

MEDICAL ASSISTANCE ADVISORY COMMITTEE MEETING

June 24, 2021

Members present: Deborah Ann Shoemaker, Kathy Cubit, Teri Henning, Joe Glinka, Nancy Murray, Minta Livengood, Laval Miller-Wilson, Jeff Bechtel, Richard Edley, Mark Goldstein, Eric Kiehl, Linda Litton, Sonia Brookins, Heather King

This meeting was held via webinar due to the COVID-19 pandemic.

Deborah Ann Shoemaker, Chair, called the June meeting of the Medical Assistance Advisory Committee (MAAC) to order at 10:00 a.m. Roll call was taken for committee members and Department of Human Services (Department) staff. Approval of the minutes from the May meeting was delayed until quorum was reached.

Ms. Shoemaker introduced herself and announced membership changes. Sonia Brookins will serve as co-chair. Heather King is replacing Jennifer Swinnich's role. Ms. Shoemaker assured that the MAAC will continue some of the same work Russ McDaid was attempting to complete related to membership with focus on diversity, equity, and inclusion within the committee structure.

OMAP Update

Ms. Sally Kozak, Deputy Secretary, Office of Medical Assistance Programs (OMAP), provided the OMAP update.

Ms. Kozak began with an update to the HealthChoices procurement and confirmed the Department is moving forward with the readiness reviews. The Department will work with the selected bidders to ensure that they are ready to implement. Ms. Kozak advised that until the Department receives a decision from the court related to the protests that were filed, the Department will not enter negotiations with the selected bidders. An exact date to go live has not been provided. Once the Department enters final negotiations, they will take approximately sixty to ninety days and then there will be another ninety-day period in which individuals are notified of their new plan choices. The Department anticipates court rulings will be in favor of the Department.

Ms. Kozak continued with updates related to the Governor's disaster declaration and announced legislation was passed to end the public health emergency (PHE). A provision in the legislation allows for some of the regulatory flexibilities to remain in place at least until the end of September, however most of the flexibilities implemented were authorized by the federal PHE. The Department does not anticipate that the end of the state PHE will have a significant impact on the Medicaid program however is evaluating instances of concern. Ms. Kozak affirmed the flexibilities that are currently in place will remain in place. If there is a need for a change the Department will issue additional guidance.

Ms. Kozak reminded the committee that the Department rescinded the suspension of provider revalidation and reinstated that requirement in June 2021. The Department also reinstated prior authorization requirements on July 1, 2021, with the exception of pediatric shift nursing.

Teri Henning with Pennsylvania Homecare Association inquired if Deputy Secretary Kozak could speak more to the pediatric shift nursing and revalidation and if there are plans to change that.

Ms. Kozak responded that the waiver of prior authorization for pediatric shift nursing will remain in place. The Department recognizes that schools, day programs and some of the pediatric extended care centers were closed and we will re-evaluate as those systems re-open.

Joe Glinka of Gateway Health asked about notification related to the reinstatement of the prior authorization requirements and what type of advance notice is being issued to providers. Ms. Kozak indicated that Medical Assistance (MA) Bulletin 99-21-03 issued on April 30, 2021, provided a 60-day notification of the reinstatement of the prior authorization effective July 1, 2021. The managed care plans were notified at the same time and should have started to follow their processes to notify their providers.

Ms. Kozak continued with updates related to the American Rescue Plan Act (ARPA). ARPA provides qualifying states with a temporary 10% increase to the federal medical assistance percentage (FMAP) for certain home and community-based services (HCBS). On June 16, 2021, the Department released the proposed spending plan which is open for public comments through July 6, 2021. For individuals unable to submit comments in writing, a public session will be held on June 30th at 10:00 a.m. The plan was also submitted to the Centers for Medicare and Medicaid Services (CMS) for their review and consideration. Links to the plan are included in the slide presentation.

Ms. Kozak provided a high-level description of the nine domains the Department focused on, which include increasing access, payment rate and benefit enhancements, and supports to improve functional capabilities of peoples with disabilities. Additionally, focus was given to mental health and substance use disorder services, workforce support, caregiver support, transition support, supplies and equipment, and HCBS capacity building. Ms. Kozak encouraged everyone to go online to review the report and provide feedback.

Ms. Henning inquired about timing and next steps and what the Department expects to happen next. She also asked if the plan will be amended based on public comment, if there is anticipation of what CMS will do, where the legislature fits in, and if there is an expected timeframe for when the funds will be available.

Ms. Kozak confirmed that as the Department receives feedback adjustments to the plan can be made. States were given 30 days from the release of the information to

submit a plan to CMS. The Department shared the plan with the legislature however no feedback has been received at this time. Ms. Kozak indicated the funding is available now but the requirements for receiving the funds are being reviewed and analyzed by the Department's fiscal office.

Kathy Cubit with the Center for Advocacy for the Rights and Interests of the Elderly provided an operations recommendation. Ms. Cubit suggested an ARPA webpage that includes all public information related to and affected by ARPA. She suggested a review and copy of Colorado's webpage as well. Ms. Kozak offered gratitude for the recommendation and stated it will be submitted for review.

Mr. Glinka requested information regarding ARPA resources and asked if there was any anticipation of a portion of those funds being directed to the physical health HealthChoices program. Ms. Kozak recapitulated the enhanced funding for HCBS and indicated that within the physical health HealthChoices program that includes the pediatric shift nursing population.

Ms. Kozak continued with an update related to providers of opioid treatment program (OTP) services and announced that due to changes within the Medicare program effective October 2020, the Department is issuing a bulletin requiring OTP providers serving dually eligible individuals to enroll in Medicare. Additional requirements include billing Medicare prior to billing Medicaid for those services. The target effective date for this is July 1, 2021. The Department has been proactive in identifying these individuals to ensure uninterrupted access to benefits during this change.

Updates were provided related to home accessibility durable medical equipment (DME) advising that the Department is releasing a bulletin that outlines the requirements for coverage. Ms. Kozak provided examples of items that may be covered under home accessibility DME, such as stair glides, ramps, and vertical lifts. Ms. Kozak reminded the committee that home modifications are not a covered benefit.

Mr. Glinka asked for confirmation on whether or not there is an anticipated savings related to the changes for OTP providers since OTP providers were previously billing Medicaid first. Ms. Kozak agreed there may be some anticipation of a slight savings but nothing official to share.

Laval Miller-Wilson with the Pennsylvania Health Law Project and Deborah Ann Shoemaker expressed an eagerness to review the bulletin related to the OTP providers billing Medicare first. Concerns were expressed for individuals who are receiving Medication Assisted Treatment (MAT). Ms. Kozak responded by confirming that the Department is being proactive in identifying individuals with dual eligibility to ensure continuum of care.

Ms. Kozak reported on expansion enrollment from June 7th through June 11th at 961,255 individuals that would have not otherwise had coverage. Ms. Shoemaker

requested the overall Medicaid enrollment number. Ms. Kozak indicated she will report back.

Mr. Miller-Wilson raised concerns related to expected disenrollment and what that may look like as a result of the termination of flexibilities provided during the PHE. Mr. Miller-Wilson also inquired how the Department will ensure that these individuals are not arbitrarily disenrolled. Nick Watsula the representative for UPMC for You suggested an educational campaign including CHIP and Pennie to inform individuals of their options. Mr. Glinka affirmed the concern of disenrollment indicating individuals who are being treated for long-term conditions may deteriorate in their overall health status with the loss of coverage which would in turn cost the program more money. Ms. Minta Livengood the representative for Indiana County Welfare Rights reminded the committee that individuals who are disenrolled for one category may qualify for a different category. Ms. Kozak indicated that arrangements will be made with the Office of Income Maintenance to do a presentation.

Jeff Esleman from the audience asked for an update on the Medical Assistance Transportation Program (MATP) and where the broker study is right now. Ms. Kozak confirmed that the eighteen-month extension ends in July 2021 and the Department is on track to make their report at that time.

OLTL Update

Ms. Jamie Buchenauer, Deputy Secretary, Office of Long-Term Living (OLTL), provided the OLTL update.

Ms. Buchenauer provided a reminder regarding the transition of the financial management services (FMS) to an administrative function of the MCO's. During the next stakeholder meeting scheduled for June 28th at 11:00 a.m., the Community HealthChoices (CHC) MCO's will announce the selected vendor and the vendor will provide a presentation to discuss services they provide and the plan for the transition. OLTL will also provide an FMS update for the individuals who are utilizing a participant directed service model in Fee-for-Service.

Ms. Buchenauer provided a reminder that providers who received Act 24 funds must submit a report detailing how the funds were utilized. OLTL recognized issues with the web portal which has since been taken down, but providers must still submit a paper report or email. An up-to-date list of providers who have outstanding reports has been posted to the website. The deadline was June 11th, but those reports are still being accepted. If providers do not submit a report, the Department will recoup those funds.

Ms. Buchenauer provided OLTL priorities for the ARPA funds which include providing financial support to Adult daily living providers, increasing rates for direct care workers in both the CHC and OBRA waivers, increasing rates for the LIFE program, and developing a registry of direct care workers that will allow participants to locate, review

and contact direct care workers that will meet their needs. Other priorities include purchasing remote technology for HCBS workers and participants to enhance service delivery, enhancing transitions to the community by incentivizing our MCO's to meet those nursing home transition goals and prioritizing the transition of individuals from facilities into the community.

OMHSAS Update

Dr. Dale Adair, Chief Psychiatric Staff, Office of Mental Health and Substance Abuse Services (OMHASA), provided the OMHSAS update.

Dr. Adair began with a preview of the 10-digit national suicide prevention lifeline which has been in effect for years and summarized federal legislation signed by President Biden that moves that number to a 3-digit number, 9-8-8. By July 16, 2022, all telecommunication companies must have this implemented. Effectively someone who is feeling suicidal or in emotional distress will be able to talk to someone 24 hours a day, 7 days a week, 365 days a year by dialing 9-8-8. The call center will be able to link the individual to the services necessary to assist them.

Dr. Adair provided an overview of the effectiveness of a properly running crisis system as evidenced in Arizona's crisis system. An efficient crisis hotline resolves eighty to ninety percent of the calls. The individuals that work the crisis call line are highly trained individuals. If the call cannot be resolved, a mobile crisis team should be dispatched. Mobile crisis teams vary across the country, but most of them are more than one individual including a behavioral health specialist/professional and a peer. A mobile crisis team should be able to resolve seventy percent of the calls to which they are dispatched. If the mobile crisis team is unable to resolve the crisis, the mobile crisis team should be able to get the individual into a crisis facility. A well-integrated crisis system will reduce the utilization of the emergency department and arrests for an individual experiencing an emotional crisis. Coordination with 9-1-1 will be important as it is suspected that a certain percentage of calls received by 9-1-1 will be redirected to 9-8-8.

Dr. Adair reported that in 2020 there were over two million calls received by the current 10-digit national suicide prevention hotline. Approximately 30 percent of crisis life-line centers receive public funding. Currently there are over 190 centers and if an individual calls from PA the call is routed by the phone number used to call the crisis center. Eventually the system will have geocapabilities, so calls can be routed by the individual's physical location. PA currently has 11 call centers and several in process.

Dr. Adair indicated that as implementation of 9-8-8 moves forward a public awareness campaign will be launched which will include resources related to self-help and coping skills. Additionally, call centers will provide some follow up after the call with the individual's consent.

Dr. Adair reported that Vibrant Emotional Health is the administrator of the program and is working with the Substance Abuse and Mental Health Services Administration and the National Association of State and Mental Health Program Directors. They have projected the call volume will increase six to twelve million from current numbers and be up by forty million in five years. PA is currently working on 9-8-8 legislation and crisis regulations.

Ms. Livengood expressed concerns related to the options menu at first contact. She stated when someone is emotionally falling apart listening for the correct option may provoke the individual to hang up. Dr. Adair indicated that is the reason why there are only the two options of Spanish or veterans. Additionally, Dr. Adair reported that studies show the younger generations often prefer to chat or text, therefore the option to chat or text is also provided.

Ms. Shoemaker confirmed quorum following the OMHSAS presentation. A motion to approve the May meeting minutes was made by Minta Livengood and the motion was seconded by Nancy Murray. All members were in favor.

ODP Update

Mr. Jeremy Yale, Director, Bureau of Policy and Quality Management, Office of Developmental Programs (ODP), provided the ODP updates.

Mr. Yale began with a brief overview of the ARPA funding, indicating a ten percent increase to the FMAP equates to approximately \$300 million. The Department recognizes the impact COVID-19 has had on the intellectual and developmental disability and autism system. The Department recognized the staffing shortages that existed pre-COVID and that those trends have continued to move in the opposite direction. Mr. Yale reported focus on relief for family members, and our ability to push respite and resources out through county programs.

Mr. Yale provided that part of the plan includes a data refresh for resources and an adjustment of rates if necessary. Additional focus will be on long-term infrastructure pieces related to recruitment and retention. The Department is reviewing continuing education and the development of credentialing for the workforce. Participation in the public hearings being held and comments related to this topic are encouraged.

Mr. Yale gave an update related to COVID-19. ODP is shifting away from office specific guidance and following more general guidance provided by the Centers for Disease Control and Prevention (CDC). Additionally, ODP is working on waiver amendments for the intellectual and developmental disability and autism waivers. The amendments highlight criminal history clearance clarification as well as an updated remote supports definition. Mr. Yale reported many of the updates were a result of stakeholder engagement.

Mr. Yale provided updates including an allowance increase from \$500 to \$750 for assisted technology devices and the addition of supportive technology professional credentials within our residential habilitation and life sharing and supportive living space. Benefit counseling certifications have been expanded to provide additional work and employment options for individuals with disabilities. The timelines for Direct Service Participants to get certified was extended from six to nine months. Mr. Yale noted the proposed waiver amendment also included the cost of internet to support remote services but received push back from CMS.

Ms. Shoemaker presented an audience question for Dr. Adair about whether the call center is PA managed and owned by the Department. Dr. Adair disclosed that the Lifeline crisis line is not managed by the Department.

Ms. Murray requested clarification related to individuals who live in a community home. Ms. Murray inquired that if staff are required to wear a mask in the health care facility, are they required to wear a mask if an individual is out in the community.

Mr. Yale responded by deferring back to CDC guidance. Staff should follow community protocol and in circumstances where both individuals are fully vaccinated it would not be required.

Subcommittee Reports

Consumer Subcommittee

Mr. Laval Miller-Wilson, Counsel for the Consumer Subcommittee, provided the update for the Consumer Subcommittee.

Mr. Miller-Wilson provided a summary of the Consumer Subcommittee meeting that met on June 23, 2021. The subcommittee received updates from OMAP, OMHSAS, and OLTL. Mr. Miller-Wilson reported on the impact of the shift nursing workgroups for the medically fragile children. The subcommittee intends to continue leaning on the Department regarding that subject. Mr. Miller-Wilson provided subcommittee approval for the changes in home accessibility DME and is eager to review the bulletin related to that topic as well as the Dental Benefit Limit exception plan.

Mr. Miller-Wilson indicated that the subcommittee is eager to review the utilization data related to MAT during the PHE and referenced Dr. Adair's OMHSAS report. The subcommittee is also eager to continue conversations with the Department regarding that topic because there were concerns of poor service coordination. The subcommittee also received data on the missed services which described what services were missed. Minta Livengood added that more coordinators should be recruited, indicating that the ratio of coordinators to consumers should be reduced.

The next Consumer Subcommittee meeting will take place on July 21, 2021, at 1:00 p.m. via webinar.

Fee-for-Service Delivery System Subcommittee (FFSDSS)

Ms. Deb Shoemaker, FFSDSS Chair, indicated no subcommittee meeting was held since the last MAAC.

The next FFSDSS meeting will take place on August 11, 2021, at 10:00 a.m. via webinar.

Long-Term Services and Supports Subcommittee (LTSS)

Kathy Cubit, LTSS chair provided the LTSS update. The LTSS met on June 8, 2021. All the materials from the meeting are found on the LTSS webpage.

Ms. Cubit reviewed the meeting highlights including a high-level overview of the ARPA priorities and an explanation of why OLTL made a change in the LIFE enrollment process that started on May 1st. Enrollment data was presented, and additional information was provided showing the top CHC plan transfer reasons from January 2020 through March 2021.

Ms. Cubit reported continued discussions related to recommendations for how to evaluate potential racial and social disparities in LTSS programs, an overview of the functional eligibility determination, and the Medical Director Review presentation.

Ms. Cubit expressed that concerns were discussed related to Maximus having the winning bid for the independent enrollment broker and the expanded role for assessments. The concerns ranged from Maximus performance issues to consumers needing more personal support to help them through this complex process. Additionally, the impact of removing the Area Agencies on Aging from its role in completing conflict free federal assessment was discussed.

The next meeting will take place on August 10, 2021, via webinar or remote streaming.

Managed Care Delivery System Subcommittee (MCDSS)

Mr. Joe Glinka, Chair of the MCDSS, provided the update for the MCDSS. The MCDSS met on June 10, 2021.

Mr. Glinka began by indicating there were discussions related to redeterminations. Items of discussion included OIM tracking redeterminations, CMS guidance, and the telemedicine bulletin. Updates were provided related to the Telephonic Psychiatric Consultation Service Program and CHIP's interest in participating.

Mr. Glinka reported the MA expansion numbers and MATP report were still pending and there was discussion regarding the rounding rule review. Mr. Glinka provided that questions remain related to home and healthcare space and Barry Bowman offered that the position paper is being finalized and reviewed. The PA Homecare Association will be convening with respect to options related to routing.

Mr. Glinka stated the committee is eager for more participation in the physical/behavioral health workgroups in the HealthChoices regional zones and for additional discussions related to the need for a collaboration between the MCDSS and the CHC. An update from DDAP was provided related to gambling and the impact of that addiction and questions were presented regarding the Syringe Service Programs in Allegheny and Philadelphia counties.

The next MCDSS meeting will take place on July 8, 2021.

Managed Long-Term Services and Supports Subcommittee (MLTSSS)

The MLTSSS meeting was held June 2, 2021, at 10:00 a.m. via webinar. Staff discussed and conducted listening sessions. Key things taken from them. OLTL discussed CHC program considerations and potential opportunities to improve service coordination. And discussions on ARPA. PowerPoint and registrations are available on the MLTSSS meeting minutes listserv.

The next MLTSSS meeting will be July 7, 2021 via webinar.

MA Bulletins

Ms. Eve Lickers, Director, Bureau of Policy, Analysis and Planning, provided the MA Bulletins and Pharmacy update.

Ms. Lickers reported that MA Bulletin 99-21-02, related to the EPSDT Program Periodicity Schedule, was issued on June 24, 2021. Additionally, Ms. Lickers reported that guidance related to screening during the COVID-19 emergency and updated Provider Quick Tips were issued to ensure that providers understand the flexibilities PA granted during the PHE are aligned with the federal PHE declaration. The Department has issued multiple provider enrollment document updates available on the Department website. The Dental Benefit Limit Exception bulletin was issued in April 2021 and is available on the Department website.

Ms. Lickers responded to Mr. Glinka's comment regarding the telemedicine bulletin and advised that other areas are working on various telemedicine bulletins including tele-dentistry.

Minta Livengood provided her new email address.

Adjournment

The next meeting of the MAAC will take place on Thursday, July 22, 2021, at 10:00 a.m. via webinar.

The meeting was adjourned at approximately 12:06 p.m.