January 3, 2024 Managed Long-Term Services and Supports (MLTSS) Subcommittee Meeting
Follow-Up Items for the
February 1, 2024 LTSS Subcommittee Meeting

1. **Related to Personal Assistance Services (PAS) reductions, audience member Kwanesha Clarke asked the Community HealthChoices (CHC) Managed Care Organizations (MCO), in Chat, what would occur if the Service Coordinator (SC) is not doing their job properly regarding assessing the participant? CHC-MCOs to follow up.**

   AmeriHealth Caritas (ACH)/ Keystone First (KF) responded that, if it is identified that an SC is not assessing correctly, the SC will receive re-education and one to one training. If the re-education and training is not effective, then the progressive disciplinary process may apply. If the validity of an assessment is in question, the Participant will be given the choice to have a new assessment completed and the opportunity to select a new SC.

   Pennsylvania Health & Wellness (PHW) responded that, if it is determined that the SC is not performing their job effectively, the team member would be shadowed, and their work would be reviewed for potential concerns.
   Further, PHW performs a quality check on all documentation submitted from SCs. Should an assessment not align with the documentation, the assessment is sent back to the SC with the identified errors. The error rate is tracked by SC and reported to agencies if a quality concern exists.

   UPMC responded that they do not have the medical team visit the home. Assessments and information gathered in the home are used to make a determination along with any information shared by the Participant regarding the types of activities and life they want to live. Each assessment that results in an adverse determination is reviewed by a supervisor and a nurse prior to it being submitted to the medical director to ensure the assessment is accurate based on the information documented. The Participant can have others involved in the assessment if they feel that additional support would be helpful. Additionally, they are free to request a different SC if they are not satisfied with the one they have been assigned.

2. **Related to PAS reductions, audience member Kwanesha Clarke stated in the Chat that a disability can affect everyone differently and asked the CHC-MCOs how can someone without a disability decide the level of care for someone because they have a medical degree, but do not have a disability themselves? CHC-MCOs to follow up.**

   ACH/KF responded that employees are not required to disclose their disability status based on their job function. SCs are trained in person-centered planning and in conducting objective assessments of a Participant's needs, regardless of the Participant's diagnosis.

   PHW responded that they appreciated the feedback. PHW has added a participant advocate to the clinical review process. This person is responsible for providing additional considerations including, empowering independence, knowledge of assistive technology, advantages of Occupational Therapy (OT) and Physical Therapy (PT) for increased mobility, awareness of community-based programs, etc.

UPMC responded that they use a standardized and validated Inter RAI assessment. The SC is also actively listening to the participant, asking engaging follow up or clarifying questions when needed, and observing how the participant interacts in their environment. SCs and other staff receive frequent training on aging, disabilities and other factors that can impact assessments. Additionally, many of their staff have a disability and/or family members with disabilities.

3. Related to PAS reductions, audience member Elizabeth Ratigan asked in Chat, if the status of a client has changed, such as a hospitalization, how long does the MCO have to go out and reassess the client once they are back in the home? CHC-MCO's to follow up.

   ACH/KF responded that hospitalization is a reason to offer a triggering event assessment, per the CHC Agreement. A triggering event assessment is offered to the Participant and is to be completed within 14 days, so long as the Participant consents to the assessment.

   PHW responded that they can approve a temporary authorization for a short period of time (3-5 days) until the SC can get into the home and assess changes in condition. Their expectation is that the SC, upon notification that the participant is back in their home, schedules an assessment with in the first week of return.
   Additionally, as a best practice, the SCs are trained to monitor health condition following a hospitalization, much more closely than a quarterly visit. To that end, it would be reasonable to expect the SC to recommend multiple services, including assistive technology, OT and/or PT, home adaptations, durable medical equipment, etc. All these services, including consideration for additional in-home care, would be approved via a temporary authorization while the participant is recuperating at home. Additional on-site visits are expected of the SC to monitor quality of care and assess additional changes in condition, including improvements following the recovery time. The SC will provide feedback to the health plan care manager who may recommend further treatment considerations.

   UPMC responded that, depending on the nature of the participant's hospitalization and condition, this can vary. They attempt to touch base with participants during the hospitalization but have up to 14 days to complete their assessment. Participants are able to decline this assessment if they choose.

4. Related to PAS reductions, audience member Kwanesha Clarke asked the CHC-MCOs in Chat how a change in environment (such as a move) affects PAS hours? CHC-MCOs to follow up.

   ACH/KF responded that a change in environment, such as moving, is a reason to offer a triggering event assessment. A triggering event assessment is offered to the Participant and is to be completed within 14 days, so long as the Participant consents to the assessment.

   PHW responded that this depends on the change in the environment. The SC is required to assess the new environment. This could result in a recommended change to PAS pursuant to the 1915 (c) waiver guidelines regarding PAS

employees living in the same residence.

UPMC responded that a new assessment could be completed if the move changed the participants ability to interact in the environment. Environmental modifications may at times impact the provision of other services. This is determined on a case-by-case basis. In some cases, medical equipment and modifications can have a significant impact on the independence of the Participant, and that is the objective of this program.

5. Related to PAS reductions, audience member Felix Weinbrand asked in Chat if there is an expectation for any of the CHC-MCOs to reduce the number of existing contracts with current PAS providers. CHC-MCOs to follow up.

   AHC/KF responded that currently ACH CHC and KF CHC have no intention on reducing the number of existing PAS Providers.

   PHW responded that it monitors provider Electronic Visit Verification (EVV) compliance. Non-compliance with EVV requirements may result in termination from the PHW network.

   UPMC responded that they are not currently reducing the number of contracts outside of any concerns over performance and compliance with existing regulation. UPMC CHC looks to develop a high-quality service delivery system to improve the overall outcomes of the support provided and look to work with other MCOs to support providers of PAS obtaining accreditation to improve the quality of supports provided.

6. Related to PAS reductions, audience member Latoya Maddox asked in Chat why a reduction letter states in black and white "After physician review it's determined..." if medical review is not cited as basis for reduction- has this been the case or changed after August 2023? CHC-MCOs to follow-up.

   ACH/KF responded that the language in the denial letter states, “after physician review it is determined….” as part of the mandatory template language that is used for denial decisions. The reason of “medical review” is not cited as the reason for a denial or reduction. Each letter is tailored to state the reason for the decision.

   PHW responded that in such cases where there is a recommendation to reduce services following an assessment, it is required that one of their medical directors review the Inter RAI, diagnosis, current treatments, and medical condition to determine medical necessity of a requested service or benefit. The physician review is not a “basis” for a reduction. The assessment drives the identification of “need”. The physician review is for the purpose of confirming that, based on medical necessity, there is agreement or disagreement with the service recommendation.

   UPMC responded that the CHC Agreement requires that requests for Prior Authorization (for example, PAS) will not be denied for lack of Medical Necessity unless a physician reviews the request for a Medical Necessity determination.

Such a request for Prior Authorization must be approved when, in the professional judgment of the physician reviewer, the services are Medically Necessary to meet the medical needs of the Participant. The language in the letter confirms that the request was reviewed by a physician as required.

7. Related to PAS reductions, audience member Amy Lowenstein asked in Chat regarding AHC slide 5, "PAS Increases vs. Decreases 2022/2023" does the "% Total Participants Whose PAS Increased" include people who were NEW to Home and Community-Based Services (HCBS)? In other words, does it include people who had not been receiving any PAS because they were not enrolled in the CHC waiver? E.g., Someone who moves from a nursing home to waiver or someone who was newly approved for waiver. Also, is the "% Total Participants Whose PAS Decreased" the total whose PAS was actually decreased? If so, what percent of the total HCBS population were sent a notice proposing a reduction in each year? ACH to follow up.

   ACH/KF responded that the question from Amy Lowenstein is regarding a presentation titled "Personal Assistance Services (PAS) Reduction", which was reviewed at the January 3, 2024 MLTSS Subcommittee Meeting. Amy asked the following question regarding slide 5 of the presentation: "PAS Increases vs. Decreases 2022/2023" does the "% Total Participants Whose PAS Increased" include people who were NEW to HCBS? The answer to this question is no. Amy asked the following question: "Also, is the "% Total Participants Whose PAS Decreased" the total whose PAS was actually decreased?" The answer to this question is yes. Amy asked the following question: If so, what percent of the total HCBS population were sent a notice proposing a reduction in each year? ACH/KF response: 2021 = 3.9%, 2022 = 4.1%, 2023 = 13.1% of the total HCBS population were sent a notice proposing a reduction.

8. Related to Diversity, Equity, and Inclusion Efforts, subcommittee member Lloyd Wertz asked what UPMC is doing to increase the diversity of mental health providers serving diverse members. Mike Smith from UPMC said he would have to follow up.

   UPMC responded that their UPMC CHC Behavioral Health Coordination team keeps track of behavioral health providers who meet diversity needs e.g. language, ethnic, neurodiversity, and disability friendly. When there is a lack of providers that meet a diversity need, their team shares this information with Behavior Health (BH) MCOs and the UPMC Special Needs Plans (SNP) that manage behavioral health benefits. Examples from 2022-2023 include requesting more Nepali-speaking therapists in Erie and Dauphin counties, which led to subsequent efforts by the respective BH MCOs to recruit more. During routine meetings with these MCOs they collect updates from them on these providers, and they also share suggestions for improving provider directories to facilitate the search.

   UPMC CHC behavioral health coordination team has also been promoting the change for 2024 in which Medicare recipients can see enrolled Licensed Professional Counselors (LPCs) and Licensed Marriage and Family Therapists (LMFTs) for outpatient therapy, in addition to the current PhD psychologists and Licensed Clinical Social Workers (LCSW). This can increase the diversity, as psychologists are estimated by the American Psychological Association to be

83% white, whereas LPCs are estimated to be only 67% white and are also far more numerous.

UPMC CHC has also invited behavioral health providers to community events as applicable, helping connect existing and sometimes under-used providers to participants. One recent example is the UPMC CHC Spanish Inclusion Forum in Philadelphia, which included the presence of Hispanic Counseling Center and the Asociación de Puertoriqueños en Marcha.

Recent efforts by UPMC's sister and affiliate organizations include:

- **Community Care (CC) BH's HAIR program, in which stylists are trained in behavioral health screening and support in communities of color.**
- **PMC Health Plan's 4Healthcare, an apprenticeship initiative that helps connect people to health care jobs, including in behavioral health.**
- **Two joint efforts by the University of Pittsburgh and UPMC:**
  - **A program that launched on Juneteenth to recruit more people of color to train to be advanced practice providers (APPs) at Pitt and potentially be hired by UPMC.**
  - **The Coalition for Residents and Fellows of Color (C-ROC) a UPMC Employee Resource Group that provides networking, social, and community engagement opportunities for residents who are under-represented in medicine, led by psychiatry residents.**

9. **Related to Diversity, Equity, and Inclusion Efforts, audience member Kathy Cubit asked CHC-MCOs if anti-ageism training is part of your required curriculum? If not, how is ageism addressed among staff? CHC-MCOs to follow up.**

ACH/ KF responded that they do not have a training program whose topic is explicitly, Anti-ageism. However, they have several programs that cover the topics of age discrimination and bias.

- **Motivational Interviewing – The service coordinators attend a Motivational Interviewing course that includes the topics of the person-centered model of care as part of the ACH philosophy and additional training on person-centered thinking that blends into the SC gaining an understanding of the importance of their approach towards members health needs by demonstrating respect and acceptance. The elements of motivational interviewing include the spirit of partnership, acceptance, evocation, and compassion. The SC will also learn skills to manage discord and how to apply motivational interview skills. <u>This course is required and assigned.</u>**
- **Recognizing Ageism to Be More Inclusive - In this course, they explore examples of the most common forms of age bias and its implications. Associates learn to recognize and acknowledge ageist thoughts, beliefs, and attitudes and teaches you the skills to develop an age-inclusive mindset and workplace. <u>This course is available and recommend to associates but is not assigned.</u>**
- **Recognizing and Reducing Bias – In this course, associates learn the definition of bias and how it is forms and develops. Associates learn to identify their bias and the bias of other and how it impacts decision, its impacts on health outcomes and health equity. <u>This course is required and assigned.</u>**

- **Civil Treatment for Associates – In this course associates learn why age discrimination is against the law and the impacts on a workplace where discrimination is allowed to flourish. They also are given the tools to recognize and speak-up when the see or hear acts of discrimination. This course is required and assigned.**
- **Civil Treatment for Leaders – In this course leaders learn about their responsibility to detect, monitor, and reduce age discrimination and why it is against the law and the impacts on a workplace where discrimination is allowed to flourish. The leaders learn about their responsibility to ACT when the see or hear acts of discrimination. This course is required and assigned.**
- **Health Equity – In this course, associates learn the difference between health equity and disparities. In one component of the module, associates learn how age can play a role in the impact of health outcomes. This course is required and assigned.**

PHW responded that yes, anti-ageism is included in their training curriculum.

UPMC responded that an "Ageless Wisdom" training course was approved by and built in collaboration with UPMC Senior Services. Course description:

- **Ageless Wisdom is an interactive and experiential geriatric sensitivity training program. Objectives of the program are to:**
  - **Identify and experience normal changes as we age**
  - **Identify and experience changes as a result of disease and disability associated with the aging process**
  - **Discuss golden rules that outline strategies to manage the changes**
  - **Help the audience to view aging as a positive experience**

10. **In the public comment period, audience member Lauren Alden asked in Chat if the MCOs would be comfortable putting an anonymous survey out to their SCs asking if they feel comfortable countering a PAS reduction? The Centers for Independent Living (CIL) would be happy to assist with survey questions. CHC-MCOs to follow up.**

ACH/KF responded that they have established channels for staff to be able to openly share and express areas for which they feel uncomfortable regarding their work. During case rounds, where discussions are held there is usually a leader on the call to support the SC and also hear the discussion and counter if the SC/Supervisor feels that a reduction is not appropriate. The SC would have support if there was any concern. ACH/KF has taken the collaboration model and encourages open communication between the Service Coordination and LTSS Utilization Management (UM) Review teams.

PHW responded that Service Coordination is an administrative function of the MCO. They would not support putting them in this position.

UPMC responded that they use the comprehensive needs assessment to review the needs of the Participant along with their Person-Centered Planning Team. To the greatest extent possible, the SC works with that team to produce the right type and level of services needed. UPMC SCs are expected to provide detailed

information supporting the needs of the person. If reductions are being recommended, the supervisor and clinical staff person reviews the information prior to submission to the UM team. They make the final determination. Any reductions or denials of services by the UM team will be reviewed and a conversation held if the SC is concerned that a reduction should not take place. UPMC does not think this survey is necessary as staff have many opportunities to voice concern over these changes.

11. **In the public comment period, audience member Kelly Barrett stated, I understand that high blood pressure, osteoporosis, etc. are important priorities for all women. Across the presentations from the MCOs, I did not see any focus on the accessibility of healthcare, especially for women with disabilities. The only comprehensive care program that I am aware of is the UPMC Center for Women with Disabilities in Pittsburgh. How are the MCOs and OLTL addressing this issue? The CHC-MCOs and Dr. Appel to follow up.**

    Dr. Lawrence Appel, OLTL Medical Director, responded that the women's health initiative has a goal of MCOs identifying those at highest risk for cardiovascular issues, falls and fractures, and breast cancer. Once these Participants are identified, then the MCOs are to work to provide rapid access to high quality specific and appropriate care. This initiative is also part of a continuing effort to improve care access overall.

    ACH/KF responded that they realize the importance of access to care for women with disabilities and considers this a priority. The health plan provider network management team monitors facilities and providers to ensure accessibility of their facilities and offices. Disability access is closely monitored, and network providers must comply with Americans Disabilities Act (ADA) standards. As an example, facilities that perform screening examinations that are essential for women including mammograms, must be able to accommodate women with disabilities. In addition, the health plan has a partnership with Inglis House, an organization whose mission is to enable individuals with disabilities to achieve their goals. The partnership involves access to assistive technology that can enhance accessibility to healthcare and improve quality of life.

    PHW responded that accessibility is always a concern, especially in the rural communities across the Commonwealth. SCs and their Care Management teamwork with Participants to access care. This is often in coordination with their primary insurance as CHC is an LTSS plan and often the secondary payor for the Participant's health care needs.

    UPMC responded that providers are required to be accessible under the ADA and the UPMC CHC network team monitors and follows up with providers to ensure they are accessible. UPMC CHC Provider Directory indicates if a provider is accessible when the provider name is opened to review the provider details. UPMC is reviewing options to open additional targeted facilities specifically designed for serving people with disabilities.

12. **Related to PAS Reduction, subcommittee member Matt Seeley questioned if the sample notice language on slide 10 of the UPMC presentation would be understood by Participants. Randy Nolen said he would look at the language.**

    The language of the sample notice is being reviewed. An update will be provided at the March 7, 2024 LTSS meeting.