

Unlocking the Value of Enabling Technology in Managed LTSS

Federal Recommendations

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.

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.



Streamlining Funding Pathways

Challenges

- Independence may be facilitated by person-centered interventions, including assistive and enabling technologies, provided by MLTSS plans. Unfortunately, the funding structure in MLTSS is often tied to the volume of services provided, instead of the outcomes achieved. Successful adoption and provision of ET is contingent upon a transformation of how plans and providers are currently incentivized. This means ensuring solid value-based reimbursement models are implemented that reward providers and plans for improving member outcomes and decreasing costs.
- Existing State contracts often do not contain clear funding mechanisms or processes (no common service codes, billing units, common rates, caps, etc.) to adequately offer and pay for assistive and enabling technologies, which leads to administrative barriers for MLTSS plans and partner organizations. Many States and health plans require a denial in order to access specialized medical supplies, which then allows access to some technology.
- Cost shifting between Medicaid and Medicare for dually eligible members continues to be problematic.
- For dually eligible individuals, ET will largely be paid for under their Medicaid coverage. However, ET may lead to decreases in members' acute care costs, leading to cost savings for Medicare that are not necessarily attributed back proportionately to Medicaid.
- Providers also expressed difficulties obtaining ET coverage for dually eligible members if they are initially denied under a member's Medicare coverage. Creating synergies between these two programs could lead to reduced administrative burden for both plans and providers.

Recommendations

- MACPAC should establish a policy/research initiative focused on effective financing models for ET, with an emphasis on creating adequate rates and effectively incentivizing providers to adopt ET and shift their focus to delivering outcomes, as opposed to solely relying on a fee-for-service model. The focus of this research initiative would be to analyze and propose funding structures for ET, specify basic minimum areas of ET for dual-eligible special needs plans (DSNPs), and outline potential models for shared savings across payers (i.e., how to attribute savings to both Medicaid and Medicare for dually eligible members).
- CMS should promulgate guidance regarding available coverage mechanisms for ET.



Facilitating Member, Caregiver, and Provider Education

Challenges

- Any movement towards the use of ET must recognize that members and caregivers have differing levels of comfort with and desire to embrace technological supports into their daily lives.
- Providers need to be adequately supported to responsibly offer various technologies and help members and caregivers to effectively utilize them.
- Most States have yet to provide clear guidance on how technological support needs should be uniformly assessed across individuals in various waiver programs and populations.
- The lack of access to culturally competent information, provided at a basic level of literacy, makes it difficult for case managers and service coordinators to explore with LTSS participants and their caregivers how ET can be leveraged to address their needs or support their goals.
- This informational asymmetry limits both the ability of members and their caregivers to make informed decisions about ET during the person-centered planning process and the ability of caregivers and providers to support members in maximizing the benefits of technological tools and resources.

Recommendations

- CMS should offer technical assistance and guidance to States regarding strategies to streamline ET education and training requirements and implementation activities in partnership with plans and providers.
- CMS should partner with the Administration for Children, Families, and Communities to provide clarity regarding ongoing Federal support to aging and disability networks, which are often engaged in the assessment, planning, coordination, provision, and/or data collection processes related to securing HCBS participants' access to ET.



Ensuring Member Safety and Empowerment

Challenges

- While CMS has provided some initial guidance to improve the protection of member data and privacy, more specific requirements around protections are warranted.
- Guardrails around the use of ET to ensure members' safety and adherence to their person-centered care plans are critical, especially when transitioning from in-person services to services delivered remotely or services enhanced or replaced by ET.

- Technologies must be flexible enough to align with informed consent, member rights, individual privacy, as well as each person’s evolving needs and preferences in different settings and stages of life (in accordance with the federal HCBS settings criteria).

Recommendations

- CMS, in collaboration with the HHS Office of the National Coordinator (ONC) and LTSS stakeholders, should issue stronger guidance and provide technical assistance regarding the management of members’ personal data. Recently, CMS released revisions to the 1915(c) waiver that included new requirements for States to specify how they will enhance privacy protections and ensure informed consent for remote or electronic monitoring for a small subset of services. CMS should build upon these general requirements to create additional guidance on data security in LTSS.
- CMS should provide technical assistance to States on promising practices for streamlining Electronic Visit Verification (EVV) data, data extrapolated from remote technological supports, and critical incidence reporting to better evaluate the impact of ETs to demonstrate systemic quality improvement and individual outcomes related to safety and well-being.



Measuring the Impact of Interventions

Many tools exist, but few universal or statewide strategies have been implemented to evaluate the impact of ET on health and quality of life outcomes at an individual, population, geographic, or programmatic level.¹ A framework for carefully measuring the impact of ET utilization and trends nationwide would help inform federal and State policy related to access, coverage and payment in the long-term. Assessing the ROI of ET should consider projected care gap reductions, progress in person-centered goal attainment, improved member health and QOL outcomes, and anticipated cost-savings. Beyond just the ROI, ETs may defray the use of other services and can be instrumental in keeping individuals stable and prevent/delay the progression of chronic conditions or disability.

Challenges

- There is lack of clear federal guidance and examples for effectively evaluating the impact of technological solutions (both hardware and software) on LTSS populations
- States do not have consistent criteria to support plans and providers in measuring the impact and outcomes of ET within HCBS programs.

¹ The National Core Indicators (NCI) and National Core Indicators for Aging & Disability (NCI-AD) surveys include questions about technology and assistive services. However, they lack specificity and are intended to assess individual consumer experience.

Recommendations

- CMS should issue policy guidance that offers general guidelines and suggested evaluative criteria for states to use in measuring the impact of ET aligned with CMS's Recommended HCBS Outcome Measure Set.