

MEDICAL ASSISTANCE ADVISORY COMMITTEE MEETING

June 23, 2022

Members present: Deborah Ann Shoemaker, Kathy Cubit, Richard Edley, Joe Glinka, Terri Henning, Russ McDaid, Nancy Murray, Julie Korick, Mike Grier, Mark Goldstein

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

Chairperson Deborah Shoemaker, consultant for the Pennsylvania Psychiatric Leadership Council, and co-chairperson Ms. Sonia Brookins, representing Philadelphia Welfare Rights Organization, were not present for roll call of the MAAC members. Ex-officio Chair, Deputy Secretary Kozak, kicked off the meeting with the first update from the Office of Developmental Programs (ODP).

ODP Update

Ms. Kristen Ahrens, Deputy Secretary for ODP provided the update.

Ms. Ahrens began with an update on the status of the Intellectual Disability/Autism (ID/A) waiver amendments. ODP has received approval from the Centers for Medicare & Medicaid Services (CMS) on June 1, 2022 for several items under the ID/A waiver. The waiver approvals have including enshrining flexibilities available during the pandemic through Appendix K as part of the standard waiver application. One of the flexibilities now enshrined in the waiver allows individuals with ID/A who need support while they are in an acute hospital setting to receive Home and Community Based Services (HCBS). With this, a child can also have a direct support provider to assist with communications and other needs that are not related to their specific medical needs that the hospital is responsible for providing. The other addition to the waiver previously under Appendix K, will allow support coordination organizations (SCO) to perform organization health care delivery systems (OHCDS) services for individuals who are self-directing their services or do not have a formal service provider. This helps individuals to access personal protective equipment, transportation, assisted technology and other items that would be purchased by a OHCDS vendor.

Ms. Ahrens reported effective June 1, 2022, an eligibility category serving children with medical complexities was added to the ID/A waiver to cover service gaps that were previously identified. Some services such as respite and life sharing services which were not covered under the Early Periodic Screening, Diagnostic and Treatment program will now be covered under the new category. Provider incentive payments are available for providers who are interested in working with individuals who are living in a licensed community home and want to live in a less restrictive setting. Guidance was published June 22, 2022. ODP continues to work with CMS to ensure timely renewal of the ID/A and Person/Family Directed Support waivers.

Ms. Ahrens reminded the MAAC of funds available from the American Rescue Plan Act. Providers can request supplemental payments for direct support credentialing or other agency credentialing. Credentialing is available through programs offered by the National Association for Dual Diagnosis for the agencies or individual staff and by Life Course Ambassador. There is a significant amount of funds allocated for this and providers can request up to one percent of revenue from prior years as equivalent payment. Providers can request payments by submitting proposals through the end of June 2022. Also, supplemental funding is available for technology that enhances HCBS. Providers can receive up to \$20,000 with a high limit available for supports coordination organization. Technology funding proposals may be submitted until October 31, 2022.

Ms. Ahrens continued her update with a discussion related to the ODP waiting list for individuals seeking HCBS. The Prioritization of Urgency of Needs System (PUNS) is used to establish what the persons needs are in terms of support. The system then prioritizes based on the extent of those needs and how quickly that person is going to need services. Individuals are categorized as emergency, critical, and planning. Individuals who need services immediately are placed in the emergency category. Individuals who need services within six months to two years are placed in the critical category. Someone who does not have those emergent needs right now but is expected to need services within two to five years are considered in the planning category.

Currently, there are over five thousand individuals on the waiting list in the emergency category. The total number of individuals on the waiting list as of April 2022 was reported as 12,165 individuals. Progress is being made on reducing the total number of people on the waiting list and there has been a reduction in the average time an individual is on the waiting list. These waivers are managed efficiently based on the data analysis.

Mr. Laval Miller-Wilson, council for the Pennsylvania Health Law Project, requested clarification on whether the individuals on the waiting list have applied or have been identified. Ms. Ahrens confirmed the waiting list is comprised of individuals who have been identified [and eligible for Medicaid services] as needing services. Mr. Miller-Wilson continued by stating the Commonwealth needs to do better. He added, individuals that are receiving ODP waiver services are having the same issues related to the workforce but reiterated the individuals on the ODP waiting list have not received any services yet.

Ms. Nancy Murray, with the Arc of Greater Pittsburgh and a member of the MAAC, indicated that a spending model has been created to give legislators an idea of the amount of additional funding needed to address the waiting list. This is a very important topic. Mr. Richard Edley, with the Rehabilitation and Community Providers Association, added a lot of budget requests with the legislators are about the workforce crisis. Nothing can be done with the wait list without a workforce.

In response to the comments from the MAAC members, Ms. Ahrens stated the average wait is currently 2.3 years which includes those who wait longer than 2 years and individuals who get placed in the waiver immediately due to an emergency or protective services referral. Ms. Ahrens also reminded the MAAC members of the capped waiver capacity which results in ODP continuing to have waiting lists.

OLTL Update

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

Ms. Buchenauer began by clarifying that the Community HealthChoices (CHC) program does not have a waiting list. Some individuals may need to wait for services but there is no wait list. Ms. Buchenauer proceeded with an update on the financial management transition. OLTL is working closely with Tempus on their ability to respond to the volume of calls from workers and participants who have questions, who have trouble logging time, and who need help getting set up in the Tempus system.

Individuals who are having trouble reaching Tempus should contact their service coordinator. In-person meetings are being held around the state to assist these workers and participants with their questions and concerns. The next scheduled stakeholder meeting is July 1, 2022.

Mr. Garrett Beauregard, for the University of Pittsburgh Medical Center, provided an update related to communications. Mr. Beauregard stated all managed care organizations (MCOs) are actively working with our service coordination teams to do out-reach to participants. The focus is on the list of Direct Care Workers (DCW) provided by the HHA exchange and Tempus who have not yet entered shifts. An estimated 62% of direct care workers have already entered shifts. Mr. Beauregard indicated this information is only related to Electronic Visit Verification (EVV).

Service coordinators have a litany of documents available on the Tempus website which is www.pa.tempestunlimited.org training tab. The number one issue being reported is having an incorrect email address or sharing an email address between a Common Law Employer (CLE) and a DCW. Service coordinators have a specific process to send a request to Tempus to update those email addresses and get the welcome emails resent. Service Coordinators also provide the opportunity to use the Interactive Voice Response (IVR) system, the phone system.

On Monday, an email and text were sent to all DCWs and their CLEs in schedule A, who have not yet punched time, providing the IVR option. A link to the timesheet was also provided. The timesheet should be used to record shifts that had been entered in the past. The IVR should be used daily going forward to record any shifts worked. The timesheet is completely self-sufficient - it is fillable on the website, can be printed, signed, and emailed back, can be faxed, or can be mailed back to Tempus. Service Coordinators for UPMC are printing timesheets and taking them to people if

they do not have the ability to print them off. They are being mailed. An attestation is provided on the timesheet in case the CLE is somehow unavailable or unable to sign off for the DCW's time. Emails and texts are going to be sent to Schedule B on June 23, 2022.

Ms. Minta Livengood, representative for the Indiana County Welfare Rights and member of the MAAC, expressed concerns related to the time reporting changes that came with the transition. Mr. Miller-Wilson added although some participants and DCWs have accessed the technology including the IVR system, there is a significant number of excellent caregivers that struggle to read and comprehend the technology. Additional challenges include the length of time to respond to calls. Many individuals are concerned they will not be paid. Reports have indicated that the Service Coordinators are unable to assist in troubleshooting some of the issues. Ms. Livengood provided further concerns due to the age demographics of the above-mentioned population.

Due to time limitations, Ms. Buchenauer suggested the group reconvene to discuss the matter further and continued the OLTL update with highlights from the CMS approved CHC 2022 agreement. CHC MCOs are now required to pay for personal assistance services at no less than the fee-for-service (FFS) rate. Additionally, value-based purchasing (VBP) elements included in the agreement require 15% of the medical portion of the capitation be expended through VBP and 7.5% of Long-Term Services and Supports payments. Language has been added related to the transition of oversight of FMS in the Participant-Directed model of care.

Further highlights included the addition of a Nursing Facility Quality Incentive Program, providing incentive payments tied to the following quality metrics. A CHC MCO Pay for Performance program was also added for the following measures: Comprehensive Assessments; Care Plans; Reassessments and Care Planning after Inpatient Discharge; Sharing Care Plans with Primary Care Physicians; Consumer Assessment of Healthcare Providers Systems (CAHPS) Health Plan Survey Overall Satisfaction with Health Plan (Aligned/Medicaid only population); CAHPS HCBS Survey Person Centered Service Plan (PCSP) included all things important to you; and Nursing Home Transition.

Ms. Buchenauer discussed the closure of the Philadelphia Nursing Facility (PNF). PNF alerted the Department on June 14, 2022, of their intentions to close. Their projected closure date is October 28, 2022. PNF did advise that the facility will remain open for as long as they have residents. OLTL, CHC MCO's, and Philadelphia city officials have begun discussing the closure and started to work on transition plans for nursing facility residents.

Ms. Kathy Cubit, with the Centers for Advocacy for the Rights and Interests of the Elderly (CARIE) and member of the MAAC, provided comments on the PNF closure. She issued a reminder that the Ombudsman is actively involved in the closure to make sure that the residents voices are heard. CARIE has been working with residents and

the administration and will continue to do so throughout the process. Ms. Cubit urged the public to be aware of fraud.

Ms. Cubit added the closure of PNF will be a major loss and will have future implications for the Medicaid population. PNF admits residents that other facilities are not inclined to admit. This closure will lead to folks needing to move far from their communities or face homelessness. Ms. Cubit requested the assistance of the Department to prevent the closure.

Mr. Joe Glinka, with Gateway Health and member of the MAAC, inquired about the future threshold of the VBP arrangements and the anticipation of increases in the future. Ms. Buchenauer indicated the 2023 value-based percentages will not be increased. No additional information can be provided.

Ms. Henning requested information on the potential of additional ARPA funds being available for distribution. Ms. Buchenauer reviewed the 10% enhanced Federal Medical Assistance Percentage funds and stated some funds remain unclaimed. OLTL intends to redirect those funds if the funds remain unclaimed. Ms. Henning requested additional information regarding the timeframe for when stakeholders will be engaged and make more information publicly available about what funds remain. Ms. Buchenauer stated providers will be given a final 30 days to claim payments in July.

OMHSAS Update

Ms. Kendra Snuffer, Chief of Staff for the Office of Mental Health and Substance Abuse Services (OMHSAS), provided the OMHSAS update.

Ms. Snuffer provided an update on the status of the 988 implementation and added that while 988 goes live on July 16, 2022, there is no significant difference in how crisis intervention services will be handled. A website has been created to share some basic talking points and information on the roll out. This is a high-profile topic, and will continue to be, but the only change at this time is the telephone number. OMHSAS will be releasing a survey to assist with the vision planning related to the crisis intervention services multi-year endeavor.

Ms. Snuffer offered a HCBS funding reminder that the workforce attestation forms must be returned to OMHSAS no later than June 30, 2022, to be eligible for the workforce support payment. OMHSAS has received 90% of the attestation forms and the final payment for forms received between May 17, 2022, and June 30, 2022, will be processed in July. Anyone who was expecting a check but has not received a check should contact the HCBS resource account. Ms. Snuffer reiterated the importance of having updated and accurate information in the PROMISe payment system.

Ms. Snuffer continued with an update on the Psychiatric Residential Treatment Facility regulations. OMHSAS anticipates that regulation package will move forward in the middle of July. The crisis regulations remain under review.

Mr. Miller-Wilson requested a future update on the MCO transition for the behavioral health side in Delaware county. The transition date is scheduled for July 1, 2022. Ms. Shoemaker stated the MCO transition is on the list of the topics for the planning committee and reported Jennersville Hospital is opening under new management.

Ms. Kozak stated similar conversations were held at the Consumer Subcommittee of the MAAC related to the closure of facilities. The Department does not have authority over openings and closures. That is the Department of Health's jurisdiction. Conversations are being held with a variety of partners throughout the state to address these closure issues.

OMAP Update

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

Ms. Kozak began by addressing a question related to the HCBS enhanced FMAP spending plan. Quarterly updates that were submitted to CMS are posted to the OMAP website. The most recent update was issued at the end of April 2022. Ms. Kozak continued with the OMAP report on the HealthChoices (HC) procurement. All MCOs passed the readiness review of all the zones in which they were selected. Notifications were initiated June 22, 2022 and will continue through July 7, 2022. Consumers who are impacted by the changes are being notified of their need to select a new plan by August 16, 2022. Individuals who have not made a selection by August 16, 2022, will be automatically assigned by the algorithms in place. The September agreements were submitted to CMS for review and approval. Mr. Miller-Wilson extended gratitude to the Department on the progress made on the procurement. He also expressed appreciation for the Department's consideration of consumer feedback.

Ms. Kozak continued the OMAP report with changes coming in January 2023 to the Opioid Use Centers of Excellence (COE). 2022 is the final year for the CMS approved directed payment arrangements previously implemented in 2019. To continue the COE program, the Department submitted a SPA to CMS. The SPA was approved on June 6, 2022. COE care management is now a State Plan covered service. COE care management services will be payable for FFS beneficiaries and are included in the services required to be covered by the MCOs. Providers should begin negotiating with the MCOs. All agreements should be finalized by January 1, 2023.

A value-based payment model is not mandatory but aligns well with the COE model currently in place. COEs are accustomed to the bundled monthly payment approach. A FFS approach would need reviewed for network adequacy. Moving forward there will be a period of transition for the monitoring and oversight from the Department to the MCOs. The University of Pittsburgh Program and Evaluation

Research Unit will continue to support the relationship development between the MCOs and the COEs.

Mr. Glinka requested additional information regarding the network adequacy provision. Ms. Kozak indicated the Department anticipates an adequate number of providers to serve the needs of the community. There are currently 160 COEs across Pennsylvania. MCOs must demonstrate network adequacy.

Subcommittee Reports

Consumer Subcommittee

Mr. Miller-Wilson provided the Consumer Subcommittee report. A number of issues covered in MAAC were discussed at Consumer Subcommittee meeting. Additional discussion was provided related to Pediatric Shift Nursing and Lead screening. The FMS transition was discussed in detail. Additional discussions will be held offline. The next meeting will be held on Wednesday, July 27, 2022.

Fee-for-Service Delivery System Subcommittee (FFSDSS)

Ms. Deb Shoemaker, chair for the FFSDSS, reported no updates. The subcommittee's next meeting will be held on Wednesday, August 10, 2022.

Long-Term Services and Support Subcommittee (LTSSS)

Ms. Cubit, chair for the LTSSS provided the meeting report. Topics covered were mentioned in the OLTL update. A listening session was created around agency with choice. Opportunity was given to folks to share concerns. Data around enrollment, federal appeals, and COVID-19 vaccines were reviewed. An update was given on the HCBS settings final rule, noting that a public notice with comment period will be issued. Workforce issues were discussed, and a report was provided on the 2021 HCBS CAPHS statewide survey results. The next meeting will be held virtually on Tuesday August 9, 2022.

Managed Care Delivery System Subcommittee (MCDSS)

Mr. Glinka, chair for the MCDSS, provided the meeting report. There will be continued monitoring of the MCO transition in Delaware county. Focus is being given to the Crozer closure. Dr. Dale Adair and Dr. David Kelley, who were heavily involved on the steering committees, shared their support. Federally Qualified Health Centers (FQHCs) will continue to be eligible to service the COEs. A brief discussion on prior authorization and Pediatric Shift Nursing was had. Reports of a forthcoming operations memorandum was received. EVV was discussed. The Department reported a good faith extension was filed with CMS. If the extension is approved, the EVV go live would be January 1, 2024. If the extension is denied, then EVV would go into effect on January 1, 2023. The next meeting is scheduled for Thursday, July 14, 2022.

MA Bulletins

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

Bulletin Number	Subject/Title	Issue Date	Effective Date
01-22-17	Addition to Medical Assistance Program Fee Schedule for Administration of Ready-to-Use SARS-CoV-2 Vaccine Manufactured by Pfizer, Inc.	6/3/22	1/3/22
01-22-16	Third Dose of Pediatric SARS-CoV-2 Vaccine Manufactured by Pfizer, Inc.	6/3/22	1/3/22
01-22-13	Updates to Blood Lead Reference Value and Environmental Lead Investigation (ELI) Provider Qualifications Requirements	6/6/22	6/6/22
08-20-68	Federally Qualified Health Center and Rural Health Clinic Payment for SARS-CoV-2 Vaccine Administration	6/10/22	12/1/20
08-22-13	Teledentistry Guidelines and Dental Fee Schedule	6/13/22	5/2/22

Medical Assistance Bulletins may also be found on the Department of Human Services' [What's New at OMAP](#) webpage or [Bulletin Search](#) webpage.

On June 3, 2022, two bulletins were issued. MA Bulletin 01-22-17, "Addition to the MA Fee Schedule for the Administration of the Ready to Use SARS-CoV-2 Vaccine Manufactured by Pfizer, Inc." and MA Bulletin 01-22-16, "Third Dose of the Pediatric SARS-CoV-2 Vaccine Manufactured by Pfizer, Inc.". The Department is aware of the recent update related to the age changes and will issue a bulletin related to those age changes in the future.

On June 6, 2022, MA Bulletin 01-22-13, "Updates to Blood Lead Reference Value and Environmental Lead Investigation (ELI) Provider Qualification Requirements", was issued. This bulletin announces the reduction in the blood lead reference value from 5 to 3.5 micrograms per deciliter. This measurement is aligned with Centers for Disease Control guidelines.

On June 10, 2022, MA Bulletin 08-20-68, "Federally Qualified Health Center and Rural Health Clinic Payment for SARS-CoV-2 Vaccine Administration", was issued. This bulletin provides billing guidance clarification to the FQHCs and Rural Health Clinics for COVID-19 vaccines.

On June 13, 2022, MA Bulletin 08-22-13, “Teledentistry Guidelines and Dental Fee Schedule”, was issued to provide dental providers guidance for the ongoing use of teledentistry.

Ms. Lickers announced the United States Department of Health and Human Services, Office of Civil Rights (OCR) issued guidance regarding telehealth. Providers and other Health Information Portability and Accountability Act (HIPAA) covered entities should be aware of this recent guidance as it provides information on the HIPAA privacy, security and breach notification rules that will be effective once OCR’s enforcement discretion for telehealth is no longer in effect at the end of the federal public health emergency (PHE). This enforcement discretion exercised by OCR for HIPAA privacy, security and breach notification rules meant OCR would not impose penalties for non-compliance with these HIPAA rules in connection with “good faith” provision of telehealth during the federal PHE. The link to the guidance was provided in the chat: https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/hipaa-audio-telehealth/index.html#footnote10_814kxb0.

New/Old Business

Managed Long-Term Services and Supports Subcommittee (MLTSSS) Report and Motion

Mr. Mike Grier, chair for the Managed Long-Term Service and Support Subcommittee (MLTSSS), provided the meeting update. Ms. Rachel Sink from OLTL provided an overview of CMS changes related to the “money follows the person” supplemental services funding. A competitive bid process is expected to be issued. OLTL and the MCOs provided presentations on VBP. Discussions were held regarding the CHC FMS transition. Mr. Garrett Beauregard from UPMC gave a presentation. The next meeting will be hybrid and held on Wednesday, July 6, 2022. The face-to-face portion of that meeting will be held at the PA Department of Education, Honor Suite at 333 Market Street in Harrisburg.

Ms. Shoemaker indicated that packets emailed to the members of the committee included a motion on the table from the MLTSSS. There was no wordsmithing of the document and this is the exact document that was received by MLTSSS. Along with that a one pager with the rationale behind the motion was included.

Ms. Henning and Mr. Edley shared their support. Mr. Miller-Wilson requested clarification around the concern for agency with choice. Federal regulations permit states to utilize agency with choice, however, agency with choice is not available in Pennsylvania. The state could make it available, but the concern lies with the method in which Pennsylvania is going about it. Mr. Grier agreed and expressed opposition against a single vendor in the process.

Mr. Grier continued by reading the motion from the subcommittee. The subcommittee chair can determine if more discussion is necessary or forward the motion as it reads.

Motion on the Table - Subcommittee Member Jay Harner (JHarner@cilncp.org) made a motion to have the MLTSS Subcommittee voice opposition to the Agency with Choice that currently has one statewide vendor and would like to make a recommendation, concurrently, to the MAAC and Acting Secretary Snead that there be more than one vendor for Agency with Choice.

Mr. Grier called for a vote to be taken. Vice Chair David Johnson administered the verbal voting process. Out of the 13 committee members attending the MLTSS Subcommittee meeting, 10 voted yes to have the motion carry. Chair Michael Grier is to put something in writing to submit to the MAAC chairman and the Acting Secretary.

Ms. Shoemaker continued advising the committee of the motion on the table. Mr. Edley made a motion to move the resolution to Acting Secretary Meg Snead. Ms. Henning seconded the motion. A vote of 9 yays and 3 abstentions was recorded.

Deborah Shoemaker – yay
Joe Glinka – yay
Julie Korick – abstain
Kathy Cubit – yay
Mark Goldstien – yay
Mike Grier – yay
Minta Livengood – abstain
Nancy Murray – yay
Richard Edley – yay
Nick Watsula – abstain
Russ McDaid – yay
Terri Henning – yay

The resolution was passed and will be forwarded to Acting Secretary Snead.

The May minutes were presented and approved with a motion to accept from Ms. Livengood and a second from Ms. Cubit.

Adjournment

The meeting was adjourned. Next meeting is scheduled to be held on Thursday, July 28, 2022.