

Stakeholder Recommendations for Tennessee's Use of Federal Funds to Improve Long-Term Care

The recently enacted American Rescue Plan Act (ARPA) [offers Tennessee \\$157 million](#) in federal Medicaid funding to help address the critical need for home- and community-based services (HCBS) for people who need long-term care. The well-documented crisis in HCBS has been made even more dire by the pandemic. ARPA funding offers Tennessee an opportunity to: restore the health care infrastructure by improving pay for front line caregivers; support hard-pressed family caregivers; and provide cost-effective services that maintain the independence of aging residents and those with disabilities.

The new law requires the state to maintain its current levels of HCBS funding, eligibility and services, so that the funds are used to *improve or expand services*, not supplant current programs. The additional funds must be spent and related services must be delivered by March 31, 2024. The state must submit its plan soon to the federal Centers for Medicare and Medicaid Services (CMS).

Fortunately, a diverse, statewide array of stakeholders has been meeting this year to address the serious shortcomings in long-term care highlighted by the pandemic and to reimagine long-term services and supports in Tennessee. During **three virtual meetings sponsored by the TN Coalition for Better Aging, public and private service providers, organizations advocating for seniors and people with disabilities, and families caring for loved ones with disabilities met to reimagine a better, more resilient system of long-term services and supports.** With the help of national experts and a professional facilitator, stakeholders developed guiding principles and identified priorities to shape needed reforms.

The following recommendations for Tennessee's use of ARPA funding are based on the guiding principles and stakeholder consensus developed from our "Reimagining LTSS in TN" meetings:

1. **Acknowledge and address the [direct care workforce crisis](#)**
 - a. **Increase financial incentives through a pilot program with sign-on and retention bonuses and stipends for child and adult care and transportation** (e.g., bonuses spread out over 1-2 years (\$1,000 sign-on bonus + \$500 at 6 months + \$500 at 1 year), **incentives for students to pursue education/training/certifications** (e.g., certified nurse assistant (CNA), Certified Patient Care Tech) & **develop career ladders** (e.g., direct support professional (DSP) to CNA, high school career programs) **to attract & retain more direct care workers.** The majority of the direct care workforce is female, so we need a holistic approach that addresses variables related to turnover (pay, training and career development, childcare, transportation, etc.).
 - b. **Expand provider capacity by increasing HCBS reimbursement levels/rates** with expectation that agency/organization will increase compensation paid to home health or direct care workers. It's been 14 years since TN has increased reimbursement rates for CHOICES 1, 2 & 3.
 - c. **Increase compensation to direct care workers to provide a living wage. It is imperative that we raise the pay of professional caregivers** to levels that recognize the value of their work and enables them to support their own families. Low wages have stagnated for years, creating critical shortages in this important workforce. The pandemic increased the need for nurses, aides and personal attendants, even as coronavirus or risk of infection depleted their ranks. Pay increases, benefits and incentives are not just an issue of fairness for a disproportionately female workforce, but they are essential to restoring a vital part of our health care infrastructure.
2. **Enhance Support for Family Caregivers** who are the backbone of our long-term care system and often forced to choose between staying home to care for a loved one and working outside the home to support their families. **TN currently ranks 49th in support of family caregivers according to the [2020 AARP/Scan Foundation/Commonwealth Fund LTSS State Scorecard](#).** With the professional

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workforce shortage and infection concerns about exposing vulnerable individuals to caregivers from outside the home, COVID-19 makes family caregivers indispensable – just when the pandemic has worsened the financial pressures on their families.

- a. **Expand the DIDD family support program as a pilot program for CHOICES.** The program provides flexible financial support for family caregivers to use as they choose, making it a vital support for caregivers of adults with disabilities. By increasing support for family caregivers, we enable them to fill service gaps that no professional caregivers are available to fill.
 - b. **Support investments to increase respite care and day programs** to support family caregivers, many of whom must work outside the home.
 - c. **Provide caregivers with additional equipment, devices and home modifications needed by their loved ones** such as eyeglasses, wheelchair ramps and transfer boards, grab bars, adaptive cooking equipment, vehicles with lifts **to address functional needs, promote independence and safety and/or support community integration.**
3. **Invest in preventive services to delay or avoid the need for nursing home placement.**
- a. **Restore CHOICES 3 eligibility as an integral, cost-effective part of a continuum of services.** The TennCare CHOICES 3 Program provides a limited array of HCBS to frail individuals at risk of needing nursing home care and is **cost-effective for the state to prevent/delay costlier long-term care.** The 2015 revised state eligibility limiting CHOICES 3 to those on SSI, which caps income at around \$800/month, is well below the federal poverty line. Yet, TennCare still covers nursing home care and full HCBS at incomes up to three times that high (\$2,382/month), but only after a person has deteriorated to a point where the cost of care is several times higher than the cost of CHOICES 3 benefits. CHOICES 3 is a cost-effective investment that enables older adults to age with dignity and independence in their own homes, and it should therefore be available at the same income limits as nursing home care.
 - b. **Create/offer a diversion program for those not qualifying for CHOICES to be able to offer home modifications and assistive devices such as eyeglasses, wheelchair ramps and transfer boards, grab bars, adaptive cooking equipment, vehicles with lifts.**
 - c. **Extend HCBS to individuals on the Options and ECF CHOICES waiting lists.**
4. **To the extent that federal guidance permits the use of the additional funds for this purpose, strengthen systems capacity by creating No Wrong Door systems & strengthening assessment & person-centered planning practices** to make it easier for older adults, adults with disabilities and their families to learn about available options and receive person-centered planning assistance that supports quality of life at home and in the community. **We recommend creation of a navigator/advocate network** with established standards to ensure consistency across providers and training to help individuals apply and successfully obtain needed supports.
- a. **Establish a No Wrong Door (NWD) network of organizations providing information and referral with a toll-free phone line and informational website.** (models: Kid Central TN <https://www.kidcentraltn.com/>; NH Easy Gateway <https://nheasy.nh.gov/#/>) Build on current assets like Aging & Disability Resource Centers and Centers for Independent Living to construct a NWD system for Tennesseans, including TennCare recipients and the middle class. Consider developing cross-system partnerships (MCOs with CBOs) by forming regional/local provider networks.
 - b. **Provide person-centered care training & create a person-centered advocate network** – consider the Tennessee Department of Intellectual and Developmental Disabilities training and Virginia’s Person Centered Advocates model referenced in AARP’s NWD report: <https://www.aarp.org/content/dam/aarp/ppi/2017-01/LTSS-Promising-Practices-No-Wrong-Door.pdf>