Centers for Medicare & Medicaid Services
Open Door Forum: Long Term Services and Support
Moderator: Jill Darling
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Coordinator: Welcome and thank you for standing by. At this time all participants are in listen-only mode until the question-and-answer session of today's conference. At that time you may press Star 1 on your phone to ask a question. I'd like to inform all parties that today's conference is being recorded. If you have any objections you may disconnect at this time. I'd now like to turn the conference over to your host Jill Darling. Thank you. You may begin.

Jill Darling: Great, thank you (Danielle). Good morning and good afternoon everyone. I'm Jill Darling in the CMS Office of Communications and welcome to today's Long Term Services and Support Open Door Forum.

Before we get into today's agenda I have one brief announcement. This open door forum is open to everyone but if you are a member of the press you may listen in but please refrain from asking questions during the Q&A portion of the call.

If you have any inquiries please contact CMS at press@cms.hhs.gov. And I would like to hand the call off to Melissa Harris who's the Deputy Director of the Disabled and Elderly Health Programs Group.

Melissa Harris: Thank you Jill. This is Melissa Harris and I am really happy to be with you all today to talk about some recently released guidance that CMS issued on how the Medicaid program can assist states in addressing social determinants of health.

We've got a good group of colleagues on the phone with you today. We have Jodie Sumeracki and Jennifer Bowdoin both from the Disabled and Elderly Health Programs Group. And I'm going to be turning it over to Jen in just a minute.

But to set up the conversation for today this guidance that we issued just a couple of weeks ago in the form of a letter to state health officials on Medicaid coverage of social determinants of health was really a long time in coming. We embarked on doing this many months ago. And as you can imagine, you know, this was the timing of the release was impacted by the COVID-19 public health emergency. But also the public health emergency has done nothing but increase the importance in talking about the non-healthcare related factors that can really influence someone's healthcare experience and healthcare outcome.

And so we recognize that having this guidance on the street while it didn't really include new policy, it is a really good compilation of existing Medicaid authorities that states can have in their toolbox as they're looking to address social determinants of health for individuals eligible for their Medicaid program. And as we hit some of the really high points of what was contained in the letter, we remain excited and available to our state partners to provide technical assistance based on the programs and services that are operating right now in their states. And if anything in the letter sparks some interest in the state Medicaid agency or in the agencies that are partnering to administer programs to various populations to really add to their menu of long term services and support.

You'll hear Jen walk at a very high level through some of the categories and the services that Medicaid can authorize. And while it's really necessary to remember that Medicaid cannot cover all gaps and cannot fill all holes for

everyone, Medicaid is obviously a really important funding stream to be laid on the table next to other funding streams at the state level and county and local community levels to really put together a holistic strategy for addressing the long-term care needs and the social needs of individuals in the Medicaid program.

And as we learn lessons from the public health emergency and we try to tackle some really long-standing issues in the Medicaid program and long-standing reforms that are necessary across beneficiaries and across populations, we are reminded that the social determinants of health activities are really going to be a key factor in a state's long-term strategy at combating some inequities and disparities in how individuals access care and how the provision of healthcare and the provision of Medicaid funded services can really improve the lives of individuals in the Medicaid program and do so with some cost-effectiveness behind it. And that's really a win-win.

So with that I'm going to turn it over to Jennifer Bowdoin who is the Director of our Division of Community System Transformation. She and I will be kind of tag teaming the presentation along with Jodie Sumeracki and that the three of us will be available for a Q&A session at the end. So with that Jen, I'm going to turn it over to you.

Jennifer Bowdoin: Great. Thanks Melissa and hi everyone. It's really nice to be with you today. So as Melissa mentioned the purpose of the state health official letter, the SHO letter is to describe opportunities under Medicaid and CHIP to better address social determinants of health or SDOH as well as to support states with defining programs, benefits and services that can more effectively improve population health, reduce disability and lower overall healthcare cost in the Medicaid and CHIP program by addressing social determinants of health.

But before I dive into more detail about the letter I also just want to note a couple of things about the SHO letter that are important for states as they move forward. First it's important to know that this document is intended to supersede a 2015 CMCS informational bulletin on coverage of housing related activities and services for individuals with disabilities.

And it's also important to note that this letter does not describe new flexibilities or opportunities under Medicaid and CHIP to address social determinants of health but rather describes how states may address social determinants of health under the flexibilities available under current law. So it's essentially a compilation to help states better understand what flexibilities are available to them.

So the letter is organized into several sections. After a brief introduction the letter discusses several overarching principles that CMS expects states to adhere to when offering services and supports that address SDOH within their Medicaid program. We then describe the types of services and supports that states can cover in Medicaid to address social determinants of health.

And then after that we discussed federal authorities and other opportunities under Medicaid and CHIP that states can use to address social determinants of health. And in this section we provide some state examples throughout to highlight some of the ways that different states are using these authorities.

And then finally at the end of the letter we include two summary tables. The first table provides a summary of key federal authorities for addressing social determinants of health including who is eligible for services under that authority and examples of how the federal authority can be used by states to address social determinants of health.

And then the second table provides a summary of services and supports that can be covered under Medicaid and CHIP to address social determinants of health. And it includes illustrative examples of what states can cover, potential target populations for those services and supports and federal authorities that states may be able to use to cover the services and supports.

There's a lot in this letter. It's about 51 pages so it's pretty lengthy and it has lots of technical details. And so, you know, rather than going through sort of all the details in the letter we want to make sure that we leave some time at the end for questions. And so I'm going to mainly focus on the overarching principles that were discussed at the beginning of the letter and the types of services and supports that states can cover under Medicaid to address social determinants of health.

And in the interest of time we're not going to focus on during this call on discussing what states can do under specific federal authority. And we encourage to review the letter if you would like more information on specific federal authorities.

We are happy however to answer questions during the Q&A if you have questions about the information we include in that section in the letter or if you have specific questions about what states can do under a specific federal authority.

So as I'm sure you know states have a lot of flexibility within the constraints of certain federal rules in terms of how they design the Medicaid and CHIP program. There are however several overarching principles that states are required to adhere to within their Medicaid programs when providing services to address social determinants of health.

And so I want to frame the conversation today a little bit just by touching briefly on these overarching principles before we dive into the specific services and supports that states can cover in their program. So first, states must provide services to Medicaid beneficiaries based on the individual assessments of need rather than through a one-size-fits-all approach.

Second, Medicaid is frequently but not always the payer of last resort. In other words, states need to ensure that Medicaid resources don't duplicate other available funding sources and that Medicaid aligns with other programs and fills gaps where appropriate.

And this is particularly important in the context of SDOH because there are other federal, state and local funding sources that can be available to address specific needs of individuals. And so we really encourage states to understand what else is available and to make sure that they're coordinating and aligning with other programs and funding sources that are available.

Third, states should ensure that services provided to address SDOH are limited to those expected to meet the beneficiaries' needs in the most economic and efficient manner possible and are of high quality. And finally each Medicaid service must be of sufficient amount, duration and scope to reasonably achieve its purpose.

It's also important to note that while certain federal authorities have specific measurement reporting and evaluation requirements, CMS strongly encourages states to build in continuous evaluations of their programs and to make changes as needed and allowable under federal requirements to meet programmatic goals.

In addition when requesting federal approval to cover services that address social determinants of health, such as when requesting federal waiver or demonstration of authority, states should be prepared to support the request of evidence and explain how they will monitor and evaluate the effectiveness of the services.

And as we note in the state health official letter these requests will be substantially strengthened if states can show that what they are proposing to cover has been demonstrated to improve quality of care, to improve outcomes or to lower cost for Medicaid and CHIP beneficiaries.

So as I mentioned states have flexibility to design their array of service within their programs including to address SDOH. However the services and supports that states can cover tend to fall within certain categories of services when we're talking specifically about social determinants of health. And these include housing related services and support, nonmedical transportation, home delivered meals, educational services, employment, community integration and social support and case management.

In most instances the services and supports described in letter can be covered for children and youth, non-elderly adults including adults with disabilities and older adults. However some of the services and supports are typically targeted at only certain populations or age groups although states may be able to cover them more broadly.

In particular home delivered meals and some housing and tenancy supports are not generally targeted at children. Employment support is most commonly offered to non-elderly adults with disabilities. And educational supports are typically only unavailable to children with disabilities and young adults with disabilities.

And if you'd like more information on, you know, which specific populations can be targeted with certain services and supports and under a particular authority there is - this is laid out in the letter. It's also summarized in those tables that I have mentioned that are at the end of the letter in appendices A and B.

So to get into a bit more detail about what states can cover I'm going to now hit on some of the high points related to the services and supports that states most commonly cover to address social determinants of health. So first is housing related services and support. So while federal financial participation is not available to state Medicaid programs for room and board except in certain medical institutions, federal financial participation is generally available under certain federal authorities for housing related supports and services that promote health and community integration.

And these services tend to fall into a few buckets. And we describe them in the letter as home accessibility modifications, one-time community transition support and housing and tenancy supports which includes pre-tenancy services and tenancy sustaining services.

So home accessibility modifications are either temporary or permanent changes to a home's interior or exterior structure to improve an individual's ability to remain in their homes and communities. Depending upon the home structural characteristics, temporary modification could include things like installation of a wheelchair ramp outside the home or grab bars in the shower. Some permanent modifications could include things like enlarging a doorway to allow wheelchair passage.

It's important to note however that in order for these things to be coverable under Medicaid, the services and supports must be specific to the individual's needs based on the person's disabilities or health conditions and they can't be things that are of general utility in the home.

Another housing related service and support that's important to mention is one time community transition costs. These services can help individuals transition from an institutional or another provider operated congregate living arrangements such as a group home or a homeless shelter in order to allow them to transition from those settings to a community-based living arrangement in a private residence where the individual is directly responsible for his or her own living expenses.

So a onetime community transition cost, we discussed these a little bit more in the letter and provide some examples. But just to give you a few here they can include payment of necessary expenses to establish a beneficiaries basic living arrangement such as security deposits, utility activation fees and essential household furnishings.

Housing and tenancy support, so these include pre-tenancy services and tenancy sustaining services. So pre-tenancy services are services that assist individuals to prepare for and transition to housing while tendency sustaining services are provided to an individual once the individual is housed. And they help the individual achieve and maintain housing stability.

Pre-tenancy services, there's actually a fairly long list in the letter itself, but just to give you a flavor of what these include, pre-tenancy services can include things like conducting an individualized screening and community integration assessment, developing a community integration plan, providing training on how to search for available housing or how to complete an

application for housing assistance, and ensuring that housing units are safe and ready for move-in.

Examples of tenancy sustaining services can include things like providing early identification and intervention for behaviors that may jeopardize housing, you know, trying to provide early intervention for things that may result in lease violations. They include providing beneficiaries with education or training on the role, rights and responsibilities of the tenant and landlords. And they can include things that allow the individual, help the individual connect to community resources to maintain housing stability.

But another category of service and supports that states can cover in their Medicaid programs is nonmedical transportation. So individuals who need Medicaid funded Home and Community Based Services or HCBS may lack transportation to access community activities and resources.

And so states have the option to cover nonmedical transportation to enable individuals receiving Medicaid funded HCBS to gain access to activities and resources in the community such as grocery stores and places of employment when there are no other options available to that individual such as transportation from a family member or a neighbor, a friend or through a community agency.

Older adults and individuals with disabilities who need Medicaid funded HCBS may also need assistance with meeting nutritional needs due to functional limitations or other challenges that make it difficult for them to go shopping or prepare meals on their own. Home delivered meals can help to supplement the nutritional needs of these individuals when there is an assessed need and the services are identified in the person-centered service plan.

Another service we talk about in the letter is educational services, so under the Individual's with Disability Education Act or IDEA, children with disabilities are eligible to receive educational and related services that will help them achieve their educational goals as documented in the child's individual education plan or, IEP or the individualized family service plan or IFSP for children under age 3.

Medicaid reimbursement is available for covered services that are available that are included in the child's IEP or IFFP if they are provided to eligible beneficiaries by qualified Medicaid providers.

States also have the option to cover Medicaid services furnished to eligible Medicaid beneficiaries in the school setting if the children are determined to need those services, the services are furnished by qualified Medicaid providers and the services meet other federal requirements. And the letter provides a link to additional federal guidance on this topic.

We also in the letter talk about employment. And we talk about employment in a few different ways. So employment can help to lift low income individuals and families out of poverty and in doing so they can help to address a broad range of social needs that can impact health.

We - this is as discussed in some detail in another state Medicaid director letter SMDL 18-002. And in this letter we talk about CMS, you know - well, you know, we talk about states' effort to improve enrollee health and well-being through incentivizing work and community engagement among nonelderly, non-pregnant adult Medicaid beneficiaries eligible to Medicaid on the basis - on a basis other than disability.

And that letter talks about flexibility for states to test incentives that provide a pathway for coverage for certain individuals who may not be eligible for Medicaid through the state plan to opt into Medicaid coverage or for certain individuals to receive enhanced benefits through participation in work or other community engagement activities.

And this is - this flexibility is available to the states under Section 1115 demonstration. But we also talk in particular in the state health official letter on social determinants of health about a couple other ways that Medicaid can help with employment support particularly for individuals with disabilities.

So individuals with disabilities are less likely to be employed than individuals who do not have disabilities. And so Medicaid funded HCBS actually provide supportive employment services for individuals who need intensive ongoing support to obtain and maintain a job in competitive or customized employment in an integrated work setting.

So states can also define other models of individualized supported employment that can promote community inclusion and integrated employment. And so, you know, there's a fair amount of flexibility available to states because individuals' needs can vary.

And so supported employment, what that looks like for any individual can actually vary substantially depending upon the individual's needs but it can include things like customized employment, job coaching to provide services and support not specifically related to job skill training that can enable the individual to successfully integrate into the job setting so things like instruction on how to ameliorate the impacts of a mental illness in order to, you know, be able to maintain a job as well as things like personal care services to provide assistance at an individual's place of employment.

And lastly related to employment Medicaid buy-in programs can play an important role for individuals with disabilities. Medicaid buy-in programs are available in most states and they are often described as working disabled programs. They allow individuals with disabilities to gain access to Medicaid community-based services not available through other insurers such as personal care attendant services by paying into Medicaid on a sliding scale.

These programs have higher or in some cases no asset limits. And so they can allow individuals with disabilities who are working to be able to continue to access the services while they're working and earning salaries that are above the standard Medicaid limit.

In the letter we also talk about community integration and social support. So Medicaid funded HCBS can provide opportunities for Medicaid beneficiaries to choose to receive services in their home or community rather than in institutions. And these programs serve a variety of targeted population groups such as older adults, people with intellectual or developmental disabilities, people with physical disabilities and people with mental illness.

And examples of HCBS that can facilitate community integration so HCBS, Home and Community Based Services, so examples they can facilitate community integration include instruction on how to utilize public transportation and companion services to accompany the individual and provide assistance in the community.

And then the last type of service that I'll mention today that we discussed in the letter is case management. So case management assists eligible individuals to gain access to needed medical social educational or other services. Case

management services are often a critical component of the services and support that I just mentioned that are described in the letter.

But case management can also be used to address a broader range of needs. And states can use them to assist Medicaid beneficiaries with accessing other Medicaid and non-Medicaid services including, you know, services that can address other social determinants of health beyond what Medicaid can help to address.

And so I'm going to just pause there and see if Melissa has anything she would like to add before we dive into the Q&A section.

Melissa Harris: Thanks Jen. I would just make a couple of points. You know, the letter talks about all of the nuances of each of the Medicaid coverage categories that you heard Jen mention and provides some tips around the parameters of those coverage categories that states need to be aware of as they're requesting either technical assistance or requesting to amend the scope of services that are available in their state's Medicaid program.

And so we've really got a wide variety of authorities that are r available under the Medicaid state plan. And typically there the state is really in charge of establishing the medical necessity criteria of who is eligible to receive a particular service. And then we've also got some authorities in the 1915 (c) waiver. And the individuals there need to meet an institutional level of care in order to qualify for those services. So we're talking about a nursing facility level of care or an ICF or a hospital level of care.

And then similarly we've got services in another state plan authority, the 1915 (i) HCBS authority which can reach a broader array of people based on the needs-based criteria that a state develops for functional eligibility for the

services. And so there are options really across the spectrum of the different types of individuals who are eligible for Medicaid and the different types of support needs that they may bring to the table.

We've got a really comprehensive array of Medicaid authorities that can be used as part of the state's Medicaid program but they each have some accompanying parameters that we all need to be mindful of in figuring out how those authorities can either work in tandem or can really reach a particular cohort of individuals to allow them access to the types of services and support that we outline in the letter.

And that's part of the technical assistance that we do all the time with our state partners. If a state brings to us a particular problem or a gap that they are seeing in their long-term care system we can roll up our sleeves and try to determine which Medicaid authority might be most applicable or we might be looking at a combination of Medicaid authorities based on the individuals that they can reach, the types of services and supports they can authorize.

And then there's also a role for 1115 demonstrations to potentially reach to people or services that we can't otherwise do in the Medicaid program. And so we're hopeful that laying all of this out in a comprehensive compilation like we did in the state health official letter provides another good resource for states as they are thinking about ways to take their long-term care program into the future.

For our non-state stakeholders on the phone today this letter also provides a good primer on how Medicaid can be useful in the social determinants of health space as you are having conversations with other stakeholders and potentially with your state partners as you're all coming together as Medicaid stakeholders to determine the future of service provision. This is some good

information for you to have as well in terms of understanding what's possible in Medicaid and where the lines are that Medicaid can't really cross.

And again as we seek to learn some lessons from the public health emergency and we seek to make some strategic decisions together about how states really see the provision of long-term care playing out in their state and as we together try to move the needle on rebalancing conversations to rely even more on a robust home and community-based services infrastructure, these social determinants of health will be front and center as the states are looking to really make sure that the array of providers and services in their HCBS program is really hitting all of the major needs of their population.

So why don't we open it up for questions and between Jen and Jodie and myself we will do our best to provide you some good information. Jill am I turning it over to you?

Jill Darling: Sure, no problem Melissa. Thanks everyone. (Danielle) can you please open the lines for Q&A?

Coordinator: Absolutely. We'll now begin the question-and-answer session. If you would like to ask a question please press Star 1, unmute your phone and record your name when prompted. Your name is required so we can introduce your question.

If you'd like to cancel your question for any reason you can dial Star 1. But again if you would like to ask a question please dial Star 1. It may take a moment for questions to come through.

And as a reminder if you'd like to ask a question please dial Star 1. Speakers so far we have no questions in queue.

Melissa Harris: Thanks for that. We'll give another minute. You know, as Jen mentioned - this is Melissa again. As Jen mentioned we did try to lay the information out for you in the state health official letter in a couple of different ways. There's a pretty extensive narrative that walked through all of the social determinants and then all of the various Medicaid coverage categories.

At the end of the document there is a table that tries to pretty succinctly summarize that information for kind of an at a glance review. But there's some real magic in the longer narrative in the body of the letter. So if you have a moment it's worth giving that a read. The narrative really walks through all of the ways that a particular social determinant can be covered under Medicaid, the various coverage categories for each determinant and then have those parameters that are really important to be mindful of as states are thinking about how to maximally use all of those coverage categories.

And so, you know, understanding that it's a good-sized document I - we think it's kind of an easy read. And so, you know, do spend some time with it to figure out how it can best serve you as you're making decisions in your states. And then again to reiterate that CMS is available to provide technical assistance to our state partners in adding or modifying some existing Medicaid authorities to really make sure that the social determinants of health have as prominent a role as possible in a state's long-term services and supports program.

(Danielle) do we have any questions in the queue?

Coordinator: We have no questions in queue.

Melissa Harris: Well you know what I take from that, that it was a pretty daggone good letter.

Jill Darling: I think that's right.

Melissa Harris: But, you know, this is not a one and done conversation necessarily. I - you know, I think in closing I would say that, you know, like I said at the beginning there's no new policy ground that was really tread in this letter. It was a coming together of how Medicaid has really for a long time been available to provide some supports in the social determinants space.

But there's always room to - for a state to evaluate its long-term care services and supports that they have available right now figure out if there is a particular gap or population that they're wanting to reach and then figure out, you know, if there is a particular Medicaid authority that can really reach that gap.

That's really what CMS is available to help you with as well. And so don't struggle with those things alone. You know, we are certainly available even without a formal proposal in front of us or an amendment to your state plan. If you're really just having a kernel of an idea and you want or a statement of a problem and you want to sound us out about how best to move forward we are happy to do that.

Some of these programs can have some complexities associated with them. And, you know, we are available to demystify all of them as much as we can. And these issues of addressing some of the disparities in healthcare access and making some real progress in the social determinants, these problems have been around for a long time. We don't expect there to be any flip of a switch solutions implemented at the state level.

But we also wanted to make sure that the states had the right information available to them as they are making some strategic decisions now when we are still fresh in a public health emergency and later on because these issues are so perennial. So we again remain available to you and hope this letter is helpful as you figure out your next steps.

And if you've got additional questions or want to sound us out about anything you have an open invitation to come speak with us. I think that's all I've got for today Jill.

Jill Darling: Okay great, thank you. We'll check-in one more time for questions and then if not we can close out the call.

Coordinator: We do have one question in queue from (Anika Walker). Your line is now open.

(Anika Walker): Good afternoon, good evening - afternoon. I was wondering how can I get access to the letter and if this forum was recorded and if I can get that as well?

Melissa Harris: This is Melissa and I'll answer your first question. The letter itself is posted on our medicaid.gov website. And I'm glad you gave us an opportunity to plug that website. Not only do we have all of the guidance that CMS releases in our normal course of business on that website, we also have a dedicated page for all the guidance that's being released as part of the response to the public health emergency.

So medicaid.gov is the direct linkage to the Medicaid component of CMS and the letter for - the social determinants letter will be a link off of that page. It probably is still in the New and Notable section and it will be there, you know, for the foreseeable future in that section and will live permanently on

the website in the long term care home and community-based services space. Jill I'll turn it over to you in terms of the recording of this session.

Jill Darling: Sure yes. So each open door forum is recorded with the audio and the transcript and that you can also Google CMS podcast and transcripts. I guess you're asking because you did not have the agenda in front of you because that link is always on the agenda. So again you can just Google CMS podcast and transcripts and scroll down for the audio and transcript together. So give us a couple of weeks so we can, you know, we edit the transcript as well but thank you for asking.

(Anika Walker): Thank you, received.

Coordinator: We have no further questions in queue.

Jill Darling: Ladies any closing remarks?

Melissa Harris: You know, just to thank you for your time today. This is the document that we are quite proud of. We hope it can really provide some good information really regardless of whatever seat you're occupying at a state level or provider or stakeholder. And please don't hesitate to reach out to us with any additional follow-up questions. Thanks for that.

Jill Darling: Great. Thanks everyone. Happy New Year and we will talk to you at the next call. Thank you.

Coordinator: That concludes today's conference. Thank you for participating. You may disconnect at this time.

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