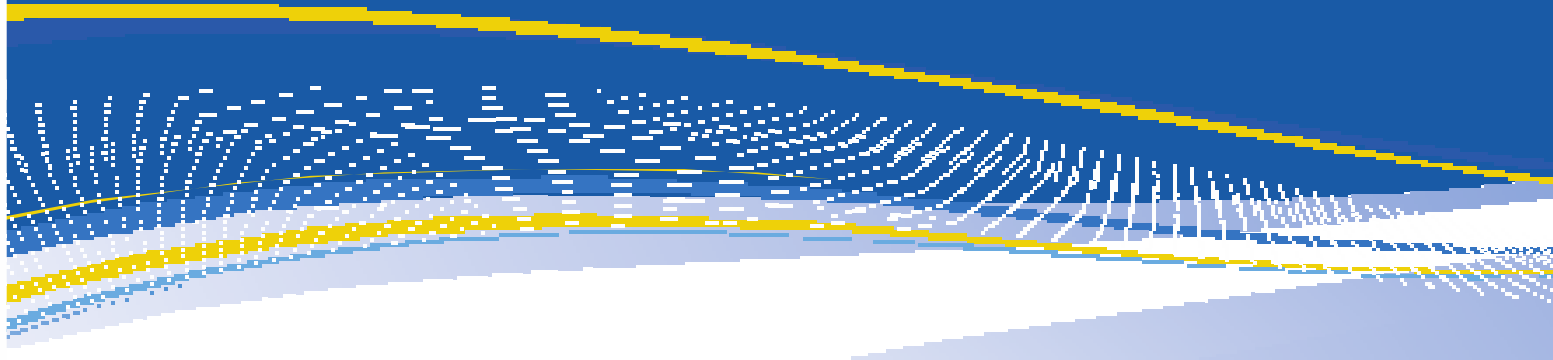


HCBS Settings: Implications, Reactions, and Innovations of States to the COVID-19 Pandemic

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



Objectives of the Training

- Share a broad overview, analysis and summary of the number of states using the various authorities and flexibilities available for home and community-based services (HCBS) to address the COVID-19 public health emergency;
- Include a brief description of the adaptations that states have made in order to continue work on their Statewide Transition Plans (STPs) and heightened scrutiny reviews while balancing the demands of COVID-19;
- Share two states experiences with the COVID-19 pandemic; its impact on individuals and families receiving HCBS and on providers; states' reaction to the pandemic; and the development of creative, innovative alternatives to the delivery of HCBS.

CMS HCBS COVID Disaster Relief

- A suite of tools is available to facilitate states' flexibilities in responding to the public health emergency, initially declared on January 27, 2020 and extended on July 25, 2020 for 90 days:
 - 1915(c) waiver Appendix K amendments: Emergency Preparedness and Response and COVID-19 Addendum;
 - Demonstration opportunity under Section 1115(a) of the Social Security Act;
 - Medicaid State Plan Disaster Relief State Plan Amendment (SPA) under the 1915(i) and 1915(k) benefits;
 - 1135 Waivers.

CMS HCBS COVID Disaster Relief: Analysis of State Requests

All 1915(c) waiver Appendix K amendments, current 1115 Attachment K, and HCBS-related 1135 waiver requests approved by CMS as of June 1, 2020 were reviewed. Information from all requests has been gathered and prepared for analysis to provide a broad overview of state requests.

Number of Requests by Type*

1915(c) Waiver Appendix K Amendments Approvals	1915(c) Separate Appendix K Amendments/ Combined Appendix K Amendments Approvals	HCBS Related 1135 Waiver Approvals	1115(a) or 1115 Waivers Attachment K Approvals	1915(i) or 1915(k) State Plan Disaster Relief SPA Approvals
71	87S/49C	26	7	5

Requests received from all states and the District of Columbia except Alabama and Idaho.

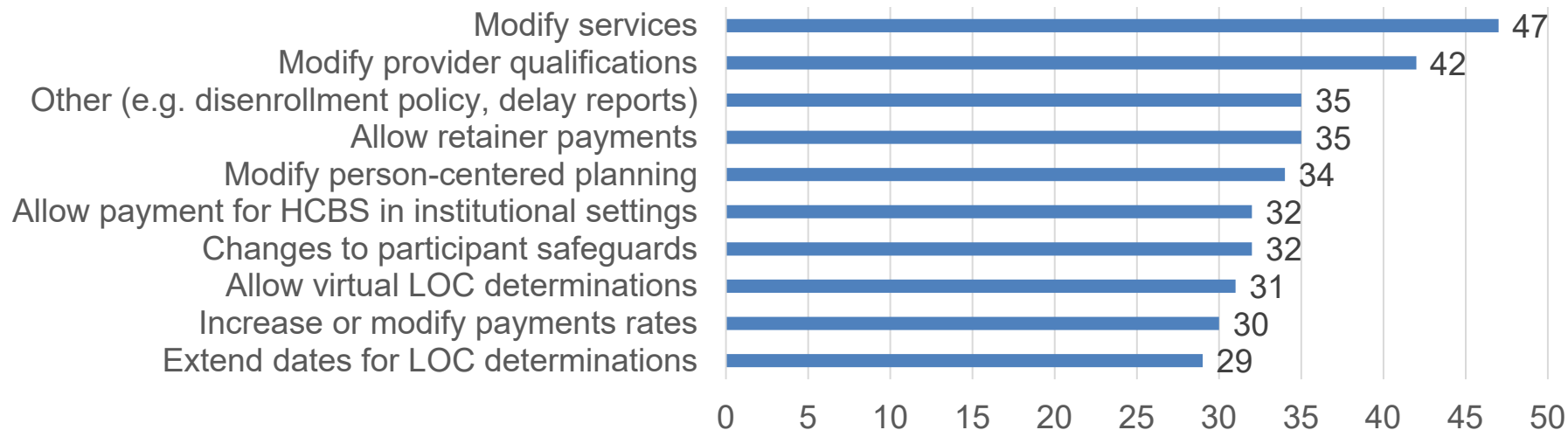
***All of the tables included here reflect approvals by CMS as of June 1, 2020**

Number of Times States Submitted Requests

Type of Request	One Submission	Two Submissions	Three Submissions	Four Submissions
HCBS Related 1135 Waiver	22 states	2 states		
1915(c) Waiver Appendix K Amendment	24 states	9 states	4 states	3 states
1115 Waiver	4 states		1 state	

Most Selected Options by States Using 1915(c) Waiver Appendix K Amendments (N=48)

Number of States Selecting Option

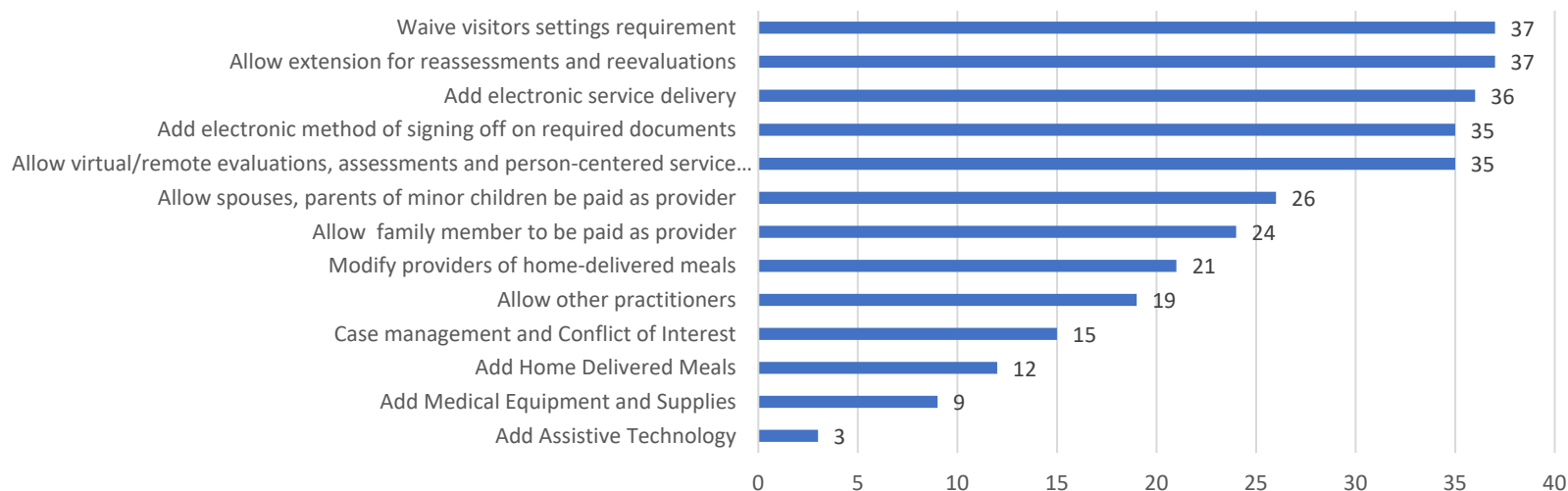


Use of the Appendix K COVID Addendum

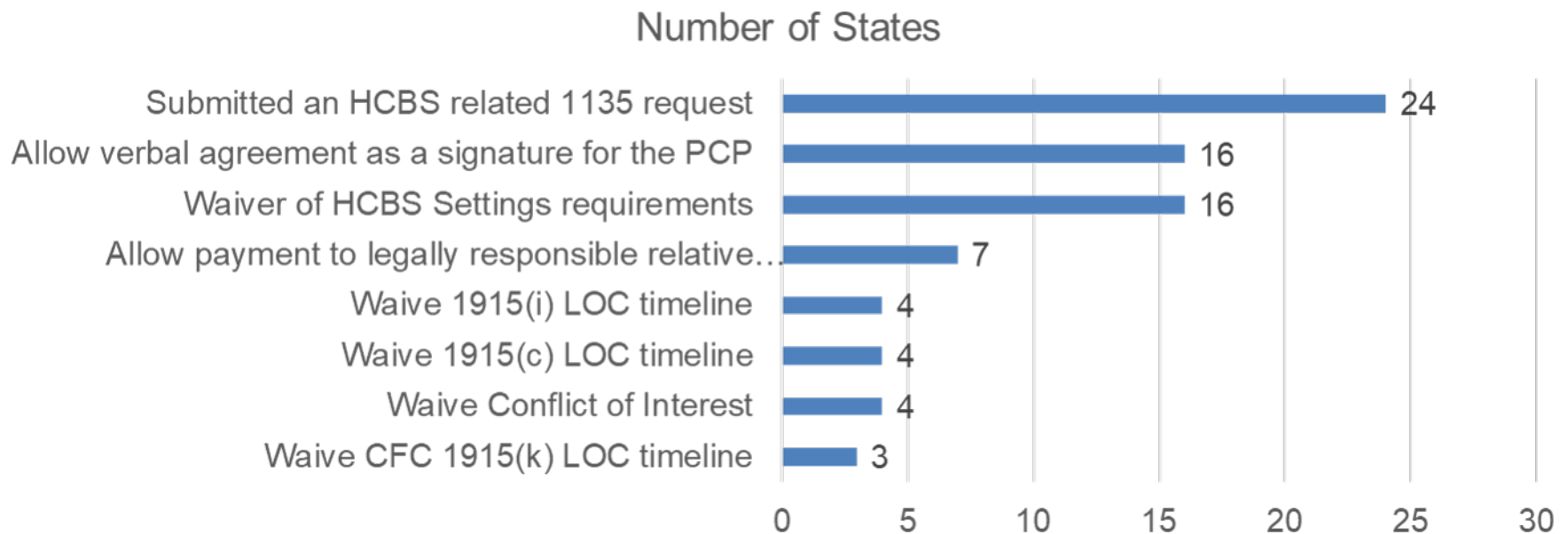
- 38 out of 48 states (79%) submitted an Appendix K COVID Addendum
- 188 1915(c) and 5 1115 HCBS waivers covered through the COVID Addendum
- 17 states (35%) requested different waivers and/or additional authorities across waivers, or submitted a COVID Addendum for some but not all waivers
- Variations within states likely had separate agencies prepare submissions or targeted authorities by target group
 - The main difference occurring between aging and disabled versus IDD waivers
 - Additional variability noted between children's and adult waivers

State Use of the 1915(c) Waiver Appendix K Amendment COVID Addendum by Frequency of Selection (N=38)

Number of States using COVID Addendum Options



HCBS Related 1135 Waiver Flexibilities (N=24)



State Alternatives to On-Site Visits During COVID-19

- 38 states participated in small group monthly calls during April, May, July and August of 2020 to share progress, challenges, strategies related to implementing the home and community-based (HCBS) settings rule.
- Beginning in April 2020, state representatives began to express their concern related to the continuation of on-site visits during COVID-19.
- In addition, 3 states discussed alternative strategies to on-site visits during one-on-one direct technical assistance calls with CMS.

State Alternatives to On-Site Visits During COVID-19: Cease or Delay of On-Site Visits

- Due to the health risks and restrictions imposed by the COVID-19 pandemic, 11 of the states included in this analysis, ceased their on-site validation and monitoring visits.
- Faced with this dilemma, states developed a variety of alternative strategies to on-site visits, in-person interviews with individuals receiving services, other STP activities and heightened scrutiny reviews.
- Rather than halting their validation and monitoring activities, 7 states delayed their on-site visits by shifting their work to other areas, buying time until they can get back in the field, including continuing with desk reviews of validation activities or completing provider interviews over the phone.

State Alternatives to On-Site Visits During COVID-19: Leveraging Technology/Phone Calls

- States that did not want to halt or delay validation and monitoring activities leveraged technology to continue their work: phone calls, FaceTime, Google Hangouts, Google for Business, Zoom, Microsoft Teams, WebEx to continue consumer interviews and to participate in virtual validation and monitoring visits:
 - 5 states restricted phone calls to consumer interviews;
 - 1 state performed provider validation visits via phone;
 - 1 state conducted a reevaluation activity over the phone.

State Alternatives to On-Site Visits During COVID-19: Video Conferencing and Online Tools

- 11 states used video conferencing to move forward on their validation and monitoring visits:
 - Of these, 1 state used video conferencing to focus on technical assistance including providers' use of the computer or phone to show the state the physical infrastructure relating to questions about the setting itself.
- 3 states used online review tools to collect provider information.

State Alternatives to On-Site Visits During COVID-19: Challenges

Challenges with Virtual Validation and Monitoring Visits

- Individuals with limited phone minutes;
- Individuals struggling to recall what life was like before COVID-19;
- Difficulty in observing non-verbal communication when not in person;
- Some individuals rely on sign language or can respond, but not with words (nodding, head shaking, etc.);
- Provider's lack of internet access.

Implications, Reactions and Innovations of States to the COVID-19 Pandemic

Two states will share their experiences with the COVID-19 pandemic:

Connecticut will discuss the state's work with employment, day services and stakeholders; and the development of innovative alternatives and design strategies for reopening services.

Oregon will share its focus on keeping people connected; employment and pre-employment services; contingency payments and delivery of services.



State of Connecticut
Department of Developmental Services

DDS


A Unique Approach During Uncertain Times



Responding to the Unexpected

- Rapid Response - Strategic – but quick
- Employment Services Remained Open
- Appendix K development
- Successes & Lessons Learned



The background of the slide features three tall, classical columns with ornate capitals, set against a bright blue sky with scattered white clouds. A semi-transparent white circle is overlaid on the left side of the image, containing the text and list.

The 3 Pillars that built the environment for creativity

- Ensuring Employment & Day Providers remain whole
 - Separate out billing from payment
- Private Providers - No Staff Layoffs
- Daily or weekly contact with each person they support
- Lessons Learned
 - Establishing consistent communication pertaining to funding and fiscal related concerns



Communication & Outreach

- Established a consistent communication strategy for Individuals, Families, Providers and DDS staff
 - All communication through 1 person for consistent messaging
 - Establish website COVID focus for Providers and Families
 - 2x per day meetings with DDS Managers and above
 - Established broad based distribution lists with Family groups, Advocacy Groups, DD Council, and Disability Rights
- Established a weekly Provider meeting to ensure:
 - Access to DDS staff
 - Present innovation
 - Discuss Impact of COVID-19 and moving forward
- Encouraged Providers to work together and consider reassigning Employment and Day staff to residential and in-home supports

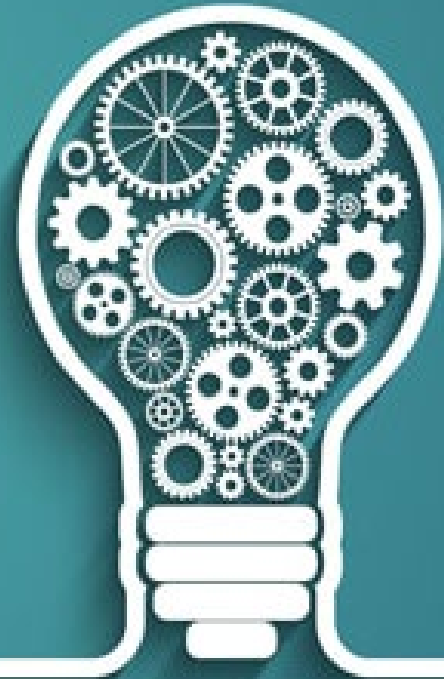
Communication & Outreach Cont.

- Solicited Input and Feedback from All Stakeholders regarding:
 - Impact of COVID-19,
 - Reopening Preparations,
 - Concerns and Successes and
 - Embracing the New Normal.
- The use of Surveys to influence our next steps - we are not alone.
 - Family development of survey
 - Family Survey
- Lessons Learned
 - Reach to all people and families not possible
 - Messaging in the new world



Encouraging Innovation & Creativity

- Developed documents highlighting best practices and new platforms
 - Provider Innovation
 - Virtual Technology
 - Re-Opening Plan Best Practice
- Highlighting Providers by name and offering resources
- Thinking outside the box
- The New Normal
- Lessons Learned
 - Not everyone was ready
 - Barriers to access
 - Support to participate



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**KEEP
CALM
AND
FORGE
AHEAD**

KeepCalmAndPosters.com

Reopening & Forging Ahead

- Collaborative approach with Families
- Collaborative approach with Providers
- Collaborative approach with DDS staff
- Phased Reopening Plan
- Lessons Learned
 - Involvement of Residential Providers
 - Case Management
 - Respecting people's views and fears



Supporting Individuals with Intellectual and Developmental Disabilities during the COVID-19 Pandemic in Oregon

State of Oregon Department of Human Services Office of Developmental Disabilities Services

September 2020

Oregon's initial response to the COVID-19 public health emergency centered on a "Stay Home, Save Lives" campaign

Oregonians were asked to stay home and only go out for essential business such as groceries or emergency medical care

Schools and most businesses closed

Providers were expected to conduct essential business and IADLs such as grocery shopping for individuals with intellectual and developmental disabilities whenever possible and appropriate

Physical contact between individuals and persons not living in the same home (other than caretakers) became completely limited



STAY HOME. SAVE LIVES.

Oregon is utilizing an intensive multi-disciplinary emergency response

Oregon's Office of Developmental Disabilities Services is a part of the team which includes partners such as:

Other HCBS and State Administered Programs- Aging and Persons with Disabilities, Mental Health, Protective Services, Child Welfare, Oregon Health Authority, and Public Health Agencies



The statewide team collaborates with state leadership to establish mandates and guidelines for following Governor directives. Efforts also include:

Assistance to community partners in implementing precautionary and infection control measures

Focused efforts on coordinating access to PPE

Monitoring outbreak trends

Centralized Communication

ODDS developed a dedicated webpage for COVID-19 related communication and resources.

Anyone can subscribe to the page to receive all updates to the page

Oregon Department of Human Services / Seniors & People with Disabilities / Intellectual and Developmental Disabilities

ODDS-COVID-19-Information

I/DD HOME
ABOUT US / ODDS STORIES
CONTACTS
COUNTY PROGRAMS
COVID-19 INFORMATION
SERVICES AND ELIGIBILITY
EMPLOYMENT SERVICES
I/DD DIRECTOR'S MESSAGES
REQUEST A HEARING

[Subscribe to receive email updates](#)

Visit the [Oregon Health Authority's COVID-19 page](#) and [211info COVID-19](#) for information and resources
[COVID-19 Information for ODDS Residential Settings](#)

Specific ODDS questions can be directed to the ODDS Emergency Management Specialist at ODDS.FieldLiaison@dhsosha.state.or.us

COVID-19 Important Notices
[Scenarios for ODDS Services Related to COVID-19](#)
[ODDS COVID Transmittal Explanations \(PDF\)](#)

Information is organized by audience, including:

Individuals and Families

Case Managers

Providers

In addition to the ODDS COVID-19 Webpage, ODDS communication efforts include:

- Virtual stakeholder meetings
- Case management webinars
- Provider webinars
- Podcasts
- Directors' messages
- Policy transmittals
- Guides
- PowToon videos
- Social Media platforms such as Facebook



Outreach to Individuals and Families

ODDS offers many types of information for individuals and families, including PowToon videos, infographics, partner videos, and fact sheets on our webpage: <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/Pages/ODDS-COVID-19-Information.aspx>

- General COVID Information
- How to be Social While Physically Distancing
- Wearing a mask
- Testing Guidance
- Medical Rights
- Contact Tracing
- Reopening
- Working during COVID-19



Search

**COVID-19
Coronavirus**

The Office of Developmental
Disabilities Services March 2020

COVID-19

Get the latest information from the CDC about COVID-19.

[LEARN MORE](#)

The image shows a YouTube video player interface. The main video area has a blue background with the text 'COVID-19 Coronavirus' in large, light blue letters. Below the text is a stylized illustration of a woman with dark hair in a bun, wearing a red vest over a black top and grey pants. There are also some faint, purple, virus-like shapes in the background. Below the video area, there is a white box containing the text 'The Office of Developmental Disabilities Services March 2020'. Below that, the title 'COVID-19' is displayed, followed by the description 'Get the latest information from the CDC about COVID-19.' and a blue button labeled 'LEARN MORE'.

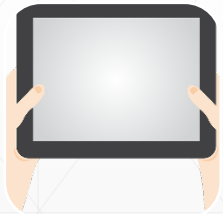
ODDS COVID-19 Video

- <https://youtu.be/MJ8eeC-tVD4>

How to support individuals to have Home and Community-Based living experiences during a pandemic “stay home” order

ODDS focused on options to allow individuals to be connected to services and significant people in their lives through remote technology

Efforts included making remote technology accessible and available for individuals supported in our service system, such as:



Access to devices with video feed capabilities so individuals could be in touch with their case managers, providers, advocates, and friends and family

(utilizing K-Plan state plan assistive device and assistive technology coverage and Oregon state general funds)



Individuals and families were connected to internet services

(internet providers offering free services, community partner subsidies, K-plan state plan assistive technology coverage and Oregon state general funds)

HCBS Protections During COVID-19 Pandemic



Offer choice where possible. Although choices may be limited, it is important to have individuals self-direct choices as much as possible, including choice in activities in the home, times of activities, and food preferences



Enhanced protections related to exits. Providers of residential services may only issue a notice of involuntary exit when there is a health or safety issue to such a degree that community-based living options are insufficient to meet needs.



Encourage connection with friends and family using technology



The community living expectations apply to everyone and individuals are supported to make informed choices about risk and accessing the community

Individual Medical Rights

Oregon Legislature collaborated with ODDS and partner organizations to pass SB 1606 in a special session, which:

Prohibits a hospital or health care provider from conditioning or communicating that treatment is dependent upon an individual having a POLST, advanced directive, or other similarly related structure in place

Gives individuals the right to have a support person present with them in the hospital

80th OREGON LEGISLATIVE ASSEMBLY--2020 Special Session

A-Engrossed Senate Bill 1606

Ordered by the Senate June 26
Including Senate Amendments dated June 26

Sponsored by Senators COURTNEY, GELSER (at the request of Joint Committee on the First Special Session of 2020)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

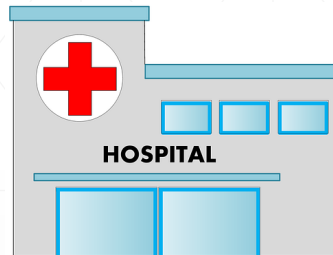
Prohibits hospital from conditioning admission or treatment, or suggesting that treatment is conditioned, on patient having POLST or executing advance directive or other instruction regarding administration, withholding or withdrawing of life-sustaining procedures or artificially administered nutrition and hydration.

Requires hospital to permit presence of support person for person with disability in emergency department and during hospital stay under specified conditions. Allows hospital to impose conditions to ensure safety of patient, support person and staff.

Funding for Caregivers in Hospital Settings:

ODDS is utilizing the provision of the CARES Act which allows for personal care in acute care settings

To continue this service option, Oregon will be seeking an amendment to the K-plan state plan



Funding for support persons must be driven by a specific individual need and choice

The care provided must not be duplicative or considered a responsibility of the hospital. Indicators of a need for support include:

Communication support needs

Challenging behavior that interferes with receiving medical care

Care needs are so unique that a familiar caregiver is necessary

Monitoring and Service Authorization During Pandemic

Monitoring of service delivery and individual welfare is conducted through remote technology wherever possible

When there is a concern of safety, health, or welfare of an individual, responders (including case managers, protective services, or licensors) take precautionary measures to respond in person

Using technology to limit activities that would require in-person contact, such as electronic signatures to approve plans or having person-centered planning meetings occur through video conferencing

Oregon is utilizing opportunities of allowable flexibilities for service delivery, including case management services.

Safety and Advocacy

ODDS has focused on ensuring that providers and partners are aware that Mandatory Abuse Reporting responsibilities continue to apply during the pandemic

Outreach to individuals and families to inform them of advocacy resources and rights

Collaboration with community partners including the Residential Facilities Ombudsman, Disability Rights of Oregon, and Oregon Council on Developmental Disabilities



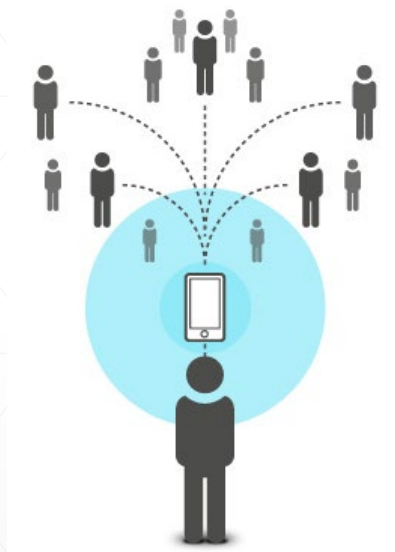
Maintaining Capacity and Supporting System Resources

With the implementation of the “Stay Home, Stay Safe” orders, many facility and community-based day support activities and employment services were suspended.

Suspension of operations threatens the financial ability of providers to stay in business and operate critical community and integration services following reopening of the state.

ODDS sought and received approval to provide contingency funds to service providers impacted by closures.

Creative Resources and Provider Support



ODDS developed a staffing support line

Providers report available, qualified direct support staff whose work site or duties have been closed or suspended due to the pandemic

Providers of services impacted by a shortage of available workers or an increased need for staffing contact ODDS Staffing Support to access an available workforce

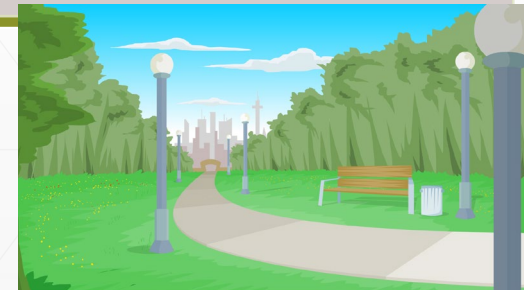
Creative Provider Approaches

Providers whose operations may be physically shuttered have been flexible and are offering alternative solutions to support individuals to be engaged

Creating computer based or remote activity options

Facilitating social connections with peer groups through remote technology

Offering support in alternate locations such as outdoor spaces where physical distancing can be maintained.



Re-Opening

ODDS is constantly adapting to changes and progress in re-opening of Oregon

Re-opening is by county at the direction of Oregon's governor

ODDS has created comprehensive guides for all service types, settings, and roles to set expectations for each phase of re-opening

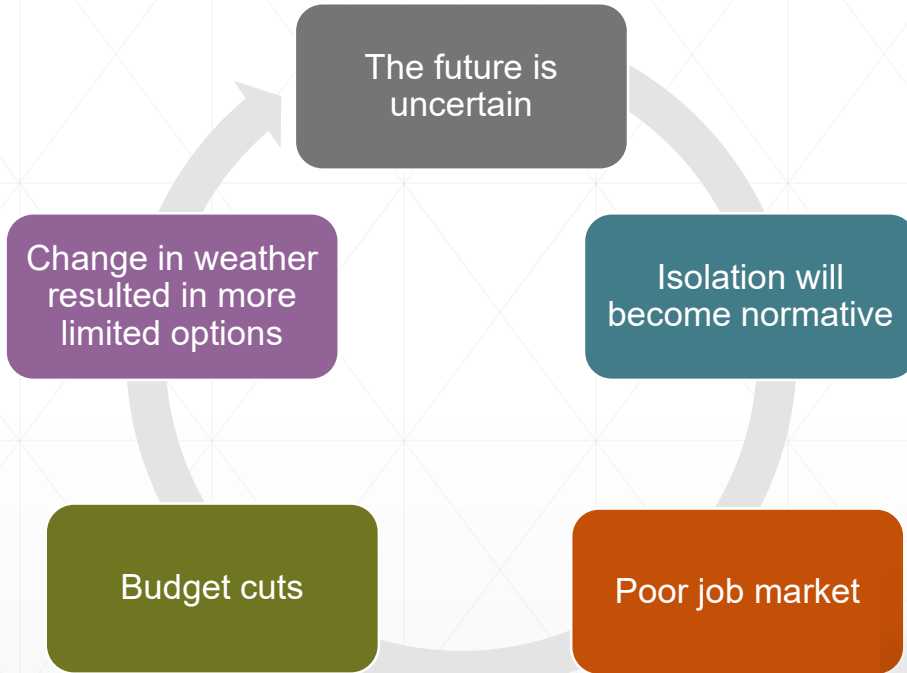
Re-opening allows for improvements in community-living opportunities, but there are still important precautions and limits due to individuals with I/DD considered a high-risk population

Re-opening of group services can only occur when a county reaches Phase 2 and providers are required to submit a comprehensive re-opening plan that is reviewed by ODDS

There is great variation in county classification with some counties being downgraded as a result of increase in infection rates

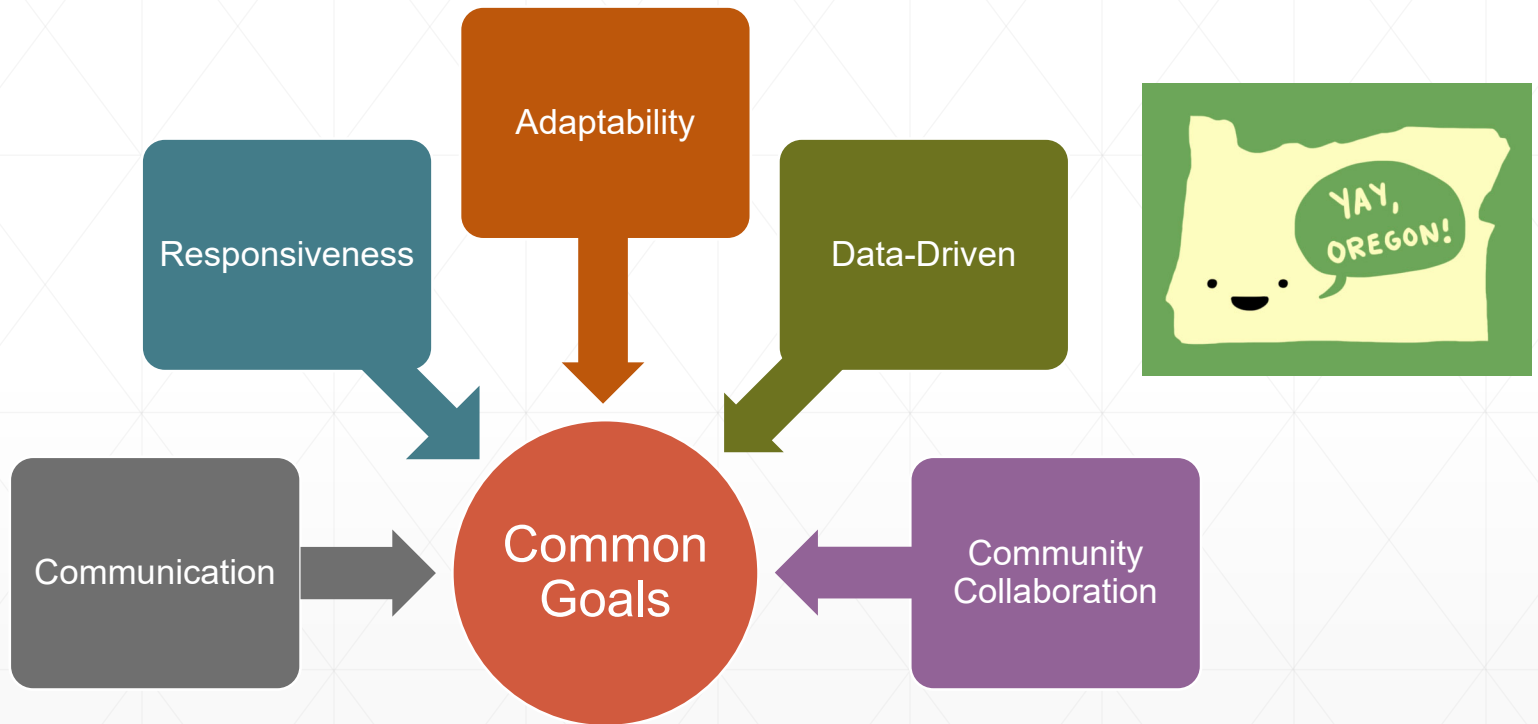


Barriers and Concerns



In this together

Oregon has had a generally positive response from providers and the community regarding policy and expectations around the COVID pandemic



“Living rich, full lives. Making personal choices. Meaningful employment in integrated community jobs. Support to families. Those are among the key goals of Oregon’s system for people with intellectual and developmental disabilities.”

Resources and Questions

Questions?

- Contact Rose Herrera-
Rose.K.Herrera@dhsosha.state.or.us

Additional Information

- Visit Oregon's ODDS COVID-19 Website:
<https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/Pages/ODDS-COVID-19-Information.aspx>

Resources

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

❖ HCBS@cms.hhs.gov

To request Technical Assistance:

❖ HCBSsettingsTA@neweditions.net

❖ **Information on Medicaid.gov regarding COVID-19:**

<https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/coronavirus-disease-2019-covid-19/index.html>

Questions and Answers

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/DLTSS-COVID-19>

WE WELCOME YOUR FEEDBACK!