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

Public Discussion Forum: *Augmenting HCBS Workforce using Technology and Infrastructure*

Wednesday, September 29, 2021

Welcome to the third 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 Augmenting HCBS Workforce by investing in Technology and Infrastructure

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 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**
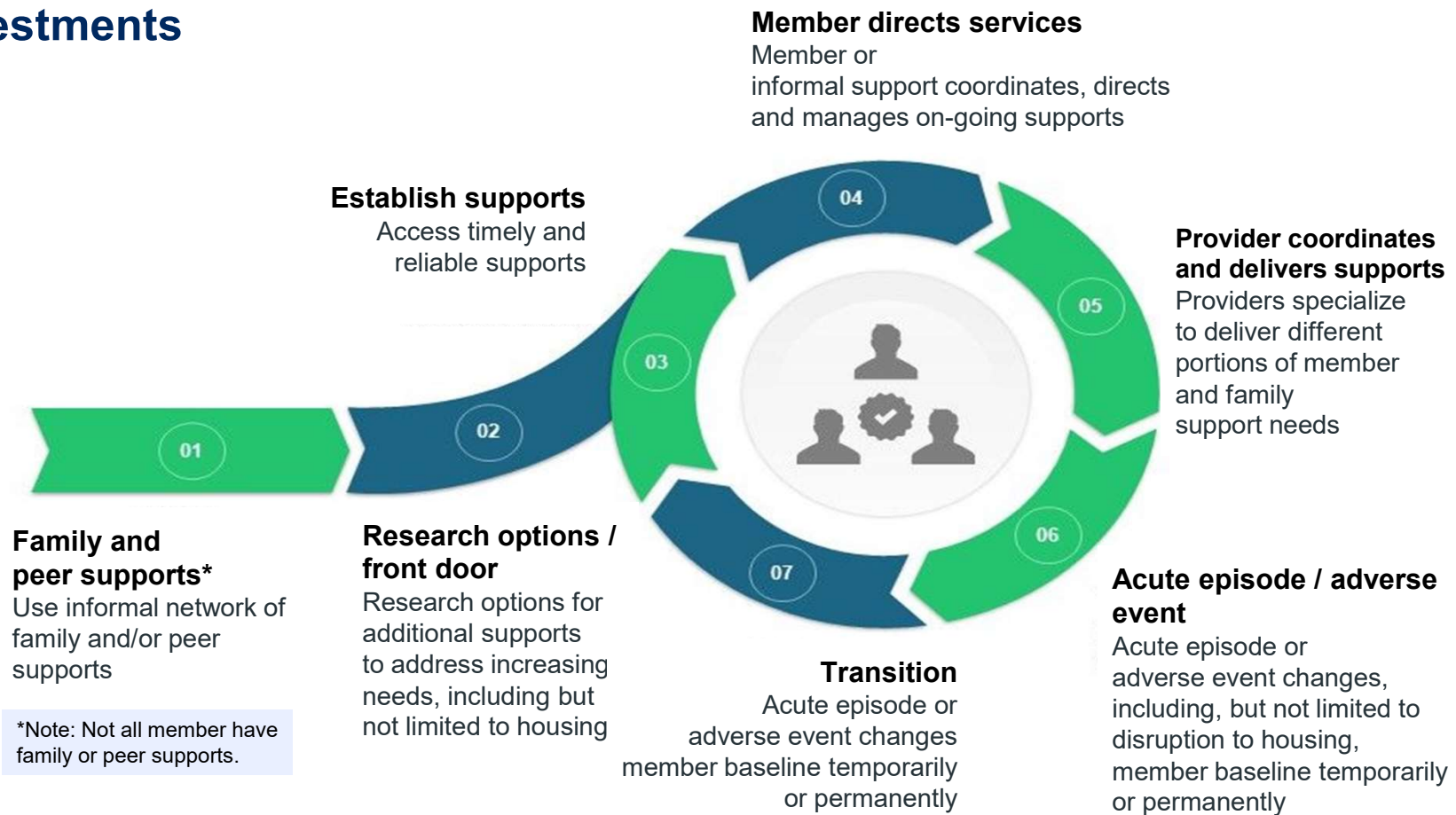
ARPA HCBS: Round 1 and 2 Investments

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

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

Establish supports
Access timely and reliable supports

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

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

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

Acute episode / adverse event
Acute episode or adverse event changes, including, but not limited to disruption to housing, 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

Technology: investments will promote more efficient systems to preserve workforce capacity and strengthen member choice

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 roadmap to advance state technology infrastructures that can integrate with provider systems and processes to accurately and quickly share member-level information with a focus on improving care coordination and enhancing communication across community-based organizations, providers, members and caregivers.

Short / medium term: **HCBS Provider Technology Improvement Grants** *(CY22-23)*	Medium-term: **ePOLST registry** *(CY22-23)*	Medium / Long-term: **Data Hub Roadmap** *(CY22-March 2024)*

Augment workforce

- Issue up to 120 technology improvement grants in denominations of up to $100,000 to EOHHS HCBS & BH providers to enhance their EMR and practice management systems, adopt closed-loop referral systems, ENS, etc.

Empower Member Choice

- Initiate Electronic Portable Order for Life-Sustaining Treatment (ePOLST) registry to ensure providers along the entire care continuum have source of truth about member preferences

Streamline data and communications

- **CY22-23:** Define simple and achievable data sharing solution enabling HCBS providers to access service and agency information to facilitate improved care planning and service delivery

- **CY24:** Establish long-term roadmap for advanced, integrated inter-agency data hub for providers and members

Discussion: investments promote more efficient systems to preserve workforce capacity and strengthen member choice

Provider Technology Improvements

- Many RFI responses requested that providers be given resources to modernize and innovate their software and hardware technology.

  – **How does technology impact the direct care work done in the community?**

  – **What opportunities exist for providers to leverage technology when doing the work? What types of technology would be most impactful for providers to implement?**

  – **How can technology be used to empower members in promoting independence and control over their health care?**

  – **How could technology be used to reduce the burden on our workforce and natural supports? What types of technology would be most useful?**

Data Sharing

- RFI responses and EOHHS staff have pointed to the need for additional insight into services received by members.

  – **What are the most impactful pieces of information for providers to know when working with members?**

  – **What should we be considering as we develop a holistic long-term plan for data sharing among state agencies, providers, and members?**