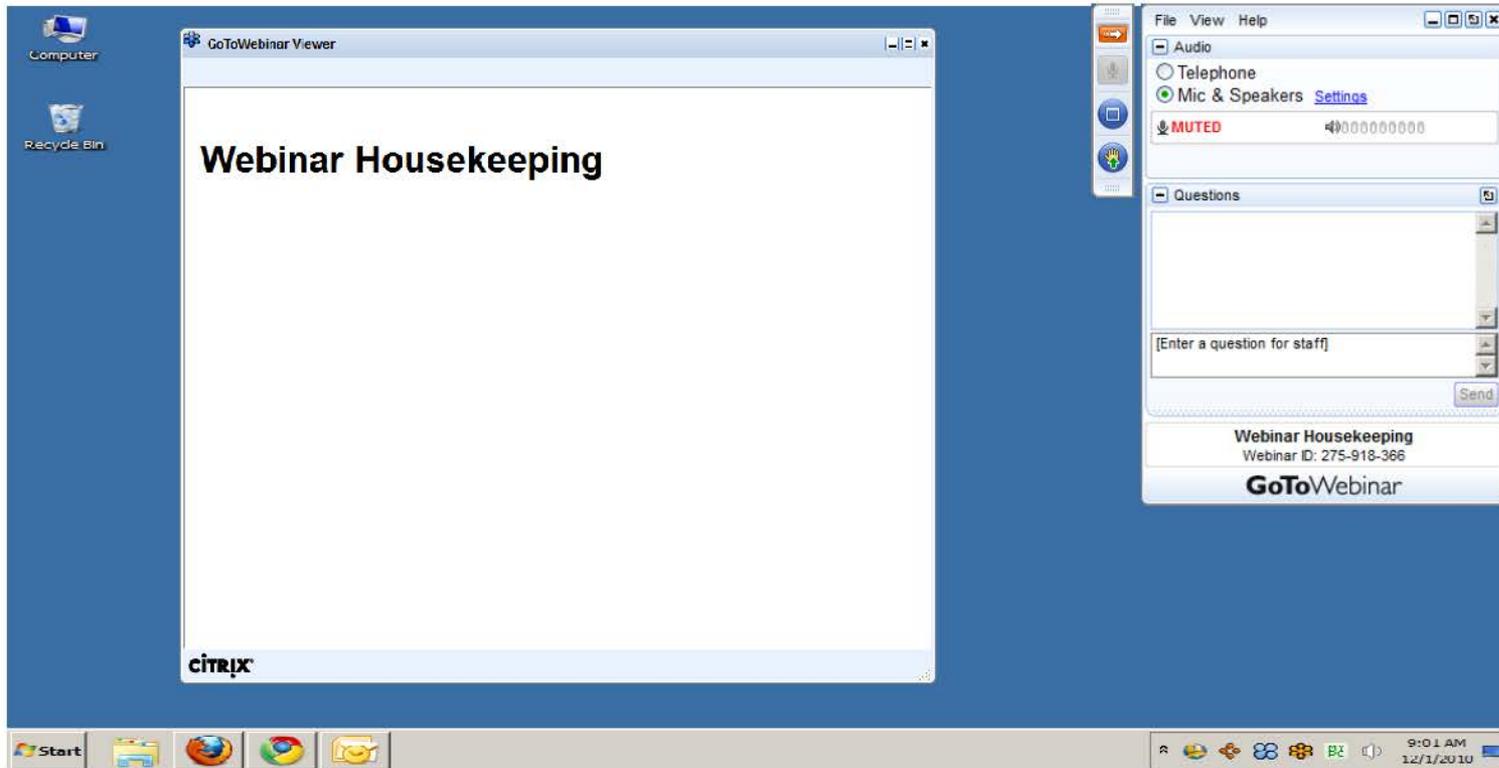


## Welcome to the Third Thursday MLTSS Webinar

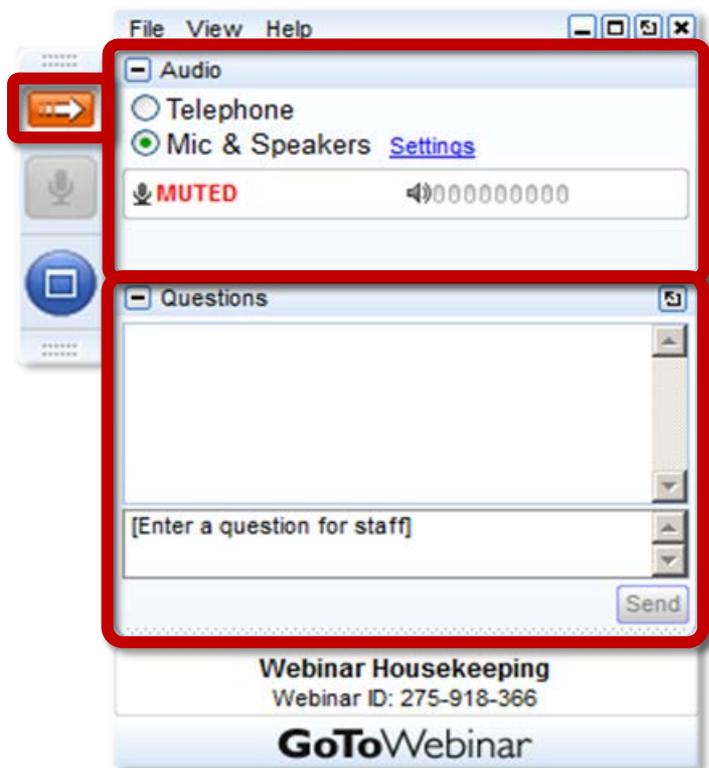
- Communication Access Real-time Transcription (CART) is available by clicking here:

<https://www.streamtext.net/player?event=MLSSCART>

# GoToWebinar Housekeeping: What Attendees See



# GoToWebinar Housekeeping: Attendee Participation



## Your Participation

Open and close your control panel

Join audio:

- Choose **Mic & Speakers** to use VoIP
- Choose **Telephone** and dial using the information provided

Submit questions and comments via the Questions panel

**Note:** Today's presentation is being recorded and will be available on our website.



## Third Thursday Webinar

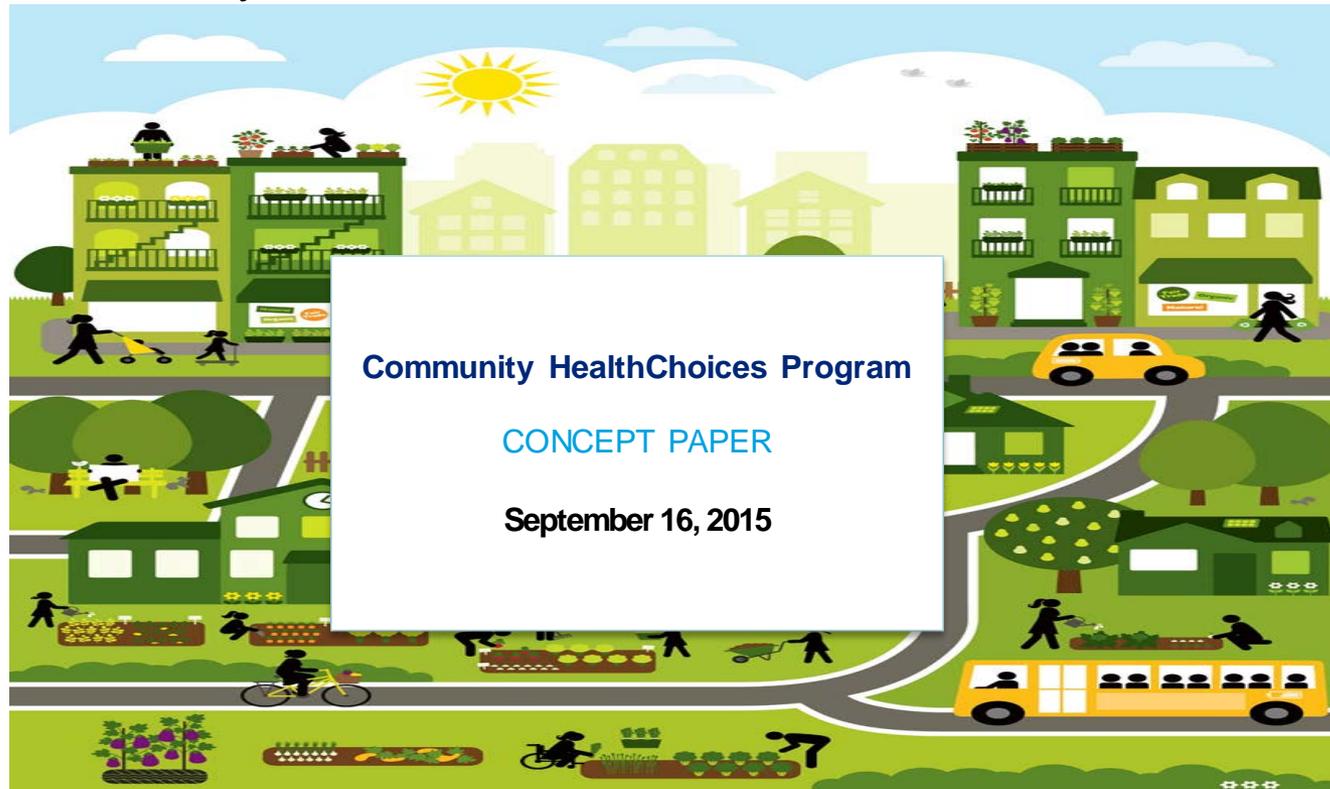
*September 17, 2015*

# Objective of Today's Webinar

- Share information about Community HealthChoices (CHC) with the all interested parties
- Outline important components of CHC, the purpose of the concept paper, and next steps

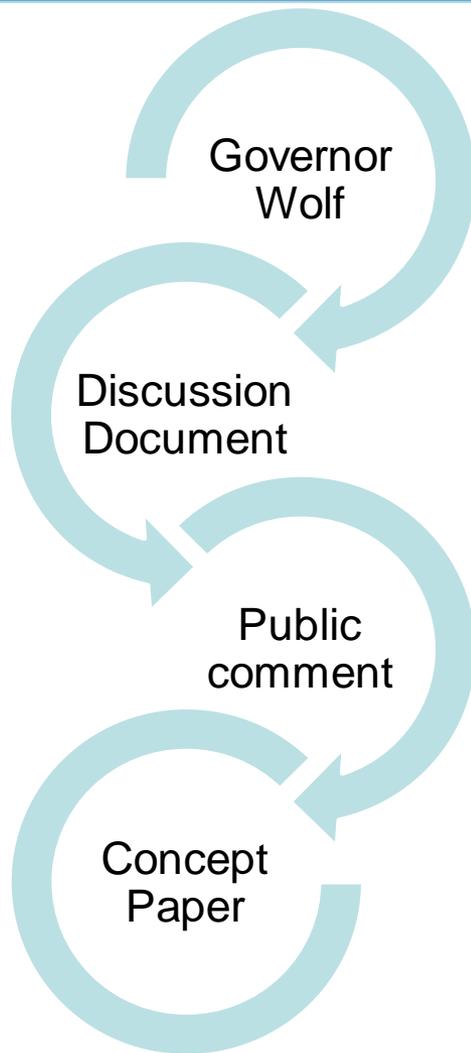
# For Immediate Release:

## Pennsylvania Releases Managed Long-Term Services and Supports Plan Concept Paper Community



“CHC will allow us to serve more Pennsylvanians who need long-term services and supports in the community.”

# How did we get here?



- February, 2015 - Announced plan for improvements to programs serving Pennsylvania's most vulnerable citizens
- June, 2015 – Discussion document released
- June/July, 2015 - Received over 800 comments leading to the concept paper
  - Held six (6) listening sessions across the Commonwealth
- **September 16, 2015** – Released concept paper outlining the commonwealth's proposed program components and managed care organization requirements

# ▶ Concept Paper Breakdown

1. Introduction
2. Participant Considerations
3. Managed Care Organization Components
4. Stakeholder Engagement Process
5. Regions and Timeline

# CHC Goals

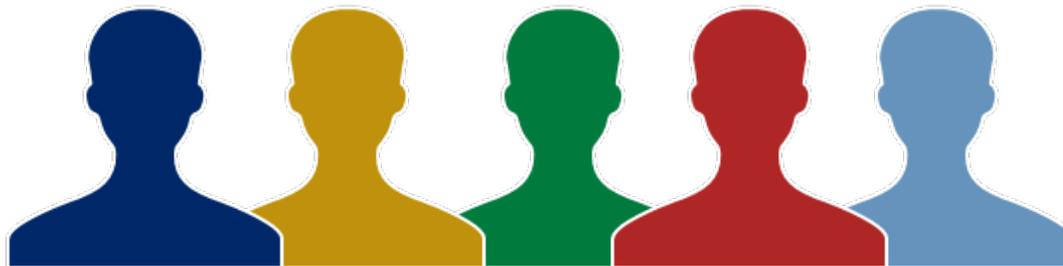
**GOAL 1:**  
Enhance opportunities for community-based living

**GOAL 2:**  
Strengthen coordination of LTSS and other types of health care, including all Medicare and Medicaid services for dual eligibles

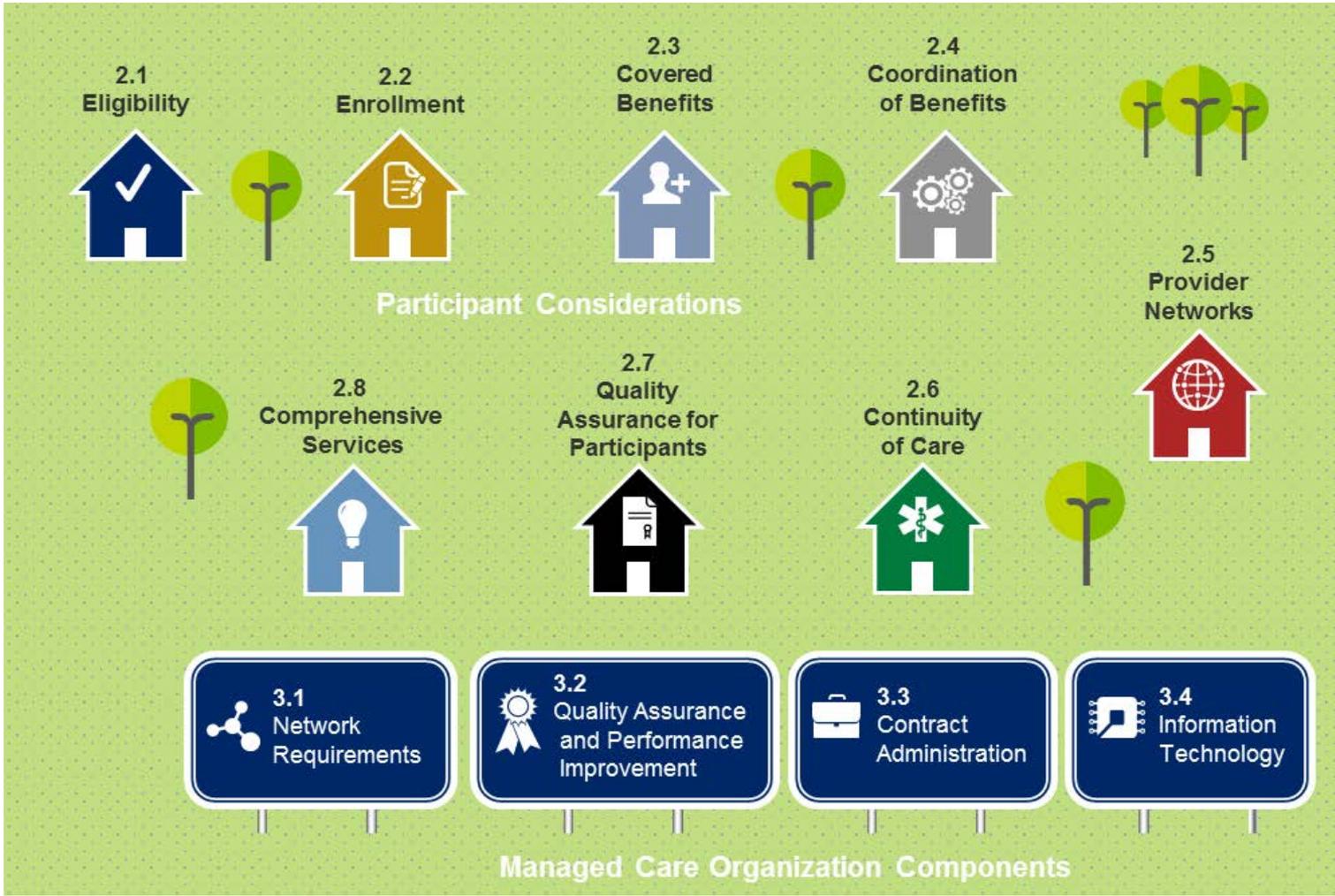
**GOAL 3:**  
Enhance quality and accountability

**GOAL 5:**  
Increase efficiency and effectiveness

**GOAL 4:**  
Advance program innovation

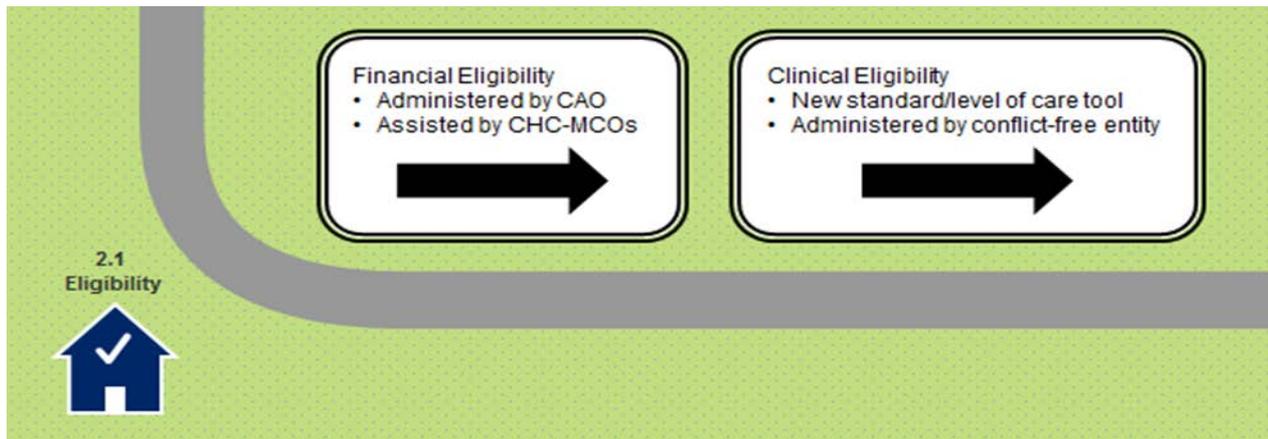


# 2. Participant Considerations



## 2.1 Eligibility

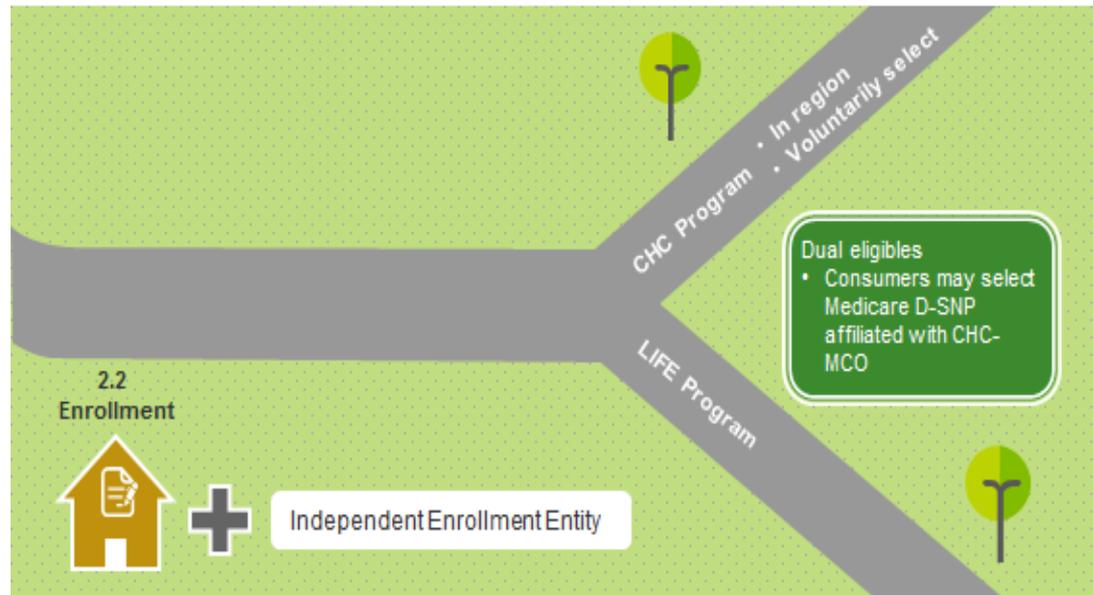
- Population
  - Adults age 21 or older who require Medicaid LTSS (whether in the community or in private or county nursing facilities) because they need the level of care provided by a nursing facility or an intermediate care facility for individuals with other related conditions (ICF/ORC);
  - Current participants of OLTL waiver programs who are 18 to 21 years old; and
  - Dual eligibles age 21 or older whether or not they need or receive LTSS.



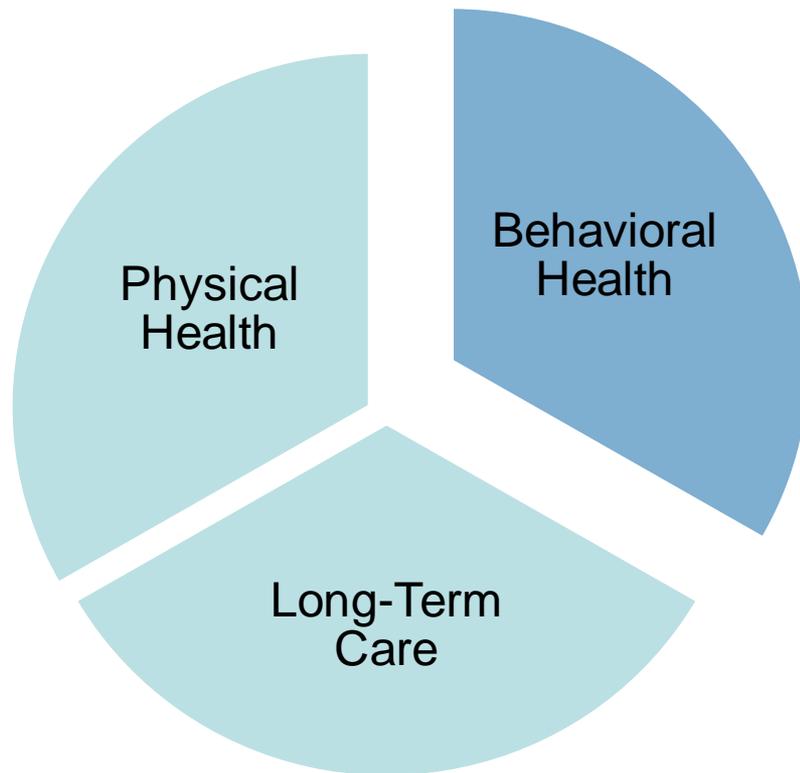
- Clinical and financial eligibility requirements will continue for LTSS

## 2.2 Enrollment

- Enrollment will offer choice of CHC-MCO or LIFE program
- Persons included in the CHC population required to enroll in one of the CHC-MCOs operating in the region unless they choose a LIFE program
- Independent enrollment entity will be selected through a competitive procurement process.



## 2.3 Covered Benefits & 2.4 Coordination



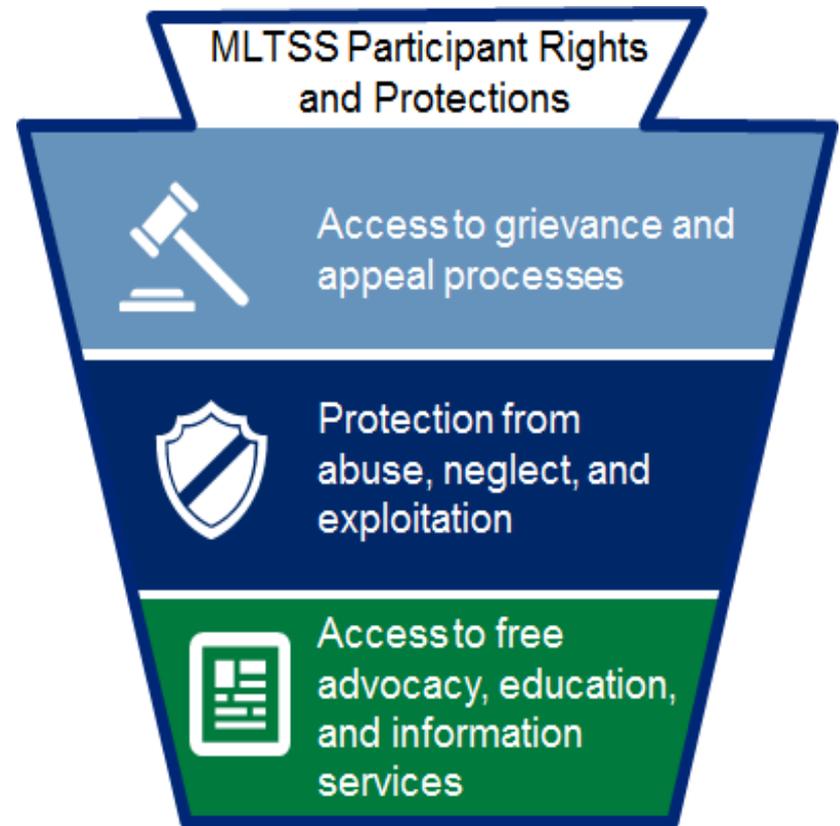
- Existing services and delivery models will be included in CHC
- Physical health and LTSS needs coordinated by the CHC-MCO
- Behavioral health services will be closely coordinated to ensure participant needs are met

## 2.5 Provider Network & 2.6 Continuity of Care

- CHC-MCO provider network standards will mirror those of existing HealthChoices program
- LTSS provider networks will be required to be sufficient to allow for participant choice
- Transition to CHC will include continuity of care provisions that mitigate service interruption risks
- Continuity of care
  - All willing and qualified LTSS provider will be included in CHC-MCO provider networks for 6 month implementation phase
  - Existing waiver participants will have access to existing services and providers for 6 months

## 2.7 Quality Assurance & 2.8 Comprehensive Services

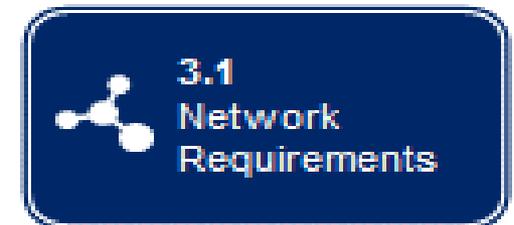
- Quality and oversight will be central components of CHC
- CHC-MCOs will be required to provide and improve:
  - Accessibility
  - Availability
  - Quality of Care
- Other commonwealth goals in CHC:
  - Expand access to affordable, accessible housing
  - Expand access to community-based, integrated employment
  - Develop LTSS direct service workforce
  - Expand use of technology among LTSS providers



## 3. MCO Components

### 3.1 - Network Requirements

- CHC-MCOs will be required to maintain a network management plan which outlines how to handle:
  - Network changes and provider transitions
  - Provider services
  - Provider manuals
  - Provider education and training



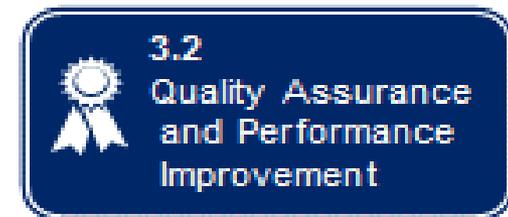
## 3.2 Quality Assurance & Performance Improvement

- CHC-MCOs must provide for the delivery of quality physical health care and LTSS
  - Primary goal of improving the health and functional status of participants as well as preventing deterioration or decline
  - CHC-MCOs will have a quality management department that is separate from other units within the CHC-MCO that:
    - Must establish and maintain distinct policies and procedures regarding LTSS
    - Must be designed to assure and improve the accessibility, availability, and quality of care being provided to participants

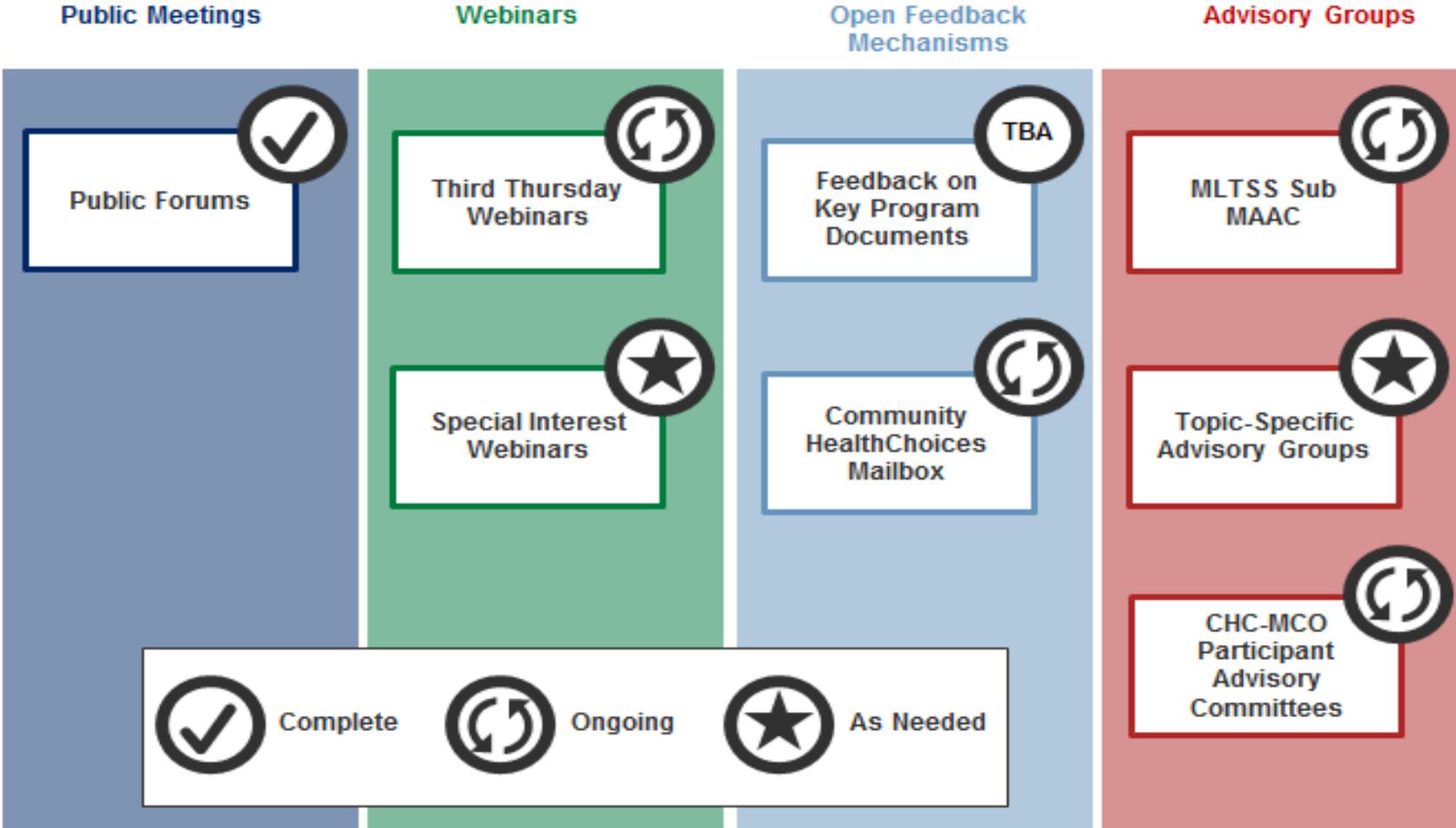
# Quality Management

CHC-MCOs obligations, among others, include:

- Conduct annual provider profiling
- Engage in performance improvement projects
- Obtain NCQA accreditation
- Comply with commonwealth quality data reporting requirements
- Cooperate with External Quality Review Organization designated by the Commonwealth

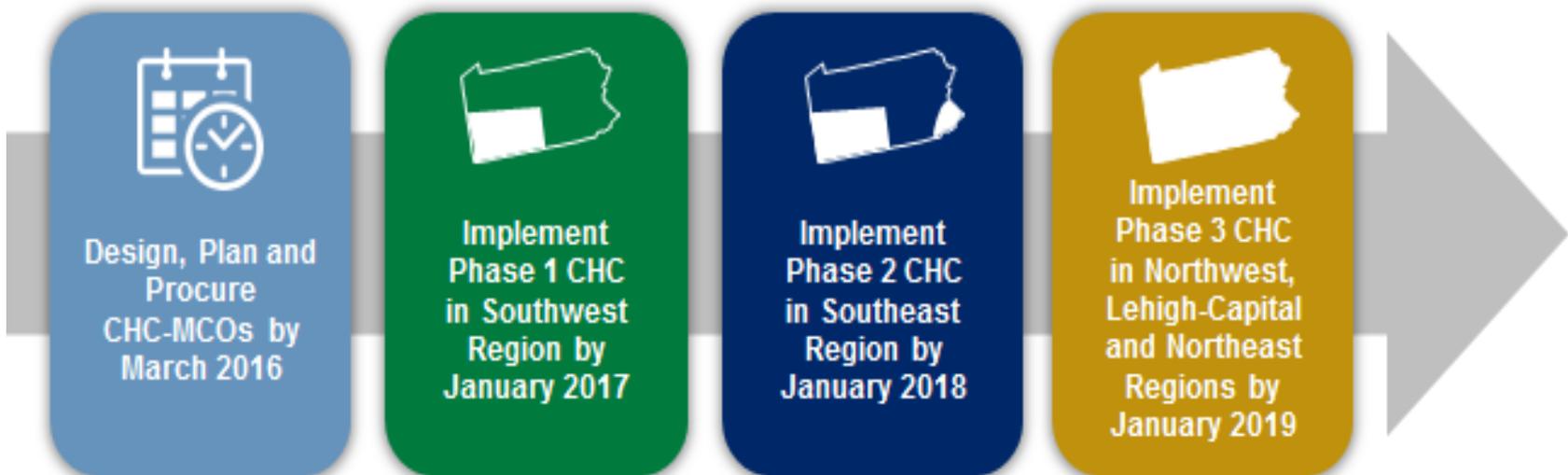


# 4. Stakeholder Engagement Process

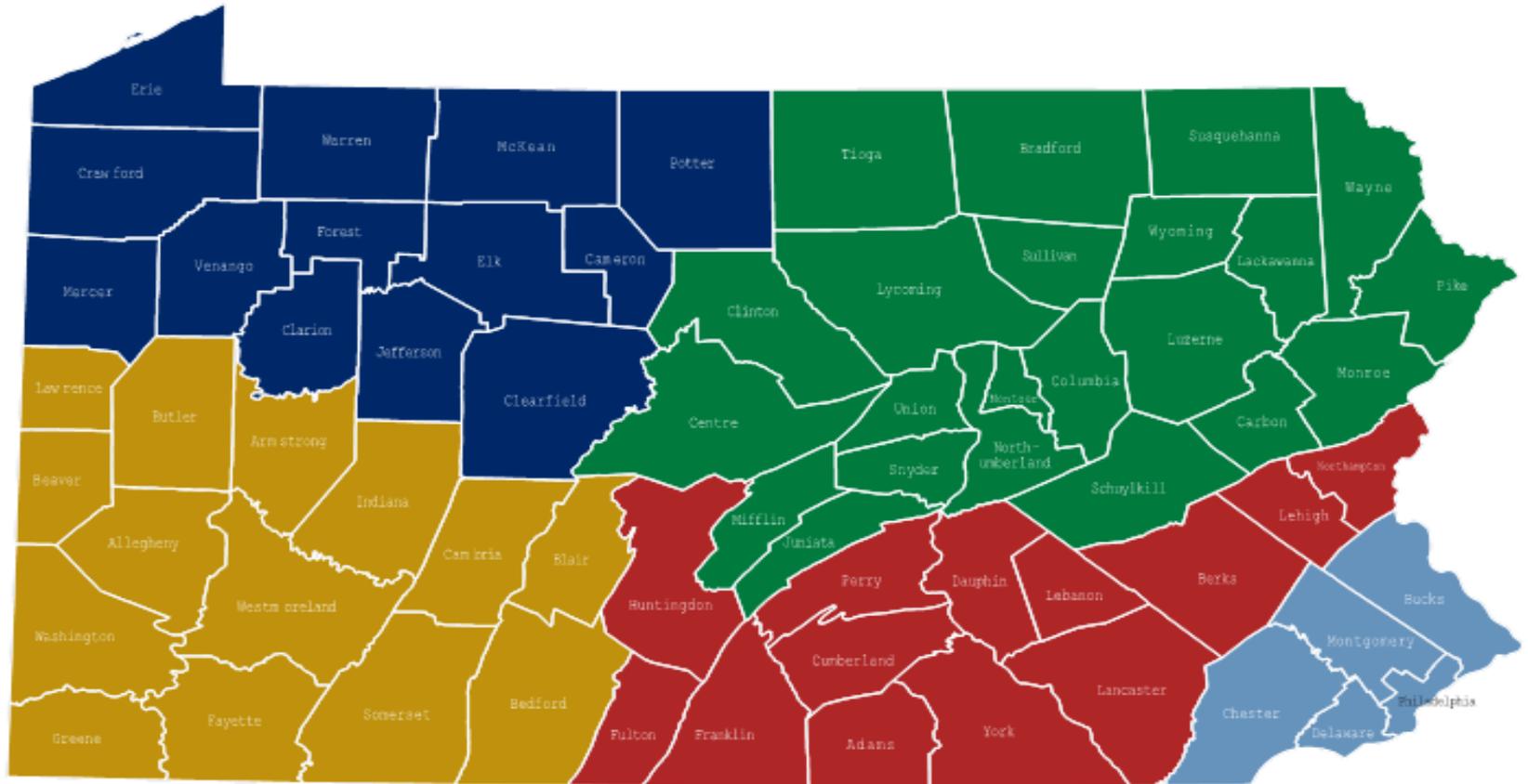


## 5. Regions and Timeline

- Pennsylvania will issue a request for proposals (RFP) for CHC-MCOs in November 2015
- Participant enrollment will begin with the first phase in the Southwest in January of 2017, Southeast in January of 2018
- Statewide implementation complete in 2019



# HealthChoices Regions



**HealthChoices Northwest**

**HealthChoices Southwest**

**HealthChoices Northeast**

**HealthChoices Lehigh/Capital**

**HealthChoices Southeast**

# Preliminary Procurement and Implementation

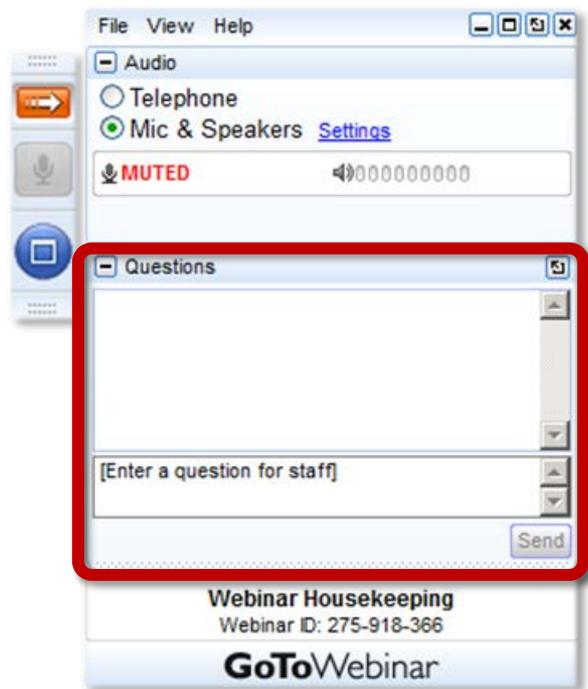
Milestone Description	Date
Deadline for submission of comments on concept paper	October 16, 2015 (5:00 pm)
Release of RFP for CHC-MCOs	November 16, 2015
Technical questions on RFP due to the commonwealth	November 25, 2015 (5:00 pm)
Pre-proposal conference	December 2, 2015
Answers to technical questions provided by the commonwealth	December 11, 2015
Deadline for submission of proposals	January 15, 2016 (5:00 pm)
Qualified Offerors respond to written questions and make oral presentations as requested by Commonwealth	January-February 2016
CHC-MCOs notified of selection (all regions)	March 2016
Agreement negotiations for Phase 1 CHC-MCOs	March-June 2016
Readiness reviews for Phase 1 CHC-MCOs	March-December 2016
Phase 1 CHC participants receive enrollment notices	October 2016
Implementation of Phase 1 (Southwest region)	January 2017
Implementation of Phase 2 (Southeast region)	January 2018
Implementation of Phase 3 (Northwest, Lehigh-Capital and Northeast regions)	January 2019

## *Questions or Comments?*

*Submit further questions or comments via email to:*

[RA-MLTSS@pa.gov](mailto:RA-MLTSS@pa.gov)

# GoToWebinar Housekeeping: time for questions



## Your Participation

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