



Tuesday, January 23, 2024, 1:00 pm
Virtual Meeting (Zoom)

Meeting Chair: Nicole Ragab

Co-Chair: Jocelyn Saggese

Meeting Scribe: Kathleen Shiomos

1. Call to Order

Nicole Ragab called the meeting to order at 1:05 pm.

2. Welcome and Introductions

Nicole welcomed the group to the Ad Hoc Participant Advisory Committee (PAC) meeting, and introduced Plan staff on the line to assist during today's discussion.

Jocelyn Saggese, Director Service Coordination; Nicole Ragab, Manager of Community Outreach Programs, Kathleen Shiomos, Executive Assistance, and CHC Community Outreach team (Jasmine Moore, Allison Hindman, Nguyen Nguyen).

3. Purpose/Guideline for Discussion

Nicole reviewed the guidelines for Today's Discussion, asking PAC members to introduce themselves and identify which PAC they represent when speaking. Nicole also asked PAC members to limit their comments to two minutes per time to allow everyone to participate.

All PAC members were provided a copy of the 2023 Community HealthChoices Waiver for review.

Nicole went through a few definitions and acronyms for today's discussion:

Waiver definition - The name waiver comes from the fact that the federal government "waives" Medical Assistance/Medicaid rules for institutional care in order for Pennsylvania to use the same funds to provide supports and services for people closer to home in their own communities.

RFP - Request for Proposal

MCO – Managed Care Organization

Finally, Nicole offered four questions as a guide to today's call:

1. What is good about the current program?
2. How can the program be improved?
3. What challenges and opportunities do you see the program facing over the next few years?
4. What advice do you have for OLTL?



4. Open Discussion – Recommendations for OLTL

- There needs to be good communication for Participants moving within the state or to another state.
- Better communication, take into consideration the Participant does not understand the acronyms and some of the contract language. Please simplify the information so that everyone can understand it.
- Need to cut the waste, go after the fraud, and streamline services where we can. Looking at more data, such as missed shifts, ability to see metrics to ensure quality and improve care.
- Need increased training programs with hands-on training for direct care workers to give them more information, ownership of the position.
- Breaking it [CHC Waiver] down to its simplest goals, objectives, targets, mission, is the most important thing to do and work must be focused on that simple goal.
- Everyone must learn all they can about the Governor’s 10-year Master plan for older adults.
- Need to have supports brokers in CHC for People without intellectual disabilities as well as those with intellectual disabilities.
- Need more formal education for providers.

5. Open Discussion – Current Program Challenges

- Pest eradication. It can take weeks to get the service facilitated. Participants may not be able to get direct care works due to this issue.
- There is ambiguity around certain things. A best practice of one of the other MCOs is to put out quarterly FAQs for providers.
- HHA exchange is a great platform, but the reporting capabilities should be improved.
- Communication to Participants needs to be improved.
- There needs to be better education programs for Behavioral Health for Participants and Direct Care Workers.
- The process of getting home modification could be less stringent. It takes a long time and should not trigger a full reassessment of all services in the Service Plan.
- Since CHC rolled out, many Participants are being billed for medical things that were automatically covered by Medicaid but now are not in the network.

6. Open Discussion – Transportation

Concerns:

- Transportation not arriving on time and missing appointments.
- Unable to get trail pass on updated quickly to Septa Key card – months can go by and have to pay out of pocket.
- Non-medical transport such as MTM is where we are referred to use as CCT. Concerns with delivery of door-to-door service and reliability.
- Currently required to schedule 3-5 business days in advance.
- Uber/Lyft which can be a safety issue such as not having stopper on back wheelchair almost rolled off, they do not have the same standards.
- There are large wheelchair vans however, vehicle tie downs are not appropriate for most people.
- Why has the Plan imposed a 100-mile in-state limit for NMT? Other MCOs have transported consumers out of state with no questions asked, but ACPA CHC would not allow.

What’s going well:

- Transportation – Non-Medical Transportation (NMT) as a covered benefit



- For Participants with compromised immune system, it's very helpful that the DCW can use NMT without the Participant.
- The opportunity to have door-to-door transportation, not having to use shared ride system is appreciated, but problem but due to lack of this type of transportation and workers.

Recommendations:

- MTM should follow the ADA guidelines which only require 24 hours' notice for a scheduled ride.
- Eliminate the prior approval restriction for traveling over 100 miles.
- Allow travel over state lines.
- Allow Direct Care Workers (DCW) to be paid mileage while on the clock.

7. Open Discussion – Authorizations

- Service Coordinators need to improve timeliness of authorizations.
- The MCO needs to remove people from the system when they are no longer with the MCO so that services can be authorized by the new MCO.
- Appeals need more than 10 days from the date of the letter. Sometimes letters arrive on the 8th or 9th day which does not give the Participant enough time to contact the doctor to send the information or go into the office for the information.

8. Open Discussion – Personal Assistance Services (PAS)

- Participants are having their hours cut, or in other cases, they don't have enough hours.
- Participants are afraid to change MCOs because it triggers a reassessment and could change their hours.
- When PAS hours are constantly being cut, it makes it hard to work.
- When someone requests a new service, a new evaluation has to be done, and there is a risk that services could be cut. This makes it hard to be independent.
- Some Participants do not know who their SCs and Supervisors are, and Participants can get lost in the shuffle.
- There should be an increased focus on Consumer Directed Services
- Participants should be able to choose their Fiscal Management entity, and there should be in-state, local providers. Out of state providers are difficult to reach.

Concerns

- Retaining Attendant Care workers. When attendant care workers call off or need time off, agencies can't fill the open times due to lack of workers. This causes many issues for anyone who uses PAS services.
- Wages for PAS workers need to be increased. The cost of living is rising, and the salary is already too low.
- Attendants need livable wages, paid time off, holiday pay and affordable health insurance.
- The State provided 928M to CHC for expansion of services and increase cost to carry the program. This money is not going to the direct care workers and PAS agencies. People are not receiving care in home due to lack of direct care workers will cause more to go into Nursing Facilities (NF).
- There is still institutional bias within funding. Nursing Facilities are receiving a 20% increase and PAS Agencies are not receiving anything. The direct care workers are making \$15 or less. This is an issue across the entire state.

Recommendations

- Allowing family members to work as direct care workers for their family members. This was allowed during the pandemic and should continue.



- The State and MCOs need to reinforce and prop up the Personal Care Attendants. There is a drastic shortage of direct care workers due to the salary. According to CMS In past five years, the cost to provide services has gone up 33%, but the direct care workers have not seen an increase.
- Develop a plan to increase in the PAS workers hourly rate and create a potential career ladder.
- Attendants need livable wages, PTO, and holiday pay. Need to recognize this workforce and incentivize to work in the job.
- Caregivers should make at least \$20 per hour. To do this, suggest a 1% increase to the sales tax from 6% to 7%. If people know that one percent will not be used for anything but helping the elderly, they would be glad to do it or apply that extra 1% to just items like cars, boats, entertainment etc. Cut out the middleman in the care giver system, they do not do a good job and they eat up money.

9. Open Discussion – Service Coordination

- Service Coordinators are overloaded and need better ratios.
- Service Coordinators need more support and training.
- Participants need more access to Service Coordinators. They are overloaded and unable to meet the needs of their Participants efficiently and adequately.

10. Open Discussion – Person Centered Service Plan (PCSP)

- The Service Plans frequently have incorrect information. When Participants receive a copy of their Plan of Care, there is so much wrong, incorrect, or out of date.
- The current system does not allow for individualized Service Plan especially for those that have unique medical needs.
- Anytime Participant requests any changes to the Service Plan the entire Service Plan has to be reviewed. It is a waste of time and needs to be streamlined.
- Participants are afraid to ask for a new or adjusted service because the entire plan is going to be reviewed and they may lose PAS hours. This also stresses the time and hours SCs have.

11. Open Discussion - Miscellaneous

- The CHC program currently has three MCOs, but the new RFP may change the number.
- The new RFP provides an opportunity to have enhancements written into the RFP or the bidding. MCOs can put creative thought into pilot programs into to grow the program.
- Partnership is the core of the issue. MCOs need to work with Participants, providers, and direct care workers to provide what is best for the Participants.
- The purpose of the program is for the services to shine through.
- The good point of the current program is the consistency of care, reminders of services and follow-ups of coordinators.

12. Questions about the Waiver/Questions for OLTL

1. Question: When CHC was first introduced understand that it was supposed to bring about with COC between Medicare/Medicaid. How is the being done? From a consumer perspective not seeing it. Is this something CHC was supposed to do and if so, how is it doing this?
2. Question: In Section 1:C of the Waiver, is the CHC Waiver renewed every 3 or 5 years?



OLTL Response to Participant question regarding Section 1.C of the waiver amendment:

That is part of the amendment application where the state identifies whether they are requesting for the approval period be 3 years or 5 years. The state has requested for the waiver amendment be approved for a 5-year period.

1. Request Information (1 of 3)

A. The State of Pennsylvania requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of §1915(c) of the Social Security Act (the Act).

B. Program Title (optional - this title will be used to locate this waiver in the finder):

Community HealthChoices

C. Type of Request: amendment

Requested Approval Period:(For new waivers requesting five year approval periods, the waiver must serve individuals who are dually eligible for Medicaid and Medicare.)

- 3 years 5 years

3. Question regarding Section 1.F of the waiver amendment.

OLTL Response to Section 1.F of the waiver amendment:

All of this identifies is in order to be eligible for care under the waiver the person would need to meet the level of care provided in a nursing facility.

Form with radio button options: Hospital, Inpatient psychiatric facility, Nursing Facility (checked), Institution for Mental Disease, Intermediate Care Facility.

13. Meeting Close

Nicole provided the dates and times of upcoming PAC meetings:



- *March 5th @ 11:00am – Northwest – location TBD*
- *March 7th @ 11:00am – Northeast – Hazleton Wellness & Opportunity Center*
- *March 12th @ 11:00am – Lehigh Capital – Reading Wellness & Opportunity Center*
- *March 19th @ 11:00am – Southwest – Carnegie Library of Homestead*
- *March 26th @ 11:00am – Southeast – Chester Wellness & Opportunity Center*

If anyone has additional feedback, please contact Nicole or her team by Friday, January 26th for it to be included with today's recommendations to OLTL.

- *Nicole Ragab –Manager Community Outreach Program –nragab@amerihealthcaritas.com*
- *Ally Hindman –Community Relations Rep (NW/SW) –ahindman1@amerihealthcaritas.com*
- *Jasmine Moore –Community Relations Rep (SE) –jmoore1@amerihealthcaritas.com*
- *Nguyen Nguyen –Community Relations Rep (LC) –nnguyen1@amerihealthcaritas.com*
- *Leigh Ann Wiedlich –Community Relations Rep (NE) –lwiedlich@amerihealthcaritas.com*

A post PAC survey will be sent to all in attendance.

14. Meeting Adjourned

Nicole adjourned the meeting at 2:22 pm.