

Leveraging Federal Recovery Money to Maintain and Expand Health Center Services and Partnerships

Medicaid Home and Community Based Services (HCBS)

States and localities have significant new funding via the **CARES Act** and the **American Rescue Plan (ARPA)**. Health Centers are experts on new HRSA funding, but there are also new federal Department of Housing Urban Development (HUD) Funds, new Public Health Funds via the Centers for Disease Control (CDC), Medicaid Home and Community Based Services (HCBS) funds via Centers for Medicare and Medicaid Services (CMS) and State Medicaid offices and new Behavioral Health related funds via the Substance Use and Mental Health Services Administration (SAMHSA). Many of these funds are targeted to similar populations served by Health Centers, and will assist with the targeting of individuals served by health centers at the community level.

This series of briefs will describe in detail the funding sources, the differing processes by which funding becomes available at the state and local level and the planning and stakeholder input process that each funding stream requires prior to awarding or implementing funds.

The goal of this brief is for a health center audience to understand these funding streams and award processes sufficiently so that they can:

1

Build or improve relationships with community partners who are awarded these funds

2

Support patients in accessing needed housing and services

3

Represent and share the voice of their community and patients through stakeholder processes

4

Consider applying for these funds or future funding allocations via these funding streams when mission is aligned.

New Funding, Purpose and Target Population

This brief summarizes the ARPA funding from Medicaid that targets Home and Community Based Services (HCBS) programs in states. HCBS are in home services that support people who could require institutional levels of care or prevent persons from needing that institutional level of care.¹ HCBS is an optional Medicaid state benefit and the program differs greatly state-by-state including regarding populations served, services offered and delivery system. Most states have HCBS services for persons who are aging and persons who are developmentally disabled. Many states have programs for persons with disabilities more broadly or persons with behavioral health or mental health challenges. States decide upon the population, services offered and the administrative processes for accessing services. As of November 2020, twenty-five states use Managed Care to operate their HCBS program.²

States had to decide to apply for these APRA funds and the law and CMS guidance described their priorities for the new funds.³ State Medicaid office, state Aging or other program offices that are part of the state's HCBS program engaged their stakeholder groups to develop plans for the funding. Plans were submitted to CMS in July 2021 and CMS has a [single web site](#) listing all the

state's plans and status of the plan regarding approval by CMS. CMS's guidance suggested that states consider using the funding in the following ways:

1. Expand eligibility for HCBS
2. Expand services offered for new or historic HCBS populations
3. Make long term investments in HCBS state planning and programmatic infrastructure
4. Support compliance with the HCBS settings rule⁴
5. Strengthen the direct care workforce
6. Address the Social Determinants of Health

CMS estimates that states could receive approximately \$12.7 billion from these funds. Funds must be expended by March 31, 2024. The financing of the proposal increased the federal match to the state's current HCBS program for 1 year with state savings required to be reinvested in the HCBS program. While the President's Build Back Better (BBB) plan includes new funding for states HCBS programs that would build upon these investments, BBB remains under discussion in Congress.

What Funding is Available?

At the start of 2022, most states have their plans in place and are at the end of negotiating with CMS for plan approval. Health Centers, who serve persons who are aging, persons with disabilities, or other populations who may benefit from HCBS services, would be advised to get to know your state's plan and priorities. Most states have a web site with the plan and its status with CMS. With that knowledge, each health center can

consider what is any overlap there is between their goals and objectives and the new initiatives that will be rising up in their communities thanks to these funds.

1 [https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/LTSS-TA-Center/info/hcbs#:~:text=Home%2D%20and%20Community%2DBased%20Services%20\(HCBS\)%20are%20types,like%20getting%20dressed%20or%20bathing](https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/LTSS-TA-Center/info/hcbs#:~:text=Home%2D%20and%20Community%2DBased%20Services%20(HCBS)%20are%20types,like%20getting%20dressed%20or%20bathing)

2 <https://www.macpac.gov/subtopic/managed-long-term-services-and-supports/#:~:text=As%20of%20November%202020%2C%2025,2018%3B%20Advancing%20States%202020>

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

4 <https://www.medicaid.gov/medicaid/home-community-based-services/guidance/home-community-based-services-final-regulation/index.html>

Who Decides About the Funding in My Community?

Home and Community Based Services (HCBS) is a component of a state's Medicaid program. Most decisions are made at the state level with a robust stakeholder engagement process. States are required to have a designated state Medicaid office that communicates regularly with CMS. Decisions around Medicaid are made by that office, but many states also engage their 'program' offices, commonly around Aging, Behavioral Health, (or Mental Health and Substance Abuse separately), Intellectual and Developmental Disabilities and/or Physical Health Disabilities. Small states may combine a variety of the departments, such as Aging and Physical Disabilities.

State legislators can often be influential in this process and often have staff assigned as liaisons to work with the state Medicaid office. Just as Health Centers have a statewide Primary Care Association (PCA); most states have some type of trade association that represents hospitals, medical professionals and other health care industry partners. All may have some influence in this process but final decisions live with the state Medicaid office and within their dialogue with CMS.

Stakeholder Engagement Process

State Medicaid offices have a variety of stakeholder engagement processes that health centers can participate in to ensure that their patients have access to the HCBS they need to remain living in the community. Twenty-five states currently use Managed Care to operate their HCBS programs⁵, and those MCOs are required by law to have a Consumer (re: person receiving services) Advisory Committee.⁶ States may also have various stakeholder groups that address Aging Services, Behavioral Health Services or other services for persons with disabilities. States may have these conversations statewide, regionally, or county by county. States may have in person meetings and discussions or hold 'Virtual Town Halls', where advocates can sign up to speak, or submit written testimony. Health Centers will need to organize the perspective of their patients to amplify their voices. The work will be similar to the work with the Behavioral Health funding, though the audiences will differ.

HOW HEALTH CENTERS CAN GET INVOLVED:

☑ **Ensure** that your policy person or Primary Care Association (PCA) is connected to your state's stakeholder engagement processes. Health Center leadership should have a way to learn about these processes and contribute to the conversations. Staff should be signed up for list serve notifications, attends meetings, shares notes within teams and develop other ways for health centers to learn what opportunities are available. For example, Colorado has an Office of Community Living Stakeholder Engagement process [web site](#) where CO health centers can sign up to stay informed about the process. Such opportunities may be direct funding for health center activities **OR** other services offered by other community agencies, that would support the health of health center patients from an SDOH lens.

5 <https://www.kff.org/report-section/a-view-from-the-states-key-medicare-policy-changes-long-term-services-and-supports/>

6 <https://www.law.cornell.edu/cfr/text/42/431.12>

- ☑ **Develop** a process to support your patients to be advocates within your state's Medicaid or HCBS programs. CSH has developed the Speak Up program and that program can be tailored to health center patients⁷ ensuring the center of the voices of People with Lived Expertise (PLE).
- ☑ **When** feedback from stakeholders is requested, submit public comments. Develop an internal process to hear from your patients about their or family member experiences accessing and using HCBS services. What needs to be improved or addressed? What should be state priorities including improving ease of access, expanding populations or services offered and ensuring quality, equity and that the patient voice is centered?

The federal government has allocated significant new funding and community based resources to states for expanded housing. Health centers have an opportunity to create new partnerships, learn and build a network in this sector and support their communities in new and unique ways to address the whole person needs of the people and communities they serve.

7 <https://www.csh.org/supportive-housing-101/speak-up/>



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