



# OLTL Updates Medical Assistance Advisory Committee (MAAC)

May 26, 2022

# Agenda

- FMS Transition
- ARPA update
- End of the Public Health Emergency(PHE)

# FMS Transition

# FMS Transition

- The CHC FMS Transition was extended to a new Go-Live date of July 1, 2022.
  - Tempus and CHC MCOs priority is getting paperwork back from common law employers (participants) and their DCWs.
  - 75% Common Law Employers and 67% of DCW had returned information (packets)
- There was an FMS Transition Stakeholder Meeting on May 6<sup>th</sup> and the next Stakeholder meeting is June 3<sup>rd</sup>.
- Starting May 10, 2022, Tempus and the CHC-Managed Care Organizations (MCOs) will be holding In-Person Drop-in Sessions to help complete packets and provide training on how to use the EVV system.
  - No appointments are necessary.

# FMS Transition

Date	Location	Address	Time
<b>Tuesday, May 24</b>	Reading	DoubleTree by Hilton 701 Penn Street Reading, PA 19601	10:00 a.m. – 7:00 p.m.
<b>Wednesday, May 25</b>	Allentown	Renaissance Allentown 12 North 7th St. Allentown, PA 18101	10:00 a.m. – 7:00 p.m.
<b>Thursday, May 26</b>	Philadelphia	Liacouras Center at Temple University 1776 North Broad Street Philadelphia, PA 19121	10:00 a.m. – 7:00 p.m.
<b>Wednesday, June 1</b>	Pittsburgh	UPMC Harbor Gardens 1650 Metropolitan Street Pittsburgh, PA 15233	10:00 a.m. – 7:00 p.m.
<b>Thursday, June 2</b>	Altoona	Altoona Public Library 1600 5th Ave. Altoona, PA 16602	10:00 a.m. – 7:00 p.m.

# ARPA Update

# ▶ ARPA Spending Plan

- Enhance payment rates in the CHC and OBRA waivers starting January 1, 2022.
- Strengthening the Workforce and Adult Day Service Payments – 2<sup>nd</sup> payments out March 28, 2022
  - Res Hab: 18 of 33 providers have been paid (\$1.4m of \$2.5m total)
  - PAS-CI: 866 of 1504 providers have been paid (\$36.8m of \$44m total)
  - ADS: 58 of 96 providers have been paid (\$9.7m of \$13m total)
- Additional workforce payments went out on pay dates 4/20, 4/27, and 5/11.

# ▶ ARPA-HCBS Improvement Program

- The purpose of the program is to improve the services available to HCBS participants through the Community HealthChoices (CHC) and OBRA 1915(c) waivers. OLTL will provide funding for the following HCBS quality improvement projects:
  - Activities to address Social Determinants of Health (SDOH).
    - Activities to address affordable and accessible housing
    - Activities to improve access to competitive integrated employment
    - Activities to improve/enhance transportation for CHC and OBRA participants
    - Activities to improve food insecurities
  - Purchase of remote support technology.
    - This can include provider technology initiatives that improve service transparency and quality assurance
  - Development of and payment for enhanced training.
    - Best practices in Infection control
    - Training for direct care worker development or professional advancement
  - Purchase and implementation of new software/technology for electronic health records, quality, or risk management functions.
    - Enable providers to contract with a Health Information Organization
    - Enabling HCBC providers to connect with local hospitals and physicians to ensure real time communication
- On Friday May 13<sup>th</sup>, the program was announced via ListServ to the provider network. The announcement was also posted on the DHS website.
- Providers can begin submitting applications starting July 1, 2022.

# End of the PHE

# End of the PHE

<i>The following flexibilities are available until six months after the end of the federal public health emergency</i>	
<b>Personal Protective Equipment</b> may be added to a participant's person-centered service plan (PCSP) without the need for a comprehensive needs assessment or a physician's prescription	CHC, OBRA
<b>Long-Term or Continuous Nursing</b> may be provided temporarily as a separate service at the same time that Adult Daily Living Services are provided to ensure participant health and safety needs can be met.	CHC, OBRA
<b>Long-Term or Continuous Nursing</b> may be provided temporarily as a separate service at the same time that Residential Habilitation Services are provided to ensure participant health and safety needs can be met.	CHC, OBRA
<b>Respite in a licensed facility</b> may be extended beyond 29 consecutive days as a result of COVID-19 and necessary to meet the participant's health and safety needs.	CHC, OBRA
On a case-by-case basis, spouses, legal guardians, and persons with power of attorney may provide <b>Personal Assistance Services</b> only when scheduled workers are not available due to COVID-19 and the participant's emergency backup plan cannot be implemented.	CHC, OBRA, Act 150
<b>Residential Habilitation and Structured Day Habilitation Services</b> may be provided to participants by Residential Habilitation and Structured Day Habilitation staff in private homes.	CHC, OBRA
<b>Adult Daily Living Services</b> may be provided to participants by Adult Daily Living staff in private homes.	CHC, OBRA
<b>Adult Daily Living Services</b> may be provided remotely using phone or video conferencing.	CHC, OBRA
<b>Structured Day Habilitation</b> may be provided remotely using phone or video conferencing to new participants and participants who received the services face-to-face prior to the COVID emergency declaration.	CHC, OBRA
<b>Cognitive Rehabilitation and Behavior Therapy</b> may be provided remotely using phone or video conferencing to new participants and participants who received the services face-to-face prior to the COVID-19 emergency declaration.	CHC, OBRA
<b>Counseling Services</b> may be provided remotely using phone or video conferencing.	CHC, OBRA
<b>Residential Habilitation, Structured Day Habilitation Services, Adult Daily Living, and Personal Assistance Services</b> – Individual staff members who are qualified to provide any one of these services may be reassigned to provide Residential Habilitation, Structured Day Habilitation Services, Adult Daily Living, and Personal Assistance Services.	CHC, OBRA
<b>Initial level of care assessments</b> using the FED that take place in the participant's home may be conducted remotely using phone or video conferencing at the participant's choice or when risk factors may be present in the participant's home.	CHC, OBRA, Act 150
<b>Initial level of care assessments</b> using the FED that take place in nursing facilities should be conducted remotely using phone or video conferencing.	CHC, OBRA, Act 150
<b>Annual Reassessments</b> may be conducted remotely using phone or video conferencing at the participant's choice or when the CHC-MCO and/or participant identifies that risk factors may be present.	CHC, OBRA, Act 150

<b>Comprehensive Needs Reassessments</b> that are conducted when a participant's needs change, when the participant requests a reassessment or following trigger events may be conducted remotely using phone or video conferencing when the CHC-MCO and/or participant identifies that risk factors may be present.	CHC, OBRA, Act 150
<b>Service Coordinators may monitor participants and PCSPs</b> remotely by telephone where face-to-face contacts are usually required.	CHC, OBRA, Act 150
<b>PCPT meetings and PCSP development</b> may be conducted remotely using telecommunications when risk factors may be present in the participant's home. Members of the PCPT may also participate remotely using phone or video conferencing.	CHC, OBRA, Act 150
<b>Retainer payments to direct care workers providing Personal Assistance Services</b> in both the agency and participant-directed models may be made when the participant is hospitalized, absent from their home, or in isolation and unable to receive services due to COVID-19.	CHC, OBRA, Act 150
<i>Retired Flexibility</i>	
<b>Annual reassessments</b> , including the needs assessment, that were <b>delayed beyond the 365<sup>th</sup>-day</b> must be completed no later than December 31, 2020, which is 6 months after the issuance of the June 26, 2020 transition plan.	CHC, OBRA, Act 150

# Questions?

