

Community HealthChoices (CHC) Waiver Application Executive Summary

The Department of Human Services (DHS), Office of Long-Term Living (OLTL) plans to release for public comment the waiver applications for CHC before submitting the CHC waiver applications to the Centers for Medicare & Medicaid Services (CMS) for approval. The proposed CHC waiver will be a concurrent 1915(b)/(c) waiver to implement Community HealthChoices, Pennsylvania's managed long-term services and supports initiative. The specific authorities requested will allow the Commonwealth to require CHC-eligible Medicaid beneficiaries to receive nursing facility, hospice, home and community-based services (HCBS), and physical health services through managed care organizations (CHC-MCOs) selected by the commonwealth through a competitive procurement process. Individuals served in the CHC waiver will receive their behavioral health services from HealthChoices behavioral health MCOs. The next renewal application for the PA-67 HealthChoices waiver, effective January 1, 2017, will include additional populations to be served under the BH-PIHP authority as a result of the implementation of CHC.

Pennsylvania's proposed CHC waiver emphasizes minimizing institutionalization, serving more people in community-based settings, and provides an array of services and supports in community-integrated settings. The proposed CHC waiver provides HCBS to individuals 21 and over, and is designed to support individuals to live more independently in their homes and communities and to provide a variety of services that promote community living, including participant-directed service models, and traditional agency-based service models.

Timeline for Submission and Approval

April 23, 2016 – 1915(b)/(c) waiver application published in PA Bulletin (DHS will engage stakeholder input through the subcommittees of the MAAC and the Third Thursday Webinar, in addition to the public comment period.)

May 23, 2016 – Deadline for public comment

June 30, 2016 – Draft waiver applications submitted to CMS to begin approval process

January 1, 2017 – Anticipated effective date

CHC Waiver Process

Pennsylvania will operate a concurrent 1915(b)/(c) waivers for CHC. The 1915(b) waiver allows for the use of managed care in the Medicaid program through MCOs and makes that program mandatory for eligible participants to receive services. The 1915(c) waiver allows for the delivery of long-term services and supports (LTSS) in the home and community. The existing 1915(c) waivers (Aging, Attendant Care, and Independence) will continue to operate under the Fee-for-Service (FFS) delivery system until CHC is implemented in each of the respective regions. The OBRA waiver will continue to operate across the state in its current form to accommodate those individuals who are currently in the OBRA waiver who will not qualify for CHC. Additionally, the OBRA waiver will serve 18 through 20 year olds who require certain LTSS that are not offered through the Medicaid State Plan until they age into CHC.

Pennsylvania will use the existing CommCare waiver as the CHC waiver vehicle, making the CommCare waiver no longer available in the FFS regions. Individuals currently enrolled in the CommCare waiver who reside in a FFS region will transfer to the Independence waiver until CHC is implemented in their region. CommCare was selected because it allows for an ease in transition. CommCare includes the fewest individuals, the nursing facility level-of-care eligibility criteria aligns with CHC or other OLTL waivers, it is similar to the Independence waiver which will serve as a transitional waiver for current CommCare participants that reside in FFS regions, and the expiration date allows for a longer transition period than other waivers. OLTL will need to add Residential Habilitation and Structured Day Habilitation to the Independence waiver in order to make the service packages equivalent.

1915(b) Waiver Application

1915(b) Waiver Main Application

The 1915(b)(4) application requests authority for Pennsylvania to mandate participants in CHC, through the three-year statewide phase-in, to obtain services through MCOs. Per CMS State Medicaid Director Letter #10-022, OLTL will request that the 1915(b)(4) application be effective for a three and a half-year period, beginning January 1, 2017, in order to align both the 1915(b) and 1915(c) applications. The waiver application waives the requirement for all services for categorically needy individuals to be equal in amount, duration, and scope. CHC-MCOs will provide wellness, care management, and other services that are not available to other Medicaid participants not enrolled in CHC. Waiver participants in the CHC regions may only receive services through the CHC-MCO. Individuals served in the CHC waiver will receive their behavioral health services from HealthChoices behavioral health MCOs. The next renewal application for the PA-67 HealthChoices waiver, effective January 1, 2017, will include additional populations to be served under the BH-PIHP authority as a result of the implementation of CHC.

Pennsylvania will select CHC-MCOs through a competitive procurement process, which was issued March 1, 2016. The state is divided into five zones and offerors may bid on a single zone or a combination of zones. A single procurement process for all five zones will occur in 2016, with implementation occurring in three phases, from January 2017 through January 2019. Pennsylvania plans to procure no fewer than two and no more than five CHC-MCOs in each CHC zone.

Populations Included in 1915(b) Waiver Application

Mandatory:

- Aged/Disabled adults who receive LTSS in nursing facilities or HCBS settings, or who are full dual eligibles.
- Aged beneficiaries who are full dual eligibles.

1915(c) Waiver Application

1915(c) Waiver Main Application

The 1915(c) waiver application requests authority for Pennsylvania to repurpose an existing Medicaid HCBS waiver for a three and a half year period. The Main Module of the application emphasizes the stakeholder engagement process and the transition process for individuals into CHC.

Appendix A: Waiver Administration & Operation

- Defines OLTL as the division within the Single State Medicaid Agency that operates the waiver.
- Provides that specified agencies can perform operational and administrative function of the waiver on behalf of DHS. This includes agreements with MCOs, community partners who will focus on outreach and education of participants and their families, a conflict-free entity who will perform clinical eligibility determinations/redeterminations, an Independent Enrollment Entity, a Home Modification Broker, a Fiscal Employer/Agent, and an External Quality Review Organization (EQRO).
- Includes assessment methods to monitor the performance of entities to ensure that they perform assigned waiver functions in accordance with waiver requirements.

Appendix B: Participant Access & Eligibility

The proposed target population for the 1915(c) waiver is as follows:

- Be a resident of Pennsylvania residing in a managed care county that follows the three-year CHC rollout schedule.
- Be 21 years of age or older.
- Waiver services are limited to individuals with physically disabling conditions that are expected to last indefinitely, including individuals with acquired brain injuries, and individuals who require a nursing facility level of care.

Pennsylvania may reserve a portion of the participant capacity of the waiver for specified populations, including:

- Money Follows the Person (MFP) participants will have access to all services available in the waiver, based on the Nursing Home Transition (NHT) plan.
- Participants who have an active Adult and Older Adult Protective Services case who can be safely served at home.

Appendix C: Participant Services

Below is a summary of services available under the proposed waiver.

- Adult Daily Living Services
- Assistive Technology
- Behavior Therapy
- Benefits Counseling
- Career Assessment
- Cognitive Rehabilitation Therapy
- Community Integration
- Community Transition Services
- Counseling
- Employment Skills Development
- Home Adaptations
- Home Delivered Meals
- Home Health – Home Health Aide
- Home Health - Nursing
- Home Health – Physical Therapy
- Home Health – Occupational Therapy

- Home Health – Speech and Language Therapy
- Job Coaching
- Job Finding
- Non-Medical Transportation
- Nutritional Consultation
- Participant-Directed Community Supports
- Participant-Directed Goods and Services
- Personal Assistance Services
- Personal Emergency Response System (PERS)
- Pest Eradication
- Residential Habilitation
- Respite
- Specialized Medical Equipment and Supplies
- Structured Day Habilitation
- TeleCare
- Vehicle Modifications

Appendix C also provides:

- Delivery of case management services delivered to participants as an administrative activity.
- Requirement of criminal history background checks for all support service workers and Pennsylvania’s required child abuse clearances which includes a Federal Bureau Investigation (FBI) clearance for all direct care workers providing services in homes where children reside.

Appendix D: Participant Centered Planning & Service Delivery

This section outlines the requirements of the Person Centered Service Plan as defined in the draft Agreement Program Requirements section.

Appendix E: Participant Direction of Services

The proposed CHC waiver allows for participant direction. All participants will have the right to make decisions about and self-direct their own waiver services. Participants are encouraged to self-direct their services to the highest degree possible. This includes participant decision-making authority over employer and budget authorities. Participants may also choose to use a representative to support them in self-direction.

Appendix F: Participant Rights

This section of the waiver application outlines a participant’s rights to request a fair hearing and the procedures for informing the participant of this opportunity. The language in this section of the appendix follows Title 55 Pa. Code §275.1 and .4 and 28 Pa. Code Chapter 29. This appendix also describes the grievance/complaint system and the process for resolving grievances/complaints as outlined in the draft Agreement Program Requirements.

Appendix G: Participant Safeguards

This appendix outlines the waiver requirements to ensure the safety of a participant including:

- The responsibilities of DHS, along with the responsibilities of the MCOs and providers to report and respond to critical incidents.
- The prohibition of the use of both physical and chemical restraints, seclusion, and other forms of restrictive interventions.
- The administration of medications to waiver participants living in residential settings who cannot self-administer medications.

Appendix H: Quality Improvement Strategy

This section outlines OLTL's quality management process, including:

- Monitoring and improvement strategies.
- The processes the state will follow to continuously assess the effectiveness of the Quality Improvement Strategy.

The Quality Improvement Strategy (QIS) is a critical operational feature that OLTL will employ to continually determine whether its programs, services and providers operate in accordance with the approved design of its program, meets statutory and regulatory assurances and requirements, and achieves desired outcomes. The QIS will identify and recommend opportunities for improvement.

Appendix I and J: Financial Accountability and Cost Neutrality Demonstration

These two appendices address the methodology used to set rates, payment to providers, and the demonstration that the provision of home and community-based services cost the same or less than the cost of services in an institutional setting. These two appendices will be finalized in late April and will be distributed for review and approval at that time.