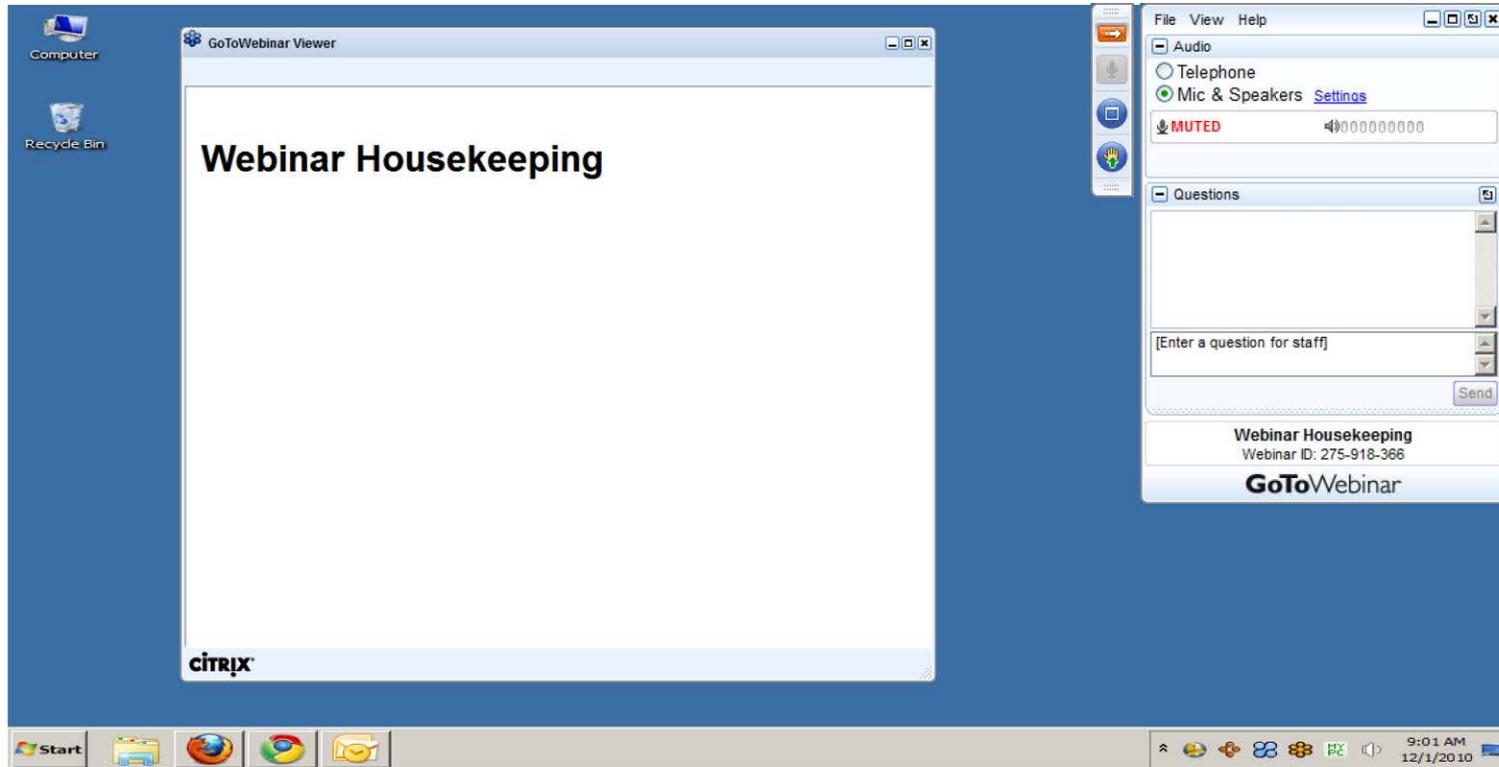


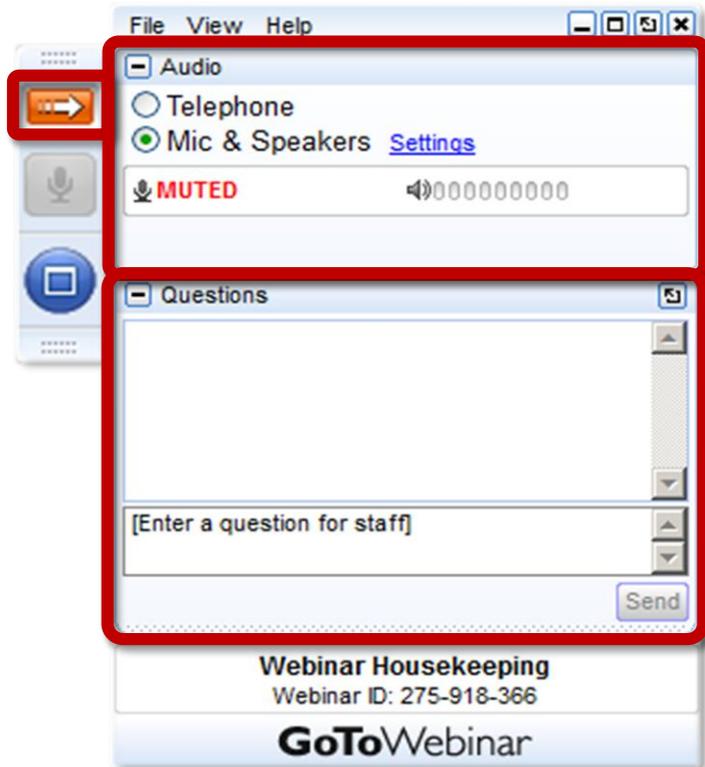
Welcome to the Third Thursday MLTSS Webinar

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Third Thursday Webinar: Eligibility and Enrollment

October 15, 2015

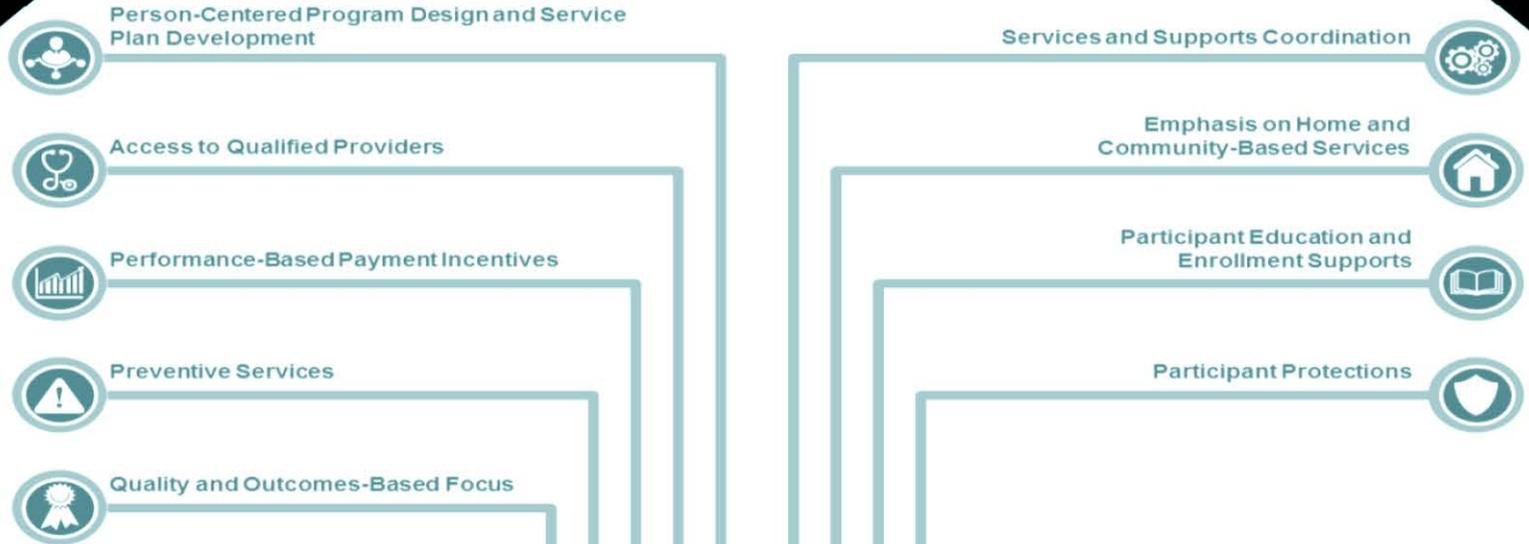


Objective of Today's Webinar

- Share information about Community HealthChoices with all interested parties
- Comparison: Discussion Document/ Concept Paper
- Outline important components of CHC regarding Eligibility and Enrollment
- Reminder: Concept Paper Comments Due October 16th

Discussion Document Framework

Components of Pennsylvania's MLTSS Program



Pennsylvania's Managed
Long-Term Services
and Supports

▶ Key Areas of Stakeholder Feedback

- Streamline Enrollment
- Build on Successes of Existing Behavioral Health Managed Care System
- Improve on Home Modifications
- Maintain and Enhance Participant Directed Services and Budget Authority
- Address Limitations in the Nursing Facility Transition Process
- Provide Continuity-of-Care
- Employ Continuous Broad Stakeholder Engagement

Suggestions Incorporated Into the Concept Paper

- Streamline Enrollment:
 - Reworking the level of care determination tool and process
 - Using the Independent Enrollment Entity to shorten the enrollment timeframe
- Build on Successes of Existing Behavioral Health Managed Care System
 - Using the Behavioral Health MCOs to provide services for the entire CHC population
 - Developing coordination standards in the CHC and MCO contracts

Suggestions Incorporated Into the Concept Paper

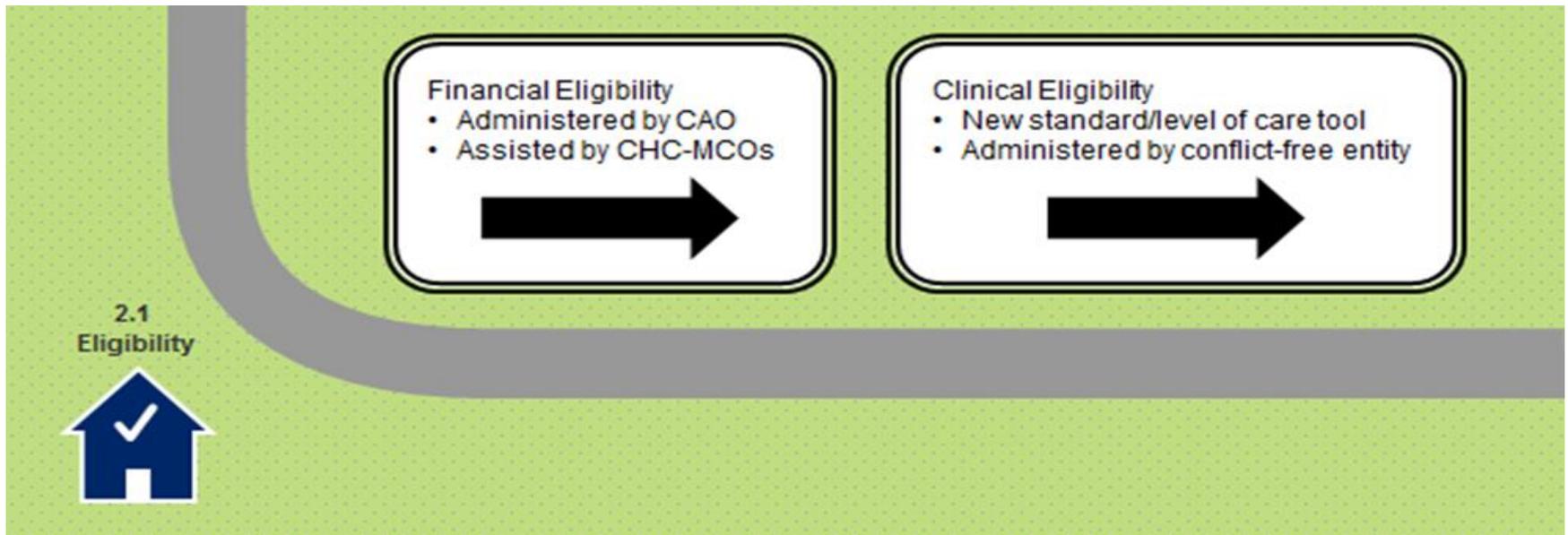
- Improve on Home Modifications:
 - Plan to require the CHCs to contract with Home Modification Brokers for improved service coordination and access
- Maintain and Enhance Participant Directed Services and Budget Authority
 - Focus on opportunities to improve Financial Management Services through new procurement
 - Requiring participant direction and maintenance of Services-My-Way

Suggestions Incorporated Into the Concept Paper

- Address Limitations in the Nursing Facility Transition Process
 - Program evaluation and redesign
- Provide Continuity-of-Care
 - A 180-day continuity-of-care process will be required during transition
- Continuous Stakeholder Engagement
 - Participant Advisory Groups
 - MLTSS SubMAAC
 - Third Thursday Webinars

Eligibility

- Clinical (Functional) and financial eligibility requirements will continue for LTSS



General Eligibility Requirements

- 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.

Financial Eligibility

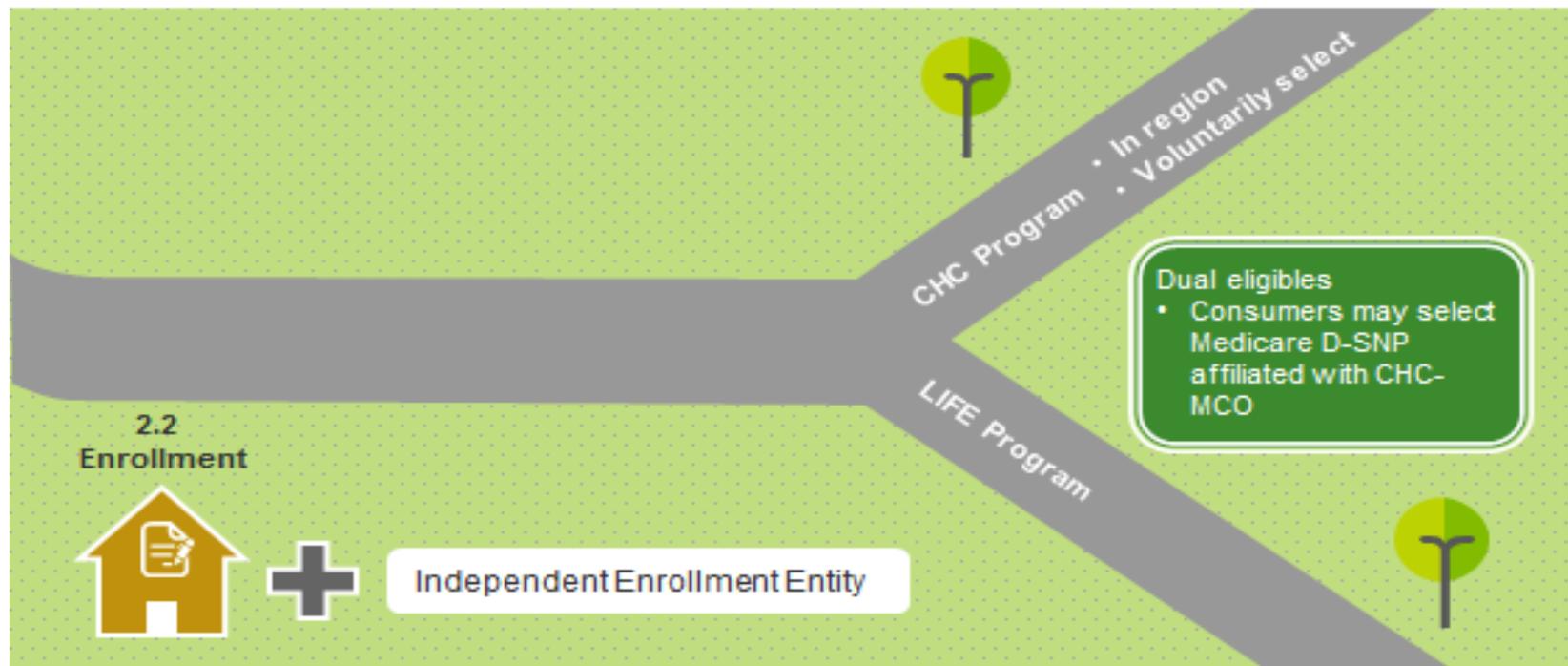
- The Office of Income Maintenance will continue to administer Medicaid financial eligibility process through County Assistance Offices
- Individuals already financially eligible when CHC starts will not need to go through a different or additional financial eligibility process prior to CHC enrollment
- All new applicants will need to be determined financially eligible

▶ Level of Care Process

- Individuals clinically eligible for long-term services and supports when CHC starts will not need a new level of care determination prior to enrollment in CHC.
- A standardized level of care determination tool will be developed to replace current tool
- The commonwealth will contract with an entity to perform the level of care determinations and redeterminations.

Enrollment Options

- An Independent Enrollment Entity will offer choice of CHC-MCO or LIFE program



▶ The Independent Enrollment Entity (IEE)

- Independent enrollment entity (IEE) will be selected through a competitive procurement process to provide education and enrollment support
- Role:
 - Notify eligible participants including those currently receiving LTSS of upcoming transition from fee for service to managed care
 - Advise participants of available options
 - Facilitate the enrollment process for participants into the CHC-MCO or LIFE program of their choice
 - Use Intelligent Assignment logic for participants who do not choose a CHC-MCO
 - Annual notification to all enrolled participants of option to change CHC MCOs or transfer to a LIFE program

▶ Covered Benefits in CHC

- Physical Health Care benefits will mirror physical health benefits specified in the Medicaid State Plan
- Pharmacy benefits will be consistent with the Medicaid State Plan along with wrap around coverage for Medicare Part D enrollees
- LTSS benefits will include those currently delivered by OLTL programs:
 - Nursing facility services
 - Home and community-based services

Key Programmatic Inclusions

- **Participant-Directed Personal Assistance Services-** will continue under CHC:
 - Agency model
 - Consumer employer model
 - Budget authority (Services My Way)
- **Financial Management Services (FMS)-** CHC-MCOs will contract with multiple statewide FMS vendors to process timesheets, make payments and manage all required tax withholdings for participants choosing employer or budget authority models.

➤ Key Programmatic Inclusions (cont'd)

- **Behavioral Health-** while carved out of CHC, coordination will be required between CHC-MCOs and existing HealthChoices BH-MCOs in each county
- **Home Modifications-** CHC-MCOs will contract with the brokers chosen by the commonwealth to access appropriate services
- **Nursing Home Transition-** CHC-MCOs will contract with NHT providers to identify NHT-appropriate participants and coordinate transition services

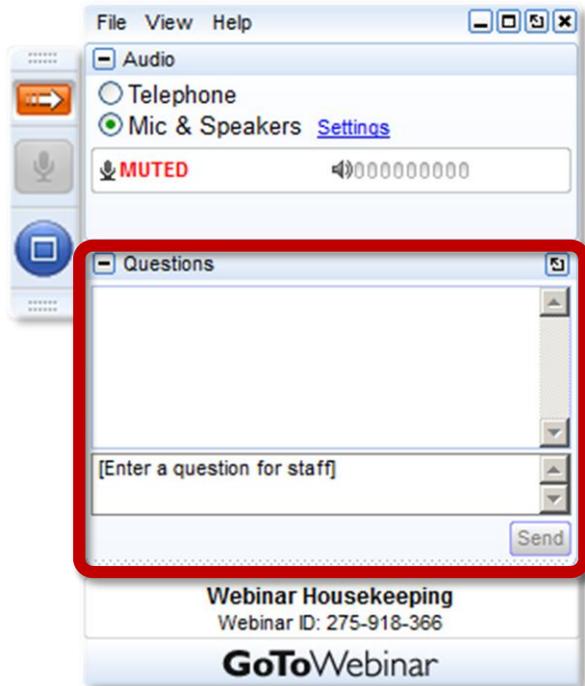


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Submit further questions or comments via email to:

RA-MLTSS@pa.gov

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Your Participation

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