

Unlocking the Value of Enabling Technology in Managed LTSS

Health Plan 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

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 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.

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

We recommend plans use the contracting process, as well as contractual flexibilities (value-added benefits, in-lieu of services, and options for innovation within existing waiver services), to achieve the following:

- Garner buy-in and support from State Medicaid authorities to allow plans to work with providers to leverage other public funds – including, but not limited to, education, housing, transportation, vocational rehabilitation, and workforce development – to ensure optimal financing of technological solutions in support of LTSS participants’ individualized needs and goals.
- Create processes for providers with innovative value-based reimbursement strategies to bring their ideas and proposals to the plan for consideration, review, and potential partnership support.
- Provide financial incentives for HCBS providers to invest in the education and skills of direct care workers and front-line supervisors for exposing, informing, educating, providing, and evaluating various categories of ET and new technological innovations coming to the HCBS market.

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

- Health plans should work with providers to develop their competencies to work with technology vendors and plans to introduce new ET solutions into the field and coordinate technical support as needed to direct care workers, LTSS recipients, and caregivers.
- Health plans should compensate technology vendors and/or providers for training members' care management and clinical teams, including providing financial support for hands-on in-person orientation and training for LTSS participants and their family caregivers. Such training models need to be flexible enough to take into consideration different levels/modes of learning and training, as well as the need for additional education and training as technology continues to expand and evolve.
- Health plans can partner with providers to survey LTSS recipients and caregivers about their fears, interests, and concerns about ET, as well as the kinds of information they need to feel confident using new technologies.

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

- Plans may wish to proactively engage with State regulatory authorities, providers, members, and caregivers to solicit feedback on additional processes and practices that could be implemented to ensure member safety and empowerment in the identification, exploration, and utilization of ETs.

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.

Recommendations

- Data on the following metrics should be collected regularly (and providers/vendors should be financially supported in collecting such data) to measure the ROI for ET:
 - Increased independence and self-sufficiency related to community living
 - Improved leveraging of direct care workforce
 - Decreased emergency room visits and unnecessary hospitalizations
 - Prevented or delayed nursing home placement or institutionalization
 - Enhanced member quality of life

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.