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

**Public Discussion Forum:** Supporting Access to and Promotion of HCBS Services

*Tuesday, September 28, 2021*
Welcome to the second 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 Supporting Access to and Promotion of HCBS Services

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
Overview: Massachusetts's Initial Spending Plan

- 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 **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 member 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 10% rate enhancement through June 2022 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” 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
Access & Promotion: investments reduce infrastructural barriers to support individuals living well and safely in their homes and communities

### 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 (OC) and Comprehensive Support Services Model (CSSM) Programs 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

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<th>Short / medium term:</th>
<th>Medium-term:</th>
<th>Medium / Long-term:</th>
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<td><strong>Member technology and community tenancy investments (CY22-23)</strong></td>
<td><strong>Smooth transitions (CY22-23)</strong></td>
<td><strong>“Home First” care model (CY22-March 2024)</strong></td>
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<td><strong>Empower members and sustain independence</strong></td>
<td><strong>ASD, I/DD, BH service expansions (CY22-23)</strong></td>
<td><strong>Smooth transitions and innovative service model pilots</strong></td>
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<td>▪ Investments in resources (home modifications and wheelchair repair/loaner programs) to remove infrastructural barriers ensuring individuals may continue to live well and safely in homes and communities</td>
<td>▪ Children’s Autism Waiver Expansion</td>
<td>▪ “Home First” Care Delivery Model efficacy (i.e., Rehab at Home)</td>
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<td>▪ Transitional services for individuals 18-25 who have ASD or I/DD&amp;BH diagnoses</td>
<td>▪ 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</td>
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<td>▪ Expansion of in-home services for individuals 18+ with ASD and BH</td>
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讨论：投资以减少基础设施障碍，支持个体在家中和社区中过上健康、安全的生活

- EOHHS 收到了许多 RFI 响应，强调增强通信工具和辅助/智能技术在支持家庭成员、成员和护理者在获取、接收和协调护理方面的重要作用。

  - 哪些形式的成员技术（智能、辅助、通讯，或其他）将对消费者健康和福祉产生最大影响，使个人能够在家中保持独立，并能够以组织、及时和高效的方式获取、接收和协调护理？

  - 什么类型的支援将最有利于确保成员和家庭能够有效地使用技术？

  - 共同wealth如何确保投入于使成员技术有助于促进公平，并扩大或增强 HCBS 服务的访问？

- 强大的 HCBS 系统依赖于成员拥有生活在家中和社区中的资源。

  - 存在哪些创新的家居改造项目，共同wealth应该考虑进一步研究？你为什么建议研究它们？

  - 共同wealth是否可以考虑与社区组织建立联系，了解更多关于社区轮椅维修的情况？
### Discussion: investments to reduce infrastructural barriers to support individuals living well and safely in their homes and communities

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<th>Expand and integrate</th>
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<td>▪ The Commonwealth is proposing a multipronged strategy to address the needs of individuals with co-occurring ASD, I/DD or BH diagnosis.</td>
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<td>- How can the Commonwealth ensure that proposals to expand or enhance services for this population are properly coordinated given the services, supports and clinical needs of this population?</td>
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<th>Smooth transitions</th>
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<td>▪ The Commonwealth is proposing strategies to ensure consumers receive the supports, resources and information they need when considering a transition from a facility to back into their communities.</td>
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<td>▪ How would expansion of the Options Counseling program and CSSM programs provide meaningful impact in ensuring that individuals who wish to and are able to, transition to a community-based setting, are safely able to do so?</td>
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<td>▪ For those members who are housing unstable, how would the distribution of one-time transitional housing costs (e.g., first and last month’s rent, security deposit) provide impact in both the short and long term? Are there certain criteria the Commonwealth should use to measure success of these programs?</td>
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<th>Pilot innovative service models</th>
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<td>▪ EOHHS is considering using ARPA funding to support a Home-First (Rehab at Home) model that would enable consumers to be discharged directly to their homes from a hospital versus to going to a nursing facility</td>
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<td>- As we explore piloting a Home-First Model, are there any considerations you suggest we take to shape the pilot?</td>
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