

MEDICAL ASSISTANCE ADVISORY COMMITTEE (MAAC) MEETING

May 26, 2022

Members present: Deborah Ann Shoemaker, Sonia Brookins, Kathy Cubit, Richard Edley, Joe Glinka, Terri Henning, Russ McDaid, Julie Korick, Jeff Bechtel, Heather King, Mike Grier, Mark Goldstein, Nick Watsula, Minta Livengood, Kelly Leite

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

Deborah Shoemaker, consultant for the Pennsylvania Psychiatric Leadership Council, began with the roll call of the MAAC members.

Ms. Shoemaker turned the meeting over to Sally Kozak, Deputy Secretary for the Office of Medical Assistance Programs (OMAP), for a statement regarding the HealthChoices procurement. Ms. Kozak acknowledged that there has been recent public chatter regarding the status of the procurement and implementation. Ms. Kozak stated that things are moving forward and on target for a September 1, 2022, implementation date. Ms. Kozak then spoke about the work stoppage provision. She stated that the Department of Human Services (Department) is committed to ensuring access to care. She shared that the Department is aware that consumers are being told that this provision will cause them to be unable to see their providers and that they will not be allowed to go to certain hospitals. She stated that these things are not true. Because of this and because of ongoing plan changes and that there will be a significant number of consumers who will need to select a new plan, the Department has decided to remove the work stoppage provision from the HealthChoices agreement.

Ms. Kozak went on to state that the work stoppage provision is about ensuring consumers have access to adequate numbers of professionals to provide high quality care as well as support staff that provide other essential services. Ms. Kozak shared several of her experiences as a nurse which were challenging due to staff shortages. She challenged committee members to think about what level of quality care they would be able to provide in the mist of the staff shortages that she described. Ms. Kozak encouraged everyone in the audience to remember that conversations around access to care are about more than being within driving distance to a bed but also about access to the quality of care the individuals we serve deserve to be provided.

Ms. Kozak turned the meeting back over to the Chair. Ms. Shoemaker took a moment to acknowledge the recent mass shootings that have occurred across the country. She asked the group for a moment of silence to remember the victims of gun violence.

A motion to approve the minutes was made by Minta Livengood and seconded by Heather King. Minutes for the April 2022 MAAC meeting were approved.

ODP Update

Ms. Kristin Ahrens, Deputy Secretary for the Office of Developmental Programs (ODP), provided the ODP update.

Ms. Ahrens began with an update on several waiver amendments for the Intellectual Disabilities/Autism (ID/A) waivers which ODP has in development. She shared that the original target of these amendments was for April 1, 2022. ODP engaged in a series of informal questions and answers with the Centers for Medicare & Medicaid Service (CMS) and received a formal Request for Information (RAI) from CMS on March 31, 2022, which stopped the clock on their review. This RAI delayed the targeted implantation date. ODP is now hopeful for a June 1, 2022, implementation date for the amendments. Ms. Ahrens shared that this new set of amendments is imports for supporting children with medical complexities and modifies some service definitions and qualifications for intellectual disabilities and autism. These additions are key in helping to provide the services to prevent these children from living in congregant care or help to transition them from congregant care to family settings. The amendment includes incentive payments for residential transitions. Ms. Ahrens stated that ODP has received budgetary approval for these payments but still await CMS approval. Ms. Ahrens also shared that ODP has applied for renewals for the three ID/A waivers: Consolidated, Person/Family Directed, and Community Living. These waivers have been with CMS since early April and discussion with them is ongoing. The July 1, 2022, implementation date is on track for these three waivers.

Ms. Ahrens next provided an update on ODP's American Rescue Plan Act (ARPA) initiative for increasing the number and quality of support staff for people with intellectual disabilities. One area they are focused on is support for people with co-occurring mental illness and intellectual and developmental disabilities. ODP has distributed ARPA funds to invest in staff with these qualifications. ODP has allowed providers to request supplemental payments to provide training and credentialing for staff to provide these services. Funding may be requested for up to 1% of ODP eligible service revenue from FY19/20, FY20/21 or \$100,000, whichever is greater. ODP will begin accepting applications immediately and will notify providers of approval on a rolling monthly basis around the 15th of each month. Applications will be accepted through June 30, 2022. This funding must be utilized prior to October 31, 2023. To date, ODP has received approximately 40 applications from providers. ODP's goal for this ARPA-funded training initiative is to help build the career ladder and support retention of Direct Support Professionals (DSP).

Finally, Ms. Ahrens shared that funding was received through a Department of Health (DOH) grant. These funds allow ODP to build capacity and provide additional support for infection prevention and control through the Health Care Quality Units (HCQUs) in partnership with a team of infection prevention specialists from Infectious Disease (ID) Connect. ODP has eight Health Care Quality Units which cover all counties in the state and support the home and community-based services system. Focus is currently on day programs, as some of those are not yet operating at full capacity. Some of those facilities have concerns about infection control within their facilities. ID Connect will work with facilities to improve practices and return more people to services. A series of town halls for providers will begin on May 30, 2022.

Mr. Laval Miller-Wilson, council for the Consumer Subcommittee of the MAAC, asked for clarification on the amount of funding for training available to providers who wish to train their staff. Ms. Ahrens confirmed that providers may receive reimbursement of up to 1% of ODP eligible service revenue from FY19/20, FY20/21 or \$100,000, whichever is greater. She stressed that this is a tremendous opportunity for providers to train staff to

do the very difficult, but important work of providing support to individuals with IDD and to address the DSP staffing crisis.

OLTL Update

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

Ms. Buchenauer began the OLTL report with an update on the OLTL financial management services (FMS) transition. Currently, the Department has a statewide contract for an FMS vendor. OLTL is in the process of a transition to make FMS an administrative function of the Community HealthChoices (CHC) Managed Care Organizations (MCOs). As of July 1, 2022, program participants and their workers will transition from the current FMS vendor to Tempus, which is the newly selected vendor. Ms. Buchenauer reported that 75% Common Law Employers and 67% of Direct Care Workers have returned completed information packets. Tempus and the MCOs have been holding monthly meetings to update stakeholders and other interested parties. The next stakeholder meeting is scheduled for June 3, 2022. Starting in May, Tempus and the MCOs have been holding in-person drop-in sessions to help complete packets and provide training on how to use the Electronic Visit Verification (EVV) system. No appointments are necessary to attend these sessions.

Next, Ms. Buchenauer provided an ARPA fund spending update. Ms. Buchenauer stated that the biggest piece of the OLTL ARPA spending plan was enhanced payment rates in CHC and OBRA waivers beginning January 1, 2022. The next piece of the plan was the Strengthening the Workforce and Adult Day Service Payments. Providers receiving these funds were required to submit an attestation that they would be spending the funds on their workforce or using funds to re-tool their facilities to open. Ms. Buchenauer shared that to date the following payment amounts have been made.

- Residential Habilitation: 18 of 33 providers have been paid (\$1.4M of \$2.5M)
- Personal Assistance Services and Community Integration: 866 of 1504 providers have been paid (\$36.8M of \$44M)
- Adult Day Services: 58 of 96 providers have been paid (\$9.7M of \$13M)

Ms. Buchenauer continued by highlighting that there are providers who are still eligible to receive these funds who have not yet submitted an attestation and claimed their payment. She stated that OLTL will continue to accept attestations and make payments. Eventually, letters will be sent to providers informing them that they have 30 days to claim funds and at the end of that time, unclaimed funds will be redistributed for other purposes.

Ms. Buchenauer next discussed the ARPA Home and Community Based Services (HCBS) improvement plan. Information about this plan was distributed to the provider network via LISTSERV on May 13, 2022. The purpose of the program is to improve the services available to HCBS participants through the CHC and OBRA 1915(c) waivers. OLTL will provide funding for HCBS quality improvement projects related to social determinants of health, purchase of remote support technology, development of and payment for enhanced training in best practices in infection control or training for direct care worker development or professional advancement, and purchase and implementation of new software/technology for electronic health records, quality, or risk

management functions. Providers may start submitting applications for this funding on July 1, 2022. She noted that this information is also available on the OLTL section of the DHS website.

Finally, Ms. Buchenauer discussed the upcoming end of the public health emergency (PHE). Ms. Buchenauer shared a list of items within the waiver programs which were amended due to the PHE. These flexibilities will continue to be available until six months after the end of the PHE. The full list is included in the OLTL presentation materials accompanying the minutes.

Ms. Minta Livengood expressed concern about the locations available for the drop-in sessions with Tempus for assistance with the FMS transition. She stated that there are no sessions being held close to the area where she lives, and that she would be required to drive several counties away to attend a session, which will be difficult for her and most likely will cause issues for other consumers in similar situations. Ms. Buchenauer apologized for the inconvenience and acknowledged that they were unable to provide sessions in areas that would be convenient for all Pennsylvanians. She recommended that individuals experiencing similar issues get in touch with their CHC MCO service coordinator. Service coordinators are to be working with consumers to help them with the transition paperwork, and if needed, coming to their homes to assist in person. Ms. Livengood agreed that this was helpful but did point out that service coordinators have large caseloads, and this may cause a strain on the system if many in person visits are needed.

Ms. Terri Henning, Chief Executive Officer of Pennsylvania Homecare Association, asked if the Department was still considering potential changes to the Agency with Choice model and if there were any updates on the potential timing of the Request for Proposal. Ms. Buchenauer did not have an update to share at this time. Ms. Henning then asked about the \$40,000 limit on ARPA funding per provider she emailed Ms. Buchenauer about recently. Ms. Buchenauer said she believed the \$40,000 limit was per provider tax ID but wanted to confirm and will send follow-up via email.

OMHSAS Update

Ms. Kristen Houser, Deputy Secretary for the Office Mental Health and Substance Abuse Services (OMHSAS) provided the OMHSAS update.

Ms. Houser began the OMHSAS report with a clarification around the 988 hotline. Currently, the only change occurring with the hotline is the addition of the new 988 number. The original 10-digit number for the suicide prevention lifeline will continue to be operational. Dialing the numbers 988 will allow someone to reach the same lifeline. The Federal legislation that passed in 2020 required states to have the 988 number connect to the national lifeline by July 16, 2022. Ms. Houser announced that this has already occurred in Pennsylvania and 988 is active. The number is currently in a “soft rollout” phase so there will not be major promotion of the new number until next summer. In the next phase of the rollout there will be a buildup of support services to complement 988 including mobile response teams and walk-in centers. OMHSAS is working on strategic plans to address the need for additional services.

Ms. Houser next spoke about the Crozer Health System closure in the southeastern portion of Pennsylvania. OMHSAS has been in coordination with other

offices within the Department as well as offices in DOH and this issue is being monitored closely. Ms. Houser stated that Pennsylvania law requires hospitals to provide written notice to DOH at least 90 days in advance of closure. She shared that OMHSAS is concerned about the effect of this short period of notice on mental health and substance abuse services. OMHSAS is currently talking to counties in the area to gather a baseline of availability of services. OMHSAS has also been working with the Behavioral Health MCOs to identify providers who are interested in taking on the services that will be closing at Crozer.

Ms. Shoemaker thanked OMHSAS for their focus on this issue and stressed the impact that this closure could have on consumers. She offered her assistance and the assistance of the MAAC for anything that can be done to assist the Department as they move through the process of dealing with the impending closure.

Mr. Miller-Wilson commented that the Consumer Subcommittee is also concerned about this issue and has had discussion about the impact of closures across the system.

Dr. Richard Edley, of the Rehabilitation & Community Providers Association, made a comment regarding alternate payment arrangements which have occurred since the PHE to assist with cash flow and help keep staff employed. He shared that several entities have announced the end of these payment arrangements and a concern that as these go away providers may be looking to scale back on staff and the services that they are able to provide. He asked OMHSAS to look at the payment models that are currently in place and consider moving into a value-based purchasing model. Ms. Houser responded that the MCOs are willing to work with individual providers as they have needs and urged providers to reach out with concerns regarding this issue.

OMAP Update

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

Ms. Kozak began with an update on the ending of the PHE. She shared that CMS has advised states that they expect the PHE will be extended. CMS expects that the extension will be for another 90-day period, which would take the PHE to mid-October 2022. Ms. Kozak stated that Department workgroups related to the ending of the PHE will continue to meet and plan for an ending of the PHE in October 2022.

Ms. Kozak next provided an update on the Department's actions on gun violence. She stated that gun violence is a growing public health concern and a leading cause of premature death in the Commonwealth. She shared that gun violence affects urban and rural areas alike. The counties with the highest totals of gun violence are Philadelphia, Wayne, and Fulton. She also shared that there has been a noticeable increase in gun-related suicides over the past decade. Ms. Kozak stated that gun violence has a lasting impact on victims, families, and communities. The Department has begun to have conversations about what the Department and MCOs can do to address the issue. On May 13, 2022, a gun violence learning session was held with the purpose of beginning to gather baseline data of what MCOs are currently doing to address the issue. Ms. Kozak stated that they learned some MCOs have not done much related to addressing gun violence while others have already become actively involved in supporting community organizations who are working to end gun violence. This conversation was just the first in

a series of planned conversations. Work will be done across offices within the Department, and in conjunction with the MCOs and other stakeholders, to identify what can be done to address the issue.

Ms. Kozak then introduced Mr. Dan De Lellis, Director of the Bureau of Fee for Service Programs, to provide an update on provider revalidation. Mr. De Lellis shared that on June 1, 2021, the Department reinstated full provider revalidation requirements. Despite communications and almost a year since requirements were reinstated, the volume of providers who do not submit timely revalidation applications remains alarmingly high. This results in unnecessary claims/payment delays for locations that are disenrolled and need to be re-enrolled, large numbers of re-enrollment requests plus requests to be “expedited”, all of which negatively affects application processing for all other providers. Mr. De Lellis noted that over the last several months the “fail rate”, or the volume of locations that failed to revalidate timely, has remained at 49%. Once a location has been disenrolled, a reactivation application must be completed in order to re-enroll that location. Mr. De Lellis also shared that provider type 31 (physician) accounts for 50% of all revalidation applications submitted and accounts for 55% of the total revalidations which are not submitted timely. Mr. De Lellis concluded with several tips for successful revalidation. These tips include:

- Maintain your MA provider file point of contact (POC) information, keep it current and accurate. Know who your “enrollers or credentialers” identified as your POC.
- Make sure your enrollers submit revalidation applications timely when due. The locations will stay open while applications are processed, even if it takes the Department a significant time to process the revalidation.
- Make sure your enrollers do quality control checks of your application content before submission. Minimize the need to return applications for corrections and the associated delays.
- Your enrollers can and should check their application status in the portal.
- Help reduce unnecessary application submissions. Unnecessary volume affects application processing for everyone.
- If you/your enrollers have questions about revalidation or enrollment status, contact MA enrollment staff at: 800-537-8862, Option 2, Option 4.

Mr. Carl Feldman from the Department’s Office of Policy Development then provided an update on work related to eligibility with the end to the PHE. Mr. Feldman shared that the Department is still working with CMS to prepare for the end of PHE as it relates to beneficiary eligibility. Mr. Feldman reminded that there will be notice of eligibility changes and no one will automatically be unenrolled. All beneficiaries will go through a renewal. The Department is coordinating with MCOs and there will be a “helpers” Listserv to provide communication and information to assist with keeping consumers enrolled.

Ms. Henning asked if the Department would request a “good faith” effort extension for EVV in home health and if there was any new information. Ms. Kozak said that she would follow-up and get back to Ms. Henning.

Dr. Edley complimented Ms. Kozak on her opening comments related to work stoppages and thanked her for highlighting other considerations to work stoppages.

Mr. Joe Glinka asked Ms. Kozak to clarify the auto assignment date for the HealthChoices implementation. Ms. Gwen Zander, Director of the Bureau of Managed Care Operations, clarified that the auto assignment date will begin on August 17, 2022.

This will be communicated in writing through several different channels.

Mr. Max Perkins asked is there is a redetermination work group for external stakeholders. Ms. Kozak stated that there are several work groups, and most are handled through the Income Maintenance Advisory Committee (IMAC). Mr. Feldman added there is a IMAC subcommittee group that meets every three weeks and updates will be provided on the activities from the IMAC as information is decided.

Mr. Jeff Iseman asked for an update on the Medical Assistance Transportation Program (MATP). Ms. Kozak stated unless there is a specific question there was no update at this time.

Subcommittee Reports

Fee-for-Service Delivery System Subcommittee (FFSDSS)

Ms. Deb Shoemaker, chair for the FFSDSS, reported that most items discussed during the latest FFS subcommittee meeting were also discussed at the MAAC meeting. Because of this she deferred her update time to the other subcommittee chairs. The subcommittee will meet again on August 10, 2022.

Consumer Subcommittee

Ms. Sonia Brookins began with a statement of confidence and support of the leadership of the Department and OMAP. She thanked Sally Kozak for her support and all the work that the Department does on behalf of consumers.

Mr. Miller-Wilson provided the Consumer Subcommittee report from the meeting held on May 25, 2022. The subcommittee received reports and updates from OMHSAS, OLTL, and OMAP. Mr. Miller-Wilson noted that many topics discussed during the MAAC were also discussed during the Consumer Subcommittee meeting. He noted that there was a helpful update and conversation with Deputy Secretary Kristen Houser from OMHSAS regarding a change happening in Delaware County behavioral health impacting many consumers who will be required to switch behavioral health MCOs. The focus of the conversation was on the communications going out to consumers who are affected by the change. These conversations will continue at the June and July Consumer Subcommittee meetings. The subcommittee also discussed medical loss ratios for physical health and CHC MCOs. Data from 2020 and 2021 was shared. The subcommittee will meet again on June 22, 2022.

Long-Term Services and Support Subcommittee (LTSSS)

Ms. Kathy Cubit, chair for the LTSSS, announced that the next meeting of the subcommittee will be on June 14, 2022.

Managed Care Delivery Systems Subcommittee (MCDSS)

Mr. Joe Glinka, chair for the MCDSS, provided the report from the meeting held on May 12, 2022. Mr. Glinka shared that there was discussion of the change in Delaware County which had also been discussed at the Consumer Subcommittee meeting. Their discussion was around the importance of communication, especially with over 140,000

individuals affected by the transition. There was also discussion regarding the newly eligible Medicaid population, which was reported at 1,036,650 as of May 1, 2022. The subcommittee will meet again June 9, 2022.

Managed Long-Term Services and Supports Subcommittee (MLTSSS)

Mr. Mike Grier, chair for the MLTSSS, provided the report from the meeting held on May 10, 2022. The subcommittee received updates from OLTL Deputy Secretary Jamie Buchenauer on the overview of the use of the Coronavirus Aid, Relief, and Economic Security Act and ARPA funding, home and community-based services, and the FMS transition. An update was also provided on joint efforts between OLTL and OMHSAS to re-educate nursing facility staff on services available through behavioral health MCOs. The subcommittee also received an update on the home and community-based services provider survey for the CHC MCOs. Representatives from each of the MCOs discussed areas of improvement as it related to the 2021 survey. The subcommittee voted on and approved a recommendation related to "Agency of Choice". This recommendation will be brought before the full MAAC at the next meeting. The subcommittee will meet again June 1, 2022.

MA Bulletins

Ms. Eve Lickers, Director of the Bureau of Policy, Analysis and Planning, noted that the following four MA Bulletins that were issued since the last meeting:

- MA Bulletin 35-22-01, "School-Based ACCESS Program Provider Handbook Mid-Year Update"
- MA Bulletin 99-22-02, "Updates to Guidelines for the Delivery of Physical Health Services via Telemedicine"
- MA Bulletin 01-22-11, "Addition of Monoclonal Antibody Product Bebtelovimab to the MA Program Fee Schedule"
- MA Bulletin 99-22-03, "2022 Recommended Child and Adolescent Immunization Schedule"

A list with hyperlinks to the bulletins and to the "What's New from OMAP" webpage was shared on the LISTSERV.

Adjournment

Ms. Shoemaker noted that the MAAC will be exploring a return to meeting in person or a hybrid online/in-person meeting format in the fall of 2022. A motion to adjourn was received by Minta Livengood and a second motion was received by Julie Korick. The next meeting of the MAAC will take place on Thursday June 22, 2022.