

## Office of Long-Term Living Program Updates

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- Fiscal Year (FY) 2019-20 Budget
- IGT Update
- Nursing Facility Assessment
- Community Health Choices (CHC) Updates
- Other OLTL Program Updates



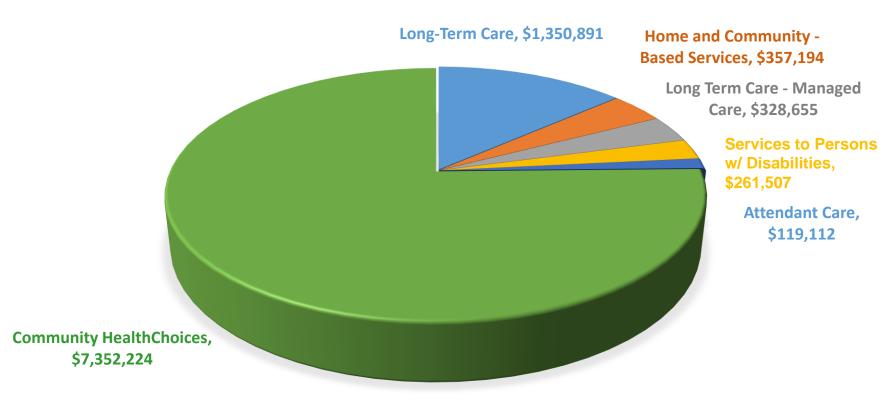
# Fiscal Year (FY) 2019-20 Budget

Overview of FY 19-20 OLTL Budget



#### **\$9.77B OLTL BUDGET BY APPROPRIATION**

TOTAL FUNDS INCLUDING: STATE, FEDERAL, LOTTERY, TOBACCO, AND REVENUE (AMOUNTS IN THOUSANDS)



## **Budget Request Factors**



- Maintains FFS Programs in Non-CHC Zones
- Maintains Existing Service Levels for Participants
- Shifts Funding from Legacy Appropriations (LTC, HCBS, Services to Persons w/Disabilities, Attendant Care) to CHC
- Funds Implementation of CHC in the Lehigh/Capital, Northwest, and Northeast Zones in Jan. 2020
- Reflects Full-Year Operation of CHC in Southwest and Southeast Zones
- Reflects Actuarially Sound Rates for CHC MCOs PH & LTSS

## **Budget Request Factors**



- Continues the IGT Program for County NFs
- Expands the Total Number of Individuals covered in the OLTL Waivers
- Includes funds to establish a single responsible entity for Functional Eligibility Determinations
- Assumes Expansion in LIFE Program





- Publication of proposed rate notice and notice of proposed budget adjustment factor (BAF) methodology – June 29
- BAF submitted to CMS for approval; SB 695 (Act 19 of 2019) signed on June 28, 2019. Act 19 extended use of the BAF from July 1, 2019 through June 30, 2022
- Estimated publication of final rate notice & peer group (PG), PG medians and PG price notice – December



NF Rate Floor for the First 36 Months in CHC Per Zone

- Average of each NF's FFS rates in effect for the four quarters prior to implementation
- LC, NE, and NW Zones Calendar Year 2019 quarters
- The rate floor will not be adjusted over the 36 month timeframe in each zone
- The CHC-MCOs and NFs may agree to higher rates OR the CHC-MCOs and NFs may agree to lower rates initially under an alternative payment methodology.
- The payments funded through Appendix 4 of the agreement between DHS and each CHC-MCO (relating to nursing facility access to care payments) and Exceptional Durable Medical Equipment (DME) are in addition to a NF's rate.



# Intergovernmental Transfer (IGT) Update



- County safety net payments are funded by voluntary intergovernmental transfers, or IGTs
- FFS County NF Safety Net Payment
  - NFs in SW and SE Zones No payment
  - NFs in LC, NE, NW Zones Payment for July-Dec 2019
- CHC-MCO Payment (Appendix 4: County NF Access to Care)
  - NFs in SW and SE Zones Payment for July 2019-June 2020
  - NFs in LC, NE, NW Zones Payment for January-June 2020



Action	Target Date
DHS and PACAH meet to discuss LC, NE, NW	October 1, 2019
DHS sends LC, NE, NW IGT agreements to PACAH to distribute	Mid-October
LC, NE, NW counties return executed agreements to DHS	Mid-December
DHS publishes public notice and submits SPA to CMS for FFS safety net payment	Early January 2020
Targeted SPA approval	April 2020
DHS distributes payment instructions and certification	April 2020
Counties IGT funds to state w/ signed certification	May 2020
DHS makes FFS safety net payment (for July – December 2019)	June 2020



Action	Target Date
DHS makes capitation payments, inc. Appx 4, to CHC-MCOs for SW and SE zones	August 2019 – January 2020
DHS sends SW and SE IGT agreements to PACAH to distribute	August 30, 2019
SE and SW counties return executed agreements to DHS	September 30, 2019
DHS makes January program month capitation payments, inc. Appx 4, to CHC-MCOs for all zones	February 14, 2020
DHS makes March program month capitation payment + annual payment of Appx 4 for April, May, June to CHC-MCOs for all zones	March 13, 2020
DHS distributes payment instructions and certification	April 2020
Counties IGT funds to state w/ signed certification	May 2020



- Refers to "Appendix 4" of the CHC Agreement, also called "Access to Care"
- Upon CHC implementation in each zone, payments are made through managed care in compliance with the CMS Managed Care Final Rule
- CMS' Medicaid managed care regulations at 42 CFR § 438.6(c)(1) prohibit states from directing MCO Plan expenditures or providing pass-through payments
- This payment process has been in place in the Southwest Zone since January 2018

## Appendix 4



- Access to Care Payments are intended to help ensure quality of and access to NF services under CHC
- Appendix 4 identifies a specific amount that MCOs must use to pay for NF services and requires the MCOs demonstrate the funds were used in accordance with this requirement
- DHS will not be involved in or provide any direction on how the funds are distributed
- The CHC-MCOs and PACAH negotiate how the Appendix 4 payments are distributed
- Appendix 4 also includes funding from the nursing facility assessment (County MDOI)



## **Nursing Facility Assessment**



- Publication of proposed assessment notice June 29
- Waiver request submitted to CMS for approval Sept 4
- SB 695 (Act 19 of 2019) signed on June 28, 2019. Act 19 extended NF Assessment from July 1, 2019 through June 30, 2022
- Final notice to be published upon CMS approval of waiver, Governor's approval of assessment, and CMS approval of County MDOI SPA.

## **Nursing Facility Assessment**



- Revised methodology lower rate tier includes NFs with at least 125,000 Medical Assistance (MA) days and with an overall occupancy rate of 90% or higher based on the Calendar Year (CY) 2017 resident days as of November 26, 2018
- Uniform rate decrease of \$0.10 from FY 2018-19
- Assessment = Assessment Rate (\$7.30 or \$31.39) x
  NFs historical non-Medicare resident days for CY 2017

## **NF Assessment Funding**



- FFS Payments
  - Nonpublic allowable cost & quarterly supplemental and County MDOI
    - NFs in SW and SE Zones No Payment
    - NFs in LC, NE, NW Zones Payment for July-Dec 2019
- CHC-MCO Payment (Appendix 4: Private NF Access to Care & County NF Access to Care)
  - NFs in SW and SE Zones Payment for July 2019-June 2020
  - NFs in LC, NE, NW Zones Payment for January-June 2020





- Published public notice June 29
- Next Step CMS approval of SPA





- HB33 Act 12 of 2019 Signed June 28
- Publish public notice October 5
- Next Step CMS approval of SPA



- Payments remaining in FFS:
  - Hospital-Associated Infection (HAI) Reimbursements
  - Legislative Additions, such as Nonpublic MDOI
- Other Payments Considered in Capitation Rate
  Development:
  - Disproportionate Share Incentive
  - Supplemental Ventilator & Tracheostomy Care



## **CHC** Updates

## **Participant Outreach**



- September-October
  - 72 Participant Information Sessions
  - 11 Additional Sessions by PCIL
  - Participant Enrollment Packet Mailings
  - Participant Outreach Calls from Maximus
  - Ongoing Meaningful Contact Activities
- November-December
  - November 13 Last Day for Plan Selection Before Auto-Assignment
  - December 20 Last Day for Plan Selection Effective January 1

## **Provider Summits**



- Registration is now open for the CHC provider workshops in October.
  - Northwest Zone: October 8th at Clarion University
  - Northeast Zone: October 21st at Marywood University
  - Lehigh/Capital Zone: October 28th at Kutztown University
- Agenda:
  - An overview of CHC will be provided in the morning.
  - Breakout sessions will be offered in the afternoon and will cover the following topics:
    - Home and Community-Based Services
    - Service Coordination
    - Nursing Facilities
    - Behavioral Health
    - Physical Health
    - Transportation

#### Phase 3 Provider Networks



- Nursing Facilities (318 Total)
  - Amerihealth Caritas 215
  - PA Health & Wellness 127
  - UPMC 240
- Hospitals (93 Total)
  - Amerihealth Caritas 78
  - PA Health & Wellness 57
  - UPMC 61
- All other Nursing Facility and Hospital contracts are in process.
- All MCOs continue to submit weekly provider network reports for network adequacy monitoring.

## Phase 3 Provider Networks



- Each of the MCOs will conduct various trainings for providers enrolling in the Phase 3 zones.
- Examples of training topics include:
  - Working with the MCO
  - Billing and Invoicing
  - Person-Centered Service Plans
  - Electronic Visit Verification

## **Quality Measure Incentives**



- DHS continues to look at existing nursing facility quality measures and further discussions will continue with the nursing facility associations
- The PA Healthcare Association hosted a webinar on the CoreQ Customer Satisfaction Survey measuring resident satisfaction.
- The survey was developed by the American Health Care Association and National Center for Assisted Living. Most of the nursing facility associations participated on the webinar.
- OLTL is following up with each of the associations to gather feedback on whether this is something Pennsylvania can adopt.

## **Nursing Facility Surveys**



- The Medicaid Research Center (MRC) at the University of Pittsburgh presented at the August MLTSS Subcommittee Meeting and provided highlights of the results of the nursing facility provider on-line survey; the nursing facility resident survey was still ongoing at the time of the presentation.
- MRC will present to NF associations on November 7. The presentation will include resident results



# Other OLTL Program Updates

## Hard To Place Cases



- In August 2019, DHS issued an RFI on Complex Case Placement to learn more about how the department along with the departments of Corrections, Aging, Health, and Military and Veterans Affairs could better serve complex case populations that are eligible for commonwealth services and supports.
- The Complex Case population for the purposes of this RFI have been defined as individuals whose clinical or behavioral conditions, or personal history create challenges in securing housing and services.
- DHS is particularly interested in feedback related to serving these populations under a "no reject, no eject policy" in the following settings;
  - Long-Term Care Facilities
  - Community Placement with intensive integrated services
  - The LIFE program
  - Other known models of care

## DMVA Workgroups



- Several meetings have taken place on multiple subjects relating to Department of Military and Veteran's Affairs (DMVA) long-term care reform.
- The workgroups are focusing on the following topics:
  - Physical Health Services
  - Financial Issues
  - Home and Community-Based Services
  - Facility-Based Services
  - Behavioral Health
  - Veteran Homelessness
  - Incarceration and Hard to Place Cases
  - Regulations
- The workgroups will deliver a report and it is anticipated that the report will be completed by the end of this calendar year.



## Questions?