



# LTQA Community Coffee Hour: State Experiences with Long-Term Services and Supports during the COVID-19 Pandemic

## Key Takeaways from the Presentation and Discussion

*December 14, 2020*

### Introduction

The COVID-19 pandemic has impacted long-term services and supports (LTSS) delivery in both institutional settings and home- and community-based settings (HCBS), raising questions around what the future of LTSS will look like. In LTQA's second Community Coffee Hour on December 14, 2020, Camille Dobson of ADvancing States and Mary Sowers of NASDDDS explored the challenges States have experienced with regard to LTSS delivery during the COVID-19 pandemic, as well as strategies states have used to mitigate these challenges.

### Presentation Summary

#### ADvancing States: State Experiences with LTSS and COVID-19

Ms. Dobson began the presentation by introducing ADvancing States as the membership association for state aging and disability agencies with the aim to create, enhance, and sustain systems for HCBS services for older adults and people with disabilities and their caregivers. The 56 members of ADvancing States include State Unit on Aging directors, Medicaid LTSS directors, and Developmental Disabilities Services directors.

#### *Challenges Facing State Aging and Disability Agencies*

Ms. Dobson then highlighted a number of challenges that states are currently facing in light of the COVID-19 pandemic and on an ongoing basis. In light of the COVID-19 pandemic, states are facing such challenges as stabilizing the HCBS network, addressing increased demand for home-delivered meals, recasting senior center and adult day programs, ensuring the safety of front-line workers (including PPE access), addressing social isolation, and facilitating vaccine distribution. Ongoing challenges include considering how to reopen safely, meeting CMS mandates such as electronic visit verification (EVV) and the HCBS settings rule, racial disparities,

underreporting of critical incidents, the impact of the COVID-19 pandemic on state budgets, and workforce challenges that have only gotten worse as a result of the pandemic.

### *ADvancing States Legislative Priorities*

ADvancing States' legislative priorities include increased relief for providers such as retainer payments, continued LTSS program relief such as a further Federal Medical Assistance Percentages (FMAP) increase, a delay of the EVV penalty, and additional funding for meal programs as part of the Older Americans Act (OAA).

### *NASDDDS: State Systems Supporting Individuals with I/DD*

Ms. Sowers then introduced the National Association of State Directors of Developmental Disabilities Services (NASDDDS). NASDDDS represents agencies that serve children and adults with intellectual and developmental disabilities and their families across all 50 states and the District of Columbia. NASDDDS members oversee a significant portion of the national LTSS budget (1/3) to ensure that children and adults with developmental and intellectual disabilities are able to live meaningful lives in the community.

### *Challenges Facing State I/DD Systems*

There was significant overlap in the challenges described by Ms. Sowers and Ms. Dobson. The challenges related to the COVID-19 pandemic that Ms. Sowers outlined in her presentation included ensuring availability of PPE across settings, infection control and training for front-line workers, financial stability of provider networks, vaccine priority and distribution, and addressing trauma and isolation. More immediate challenges include Appendix K timing, sustainability of HCBS systems, the impact of the COVID-19 pandemic on state budgets, and increased demand on the system, such as virtual learning for school-aged children. Ongoing challenges include HCBS regulatory compliance, EVV, workforce shortages, technological solutions, addressing co-occurring mental health concerns, and racial disparities.

### *NASDDDS Administrative and Legislative Priorities*

NASDDDS administrative priorities include vaccine prioritization and distribution, addressing problems with the Provider Relief Fund, extending retainer payments, even implementation of the HCBS settings rule, a delay of the EVV penalty, and addressing workforce shortages. Legislative priorities include ensuring dedicated HCBS funds, the HCBS Infrastructure Act, and legislative strategies to address the workforce shortage.

### *Key Takeaways from the Discussion*

#### *Rebalancing*

There is a lot of talk about rebalancing, especially since nursing homes have been hard-hit by the pandemic. CMS released an **HCBS toolkit** that outlines the flexibilities that states have, as well as best practices. However, there are structural financing arrangements in Medicaid programs that are barriers in a number of states. There are also capacity barriers – there are long waiting lists for HCBS services, and it is necessary for funding to move from institutional settings to HCBS for rebalancing to be a reality for states. The full impact of the pandemic on provider networks has yet to be seen, however many adult day services have closed for good as a result. The I/DD systems have been balanced since the mid-1990s, but there is more work to be done. Despite challenges, the pandemic provides an opportunity to take stock of the LTSS system in the country as a whole.

One particular risk is HCBS backsliding as a result of state budget shortfalls as a result of COVID-19 pandemic. Cuts to HCBS will drive people into institutional settings, which are not safe during the pandemic. Caregiver burnout is a challenge as well.

#### *Provider and State Innovations*

Some adult day centers have transitioned to providing meals for home-bound individuals, and some senior centers have developed virtual programming. While these are positive developments, they don't fully address social isolation, and not everyone has internet access or the right equipment to benefit from virtual programming (particularly in rural areas).

States are pushing for virtual care planning and assessments to continue after the pandemic, as these have worked well. They are also advocating with CMS for internet access to be provided to individuals as an assistive technology. Some health plans have been flexible to provide tablets and other devices to individuals when needed. States are also using data to inform activities, such as allowing case management agencies to do yard visits when infection rates reach a certain point.

#### *Vaccine Distribution*

Justice in Aging has been involved with vaccine distribution advocacy efforts for seniors in California. Amber Christ of Justice in Aging noted the complexity of the challenge – for example, some counties are waiting for the Moderna vaccine while others will get the Pfizer vaccine. Justice in Aging has been advocating for HCBS populations to be one of the groups to receive the vaccine early.

#### Possible Next Steps for LTQA

- Create a space for discussion of rebalancing and LTSS system as a whole in 2021
- Advocate for prioritization of HCBS populations for vaccine distribution
- Promote state and provider innovations that should continue after the pandemic has ended