OLTL Updates
MLTSS Subcommittee

September 6, 2023

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DEPARTMENT OF HUMAN SERVICES

Agenda

- OLTL Updates
  - Fiscal Code
  - OLTL Data Dash
  - Public Health Emergency (PHE) Unwinding
  - Annual Adult Protective Services (APS) Report
  - Statewide Listen and Learn Tour
  - Department of Education Policy Change

OLTL Updates

- DHS Fiscal Code
  - Continuation of Long Term Care (LTC) Council
    - Continues within the Fiscal Code the Pennsylvania LTC Council in the PA Department of Aging; repeals previous language in the LTC Council Act of Nov 24, 2015.
  - 2023-24 Budget Implementation
    - Legislative Special Payments (LSP) Included
      - Leg. Special Payments are at the General Assembly's discretion and they've included four LSPs this year.
      - OLTL will submit State Plan Amendments (SPA) and process these payments upon approval by CMS.
    - Nonpublic NF MA Day One Incentive (MDOI) Payment
      - Payment is at the General Assembly's discretion and they've included it again this year. Payment occurs in two installments of $8 million state funds + federal match. Depending on the timing of the SPA approval and payment date, total payout will be either $36.052 million (pay dates through 12/31/23) or $34.873 million (pay dates 1/1/24 or later).

OLTL Updates

- DHS Fiscal Code
  - 2023-24 Budget Implementation cont.
    - Nonpublic Nursing Facility (NF) Case Mix Rate Setting
      - The General Assembly has chosen to direct DHS to use 2022-23 NF database costs and peer group prices for determining nonpublic NF case mix rates in SFY 2023-24.
      - OLTL will continue to apply quarterly acuity adjustments to nonpublic NF rates in 2023-24.
      - Until CMS approves the SPA, OLTL will continue paying April 2023 rates.
    - Ambulance Reimbursement
      - The General Assembly has appropriated sufficient funding to reimburse ambulance fees at the greater of Medicare rates or Medicaid rates as updated in MA Bulletin 26-22-07

OLTL Updates

- DHS Fiscal Code
  - 2023-24 Budget Implementation cont.
    - Analysis of Wages for Direct Care Workers
      - No later than six months after the enactment of the General Appropriation act of 2023, the Department of Human Services shall complete a report analyzing the wages for direct care workers providing services to the Department of Human Services. The following shall apply:
        - (i) the report shall include all of the following: (a) the average wages paid to direct care staff by each program office; (b) whether wages are attributed to staffing shortages and resulted in waiting lists.
        - (ii) the Department of Human Services shall submit the report to the chairperson and minority chairperson of the Appropriations Committee of the Senate, the chairperson and minority chairperson of the Appropriations Committee of the House of Representatives, the chairperson and minority chairperson of the Health and Human Services Committee of the Senate…

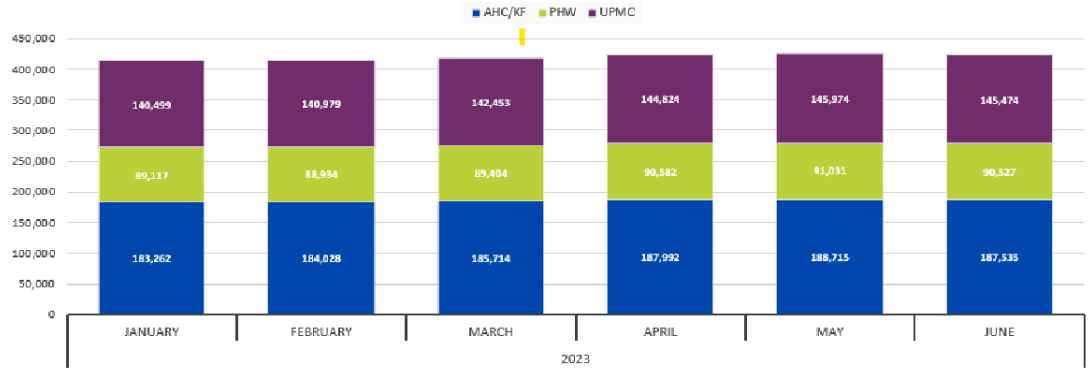
OLTL Updates

- OLTL Data Dash
  - OLTL's Data Dash is a collection of documents regarding current OLTL enrollment data, market share between CHC-MCO's and other frequently requested information.
  - **Current Report:** Data Brief - July 2023

Total CHC Enrollment ↓	Total CHC HCBS Enrollment ↑	Total CHC LTC Enrollment ↑
423,536	121,891	42,442

CHC Statewide Enrollments Trends by MCO

Data Period: June 2023



Total CHC enrollment as of June 2023 is 423,536 down from 425,720 in May 2023. Waiver growth continues on an upward trend. The nursing facility enrollments saw an increase this month.

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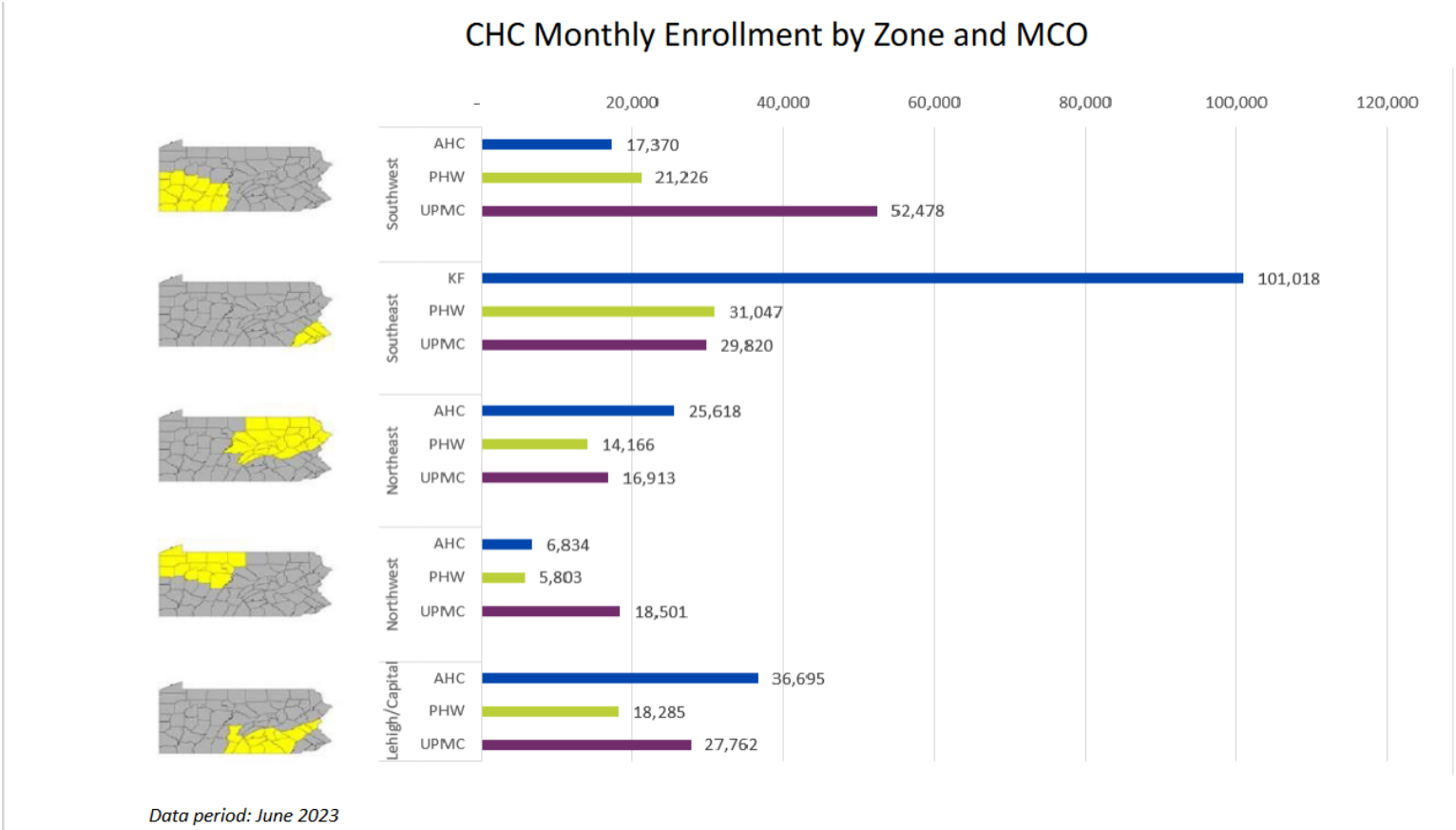
OLTL Updates

- OLTL Data Dash



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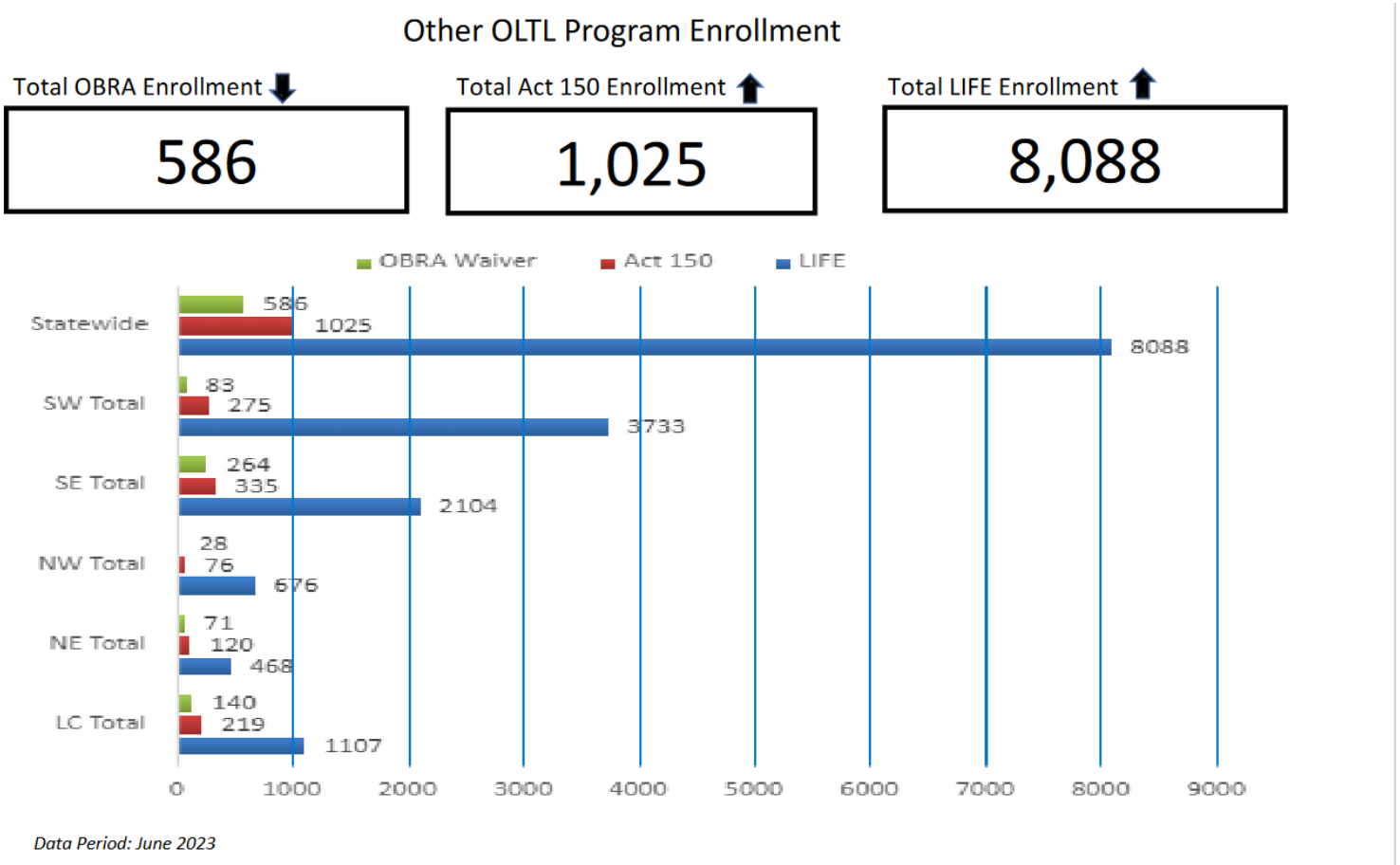
OLTL Updates

- OLTL Data Dash



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OLTL Updates

- PHE Unwinding
  - As of July 2023 – Pennsylvania has nearly 3.6 million people covered by Medicaid.
    - Since the beginning of the unwinding period:
      - DHS has maintained 337,089 individuals on Medicaid
      - DHS has closed 184,758 individuals in Medicaid
        - » Of these, 104,242 individuals were no longer eligible for Medicaid, and
        - » 80,516 were closed for procedural reasons, such as failure to respond.
        - » 12,831 individuals have enrolled in Pennie coverage.
  - As of August 29, 2023, data from KFF shows that – among states that are reporting Medicaid unwinding data – **Pennsylvania has among the lowest percentages of Medicaid closures for procedural reasons.** PA ranks 4th lowest at 43% compared to the national average, which is 74%.

OLTL Updates

- Annual Adult Protective Services Report
  - The Annual Adult Protective Services Report for FY21-22 was posted to the DHS website on August 15, 2023.
  - The report covers various statistics from the program including, the number of reports of abuse, neglect, exploitation, and abandonment by county. The report also outlines the number of reports investigated, and of those, how many are substantiated.
  - The report can be found at: https://www.dhs.pa.gov/about/Fraud-And-Abuse/Documents/APS-Annual-Report-FY-21-22_Clean_7.11.2023.pdf

- Statewide Listen and Learn Tour
  - Full summary of the sessions is slated to be completed by the end of September. Updates will be provided at the various stakeholder meetings.

OLTL Updates

- PA Department of Education Policy Change
  - Effective September 5th,
    - § 300.101 – Free appropriate public education (FAPE) The Commonwealth of Pennsylvania (PA) ensures that all children with disabilities aged 3 years to 21 years of age residing in PA have the right to a free appropriate public education (FAPE), including children with disabilities who have been suspended or expelled from school. There is an age-related exception under the provision of 34 CFR § 300.102(b). CFR § § 300.101— 300.176 The Commonwealth of Pennsylvania ensures that all children with disabilities ages 3 years through 21 years residing in Pennsylvania have the right to a FAPE, including children with disabilities who have been suspended or expelled from school. The commonwealth shall make FAPE available to a child with a disability eligible under IDEA until the student turns 22. Notwithstanding any other provision of law to the contrary, a child eligible under IDEA who attains the age of twenty-one (21) years may remain enrolled in their resident district free of charge until their 22nd birthday. https://www.education.pa.gov/Documents/IDEAB.pdf

Questions?

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Benefits Counseling Waiver Amendment

Managed Long-Term Services and Supports (MLTSS) Subcommittee Meeting

September 6, 2023

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- Updated the OLTL Employment and Employment Related Services Bulletin regarding Centers for Medicaid & Medicare Services (CMS) approval to revise benefits counseling requirements in the Pennsylvania Community HealthChoices (PA CHC) 1915(c) waiver, ***removing*** the Office of Vocational Rehabilitation (OVR) referral requirements for this service.
  - OLTL requested the waiver amendment to ensure participants were able to access benefits counseling in a timely manner.
  - The OVR referral requirement included up to a 120 day wait for a participant to receive services before the services would be deemed unavailable through OVR and could be sought through waiver services.

OLTL Employment and Employment Related Services Bulletin Update: cont.

From the bulletin, page five: "As required by the PA CHC 1915(c) waiver, MA* waiver-funded benefits counseling may only be provided after it is documented in the service plan** that benefits counseling services provided by a WIPA*** program were sought, and it was determined that such services were not available either because of ineligibility or because of wait lists that would result in services not being available within 30 calendar days."

**Medical Assistance*

***The service plan is an OLTL participant person-centered service plan (PCSP)*

****WIPA-Work Incentives Planning and Assistance*

OLTL Employment and Employment Related Services Bulletin Update: cont.

- If requested by the participant, Service Coordinators (SCs) are required to participate in OVR support team meetings when a participant is receiving services through OVR.
- Employment considerations, such as job-retention support planning, must be included in a participant's individualized and emergency back-up plan.
- This bulletin has a companion guide for SCs to discuss employment with participants: Guidance on Conversations about Employment for OLTL Participants

Guidance on Conversations about Employment for OLTL Participants

- Under the “Employment First” policy, the first consideration and preferred outcome of publicly-funded long-term services and supports for working-age Pennsylvanians with a disability, among other things, shall be competitive integrated employment.
- As such, OLTL is requiring SCs to:
  - Talk with OLTL participants about employment.
  - Ensure participants are made aware that Pennsylvania is an “Employment First” state.
  - Inform them that OLTL is focusing on feasible employment and community outcomes for home and community-based waivers, procedures, policies and practices.

Guidance on Conversations about Employment for OLTL Participants: cont.

- SCs are expected to talk about employment and employment-related goals with all working-age participants in OLTL home and community-based programs.
- As a follow-up to these conversations during the person-centered service planning process and subsequent participant monitoring, all SCs will document employment goals and conversations as appropriate.
- This resource is intended to support the activities identified and required in the OLTL bulletin 'Employment and Employment Related Services.'
- Service Coordination Entities (SCEs) need to ensure that participants understand their response to any facet of the employment initiative will not impact the delivery of the home and community-based services. This needs to be reinforced on an ongoing basis.

Questions

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Community HealthChoices

LONG-TERM SERVICES AND SUPPORTS (LTSS) HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET (HEDIS)

MEASUREMENT YEARS (MY) 2019 – 2022

Managed Long-Term Services and Supports (MLTSS) Subcommittee Meeting
September 6, 2023
Presented by Abigail Coleman, Director of Program Analytics

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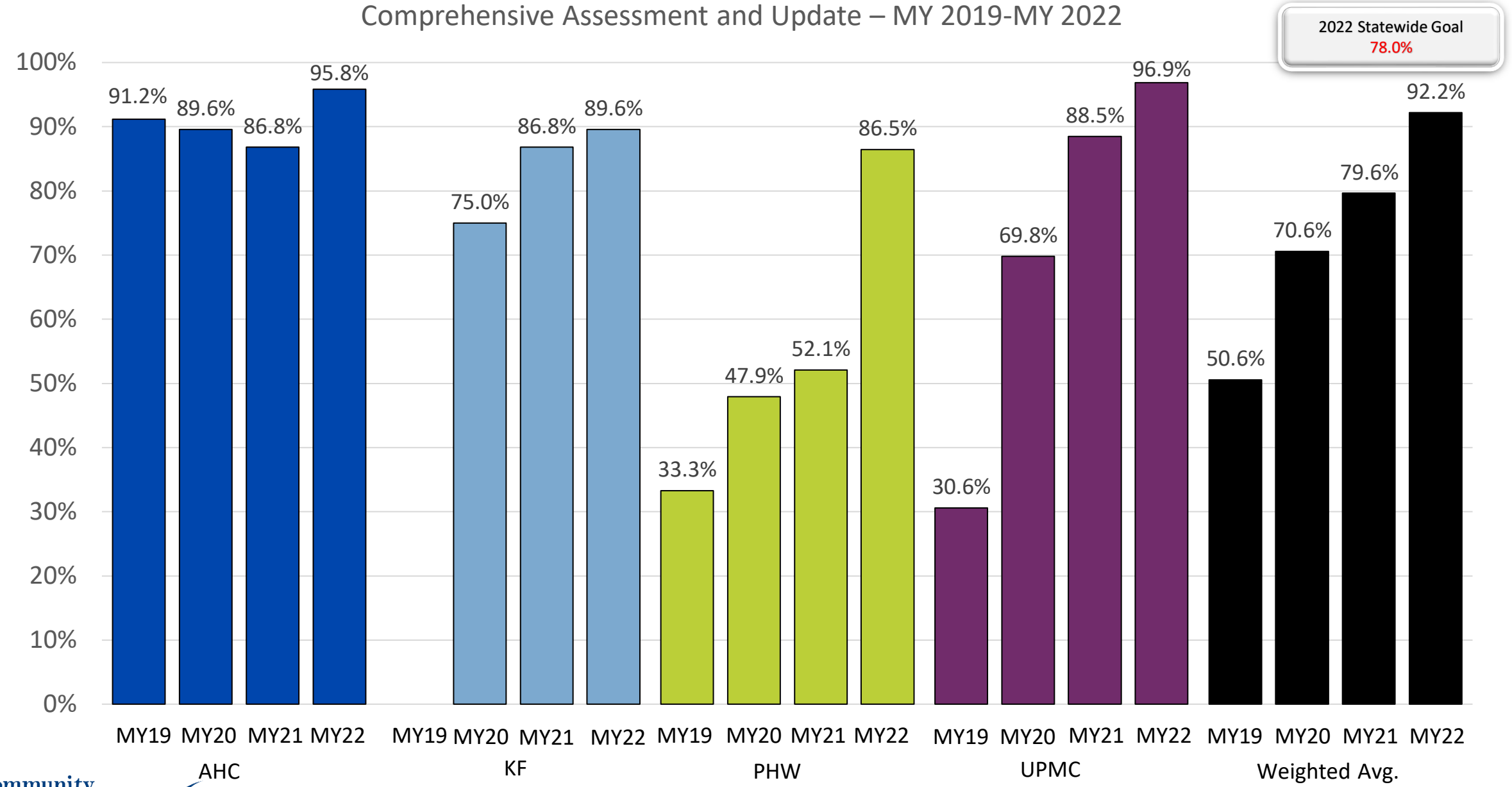
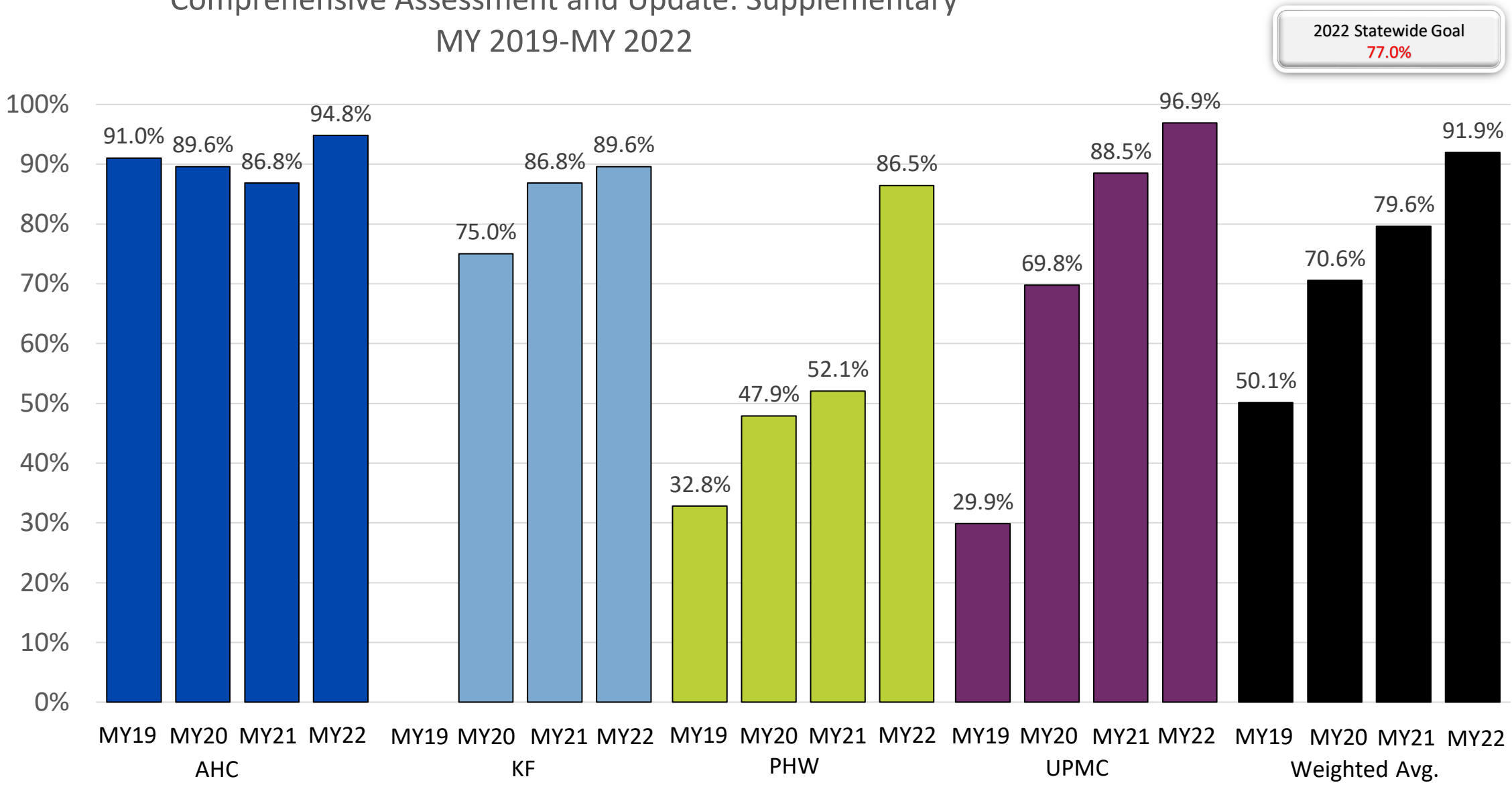
Comprehensive Assessment and Update – MY 2019-MY 2022

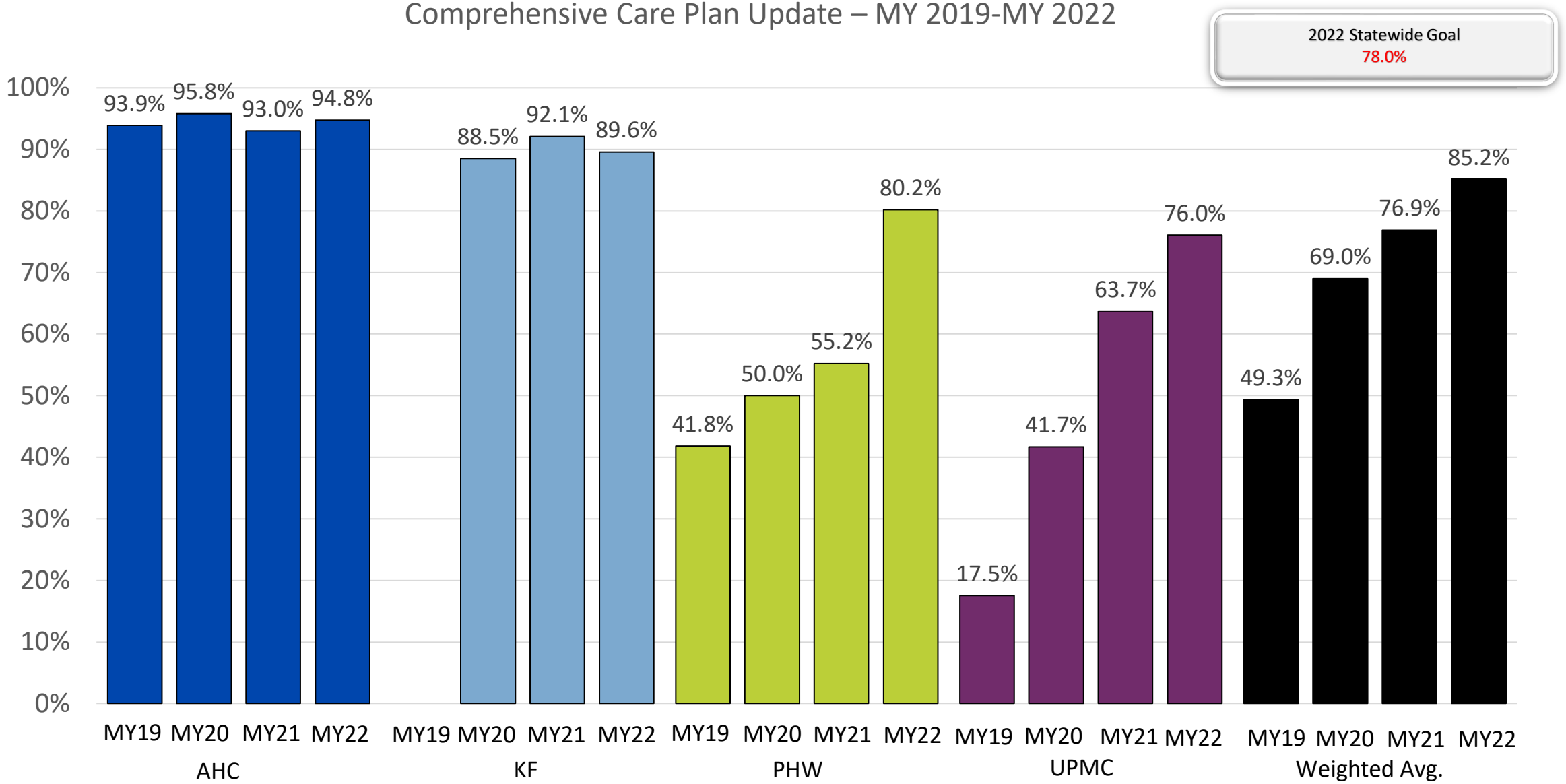


Comprehensive Assessment and Update: Supplementary
MY 2019-MY 2022



Community HealthChoices

Comprehensive Care Plan Update – MY 2019-MY 2022



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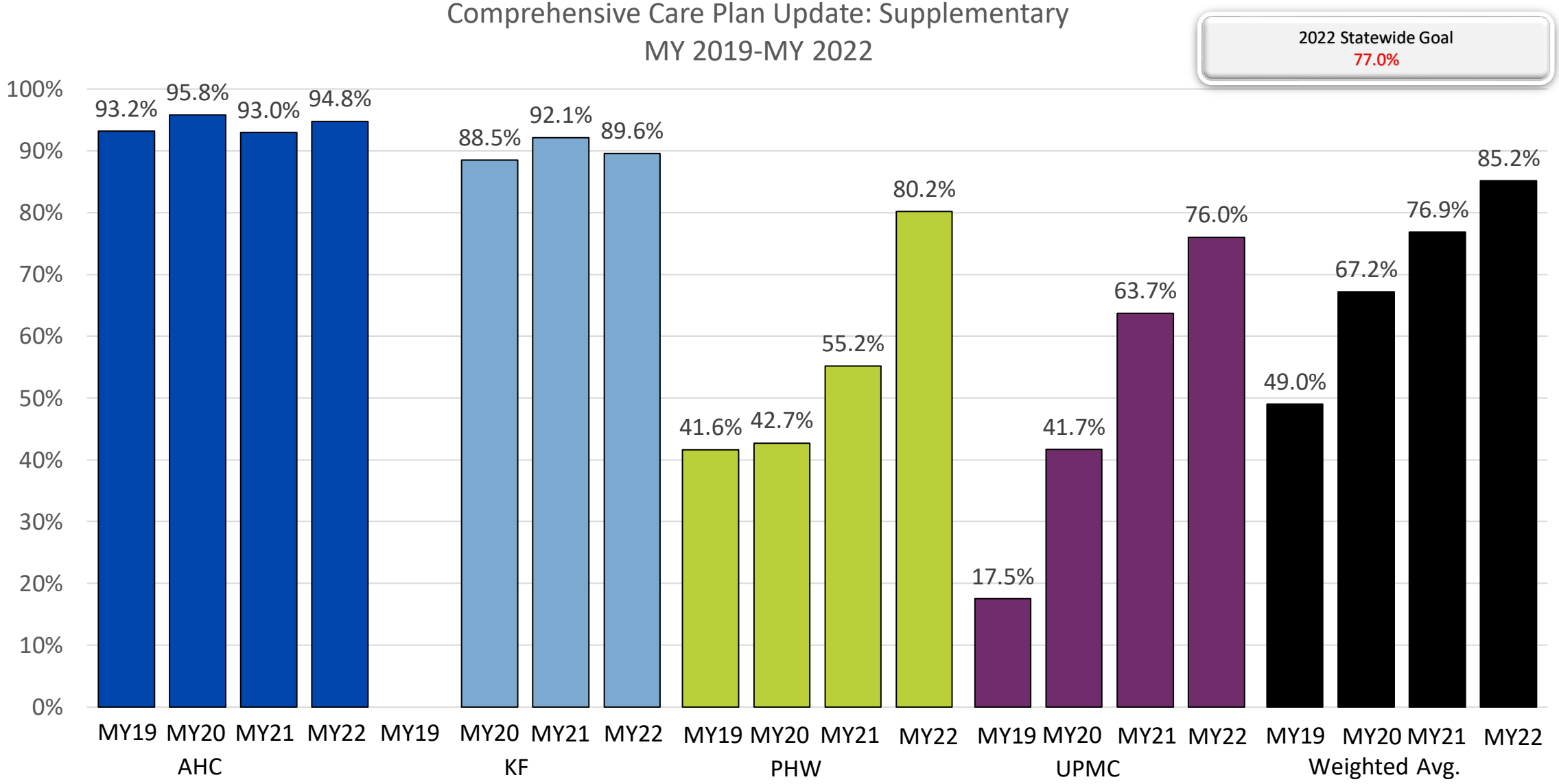
Comprehensive Care Plan Update: Supplementary
MY 2019-MY 2022



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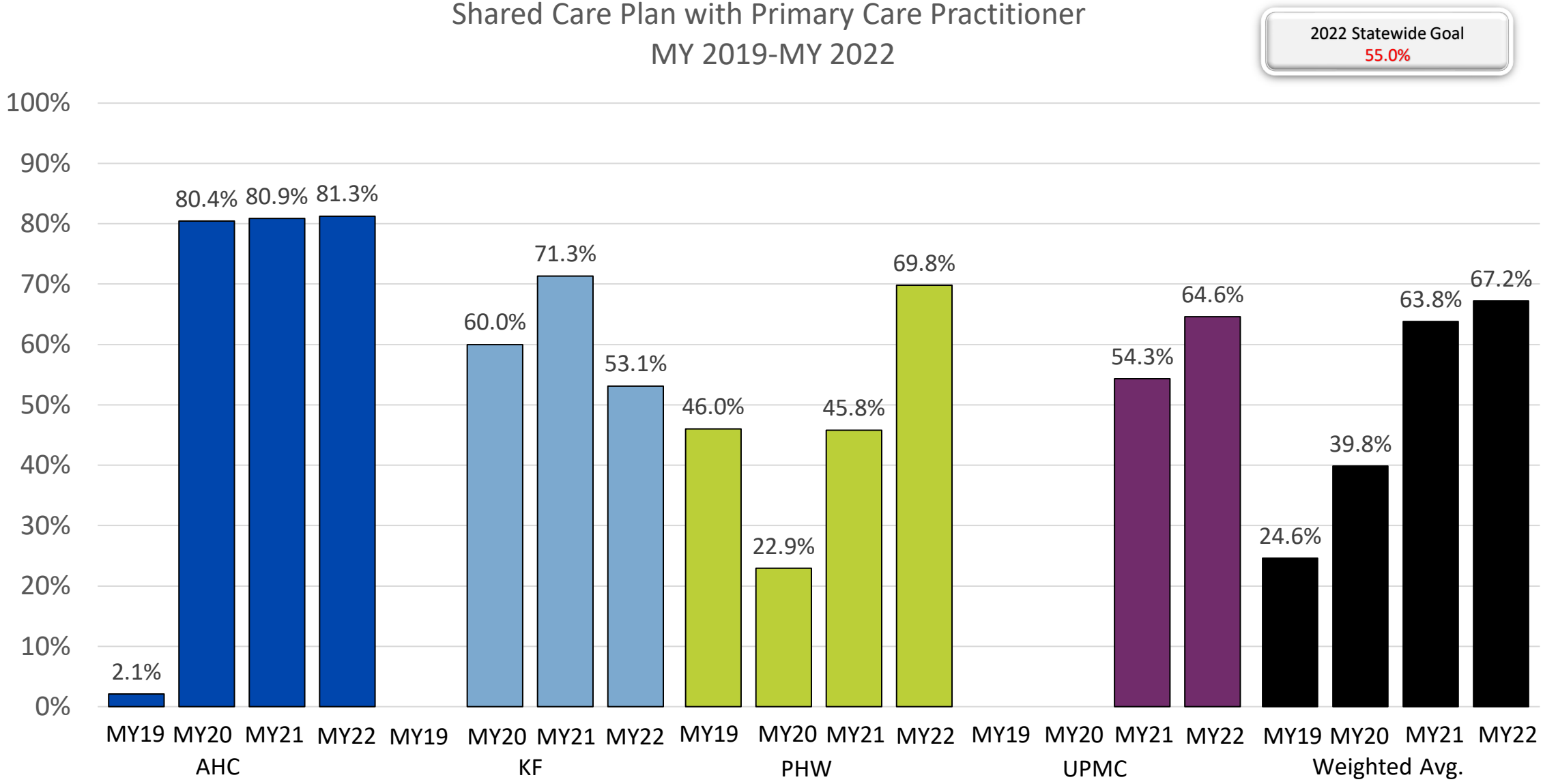
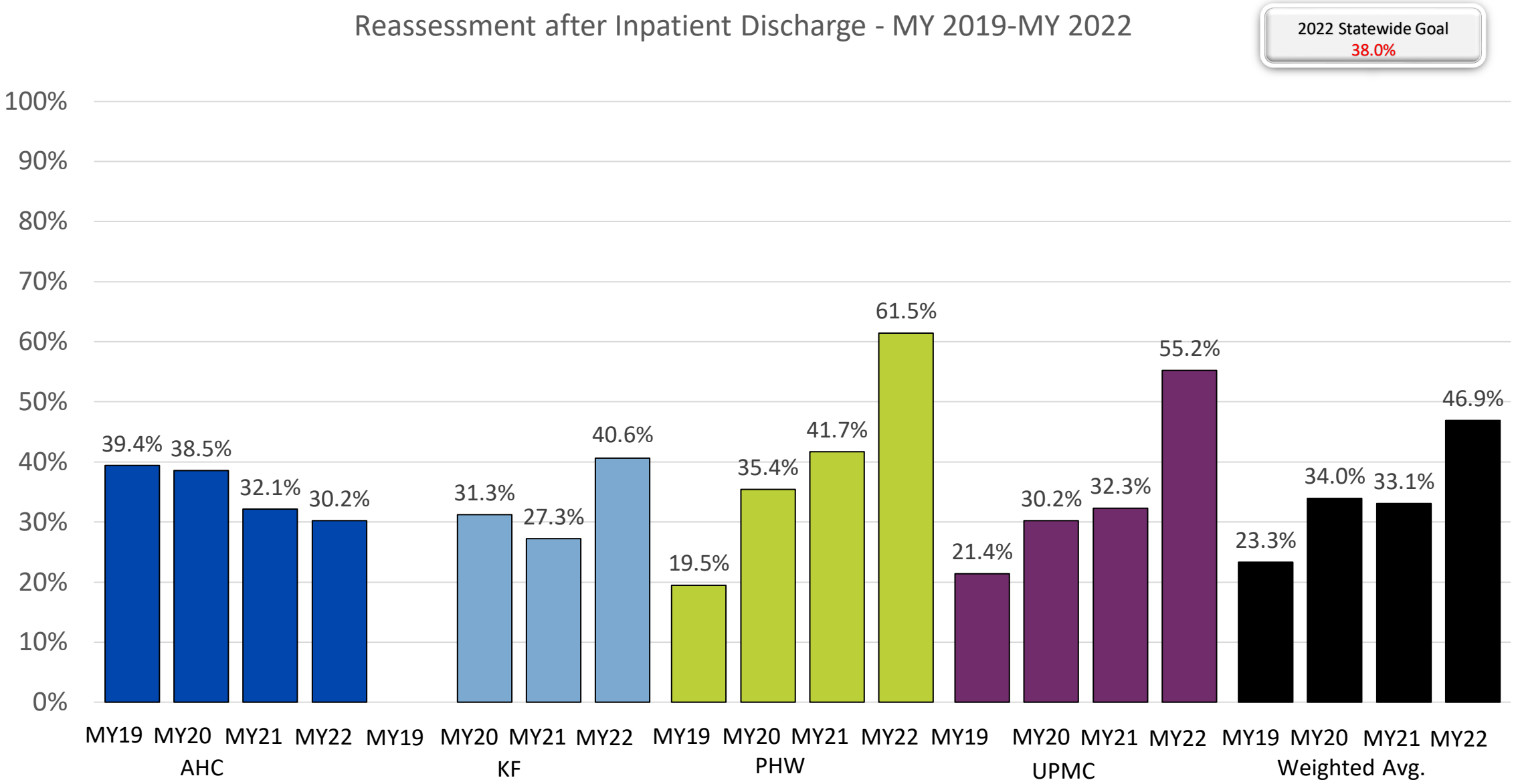
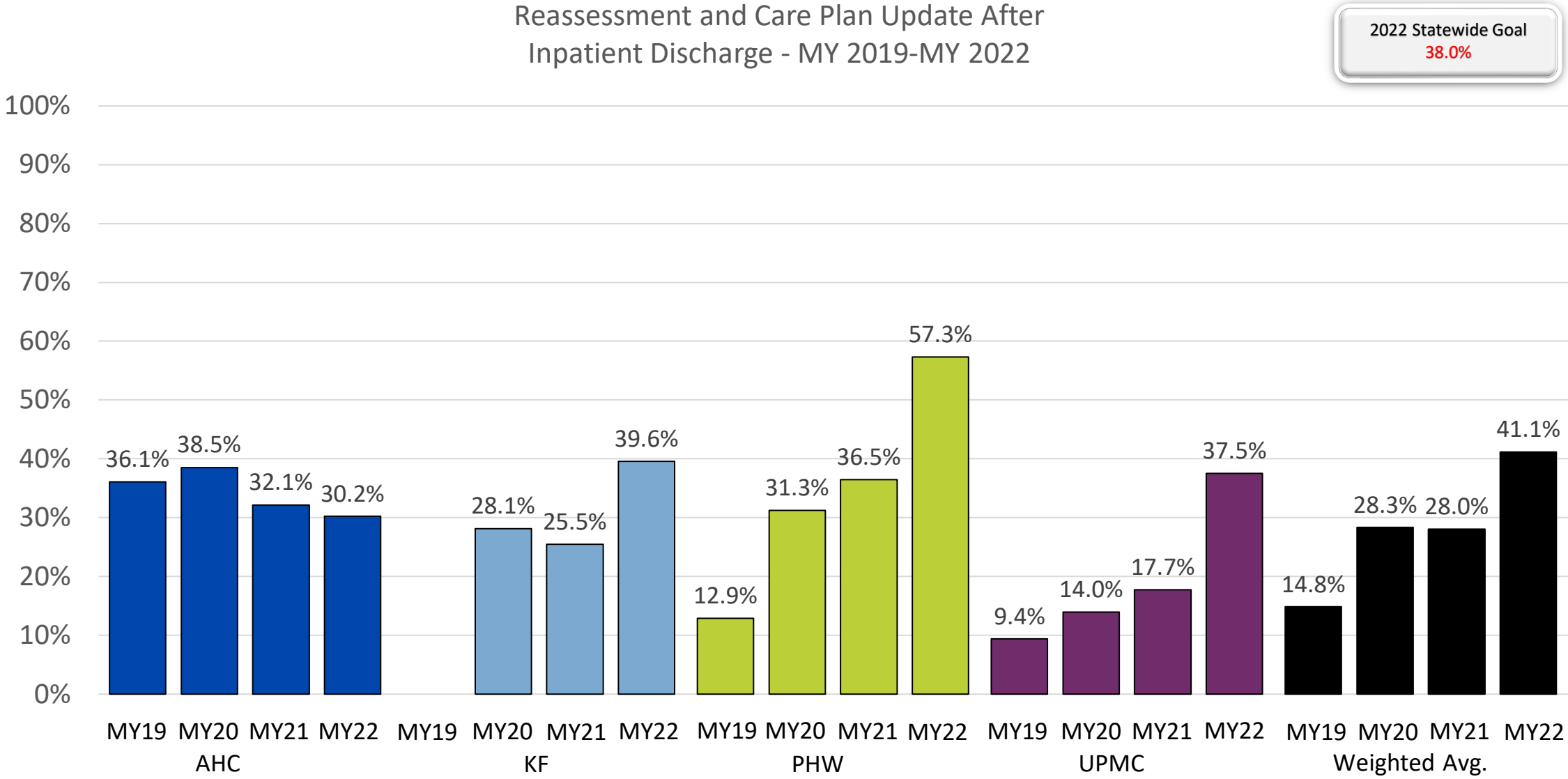
Shared Care Plan with Primary Care Practitioner
MY 2019-MY 2022



Reassessment after Inpatient Discharge - MY 2019-MY 2022



Reassessment and Care Plan Update After Inpatient Discharge - MY 2019-MY 2022



Questions

Value-Based Purchasing (VBP)

Managed Long-Term Services and Supports (MLTSS) Subcommittee Meeting
September 6, 2023

Abigail Coleman
Director of Program Analytics

AGENDA

- VBP Overview
- Strategies
- Calendar Year (CY) 2022 Requirements and Managed Care Organization (MCO) Performance
- CY 2023 Approved MCO Models
- Next Steps

VBP DEFINITIONS

- **Value-Based Purchasing Payment Agreements** — Agreements between the MCO and providers, which specify how providers are paid for services rendered. VBP arrangements link provider payments to the value of services provided and to relevant quality measures that are indicative of health outcomes.

- **Value-Based Purchasing Models** — VBP Models define a way to organize and deliver care, and may incorporate one or more VBP Payment Strategies as ways to pay providers.

- **Value-Based Purchasing Payment Strategies** — Refers to the mechanism that MCOs use to pay providers (such as performance-based contracting, shared savings, shared risk, population-based payment).

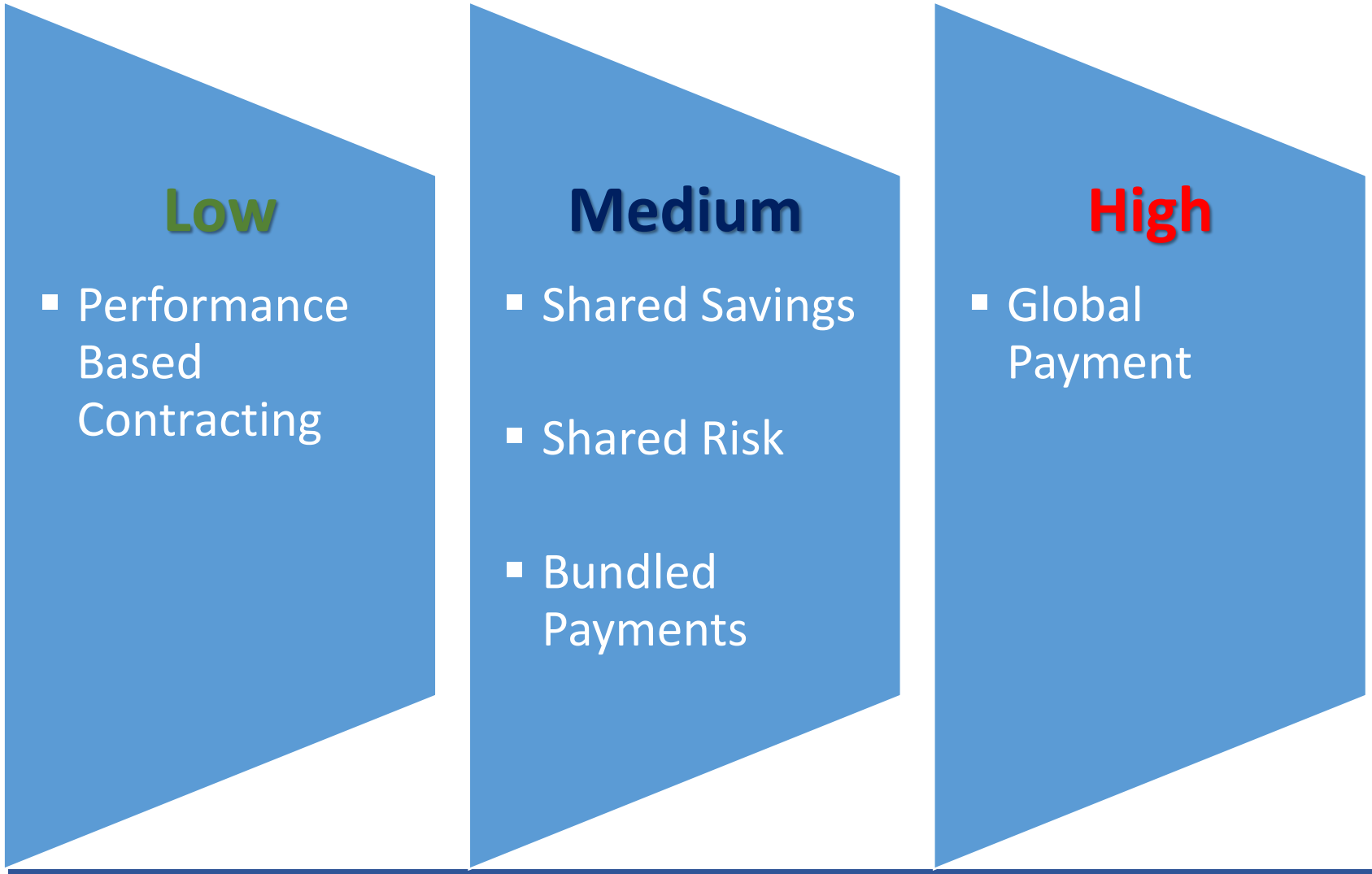
VBP IN PENNSYLVANIA

VBP is the Department's initiative to transition providers to being paid for the value of the services provided, rather than simply the volume of services.

VBP Payment Strategies and **VBP Models** are Critical for Improving Quality of Care, Efficiency of Services, Reducing Cost, and Addressing Social Determinants of Health.

VBP APPROVED PAYMENT STRATEGIES

Three-Levels of Risks



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VBP PAYMENT STRATEGIES (LOW RISK)

Performance based contracting (Low risk – L1)

Fee for Service (FFS) contracts in which incentives payments and/or penalties are linked to Network Provider performance. The MCO must measure Network Providers against quality benchmarks or incremental improvement benchmarks and must include in the contract incentives or penalties or both based upon meeting these benchmarks.

VBP PAYMENT STRATEGIES (MEDIUM RISK)

Shared Savings (medium-risk strategy – M2)
Supplemental payments to Network Providers if they can reduce health care spending relative to an annual cost benchmark, either for a defined Participant sub-population or the total Participant population served by a Network Provider. The cost benchmark should be developed prospectively, based at least in part on historical claims, and be risk adjusted if needed. The supplemental payment is a percentage of the net savings generated by the Network Provider.

VBP PAYMENT STRATEGIES (MEDIUM RISK)

Shared Risk (medium-risk strategy – M3)
Supplemental payments to Network Providers if they are able to reduce health care spending relative to a cost benchmark, either for a defined Participant sub-population or the total Participant population served by a Network Provider. The cost benchmark should be developed prospectively, based at least in part on historical claims, and risk adjusted if needed. The payment is a percentage of the net savings generated by the Network Provider. These arrangements also include shared losses with Network Providers if costs are higher relative to a benchmark.

Bundled payments (medium-risk strategy – M4)
Bundled payments include all payments for services rendered to treat a Participant for an identified condition during a specific time period. The payments may either be made in bulk or be paid over regular predetermined intervals. Department of Human Services (DHS) may specify certain services that must be paid through bundled payments.

VBP PAYMENT STRATEGIES (HIGH RISK)

Global payment (high-risk strategy – H5)

Population-based payments that cover all services rendered by a Network Provider, hospital, or health system by the participating MCO.

VBP MODELS BY MCO

	AHC	KF	PHW	UPMC	Total
Performance based contracting	2	2	6	4	**14**
Shared Savings	1	1	1	1	**4**
Shared Risk	0	0	0	0	**0**
Bundled payments	0	0	0	0	**0**
Global payment	0	0	0	0	**0**
Total	**3**	**3**	**7**	**5**	**18**

VBP TOPICS

- Personal Assistance Services (PAS)
- Nursing Facility Quality
- Transportation
- Hospital Quality
- Use of Electronic Visit Verification (EVV)
- High Touch Pharmacy
- Care Coordination

CY 2022 SPEND REQUIREMENTS

- **Starting in CY 2020**
  - **15%** of the medical portion of the capitation expended through VBP
    - The 15% may be from any combination of strategies
  - **7.5%** of LTSS payments expended through a VBP arrangements

- None of the MCOs met the medical spend requirement, but were close (89-99% of the requirement)
- All MCOs well exceeded the Long-Term Services and Supports (LTSS) requirement, some by almost 10 times the requirement

NEXT STEPS

- Requirements for 2023 remain unchanged
- The Office of Long-Term Living (OLTL) has discussed 2024 requirements with Mercer and will determine if changes are required
- MCOs will be submitting proposals for models for use in 2024 in October, for evaluation by OLTL

QUESTIONS