

American Rescue Plan Act: 10% Enhanced Federal Matching Percentage for Home and Community Based Services



Presented to the Governor's Health Equity Council
June 2, 2021

Agenda

1. Overview of American Rescue Plan Act (ARPA) and Center for Medicare and Medicaid (CMS) Guidance
2. Criteria to Selecting Enhanced Federal Matching Percentage (eFMAP) Projects
3. Strategic Areas for Reinvestment
4. Stakeholder Input

Overview of American Rescue Plan Act and CMS Guidance

- On March 11, 2021 the American Rescue Plan Act (ARPA) became law.
- Section 9817 allows for a 10% enhanced federal matching percentage (eFMAP) on certain home and community based services from April 1, 2021, through March 31, 2022.
- On May 13, 2021 the Centers for Medicare and Medicaid Services (CMS) issued a State Medicaid Director Letter outlining further guidance around section 9817.

<https://www.medicaid.gov/federal-policy-guidance/downloads/smd21003.pdf>

Overview of American Rescue Plan Act and CMS Guidance

- States must comply with Maintenance of Effort (MOE) Requirement.
- States must submit both a spending plan projection and spending narrative by June 12, 2021 or request a 30 day extension to July 11, 2021
- States will be permitted to use the eFMAP funding through March 31, 2024.
- States must use funds to *“implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program”*

Examples of eFMAP Activities from CMS

- Adding new HCBS services, or increasing amount duration scope to reduce risk of institutionalization during COVID
- HCBS provider payment rate to increase wages, benefit enhancements, including increasing rates, providing paid leave, hazard pay, etc.
- Workforce support, recruitment, training
- Caregiver support
- Assistive technology -- including internet and support using it, staffing, and other costs due to COVID-19
- Transition supports--one time community transition costs, transition coordination.

Examples of eFMAP Activities from CMS (cont.)

- Mental Health and Substance Use services
 - Skill rehab to regain skills lost during PHE
 - Expanding capacity--recruiting additional providers, implement new services, pay increasing, expand telehealth, etc.
- Outreach activities-- educational materials re COVID 19, and language assistance--ASL and other language interpreters
- Support for access to vaccines
- Build no wrong door systems
- Strengthen assessment and person-centered planning process

Examples of eFMAP Activities from CMS (cont.)

- Quality improvement, Develop cross-system partnerships
- Training and respite for caregivers
- Reduce or eliminate waiting lists
- Implement new eligibility policies or procedures -- like expedited eligibility for HCBS (subject to CMS approval)
- Institutional diversion and community transition improvements
- Expand provider capacity
- Address SDOH
- Telehealth

Discussion

- 1) Criteria for selecting eFMAP projects
- 2) Proposals for eFMAP funding
- 3) Stakeholder Engagement

Criteria to Select eFMAP Projects

- Enhances Medicaid HCBS Services
- Can demonstrate clear deliverable and outcome that can be achieved in the time period
- Resources can be identified for implementation
- Makes a lasting change to improve HCBS services
- Does not create a fiscal cliff or significant cost to continue
- Has “buy-in” from all parties
- Project can be completed by March 31, 2024
- Addresses equity and health disparities

Strategic Areas for Reinvestment

Preliminary analysis indicates eFMAP will generate \$350 million dollars in “GPR like” funds to reinvest to enhance the Medicaid HCBS system. Areas for investment are:

1. Workforce
2. Policy and Program Improvement
3. Care Continuum
4. Fiscal Stability

Within the four focus areas identified, what are the highest priority issues, biggest pain points, biggest gaps?

Workforce

Invest in the direct care workers to enhance the availability, diversity, and quality of the direct care workforce:

- Professionalization of direct care workforce – tiered education/reimbursement model. Fund higher rates for workers who achieve higher tiers
- Fund the development of a direct care staff stability survey that can assess rate sufficiency and access on an ongoing basis.
- Assess workforce to ensure services are being delivered equitably and in a culturally and linguistically competent manner.

Policy and Program Improvement

Address redundancies and gaps in services, improve service integration, and addresses disparities in access and care:

- Integrate behavioral health services into Family Care
- Develop trainings for supported employment providers
- Eliminate overlap in care/case management between Family Care MCOs, SNFs and Assisted Living Facilities (ALF)
- Develop the no wrong door system for children
- Invest in assessment for children to identify and treat delays that occurred as a result of COVID

Strengthen HCBS Care Continuum

Expand quality and access to services across the range of HCBS setting, especially, residential settings, to allow individuals to be served where they choose to live and be served by people they want:

- Implement new and enhanced data collection efforts across residential care service provider types
- Identify and implement program and policy changes to ensure individuals have the option to be in the least restrictive residential setting.
- Implement a member assessment to identify, delay, and divert the need for publically funded HCBS services.
- Develop presumptive functional eligibility for HCBS services

Fiscal Stability

Provide funds to establish a firm financial foundation for the long term viability and capacity of the long term care system:

- Implement provider rate band proposal and provide short term funding to “smooth out” rates
- Provide ongoing funding to continue the Family Care rate increase planned for June 2021
- Assess gaps in network access and stabilize provider networks that were impacted.

Stakeholder Engagement

- HCBS Organizations
- HCBS Providers
- Governor's Health Equity Council
- Long Term Care Council
- Children's Long Term Care Council
- Managed Care Organizations
- IRIS Advisory Committee
- Wisconsin County Human Services Association
- Members and Participants

Next Steps/ Questions