



OLTL Updates MLTSS Subcommittee

December 7, 2022

Agenda

- Appendix K Waiver Amendments

Appendix K Waiver Amendments

Appendix K Waiver Amend.


- OLTL submitted an amendment to Appendix K to CMS for the CHC and OBRA Waivers in January 2021 extending the effective date and allowing some flexibilities to continue until six months after the end of the federal public health emergency, or another date determined by OLTL.
- Waiver Services allowed under Appendix K:
 - **Residential Habilitation** - Temporarily, Long-Term or Continuous Nursing may be provided as a separate service at the same time that Residential Habilitation is provided to ensure participant health and safety needs can be met.
 - **PAS and Participant Directed Community Supports** - On a case by case basis, temporarily, spouses, legal guardians, and persons with power of attorney may serve as paid direct care workers.
 - **Respite** - in a licensed facility may be extended beyond 29 consecutive days with prior approval of the CHC-MCO.
- Expanded Settings for Services:
 - Residential Habilitation and Structured Day Habilitation Services – may be provided in private homes
 - Remote phone or video conferencing for – Structured Day Habilitation, Cognitive Rehab and Behavior Therapy, Counseling Services, Adult Daily Living Services

Appendix K Waiver Amend.

- Modifications to Worker Qualifications:
 - **Qualified staff may be reassigned** to provide Residential Habilitation, Structured Day Habilitation Services, Adult Daily Living, and Personal Assistance Services.
- Level of Care Assessments and Reassessments
 - **Remote initial FEDs** conducted via phone or video conferencing
 - **Remote Annual Reassessments** conducted via phone or video conferencing
 - **Remote Comprehensive Needs Reassessments** via phone or video conferencing
- Person-Centered Service Planning/Coordination
 - **Remote monitoring of the PCSP** by telephone where face-to-face contacts are usually required
 - **Person-Centered Planning Team meetings may be conducted entirely using telecommunications**, where the participant may also participate using phone or video conferencing.
- Retainer payments
 - PAS retainer payments to DCWs in agency and participant-directed **may be made when the participant is hospitalized, absent from their home, or in isolation** and unable to receive services due to COVID-19.

Questions?





Pennsylvania's Living Independence for the Elderly (LIFE) Program

MLTSS Subcommittee Meeting

December 7, 2022

Presented by Jonathan Bowman

Agenda

- LIFE History
- LIFE Program Eligibility
- LIFE Model of Care and Services
- IDT Overview
- Access to LIFE Services
- Distinguishing Components of LIFE
- LIFE Program Statistics
- Questions

LIFE History in Pennsylvania

- Implemented in Pennsylvania (PA) in 1998
- Called the LIFE Program in PA
 - Living Independence for the Elderly
- Nationally known as PACE
 - Program of All-Inclusive Care for the Elderly

Mission since inception in pilots 40 years ago:

“Enable frail, older adults to live in the community as long as medically and socially feasible.” (42 CFR 460.4)

LIFE Program Eligibility

- Age 55 and older
- Determined Nursing Facility Clinically Eligible (NFCE)
- Determined financially eligible or able to pay privately
- Can live safely in community setting at time of enrollment (with the support of LIFE).
- Reside in area served by LIFE Provider

LIFE Model of Managed Care

- Focus on the frail elderly – “nursing home eligible”
- Integrates Medicare and Medicaid funding through monthly capitation payments to providers
- Risk based model – assumption of full financial risk is incentive to keep the participant as healthy as possible
- An Interdisciplinary Team (IDT) approach to care management and service delivery. The LIFE Provider IDT is responsible for coordinating and managing all of the participant’s health and supportive service needs.

Interdisciplinary, Coordinated, In-Home

IDT Members (Minimum)	Care Coordination (as a team)
Primary Care Physician	<ul style="list-style-type: none"> Initial and ongoing assessment
Registered Nurse	<ul style="list-style-type: none"> Routine and episodic care planning
Master of Social Work	<ul style="list-style-type: none"> Home assessment and visits
Physical Therapist	<ul style="list-style-type: none"> Daily update meetings
Occupational Therapist	<ul style="list-style-type: none"> Coordinating with other providers
Registered Dietician	<ul style="list-style-type: none"> Service coordination and set up
Recreation Therapist	<ul style="list-style-type: none"> Manage care transitions
Home Care Coordinator	<ul style="list-style-type: none"> Medication Reconciliation
Personal Care Attendant	<ul style="list-style-type: none"> Providing Care and Treatment
Driver	<ul style="list-style-type: none"> Patient/Family Education & Training
LIFE Center Manager/Director	<ul style="list-style-type: none"> Night/weekend on-call

LIFE Services

- Available Services (determined by IDT):
 - Primary Care
 - Community-Based Social Work (MSW)
 - Interdisciplinary Care Management
 - Acute care
 - Long-term care (at home, or in a facility if needed)
 - Pharmaceuticals
 - Behavioral health services
 - In-Home Care and home modifications for accessibility
 - Day Health Centers with rehabilitation, recreation, and personal care services
 - Transportation

Access to LIFE Services

- LIFE is the enrollment alternative to Community Health Choices, if available and if the individuals are eligible
- LIFE included in transition information
- Outreach and education efforts will discuss the LIFE program
- Independent Enrollment Broker (IEB) will provide LIFE education
- To enroll or for more information:
 - call LIFE provider directly
 - IEB will refer individual to LIFE provider

Distinguishing Components of LIFE

- The participants' health provider (LIFE) insures and manages all care across every setting, whether Medicare or Medicaid covered services.
- The Care Manager is a full interdisciplinary team.
- The LIFE organization provides most of the Long-Term Services and Supports (LTSS) with its own staff.
- Medicare and Medicaid benefit limitations and conditions relating to amount, duration, scope of services, deductibles, copayments, coinsurance, or other cost-sharing do not apply. Allows the right care at the right time.

Access to LIFE Services

Pennsylvania's LIFE Program

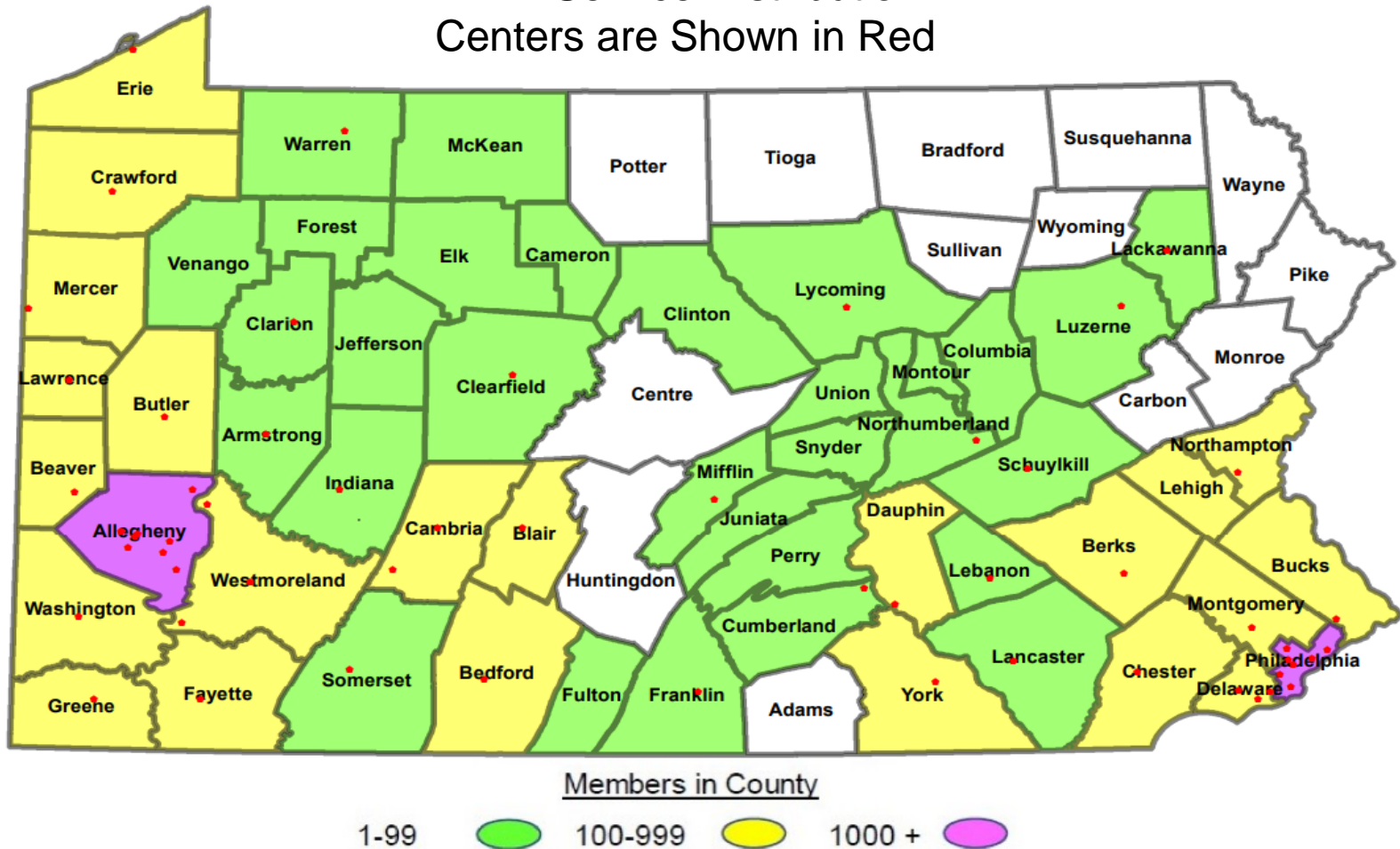


Click here to locate a LIFE program in your area:

<http://www.palifeprograms.org/locate-a-life-program/>

LIFE Locations and Population Served

LIFE Service Distribution
Centers are Shown in Red



LIFE Program Statistics

- **19 LIFE Providers**
- **54 Assigned Counties, 52 Active Counties**
- **61 Full Centers**
- **38 Counties have Centers**
- **6 Alternative Care Settings, in 4 Counties**
- **7,804 Participants, (LTCCAP 11-1-22)**
- **Served 9500 Participants over SFY 21-22**

LIFE Program Information

- DHS website (keyword “LIFE”)
 - www.dhs.pa.gov
- Pennsylvania LIFE Provider Alliance
 - www.palifeprograms.org
- National PACE Association
 - www.npaonline.org
- Centers for Medicare & Medicaid Services
 - www.cms.hhs.gov/PACE

Contact Information

Jonathan Bowman

Office of Long-Term Living, LIFE Program

717-787-8091

RA-PWLIFE@pa.gov

Questions





Home and Community-Based Settings Final Rule Heightened Scrutiny for OLTL

MLTSS Subcommittee Meeting
December 7, 2022

HCBS Rule Requirements

To ensure each service/setting is home and community-based (not institutional) each service/setting must:

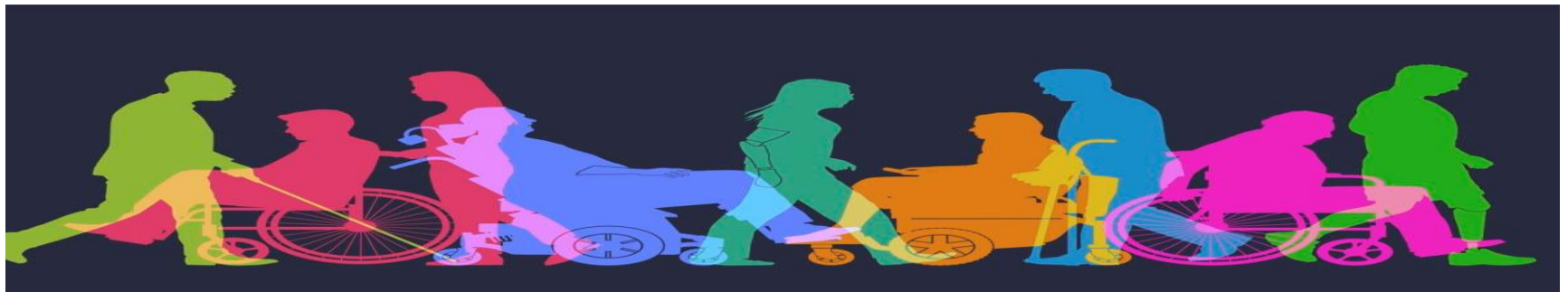
- **Be integrated in and support full access to the greater community.**
- **Be selected from among a variety of service/setting options.**
- **Optimize autonomy and independence in making life choices.**



▶ HCBS Rule Requirements (Continued)

To ensure each service/setting is home and community-based (not institutional), each service/setting must:

- **Facilitate individual choice in selecting both services and service providers.**
- **Ensure rights of privacy, dignity, respect, and freedom from coercion and restraint**



▶ HCBS Rule Requirements (Continued 2)

The following are presumed to have institutional characteristics:

- Services/settings located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment;
 - Intermediate Care Facilities, Nursing Facilities, Hospitals
- Services/settings in a building located on the grounds of, or immediately adjacent to, a public institution;
- Any other services/settings that have the effect of isolating individuals



OLTL Site Specific Assessments

OLTL utilized the following approaches to assess compliance with the HCBS Rule statewide:

- Self-Assessments with QMET follow-up
- QMET site assessments and follow-up
 - Developed a tool to use for each provider site in a category to be reviewed
 - Tool reviewed provider physical site as well as policies and procedures
 - OLTL Final Rule Panel developed to coordinate review of findings
 - QMET follow up with provider to ensure findings were corrected.

Identification of Institutional Settings

OLTL Provider Enrollment Application was updated as of July 1, 2015.

- Additional questions added to determine qualities of an institution
- No new settings where HCBS is provided had applications approved if there was demonstrated evidence that the site has the qualities of an institution
- OLTL released bulletin 59-16-14 “Home and Community Based Settings Requirements” on December 28, 2016.
- OLTL has also established an email resource account for providers, participants, stakeholders, advocates, and others to communicate with OLTL on sites that may not be compliant or ask questions about site compliance with the HCBS Settings Final Rule.

▶ OLTL Heightened Scrutiny Process

- On December 29, 2021, OLTL issued a Medical Assistance Bulletin 59-21-03, “Home and Community Based Settings Heightened Scrutiny Process”.
- OLTL conducted on-site or virtual assessments of HCBS provider sites where congregate (3 or more) participants live or receive services, which included in-person or virtual inspection of the site, review of policies and procedures, and direct observation of services when possible.
- Each site was then submitted to the OLTL Final Rule Panel for approval. Sites that had components that were out of compliance worked through a Corrective Action Plan (CAP). Once the CAP was approved by the Final Rule Panel and the Panel agreed the site falls into a category appropriate for heightened scrutiny, the provider was sent a letter giving them the option of working with OLTL through the heightened scrutiny process.

Heightened Scrutiny

- OLTL has identified 9 HCBS providers appropriate for heightened scrutiny.
 - Of those 9:
 - 6 are identified because they are in a building on the grounds of an institution
 - 3 are found to have the effects of isolating due to the provider's location and components of the service provision but OLTL with the support of the OLTL Final Rule Panel feel the provider meets the spirit of the rule and is appropriate for heightened scrutiny.
- Please see a summary of each site here: [Home and Community-Based Services Statewide Transition Plan \(pa.gov\)](#)
- Please provide comments on the format provided on the website

Heightened Scrutiny Public Comment Period

- Heightened Scrutiny Public Comment period for all 9 OLTL HCBS providers is available until 11:59 pm on December 19, 2022.
- Interested persons are invited to submit written comments regarding the proposed HCBS Rule provider sites to the Department of Human Services, Office of Long-Term Living, Bureau of Policy Development and Communications Management, Attention: Janice Bickel, P.O. Box 8025, Harrisburg, PA 17105-8025. Comments may also be submitted to the Department at RA-PWHCBSFinalRule@pa.gov.

Corrective Action Plan

- Pennsylvania has submitted to CMS a Corrective Action Plan because all Pennsylvania heightened scrutiny locations have not been approved yet.
- It is anticipated that Pennsylvania's settings will be submitted to CMS no later than January 31, 2023.
- Please note: OLTL does **not** anticipate the need to close any sites at this time which would cause participants to be moved. If any sites are not approved for heightened scrutiny OLTL will work with participants to choose appropriate alternate sites and safely achieve transition.

Resources

Pennsylvania's Final STP is available at <https://www.dhs.pa.gov/Services/Assistance/Pages/HCBS-Statewide-Transition-Plan.aspx>

CMS Guidance Regarding the HCBS Rule is available at

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