



State Implementation of American Rescue Plan Act Initiatives to Expand Access to Enabling Technology: Summary of a State Affinity Group

AUGUST 2022



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The American Rescue Plan Act (ARPA) Home and Community-Based Services (HCBS) Technical Assistance Collective is made up of five organizations with deep expertise in HCBS systems: ADvancing States, Halperin Butera Consulting, the National Association of State Directors of Developmental Disabilities Services, Riverstone Health Advisors, and Ventech Solutions. The TA Collective’s mission is to support states in achieving the objectives included in their ARPA HCBS Spending Plans to expand, enhance and strengthen their HCBS systems by March 31, 2025.

ADvancing States represents the nation’s 56 state and territorial agencies on aging and disabilities and supports visionary state leadership, the advancement of state systems innovation and the articulation of national policies that support long-term services and supports for older adults and individuals with disabilities.

Halperin Butera Consulting is an independent consulting firm that provides state and federal government agencies, non-profits, and provider organizations with direct assistance related to healthcare and long-term services and supports (LTSS) access and coverage issues for lower-income older adults and persons with disabilities. Halperin Butera Consulting has specific expertise in Medicare-Medicaid integration, HCBS service delivery, nursing home reform, and managed long-term services and supports (MLTSS) program design and can assist with research, program design, policy recommendations, drafting, and implementation.

Riverstone Health Advisors consults to agencies, health plans, vendors, and providers as they strive for success in government healthcare programs, including Medicaid HCBS and other Medicaid LTSS programs, Medicaid managed care, and Veterans’ healthcare, among other programs.

Made possible with support from [The SCAN Foundation](#), [The John A. Hartford Foundation](#), [Arnold Ventures](#) and [The Milbank Memorial Fund](#).

Acknowledgments

ADvancing States and our partners with the ARPA HCBS Technical Assistance Collective (TA Collective) are proud to release this paper that provides information about efforts to expand coverage of, awareness regarding, and access to enabling technology that states are currently undertaking as part of their ARPA HCBS initiatives. Through the generous support of The SCAN Foundation, The John A. Hartford Foundation, The Milbank Memorial Fund, and Arnold Ventures, the TA Collective operated an Affinity Group to support state enabling technology initiatives, facilitate information exchange, and share innovations, promising practices, and other strategies to expand HCBS participants' access to enabling technology. We are grateful to these foundations for their support and also to the state officials who shared their expertise, challenges, and promising practices with peers across the country.

As you know, the COVID-19 pandemic accelerated the adoption of technology throughout the nation's health care system as the country responded to the unprecedented need for new service delivery modalities in response to the emergency. While the bulk of effort and attention was spent on "telehealth" that allowed services to be delivered remotely and supported social isolation directives, telehealth is just one of an array of ways enabling technologies can be used in HCBS. The technologies and their applications are constantly evolving and covering these services requires ongoing research, monitoring, and policy development to maintain current and relevant benefit offerings. States in the affinity group, like states across the nation, vary dramatically in terms of their coverage, adoption, and knowledge of enabling technologies.

State leaders are faced with enormous challenges at this critical juncture in LTSS across the country. The Affinity Group provided a forum for states to learn about the options and opportunities to improve their enabling technology offerings and we believe that the lessons learned will provide similar value to others in the HCBS field. As the TA Collective continues to support states to improve long-term services and supports for older adults and people with disabilities, we hope that the information in this report provides a foundation for ongoing adoption, expansion, and modernization of their enabling technology supports.



Martha Roherty, Executive Director
ADvancing States

Introduction

A major trend over the next 20 years will be the dramatic growth of the population who use long term services and supports (LTSS). Two demographic trends drive this demand: Americans' average life expectancy has been increasing, and more Americans are living with intellectual and developmental disabilities, as well as dementia.

While family members will always play a huge role in caring for their loved ones, there will still be a major need to expand the public infrastructure to help support individuals whether or not they have family or other informal supports, to support informal caregivers, and to provide care management services, among other things. Meanwhile,

Americans' average life expectancy has been increasing, and more Americans are living with intellectual and developmental disabilities, as well as dementia.

there is a nationwide shortage of direct service workers (DSWs) to serve as paid caregivers. Technology advancements are accelerating in ways that enhance individual's independence and quality of life in ways that could help to address some of today's workforce challenges.

More than 75% of older adults wish to remain in their communities as they age,¹ yet only 56% of total state Medicaid LTSS expenditures and 33% of LTSS expenditures on older adults and people with physical

disabilities are for HCBS.² Clearly, investments in the LTSS system are needed. Partly in recognition of this future public need and the accompanying challenges, Congress enacted the American Rescue Plan Act (ARPA) of 2021, which resulted in over \$30 billion of total spending to expand services and infrastructure for Medicaid-financed HCBS. These new resources are significant but are also time-limited; states must spend the ARPA funding by March 31, 2025.

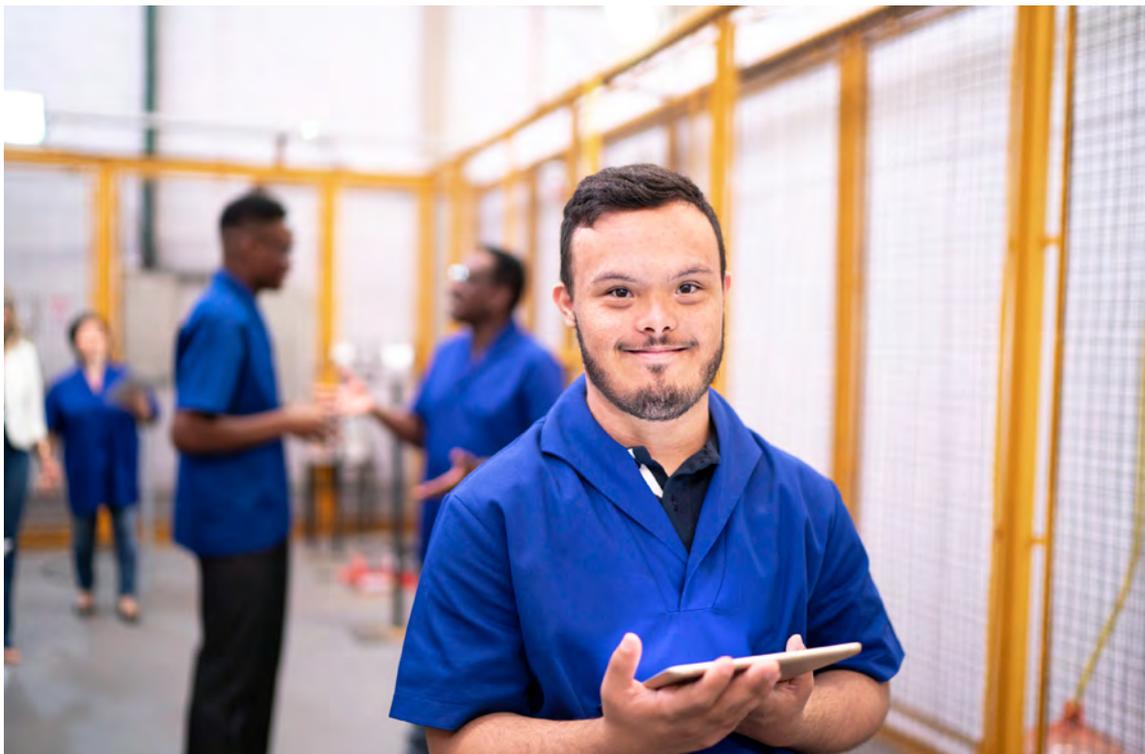
¹ <https://www.aarp.org/research/topics/community/info-2018/2018-home-community-preference.html?CMP=RDRCT-PRI-OTHER-LIVABLECOMMUNITIES-032218>

² <https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/ltssexpenditures-2017-2018.pdf>

Due to the compressed timelines, the ARPA funding opportunity presents a significant challenge to states' administrative and program design capacities and states' ability to expand HCBS services, populations, and infrastructures efficiently within the time permitted by the Centers for Medicare & Medicaid Services (CMS). Because states were required to identify and begin implementation of their chosen ARPA HCBS initiatives so rapidly, many ARPA HCBS Spending Plans include initiatives around subject areas the states had not yet fully researched, including initiatives related to workforce and enabling technology.

Recognizing that states needed to move quickly to take full advantage of this huge infusion of new federal dollars, four foundations—The SCAN Foundation, The Milbank Memorial Fund, and The John A. Hartford Foundation, and Arnold Ventures—came together to fund the ARPA HCBS Technical Assistance Collective, a small group of non-profit organizations and independent consultants with extensive expertise in HCBS to support states in the implementation of the ARPA initiative.

One part of this technical assistance was to create two Affinity Groups (AGs), which shared their challenges and experiences in two focus areas as selected by the states: (1) Enabling Technology to Support HCBS; and (2) Initiatives to Raise Wages and create Career Development opportunities for Direct Care Workers. Both AGs held six sessions during the spring of 2022 to share experiences, highlight best practices, listen to guest speakers, and seek common solutions to overcome barriers to implementation. This issue brief summarizes the work of the Enabling Technology AG, which was comprised of the following states: Arizona, Connecticut, Georgia, Illinois, Kentucky, Minnesota, Ohio, Oklahoma, Oregon, Virginia, Washington, and Wyoming.



Enabling Technology

Affinity Group Focus

The COVID-19 pandemic accelerated the adoption of technology throughout the nation's health care system, and the nation's Medicaid HCBS programs were no exception. For example, most states obtained Federal emergency authority to deliver services and supports remotely. Many of those states are seeking ways to extend this coverage permanently, so that remote coverage continues, and in some cases expands, after the public health emergency ends.

While the term “telehealth” is often used to refer to these remote services, the reality is that many participants aren't using just a phone to access these remote services and supports. Rather they're using tablets, computers, and other enabling technologies. Also, they are not receiving just medical services via “telehealth”—they are also accessing non-clinical services and supports that aid them in conducting activities of daily living.

No uniform definition of enabling technology (ET) is used by all states or national stakeholders. Remote service provision, or “telehealth,” is just one of an array of ways enabling technologies can be used in HCBS, as illustrated in the text box on this page. Furthermore, technologies and their applications are constantly evolving. States in the affinity group, like states across the nation, vary dramatically in terms of their coverage, adoption, and knowledge of enabling technologies and in the nature and scope of their ARPA technology initiatives. So, states who are at early stages stand to benefit greatly from those states that have deep experience.

Examples of Enabling Technology

- Assistive Technology and Devices
- Devices to Enable Remote Monitoring, such as sensors and cameras
- Devices to Enable Remote Service Delivery and Supports, such as Bluetooth-enabled earbuds, tablets, smartphones, computers
- Smart Home Technology
- Apps and Mobile Devices

Federal Authorities to Support Enabling Technology ARPA Initiatives

Although CMS has approved many of the initiatives proposed within the ARPA spending plans of the affinity group states, this approval only provides authority to utilize the ARPA funding for those initiatives. If a state wishes to receive Medicaid match for allowable services and activities, they must also submit a traditional Medicaid “action,” such as a state plan or waiver amendment, to implement the activity. States have used multiple approaches to secure CMS approval for the initiatives under their spending plans. A brief summary and the considerations for using each authority include:

Authority	Summary of Option	Considerations
1915(c) waiver amendment	Standard process for implementing changes to HCBS waivers, such as new or expanded services, change in rate methodologies, or changes to eligibility.	A standard amendment may not be approved as quickly as other approaches, may require more comprehensive public input, and may not be approved with a retroactive implementation date.
State Plan Amendment (SPA)	Standard process for implementing changes to HCBS authorized by the state plan, such as 1915(i), 1915(k), and 1905(a).	A standard SPA may not be approved as quickly as other approaches and may require more comprehensive public input. SPAs can be approved retroactively to the first day of the quarter in which they are submitted.
Administrative Claiming	Certain activities, such as certain provider trainings, evaluations, rate studies, and similar projects, may receive Medicaid administrative match.	Claims must be directly related to the proper and efficient administration of the Medicaid State plan or waiver services and must be supported by an approved cost allocation plan at the state. Provider claiming for enabling technology is still in its early stage of development at both the federal and state levels, and policies regarding how providers should bill for enabling technologies is still in a state of flux.

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Authority	Summary of Option	Considerations
Enhanced Funding for Information Technology	Certain Medicaid technology projects, such as those related to claims, billing, and eligibility, may receive 90% Federal match for installation and 75% match for ongoing operations.	A state must submit an “Advance Planning Document” prior to accessing enhanced funding. This can be a lengthy process and may delay implementation of the project.
1915(c) Appendix K	An option to implement emergency/disaster related changes to state HCBS programs.	Only applies to services delivered under 1915(c) waivers or certain LTSS services within pre-existing 1115 waivers. Additional flexibility around timelines and processes for receiving approval, including an option for retroactive start date. COVID Appendix Ks may be extended to no more than 6 months after the public health emergency ends.
Disaster SPA	A state plan amendment that implements disaster-related changes to the Medicaid program.	Not applicable to 1915(c) or 1115, but can apply to state plan HCBS. Potentially allows for expedited implementation and less stringent public notice requirements. Ends when the public health emergency expires.

Participating states used or planned to use a variety of vehicles to implement their ARPA initiatives. Many of the participating states expanded access to enabling technology via Appendix K authority during the pandemic and were seeking to convert some or all the Appendix K enabling technology-related authorities to a permanent vehicle, such as a 1915(c) waiver. Most of the participating states were early in their initiative planning so had not yet determined which approach they might use going forward.

Obtaining federal authorities introduces some unknowns for states. As states seek to cover new technologies and deploy technologies in new ways, states are forging new paths with Federal approvals: states do not know and struggle to predict what CMS will and will not approve. Most participating states seemed interested to learn what HCBS enabling technology-related service definitions will and won't receive CMS's blessing for permanent Federal authority—and to see how CMS's approvals might evolve along with the evolution of enabling technologies themselves.

Summary of Participant State Issues/Discussions

Discussion of State Initiatives

Participating states span the enabling technology continuum—some self-identified as starting from scratch, while others were seasoned veterans from “Technology First” states that were seeking to build on already robust enabling technology programs. The table on the next page summarizes the types of enabling technology-related initiatives states are pursuing via their HCBS Spending Plans. In most cases, these initiatives were designed to: reduce individuals’ social isolation, increase individuals’ self-sufficiency, increase access to services and/or help to address workforce shortages.



State	Telehealth & Remote Services	Smart Home	Addressing Social Isolation	Increased Budget Cap	New HCBS ET Service	Remote Monitoring & Support	Training & Technical Support	One-Time Spend	Other
Arizona	✓		✓			✓	✓		Housing; Experts to oversee integration of ET into service plans
Connecticut	✓	✓		✓			✓		Aligning HCBS service definitions
Georgia	✓				✓		✓		
Illinois	✓				✓		✓	✓	
Kentucky								✓	Aligning HCBS service definitions
Minnesota			✓			✓ (expanded to more waivers)		✓	
Ohio	✓			✓					
Oklahoma		✓		✓	✓ (modified definition)		✓		Hands on engagement; partner w/ community resources
Oregon	✓					✓			
Virginia*	✓				✓ (expanded definition)				
Washington	✓					✓	✓		Providing 4900 devices; also expanding service definitions (non-ARPA)
Wyoming	✓				✓				

*Note: Virginia’s enabling technology initiatives were funded outside of its HCBS Spending Plan.

Participating states span the enabling technology continuum—some self-identified as starting from scratch, while others were seasoned veterans from “Technology First” states that were seeking to build on already robust enabling technology programs.

Participating states also vary in terms of the share of their ARPA funds they dedicate to enabling technology-related initiatives, as shown in the table below.

State	Spending Plan Initiative(s) Relating to Enabling Technology (in Millions)	Total Spending Plan Budget (in Millions)	Estimated Percent of Spending Plan Budget Relating to Enabling Technologies
Arizona	\$97	\$1,496	6.5%
Connecticut	\$64	\$506	12.6%
Georgia	\$206	\$587	35.1%
Illinois	\$50	\$349	14.4%
Kentucky*	\$200	\$500	40.0%
Minnesota	\$5	\$686	0.7%
Ohio	\$35	\$964	3.6%
Oklahoma	\$4	\$192	1.8%
Oregon	\$2	\$30	6.3%
Washington	\$1	\$273	0.4%
Wyoming	\$9	\$35	25.0%

Note: For KY, OH and WY, a line-item budget for the enabling technology-related initiative is not available. The budget amount reflected here is for an initiative or a set of initiatives of which the enabling technology initiative is a part, which likely results in an overestimation of the spending on enabling technology-related initiatives for those states.

**Note: Kentucky’s original spending plan allocated 40% of the budget to enabling technology; however, subsequent legislative action shifted 100% of the ARPA funding to provider increases.*



State Implementation of Enabling Technology-Related Initiatives

At the outset of the Affinity Group meetings in late March, most states had not yet started implementing initiatives, and the range of baseline understanding and experience with enabling technology was vast. Several states were in the research and design phases and others were in development. By the final meeting at the end of May, more than half (64%) of participating states said they felt ready to move forward with implementation while the rest (36%) said they were not yet ready. Half of participating states indicated need for more supports and assistance to move ahead, while the other half did not need additional assistance. States that remain undecided on how to invest their ARPA dollars on new Enabling Technologies will be under increasing pressure as the end date of the ARPA Funding Initiative draws closer.

State Challenges & Strategies to Overcome Challenges

The states participating in the Enabling Technology Affinity Group describe a broad range of challenges they are seeking to overcome. As noted previously, two significant challenges are the lack of standard terminology to describe and classify enabling technology, and the relative unpredictability regarding CMS's approvals. Some other challenges include:

- **Biases against technology solutions.** Whether by state legislators, state staff, participants, service coordinators, or caregivers, biases run the gamut from fear of invasions of privacy to concern that direct care will be abandoned in favor of technology solutions.
- **Underutilization of existing, available technology solutions.** States shared that they are struggling to successfully promote use of technology solutions and that existing and available technology has not had the uptake or level of interest they expected.
- **Education of case managers, providers, state staff.** Regardless of biases, many case managers, providers, and state staff do not have a meaningful or working understanding of the value and potential utility of technology solutions as well as an understanding of what enabling technologies are covered by Medicaid HCBS.
- **ARPA HCBS timelines (too short to achieve a culture shift).** States are feeling pressure with the tight timelines that ARPA affords them to complete this work, especially to drive the culture change needed to overcome the three challenges noted above.

- **Complexity of technology solutions is challenging for legislative communications.** As state staff struggle to wrap their arms around the perpetually evolving technology solutions, explaining what exists and what might come next poses unique challenges with their state legislatures.
- **State staff lack the expertise and states lack the resources to research and invest in technology solutions.** State participants recognize that in order to effectively invest allocated dollars for Enabling Technologies they must first build internal IT expertise that is capable of making good decisions in this area and to implement initiatives that have never been done before. Many state staff are not well-versed in available technology solutions and, although dedicating an employee to enabling technology programs is a best practice used in one participating state as well as Tennessee, most participating states are not able to allocate this level of staffing resources to a single initiative.
- **Broadband access gaps make technology solutions unavailable to some participants.** The lack of universal broadband poses a barrier to technology solutions while also creating an equity issue with which states have been challenged. Many states hope that the new [getinternet.gov](https://www.getinternet.gov) website announced by the Biden administration will help states ameliorate the absence of internet for participants, as states have not been able to cover ongoing connectivity under current Medicaid policies.
- **Workforce shortage is a driver and a challenge.** States without a sufficient workforce to provide direct care see opportunities with technology, particularly with remote support and remote service delivery. However, the workforce shortage also means that overstretched DSWs lack the bandwidth to learn about new technologies and to then support participant use of those technologies.
- **Direct support professional turnover.** The churning of direct support professionals means that those with knowledge in how to support participants who use technology solutions are replaced with new DSWs who then need training on the uses and benefits of technology.
- **Pricing, benefit caps, and budgeting for technology solutions.** Some states are struggling with how to price technology solutions as well as whether to impose benefits caps, determine appropriate cap amounts, and develop state budgets for anticipated utilization—a task made harder by the constantly changing technologies over time. States also described administrative and logistical challenges with establishing individual budgets. States use different approaches to establish individual budgets, each of which presents its own challenges: some establish the individual’s budget for the individual’s plan year, others for the state fiscal year, others for a lifetime.



- **Measuring quality and impact.** No set of standard or generally-accepted quality measures or ways to measure impact exists yet, so states might or might not be currently collecting the baseline data they'll need down the road to effectively demonstrate impacts.
- **Supply chain.** Recently, supply chain delays have sometimes hindered states' ability to quickly deploy enabling technologies.
- **Legislative process vis a vis the ARPA HCBS spending initiative.** Some state legislatures are restricting state Medicaid program's flexibility to spend their ARPA dollars which limited ability to implement innovative coverage and payment policy for enabling technologies.

State Learning

The Affinity Group members learned a great deal. For the most part, they found the experience extremely helpful in shaping their ideas and plans for technology solutions that enable HCBS and support HCBS participants. The TA Collective moderated discussions amongst the group members and also facilitated conversations with guest speakers. The Affinity Group members were extremely fortunate that they heard directly from and were able to ask questions of pre-eminent experts in technology to enable HCBS and support HCBS participants, including:

- Jordan Allen, Jeremy Norden-Paul, and Milton Neuenschwander from Tennessee's TennCare program, about their enabling technology efforts in their Technology First state
- Marty Exline from the National Assisted Technology Act Technical Assistance and Training (AT3) Center about how state Assistive Technology Act Programs can help and support state Medicaid agencies as well as participants
- Shea Tanis, PhD, Principal Investigator, State of the States in Intellectual and Developmental Disabilities Longitudinal Data Project of National Significance, Associate Research Professor, at the University of Kansas Lifespan Institute about the depth and breadth of Technology Solutions' ability to support and enhance quality of life for HCBS participants
- Sara A. Link, Director, No Wrong Door, Virginia Department for Aging and Rehabilitative Services about Virginia's expansive use and outreach around technology solutions

The Collective also assembled a resource library for the Affinity Group members, through which the Collective curated and made available resources from member states, speakers, and other experts.

State Innovations

State participants shared some of the innovations that have implemented or are considering.

Minnesota's Experience



Minnesota shared information about approaches they are using to encourage adoption of remote services. The state is paying the same rate for a service regardless of whether that service is delivered face-to-face or remotely. Affinity group members explained that this approach encourages delivery of remote services and that most states pay a lower rate for remote services, which tends to discourage use of remote services. The state also issued state innovation grants to providers to pilot assistive technology, then repeated its provider training 20+ times so that providers could easily access the training when they were ready.

Connecticut's Experience



Connecticut has developed a variety of data dashboards across their state government. One of these data tracking initiatives established a dashboard that monitored a number of things in the state's LTSS system. Notably, the state was able to track COVID's impacts on individuals in nursing homes as well as in the community. Through this tracking, Connecticut was able to understand the trends in LTSS and identified specific discrepancies between institutional and community outcomes. In Connecticut, 10% of all nursing home residents died of COVID, whereas the impact in HCBS was significantly less pronounced. This has led to increased awareness and a corresponding shift among individuals seeking community-based services. In keeping with its culture of measurement and reporting, Connecticut has engaged an independent evaluator and identified a series of measures to assess the various impacts of enabling technology including impacts individuals' experience, extending the individual's community stay, reducing potentially preventable hospital admissions, and other economic indicators.

Like many states, Connecticut experienced underutilization of enabling technologies; enabling technologies were covered in all the state's HCBS programs but were not routinely integrated into individuals' service plans. So, the state has designed a creative Spending Plan initiative that will staff five full-time consultants who are subject matter experts in assistive technologies. These experts will be available to work directly with case managers to support them in integration of technology into care plans, in coordination with the state's existing HCBS care planning team, provide in-home training to recipients of technology and their caregivers to ensure proper use of technology, and provide training to HCBS providers. Connecticut has also sent each case management agency a suitcase containing prototypes of various enabling technologies so the case managers can test and get comfortable with various tools and devices.

Other state innovations include:

- Providing an occupational therapist for assistive technology consultations to support service planning (Virginia);
- Investing in smart home technologies (Ohio, Oklahoma and Tennessee); and
- Collaborating with HUD to embed smart home technology in new housing to decrease the demand for paid caregivers (Connecticut).

Future Plans

Regardless of their progress to date covering enabling technologies, participating states seemed to agree that enabling technology use is sure to increase, and the state benefits, payment methods, and program policies will need to keep pace. States felt uncertain about their own ability to fully understand and to keep abreast of everchanging technologies.

At least three states implemented a one-time increase in their individual enabling technology budgets. A number of states expressed guarded optimism about the ability to extend the new or expanded benefits beyond the expiration of the ARPA funding; however, it is important to note that the discussions occurred prior to more recent economic news regarding inflation and a potential forthcoming recession. The overall fiscal health of state governments—as well as states’ ability to measure and demonstrate the impact of enabling technologies—will play a large role in states’ ability to sustain expanded benefits over the long term. Another driving force will be CMS’s decisions regarding what services states can and cannot cover and for what purposes. Lastly, the sustainability of enabling technology-related Spending Plan initiatives is uncertain and will rely upon states’ ability to measure the impact of enabling technology, then convince legislators, program administrators, and other stakeholders of the value of enabling technology. Many states are behind in implementation of these initiatives, making it unclear whether they will be able to get far enough to measure and demonstrate the impact enabling technology can have on HCBS in time to obtain the funding and approvals needed to sustain these services beyond the ARPA spending period.

The overall fiscal health of state governments—as well as states’ ability to measure and demonstrate the impact of enabling technologies—will play a large role in states’ ability to sustain expanded benefits over the long term.

Considerations and Policy Takeaways

The Affinity Group reflected on the dearth of uniformity and consistency across states and programs. Members believe they could benefit from nationwide efforts to:

- 1) Share information around impactful available technology that enables and supports HCBS and participants,
- 2) Information-share around leading practices to increase use of enabling technology,
- 3) Identify a generally accepted set of enabling technology service definitions and quality measures,
- 4) Streamline technology and coverage policies,
- 5) Standardize processes for obtaining and delivering items or services,
- 6) Clarify acceptable uses of federal authorities to cover enabling technology, and
- 7) Directly assist state efforts to better leverage technology to expand HCBS and to support HCBS participants



States could also benefit from a collection of state and other best practices for outreach, education, staffing, culture shifting to support technology solutions, staying current on available technology, and more. If there were a deeper well of resources to support states in moving in the technology first direction, the work would go faster and more smoothly.

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Notes



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