June 5, 2024; July 2, 2024; and August 7, 2024 Long-Term Services and Supports (LTSS) Subcommittee Meeting Follow-Up Items for the September 4, 2024 LTSS Subcommittee Meeting

1. **Regarding the HCBS Rate and Wage Study Survey,** Subcommittee member Ali Kronley asked in the August meeting if the ListServ information about the HCBS Rate and Wage Study Survey was posted to the Tempus website or portals which is where the participant directed employers tend to look for communications.

   Randy Nolen, OLTL Bureau Director of Integrated Services, and Michael Hale, OLTL Bureau Director of Quality and Provider Management, confirmed that the Listserv information about the Home and Community-Based Services (HCBS) Rate and Wage Study Survey was posted on Tempus and send to the Common Law Employers (CLE).

2. **Regarding billing for caregivers,** audience member Jermaine King asked in CHAT at the July meeting when will OLTL authorize an overtime billing rate for caregivers who work overtime.

   Dan Sharar, Bureau Director of OLTL's Bureau of Finance, responded that overtime rates reflect the waiver fee schedule rate times 1.5 for participant-directed Personal Assistance Services (PAS) and Respite workers who do not live in the same residence as the participant and who work more than 40 hours per week.

3. **Regarding Service Coordinator (SC) and Nursing Facility (NF) Discharges,** Subcommittee Chair Kathy Cubit asked in the August meeting if the Community HealthChoices (CHC)-Managed Care Organizations (MCOs) can provide any enhanced support to residents who live in special focus facilities or very poor performing facilities, and do you track the facilities that have a high record of involuntary discharges to make sure those folks get the help they need.

   AmeriHealth Caritas/Keystone First (AHC/KF) responded that when concerns are noted in facilities, contacts are increased via face to face or telephonically. Health and safety are reviewed at every contact and any concerns are addressed while the SC is at the facility. SCs also follow procedures for mandated reporting as needed. Regarding involuntary discharges, SCs are notified of eligibility end dates and work with participants to identify community resources prior to discharge. Service coordinators also assist with navigating the process of redetermination, including providing participants with appeal information.

   PA Health & Wellness (PHW) responded that PHW does not currently experience a high amount of involuntary discharges, but when they have occurred in the past, the SC makes more frequent contact with the participant to first determine the cause. Becoming HCBS eligible is often a barrier, and the SC pays close attention to assisting them to become HCBS waiver eligible. The PHW SC works with the participant and their person-centered planning team to set up services as quickly as possible to keep participants safe and cared for in their community setting, or to find a different facility if

that is the desire of the participant. In the event of a quality-of-care issue with a participant, the SC will work with the participant and their supports to report an issue to PHW's Quality of Care Team. A formal investigation is then performed by this PHW team to determine if a complaint should be made to the Department of Human Services (DHS) for investigation. Simultaneously, PHW's SCs will work with the participant and their supports to determine if a different setting would be preferred or to determine if a community setting would be desired.

UPMC responded that all involuntary discharges were related to Nursing Facility (NF) closures. UPMC Service Coordinators (SCs) speak with the NF Social Workers (SW) during each NF visit. When the SC is advised of a NF closure, SC meets with the NF SW and each of their participants. The SC then follows up with the NF SW at least weekly until all participants have been transferred.

4. **Regarding loss of coverage during redetermination,** Subcommittee member Lloyd Wertz asked at the June meeting if the enrollees costliest to the Managed Care Organizations (MCOs) would be the ones in skilled nursing facilities. The CHC-MCOs responded that it depends on the services that are in place and the level of care. Lloyd then asked if there were ways to be able to differentiate those who are disenrolled and reenrolled in a way to lower their cost to the CHC-MCO versus those who are not reenrolled in a way to lower the cost.

   Randy Nolen responded that the cost of a participant's care depends on their person-centered care plan and the services that they receive. There are Home and Community-Based Services (HCBS) participants that have a higher cost care plan than NF participants based on their service needs. OLTL does not monitor this specifically.

   No participants are disenrolled and re-enrolled in an effort to reduce cost. Enrollment is based on Medicaid financial and functional eligibility criteria and not cost of their services.