



# OLTL Updates

Medical Assistance Advisory Committee Meeting

May 27, 2021

# Agenda

- COVID-19 Updates
- Community HealthChoices (CHC) Updates

# COVID-19 Guidance

- Updated guidance for Adult Daily Living Centers was jointly issued by OLTL, ODP, and the PA Department of Aging on May 13<sup>th</sup>.
- The updates included in the guidance address reopening and testing requirements specific to vaccination rates and vaccination status.
- The updated guidance can be found on the DHS COVID-19 Provider Resources website.

# American Rescue Plan Act (ARPA)

- State Medicaid Directors Letter #21-003 issued on May 13th provides guidance to states on the uses of the enhanced FMAP for Home and Community-Based Services (HCBS)
- Enhanced FMAP will be provided from April 1, 2021 to March 31, 2022.
- States are permitted to use the enhanced FMAP funding through March 31, 2024.
- Guidance outlines examples of activities to support state:
  - COVID-19 HCBS needs
  - HCBS capacity building and LTSS rebalancing reform.
- Initial State spending plans and narratives due within 30 days.

# CHC Updates

# Financial Management Services (FMS) Transition

- On May 13<sup>th</sup>, OLTL and the CHC Managed Care Organizations (CHC-MCOs) held the first stakeholder meeting for the upcoming FMS transition.
- OLTL and the CHC-MCOs reviewed the upcoming changes to the CHC program.
- An approach for the Act 150 program and OBRA waiver are still under review.
- The next stakeholder meeting is scheduled for June 28<sup>th</sup> and an invitation will be released soon.

# CHC Updates

- 1768 Process
  - Effective June 1, 2021, CHC-MCOs are to resume following the processes outlined in the *Circumstances When CHC-Managed Care Organizations (MCO) Must Transmit the Home and Community-Based Services (HCBS) Eligibility/Ineligibility/Change Form (PA 1768) Ops Memo*.
  - The PA 1768 is used to notify the County Assistance Office (CAO) when a CHC Participant is determined clinically eligible for CHC HCBS or when a CHC Participant, who is receiving HCBS, experiences a change affecting his or her eligibility for HCBS.

# CHC Updates

- 1768 Process (continued)
  - Refusal of Annual Comprehensive Needs Assessment
    - If the Participant refuses to obtain a comprehensive needs assessment for a period of 30 days or more, the CHC-MCO must notify the Participant in writing that the Participant must complete the comprehensive needs assessment to receive HCBS.



# CHC Updates

- 1768 Process (continued)
  - Unable to Contact
    - If the CHC-MCO is unable to contact the Participant after attempting to contact the Participant by phone three times on three different days at three different times of the day (e.g., morning, afternoon, and evening), the CHC-MCO must send the Participant's Service Coordinator or other CHC-MCO representative to visit the Participant in-person at their home.
    - If, after 30 days, the CHC-MCO is still unable to contact the participant, the CHC-MCO will then provide the Participant with written notice of the contact attempts and pending termination of HCBS via a certified letter.

# Questions?

