Community HealthChoices (CHC) Waiver Renewal and OBRA Waiver Amendment

Long-Term Services and Supports (LTSS) Subcommittee Meeting
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CHC 1915(c) WAIVER RENEWAL AND OBRA AMENDMENT

Renewal and Amendment will be effective January 1, 2025.

For CHC, the Centers for Medicare & Medicaid Services (CMS) requires 1915(c) Home and Community-Based Services (HCBS) Waivers be renewed every 5 years.

Many of the major changes in CHC also require amendments to the OBRA waiver for consistency.

PUBLIC NOTICE AND COMMENT PERIOD

- Public Notices were published on June 15, 2024, in the *Pennsylvania Bulletin* announcing the availability of the CHC waiver renewal and the OBRA amendment. This initiated a 30-day public comment period.

- OLTL received hundreds of comments from which several changes were made to the proposed amendments to the waivers.

SERVICE DEFINITIONS – CHC AND OBRA

- **Benefits Counseling – No change**
  - Add Work Incentive Practitioner-Credential (WIP-C) certification for providers of Benefits Counseling to expand the pool of individuals who may provide the service.

- **Employment Skills Development – Change**
  - Add text to emphasize that sheltered workshop employment is not funded through the waiver.
    - Handicapped employment, as defined in Title 55, Chapter 2390, may not be funded through the waiver. Waiver funding is not available for the provision of Employment Skills Development (e.g., sheltered work performed in a facility) where participants are supervised in producing goods or performing services under contract to third parties **at subminimum wage** ~~**and are not community integrated**~~**.**

SERVICE DEFINITIONS – CHC AND OBRA

- **Home Adaptations – No change**
  - Add language to better differentiate between Home Adaptations in the waiver and Home Accessibility Durable Medical Equipment covered by the State Plan.
    - The Medicaid (MA) State Plan will cover home accessibility durable medical equipment, including but not limited to, wheelchair lifts, stair glides, ceiling lifts, and metal accessibility ramps, which are medically necessary to enter and exit the home or to support activities of daily living and meets the definition of 42 CFR Section 440.70(b)(3)(I-ii), along with installation of the equipment or appliance. Other home adaptations in this service specification are not covered in the MA State Plan.

- **Structured Day Habilitation Services – No change**
  - Change years of experience for Individual Support Staff from 5 years to 2 years to increase the pool of eligible workers to address workforce shortages.

SERVICE DEFINITIONS

- **CHC only – Telecare – Change**
  - The service definition referred to a Telecare Services Directive, which is obsolete. The Telecare Services Directive was removed from service definition.
  - Added the following to the Service Definition:
    - **Providers must obtain and maintain documentation of informed consent form that at a minimum state the:**
      1. **Right to accept, deny, or terminate the use of the TeleCare services.**
      2. **Benefit and purpose of the services.**
      3. **Risk associated with the use of the equipment.**
      4. **Extent to which data will be collected, reviewed, shared and stored.**
      5. **Assurance of confidentiality.**

- **OBRA only – Home Adaptations and Personal Emergency Response System (PERS) – No change**
  - The service definitions for Home Adaptations and PERS are revised to align with the service definitions in CHC.

SERVICE DEFINITIONS

- **OBRA only - Community Transition Services – Newly added language**
  - Community Transition Services are one-time expenses for individuals transitioning from an institution ~~to their own home, apartment or or family/friend living arrangement~~ **or another provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses.**

TELESERVICES – CHC AND OBRA – Change

- Teleservices will allow **Nutritional Consultation**, Cognitive Rehabilitation Therapy Services and Counseling Services to be provided remotely.
- The waiver will contain a description of teleservices and addresses:
  - Teleservices may only occur when the **participant and** Person-Centered Planning Team determines that using remote technology is the most appropriate service delivery method to meet the participant's needs and goals.
  - Teleservices are remote 2-way live communication.
  - Description of how the participant's privacy will be guaranteed and that **the Service Coordinator has discussed privacy concerns with the participant and confirmed the provider has educated the participant on their privacy policy. This must be documented in the Person-Centered Service Plan (PCSP).**
  - The PCSP must describe of how teleservices will support community integration and will promote improved health and welfare.
  - The request to use teleservices was initiated by a request from the participant and/or the family/representative and not the provider.
  - How the participant's need for in-person support during service provision will be met.
  - The provider is responsible for ensuring Health Insurance Portability and Accountability Act (HIPAA) compliance.

CHORE SERVICES – CHC ONLY – Change

- Chore Services consist of heavy household chores which are necessary to maintain the functional use of the home or provide a clean, sanitary and safe environment. This service may be authorized only when an unclean ~~and~~ **or** cluttered living space impedes service delivery or increases the probability of injury from environmental hazards, such as falls or burns.
  - Covered Chore Services are limited to the following:
    - Washing floors, windows and walls;
    - Moving or removing large household furnishings and heavy appliances in order to provide safe access and egress (i.e. a way out) for the participant, the direct service worker and/or emergency personnel. This may include addressing items that are stored outside of the home on porches or in front of doorways;
    - Securing household fixtures and items, including tacking down loose rugs and flooring, in order to or prevent falls or injuries; and
    - Seasonal installation and removal of window air conditioners.

CHORE SERVICES, CONTINUED

- For individuals with hoarding disorders, this service is intended to be utilized in conjunction with behavioral health services. The participant must be actively engaged in behavioral health services or ~~attend~~ **has been referred** for a behavioral health consultation.
  - The following additional services may be provided when a hoarding disorder is present:
    - Cleaning attics, basements or common living space to remove fire hazards as determined necessary by the Service Coordinator;
    - Dumpster rental and refuse disposal;
    - Sorting, packing and/or removal of the participant's belongings; and
    - Remediation and disposal of hazardous waste.

- Providers: House Cleaning, Janitorial and Clean-Out Contractors

- In Appendix A-1-3: OLTL allows the CHC-MCOs to use a broker for **Chore Services**, Home Adaptations, Pest Eradication and Non-Medical Transportation services.

OTHER REVISIONS

- **Child abuse clearances (CHC and OBRA) – Change – This proposed change is withdrawn.**
  - ~~Clearances are required for all direct care workers and service providers, including Service Coordinators and contractors, providing services in homes where children reside **are present**~~.

- **Annual Redeterminations (CHC only) – Newly added language**
  - ~~As stated above, in~~ **In** instances where the applicant's physician and the assessor differ on the final functional eligibility determination, **a referral for a new FED will be made to the IAE. The results of the FED are then provided to** OLTL's Medical Director **who** will review the collected documentation and make the final determination.

- **Remove language about Organized Health Care Delivery System (OHCDS) and the Participant Review Tool (CHC only) – No Change**
  - Both of these items are outdated information.

OTHER REVISIONS, CONTINUED

- **Service Plans (CHC and OBRA) – No change**
  - Add language to reinforce that if a participant's rights in a setting need to be modified due to an assessed need, it must be documented in the PCSP and if a provider creates a treatment or service plan, that plan must be incorporated into the PCSP.
    - ➢ These items are in response to feedback from CMS during the Home and Community Based Settings Final Rule Heightened Scrutiny onsite visits.

  - Reduce the timeframe of PCSP implementation (CHC only) – **Change**
    - ➢ PCSPs must be ~~completed~~ **developed and implemented** no later than ~~30~~ **15 business** days from the date the comprehensive needs assessment or reassessment is completed.

- **Fair Hearings (OBRA only) – No change**
  - Change the timeframe in which a participant may request a fair hearing and have services continue from 10 days to 15 days.

OTHER REVISIONS, CONTINUED

- **Appendix E: Participant Direction of Services (CHC only) – Newly added language**
  - Added language that Service Coordinators are responsible for informing the participant of the availability of the direct care worker referral and matching system.
  - Updated OLTL's goals for each waiver year for the unduplicated number of waiver participants who are expected to choose the participant-directed model. This is based on historic utilization.

Table E-1-n	
	Budget Authority and Employer Authority
Waiver Year	Number of Participants
Year 1	8054
Year 2	8215
Year 3	8379
Year 4	8547
Year 5	8718

Community HealthChoices

OTHER REVISIONS, CONTINUED

- **Appendix G: Participant Safeguards (CHC - similar changes made to OBRA) - Change**
  - Language revised throughout regarding Critical Incidents – ensure timeframes stated in waiver and responsibilities of entities involved in the process are accurate.
  - **The CHC-MCO,** Service Coordinator, **or provider agency** has 48 hours to enter initial information regarding critical incidents into EIM, and 30 days from discovery of the incident to investigate it and close the incident report in EIM.
  - CHC-MCOs are required to:
    - Initiate investigation within 24 hours of having knowledge of the incident.

    …
    - Submit a report to OLTL within thirty (30) calendar days of ~~the occurrence~~ **discovery**. When the CHC-MCO is unable to conclude initial investigation within thirty (30) **calendar** days, request an extension from OLTL through EIM.
  - Investigations must be initiated within 24 hours of incident ~~being reported~~ **discovery**. Investigations of all critical incidents must be completed within thirty (30) **calendar** days of receiving the incident report. If the timeframe is not met, the details regarding the delay will be documented in EIM. The MCO will monitor any investigative process that is taking beyond the allotted time for completion.

OTHER REVISIONS, CONTINUED

- **Appendix H: Quality Improvement Strategy (CHC only) - Change**
  - Language revised throughout to current process.
  - Re-added language to clarify that CHC-MCOs use the HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and that the CHC-MCOs will select a statistically valid sample:
    - CHC-MCOs are also required to annually administer the **HCBS** Consumer Assessment of Healthcare Providers and Systems (**HCBS** CAHPS) Survey to gather feedback on HCBS participants' experience receiving long-term services and supports. CHC-MCOs will administer the most current version of the instruments and report survey results to DHS/OLTL as required under the CHC agreement. This includes using the Supplemental Employment Module specifically designed to be used alongside the **HCBS** CAHPS Survey tool as well as Pennsylvania specific questions designated by OLTL that relate to person-centered service plan, transportation, housing, dental, Supplemental Nutrition Assistance Program (SNAP), survey assistance and mental health. **The CHC-MCO will select a statistically valid random sample based on a 95% Confidence Level, ± 5% Confidence Interval, and a 50% Distribution, proportioned by region.**

Questions?