

April Managed Long-Term Services and Supports (MLTSS) Subcommittee Meeting Follow-up Items – MLTSS Subcommittee Meeting May 12, 2023

1. Related to Continuation of Meetings, audience member Shona Eakin requested that the Nursing Home Transition (NHT) meeting and Home Adaptations meetings are resumed. Randy Nolen to respond.

Randy Nolen from OLTL responded that OLTL is not going to resume the workgroups, however any issues related to these topics can be discussed at the MLTSS Subcommittee meeting.

2. Related to Act 150 Data, subcommittee member Matt Seeley asked what is the number of people in Act 150 who turned 60 and stayed in the program? What is the total number of Act 150 participants? Ryan Dorsey to respond.

Ryan Dorsey from OLTL sent an email directly to Matt Seeley showing the figures for Act 150: 60 and over = 595 participants; Under 60 = 444 participants for a Grand Total of 1039 participants.

3. Related to the Reduction Review Project, audience member Janice Meinert asked what were the dates of the reductions the Office of Long-Term Living (OLTL) used for review? Mike Wilkinson to respond with the confirmation of the months reviewed for the Reduction Review Project.

Mike Wilkinson responded by email to Janice that the original request was to look at the data from the September report which contained August information. However, the CHC-MCOs did not have enough non-voluntary reductions to fulfill the target sample size of 60 incidents of reductions, so OLTL also looked at the data from October reports which contained September information. As mentioned in the presentation, there were some challenges with data integrity at different severity for each of the CHC-MCOs which delayed getting all of the documentation needed and starting the analysis.

4. Related to Advising Families on Homecare, audience member Rosilyn Smith asked through CHAT how do we advise families who take loved one's home from the nursing home then the family is refused adequate hours to care for them – a brain impaired 25 year old is left home alone for 16 hours per day when the family expected 24 hour care. What do we tell the family to do? Mike Wilkinson to provide a response.

Mike Wilkinson responded by email to Rosilyn that if the participant's authorized representative disagrees with the outcome of the decision from the CHC-MCO's

assessment(s), the appeal process should be started timely. The details of this process are outlined in the denial/reduction decision notice and is included in the participant handbook.

5. Related to Appeal Rights, audience member Shona Eakin said there's no real appeal right when someone is not able to move to the community from a nursing home because there's no housing to go to. Rachel Sink to respond.

Rachel Sink from OLTL responded explaining that the lack of availability of housing is not something for which there is or can be an appeal process, as it is not an OLTL decision. When an individual applies for Home and Community-Based Services (HCBS), they will, if denied, receive an appeal notice and can appeal that decision. If an individual receives an eligibility notice stating they are eligible for HCBS, but the MCO determines not to assist with the transition, the MCO is to issue a denial notice that can be appealed.

6. Related to Nursing Home Transition (NHT), audience member Pam Auer asked who is doing NHTs for South Mountain Restoration. Rachel Sink to respond.

**Rachel Sink responded that any individuals who are in a nursing facility wishing to transition to the community and who are not enrolled in a managed long-term care program (CHC, LIFE) can be referred to Kepro for NHT services. Kepro's contact information: Program phone number: 888-204-8781
Kepro NHT email address: PANursingHomeTransition@kepro.com**

7. Related to the Department of Human Services (DHS) Budget, audience member Jeff Iseman from PASILC requested information on the DHS Budget for Fiscal Year 2023 – 2024. Dan Sharar to provide a response with a suggestion for a future month presentation.

Dan Sharar from OLTL provided DHS Budget updated for FY 2023 – 2024 at the May MLTSS Subcommittee Meeting during the OLTL Updates.

8. Related to Provider Responsibility, audience member Matt Couillard asked through CHAT during the OLTL Updates presentation: What are providers supposed to do if/when consumers have not renewed their Medicaid eligibility? In our experience, we are asked to continue providing services without authorizations until they get renewed. This leads to non-payment of claims. Kim Barge to provide a response on the process for Providers

Kim Barge from OLTL replied that OLTL advises providers to work closely with the participants Service Coordinator to ensure effective communication about potential MA eligibility concerns as well as to ensure continuity of care. Providers

have a responsibility in accordance with 55 Pa Code §52.14 to verify a participant is eligible to receive a service prior to rendering the service to the participant. Should services be billed for services rendered during a period of ineligibility there is risk that should MA eligibility not be reinstated retroactively a provider may not be paid.

9. Related to Paid Time Off (PTO) Programs, audience member Govinda Khatiwada asked through CHAT during Acting Secretary Arkoosh's presentation: are there any paid time off (PTO) programs for caregivers yet?

A response will be provided at the June MLTSS Subcommittee meeting.

10. Related to Overtime Pay to Providers, audience member Govinda Khatiwada asked through CHAT during Acting Secretary Arkoosh's presentation: the state mandates the homecare agencies to pay overtime but why is Medicaid or the State not willing to pay overtime to the Providers?

A response will be provided at the June MLTSS Subcommittee meeting.

11. Related to Translation Material, audience member Luran Alden asked through CHAT if American Sign Language (ASL) is one of the languages that MA Unwinding materials will be available in? Jermayn Glover to provide a response.

Jermayn Glover from OLTL responded that MA and CHIP Unwinding information will be communicated in multiple formats, such as paper mail, email, text, and phone call, to MA and CHIP recipients. There are also Unwinding materials available to stakeholders on the MA and CHIP Unwinding website in the [Communications & Outreach Toolkit](#). New and updated materials will be added as they are developed, and if additional resources are needed, people can contact ra-pwdhspressoffice@pa.gov, and they will try to accommodate your request.

12. Related to Adult Protective Services (APS) Regulations, audience member Jeff Iseman from PASILC would like an update on Adult Protective Services Regulations. Brian MacDaid to provide a response with a suggestion for a future month presentation.

Laura Deitz from Bureau of Human Services Licensing (BHSL) presented on the APS Regulations at the May MLTSS Subcommittee meeting.

13. Related to CHC Procurement Involvement, audience member Fady Sahar wants the MLTSS Subcommittee to be involved earlier in the CHC procurement. MLTSS Subcommittee Chair, Mike Grier and MLTSS Subcommittee Vice-Chair, David Johnson to take back to subcommittee members a provide a response

Mike Grier and David Johnson responded that the MLTSS Subcommittee will continue to offer input to OLTL. There is no additional update at this time regarding earlier subcommittee involvement with CHC procurement.

14. Related to Nursing Home Transition (NHT) Training, subcommittee member Lloyd Wertz asked whether development of the NHT training program involves input from consumers and caregivers. Mike Grier said he would talk with Lloyd after the meeting. Mike Grier and Rachel Sink to provide a response.

MLTSS Chair Mike Grier provided the tentative slide deck directly to Lloyd Wertz and it was distributed to the mental health statewide leadership. Rachel Sink from OLTL stated the training and materials would not necessarily involve the direct input from consumers and caregivers in the development of the materials. The PCIL and CIL agencies contributing to the development are familiar with and have input on issues affecting the consumers and caregivers. Indirectly, the PCIL and CIL agencies could incorporate that knowledge as they develop the training and materials.

15. Related to Service Coordinator (SC) Responsibilities, audience member Pam Auer asked if there is documentation on responsibilities between MCOs and SCs? Each CHC-MCO to provide a response.

AHC/KF responded that Service Coordinators, whether hired directly by AmeriHealth Caritas or under a delegated agreement, are required to conduct activities and adhere to timeframes that are aligned with the CHC Agreement.

PHW responded that the SC is responsible for building a relationship with the Participant, ensuring that the Participant responds or reports when there is a change in condition, ensures and/or assists with the completion of all mandatory Participant contacts and documentation, and ensures that the participant is receiving services according to their goals and Person-Centered Service Plan. An additional document expanding on PHW's response will be included on the MLTSS ListServ.

UPMC responded that they have the same expectations for SCs whether they are employed by UPMC or one of their partner agencies. The SCs are responsible for conducting timely assessments, developing person-centered service plans, and responding to participant inquiries.

16. Related to Service Coordinator Responsiveness, audience member Pam Auer asked if the Service Coordinator Responsiveness to Nursing Facility residents is monitored for the CHC-MCO? Each CHC-MCO to provide a response.

AHC/KF responded that AmeriHealth Caritas monitors the initial assessment, quarterly contacts, 6-month person-centered service plan update, and annual assessment.

PHW responded that they monitor SC compliance with required encounters such as initial visits and welcome calls, quarterly outreach, trigger event reviews and annual reassessments. Service Coordination leadership outreaches to each facility on a quarterly basis to glean information on SC responsiveness and their experience with the PHW SC overall. This feedback and compliance ratings are directly tied to our Nursing Facility SC performance evaluations. The two questions being asked are “Do you know who your currently assigned SC is” and “How satisfied are you with the service being provided by the PHW SC”?

UPMC responded that UPMC CHC monitors timely response from service coordinators via an operational dashboard.

17. Related to the Supplemental Nutrition Assistance Program (SNAP) Data, subcommittee Vice Chair David Johnson asked if AHC/KF and PHW have the data that UPMC provided on their SNAP Tracker (page 7 of UPMC slides). PHW said they’ll provide the data. AHC/KF didn’t respond during the meeting. AHC/KF and PHW to provide SNAP data. Please refer to the attached page 7 from the UPMC slide presentation.

All three CHC-MCO SNAP Tracker data slide decks will be included in the MLTSS Meeting Minutes ListServ message after the May 12, 2023 meeting.

18. Related to Personal Assistance Services (PAS) Reduction Decisions, audience member Connie Ruffalo asked through chat if there is someone with a disability involved in PAS reduction decisions and what qualifies a person without a disability to make life altering choices? AHC/KF responded that their grievance panel consisted of a physician, and employee voter and a non-employee voter – there is not a requirement that a person with disabilities be on the panel. PHW responded the same as AHC/KF but in addition, said they would take it back to their team, UPMC responded the same and said they would take it back PHW and UPMC to provide a response.

PHW responded their grievance panel includes a Medical Director, employee voter and non-employee voter. Additionally, PHW is continuing to explore opportunities and will bring this back to a future meeting.

UPMC responded that participant service levels are determined through the person-centered assessment involving the participant. Decisions about service level changes are made based on changes in functional status, participant preference, or changes in natural supports. In addition, SCs are qualified to perform these assessments based upon training and the use of approved tools to develop the person-centered plan. UPMC use the DHS approved tools and the SCs receive regular training on working with persons with disabilities and older adults.

19. Related to Reporting of Non-Compliance, audience member Rosilyn Smith asked through CHAT how can homecare providers report instances where AmeriHealth Caritas/Keystone First is making grossly inappropriate initial assessments. We were asked to care for a bed bound client on the 2nd floor of a private home, 12 hours per day. We refused due to the liability. AHC/KF to provide a response directly to Rosilyn Smith and cc Paula Stum.

AHC/KF responded directly to Rosilyn that the Administrative Entity (AE) spoke with the Provider regarding the Provider's concerns.

20. Related to the Long-Term Care Ombudsman Program (LTCOP), audience member Kathy Cubit commented through CHAT that the LTCOP is a resource to help residents with inappropriate discharges as described when individuals are being told by their Nursing Facility that they have 30 days to leave.

<https://www.aging.pa.gov/aging-services/Pages/Ombudsman.aspx>

21. Related to the Reduction Review Project, audience member Lauren Hatcher commented through CHAT that you need more input from people with disabilities across-the-board. I think it should be a good practice for someone with a disability to be on the hearing panel