

A paved road curves through a lush green field under a bright blue sky with scattered white clouds. The road starts from the bottom left and curves towards the top center of the frame.

Pathways to Independence.

***Leveraging Innovation
to Drive a New Paradigm for HCBS***

Introductions



Patti Killingsworth

- Chief Strategy Officer, CareBridge
- Lifelong family caregiver
- 25 years of Medicaid experience in MLTSS, value-based LTSS, dual eligible initiatives
- Longstanding TennCare Chief of LTSS at TennCare
- Newly appointed Commissioner, Medicaid and CHIP Payment and Access Commission



Jami Snyder

- President and CEO, JSN Strategies
- Former State Medicaid Director, Arizona Health Care Cost Containment System and Texas HHS Commission
- Immediate Past President, National Association of Medicaid Directors
- Newly appointed Commissioner, Medicaid and CHIP Payment and Access Commission

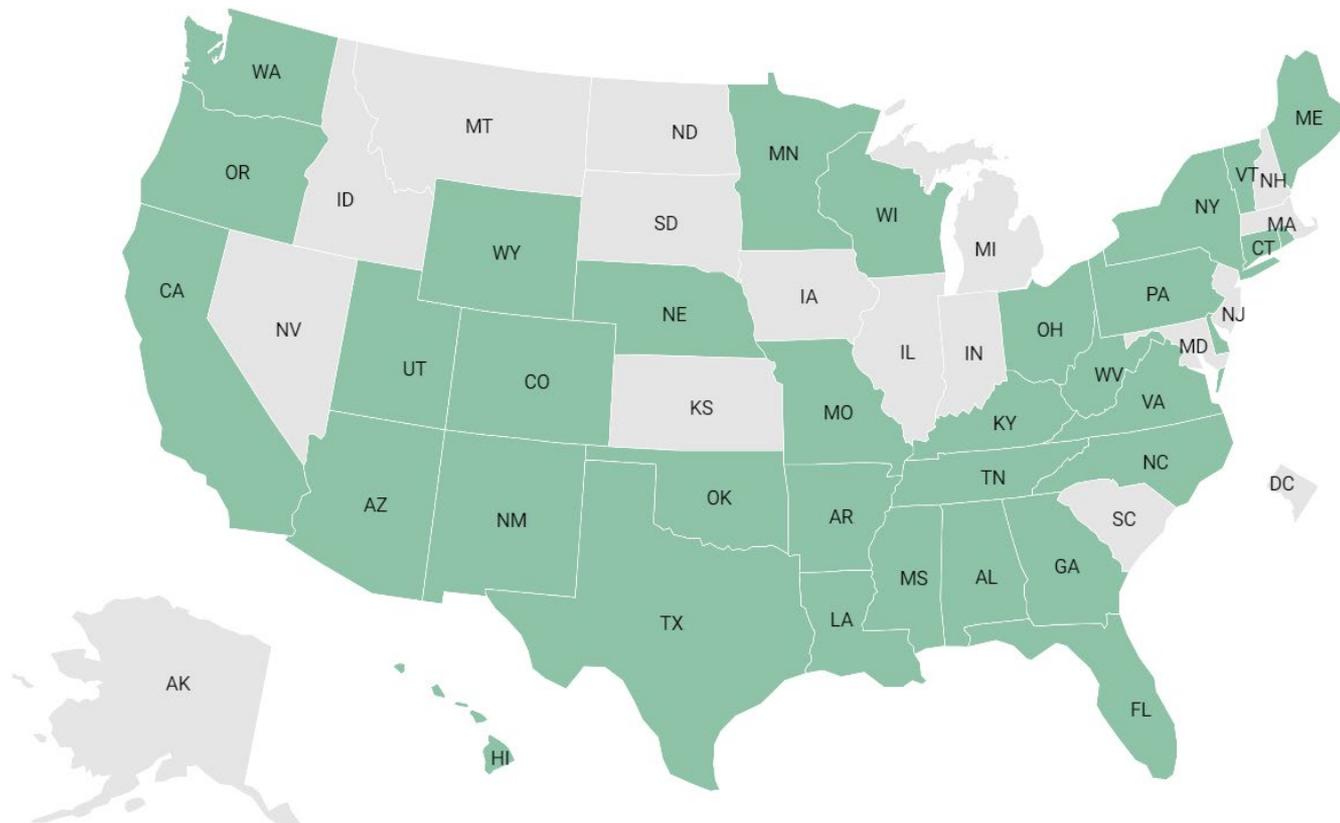


Maria Plunkett, OTD, OTR/L, CAPS

- Vice President of Clinical Operations, Decision Support, CareBridge
- OTD with extensive experience in home health, skilled nursing, and LTSS
- Certified Aging in Place Specialist (CAPS)

States Using ARPA Funds to Support Technology

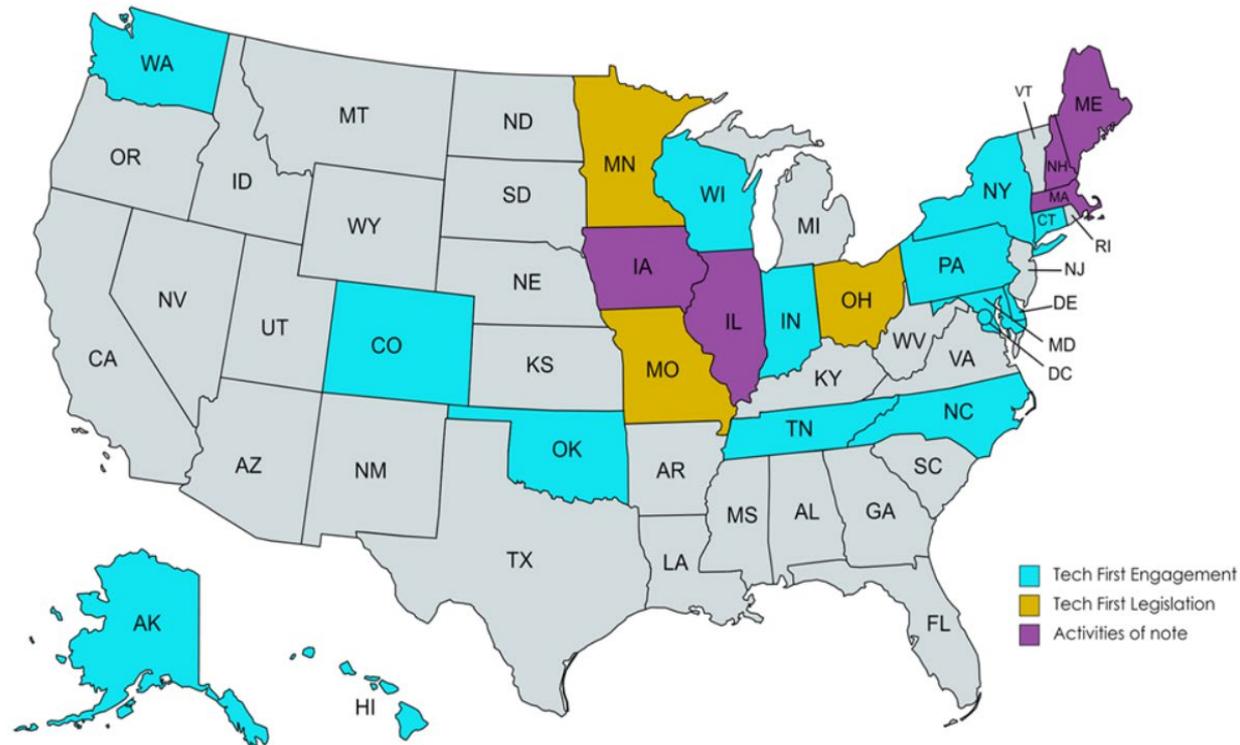
34 states report using ARPA funds to support technology in initial FMAP spending plans



Source: <https://nashp.org/how-states-use-arpa-funds-to-support-telehealth-technology-and-data-infrastructure/>

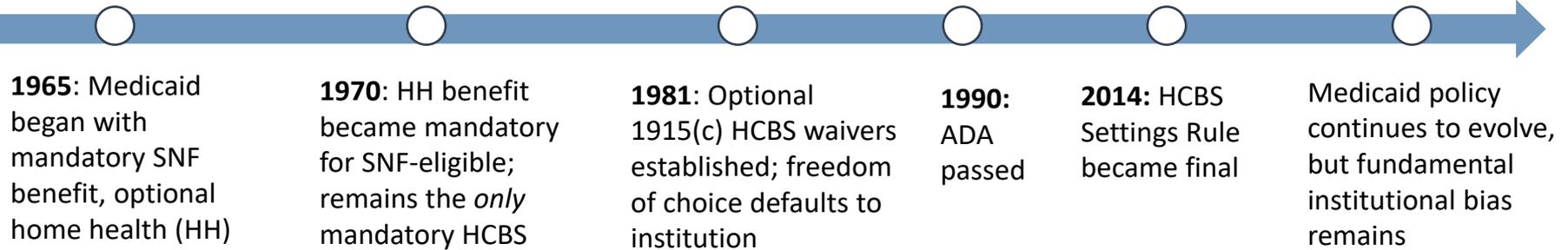
States with *Technology First* Initiatives

In 2020, twenty-two states had *Technology First* related initiatives and/or legislation

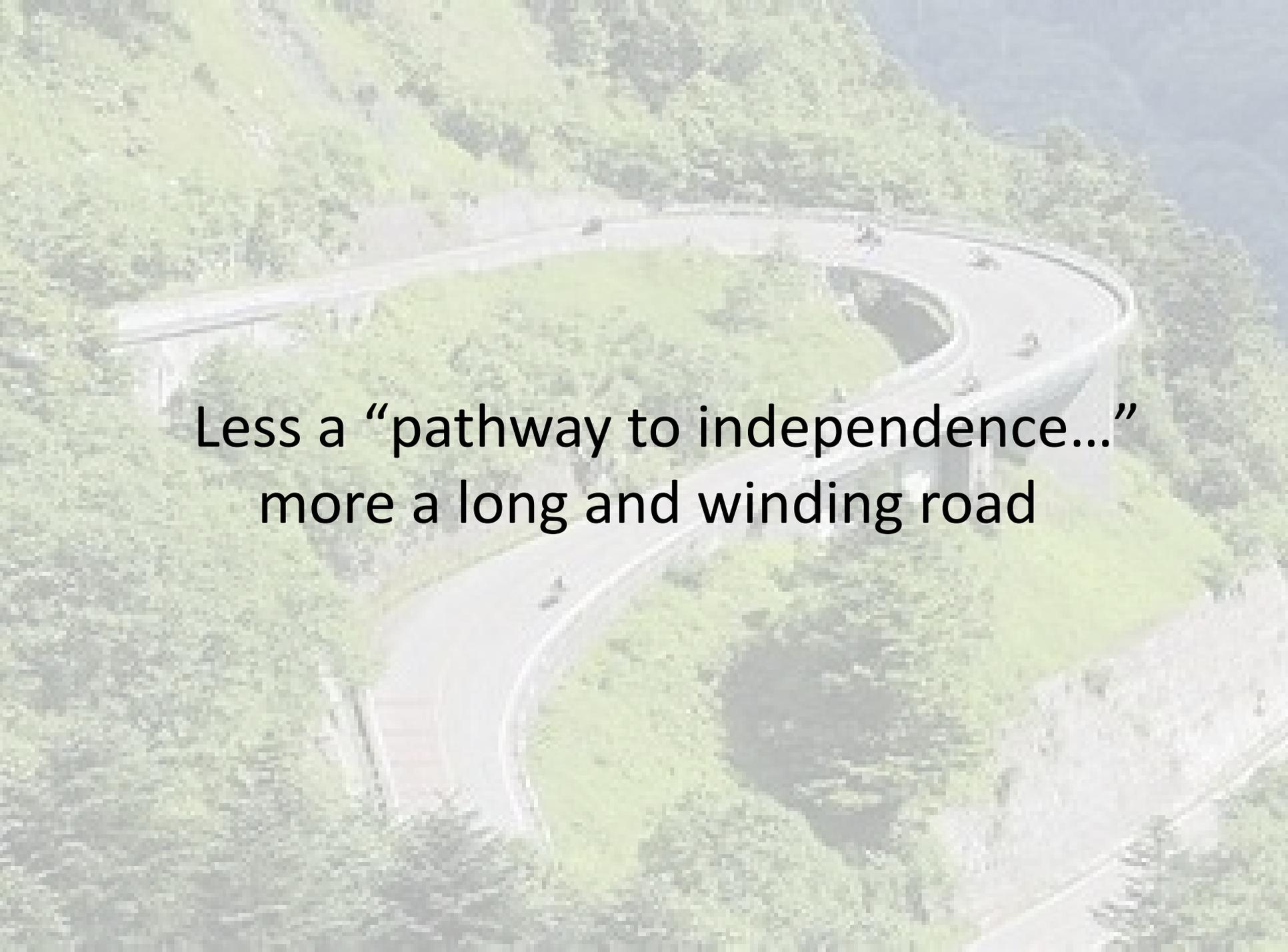


Source: [Technology First - State of the States in Intellectual and Developmental Disabilities](#)

The Evolution of Medicaid HCBS



- Medicaid HCBS evolved as an alternative to nursing home care nearly a decade in advance of the ADA and without expectations of independence and integration for older adults & people with disabilities
- As an alternative to institutional care, HCBS programs were often based on an expectation that people would need round-the-clock support—largely re-creating institution in the community
- This limited people’s opportunities to live meaningful lives in the community and created new challenges—over-reliance on personal care/residential services and an assumption that people will grow more dependent over time even though this is not how most people want to live their lives
- It strains staffing resources and limits the availability of state resources to provide HCBS to all the people who need them; as a result, there are more than 650,000 people on waiting lists
- Although technologies have advanced significantly over the life of the Medicaid program, the way we actually support people has not kept pace, limiting opportunities for independence and efficiency

An aerial photograph of a winding road on a green hillside. The road is a two-lane asphalt road that curves through the landscape. There are several cars visible on the road. The surrounding area is covered in dense green vegetation. The overall scene is bright and clear.

Less a “pathway to independence...”
more a long and winding road

What Makes Independence in Medicaid Challenging?



Medicaid HCBS system was not designed and is not oriented toward maximizing independence

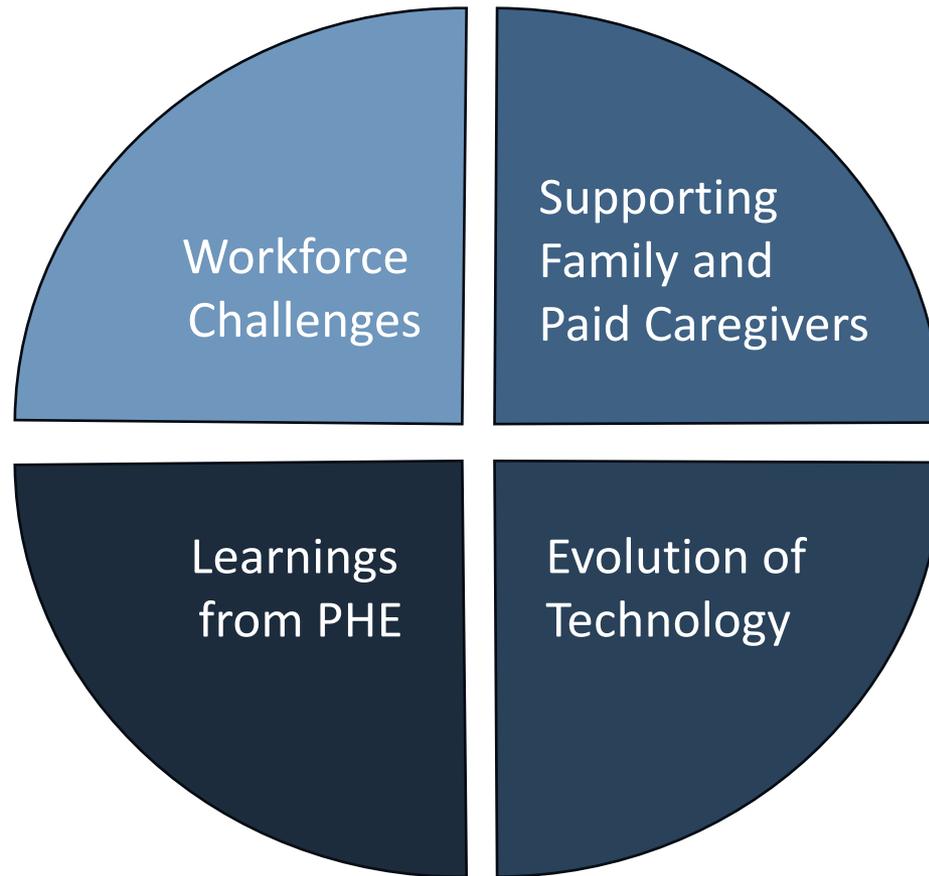


Lack of standardized **outcome** measures and national performance data for HCBS to drive independence and other valued outcomes

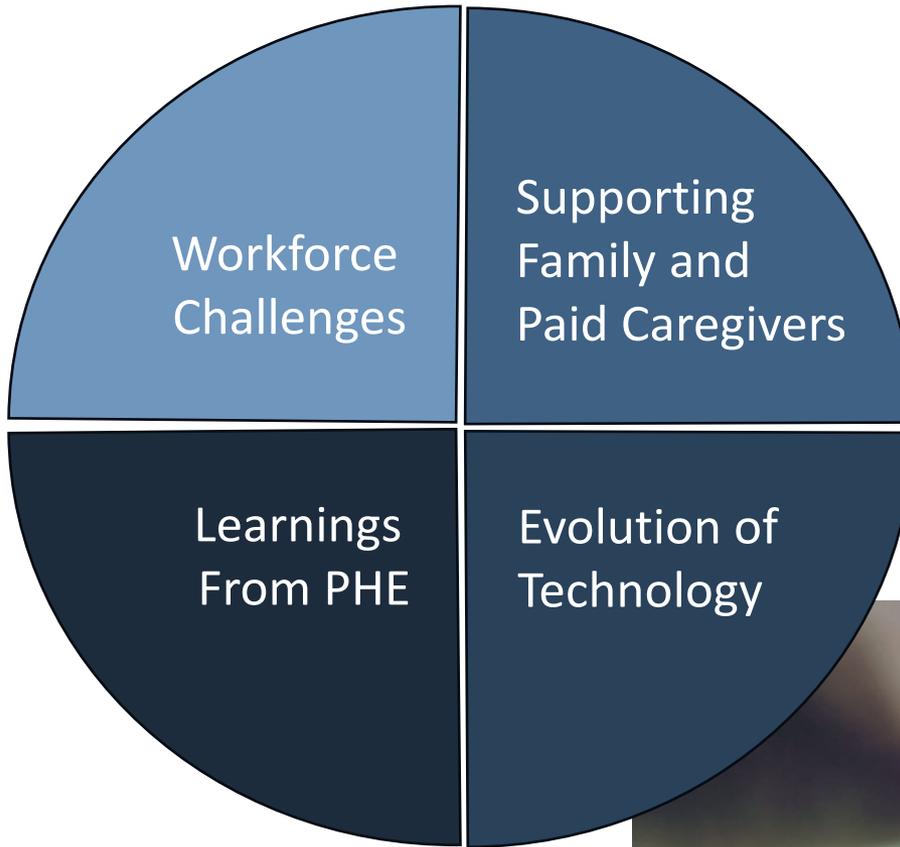


Fee-for-service payment methodologies that Medicaid HCBS has been left out of the value-based care discussion

Why Now?



Why Now?



It's Time...



The Elephant in the Room: Culture Change

From innovation...to adoption

From best practice...to common practice

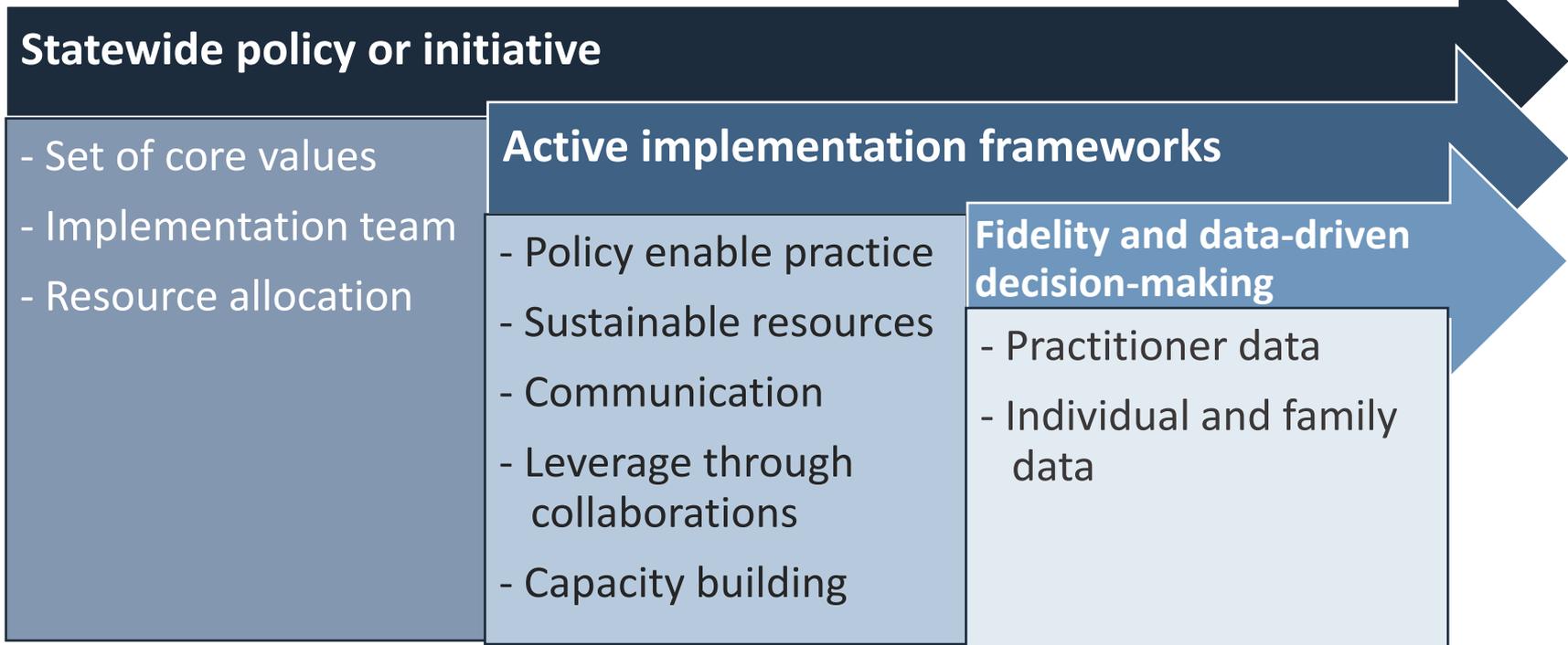


The challenge of culture change

- How we *think*
- What we *do*
- What we *value*

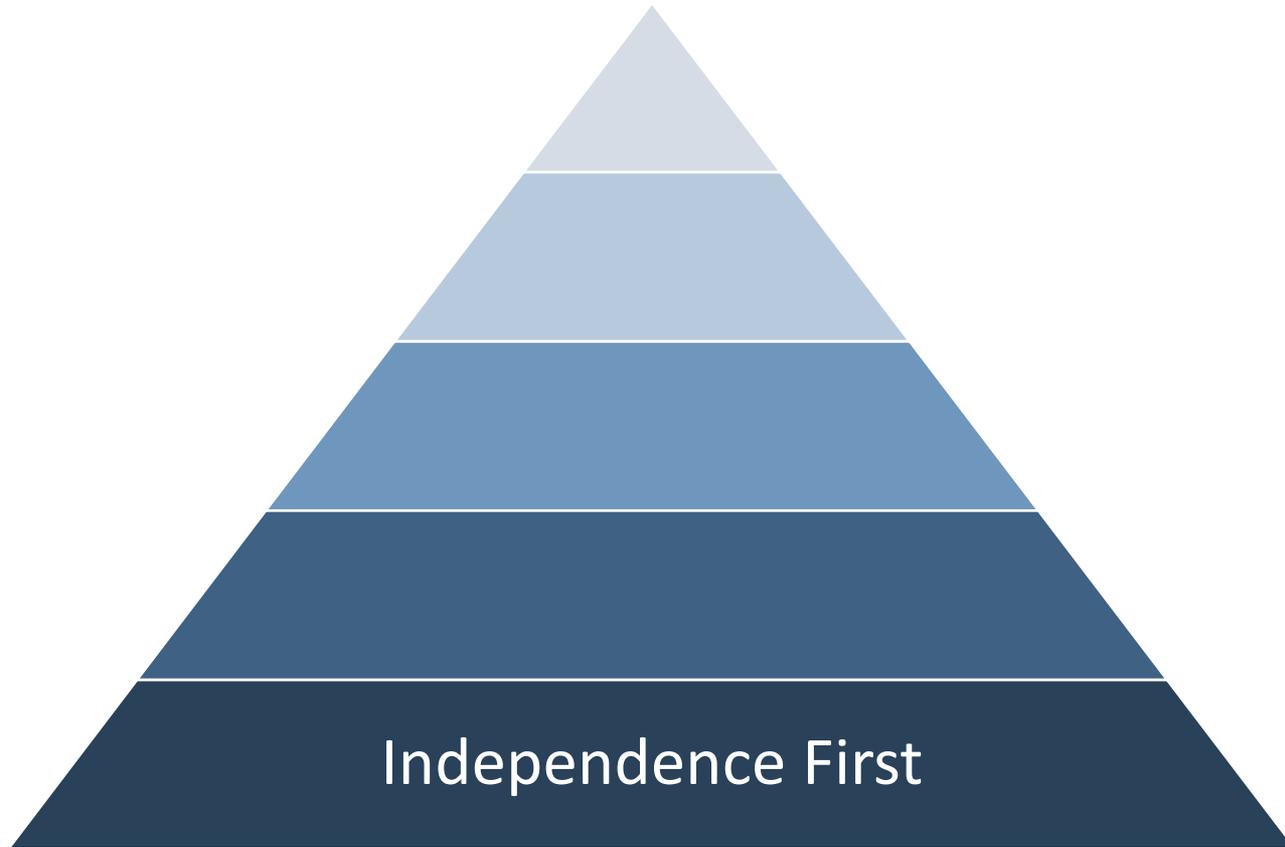
Technology First Systems Change Framework

Elements (or Building Blocks) for Systemic Change



Source: Fixsen D. L., Blase, K., Metz, A., & Van Dyke, M. (2013). Statewide implementation of evidence-based practices. *Exceptional Children*, 79, 213–230. Fixsen, D. L., Naoom, S. F., Blase, K. A

Call to Action: A New Paradigm for HCBS



Independence First

State Challenges

- Culture change
- Capacity and expertise—knowing where to begin, how to get there, capacity among competing priorities (e.g., PHE unwinding)
- Lengthy and administratively burdensome process to modify waivers, state regulations, contracts

State Opportunities

- Establish a statewide Independence or Technology First initiative
- Develop a statewide strategic plan with specific goals and timelines
- Create a baseline data plan
- Embed expectations within waivers, state regulations, policies, contracts, provider agreements
- Develop Tech 1st expertise at state and health plan levels
- Identify champions and early adopters, form strategic alliances
- Educate leadership, providers, stakeholders—making a case for change

Walking It Out: “Boots on the Ground” Perspective



What it looks like,
how it impacts
people when we...

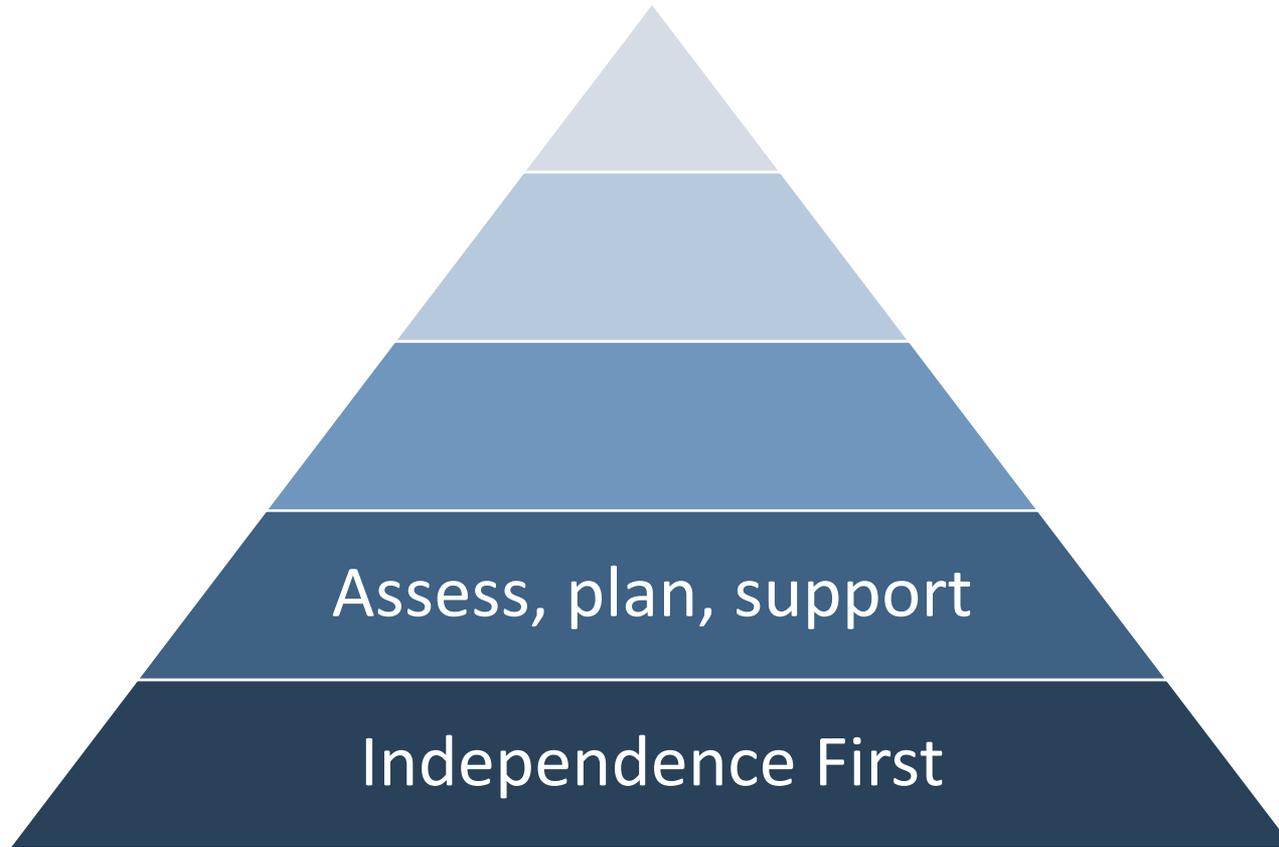
***Expect
Independence***

From innovation...to adoption

From *best* practice...to *common* practice



Call to Action: A New Paradigm for HCBS



Assess, Plan, and Support for Independence

State Challenges

- Culture change
- Lack of objective assessment tools/solutions
- Lack of capacity/expertise as it relates to technology and other EAs

State Opportunities

- Modify assessment process; transition from deficit driven to independence focused
- Embed mandatory person-centered tech “assessment” in assessment/planning process
- Bring a lens of empowerment to the assessment process
- Seek FIRST to identify opportunities to minimally maintain, and ideally increase personal independence
- Require Tech first approach as an integrated aspect of the person-centered support plan

Walking It Out: “Boots on the Ground” Perspective



What it looks like,
how it impacts
people when we...

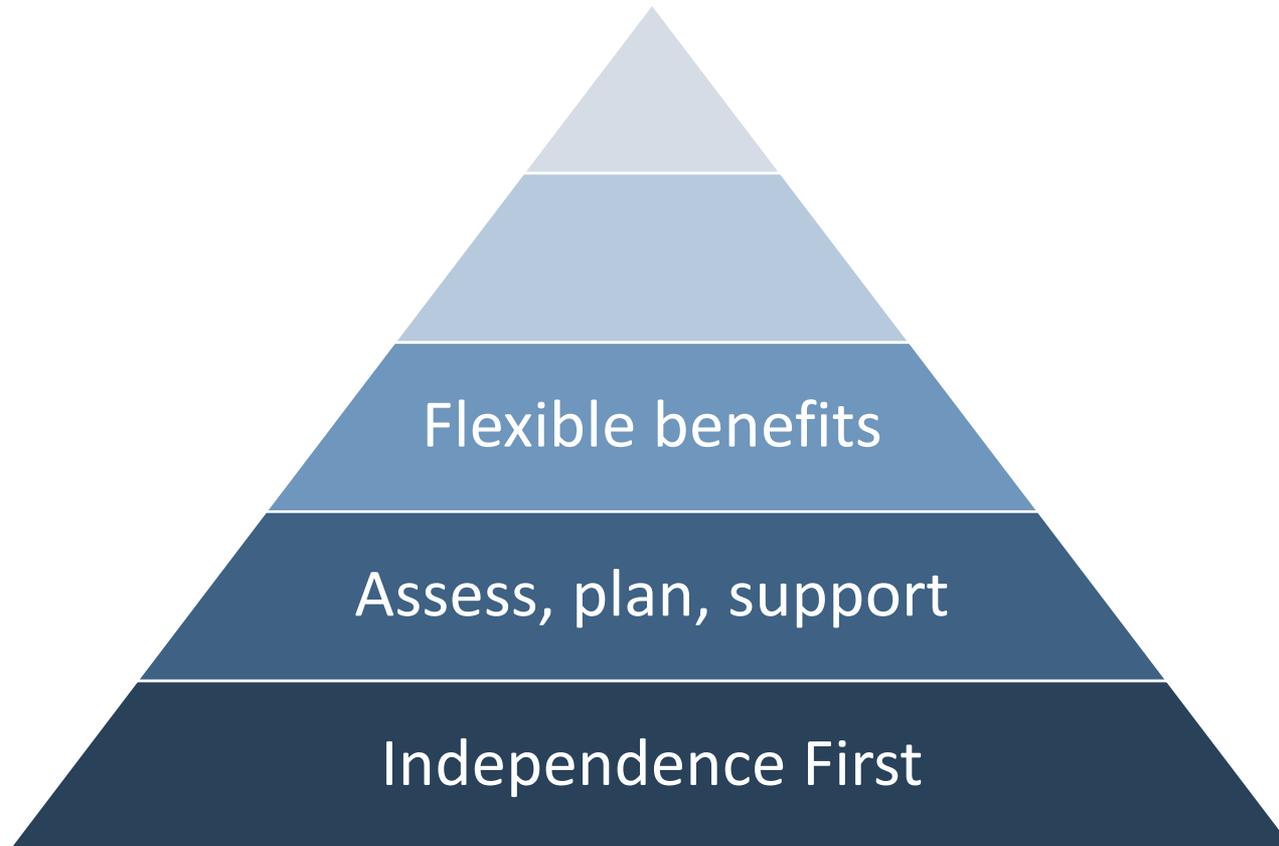
***Assess, plan, and
support
for independence***

From innovation...to adoption

From *best* practice...to *common* practice



Call to Action: A New Paradigm for HCBS



Flexible Benefits that Support Independence

State Challenges

- Legacy benefit packages focused on in-person paid supports (PCS, residential)
- Lack of funding to add benefits (based on perception of increased cost)
- Measuring ROI for technology and other Empowering Alternatives—impact on PCS utilization
- Lengthy and administratively burdensome process to modify waivers, state regulations, contracts
- New regulatory requirements for ILOS
- Ensuring EAs are properly coded/accounted for in rate setting

State Opportunities

- Standalone Enabling Technology benefit with broad definition across HCBS programs and populations
- Flexible use of Medicaid In Lieu of Services authority – state leadership in creating consistent process, structure
- Supplemental benefit requirements/education, reporting for aligned D-SNPs
- Training requirements for CM entities
- Streamlined requirements, processes for tech and other EAs—eliminating POs, bid requirements, simplifying provider enrollment (state policy, health plan process requirements)

Walking It Out: “Boots on the Ground” Perspective



What it looks like,
how it impacts
people when we...

***Offer benefits that
support
independence***

From innovation...to adoption

From *best* practice...to *common* practice



Call to Action: A New Paradigm for HCBS



Measure Independence as a Key Quality Outcome

State Challenges

- “Quality” focus of HCBS has historically been compliance
- Lack of standardized measures for independence, integration, and other meaningful outcomes
- Relative ease of “process” measures that are not reflective of outcomes

State Opportunities

- Establish measures and measurement process for independence, employment, integration, and other key outcomes, using standardized instruments when possible
- Report at the health plan and provider levels where possible
- Public reporting should be understandable and available to individuals and their families
- Incorporate quality outcome measures into oversight, evaluation, and quality improvement processes across HCBS programs and authorities

Walking It Out: “Boots on the Ground” Perspective



What it looks like,
how it impacts
people when we...

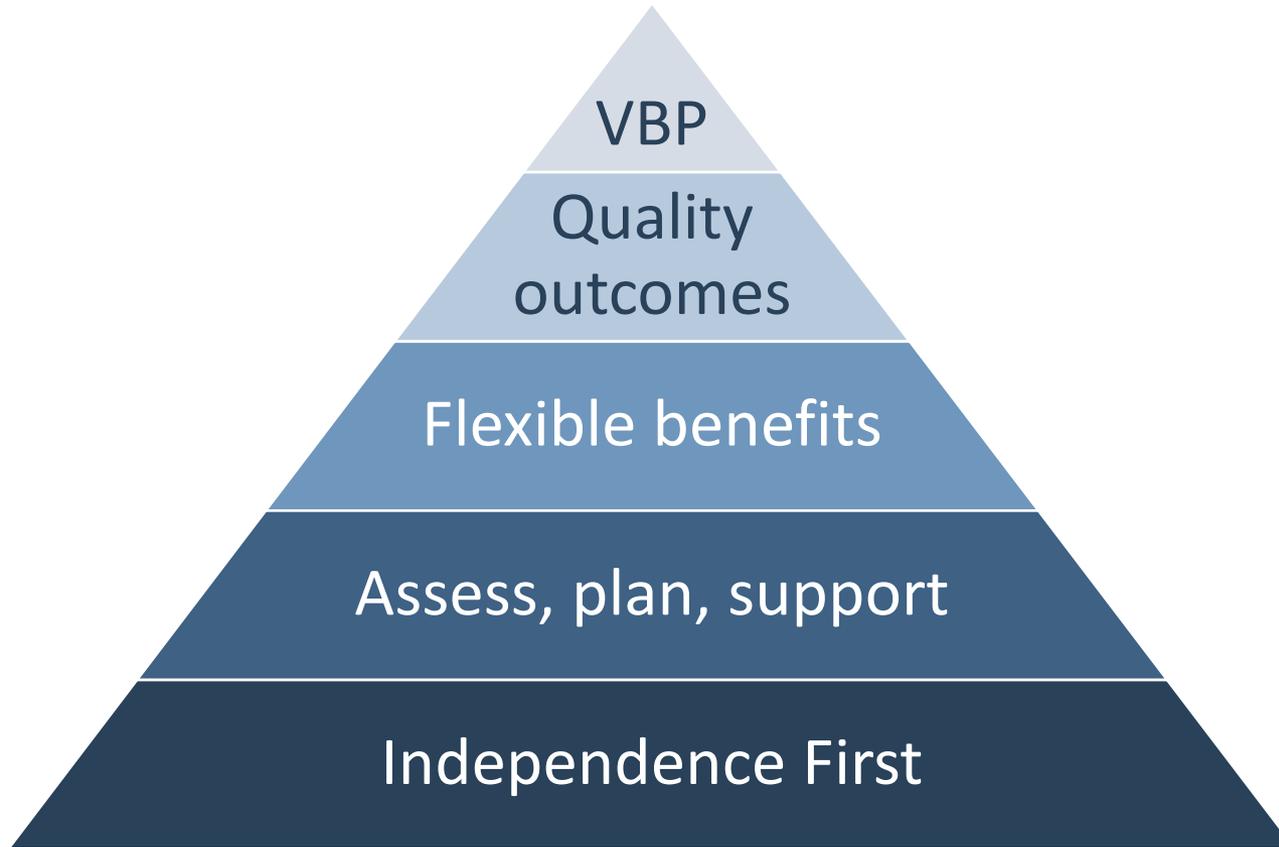
***Measure quality
based on meaningful
outcomes in their
lives***

From innovation...to adoption

From *best* practice...to *common* practice



Call to Action: A New Paradigm for HCBS



Value Independence in Medicaid Reimbursement

State Challenges

- Culture change
- Lack of capacity, expertise to design and implement new VBP approaches
- HCBS has largely been excluded from the VBP discussion, no HCBS examples in LAN APM Framework
- HCBS providers are disincentivized to support independence, as it reduces billable hours and provider payments
- Opposition from HCBS providers, legislature
- Lack of HCBS provider capacity/capital to transition to a VBP approach

State Opportunities

- Identify innovative HCBS providers
- Engage them in the design of an incremental approach to HCBS VBP
- Use Enhanced FMAP funds or other one-time funding to help providers make the transition
- Align credentialing and VBP incentives at health plan and provider level
- Incentivize Medicaid health plans for supporting members to achieve independence
- Evaluate the extent to which the transition to VBP approaches drives improvement in measures of independence, integration, etc.

A Personal Perspective on *Independence First*



[Click to hear amazing member stories](#)

I've been able to be more independent and do more things physically...

They showed me a new way of life to live that I never thought I was gonna get back again...



Let's Chat



Patti Killingsworth
Chief Strategy Officer, CareBridge



Jami Snyder
President and CEO, JSN Strategies



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Decision Support, CareBridge