Paying Family Caregivers through Medicaid Consumer-Directed Programs – State Opportunities and Innovations

May 21, 2021
3-4pm EST
Logistics

• Your lines will be muted during the webinar.
• To ask a question or make a comment, please use the Q&A function.
  o The “chat” function will also be available to communicate if you are having technical difficulties
• Please complete the evaluation in the pop-up box after the webinar to help us continue to improve your experience.
• Thank you!
Today’s Speakers

Wendy Fox-Grage, moderator
Project Director, NASHP

Salom Teshale
Policy Associate, NASHP

Dawn Lambert
Co-Leader, Community Options Unit, Connecticut Division of Health Services

Nichole Martin
Office of Community Living, Virginia Department of Medical Assistance Services

Jason Rachel
Director, Division of Integrated Care, Virginia Department of Medical Assistance Services
NASHP

- Non-partisan, non-membership organization
- Supported by Academy of regionally and politically diverse cross-agency state leaders
- Organizational expertise in:
  - Medicaid
  - Long term and chronic care
  - Behavioral health
  - Public health
  - Access and eligibility
  - Cross-sector state innovation and reform
Paying Family Caregivers through Medicaid Consumer-Directed Programs: State Opportunities and Innovations

Salom Teshale, National Academy for State Health Policy
New NASHP Report

What is Medicaid Consumer Direction?

- An option to receive home- and community-based services
- Early consumer direction programs supported people with disabilities; has also been expanded to older adults
- Enrollees are the employer and select/hire/manage their care provider; enrollees might also control their budget
- Common elements: person-centered planning process and assessment; service plan; individualized budget; information and assistance from state to support enrollee in their role as an employer
What are the state opportunities?

- States have developed and expanded consumer direction over the past 30 years; especially important during the pandemic

- Likely to continue as states seek to:
  - Address issues raised by the COVID-19 pandemic
  - Promote equity and access to services in underserved communities
  - Address growing workforce shortages
Medicaid Authorities

- 1905 (a) (24) state plan personal care services
- 1915 (c) Home and Community-Based Services Waiver
- 1915 (i) HCBS state plan option
- 1915 (j) self-directed personal assistance services
- 1915 (k) CFC state plan option
- 1115 Demonstration Waiver
Considerations for States’ Consumer Direction Programs

- How care recipients can manage their budgets, caregivers, and services
- Enrollee supports
- Training requirements
- Definition of “family”
  - Relatives, legally responsible individuals
  - Level of care provided
Lessons Learned

- Consumer direction can support culturally competent care
- Payment of family caregivers can support HCBS rebalancing goals
- Outreach to enrollees is key to the program
- Data collection and review can help better understand caregiver needs
- States have multiple approaches available to support program integrity
State of Connecticut

Paying Family Caregivers

Presentation for the NASHP Webinar:

Paying Family Caregivers through Medicaid Consumer-Directed Programs – State Opportunities and Innovations

May 21, 2021
- Background of paid family caregiving in Connecticut
- The role of rebalancing efforts and strategic rebalancing plan
- The Community First Choice Option
- Workforce outcomes
- 1987 - Connecticut Homecare Program for Elders (CHCPE)
  - No option for hiring family caregivers as personal care attendants
  - Service option for adult family living
- 1996 - Personal Care Attendant Waiver
  - Permitted hiring family as personal care attendants in limited situations
- 2010 – Self direction added to CHCPE
  - Permitted hiring family as personal care attendants in limited situations
- 2013 – New Adult Family Living option added to both waivers
- 2015 – Community First Choice Option
  - Expanded options to pay family caregivers
- Connecticut’s first Governor led Rebalancing Strategic Plan was announced in January 2013.

- The plan is updated annually.

- The Rebalancing Steering Committee meets monthly and is comprised of state agency staff, self-advocates, legal advocates, nursing home administrators, and various non-profit entities.

- UCONN Health Center on Aging is the evaluator of the plan.
Connecticut partners with Mercer Human Services Consulting to produce a set of town-level data (first issued in 2012 and updated in 2014), focusing on current and projected supply and demand for LTSS. The data encompasses nursing home services, community-based services and associated workforce. Mercer updated this data in 2019 with the intent of enabling policymakers, municipal officials, service providers, advocates and families to understand how changes in public demand, as well as strategies implemented by the state, will affect how LTSS is provided and utilized.

https://portal.ct.gov/dss/Health-And-Home-Care/Medicaid-Long-Term-Care-Demand-Projections/Medicaid-Long-Term-Care-Demand-Projections
Projected use of nursing home compared to community long-term services and supports

Strategic LTSS rebalancing initiatives have modified the expected trend of where LTSS participants will receive services by 2040. Current projections indicate that by 2040 over 80% of all LTSS participants will receive services in the community by as opposed to in a nursing home.
<table>
<thead>
<tr>
<th>Staff Classification</th>
<th>2013 Actual Demand</th>
<th>2017 Actual Demand</th>
<th>2025 Projection Supply Excess (Deficiency)</th>
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<td>Institution Licensed Staff</td>
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<td>Institution CNA Staff</td>
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<tr>
<td>Community Home Health Aide</td>
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<td>(271)</td>
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</table>
- **State Level Partnership**
  - Policy change informs Department of Labor Projections
  - Development of competencies for PCAs

- **Town Level Partnership**
  - Workforce projections inform local business and community to align state/local strategy
  - Workforce development

- **Data and Evaluation**
Community First Choice (CFC) was implemented in 2015.

- This is the first ‘universal’ HCBS option for people at nursing home level of care.
- CFC supports hiring and budget authority for Medicaid participants.
- CFC supports hiring family members as personal care attendants with certain limitations.
- Total enrollment is 4700 of which 2400 are accessing self-directed services for the first time. Over 250 of the participants are children.
- CFC employers increase the workforce by recruiting from their networks and by hiring family members who otherwise wouldn’t enter the workforce.
Community First Choice pays family caregivers with the following exceptions:

- Spouse
- Legally liable relative
- Conservator or guardian

Personal care attendants hired by Medicaid members are ‘carved out’ of the Medical Practice Act

- Personal care attendants are permitted to perform medical tasks under the direction of the participant or their designee.
Caregiver Training Initiative

- **Description:** This initiative will support the caregiver through hands on teaching of medical related tasks, in-home consultative services for care coordination of medical providers, in-home supports for behavioral symptoms, education on self-care for the informal caregiver and connecting caregivers to local community supports and resources.

- **Aim:** To reduce caregiver stress and burnout, re-institutionalization, while increasing education, confidence and efficacy of the informal caregiver’s delivery of medical related nursing tasks.

- **Strategy:** To address these knowledge gaps by educating informal supporters about these and other skills needed and will maximize function and independence of the individuals while also improving or maintaining the informal caregivers’ health and well-being.
## Statewide Demand Projections
### Personal Care Attendants

<table>
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<tr>
<th>Staff Classification</th>
<th>2013 Actual Demand</th>
<th>2017 Actual Demand</th>
<th>2019 Actual Demand</th>
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<td>2477</td>
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Questions
VIRGINIA: PAYING FAMILY CAREGIVERS THROUGH MEDICAID CONSUMER DIRECTION

Nichole Martin, RN, MSEd
Director, Office of Community Living
Jason Rachel, PhD
Director, Division of Integrated Care
Virginia Department of Medical Assistance Services
### VA MEDICAID PROGRAMS

**Commonwealth Coordinated Care Plus (CCC Plus)**

- **273,249 Members**

**Covered Groups**
- Serving older adults, disabled children, disabled adults, medically complex newly eligible adults; includes individuals with Medicare and Medicaid (full-benefit duals)

**Covered Benefits**
- Full continuum of services (same as Medallion), but also includes long-term services and supports (LTSS) in the community and in nursing facilities and hospice

**Medallion 4.0**

- **1,376,044 Members**

**Covered Groups**
- Serving infants, children, adolescents, pregnant women, caretaker adults, and newly eligible adults

**Covered Benefits**
- Births, vaccinations, well child visits, sick visits, acute care, pharmacy, ARTS, behavioral health services, including community mental health rehabilitation services; excludes LTSS

Health Plans cover services within at least equal amount, duration, and scope as Medicaid and provide additional benefits and linkages to resources to address social determinants of health
The Center for Health Care Strategies selected Virginia to be part of the *Helping States Support Families Caring for an Aging America*

Department of Medical Assistance Services and Department of Aging and Rehabilitative Services

**Project Goal:** Develop tools to engage and support family caregivers to strengthen home and community based living.
Task Goal: To foster collaboration among state agencies, MCOs, and community organizations to support family caregiving and strengthen home and community based living.

Participants: Center for Healthcare Strategies, DMAS, Department of Aging and Rehabilitative Services, health plans, Alzheimer’s Association, AARP, and other community agencies
ACCOMPLISHMENTS

• Conducted an environmental scan and discovered many fragmented resources
• Met with the health plans to understand current efforts and gain buy in
• Trained over 300 Care Coordinators on resources for caregivers
• DMAS joined the statewide Virginia Caregiver Coalition
• Aligned our family caregiving efforts with our existing work
Food Budget Tight? VirginiaNavigator Can Help

If you or a loved one are having a tough time affording groceries right now, know that you’re not alone! Help is available, and nonprofit VirginiaNavigator can guide you. Here are 5 things you can try.

1. Find food assistance programs near you. On VirginiaNavigator.org, enter your ZIP code and search for “food.”

2. Apply for SNAP benefits. The average monthly SNAP benefit for Virginia residents is $128 per person. Learn more about SNAP and find out if you qualify.

3. If you have kids at home, text FOOT to 877-877. No Kid Hungry will help you find free meals for your kids today. Visit https://stats.nokidhungry.org/virginia for more information.

Most caregivers say they are stressed trying to balance work, life, and the emotional burden of caregiving. We want caregivers to know they are not alone.

VirginiaNavigator is a nonprofit organization that is dedicated to helping you find support groups, low-cost or free respite care, in-home assistance, financial assistance, and other local resources. From their site, you can search for what you need by city, county, or ZIP code. You also can visit the Virginia Family Caregiver Solution Center to get useful information on caregiver resources and self-care.
Medicaid Members receiving CD services – 23,000
Attendants (Employees) – 30,000
CD Services: Personal Care, Respite, Companion

**CD Program Design**

- Employer Authority
  - Member managed or a representative can be designated by the member (Employer of Record)
- Employer does not have authority over the budget, rates are set by the Virginia General Assembly
- Payroll is managed by contracted Fiscal/Employer Agents
- Services Facilitators support members in managing the CD process
• Family caregivers are permitted to be reimbursed for CD services
  ▪ Must meet the same requirements as all other attendants
  ▪ Pass criminal background checks (Child protective services checks if caring for a minor)
• Members who have live-in family caregivers must document the reason there are no other caregivers available
• There is no official tracking mechanism to determine how many family caregivers are providing services – estimate up to 40% of all attendants
• Electronic Visit Verification is not required for live-in caregivers
• Live-in caregivers do not earn overtime pay
• Through Appendix K, Virginia temporarily permitted legally responsible individuals to be reimbursed (parents of minor children, spouses) to provide personal care services
  - 1,600 legally responsible individuals were employed to provide this support
  - Scheduled to phase-out on August 1, 2021
COVID 19- RESPONSE: PERSONAL PROTECTIVE EQUIPMENT

• DMAS distributed a one time supply of 120,000 cloth masks by mail to Medicaid members who receive consumer-directed services

• Employers of Record ordered monthly supplies of disposable masks, hand sanitizer and gloves at no cost through an online system developed with CARES Act funding

• DMAS worked with the Virginia Industries for the Blind (VIB) and a private company to supply over 18,000,000 nitrile gloves, 5,500,000 disposable masks, and hand sanitizer to Employers of Record.
UPCOMING CHANGES

• Effective July 1, 2021, attendants can work up to 16 hours of overtime per week
• Rate increases:  May 1, 2021 (6.4%)
  January 1, 2022 (12.5%)
• Qualifying attendants may earn up to 40 hours in paid sick leave per year
• DMAS is developing a standardized attendant orientation training
  ▪ Overview of CD services
  ▪ Attendant roles/responsibilities
  ▪ Fraud, Waste, and Abuse
  ▪ Mandated reporter requirements (Abuse, Neglect, Exploitation)
QUESTIONS?
Q&A

• Please enter your questions using the Q&A function
Thank You!

- Please complete the evaluation in the pop-up box after the webinar to help us continue to improve your experience!

This work is supported by The John A. Hartford Foundation.