Unlocking the Value of Enabling Technology in Managed LTSS

Evaluating New and Existing Technologies

Challenges

- Technological interventions may improve members' Quality of Life (QOL) in ways that are not captured in current assessments.

- There are no universal guidelines or standards currently available that plans can use when designing their internal approaches for making coverage determinations on new ET for a group of LTSS members.

- Defining value is challenging for LTSS populations and highly individualized based upon person-centered goals and circumstances.

Federal Recommendations

CMS should leverage previous Federal vehicles focused on technological supports and form a CMS Technical Advisory Group on ET. This Technical Advisory Group would be responsible for:

- Promulgating sub-regulatory guidance that specifies that for HCBS recipients, the person-centered planning process must include the identification of alternative services and supports, including ET;

- Educating CMS/HHS staff who are responsible for the evaluation of ET within Medicaid waivers and waiver renewals;

- Creating an iterative process for establishing quality measures (first focusing on process-oriented measures and eventually evolving to outcome-related metrics) that can be used to assess the impact and return on investment of ET across States;

- Providing guidance to States on how to determine if an ET can be covered; this may include outlining specific billing codes, flexibilities, and suitability of how best to finance and categorize various technologies, parameters around protecting the individual users' privacy and security, and practices for ensuring informed consent, and use of remote supports within the federal HCBS settings criteria; and

- Identifying and highlighting ET best practice waiver language to States that do not currently have a vehicle to pay for ET in a current waiver.

State Recommendations

Establish State-level Enabling Technology advisory bodies to assist State Medicaid Agencies and sub-operational entities to:

- Provide education about the value of ET to stakeholders, focusing on evidence-based solutions and interventions;

- Identify the available funding streams and vehicles for accessing ET across publicly-funded systems and where the gaps lie with respect to accessing, covering, monitoring, and measuring ET within Medicaid LTSS programs;

- Create State-level guidelines around the coverage, monitoring, and evaluation of ET and ensuring such policies align ET to person-centered goals and outcomes;

- Establish State-level privacy and data security requirements for ET;

- Consider the provider types who can supply the services, allowing for flexibility for removing barriers to supplying these solutions; and

- Provide guidance to educate and prepare individuals receiving HCBS, their caregivers, and providers on the appropriate implementation and use of various technological supports and digital solutions.

The advisory bodies could be embedded within existing State advisory committee structures or be stand-alone entities, but must have adequate representation of various LTSS populations, caregivers, providers, tech vendors, plans, and State officials.[1] While a uniform, consistent State-level approach to ET coverage, payment, and evaluation at the State-level is important, plans should have the flexibility to administer unique tools used to operationalize the State's guidance.

All of the work of the State-level ET advisory body should acknowledge that individuals and their care teams will enter this space with different levels of technological literacy and comfort with technology. The education and resources provided by this advisory body must also be accessible to individuals who have primary languages other than English.

Plan Recommendations

Plans should map out a clear strategy for how they intend to assess, pilot/test, validate, cover, and promote access to a broad spectrum of ET options in their MLTSS benefit packages to advance person-centered goals and outcomes (as outlined in individuals' care and service plans). Additionally, when bringing new proposals to State policy-makers for an expanded or new technology, plans should outline the predicted impact of utilization, the necessary provider and operational infrastructure, anticipated outcomes, quality assurance processes, and workforce

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[1] Such entities should include representation from: State agencies across populations, including aging, IDD, behavioral health, children/families, and others as appropriate; Medicaid managed care organizations/health plans operating in the state; LTSS recipients with lived experience; technology experts; family caregivers and direct care workers. Federally-funded Aging & Disability Networks (Centers for Independent Living (CILs); Statewide Independent Living Councils (SILCs); Area Agencies on Aging (AAAs); Community Developmental Disabilities Organizations (CDDOs); and other stakeholders as identified by the state.

management. Key components of a plan-level ET or Technology First Strategy could include, at a minimum:

- Standard assessment criteria that can be embedded into existing tools, covering a broad set of questions that identify the individual's specific needs and possible technological options that could improve the individual's outcomes in addition to or beyond current in-person and other therapeutic options.

- Requirements for care managers/service coordinators and providers to embed ET strategies within the person-centered Individualized Support Plan (ISP) processes.

- Requirements for case managers and/or care managers to document that ET has been identified and considered, and that conversations with individuals about ET occur on a regular basis (e.g., at least annually).

- Guidance on appropriate coding for service authorization and reimbursement/billing processes.

- Member, caregiver, and provider-level education requirements tailored to specific technologies.

- Documentation of the steps required to pilot a new technology in self-direction, including a template for submitting the proposal to the plan, as well as any data to be collected.

- Goals for establishing value-based reimbursement models for leveraging ET to improve health, quality of life (QOL), and cost savings over time.

- Training on ET for care managers and service coordinators, including the types of ET that are available and how to determine if an ET is appropriate for an individual.

Provider Recommendations

Providers can play a variety of roles in informing and approving access and coverage policies surrounding ET for various LTSS populations:

- Providers should make sure all staff and program leadership are trained in Technology First principles and standard practices for incorporating ET exploration into comprehensive assessment and person-centered planning processes.

- Providers can work with plans and States to develop their capacities for piloting various technological innovations and reporting data back to inform long-term payer policy.

- Providers can serve as an intermediary between HCBS recipients, caregivers, and payers to identify areas where technological solutions are in greatest need to inform strategic investments at a plan and/or State-level.

- Where State HCBS waiver designs permit, providers should identify and forge relationships as a broker between technology vendors, HCBS participants and families, and other providers to ensure appropriate exposure to various technological options to promote informed choice and responsible utilization.

- Providers should proactively engage with health plans and State officials to share the qualitative and quantitative data that could inform policy decisions and investments in ET.