

Centers for Medicare & Medicaid Services
COVID-19 Medicaid & CHIP All State Call
May 12, 2020
3:00 pm ET

Coordinator: 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 conference. At that time you may press star 1 on your phone to ask a question. I would like to inform all parties that today's conference is being recorded. If you have any objections, you may disconnect at this time. I will now turn the call over to Jackie Glaze. Thank you. You may begin.

Jackie Glaze: Thank you and good afternoon, everyone. And welcome to today's all-state call. I'll now turn to Calder who will provide updates for today's call and also introduce our guest speaker. So, Calder?

Calder Lynch: Thank you, Jackie. Good afternoon, everyone. Thank you for joining us today as we move into our now weekly cadence for the all-state calls. Today we have another presentation from our Lessons from the Field Series before we also will have of course time to answer any questions that you have.

As many of you know, the CARES Act and supplemental legislation has designated \$2.2 trillion in funding to address issues related to the COVID-19 pandemic. We've spent some time of course, talking about the provider release fund efforts, but there's also other funding in the bill that we - unique areas that we know states have been working to address.

For example, the bill included over \$12 billion in appropriations to HUD to address housing issues such as rental assistance and emergency shelters. There was \$19 billion appropriated for immediate release for food support,

specifically a creation of the Coronavirus Food Assistance Program.

But in today's presentation we'll spend some time learning more about one piece of the legislation appropriation which is nearly a billion dollars in CARES Act funding which was directed to the Administration for Community Living or ACL, one of our sister agencies here at HHS.

So joining us today are Kelly Cronin and Vicky Gottlich, from ACL. Kelly is the Deputy Administrator for the Center for Innovation and Partnership at ACL; and Vicky is the Director of ACL Center for Policy and Evaluation.

For those not familiar with the ACL, HHS created this operating division in 2012 by combining the Administration on Aging, the Office on Disability and the Administration on Developmental Disability. ACL serves as the federal agency responsible for increasing access to community support, while focusing attention and resources on the unique needs of older Americans and people with disabilities across the lifespan.

So like many of US Medicaid agencies and their sister agencies, that operate state limits of aging or other aging disability programs, CMS and ACL share a close federal relationship as we serve many of the same beneficiaries. That's why we invited Kelly and Vicky to join us this afternoon, to discuss the nearly billion dollars in funding that ACL programs will be administering through the CARES Act.

These new investments in ACL programs will provide significant support to older adults and people with disabilities, populations served by your state Medicaid programs. Kelly and Vicky will describe the support being provided through the CARES Act funding, discuss how state Medicaid agencies can work with your ACL funded counterparts.

After their presentation we'll have a brief discussion with Kelly and Vicky about their work in this area. And then we'll open up the lines for questions on new CARES Act funding of these ACL programs. And as always, we will take your questions on any topic.

I know one topic we will of course have heard questions about, have been with regard to application of Section 6008(c)(3) of the Families First Coronavirus Response Act and the maintenance of effort requirements that are tied to the condition of receiving enhanced FMAP. We are still working through a number of those questions as it relates to PETI obligations and other maintenance of effort requirements.

So we don't have any new information on those questions to share today, but it is at the top of our list that we're working on additional guidance out as soon as possible so that we can answer those questions. So I just want to flag that upfront.

Also as a general reminder, I wanted to provide a quick update on the provider relief fund request that we made in many states to help support the department's efforts to make - provide the relief fund payments to Medicaid and CHIP providers. Nearly all states and territories have submitted data files to CMS and we expect to receive data files from the remaining states and territories very soon.

I do want to call the Medicaid leadership's attention to some of the data quality challenges that our teams are actively working to address with your state's teams. In some states files there continue to be a high rate of missing data in certain fields; in some cases corrupted data files that have prohibited our ability to intake the data or the file coming in the incorrect format.

Your teams have been very responsive as we work to correct these issues and to address them so that those files can be resubmitted so they can be made actionable. But all of the state Medicaid directors on this call, I would just ask that you check in with your technical teams to make sure that your state has submitted to us a clean and complete file, and if not, that your team is actively working with us to address any data anomalies as quickly as possible.

We want to ensure that we can deliver this data to HRSA and HHS who are administering the provider relief fund, to facilitate their efforts to distribute further provider payments as quickly as possible. I appreciate all of your responsiveness in submitting us these data and accurately, as we know it was a very short turnaround request on our part.

With that, I will now turn it over to Kelly and Vicky to begin the presentation.

Kelly Cronin: Thank you, Calder. This is Kelly Cronin from ACL. Excuse me. I'll start by giving just a very brief overview of what's in the CARES Act, with respect to sort of leveraging the existing authorities under the Older Americans Act. So a lot of our programs that fund home and community services and address some of the needs for older adults during the COVID-19 response that would be stemmed from our existing programs.

So a lot of this is supplemental funding building on what already exists across the aging and disability networks. And I think as Calder just explained, ACL was formed roughly eight years ago, by combining different agencies.

So the aging network that's been in existence since 1965, has evolved, you know, under the Older Americans Act and through the federal state partnership and a lot of state investment on top of the federal investment, so

that we do have this nationwide infrastructure and network of community-based organizations that reach every community in the country.

So it is an important time to be leveraging this asset. And with the additional resources that I'll give a quick overview of, we hope that it can provide continue to provide support to Medicaid beneficiaries, and we really appreciate the opportunity to be talking with all of you about how, you know, together these investments can better serve people in need during this crisis.

So just to start and break down how the roughly \$950 million is being distributed - there's about \$200 million for home and community-based services which will help older adults shelter in place and to minimize their exposure to COVID-19.

So this includes personal care assistance, help with household chores, grocery shopping, transportation to essential services, which is grocery stores or banks or doctors or in many cases is often not the doctor as you know, that telehealth is really sort of the main way of receiving care, at least outpatient care. And as necessary, this funding also will cover the cost of case management.

So this chunk of the funding is roughly \$500 million is for home-delivered meals for older adults and I think we're probably all acutely aware of the food insecurity issues that many older adults are facing now. The demand has really skyrocketed over the last eight weeks. We know from recent Meals on Wheels surveys that the demand has increased by 74% per week.

So I think overall the network is doing their very best to keep up with these increased demands which have really yielded 56% increase in the number of meals that are being delivered and expanded to 22% more seniors. And that was even data from back in March.

So this increased demand has meant that these additional CARES Act resources are really needed, but we also know that it's increased the waitlist. The waitlist nationwide has actually grown 26% over where it used to be. So while these additional resources are really important and allowing for flexibility to deliver meals in ways that minimizes contact, it really is addressing part of the need.

So roughly \$480 million of the \$500 million is going to the home-delivered meals which again, can be through flexible means, so drive-thru or grab-and-go meals for older adults. And many of those were previously participating at congregate meals where they would have the opportunity to eat at a community center. But because of social distancing that's no longer available.

So there's a lot of flexibility on how to get the meals to them through this funding. And we know many states have been very resourceful in figuring out how they do that and how they also partner with restaurants. There are many states that have been successful in trying to implement that.

And then \$20 million out of that fund certainly, is going towards Native American programs to help tribes and tribal organizations, provide meals and support services directly to Native American elders. So that's \$500 million of the \$950 million total.

And then the next bigger bucket is for \$100 million to support the National Family Caregiving Support Program. That expands a range of services to help family and informal caregivers to provide support for their loved ones at home. So this includes counseling, respite care, training, connecting people to information and resources and other support.

And I think we all know a lot of caregiving in this country is provided informally through family members, friends and neighbors. So knowing that 85% of all the support is through this network, we think this kind of support and the expansion of this support is really needed, particularly when we're trying to keep people safe and supported at home and avoid institutional care.

And then additional \$20 million is available now to support state long term care ombudsman programs. So they provide consumer advocacy services for residents in long term care facilities across the country. As you know, the restrictions on visitation have really increased the demand for these ombudsman services.

Families are seeking assistance to ensure the wellbeing of their loved ones. And these programs are really trying to expand their virtual presence. With the restrictions in place they still want to have contact and be aware of what's happening.

They want to know the wellbeing of our residency issues and be able to play a constructive role in representing their interests and promote the health, safety and the rights of those residents in the context of this emergency response. So this program will allow the ombudsman program the flexibility the need to hire additional staff, purchase technology to allow for this virtual connection and also allow them PPE once they're allowed to do in person visits again.

So beyond that we have \$50 million for aging and disability resource centers. They are grants being administered at the state level. The states have flexibility on how they will disseminate those funds. They are intended to connect people that are at the greatest risk of COVID-19, the services that are needed, and focusing also on important issues like how to address social isolation or how do we support care coordination and care transitions,

knowing that we really would like to see people safe and supported at home.

But for those who still need skilled nursing facility care or hospital based care, it's important that they are supported in a person-centered way through those transitions. And they're preferences and their values and their needs are really looked at in a holistic way.

So, you know, roughly 50% of the aging network is already actively contracting with healthcare organizations to provide this kind of self-transition support. We also know that the long term care industry is in significant need of this support and are working with them to help provide that.

So the ADRC funding we think will help not only allow the state to support the local ADRC, particularly those that are in hotspots, who really need more staff and more support and more technology, they have the flexibility to address the needs that are most pressing, but really to figure out how do we maintain a robust access system so that the right kind of planning and service navigation (unintelligible) can be available during this emergency response.

So that's a quick overview of the bigger categories of the funding, with the exception of those that pertain to the disability side which Vicky was going to give an overview. So I'll turn it to her and I think we will transition to some questions.

Vicky Gottlich: Thanks, Kelly. So I'm going to talk a little bit about the disabilities program funded by ACL. I'm going to give you an overview of this program, so really it was only the Center for Independent Living that received funding under the CARES Act.

So on the state level we have six councils on developmental disabilities - the

DD councils assisting every state and territory and they actually are supposed to identify gaps in services and implement strategies to address the needs of people with intellectual and developmental disabilities on a statewide level.

The DD councils participate in state and local emergency management councils. And they assist in channeling resources towards needs post-disaster. Right now DD councils are working within their states to help prioritize PPE and to help get families supplies so that families can stay together and that families can understand the state resources.

The other statewide leadership (unintelligible) ACL has and works with is the Statewide Independent Living Councils or CILC. These CILC serve individuals with all kinds of significant disabilities, not just intellectual and developmental disabilities. CIL collaborates with the Centers for Independent Living in each state or territory and help plan and coordinate activities and services that are beneficial to individuals.

When activities or services are disrupted the CIL may help identify gaps and barriers to service and help develop possible ways to remedy them. CIL is also charged with writing the statewide plans for independence - independent living, and part of that plan is to coordinate with other entities that are serving the same population, that could include of course the Medicaid state office and welcome Medicaid offices.

On a community basis we fund the protection and advocacy systems. These serve individuals with all types of disabilities and they provide a range of legal advocacy services to protect the rights of individuals with disabilities. They address allegations of neglect or abuse and conduct monitoring and investigations of facilities.

Their disaster activities may include contacting people with disabilities to assess status and needs; provide technical assistance or referral services; providing case management; ensuring access to services; and providing legal expertise to state and federal agencies and hospitals.

In the COVID times they are looking at the need for PPE in hospitals and care facilities and many of the protection and advocacy organizations were involved in the efforts to address discriminatory provisions in crisis standards of care which the HHS Office of Civil Rights addressed.

They also have university centers for excellence in developmental disabilities. They serve individuals with developmental disabilities and their families. Their disaster activities may include serving our subject matter experts on people with disabilities; deploying DD experts to areas of great need; ensuring the restoration of assistive technology; research and resource development; providing case management. And they're working right now on assistance in remote care and family support.

The recipients of the CARE Act money are the Centers for Independent Living. We - they were awarded \$85 million that go to the 354 CIL grantees. CIL serves people with a wide array of significant disabilities and they serve people of all ages. So about 30% to 35% of the people they serve are over 60.

They are providing coordination of accessible housing and transportation services. They're contacting their clients to assess their current needs and their status. They're working to coordinate services. They're addressing and having to find mobility equipment, medication, medical supplies. They're assisting with a shortage of personal care attendant services, ASL interpreters.

Unlike on the aging side, the disability side doesn't have any direct funding to

provide food to address food insecurities. So the CIL continue some of the new CARES Act dollars to assist with food distribution and other supplies. They can use the money to assist with transportation and generally to help people with - independently in the community.

Again, the CILs are working to address the need for PPE and also to address the need to provide remote services to people with disabilities. And I'm going to stop there and turn it over to Calder, so we can discuss some of the questions that he has.

Calder Lynch: Thank you so much, for that overview. I know that these have been topics that a lot of folks have been interested in. So its helpful to hear - some of your work on getting those resources out into the states. I think now we'll turn it over to the operator to open up the lines for questions for our ACL partners on this topic.

And then once we complete that we can turn to more general question topics. So Operator, can you give instructions?

Coordinator: Thank you. We will now begin the question and answer session. If you would like to ask a question please press star 1, unmute your phone and record your name clearly. Your name is required to introduce your question. It does take a few moments for the questions to come through.

Calder Lynch: While we wait for some of the questions to queue up, maybe I can just ask a quick one. Now what is the best way that you think Kelly and Vicky, for the state Medicaid agencies, to understand which of the sort of CILs, the ADRCs, the area agencies from their state, to access this funding through these extra grants?

Kelly Cronin: The most efficient way - oh, go ahead Vicky.

Vicky Gottlich: Well Kelly you start and then I'll fill in.

Kelly Cronin: Okay. The most efficient way to figure out how the funds are being used in the state and how they're being distributed, is to really figure out through the state lead which is - in all cases (unintelligible) is going to be the state as the grantee recipient.

So in most cases, the state unit on aging, that would be able to identify who is receiving funding at a community level if there is interest in knowing sort of how it's being distributed at a county or community level. So that - all of that information is being posted on our Web site. We'd be happy to provide that hyperlink.

The CILs were funded directly and we can also give you the list of awardees so that, you know, if anyone wanted to know within their geography, within their states where was the money going, we can provide that to them.

I would say the only exceptions in terms of the ADRC grants is that five grantees are going to be the university centers of excellence on disability, where it was - they had a statewide reach and there was going to be the no wrong door lead entity for the state. So those five grantees are the exception on the ADRC side. Everything else is pretty much the state unit on aging or the Center for Independent Living as the grantee recipient.

Calder Lynch: Great. That's helpful. We'll...

Vicky Gottlich: Yes. Another option may be to contact the SILC, the Statewide Independent Living Council. There are some CILs. It gets complicated. If you don't receive

money directly from ACL, they didn't get the additional funding but they still get funding from ACL that comes not directly to them but comes to them through the state. So the CILs would have all of that information.

Calder Lynch: Great. Well we'll collect those links I think and maybe we can follow up, you know, after the call to provide those to folks if they want to dig in deeper on their state level. So Operator, do we have any questions queued up?

Coordinator: I have no questions at this time.

Calder Lynch: Okay. We'll give folks just another minute and maybe I can just ask one more. You know, from your perspective, you know, tell us how you see the CILs or others utilizing these funds or how can they be utilized?

You talked a little bit about it but I think it's helpful to understand, you know, what's the difference between where funds are being utilized to sort of coordinate a link to services versus providing direct service support? Talk to maybe kind of (unintelligible) together with other funding streams like Medicaid.

Kelly Cronin: Vicky, do you want to start or do you want me to start?

Vicky Gottlich: Yes. I'll start. So CILs have five point services that they're supposed to provide - information and referral, independent living skills training, peer counseling, assistance advocacy and individual advocacies that could include trying to get PPE to the right families.

And one of the other (unintelligible) they serve are facilitating the transition for nursing homes and other institutions to the community which seems to be a big important issue at the moment. It could be transitioning this from one

congregate setting like a group home, to another congregate setting or another less restricted setting.

CILs also provide other services that could actually include personal assistance services. Some CILs provide transportation; some CILs provide rehabilitation and technology. So it's going to depend really on the community needs.

The (unintelligible) that the CILs are community run and they're run by primarily individuals with significant disabilities so they are going to look to see what are the base needs within their community. Kelly, do you want to add?

Kelly Cronin: Yes. I would also add that I think one of the strengths of the Aging and Disability Network is to be able to braid funding streams. And I think also many of the Medicaid directors on the phone and Medicaid staff, are probably familiar that under waiver services AAAs or ADRCs are often supporting with getting access to waiver services.

So given that there is in some cases already a relationship there, knowing how to go beyond what to give in Medicaid service offering might be to address other needs that could be funded through the Older Americans Act.

So if there is additional transportation or additional food needs, nutrition needs, or transportation or home modifications or housing insecure and those aren't - there's needs beyond what's covered under a waiver or under a Medicaid managed care plan or under an integrated care like a dual program, there is the ability for a case manager or a facility center planner to look more holistically at their needs and think beyond covered benefits.

And bring in the money from the Older Americans Act or from the Rehab Act or from these other funding sources that could also be local or county based or philanthropy, and really bring all of those sources to bear to meet the holistic needs. So we do think that that's one of the strengths.

And particularly in this emergency response we're hearing from some very large health plans that are, you know, sort of dominant in the Medicaid managed care space, is that they are flat out trying to draft food insecurity and housing instability and many other needs that they would very much like to be in more lockstep and more coordination with the Aging and Disability network and local resources.

I think everyone is just trying to rapidly respond (unintelligible) in the best way they can. But, you know, it's almost like they have an opportunity before we get to wave two to figure out what does that blending and braiding look like and how can we make that easier at a local level?

Calder Lynch: That's a great point. And I'm sure will be the subject of a lot of continued conversation. Let's just check in real quick to see if we've had any audience questions before we move on. Operator, is there anything in the queue?

Coordinator: I have no audio questions.

Calder Lynch: Okay. Well, thank you so much, Kelly and Vicky, for joining us today. It was really helpful to get this information and be able to share it with our state partners. We will follow up to provide some of the links that they mentioned to some of the information about where their funds have been allocated and we certainly encourage folks to, you know, have those conversations at the local level.

And we'll certainly continue to share information if we have it. All right, so I think we're going to - Jackie, you're going to kick it over transition us to the next stage of the meeting?

Jackie Glaze: Yes. Thank you, Calder. So Denise, we're ready to open up the lines so the audience can ask any general questions that they may have. So we're ready to take the questions at this point.

Coordinator: It is star 1 if anyone would like to ask a question. I do have a question from Ada Atoona. Your line is open.

Ada Atoona: Hello. Yes, this is Ada. I have a question regarding PETI again. The latest update to the FAQs provide guidance on PETI notifications. It says that states claiming the temporary FMAP increase are prohibited from increasing liability for individuals receiving long term care or services and support. I was wondering if an individual is voluntarily asking for their liability to increase, is this something that is permitted.

Sarah Delone: Interesting question. We'll add that o the list. It does allow for voluntary termination. It doesn't specifically speak to voluntarily increasing PETI. But let us, you know, as Calder said in the beginning, we are taking a look at, you know, a whole range of PETI issues and apologize that it's difficult stuff to work through.

But we will add that to our consideration and are really looking as hard as we can to get out the guidance that we fully understand you all really need.

Ada Atoona: Okay, perfect. Thank you so much. Do you guys have any timelines on when this will be available to us; these answers?

Sarah Delone: We're really - we're working as quickly as we can, but I don't have a specific date in mind. We are cognizant of how eager states are needing, or how much are needing this guidance so we are trying to get it resolved as quickly as we can. And we apologize very much that it's taking this time. Yes.

Ada Atoona: No. I completely understand. Thank you so much.

Coordinator: And as a reminder, it is star 1 if anyone would like to have their line opened. I am showing no questions at this time.

Calder Lynch: Let's just give it a moment to see if we have a late-breaking question to come in. So no additional questions?

Coordinator: No additional questions.

Calder Lynch: Okay. Well then perhaps the best thing we can do is give folks a little bit of time back on their calendar. You know, there are topics that folks would like to see focused on in these calls to cover now that we're moving to a weekly basis.

Perhaps there are ideas and suggestions and requests to get funneled up. Maybe NAMD would agree to take that and let us know (unintelligible) to be a useful time for everyone and to bring together information that would be helpful.

We certainly understand the urgency on getting additional questions answered on the PETI and other 6008(c)(3) issues that are complex. We want to make sure we're getting good guidance and that we're trying to get states, you know, the flexibility where we can and where it makes sense. But, you know, there are complex legal issues and we appreciate everyone's patience.

Thank you for joining us today and have a good rest of the week.

Coordinator: That does conclude today's conference. Thank you for participating. You may disconnect at this time. Speakers, allow a moment of Silence and standby for your post-conference.

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