



PAS Reductions

Presenter: Olivia Martin, Sr. Director LTC & Service Coordination

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

January 3, 2024

Personal Assistance Services (PAS) Trends

- Personal Assistance Service trends demonstrated a 12.5% decrease in 2021, <1% decrease in 2022, and a 7.3% increase in the first half of 2023.
- Telephonic assessments during the Public Health Emergency reduced Covid risk, but could result in inaccuracies.
- During 2020 and 2021, the decrease in Adult Day Centers and some other waiver services, increased the need for additional PAS.
- Redetermination requirements for in-person assessments created accountability with the requirement and therefore increased compliance with face to face assessments.

Face-to-Face Assessments vs. Virtual Assessments

Face-to-face assessments allow for a more thorough and accurate assessment, and a visualization of the environment.

More accurate assessments can result in less variability, more consistency, and allow for a compliment of other waiver services.

Visualization of the environment may result in additional services such as pest eradication, home adaptations and even skilled services.

PAS Review and Determination

1. The Service Coordinator (SC) assesses the participant using the international Resident Assessment Instrument (interRAI) and Health Risk Assessment to build the Person-Centered Service Plan.
2. The SC proposes a recommendation of hours and submits assessments and the requests to the Plan.
3. PHW's Long-Term Services and Supports Utilization Management Team reviews past and present assessments, medical records, and the SC recommendation from a quality review lens.
4. A Clinical Review is conducted before final determination.



Possible Reasons for Reductions

- An improvement in conditions resulting in improved mobility and functioning
- An improvement in the environment such as a move to a more accessible location or the addition of a home adaptation
- The addition of other services such as Home Delivered Meals, Personal Emergency Response systems, durable medical equipment, skilled care, and Adult Day Centers
- A change in informal supports

A Service is ...

- Reasonably expected to reduce the physical, mental or developmental effects of an illness, condition, or disability.
- Reasonably expected to prevent the onset of an illness, condition, or disability.
- Expected to achieve or maintain maximum functional capacity
- Expected to improve access to the benefits of community living

Clinical Lens

- A “Medical” review aims to evaluate how a proposed service(s) reduces an illness’s physical and mental health effort **or** is expected to prevent the onset of illness.
- Review is NOT attempting to interfere with care provided by your primary care doctor.
- Approximately 1,500 clinical reviews conducted in October 2023
- Denial Rate for Home and Community-Based Services is: 14% (YTD)

Questions?

UPMC *Insurance Services Division*

Personal Assistance Services (PAS) Reduction Managed Long-Term Services and Supports Subcommittee Meeting

January 3, 2024

Presenter: Senior Director David Gingerich

PAS Changes

PAS Services Overall

- The change from telephonic to face to face assessments has not had a significant impact on the authorization of PAS hours.
- Face to face assessments allow for more visual queues to be considered but UPMC Community HealthChoices (CHC) service coordinators (SC) were also expected to ask probing questions on the telephonic or virtual assessments.
- Authorizations and claims overall continue to climb.

Average Hours are only one piece of a larger service plan

- Fiscal Year (FY)2022 Average Authorized PAS hours per member per month for participants was 7.16. FY 2023 through September was 7.39 PAS Hours.
- Utilization for the most recent month was 7.67 PAS Hours.
- Authorized service plans for all Long-Term Services and Supports (LTSS) up 53% from 2022 to 2023 as participants use a variety of options beyond PAS

	2020	2021	2022	2023
Billed PAS hours per person	6.4	6.2	6.6	6.9
PAS Hours Billed				
Percentage of prior year Total LTSS Services billed		97%	106%	105%
Percentage of Prior year		97%	115%	106%

Criteria for Personal Assistance Services

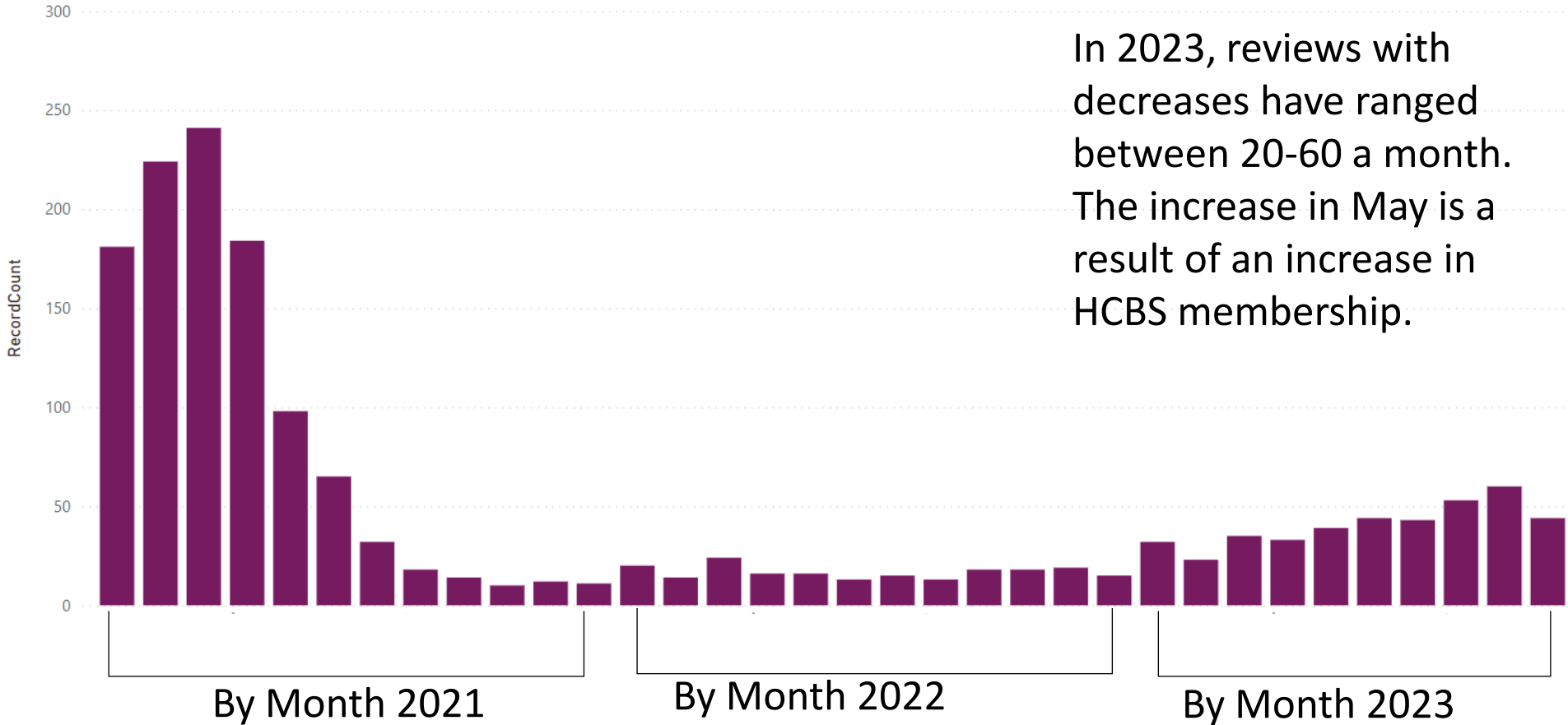
Assessment	Description
Generalized Anxiety Disorder (GAD)	Anxiety assessment instrument, incorporated into InterRAI triggered by other items as needed
Time Tasking Tool	Review of Activities of Daily Living/Instrumental Activities of Daily Living functional needs and safety Concerns
International Resident Assessment Instrument (interRAI) Enhance Assessment Areas	All assessments include questions to identify need, if need is identified, branching logic will dig deeper to gather more info as needed.
Housing	To gather more information on housing situation, type, and potential concerns

Assessment	Description
Employment	To gather more information and identify Participant's desire for employment/employment services.
Falls & Balance	To identify any potential risks and/or needs related to falls/fall risk
Hospital discharge	To gather information post-acute hospital/Skilled Nursing Facility stay regarding medication changes, to assist with follow up appointments, identify any new needs/concerns, collaborate with Medicare Care Management (CM)if available/needed.
Cognition	To gather information to identify if there are cognition concerns/needs.

Assessment	Description
Life planning	To gather information on any life planning in place and help if none in place.
Alignment status	To gather information on if Participant has Medicare and assist with CM collaboration
PHQ-9	To gather more information if the PHQ-2 indicates a need for further assessment
Participant Assessments	Utilized to gather additional info and refer to other internal UPMC SC ancillary teams to assist with Person centered needs and interests
Housing	Identifies housing instability risks, needs, and goals. Informs the Housing Strategy Team to assist with requests, housing search, eviction prevention, legal needs, and access to other resources.

Assessment	Description
Employment & Education Questionnaire	Gathers information on Participants who are interested in employment and/or education and informs SC ancillary team of referral to begin support process.
Home modification/vehicle modification/pest eradication	To gather detail on eligibility for service (home/vehicle owner, mileage, etc.), type of request, and concern (egress, interior room access, health/safety concern) and inform other SC ancillary teams of need for additional support.
Nursing Home Transition (NHT) referral	UPMC SC completed to gather demographics, Participant preference, and initiate NHT Coordinator involvement.
NHT Community Living plan	NHT Coordinator conducted assessment to gather detail on needs, potential barriers, financial information, and any other details needed to begin NHT process.

PAS Reductions due to Medical Review



Sample Language

UPMC Community HealthChoices has reviewed the request for your current 60 hours per week of Personal Assistance Services (PAS) submitted by your Service Coordinator, XXX XXXX, for you on MM/DD/YYYY. **After physician review the request is:**

Approved other than as requested as follows

- 45 hours per week of PAS are approved for your service plan.
- 15 hours per week of PAS are denied.

Your request was **not approved as requested** because your assessment does not support a need for 60 PAS hours per week. The assessment done in your home, supports 45 PAS hours to meet your needs. These hours will help with meal prep, housework, managing your finances and medication, stairs, shopping, bathing, hygiene, dressing and walking.

Sample Language continued.

This will be listed on your service plan. You will get a copy of your service plan with all approved services. Your service coordinator will continue to work with you and your person-centered planning team to ensure your needs are met. Your current 60 PAS hours will be reduced to 45 hours on 12/13/2023.

The 60 hours per week of PAS you have been getting will end on **12/13/2023**, unless you file a Complaint or Grievance by **12/13/2023**. If you file a Complaint or Grievance by **12/13/2023**, your services will continue until a decision is made on your Complaint or Grievance.

Thank You

Questions?

UPMC Insurance Services Division

Personal Assistance Service (PAS) Reduction

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

January 3, 2024

Presented by: [Missy Weakland](#)

VP Service Coordination and Clinical Services



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PAS Decisions of Utilization Management (UM) are based on the following:



- An individualized approach emphasizing the Participant’s unique needs.
- A person-centered process incorporating input from the Participant and/or the Participant’s Person-Centered Planning Team (PCPT).
- International Resident Assessment (interRAI) evidence-based tool and Clinical Assessment Protocols (CAPs)
- **“Walk Me Through Your Day” approach to obtain full insight into Participant’s daily schedule and needs.**
- **Service Coordinator (SC) collaboration and input during the UM decision-making process.**
- **UM and SC consensus on reductions.**

Bold print indicates a change in the UM process in 2023

Average PAS Hour Trends 2020-2023



Calendar Year	Total PAS Hours	Avg PAS Hours per Participant per day
2020	79,675,860	6.0
2021	97,862,824	6.7
2022	125,488,398	7.6
2023	141,388,674	7.8

Information derived from PAS claims for Keystone First Community HealthChoices (CHC) and AmeriHealth Caritas PA CHC. CY 2023 is actual claims through August 2023 and projected September 2023 through December 2023.

Impact of Virtual vs. Face-to-Face Assessments

Year	Average daily hours per Participant
2020	6 hours/day
2021	6.7 hours/day
2022	7.6 hours/day
2023	7.8 hours/day

In-person assessments allow the SC to utilize observational skills to assess for the full compliment of Long-Term Services and Supports to benefit the Participant. Other services that are discussed include but are not limited to home modifications, home accessibility durable medical equipment, home delivered meals, adult daily living centers, and nursing.

Information derived from claims for Keystone First CHC and AmeriHealth Caritas PA CHC. CY 2023 is actual claims through August 2023 and projected September 2023 through December 2023.

PAS Increases vs. Decreases 2022/2023



Year	% Total Participants Whose PAS Increased	% Total Participants Whose PAS Decreased
2021	23.10%	10.30%
2022	25.90%	11.80%
2023	24.40%	16.70%

Medical Review is not cited as the basis for reductions in Decision Letters sent to Participants because reductions are individualized, based on the Participant's assessed needs.

Data source: authorization data
2020 data could not be validated prior to the 12/6/23 meeting date

Reduction/Denial Notice Examples

Your request was **not approved as requested** because: your assessment completed with your service coordinator does not support your request to continue receiving 56 hours a week. It supports a reduction in services from 56 hours a week to 49 hours a week.

You said you needed the hours due to your medical conditions. You said you needed help with homemaker tasks, eating, personal hygiene, dressing, toileting, walking, mobility, and locomotion.

Based on your answers and your assessment, 49 hours a week can meet your needs. You self-reported the time needed for each task during your assessment which showed that 49 hours a week can meet your daily needs. You did not report any recent falls. You did not report any recent hospitalizations. You did not report any changes in medical conditions. You did not report changes in functional status. Your reported and assessed physical abilities do not match the request. You need setup help for toileting, bathing, and eating. You need supervision with personal hygiene. You need limited assistance with dressing. The approved hours can be used in various shifts at times that best meet your needs. For these reasons, the request to continue the hours is denied and the hours are being reduced.

Your current care plan is being reduced from 56 hours per week to 49 hours per week.

Reduction/Denial Notice Examples

Your request was **not approved as requested** because: your assessment does not support your request to continue 28 hour a week. It supports a reduction.

You said you needed these hours due to unsteady gait and limited standing endurance, caused by your medical conditions. You said you need help with housework, meal preparation, dressing, toileting, walking, and locomotion.

Based on your answers and your assessment, 16 hours a week can meet your daily needs. You self-reported the amount of time needed to complete daily tasks. You reported 28 hours a week would meet your needs. 20 hours per week were requested for homemaker task. The waiver does not allow homemaker task to make up the majority of services. You did not report any recent hospitalizations. You did not report any recent falls. Upon review of your previous assessment, there has been an improvement of your functional status. You reported being independent with eating, bathing, personal hygiene, and bed mobility. You also reported needing set-up help with dressing, toileting, toilet transfers, walking, and locomotion. Your self-reported needs do not match your request. The approved 16 hours per week may be split into shifts to best meet your needs. The additional 12 hours per week is denied for the reasons listed.

Sample language used predicated on OLTL-approved template

Questions?

