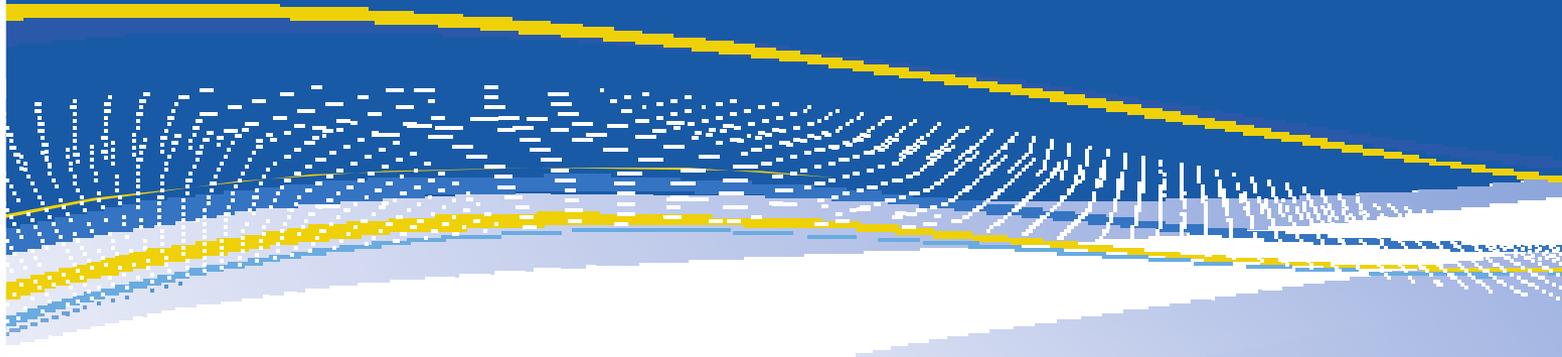




# Post-Pandemic Re-Integration and Assessment of Community Interactions

**Division of Long-Term Services and Supports  
Disabled and Elderly Health Programs Group  
Centers for Medicaid and CHIP Services**



# Objectives of the Training (1 of 3)

- Assist states to successfully re-integrate individuals receiving home and community-based services (HCBS) and supports into their communities as the restrictions imposed by the COVID-19 pandemic are relaxed or eliminated;
- Share pertinent CMS guidance from the December 22, 2020 State Health Official (SHO# 20-004) Letter: Planning for the Resumption of Normal State Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency (PHE);

# Objectives of the Training (2 of 3)

- Share pertinent CMS guidance from the General Transition Planning Tool for Restoring Regular Medicaid and Children's Health Insurance Program Operations After Conclusion of the Coronavirus Disease 2019 Public Health Emergency, issued on January 15, 2021;
- Review some of the changes that will need to occur as the flexibilities approved for use during the pandemic begin to unwind, including identifying flexibilities used by states which could potentially be incorporated into 1915(c) waivers going forward;

# Objectives of the Training (3 of 3)

- Identify the key strategic factors included in a state's assessment process to ensure that individuals can re-connect with their communities in accordance with their own choices and preferences, taking into account the dignity of risk and including the most current, appropriate methods for delivery of HCBS based on those individual preferences.

# Emergency Amendments and Flexibilities

- 1915(c) Waiver Appendix K amendments: Provides temporary emergency-specific amendment(s) to an approved 1915(c) waiver. The state may specify the duration of the amendment(s).
- 1915(c) Waiver Appendix K Addendum: COVID-19 Pandemic Response (the COVID Addendum): CMS prepopulated section of the Appendix K template based on the common needs that states have identified during their response to the COVID-19 PHE.
- 1115 Attachment K: Provides temporary and emergency-specific amendment(s) to an approved 1115 demonstration's home and community-based services. The state may specify the duration of the amendment(s).

# Emergency Amendments and Flexibilities (cont.)

- 1135 Waiver: Allows the HHS Secretary to take actions under Section 1135 of the Social Security Act to waive certain statutes and implementing regulations. The state may specify the duration of the request, not to exceed the PHE declaration timeframe.
- Disaster Relief State Plan Amendment (SPA): Assists states in responding to COVID-19 through multiple, time-limited options to revise the Medicaid state plan. The state may specify the duration of the request, not to exceed the PHE declaration timeframe.
- COVID-19 Section 1115 Demonstration: Provides opportunities for states to make available a number of authorities and flexibilities to assist states in enrolling and serving beneficiaries in Medicaid and to focus state operations on addressing the COVID-19 pandemic. The demonstration will expire no later than 60 days from the end of the PHE declaration.

# Most Selected Flexibilities Used During the Pandemic That Could Potentially Be Incorporated Into 1915(c) Waivers

- Based on the data, the majority of states found the following Appendix K COVID-19 Addendum flexibilities of primary importance during the pandemic:
  - Modify services;
  - Modify provider qualifications;
  - Modify person-centered planning;
  - Allow retainer payments;

# Most Selected Flexibilities Used During the Pandemic That Could Potentially Be Incorporated Into 1915(c) Waivers (cont.)

- Modify payment rates;
- Allow virtual level of care determinations;
- Changes to participant safeguards;
- Allow payments to family caregivers.

# COVID-19 PHE Authorities/Flexibilities

## Effective and Termination Dates

- Appendix K submissions of 1915(c) waivers: terminate no later than six months after the expiration of the PHE;
- 1135 Waivers: expire at the end of the PHE;
- Disaster Relief SPAs: expire at the end of the PHE or an earlier approved date elected by the state;
- 1115 Demonstrations: expire no later than 60 days after the end of the PHE.

# Resuming Normal Operations

- The COVID-19 PHE impacts each state differently and local conditions influence the types and duration of emergency flexibilities necessary.
- To ease transition to normal operations, CMS encourages states to inventory each flexibility to determine whether it should end prior to the end of the PHE, be maintained for the duration of the PHE, or be extended on a temporary or permanent basis after the PHE concludes, as allowable (on a case-by-case basis).

# CMS' General Transition Planning Tool for Restoring Regular Medicaid and CHIP Operations After Conclusion of the PHE

- CMS Bulletin of January 15, 2021: The General Transition Planning Tool, which accompanies the SHO# 20-004, is a resource to assist states in planning efforts to restore regular Medicaid and CHIP operations after the COVID-19 PHE ends.
- States will need to take steps to reverse temporary flexibilities or make the changes permanent, when applicable.

# Purpose and Description of the Elements Included in the General Transition Planning Tool

- The tool guides users through an assessment of actions needed to ensure a smooth transition as each flexibility or waiver expires at the end of the PHE or another specified date.
- Summary table: supports cross-cutting planning for states by concisely outlining steps needed to return to regular operations; and
- Enables states to assess how actions required in each area complement or compete with each other in order to develop an optimal overarching plan.

# Purpose and Description of the Elements Included in the General Transition Planning Tool (cont.)

- Includes actions related to policy changes, operational strategies and staffing, system changes, state level requirements and stakeholder communication strategies.
- The template also provides space to record target completion dates for all actions identified and allows room to record planning notes such as special guidance, considerations, or ownership.
- Depending on the scope and complexity involved, it may be appropriate to develop additional detailed companion work plans to accompany this tool.

# Unwinding Flexibilities

## Unwinding:

- The assessment process that each state designs and implements to systematically determine how it will:
  - Either return its HCBS programs, services and supports to their pre-pandemic operation; and/or
  - Adapt techniques and strategies learned from flexibilities approved for use during the pandemic to re-configure the delivery of services; to adjust to the changing needs of participants and providers through permanent amendments to the authority and/or program.

# Designing Home and Community-Based Services and Supports (1 of 4)

- Is the state's assessment process designed to identify the critical steps necessary to develop, implement and manage re-integration, re-define community interactions and evaluate the most appropriate methods for delivery of HCBS and supports?
- What is the state's glide path to re-integration as restrictions imposed by the COVID-19 health emergency are relaxed or eliminated?
- What steps should a state consider as it transitions away from COVID-19 imposed restrictions on its HCBS and supports delivery system?

# Designing Home and Community-Based Services and Supports (2 of 4)

- What mechanisms should be in place to analyze the status of each flexibility going forward?
- What methods will states use to evaluate the successful transition and re-integration of individuals receiving HCBS and supports into their communities as the restrictions imposed by the pandemic are relaxed or eliminated?
- How can a state ensure that participants re-connect with their communities in ways that reflect individualized choices and preferences while taking into account the dignity of risk?
- What changes will need to occur as the flexibilities approved for use during the pandemic begin to unwind?

# Designing Home and Community-Based Services and Supports (3 of 4)

- How will a state “unwind” the flexibilities approved for use during the pandemic?
- Do any new techniques or strategies adopted to adjust services and supports to meet the needs of individuals while operating within the restrictions of the pandemic, provide any valuable alternatives that are beneficial and that should be included in a new design of service delivery going forward? For example, a day program without walls in the community.
- Has a specific flexibility had a positive impact on the way HCBS and supports are delivered and should be retained or introduced into a waiver renewal/amendment or a State Plan Amendment for review by CMS?

# Designing Home and Community-Based Services and Supports (4 of 4)

- Given lessons learned from the methods used to deliver services during the PHE, how will a state determine what supports and services should look like going forward?
- How will the state ensure operational procedures are ready to resume without Appendix K or 1135 flexibilities?
- What steps are being taken to provide individuals with the training and support needed to re-integrate into their community once there is no longer a PHE threat?
- What steps are being taken to provide stakeholders with the training and support needed to adapt to the new normal?

# Key Strategic Factors in Designing a Re-Integrated HCBS and Supports Delivery System (1 of 3)

- What are the key strategic factors included in the unwinding assessment process necessary for a state to ensure that individuals receiving HCBS and supports are able to re-connect with their communities in ways that reflect their choices and preferences, taking into account the dignity of risk?
- What are the critical steps necessary for a state to develop, implement and manage re-integration, re-define community interactions, and evaluate the most current and appropriate methods for the delivery of HCBS and supports?

# Key Strategic Factors in Designing a Re-Integrated HCBS and Supports Delivery System (2 of 3)

- Communicate with key stakeholders—individuals, families, advocates, friends—to ensure that services align with needs and preferences;
- Build on person-centered thinking, planning, and practice to reassess how each individual will systematically and safely re-engage in community activities and identify how services should be designed to accommodate individualized re-integration strategies;
- Utilize the expertise of Case Managers, Service Coordinators, and key licensing, certification, and/or quality assurance staff to ensure that each participant's informed choices are identified and honored, and that these options support and promote community integration;

# Key Strategic Factors in Designing a Re-Integrated HCBS and Supports Delivery System (3 of 3)

- Support providers to evaluate whether to restore service delivery to its pre-pandemic structure and/or to re-envision or re-configure services to accommodate the needs and preferences of their participants, incorporating new methodologies that were successful during the pandemic in a manner that supports and promotes community integration;
- Analyze information learned from all these sources to design, coordinate, and implement services and supports across the entire HCBS delivery system;
- Develop ongoing monitoring, evaluation, and quality improvement strategies to ensure that the system design and implementation are operating efficiently and effectively.

# Communicate With Stakeholders (1 of 3)

Key Strategic Factor: Communicate with stakeholders.

- Develop/adapt an assessment tool to determine stakeholders' current status as the pandemic restrictions are eased or eliminated, to ascertain if there is a level of concern in re-integrating into the community, and to elicit ideas, suggestions for program design;
- Utilize Case Managers, Service Coordinators, licensing, certification, or quality assurance staff's regular contact with individuals and families to elicit up-to-date feedback and ideas and to ensure that each person has the opportunity to express his/her opinions on how program design will impact them;

# Communicate With Stakeholders (2 of 3)

- Identify mechanisms for reporting this information and regularly capture, analyze, trend, and share that data with all constituents to help define future direction;
- Identify lessons learned, new methods or techniques that improved services and may impact how services are delivered moving forward;
- Develop alternative methods of communication to facilitate stakeholders' understanding of the information shared, to be heard, to continually participate in a feedback loop with the state, and to consistently receive updates on new ideas, including data analysis, as it is received;

# Communicate With Stakeholders (3 of 3)

- Communication options could include: hotlines, webinars, social media, virtual or in-person town halls, newsletters, dedicated websites, peer-to-peer support groups, establishing communities of practice, etc.;
- As stakeholders contemplate re-integration into the community, design methods, individual and group supports, and training programs for stakeholders to help alleviate fears and apprehensions learned from many months of needing to isolate and implement social distancing.

# Build on Person-Centered Thinking, Planning, and Practice

## Key Strategic Factor:

- Prepare Case Managers and Service Coordinators to initiate person-centered service planning meetings, building on the tenants of person-centered thinking, planning and practice, to conduct assessments with each individual of their current status, to help realize each person's potential, and to determine how s/he would like to systematically and safely participate in community activities/interactions/services and supports of his or her own choosing.

# The Role of Case Managers and Service Coordinators (1 of 4)

Key Strategic Factor: Utilize the expertise of Case Managers, Service Coordinators, licensing and certification and/or quality assurance staff to ensure each participant's re-integration choices are identified and honored; that these options support and promote community integration.

- Work with each individual to ascertain his/her unique level of community involvement and determine how they would like to re-integrate safely and securely; determine how services and supports may need to be adapted at a comfort level that meets each person's needs.

# The Role of Case Managers and Service Coordinators (2 of 4)

- For some, the path to re-integration may be hesitant, slow and require some transitional steps.
- Others may be excited to jump back into the community, tired of a year's containment, anxious to co-mingle once again with peers and providers, ready to get back to “normal” and embrace total community integration as quickly as possible once restrictions are eased or lifted.

# The Role of Case Managers and Service Coordinators (3 of 4)

- Ascertain which flexibilities were rendered to support participants to continue services during the pandemic's restrictions and assess whether ongoing use of these supports remain necessary or desired, or would result in continued isolation for individuals.

# The Role of Case Managers and Service Coordinators (4 of 4)

- Services and supports will need to be designed to accommodate these unique transitions and will have an impact on whether or not the state retains or eliminates flexibilities based on those individual choices.
- Share findings gleaned from the person-centered planning process and regular contact visits to identify trends and recommendations for individual preferences and options so that states can collect and analyze data to help inform planning of system design and implementation going forward.

# Providers Weigh-In on the Design of Re-Integrated HCBS and Supports (1 of 5 )

- States should solicit information from providers to evaluate the following:
  - The current status of service delivery: in-person, virtual, combination of both;
  - The reactions providers are receiving from participants and family members as re-initiation of in-person service delivery is being considered;
  - Suggestions learned from participants on preferences and choices for re-integration;
  - Immediate capacity or financial challenges that are creating barriers to service delivery.

# Providers Weigh-In on the Design of Re-Integrated HCBS and Supports (2 of 5)

- Topics should also include:
  - Current training needs and the capacity to fulfill those needs; method(s) of delivery for participants and staff;
  - How providers, both residential and non-residential, can work together to share resources;
  - If Personal Protective Equipment (PPEs) or social distancing continue to be required in their area, how individuals are responding to their use; availability of supplies;
  - Support services needed, such as transportation or meals;
  - Status regarding compliance with Occupational Safety and Health Administration (OSHA) requirements where they exist.

# Providers Weigh-In on the Design of Re-Integrated HCBS and Supports (3 of 5)

- Utilize the expertise and on-the-ground experiences of providers to gather the following information:
  - What recommendations does the provider have for moving forward with service delivery?
  - What obstacles or barriers is each provider experiencing in re-integration?
  - What is the status of the direct support professionals' (DSPs) workforce capacity?
  - Can virtual, remote or assistive technology learning/training alternatives supplement the work of the DSPs without leading to isolation of participants?

# Providers Weigh-In on the Design of Re-Integrated HCBS and Supports (4 of 5)

- The state should also consider provider input on:
  - Will it be necessary to expand the available provider network to accommodate any changes?
  - Can residential and non-residential providers share resources as the transition process evolves?
  - What are the provider's recommendations as to which flexibilities should expire or be retained based on feedback received from participants and families?
  - What are the provider's ideas, suggestions, alternatives to design ways to meet individual preferences and choices in a re-integrated environment?

# Providers Weigh-In on the Design of Re-Integrated HCBS and Supports (5 of 5)

- What resources does the provider need to develop training programs:
  - To assist individuals to understand and adapt to potential transitional restrictions in newly re-opened day or employment services, such as the wearing of masks, how to socially distance, hand-washing;
  - To adjust to any new technologies or methods implemented for re-integrated delivery of services and supports.

# Analyze and Synthesize Data

Key Strategic Factor: Analyze and synthesize data and information learned from all these resources to share concepts for the design, coordination and implementation of services and supports across the entire HCBS delivery system going forward:

- Develop reporting mechanisms to share information from stakeholder feedback, the person-centered planning process, regular contacts with support personnel, and provider input to identify individual's preferences/ideas for service delivery design and implementation.

# Now Where Do We Go From Here?

- Based on the review and analysis of this data and the results of its evaluation, states will begin to identify which flexibilities should end prior to the end of the PHE, be maintained for the duration of the PHE or be extended on a temporary or permanent basis after the PHE concludes, as allowable.
- The state can make permanent changes to the structure and operation of its HCBS program(s) by submitting a 1915(c) or 1115 waiver renewal or amendment or a 1915(i), (j), and/or (k) SPA for review by CMS.

# Now Where Do We Go From Here? (cont.)

- Not all flexibilities implemented via a Disaster Relief SPA can be added permanently to the state plan.
- Flexibilities implemented via 1135 waivers may not be made permanently to the state plan or 1915(c) waiver.

# CMS Guidance: Ending Temporary 1915(c) Appendix K Flexibilities

- Temporary changes in 1915(c) waiver Appendix K amendment submissions automatically terminate when they reach the end date indicated in Section K-1-F of the template:
  - All temporary changes must conclude and states must resume compliance with the language in their current, approved 1915(c) waiver upon termination of the Appendix K.

# CMS Guidance: Ending Temporary 1915(c) Appendix K Flexibilities (cont.)

- Any extensions of requirements in an approved waiver included in the Appendix K must be concluded by the end date of the Appendix K, with the exception of level of care recertification extensions.
  - For example, if a state allows a 90-day extension for new providers to complete background checks, then only those providers enrolled at least 90 days prior to the end date of the Appendix K would be eligible for the full 90-day extension. A provider enrolled for 60 days prior to the end of the Appendix K would only be eligible for a 60-day extension.
- If the state finds there is no longer need for any of the provisions of the Appendix K, the state can end the entire Appendix K by amending the end date.
  - However, states need to ensure that ending an Appendix K flexibility prior to its approved expiration date does not impact adherence to requirements in SMDL 21-003 (implementation of ARP section 9817 which is the temporary 10 percentage point FMAP increase).

# CMS Guidance: Extending Flexibilities on a Temporary or Permanent Basis

- States may find that some flexibilities may be useful to extend on a temporary or permanent basis. Some examples:
  - Temporary state plan changes to provide alternative payment and coverage for services furnished using telehealth;
  - Temporary 1915(c) waiver Appendix K changes to add telehealth to services, such as for personal care services that only require verbal cueing.
- States may choose to incorporate this service delivery modality into its ongoing activities by amending their state plans or 1915(c) waivers.

# CMS Guidance: Appendix K Changes That States Would Like to Continue

- Changes made through Appendix K that states would like to continue beyond its expiration date must be submitted as an amendment to the state's 1915(c) waiver application via the Waiver Management System (WMS).
- These amendments must adhere to all regulatory provisions, and policies and procedures detailed in the Version 3.6 1915(c) waiver application and accompanying instructions, technical guide, and review criteria.

# CMS Guidance: Appendix K Options That May Be Approved in a Standard 1915(c) Application

## (1 of 3)

- Use of telehealth or other electronic methods of service delivery for:
  - Case management, personal care services that only require verbal cueing, in-home habilitation, and other services that may be facilitated by telehealth while still facilitating community integration;
  - Evaluations, assessments and service plan meetings (note: in these cases there is a need for the state to establish a process for electronic signatures).

# CMS Guidance: Appendix K Options That May Be Approved in a Standard 1915(c) Application

## (2 of 3)

- States need to be mindful of the following in service definitions in which they are adding telehealth delivery:
  - How the remote service delivery will support community integration;
  - How remote service delivery will ensure the health and safety of an individual, if, due to medical, behavioral or other conditions, hands-on assistance is required.

# CMS Guidance: Appendix K Options That May Be Approved in a Standard 1915(c) Application

## (3 of 3)

- Home-delivered meals, assistive technology, and other services the state feels will be beneficial to their waiver population going forward. (*Public notice and prospective effective dates are required for amendments with substantive changes.*)
- Rate increases for waiver services to enhance the provider pool (*\*If the rate change requires a change in rate methodology, public notice and prospective effective dates are required for amendments with substantive changes.*);
- States may wish to add retainer payment options post-pandemic at the permissible level of the lesser of 30 consecutive days or the total number of bed-hold days approved in the state plan;
- Increased ability to pay family caregivers.

# CMS Guidance: Appendix K Options That Are Not Approvable in a Standard 1915(c) Waiver Application

- Provision of waiver services in institutional settings (excluding respite and services provided in accordance with section 3715 of the CARES Act);
- Extension of timeframes for level of care (re)evaluations;
- Suspension of quality improvement system activities;
- Flexibility with the HCBS settings requirements at 42 CFR Section 441.301(c)(4)(vi)(D) stating that individuals are able to have visitors of their own choosing at any time, for settings added after March 17, 2014

# CMS Guidance: Appendix K Options That Are Not Approvable in a Standard 1915(c) Waiver Application (cont.)

- Authorization of case management entities to serve as the only willing and qualified provider under 42 CFR Section 441.301(c)(1)(vi) due to the PHE (i.e., waiving conflict of interest requirements due to the PHE personnel crisis);
- Changes approved via section 1135 waiver authority including, but not limited to, extensions of person-centered service plan (PCSP) recertifications, verbal signatures for PCSPs, and waiving settings requirements for settings added after March 17, 2014;
- Extension of due dates for CMS-372s and evidentiary reports.

# Promising Practices for Restoring Operations

- Formal notice is not required to end temporary flexibilities, but states are strongly advised to engage with key stakeholders to ensure they are well-informed of the specific changes that will be ending and the date they will end.
- This is critical for temporary services and service limit increases, provider qualifications, temporary rate increases, and retainer payments made available for the duration of the PHE.
- However, we do note that when an individual will experience loss or reduction of service, they must receive a 10-day notice prior to the loss or reduction of that service.
- Methods to keep stakeholders informed: communications from Case Managers, mailing of hardcopy materials, email blasts, and routine updates to Medicaid/CHIP Agency websites.

# Implementation of a Re-Integrated HCBS and Supports Delivery System

- Encourage and support ongoing collaboration and coordination across the entire service delivery system to share information and data findings, identify potential problems and corresponding problem-resolution and to evaluate options to move the service delivery system through the transition period and into a re-integrated era;
- Bring all key stakeholders to the in-person or virtual table at the same time if possible: individuals, families, Case Managers, Service Coordinators, licensing, certification, quality assurance staff, providers, transportation experts, other community partners;

# Implementation of a Re-Integrated HCBS and Supports Delivery System (cont.)

- Share the proposed plans for system design and implementation methodologies with stakeholders to elicit input and feedback and incorporate viable options into the final plan;
- Support implementation of the service delivery system moving forward;
- Resolve problematic issues as they occur;
- Ensure that participants receive the training, support and technical assistance needed to re-integrate and re-connect with their communities in the most independent, functional way possible.

# Resources

CMS Baltimore Office Contact—Division of Long-Term Services and Supports:

❖ [HCBS@cms.hhs.gov](mailto:HCBS@cms.hhs.gov)

State Health Official (SHO# 20-004) Letter: Planning for the Resumption of Normal State Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency

❖ <https://www.medicaid.gov/federal-policy-guidance/downloads/sho20004.pdf>

# Resources (cont.)

- ❖ General Transition Planning Tool for Restoring Regular Medicaid and Children's Health Insurance Program Operations After Conclusion of the Coronavirus Disease 2019 Public Health Emergency, January 15, 2021
- ❖ <https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/index.html>

To Request Technical Assistance:

- ❖ [HCBSsettingsTA@neweditions.net](mailto:HCBSsettingsTA@neweditions.net)

# Questions

# Feedback

Please complete a brief survey to help CMS monitor the quality and effectiveness of our presentations.

Please use the survey link:

[https://www.surveymonkey.com/r/Post\\_Pandemic\\_Re-Integration](https://www.surveymonkey.com/r/Post_Pandemic_Re-Integration)

WE WELCOME YOUR FEEDBACK!