

Centers for Medicare & Medicaid Services
Open Door Forum: Long Term Services and Supports
December 1, 2020
2:00 pm ET

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode until the question-and-answer session of today's call. At that time you can press star, 1 to ask a question. I'd like to let everyone know that today's call is being recorded. If you have any objections, you can disconnect at this time. It's my pleasure to turn the call over to your host, Jill Darling. You may now begin.

Jill Darling: Great. Thank you, (Michelle). Good morning and good afternoon everyone. I'm Jill Darling in the CMS Office of Communications and welcome to today's Long-Term Services and Support Open Door Forum.

Before we get into today's topic, I have one brief announcement. This open door forum is open to everyone but if you are a member of the press, you may listen in but please refrain from asking questions during the Q&A portion of the call. If you do have any inquiries, please contact CMS at press@cms.hhs.gov.

And I (will) now like to hand the call over to (Jennifer Boden), who will talk about the long-term services and support rebalancing toolkit.

(Jennifer Bowdoin): Thanks, Jill, and hi everyone. It's great to talk with you today. My name is (Jennifer Bowdoin). I'm the Director of the Division of Community Systems Transformation here at CMS, and I'm joined by (Martha Egan), who is a Technical Director in the same division.

Today we're going to talk with you about the long-term services and support rebalancing toolkit that CMS recently released. As you probably know, long-

term services and supports, or LTSS, enable millions of Americans, including children, individuals with disabilities and older adults, to have their care needs met in a variety of settings.

LTSS assists eligible individuals in improving or maintaining an optimal level of functioning and quality of life and whether provided through a home community-based services or an institutional setting, they are essential to the health and wellbeing of Medicaid beneficiaries who have limitations in performing daily activities.

Historically Medicaid reimbursement for LTSS was primarily spent on institutional care with very little spending on home and community-based services, or HCBS. This was primarily because from the beginning of the Medicaid program in 1965, states were required to provide medically necessary nursing facility care for most eligible individuals. The coverage for HCBS was generally not included.

Over the past several decades, states have used various federal authorities, as well as federally funded grant programs to develop a broad range of HCBS to provide alternatives to institutionalization for eligible Medicaid beneficiaries. As a result, spending on the HCBS as a percentage of total Medicaid LTSS expenditures has steadily increased.

Today Medicaid is the single largest payer of LTSS in the country and could cover a continuum of services ranging from institutional care, such as the nursing facilities, to services and support in people's homes and communities. While we have made substantial progress in shifting the balance from institutional services to HCBS, there continues to be substantial variability in the availability and use of HCBS across states and populations.

For example, in fiscal year 2018, spending on HCBS ranged from a low of 30% in the state with the lowest percentage of total LTSS spending on HCBS to a high of 83% in the state with the highest percentage. There's also a lot of variability in HCBS spending by population.

For example, in fiscal year 2018, HCBS accounted for 79% of total LTSS spending for individuals with intellectual and developmental disabilities, 33% of total LTSS expenditures for older adults and individuals with physical disabilities, and 49% of total LTSS spending for individuals with mental health and substance use disorders.

These findings indicate that there continues to be a need for and an opportunity to expand access to HCBS and to promote greater community integration for older adults and individuals with disabilities. The COVID-19 public health emergency has also increased many states' awareness of the challenges and risks that institutional settings can pose to older adults and people with disabilities and it has accelerated many states' interests in promoting the use of HCBS over institutional services.

CMS is committed to ensuring that states have the necessary tools to rebalance or recalibrate their LTSS systems from an institutional to a community-based system. Long-term services and supports rebalancing toolkit is intended to support states with the rebalancing effort and with expanding and enhancing their HCBS systems.

The toolkit advances CMS's longstanding priority to support state flexibility to develop a broad range of HCBS to reinforce the delivery of high quality and person-centered care and to facilitate progress towards community integration of older adults and individuals with disabilities. By using this

toolkit, states and other key stakeholders can help accelerate the use of HCBS over institutional services.

And with that I'm going to hand the call over to (Martha Egan) who's going to talk more - who's going to share more information on the toolkit. (Martha)?

(Martha Egan): Great. Thanks, (Jen), and welcome everybody. And again as (Jen) said, I'm going to talk about what's inside the LTSS rebalancing toolkit. And as (Jen) said, the rebalancing toolkit really is intended to help states regardless of where they are in the evolution of rebalancing their LTSS systems.

So for example, more advanced states may be looking for some novel approaches for restructuring long-term care facilities and systems, and this could be due - or especially in light of the COVID-19 public health emergency but also it could be due to states looking at some of their demographic trends, some of those immediate trends and future trends, especially around the older adult populations.

There may be some states that are just taking more incremental steps towards rebalancing their LTSS systems and these states may be looking for ways to potentially accelerate, reform or more rapidly modernize the delivery of HCBS. But really regardless of where states are in rebalancing their LTSS systems, states really are at the forefront of innovation and designing new models for the delivery and financing of LTSS.

So the toolkit is designed to support states to advance these efforts. And the toolkit identifies promising state models and practices basically around sort of three areas: one, around strengthening state infrastructure to increase transitions from institutional settings to community-based settings; secondly,

to prevent or delay institutionalization; and finally, also to improve community living for individuals eligible for Medicaid HCBS.

So the toolkit provides state strategies and state spotlights that demonstrate how states are increasing the share of LTSS provided in community-based settings. It also provides tools designed to assist states with policy and programmatic strategies. There are some case studies. These are brief case studies. They are not in-depth studies but they do demonstrate or show innovative programs and creative ways that states are leveraging available federal authorities to transform LTSS systems.

And finally the toolkit does provide numerous links to relevant resources. And the toolkit does use numerous or a variety of communication methods. This includes some narrative text, several charts and figures, all designed to help states plan and implement strategies to improve HCBS programs and overall LTSS systems.

So the toolkit is comprised of four modules and each of these modules can more or less serve as an independent document. So I'm just going to walk through each one of these modules and just give you sort of a flavor of what is contained in each module.

So module one of the toolkit is a background document, the background on HCBS and institutional services, and it really is included to provide historical context on the evolution of LTSS reform initiatives and it does provide a really good snapshot of LTSS rebalancing and demographic trends. So that's module one.

Module two is titled Advancing State, Home and Community-Based Services Rebalancing Strategies. And this module basically describes several

interrelated elements or sometimes referred to as attributes of HCBS systems and how these attributes or elements can support rebalancing strategies. And there are around seven of these actual attributes and I'm just going to briefly describe each one of these that are within this module.

And so the module does begin with a discussion around person-centered planning and services, really emphasizing that developing meaningful systems to support person-centered thinking, planning and practices can help individuals to achieve independent living goals and it can also assist states with providing effective coordination of services across both providers and state and local agencies.

Another element in the module is the no wrong door system. The no wrong door systems streamline access to HCBS services, and they do this by forming collaborative partnerships and also using a coordinated governance structure between state and local aging and disability programs. The no wrong door systems can build on the strength of existing entities such as the aging and disability resource centers, or ADRCs, area agencies on aging, or AAAs, and centers for independent living, or CILs.

And they provide a single coordinated system of information and access to services for all persons seeking home and community-based services. Another element is community transition support. States can design and implement care transition supports and programs to assist individuals residing in institutional settings to return to the community but also to prevent or delay nursing facility admission and to reduce hospital readmissions.

Another element or attribute of an HCBS system is the direct service workforce and caregiver system. As demand for HCBS increases, addressing the workforce stability of direct service workers and caregivers to deliver

services is really critical to sustaining the growth of HCBS and also for ensuring that older adults and individuals with disabilities have access to needed services.

And the final three attributes in module two of the toolkit are housing, employment and transportation support and options. Accessible and affordable housing can really enable community living, it can maximize independence and can promote better health outcomes for individuals eligible for HCBS.

The one caveat around Medicaid and housing is that federal financial participation, or FFP, is not available to state Medicaid programs for room and board. However, FFP is available under certain federal authorities for housing-related support and activities that do promote health and community integration for Medicaid beneficiaries. And these may include things like one-time community transition costs, pre tenancy and tenancy support, home accessibility modifications and state-level housing related collaborative activities.

Employment is a fundamental part of a comprehensive HCBS system and very important to people with and without disabilities. Employment can provide a sense of purpose. It's one of the key ways that people contribute to their community and it's associated with positive physical and mental health benefits.

And finally transportation or safe, reliable and affordable transportation, is also an important HCBS element that can support states to expand and enhance HCBS systems. And transportation can help individuals to not only achieve community living goals but also to access preventative health care, to increase functional independence and also to improve health and well being.

So in addition to these attributes or elements, module two also discusses several foundational components of an HCBS system and this includes database decision making in HCBS, stakeholder engagement, quality improvement and also financing approaches. And state rebalancing goals can be advanced by using data to drive decision making to inform HCBS policy, to better understand access to and quality of HCBS and also to achieve high quality care which can lead to improving health outcomes and also reduce cost.

Engaging a community of stakeholders can provide feedback critical to inform a state's approach to enhance efforts to rebalance the HCBS delivery system. States have a tremendous amount of flexibility to develop innovative payments models and also set payment rates for services provided within the Medicaid program that can promote efficiency, access and quality of care for HCBS.

And finally quality measurement and improvement can enable programs and services to maximize the quality of life, functional independence, health and well being of individuals served by the HCBS program. So module two covers a lot of space, a lot of topics and it also - has multiple examples of state examples, which I'll refer to as state spotlights, that really illustrate or demonstrate how states are actually providing services and support around these mentioned elements and attributes of an HCBS system.

So moving to module three, module three is titled Current Flexibility under Medicaid to Support State Rebalancing Strategies. This module basically describes all of the various Medicaid authorities from which states can choose to cover HCBS and it also provides state examples of how these Medicaid authorities can advance rebalancing strategies.

So module three includes a discussion of both mandatory Medicaid state plan benefits and also other optional benefits under state plan authority as well as through waiver authority under Section 1915 of the Social Security Act and under demonstration project authority under Section 1115 of the Act.

Module three profiles states' innovative HCBS programs and services under Medicaid and these programs and services really can foster efficiency. They can reduce and contain costs and also improve health outcomes for Medicaid beneficiaries. And additionally, module three also provides a discussion of institutional tools for advancing rebalancing such as the preadmission screening and resident review, or (PASRR), and also the minimum data set (MDS Section Q) tool.

And finally module four, titled State Strategies for Rebalancing LTSS Systems. This particular module provides case studies or examples of innovative state models of care and strategies to reform and recalibrate LTSS systems and to expand and enhance HCBS.

So states can employ numerous and diverse approaches under Medicaid to implement rebalancing strategies that enhance and expand HCBS. For example, states can choose to combine or limit various Medicaid authorities, states can target HCBS benefits to certain populations, they can offer a robust array of HCBS or offer HCBS in specific geographic areas and, you know, among many, many other approaches.

So module four describes how some states are using the flexibility under Medicaid - the Medicaid program to pursue rebalancing strategies that may incorporate broad system or transformational changes and/or also targeted reform efforts. And these may include things like testing new eligibility

groups and benefit packages for individuals at risk of needing Medicaid LTSS in the future.

And in addition, these case studies can - do show how some states have decreased the use of institutional care and incentivized community-based care through such things as a bed buyback program, repurposing long-term care facilities and supporting new business models for direct service workers. So those are the four modules of the LTSS rebalancing toolkit more or less in a nutshell and I'm going to at this point turn it back over to Jill.

Jill Darling: Wonderful. Thank you, (Martha) and to (Jen). (Michelle), will you please open the lines for Q&A?

Coordinator: Yes, ma'am. At this time if you'd like to ask a question, please press star, 1 on your phone, unmute your phone and clearly record your name. Again, that's star, 1 and it'll take a few seconds for the questions to come through.

Our first question comes from (Elizabeth Icorn). Your line is open.

(Elizabeth Icorn): Hi. I'm curious if you have shared this document with the state Medicaid directors.

(Jennifer Boden): This is (Jen). Yes, it's been shared with state Medicaid directors. It's also available on Medicaid.gov. And I think the link was sent with the appointment.

(Elizabeth Icorn): Okay. Thank you.

(Jennifer Boden): Jill, can you confirm that?

Jill Darling: Yes, the link is on the agenda.

(Jennifer Boden): Thanks, Jill.

(Elizabeth Icorn): Thank you.

Jill Darling: You're welcome.

Coordinator: As a reminder, it's star, 1 to ask a question. Jill, I do not see any questions at this time in the queue.

Jill Darling: Okay. Well thank you everyone. I'll turn it over to (Jen) or (Martha) if they have any closing remarks.

(Jennifer Boden): This is (Jen). So I just want to thank everyone for taking the time to join today's call. We encourage all of you to review and use the toolkit in your efforts to rebalance the LTSS system and please don't hesitate to reach out to CMS with any questions about the toolkit or in particular if you're a state and you'd like technical assistance, you know, please reach out to your state lead or someone else at CMS who can connect you with folks to provide technical assistance as needed. So stay safe and have a great rest of the day. Thanks so much everyone.

Coordinator: Thank you for participating. All participants can disconnect at this time. Leaders, please stand by.

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