Strengthening Home and Community Based Services and Behavioral Health Services Using American Rescue Act Plan (HCBS ARPA) Funding

Public Discussion Forum

Monday, September 27, 2021
Welcome to the first of three public discussion forums related to the Commonwealth’s use of enhanced federal funding, provided under Section 9817 of the American Rescue Plan for HCBS Services, to enhance, expand, and strengthen Medicaid home and community-based services (HCBS) and certain behavioral health services through one-time and time-limited investments.

Public discussion forums will provide an opportunity for you as stakeholders to engage on key topics, themes and issues related to investments contemplated for inclusion in the October Quarterly spending plan.

Today’s Forum will focus on Retaining and Building a High-Quality HCBS Workforce

Sessions scheduled for the week are as follows:

- September 27, 2:00-3:30 pm: Retaining and Building a High-Quality HCBS Workforce
- September 28, 3:00-4:30 pm: Supporting Access to and Promotion of HCBS Services
- September 29, 3:00-4:30 pm: Augmenting HCBS Workforce using Technology and Infrastructure
On June 17, 2021 EOHHS submitted to CMS its initial spending plan to enhance, strengthen and expand home and community-based services using an anticipated $500 million in estimated new, time-limited dollars.

EOHHS’s initial spending plan incorporated stakeholder feedback to outline a framework to enhance, strengthen and expand HCBS across MassHealth populations both immediately and in the long-term. EOHHS’s investments will reinforce the Commonwealth’s commitment to improve equity, access and supports to HCBS for those with physical disabilities, intellectual and developmental disabilities, and behavioral health needs.

The initial spending plan proposed a phased approach in which EOHHS will finalize initiatives over three “rounds”.

- **Round 1:** As part of the initial spending plan (referred to as Round 1), EOHHS invested over $100M of the enhanced federal funding in immediate time limited across-the-board payment enhancements to strengthen and stabilize the HCBS workforce in response to COVID-19.

- **Round 2:** In July, EOHHS submitted its Round 2 investments which totaled approximately $44M and complement Massachusetts’ long-standing commitment to equitably rebalancing long-term services and supports and behavioral health services towards community living by diverting and/or transitioning individuals away from facility-based settings.

- **Round 3:** In October, Massachusetts will submit the next Quarterly Spending Plan which will invest the remainder of the funds in initiatives larger in scope, scale and impact that support three key structural pillars of 1) workforce 2) access & promotion 3) infrastructure and technology.
Overview: RFI process and key themes

- On April 16, 2021, the Commonwealth issued a Request for Information (RFI) to gather community feedback on strategic areas for investment.

- The Commonwealth received 203 proposals in response to the RFI from 95 individuals/organizations. Stakeholders submitted proposals centered across four defined focus areas which informed the Initial Spending Plan:
  - ~70 proposals focused on HBCS workforce development, including recruitment and retention strategies
  - ~70 proposals focused on access to HCBS services and supports
  - ~40 proposals focused on investments in technology and infrastructure to enhance coordination and strengthen HCBS delivery of care by supporting providers, members and their families/caregivers
  - ~25 proposals focused specifically on additional opportunities to promote HCBS and emphasize high-quality, person-centered care

- RFI responses have played a crucial and substantial role in shaping HCBS ARPA investments to date, particularly those contemplated for inclusion within the October spending plan. The Commonwealth thanks you for your thoughtful submissions and engagement in this process.
ARPA HCBS: Round 1 and 2 Investments

Investments outlined in Massachusetts’ Initial Spending Plan and July Quarterly Spending Plan submissions to CMS:

- **Time Limited Rate Enhancements for HCBS Providers** (10% rate increase from July-December 2021)
- Expansion of the Moving Forward Plan Community Living Waiver slots to increase the opportunity for community living through an aggregate total of 150 new waiver slots above the waiver’s current projected slot growth
- Provision of an In-Home Crisis Intervention Program for youth in need of at home behavioral health supports to prevent boarding or admissions to facility settings
- Investments to enhance and improve the Pre-admission Screening and Resident Review (PASRR) process used for all nursing facility applicants and individuals residing in facilities to ensure services are provided in the least restrictive setting
- **Short-term rate enhancements to Program of All-inclusive Care for the Elderly (PACE)** organizations to promote sustainability and expansion into new unserved and/or under-served service areas and ensure broader access to the PACE care model designed to allow participants to live safely in their homes instead of in nursing facilities.
- Funding for intensive hospital discharge planning in hospitals to link members who are homeless and housing unstable to community services and immediately establish their HCBS service package upon discharge
- Investments for a vendor to develop an online self-service application that will allow individuals to enter general information about their HCBS needs, provide an outline of services and programs that may address their needs and direct them to appropriate resources.
- Alignment and enhancement of a Power Wheelchair Repair Loaner program across the secretariat to allow for the provision of backup power wheelchairs when power wheelchairs need repair, as well as explore and develop partnerships with entities that can perform routine wheelchair repairs locally in the community.
- Design and development of an Electronic Provider Directory for members with Continuous Skilled Nursing (CSN) needs to minimize the time and frustration experienced when identifying and contacting CSN providers with specific needed availability and skills.

The October Quarterly Spending Plan will outline final specific investment areas for best leveraging the remaining ARPA HCBS dollars to promote long-term positive impact across HCBS.
Member journey and pain points have been used to ground Round 3 investments

**Family and peer supports**
Use informal network of family and/or peer supports

*Note: Not all members have family or peer supports.

**Research options / front door**
Research options for additional supports to address increasing needs, including but not limited to housing

**Establish supports**
Access timely and reliable supports

**Member directs services**
Member or informal support coordinates, directs and manages on-going supports

**Provider coordinates and delivers supports**
Providers specialize to deliver different portions of member and family support needs

**Acute episode / adverse event**
Acute episode or adverse event changes, including, but not limited to disruption to housing, member baseline temporarily or permanently

**Transition**
Acute episode or adverse event changes member baseline temporarily or permanently

Obstacles such as lack of family and peer supports, socioeconomic status, discrimination, lack of access to stable housing and safe environments contribute to the experience and severity of pain points

**Pain Points along Member Journey**
1. Strained and burned-out member / family / peer supports
2. Too few workers to meet the current and future demand
3. Members/families lack tools to best access, receive, direct & coordinate care
4. HCBS providers have fewer tools to efficiently communicate, coordinate and deliver care
5. Lack of connection and full understanding of HCBS within traditional medical health system
Investments across “Home and Community First” Pillars minimize member journey pain points

**“Home and Community First” Pillars**

1. **Workforce: Grow workforce & Support Caregivers**
   - **A** Recruit and retain. Extend short-term rate enhancements to support provider push to recruit during unprecedented worker shortage
   - **B** Support. Expand Respite and Resources Programs for families and natural supports
   - **C** Grow. Implement “Call to Care” HCBS workforce recruitment campaign
   - **D** Innovate. Establish Workforce Innovation & Technical Assistance Grant program

2. **Technology: Empower Members & Promote Efficiency (preserve workforce)**
   - **A** Augment workforce by leveraging technology. Institute HCBS Provider Technology Improvement Grant Program aimed at making service access more efficient, streamlining operational processes and improving member experience
   - **B** Empower member choice. Initiate Electronic Portable Order for Life-Sustaining Treatment (ePOLST) Program
   - **C** Streamline data and communications. Establish long-term roadmap for advanced, integrated inter-agency data hub for providers and members

3. **Access: Simplify & Extend Community Support**
   - **A** Empower members. Expand Member Technology for assistive technology and access to telehealth
   - **B** Sustain independence. Streamline programs that extend community tenancy (home mods & wheelchairs)
   - **C** Expand and integrate cross-agency supports. Expand services for populations with co-occurring ASD, I/DD or BH diagnoses
   - **D** Smooth transitions. Expand Options Counseling and CSSM to advance proactive transitions out of facility-based settings and supply one-time transitional housing costs for housing unstable members
   - **E** Pilot innovative service models. Promote and assess “Home First” (Rehab at Home) care model

Investments identified in one pillar intersect and are intended to both complement and impact goals of the other pillars
Workforce: 4-pronged approach to investments aimed at building, sustaining and expanding the HCBS paid and unpaid workforce

### Workforce: Strengthen Workers & Support Caregivers

<table>
<thead>
<tr>
<th>A</th>
<th>Recruit and retain. Extend time-limited rate enhancements to promote emergency recruitment and retention (10% enhancement for 6 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Support. Expand Respite and Resources Programs for families and natural supports</td>
</tr>
<tr>
<td>C</td>
<td>Grow. Implement “Call to Care” HCBS workforce recruitment campaign</td>
</tr>
<tr>
<td>D</td>
<td>Innovate. Establish Workforce Innovation &amp; Technical Assistance Grant program</td>
</tr>
</tbody>
</table>

#### Short-term:

**Immediate investments to promote emergency recruitment and support (CY22)**

- Time limited rate increases to support provider push to recruit during unprecedented worker shortage
- Expand existing respite and resources (short-term and long-term) for families and natural supports and establish grant program with the goal of mitigating strain and maintaining community tenure for their loved ones

#### Short / medium term:

**HCBS workforce recruitment campaign (CY22-23)**

- Complement provider emergency recruitment efforts with broad “Call to Care” HCBS Workforce Recruitment Campaign to raise awareness of available occupations and highlight importance/value of the roles and attract new, diverse people to the workforce who may be unaware of community care profession

#### Medium / long-term:

**Investments to sustain successful workforce strategies (CY22-March 2024)**

- Grants for recruitment/retention incentives (e.g., training and/or education compensation/loan repayment)
- Establish longer-term strategic framework for most promising approaches to support workforce and family/natural caregivers
**Discussion: developing a holistic workforce strategy**

- As part of the initial spending plan (referred to as Round 1), EOHHS invested over $100M of the enhanced federal funding in immediate time limited across-the-board payment enhancements to support urgent efforts to recruit and retain staff during an unprecedented worker shortage
  - What recruitment and retention efforts are being implemented? Which are most promising? Most challenging?
- The Commonwealth recognizes the importance and necessity of supporting families and natural caregivers through respite.
  - Where might there be the greatest opportunities to expand the menu of respite services?
  - What are some key innovative solutions that could be pursued to provide immediate respite to caregivers to reduce caregiver burnout?

- Many RFI responses centered on the need to implement a wide-reaching marketing awareness and call to action campaign to increase the volume of individuals employed within the HCBS workforce.
  - Through what strategies can the Commonwealth, in partnership with external stakeholders, reach those passionate for caregiving/helping others who may be seeking employment or contemplating a career path?
  - What has not yet been done to promote the value of the work being accomplished by HCBS providers that should be done to attract new individuals to direct care?

- The Commonwealth is contemplating establishing a Workforce Innovation and Technical Assistance Grant Program to provide organizations and other entities with funding and technical assistance for training programs, recruitment/retention incentives and other innovation initiatives.
  - Would this form of a grant opportunity provide providers with the resources needed to make meaningful impact and ensure future stability of the HCBS workforce?
  - What technical or educational supports would be helpful to providers to ensure impactful use of these funds?