Personal Assistance Services (PAS) Reductions

Long-Term Services and Supports (LTSS) Subcommittee Meeting

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Comprehensive Needs Assessment (CNA)

- Service Coordinators complete a CNA in person with the participant during plan enrollment then yearly thereafter, or sooner if a trigger event requires reassessment.
- Service Coordinators receive training on completing the CNA as part of their onboarding training with refresher trainings as needed.
- During the assessment process, Service Coordinators review a wide range of participant's abilities and needs, including (but not limited to) cultural considerations, cognition, psychosocial well-being, activities and instrumental activities of daily living, disease diagnoses, continence, medications, social supports, and environment.
- The Service Coordinator, participant, and the person-centered team develop a Person-Centered Service Plan (PCSP) that is participant driven, individualized and unique. The PCSP reflects the services and supports important to and for the participant and includes both Long-Term Services and Supports as well as and Physical Health Services.

Long-Term Services and Supports (LTSS) Utilization Management (UM) Team Clinical Review

The LTSS UM team was conceived as a team to review the Person-Centered Service Plan to ensure that member assessments completed by the service coordinator in the community are of high quality, free of errors, and meet the members needs.

Role and Purpose:

- A clinical team reviews your care plan after every assessment to make sure it is complete, accurate, and reflects your needs.
- They double-check that the information your Service Coordinator collected is clear, consistent, and free of errors.
- They schedule a meeting with your service coordinator and all appropriate parties to discuss any additional supports or referrals.
- If they see other needs (like behavioral health support, medical care coordination, equipment, nutrition, or nursing services), they recommend referrals or additional supports.
- A summary is sent to the medical doctor, along with the full assessment to help make a final decision about services.

The Decision: What Happens Next?

A medical doctor carefully reviews the care plan, medical records, and the Service Coordinator's recommendations before a final decision is made within 2 business days of receiving the request.

If family members or friends help the participant, the care team may consider what informal support they are willing and able to provide, such as specific tasks and how much time they can help.

If there is a change to the participant's Personal Assistance Services (PAS) a letter is mailed within 2 business days from the decision. The Service Coordinator will talk with the participant within 3-5 business days from the decision, explain the decision, and review the participant's rights if they don't agree.

What the Participant Receives

The Decision Letter

- Explains why Personal Assistance Services (PAS) hours are changing.
- Tells the participant when the change would start.
- Explains the participant's right to disagree with the decision or file a grievance.
- The letter is sent to the participant, provider, and Primary Care Physician (PCP) so everyone has the same information. This occurs within 2 business days of the decision.
- If a reduction decision is made and the participant chooses to file a grievance within 15 calendar days, current PAS hours stay the same pending the outcome of the grievance.

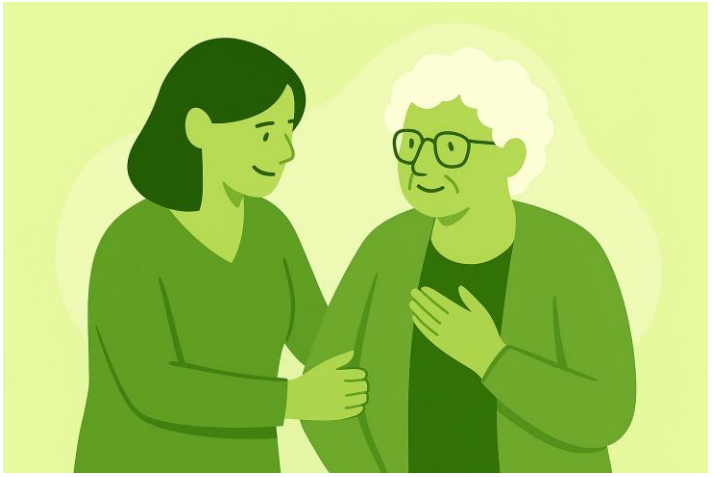
The Decision Person-Centered Service Plan (PCSP)

- A copy of the participant's PCSP is included in all denial letters.
- The PCSP outlines all approved services, including any PAS changes.

Personal Assistance Services (PAS) Reduction Implementation

If a Change is Made:

- If the participant chooses not to file a grievance within 15 calendar days of the letter date, the change of PAS hours will begin as explained in the decision letter.
- PHW will also notify the PAS provider so everyone understands when changes would begin and what services are approved.
- If the participant uses more than one PAS provider, we work with the participant, family, and service coordinator to decide how the approved hours are shared to ensure all needs are met.
- Once the change starts the participant will receive an updated Person-Centered Service Plan (PCSP) that shows their new PAS hours, providers, schedule and all other approved services.



Grievance Process

The participant has 60 calendar days from the letter date to file a grievance.

What happens when the participant files a grievance?

Step 1: We Let You Know We Received It

- The participant will receive a letter confirming that the grievance was received and accepted.

Step 2: Your Review is Scheduled

- The participant will receive another letter letting them know the date and time of the grievance review.

Step 3: You Receive the Decision

- After the grievance review, a decision letter is mailed to the participant explaining the outcome.

Step 4: Services Are Updated

- Right after the review the grievance coordinator notifies the authorization team of the decision.
- If the decision increases the Personal Assistance Services (PAS) hours, the change is made right away.
- If the decision decreases PAS hours, the change is delayed for 15 calendar days to give the participant time to request an External Review and/or a Fair Hearing.

External Review Process

- The participant may request an External Review by an independent reviewer within 15 calendar days of the grievance decision letter.
- Personal Assistance Services (PAS) hours stay the same while the External Review is being completed.
- The independent reviewer is assigned within 5 business days.
- The participant will receive a letter confirming the request and a letter with instructions on how to submit documentation to the independent reviewer.
- The participant will receive a decision letter explaining the outcome.
  - If the decision increases the PAS hours, the change is made immediately.
  - If the decision does not result in an increase in PAS hours, and no Fair Hearing request has been filed within 15 calendar days of the grievance decision letter, PAS hours may change based on the grievance decision.

Fair Hearing Process

- The participant may request a Fair Hearing with the Office of Long-Term Living (OLTL) within 120 calendar days of the grievance decision letter.
  - If requested within 15 calendar days of the grievance decision letter Personal Assistance Services (PAS) hours will stay the same until the hearing is completed.
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  - If requested after 15 calendar days, and no External Review was filed, PAS hours may change based on the grievance decision.

- The participant will receive a letter from the Bureau of Hearings and Appeals letting them know the date and time of the hearing.

- The participant will receive an exhibit packet from PA Health & Wellness prior to the hearing that includes information that was used to make the decision under appeal.

- The Bureau of Hearings and Appeals has up to 90 calendar days from the date of the Fair Hearing request to issue a decision.

- After the Fair Hearing decision is received, services are updated based on the outcome.

Quarterly Breakdown of Personal Assistance Services (PAS) Decisions

Decision Date	Total PAS Decisions	Total PAS Reduction Decisions	PAS Reductions % of Total
2024	**29,436**	**1,530**	**5%**
Qtr1	7,832	553	7%
Qtr2	7,360	461	6%
Qtr3	7,088	367	5%
Qtr4	7,156	149	2%
2025	**31,019**	**490**	**2%**
Qtr1	7,551	122	2%
Qtr2	7,582	138	2%
Qtr3	7,485	117	2%
Qtr4	8,401	113	1%
Grand Total	**60,455**	**2,020**	**3%**

Questions ?

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