Stakeholder Engagement for Day Program Services for HCBS Waivers - Adult Day Services

October 8, 2020

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Our Mission

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources

Purpose of Meeting:

- To engage stakeholders on Adult Day Services (ADS) changes in response to COVID-19
- To receive input, suggestions, and ideas for flexible service delivery of ADS, including Specialized ADS
- To receive feedback on proposed ADS regulation changes

Agenda

- 1. Review September 24th stakeholder meeting
- 2. Receive feedback on tiered ADS structure & implementation thus far
- 3. Discuss flexible service delivery options for Specialized ADS
- 4. Propose changes to ADS regulations
- 5. Receive feedback and suggestions for additional changes to regulations
- 6. Next Steps

September 24th Meeting

- Reviewed OM 20-091: Adult Day Services in Response to COVID-19 (previously OM 20-087)
- Clarified previously issued guidance
- Received feedback on tiered ADS structure & implementation thus far
- Discussed flexible service delivery options for Specialized ADS

Review of 3-Tier Structure

Tier 1: 15-minute unit of virtual or in-person ADS

- Up to 12 units or 3 hours a day
- Waives many of the requirements of a facilitybased setting (lockers, showers, meals, etc.)

Tier 2: 1 Unit of in-person ADS

- Must meet all ADS requirements
- Can be combined with Tier 1 ADS

<u>Tier 3:</u> 2 units of in-person ADS = more than 5 hours

- Must meet all ADS requirements
- Cannot be combined with Tier 1 ADS



Feedback on 3-Tier Structure

- How has the 3-tier structure been working for providers and members thus far?
- Is up to 3 hours of Tier 1 ADS a day sufficient?
- Do members feel comfortable returning to inperson ADS yet?
- Do members utilize both Tier 1 & Tier 2 ADS in the same day?
- Are there additional modifications the Department should consider for Basic ADS?

Review of 2-Tier BI Structure

Tier 1: 15-minute unit of virtual or in-person ADS

- Up to 8 units or 2 hours a day
- Waives many of the requirements of a facility-based setting (lockers, showers, meals, etc.)

Tier 2: 1 unit of in-person BI ADS

- 1 unit = 2+ hours of service
- Must meet all BI ADS requirements
- Cannot be provided on same day as Tier 1

Feedback on 2-Tier Structure

- How has the 2-tier structure been working for providers and members thus far?
- Is up to 2 hours of Tier 1 ADS a day sufficient?
- Do members feel comfortable returning to inperson ADS yet?
- Are there additional modifications the Department should consider for BI ADS?

Specialized ADS

- May continue to be provided either in-person or using telehealth during the public health emergency (PHE)
- Not included in the 3-tiered ADS structure
- More intensive service with additional requirements beyond Basic ADS
 - > Nursing services through telehealth is telemedicine
 - > HCBS cannot reimburse for telemedicine
- Specialized ADS providers that would like to bill 15 minute units or wish to continue to provide telehealth options after the PHE, may bill Basic ADS Tier 1

Feedback on Specialized ADS

- Would Specialized ADS providers like to have the option to continue to provide telehealth services post-pandemic?
- What other issues or obstacles are you seeing as a provider?
- What impact does this approach have on the quality of service provided?
- What changes still need to be made to improve the service?

Proposed Regulation Changes - Basic ADS

Separate out Tier 1 vs Tier 2 & Tier 3 regulations

Completely Remove from Tier 1:

- Assistance with ADLs
 - Removed from telehealth ADS only
 - > In-person Tier 1 would still have this requirement
- Medication administration
- Nutrition services
- Provider 'Environment' roles and responsibilities
- Provider 'Food Safety Requirements'

Proposed Regulation Changes - Basic ADS cont.

Still required or modified under Tier 1:

- Community integration & meaningful activities
- Social and recreational supportive services
- Participants' right to choose not to participate
- Medication monitoring administration will be removed
- 'Records and Information' will now include virtual services
- 'Care Plan' will now include service delivery preference and preferred weekly schedule of virtual and in-person services

Proposed Regulation Changes - Basic ADS cont.

Still required or modified under Tier 1:

- Critical Incident Reporting
- Staffing requirements will be updated to include virtual services
- Training requirements will now include training on providing ADS through telehealth
- Written policies will include telehealth servicespecific policies
- Reimbursement Method of ADS will be updated to include Tier 1 billing structure & limits

Proposed Regulation Changes - BI

Removing the following requirements under Tier 1:

Certification standards of the center

Separating out requirements of Tier 1 & Tier 2:

- Updating staffing requirements to reflect Tier 1
- Updating policies based on Tier level
 - >Example: Meals & nourishment that will be provided

Creating regulations for Tier 1:

 Virtual monitoring of clients to ensure hygiene is met, meds are being taken, nutrition is sufficient, etc.

Feedback on Proposed Changes

- Are there other requirements that should be modified based on the tiered structure?
- What protections for members should be added?
- What other changes should the Department consider for ADS, in general?
- Are there things that should be added to the regulations based on the new tiered structure?

Next Steps

- Submit additional questions, comments or feedback to <u>HCPF_HCBS_Questions@state.co.us</u>
 - The Department is working on updating EBD, SCI, BI, and CMHS waivers to reflect this new billing structure
 - Draft regulation revisions will go out for Public Comment
- The Department will then update Adult Day Service regulations (8.491) & (8.515.70)





Contact Info

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Thank you!