

TECH SIGN ON

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator Verma:

We write to express our support for the greater incorporation of technology in the delivery of services for people with disabilities under the Home and Community Based Services (HCBS) waiver and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) programs. We encourage the Centers for Medicare and Medicaid Services (CMS) to authorize the innovative use of technology in these important waiver services to: improve service provision; more effectively utilize the skills of direct support professionals given the ongoing workforce crisis; and make more efficient use of Medicaid funding.

Over half of all Medicaid long term care spending is spent on home and community-based services, yet over half a million people with disabilities are on waiting lists for home and community-based services under the 1915(c) waiver alone. We believe that by embracing technological advancements more people can be provided these services under a shared staff model. Examples include remote technology like passive and interactive video support, and unique sensor technology. This would deliver more person-centered and independent services for these individuals while also saving and best utilizing Medicaid funding.

Providers of services for people with disabilities should be able to access federal funding to technological advancements just as other health care systems do, but the current system does not allow for this to occur. For example, standards and requirements for these services should be revisited, including the standard that on-site direct support professional time is the only standard or measure of services that may be delivered, funded, or determine a person's need for support or supervision. We must ensure that regulatory and payment methodologies enable rather than deter service providers and families' access to the most innovative emerging technologies to promote integration and efficiency. These individuals must have the flexibility to transition from on-site staff to technology-enabled remote supervision to increase their functional independence without jeopardizing loss of services or access to adequate resources.

Finally, we encourage CMS to support shared savings models that allow providers to leverage technology-initiated savings to bolster their workforce, to invest in technology for additional waiver recipients and to serve more people. We believe this is a smart investment in quality services and an effective approach to address long and growing waiting lists for services.

We respectfully request that CMS review and enhance its ability to permit providers of HCBS and ICFs/IID program services to provide services using emerging technology. We also request that CMS communicate to states providers' ability to use emerging technology within their Medicaid partnerships with the federal government.

Sincerely,