

# Unlocking the Value of Enabling Technology in Managed LTSS

## State 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

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.<sup>1</sup> 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.

## 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.

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<sup>1</sup> 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.

- 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

- States should create requirements that specify that if an ET is denied under Medicare for a dually eligible individual, the claim automatically flows to the member's Medicaid coverage for review/approval. Additionally, if there are benefits that cannot be covered under an individual's Medicare coverage, States should not require that the claim flow through an individual's Medicare coverage and instead allow it to go directly to Medicaid.
- State Medicaid Agencies and HCBS sub-operational entities should engage in cooperative agreements with other publicly-financed systems (education, vocational rehabilitation, workforce development, housing, transportation, and others) to leverage resources and incentivize MCOs to work with these other systems to expand ET offerings for LTSS populations.
- States should issue clear guidance to MCOs and providers that outline clear policies for the coverage and payment of specific ET interventions, as well as to support the design of a value-based reimbursement model for ET and the core data elements needed to consider expansion, scalability and sustainability of a Value-Based Reimbursement (VBR) model over the long-term.
- States should promote and invest in the creation of financial pathways and flexibilities that help plans and providers make upfront investments in the infrastructure necessary to operationalize new categories of ET. Additionally, plans must be allowed to implement payment methodologies that temporarily offset decreased provider reimbursement resulting from introducing technological supports and reducing in-person care. Such flexibility is needed to sustain provider stabilization, particularly in service areas where provider network adequacy is a challenge.
- States should clarify the coverage, payment, and data collection/evaluation requirements for ET within State Medicaid programs during the contracting process with State regulatory agencies.

## 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

- States should outline specific content criteria for MCOs and providers to offer basic uniform Technology-First education and training across HCBS programs that expose and orient HCBS recipients, caregivers, and providers to various technological solutions and State requirements for how to access ET.
- States should engage with providers, vendors, and plans to establish in their HCBS applications/amendments or subsequent policy guidance, appropriate provider training/certification requirements for the provision of different categories of ET. Such requirements should be balanced to consider the sophistication of various levels of technologies required (i.e., low-tech v. high-tech) and allow flexibility for providers who are entering the space and wish to partner with plans to pilot new ET solutions.
- States should publish member training requirements for approved ET that all plans must implement with approved providers, with the goal of providing consumer-friendly information regarding the opportunity to receive initial and ongoing training on how to use ET.
  - Informed consent around utilization of ET should be established as part of the person-centered, individualized service planning process so individuals know not only how to use their equipment but also where their data is going and how it is protected.
  - States should also reinforce the importance of supporting members with education on an as-needed basis across the care continuum, taking into consideration that technology changes rapidly and technological literacy is an iterative process.

## 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

- States should work with LTSS stakeholders to establish a statewide streamlined process for ensuring member safety in remote monitoring environments, including appropriate staffing patterns for Direct Support Professionals (DSPs) supporting multiple individuals at one time.
- States should establish basic criteria around the use and monitoring of ET to ensure that beneficiaries are empowered with adequate information, support, and resources to successfully utilize technological supports.

## 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.<sup>2</sup> 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.

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<sup>2</sup> 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

- States should clearly establish evaluative reporting requirements within their waiver applications/amendments and revisit them regularly to ensure alignment with members' needs and continued improvement in outcomes and efficiencies.
- In partnership with health plans and providers, States should establish policies and procedures to ensure consistent collection and integration of baseline data across plans and their provider networks on the utilization and effectiveness of various categories of ET, in accordance with the HHS Chief Information Officer's (HHS-CIO) HCBS interoperability guidelines.