



# OLTL Updates MLTSS Subcommittee

January 5, 2022

# Agenda

- OLTL ARPA Updates
- CHC Waiver Updates
- FMS Transition
- Nursing Home Transition
- 2022 Outlook

# OLTL ARPA Updates

# ARPA Updates

- Conditional approval received by CMS on December 1
  - Allows for implementation of all activities in the spending plan
  - Qualifies PA for a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for home and community-based services (HCBS)
    - The increased FMAP is available for qualifying expenditures between April 1, 2021, and March 31, 2022.

# ARPA Updates

- OLTL Plan for enhanced ARPA funds
  - The total available for a one-time payment to PAS, Res Hab, and CI providers is \$46,500,000. Of that, \$44 million is allocated to PAS and CI, and \$2.5 million is allocated to Res Hab.
  - The total funds available for a one-time payment to ADS providers is \$13 million.
- Payments to Strengthen HCBS Workforce and ADS Providers ListServ
  - Released December 21, 2021
  - Letters sent to providers notifying them of approval amounts
  - Providers must complete the OLTL Provider Attestation form and return it to [HCBSPayments@pa.gov](mailto:HCBSPayments@pa.gov)
  - Providers who return completed forms by January 7, 2022 will receive payment in February 2022.

# CHC Waiver Updates

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- 2022 CHC Waiver Amendment
  - Waiver changes will be split into 2 amendments:
    - #1 Service Definition and Performance Measure changes
      - OLTL Received CMS approval, changes will be effective Jan 1, 2022
    - #2 Financial Management Service (FMS) changes
      - Public comments were set aside for future review
      - Amendment will be submitted after CMS approves Amendment #1
      - Upon CMS approval, changes will be effective April 1, 2022
- All CHC-MCOs sign off received for 2022 CHC Agreement and it will now go to CMS for approval. The requirements within the Agreement are effective January 1, 2022.

# FMS Transition



# FMS Transition

- CHC Transition is currently on schedule with a transition date of April 1, 2022.
  - Tempus selected as new vendor and transition details are being finalized.
- FMS under CHC will be transitioned as an administrative function of the MCO's.
- OLTL collaborating with ODP to issue a FFS RFP with tentative issue date in January 2022.
  - FFS RFP would include FMS for OBRA and Act 150.
  - Current contract with PPL for OLTL FFS FMS Services ends June 30, 2022.

# Nursing Home Transition

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- OPs Memo Revisions
  - MCO procedures on when to provide a written denial for declining NHT services.
  - MCO requirements around MFP
- Feedback from NHT Providers

## 2022 Outlook

- With CHC being fully implemented, the OLTL welcomes the MLTSS Subcommittee to pick a few key areas of the CHC program that they want to focus on and make policy development and program recommendations for the MAAC to consider?

# Questions?





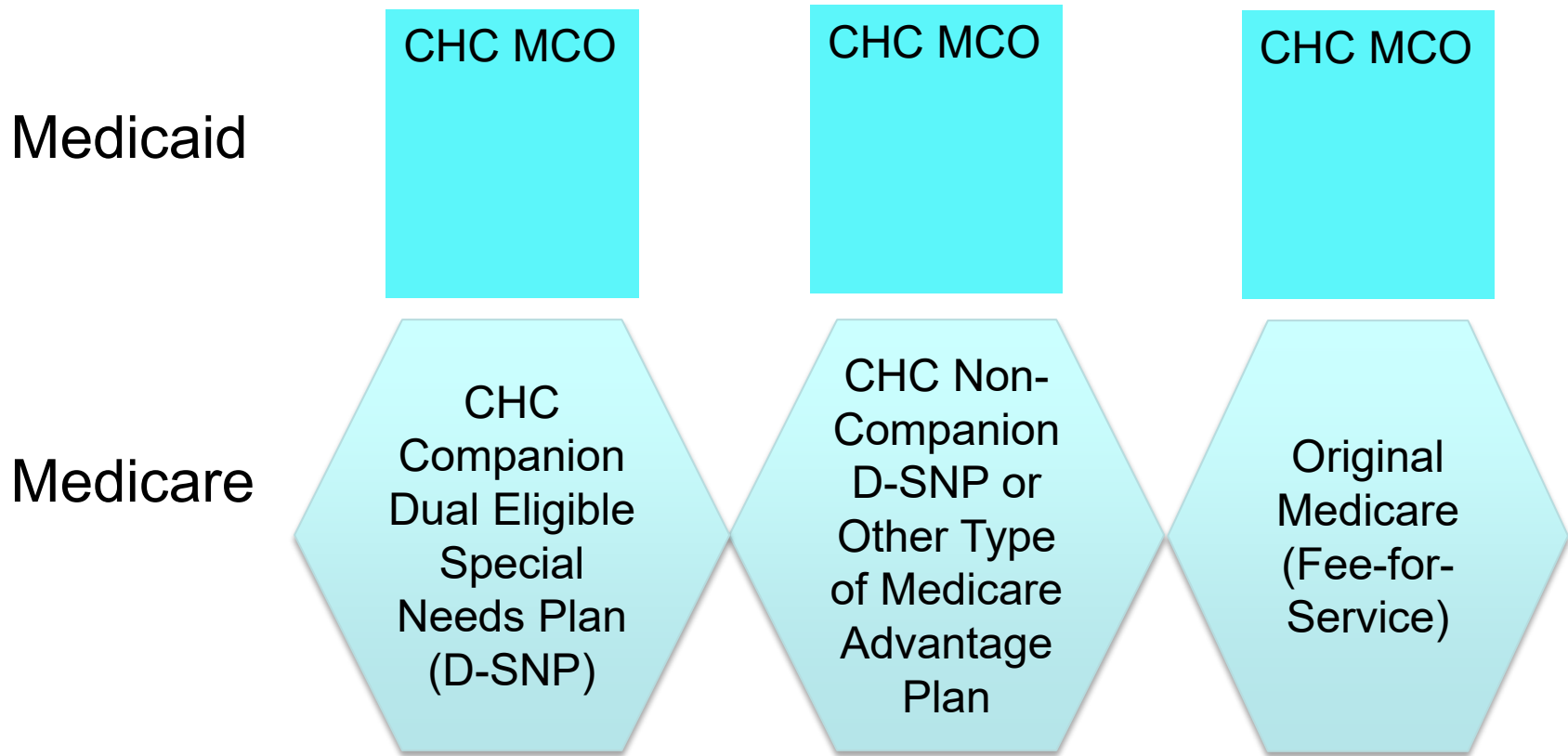
# How D-SNPs Relate to CHC MCOs

**MLTSS Sub-MAAC  
Presentation  
January 5, 2022**

# Agenda

- **D-SNP Basics/Medicare Basics**
- **Medicare Coordination Highlights in the CHC Agreement**
- **Medicaid Coordination Highlights in the 2021 MIPPA Contract**

# Dually Eligible Members Have Medicare Options





# D-SNP Basics

- **D-SNP stands for a dual-eligible special needs plan. Only individuals eligible for both Medicare and Medicaid can enroll.**
- **D-SNPs must have a contract in place with the State Medicaid Agency in order to operate in that state. The federal government has identified the 8 minimum contract elements (Medicare Improvements for Patients and Providers Act (MIPPA ) of 2008).**
- **Examples of these include what categories of dual-eligible beneficiaries the D-SNP will enroll and the service area covered by the D-SNP.**

# D-SNP Basics

- In addition to the State MIPPA Contract, D-SNPs must have a Model of Care approved by the National Committee for Quality Assurance (NCQA). The Model of Care describes how the plan will:
  - assess beneficiary needs;
  - develop individualized care plans;
  - establish and utilize integrated care teams; and
  - coordinate care, including during care transitions.
- There are 10 D-SNPs operating in Pennsylvania.
- DHS requires the CHC MCOs to also operate a companion D-SNP aligned with the CHC MCO.
- 7 D-SNPs are not aligned with a CHC MCO and are referred to as unaligned or non-companion D-SNPs.

# ➤ Medicare Coordination Highlights in the CHC Agreement

**Assist members with questions about care coordination**

- Behavioral Health MCOs (BH MCOs)
- Medicare coverage
- Companion D-SNP
- Unaligned D-SNPs

**Put information in newsletters about its Companion D-SNP**

- Services covered
- Enhanced service coordination
- How to enroll

**Ensure smooth transitions between care settings**

- Medicare Fee-for-Service
- Medicare Advantage including companion or unaligned D-SNP
- BH MCO

## Medicaid Coordination Highlights in the 2021 MIPPA Contract

Significant efforts are being made to ensure care coordination between the D-SNPs, CHC MCOs, and BH MCOs to improve health outcomes for participants.

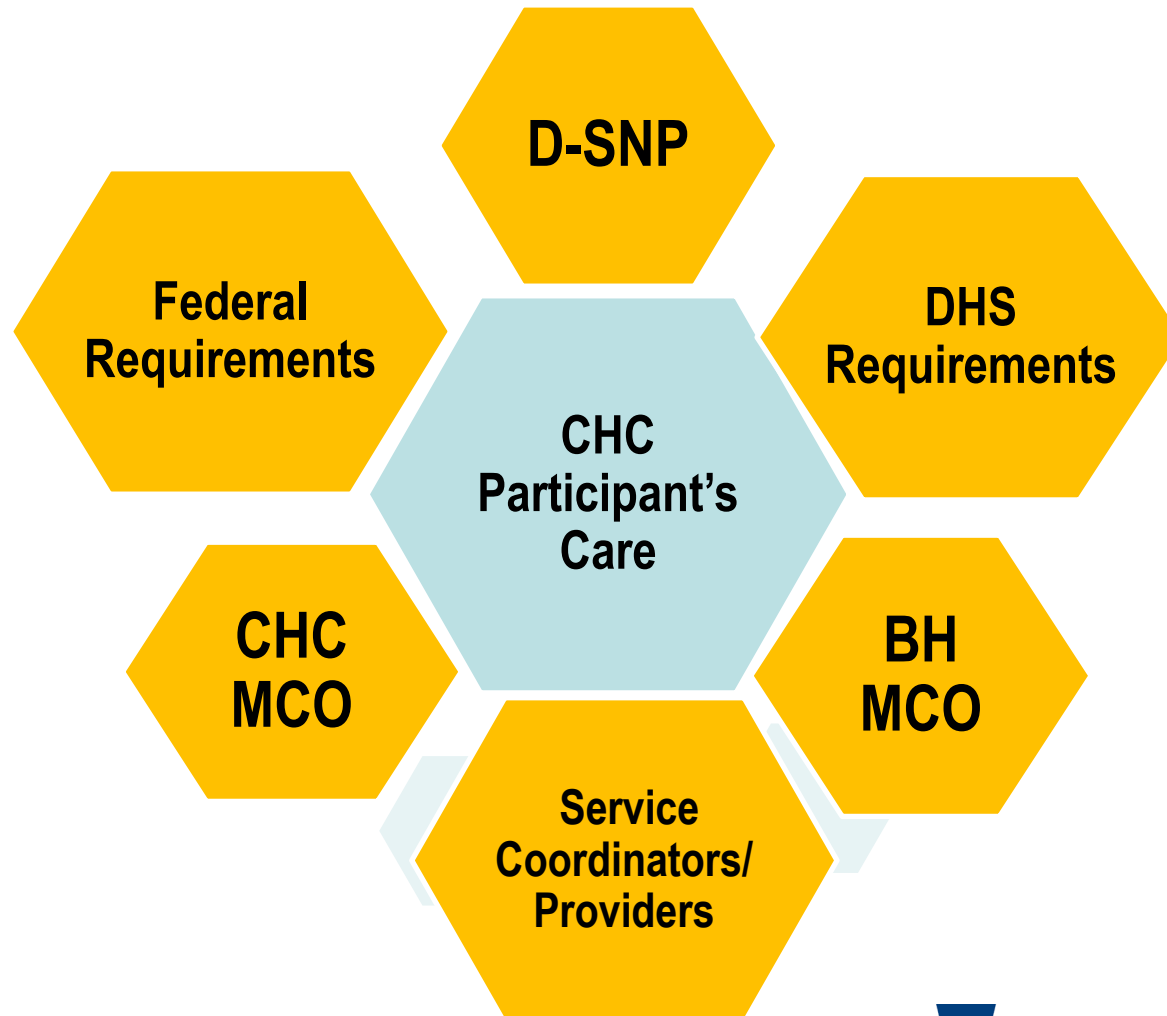
Under the PA MIPPA contract, D-SNPs must:

- Assist members with filing grievances and appeals with Medicaid;
- Coordinate with the members' CHC and BH MCOs;

## Medicaid Coordination Highlights in the 2021 MIPPA Contract

- Provide 48-hour notification of certain events to the CHC MCO service coordination staff (i.e., hospital and skilled nursing facility admissions and discharges, ER visits, significant medication changes);
- Continue to cover a member for six months if they lose Medicaid eligibility temporarily to allow time for them to regain it; and
- Conduct education about maintaining Medicaid eligibility and assist members in applying for Medicaid redeterminations.

# The End Goal: Improve Care Coordination for Better Outcomes



## Resources

- For more information on the MIPPA Contract, use this link: [CHC-MIPPA Documents](#)
- Questions specific to the MIPPA Contract may be sent to the MIPPA mailbox, at: [RA-PWPAMIPPA@pa.gov](mailto:RA-PWPAMIPPA@pa.gov)