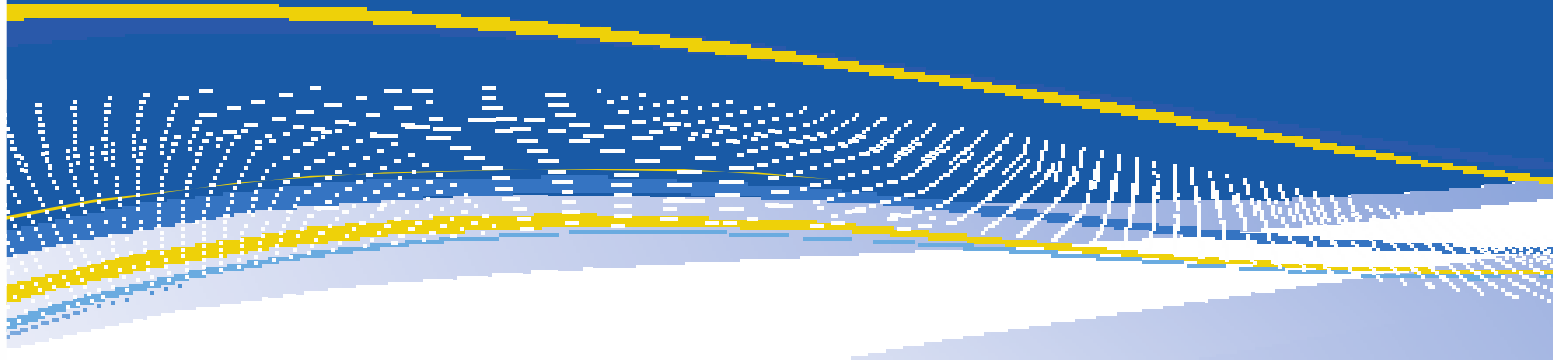




CMS Supports Home and Community-Based Services through Successful Technical Assistance to States: Case Studies of Successful TA to Help States Enhance their HCBS Programs

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



Overview of Presentation

- CMS supports technical assistance to states to enhance home and community-based services in three areas:
 - HCBS TA: technical assistance covering a wide array of topics involved in the design and implementation of home and community-based service systems.
 - Preadmission Screening and Resident Review (PASRR) TA: available to respond to single questions and/or provide extended TA engagement to support states in the design and operation of PASRR programs.
 - HCBS Settings TA: technical assistance in support of state development and implementation of Statewide Transition Plans as part of compliance with the home and community-based settings regulatory criteria.
- New Editions Consulting, Inc. is the technical assistance contractor in support of CMS for these initiatives.

Home and Community-Based Services (HCBS) Technical Assistance

HCBS TA Team

- Twenty-six (26) consultants with extensive experience across the spectrum of HCBS:
 - Design of HCBS using all authorities and for all target populations.
 - Experience as state administrators of HCBS and/or with CMS.
 - Subject Matter Experts in:
 - quality management and improvement,
 - MLTSS,
 - case management,
 - integrated community supports,
 - supported employment,
 - self-directed service systems,
 - individual budgeting, and more

HCBS TA Topics

TA Topic Requested	Number of Requests
Self-Directed Services	4
Person-centered Systems	2
Supported Employment	1
Individual Budgeting	3
Needs Assessment	2
Positive Behavioral Supports	1
Community Integration	1
Mortality and Morbidity Data Collection and Analysis	1
Mental Health/Behavioral Health	1
Other Areas Specified by the States	20

Other Topics Requested by States (1 of 2)

- 1915(c) waiver re-design
 - Development of new or revised service definitions, especially those to increase community engagement and integrated employment, and support to unbundle service definitions.
- Development of a full continuum of services across substance use and mental health needs for adults and children by expanding service options
- Implications of how a 1915(i) SPA could assist transformation efforts being considered for adults with serious mental illness (SMI)
- Conflict of Interest compliance

Other Topics Requested by States (2 of 2)

- Quality assurance and improvement:
 - Strengthening of quality measures in MLTSS.
 - Improvement of quality assurance and improvement processes and strategies, including support to improve Evidentiary Report quality compliance and to develop corrective action plans.
 - Development of performance measures, both for improved alignment across HCBS programs and to increase outcome vs. process measures.
 - Development of quality reviewer fidelity strategies and improvement of quality review and data collection tools

Current Year Requests

- Three requests to develop 1915(i) State Plan Amendments.
- Modifications to a self-directed waiver program to improve person-centered systems, needs assessment and increase community integration options.
- Quality improvement system design.
- Quality assurance strategies for provider oversight.
- Improving performance measures.
- Unbundling service definitions.
- Modifications to brain injury services.
- Person-centered planning and conflict free case management under an 1115 waiver.
- Strategies to serve people with SMI and reduce reliance on nursing facility care.

Case Studies – Missouri TA Goals

- Technical assistance with preparation for the CMS submission and approval process for renewals of both the Community Support and Comprehensive Waivers.
 - Support the state to comprehensively review both of these existing waivers and to identify the state’s top priorities and objectives for the waiver program re-design, including new services and supports and implementation strategies.

Missouri TA Plan

Provide assistance in support of renewing two 1915(c) waivers serving individuals with intellectual and developmental disabilities in the following areas:

- Developing a new definition for supporting individuals with complex needs and a companion 1915(b)(4) selective contracting waiver;
- Developing a new service definition focusing on a new service to support community engagement;
- Gaining information on promising practices from other states in these areas;
- Providing support in facilitating stakeholder feedback sessions on new services and supports through the waiver renewal development and public comment periods; and,
- Providing support for preparation for the CMS submission and approval processes of both of these waiver renewals, including assistance in developing a strategy to keep CMS apprised of upcoming changes.

Missouri TA Implementation

- Provided research on all requested topics.
- Held weekly or monthly TA sessions with state staff.
 - Reviewed and commented multiple times on service definitions changes and implementation efforts to support best practice.
 - Reviewed and provided feedback on the draft waiver applications.
- Participated in a series of stakeholder feedback sessions for the waiver renewals.

Missouri Outcomes

This work resulted in nearly final versions of the two waiver renewals that included extensive stakeholder feedback and new service delivery structures to promote community engagement and quality outcomes subsequently approved by CMS.

New Hampshire TA Goals

- Develop, fund, and establish a network of in-state resources, including residential services, for youth ages 18–21, who need intensive supports.
- Assure full use of appropriate EPSDT services for children and young adults enrolled in the HCBS waiver and any future HCBS authorities.
- Explore what authorities would best serve these individuals, particularly young adults in need of intensive supports, who do not meet the HCBS waiver level of care criteria.
- Assure that HCBS waiver renewals are reflective of public input.

New Hampshire TA Plan

- Build upon an In-Home Supports (IHS) Waiver that uses a self-directed approach highly valued by families and individuals with disabilities, while improving access to needed residential supports.
- Provide assistance in developing new service definitions, including information on similar approved services and a review in light of current 1915(c) HCBS regulations for residential services.
- Provide support by considering other states' best practices in self-direction, including payment and billing options in the context of establishing an Organized Health Care Delivery System (OHCDS).
- Review target group, needs based criteria and multiple service definitions while providing feedback on technical aspects of a 1915(i) SPA.
- Provide technical support in considering changes to the Developmental Disabilities (DD) Waiver renewal to be reflective of public comment.

New Hampshire TA Implementation

- TA included regular video conference meetings to review and offer feedback on:
 - Drafts of service definitions and the IHS waiver amendment,
 - 1915(i) materials prepared by the state,
 - DD waiver renewal applications and associated public comment.
- The TA team provided for review of stakeholder input and outreach materials to ensure technical accuracy.
- The TA team provided counsel on other states' approaches for similar waiver and 1915(i) development.
- The TA team answered e-mail queries plus additional calls as needed as the state worked through program improvements.

New Hampshire Outcomes

- New Hampshire successfully made changes to IHS Waiver service definitions, and made improvements to quality performance measures.
- Established criteria for residential supports for the 1915(i) program to meet the needs of children and young adults with intensive support needs.
- The state was able to use stakeholder listening session comments to refine service descriptions.
- TA support for self-direction allowed the state to make modifications to self-directed services without overall budget changes.
- New Hampshire submitted the IHS Waiver renewal and worked with the TA team to respond to questions and comments from CMS.
- Finally, the state used TA support to consider stakeholder feedback about the DD Waiver renewal application.

Pennsylvania TA Goals 2020-2021

The Office of Developmental Programs (ODP) established the Quality Assessment & Improvement (QA&I) process in 2017 to conduct comprehensive reviews of administrative entities (AEs), support coordination organizations (SCOs) and providers in the Consolidated, Community Living, Person/Family Directed Support (P/FDS) and Adult Autism waivers.

Goals:

- Develop improvements to the Quality Assurance and Improvement (QA&I) review tools, placing an emphasis on participant outcomes in both the process and tools.
- Develop methods for improving QA&I reviewer consistency and fidelity to the process and tools.

Pennsylvania TA Plan

- Provide technical assistance to develop a strategy to support QA&I reviewer fidelity, including a training package, processes, protocols, and measurement of efficacy.
- Assist ODP with revising QA&I instruments to improve answer coding and data collection, interview protocols and questions, and collection of remediation and improvement data that models sustainable quality improvement.
- Assist ODP with identifying tools, resources and promising practices to inform improvements in inter-rater reliability among those charged with conducting QA&I reviews.
- Provide technical assistance to ODP to incorporate the HCBS regulatory requirements into the QA&I process.

Pennsylvania TA Implementation

- The TA team virtually met biweekly with ODP staff from April to August 2020, ending with a briefing for the ODP QA&I Steering Committee and agency leadership on September 1, 2020.
- Supported the development of an overall work plan and engaged the agency leadership to level-set on the overall purpose and position of QA&I with ODP's overall trajectory toward a culture of quality.
- Worked through a series of biweekly meetings and special work sessions to engage agency subject matter experts to make improvement so the questions asked of AEs, SCOs, and providers were part of the monitoring process.
- Began the development of a process for reviewer fidelity across the four (4) regions and central office program staff.

Pennsylvania Outcomes

- Identified a process for staff to conduct follow-up reviews of providers who serve the Adult Autism Waiver, when initial reviews indicate a need for additional monitoring by staff in the Bureau of Supports for Autism and Special Populations (BSASP).
- The ODP team successfully modified questions to focus on provider practice and participant experience in lieu of merely a check of existing policy and basic compliance with state regulations.
- All tools and questions were evaluated for response options that incorporate variation data.
- The engagement of staff in the four (4) regions resulted in a harmonized approach to QA&I reviews, specifically drawing on those regional practices that assure consistent application of process, tools, and guidance. These processes for reviewer fidelity will be scaled to include reviewers from the Administrative Entities to support ODP in the oversight of service providers.

Aligning Quality Strategies Across HCBS Authorities - TA Goals

- A state requested TA to develop quality strategy elements for an 1115 Demonstration that align with CMS quality expectations for the 1915(c) waiver and 1915(i) HCBS State Plan Option.
 - Develop a cross-agency approach to collecting and using data to demonstrate the assurances of administrative authority, level of care, service planning, provider qualifications, financial accountability, and participant health and welfare as it relates to HCBS offered through the 1115 demonstration.
 - Establish a foundationally strong quality strategy that the state can grow and improve.

Aligning Quality TA Plan

- Assist new state team members in understanding each of the six (6) waiver assurances and CMS's quality expectations for HCBS.
- Support development of quality strategy elements and performance measures in alignment with the 1115 demonstration using the 1915(c) and 1915(i) quality framework and accounting for the state's own data collection capabilities.
- Establish processes for data collection and reporting that inform the CMS evidence report submission.
- Clearly define the roles and responsibilities of the state's human services agencies in demonstrating the assurances for the 1115 demonstration.
- Establish a foundationally strong quality strategy that the state can grow and improve.

Aligning Quality Implementation

- The TA team relied on video conferencing strategies to work with a cross-agency team from across the state's various Health and Human Services agencies.
- Initially the working sessions occurred biweekly, with state team members providing written information about their quality monitoring approaches and data collection strategies pertaining to the statutory assurances for feedback from the TA team.
- The work sessions then increased to a weekly frequency enabling the state team to draft performance measures and operational strategies for producing data the Medicaid agency will use to report quality assurance and improvement information to CMS.
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Aligning Quality TA Outcomes

- Created a set of performance measures that the state can use to demonstrate the assurances to CMS, based on a statewide representative sample.
- The state team also developed a set of intended performance measures for the future as the agencies gain sophistication in implementation of a statewide quality strategy that will produce discovery and remediation data by HCBS population and program.
- Additionally, the state team has identified systemic gaps in their individual-agency approaches to quality monitoring, along with opportunities for harmonizing these strategies into a single, standardized methodology for demonstrating quality assurance and quality improvement.

South Carolina TA Goals

- Support complete waiver redesign for two renewing 1915(c) waivers.
- Service definition redesign to:
 - improve opportunities for employment and day supports, and
 - to increase autonomy and choice for individuals within the waiver.
- Enhance its quality improvement strategies to:
 - improve services and supports for individuals served in the waivers, and
 - ensure adherence to emerging federal expectations related to health and welfare.

South Carolina Plan

- Provide review of service definitions, current quality strategy, performance measures, evidentiary report and improvement strategies.
- Facilitate discussions of the pros and cons of combining two current waivers for individuals with intellectual or developmental disabilities vs. developing a new HCBS waiver.

South Carolina TA Implementation

- Video conferencing, often weekly, with the state team to plan the cadence of redesign planning and implementation for the waiver renewals.
- Researched and shared state strategies to assist the state in understanding the various ways specific service definitions (residential supports to serve individuals with medical and/or behavioral support needs, transportation for employment, therapies, and technology) were implemented across the country.
- Recommended changes to performance measures and state quality assurance processes.

South Carolina TA Outcomes

- Developed roadmap for waiver renewal improvements and implementation for one of the I/DD waivers and considerations for replicating those improvements in the second I/DD waiver.
- Assisted the state in developing a work plan that catalogues the discussion and decisions made as a result of the review of each performance measure, identifies data sources with an eye toward alignment, captures sampling approaches and responsible parties to serve as a foundation moving forward, and tracks progress.
- Worked with the state in reviewing its quality oversight strategies and built off of them to create a foundation for the state's Quality Improvement Strategy (QIS) to ensure a strong path for remediation activities.

Satisfaction Survey Results (1 of 2)

Survey Question	Strongly Agree	Somewhat Agree
New Editions responded to our initial request in a prompt fashion.	100% (13)	0% (0)
New Editions performed a preliminary needs assessment in a timely manner.	100% (13)	0% (0)
New Editions staff seemed to understand the State's needs accurately.	100% (13)	0% (0)
New Editions clearly explained the next steps in the TA process.	100% (13)	0% (0)
The consultant(s) provided high-quality TA.	100% (13)	0% (0)
The consultant(s) provided TA in a timely manner.	100% (13)	0% (0)
The consultant(s) had a clear understanding of HCBS Programs.	100% (13)	0% (0)
The consultant(s) kept an open line of communication with state staff.	100% (13)	0% (0)

Satisfaction Survey Results (2 of 2)

Survey Question	Strongly Agree	Somewhat Agree
The consultant(s) asked the right questions to develop a strategy to meet our program needs.	100% (13)	0% (0)
Our overall technical assistance needs were met and our HCBS Program(s) were strengthened as a result. Please explain.	92.3% (12)	7.7% (1)
The consultant(s) responded promptly to phone calls and emails.	92.3% (12)	7.7% (1)
The consultant(s) accurately understood our state's needs.	92.3% (12)	7.7% (1)
The consultant(s) developed a scope of work for their TA that was adequate for accomplishing our goals.	92.3% (12)	7.7% (1)
It was easy to request TA.	84.6% (11)	15.4% (2)

Requesting HCBS TA

- Select the *Request TA* link on the HCBS TA website found at <http://hcbs-ta.org>.
- New Editions will schedule a preliminary call to fully understand the state's needs.
- The selected TA consultant(s) will develop a draft TA Plan with the state.
- Following CMS approval, TA will commence.

*Preadmission Screening and Resident
Review (PASRR) Technical Assistance*

PASRR Technical Assistance Center (PTAC)

- PTAC provides technical assistance to states that may need guidance on the design and implementation of the federally required PASRR program.
- PTAC assists the state program administrators, staff, and contractors involved with developing and implementing PASRR program:
 - State Medicaid Agency
 - State Intellectual and Developmental Disability (I/DD) Authority
 - State Mental Health Authority

PTAC Consultants

- PTAC has a team of seasoned consultants with experience providing effective technical assistance to state PASRR programs, with expertise in:
 - Federal PASRR regulations
 - Mental and behavioral health
 - Intellectual and developmental disabilities
 - Person-centered PASRR evaluations
 - Financing of PASRR specialized services
 - Nursing facility care planning
 - Transition Planning to the community
 - Home and Community-Based Services
 - PASRR-related data analysis

Types of PTAC Support

Website

- PASRR Frequently Asked Questions (FAQ)
- Repository of PASRR tools
- Library of reports on PASRR promising practices and data analysis

Multi-state

- Quarterly PASRR education series
- Quarterly regional collaboration calls
- Quarterly specialized services work group
- Quarterly PASRR 101 webinar

Individualized

- TA on questions about PASRR regulations, policy, and practice and
- In-depth, extended TA on program design, strategic planning, partner relations.

Examples of PTAC Immediate Supports

- Addressing questions about:
 - State agency responsibilities for the PASRR program
 - Definitions of PASRR diagnoses
 - Required documentation to inform PASRR evaluations
 - Use of telehealth to complete PASRR screenings and evaluations
 - Required components of the PASRR determination letter
 - PASRR timing expectations
 - Exempted hospital discharge requirements
 - Intersection of PASRR and NF level of care criteria
 - Expectations for the provision of specialized services
 - Enhanced 75% match for PASRR activities

Examples of PTAC Extended Supports

- Leveraging PASRR as a tool for nursing facility diversion and transition to community-based services.
- PASRR training for community-based organizations.
- Redesign of specialized services.
- Using data to inform PASRR program monitoring and improvement.
- Using enhanced Medicaid resources to strengthen PASRR.
- Applying lessons from the pandemic or other disaster emergencies to improve PASRR operations.

PASRR TA Satisfaction Survey Results

- Individual TA recipients responded to survey questions positively (strongly agree and agree) 93% of the time.
- Webinar participants rated the presentation positively (strongly agree and agree) 89% of the time.

How to Receive PASRR TA

- Contact your TA consultant:
 - Frank.Tetrick@PASRRAssist.org (Western and Southern Regions)
 - Teja.Stokes@PASRRAssist.org (Central Region)
 - Laura.Nuss@PASRRAssist.org (Eastern Region)
- Or use the Request TA link found at the PTAC website <http://PASRRAssist.org>

Home and Community-Based Services (HCBS) Settings Technical Assistance

Home & Community Based Services (HCBS) Settings Criteria Technical Assistance

- Technical assistance is available to:
 - Clarify the settings criteria included in the HCBS settings regulations
 - Assist with addressing issues/barriers in meeting the HCBS settings criteria
 - Share other state examples of effective transition plans
- Note that the HCBS settings TA contractor will not perform any of the state's work required to bring them into compliance with regulations, which includes writing or amending a home and community based settings statewide transition plan (STP) and/or compiling comments.

Examples of Settings TA: Connecticut

- Summary of Request: The state requested examples of ongoing monitoring strategies, research tools and toolkits if available, and a facilitated discussion regarding on-going monitoring.
- TA provided: TA consultant reviewed approved STPs and provided examples of ongoing monitoring strategies from three states and facilitated a discussion regarding choice and access to home and community-based services and settings.

Examples of Settings TA: South Carolina

- Summary of Request: The state requested TA with finalizing the details of the heightened scrutiny process, including what to include, issues to consider, etc.
- TA provided: TA consultant sent samples of stakeholder involvement and state processes used for heightened scrutiny as reported in state STPs. The state had a question about another state's processes that could not be answered from publicly available information so the TA consultant also connected the two states for direct correspondence.

Examples of Settings TA: Alaska

- Summary of Request: Technical assistance with finishing the 508 accessibility of the STP
- TA provided: The TA consultant held several webinars with the state to provide step by step instruction on how to complete 508 remediation of the outstanding issues in the document.

How to Request HCBS Settings TA

- Complete the form at this link to request TA:
<https://www.medicaid.gov/sites/default/files/2019-12/hcbs-settings-tech-assis.pdf>
- Send completed form to HCBSSettingsTA@neweditions.net

Additional Support for HCBS Settings Compliance

- In addition to technical assistance, New Editions also provides support to states by:
 - facilitating monthly small group discussion calls and
 - delivering state-only trainings to share promising practices related to STP activities.

Resources

- How to request HCBS TA: Select the *Request TA* link on the HCBS TA website found at <http://hcbs-ta.org>.
- How to request PASRR TA:
 - Contact your TA consultant:
 - Frank.Tetrick@PASRRAssist.org (Western and Southern Regions)
 - Teja.Stokes@PASRRAssist.org (Central Region)
 - Laura.Nuss@PASRRAssist.org (Eastern Region)
 - Or use the Request TA link found at the PTAC website <http://PASRRAssist.org>
- How to request HCBS Settings TA: Complete the form at this link to request TA: <https://www.medicaid.gov/sites/default/files/2019-12/hcbs-settings-tech-assis.pdf>
 - Send completed form to 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/GP3M627>

WE WELCOME YOUR FEEDBACK!