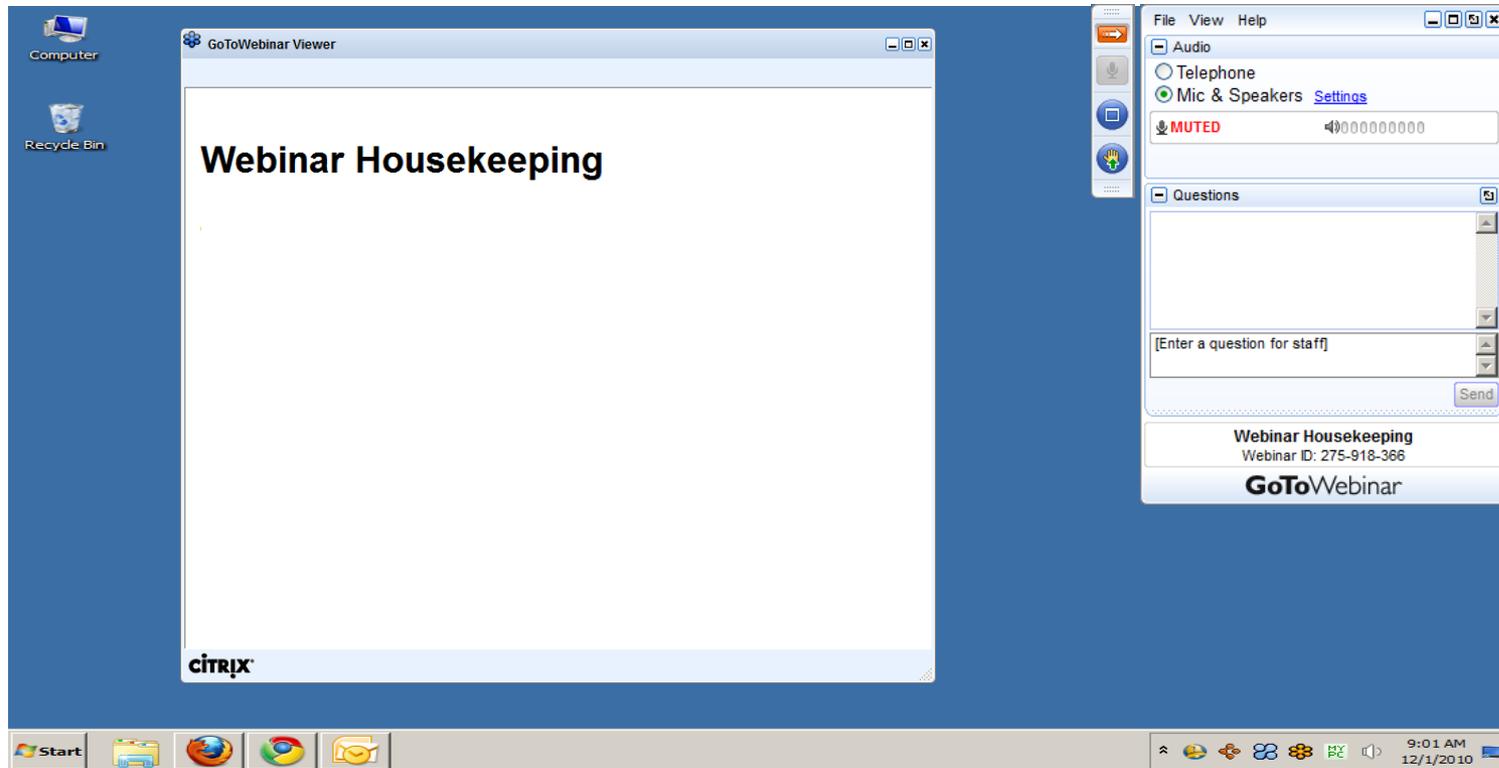


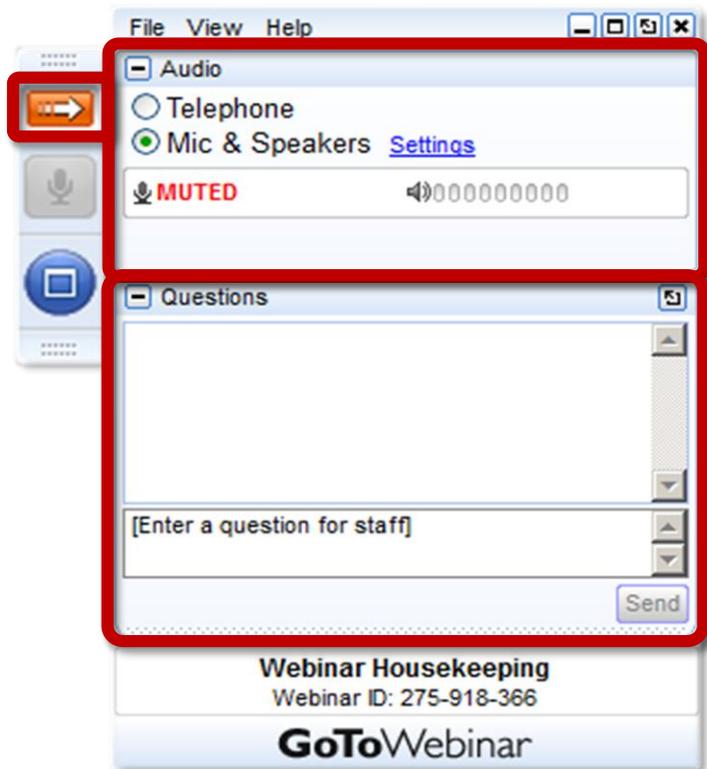
# Welcome to the Third Thursday MLTSS Webinar

- Communication Access Real-time Transcription (CART) is available by clicking here:
- <https://archivereporting.1capapp.com>
- Username/password: OLL

# GoToWebinar Housekeeping: What Attendees See



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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  
CHC Update

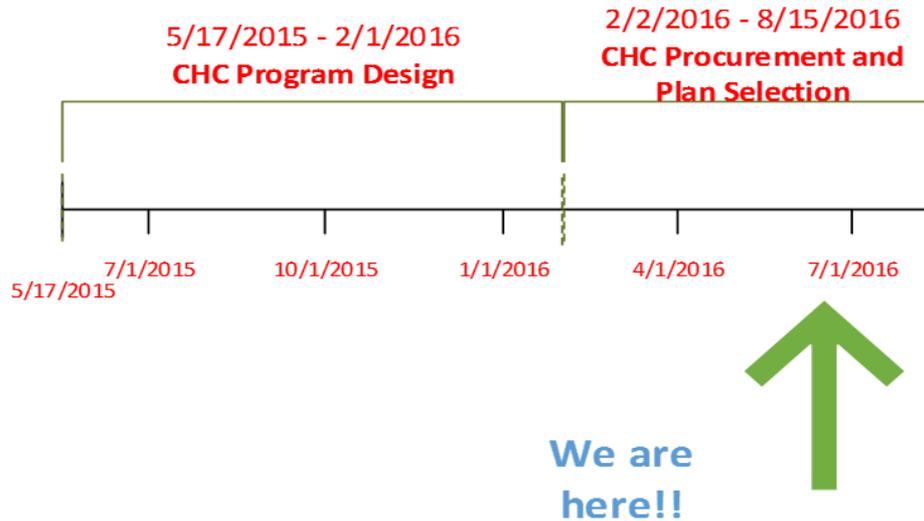
June 16, 2016



# Agenda

- Updated Timeline
- DHS Priorities through Implementation
- OLTL Role: Fee-for-service vs. Managed care
- Program Entry
- Coordination with Medicare
- CHC Evaluation
- External Quality Review Organization
- The CHC Waiver

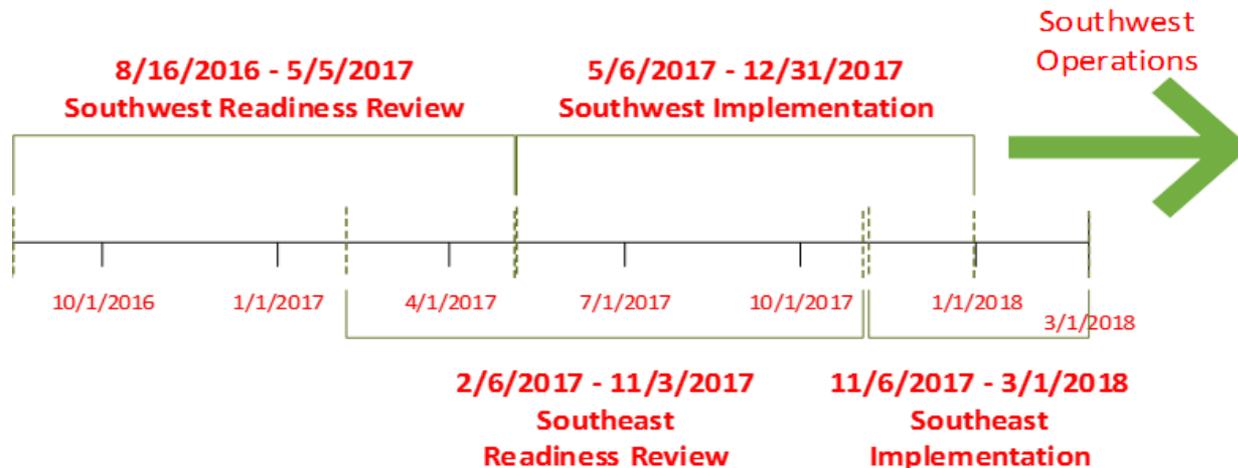
# CHC Roll-out Phases 2015-2016



## Phases:

- **Program Design:** frame out program requirements and stakeholder engagement
- **Procurement and Plan Selection:** Draft, Publish, and Score RFP Proposals and negotiate Plan Contracts

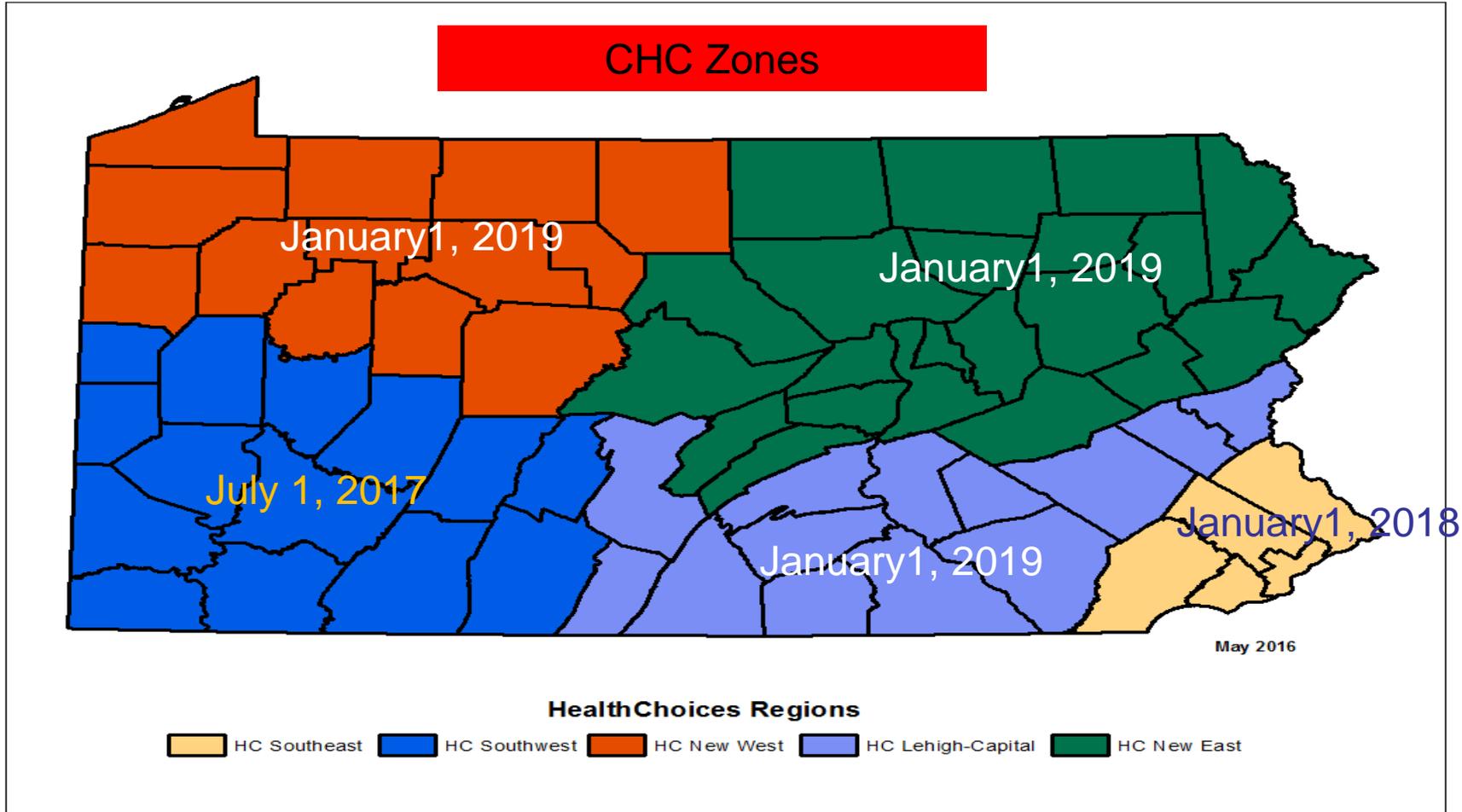
# CHC Roll-out Phases 2016-2018



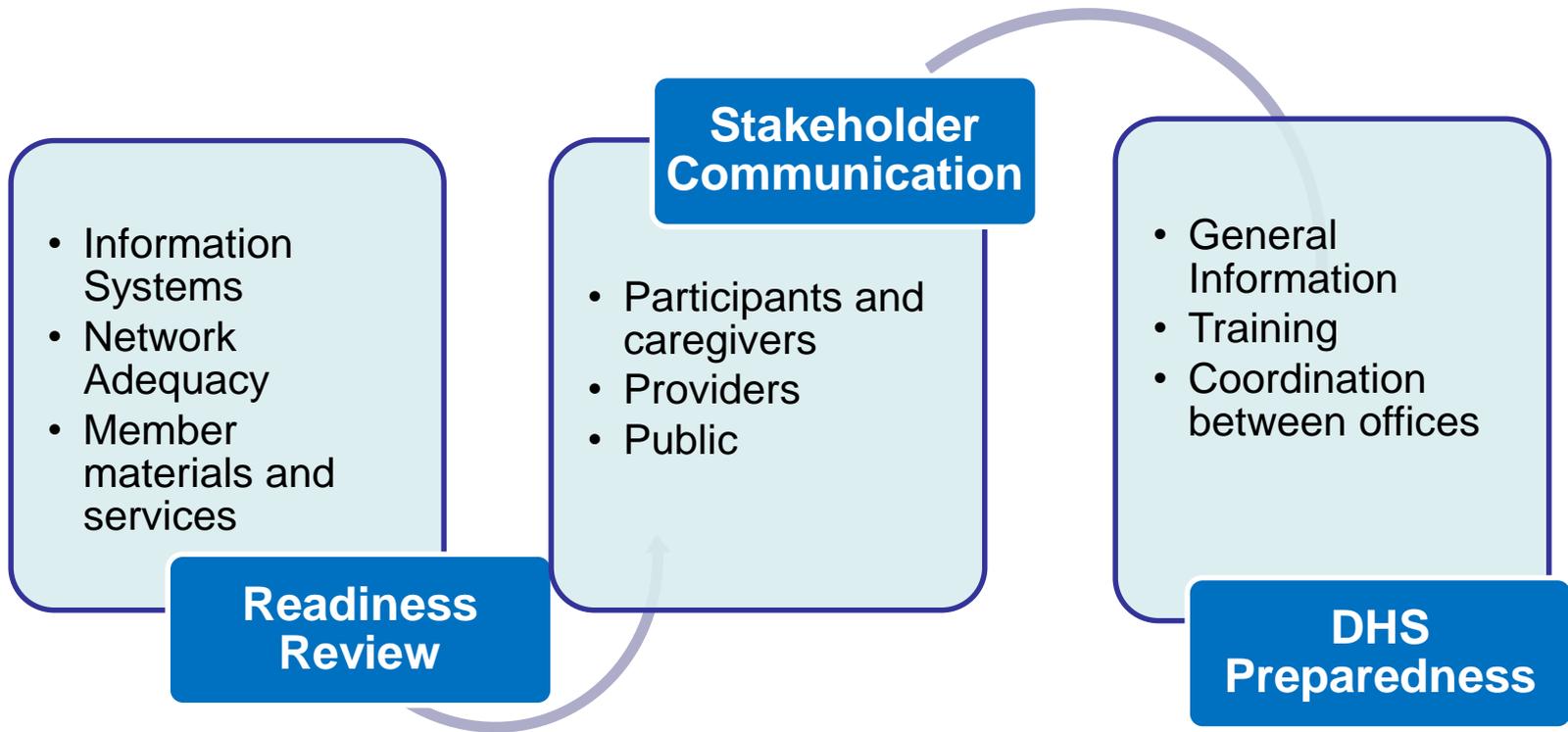
## Phases

- **Readiness Review:** Validate plan operational readiness for enrollment, transition, service coordination and planning, LTSS and PH service delivery, information systems, network adequacy, etc.
- **Implementation:** Overseeing activities for participant transition, continuity of care, plan choice, etc.
- **'Steady State' Operation Normalization**

# Community HealthChoices



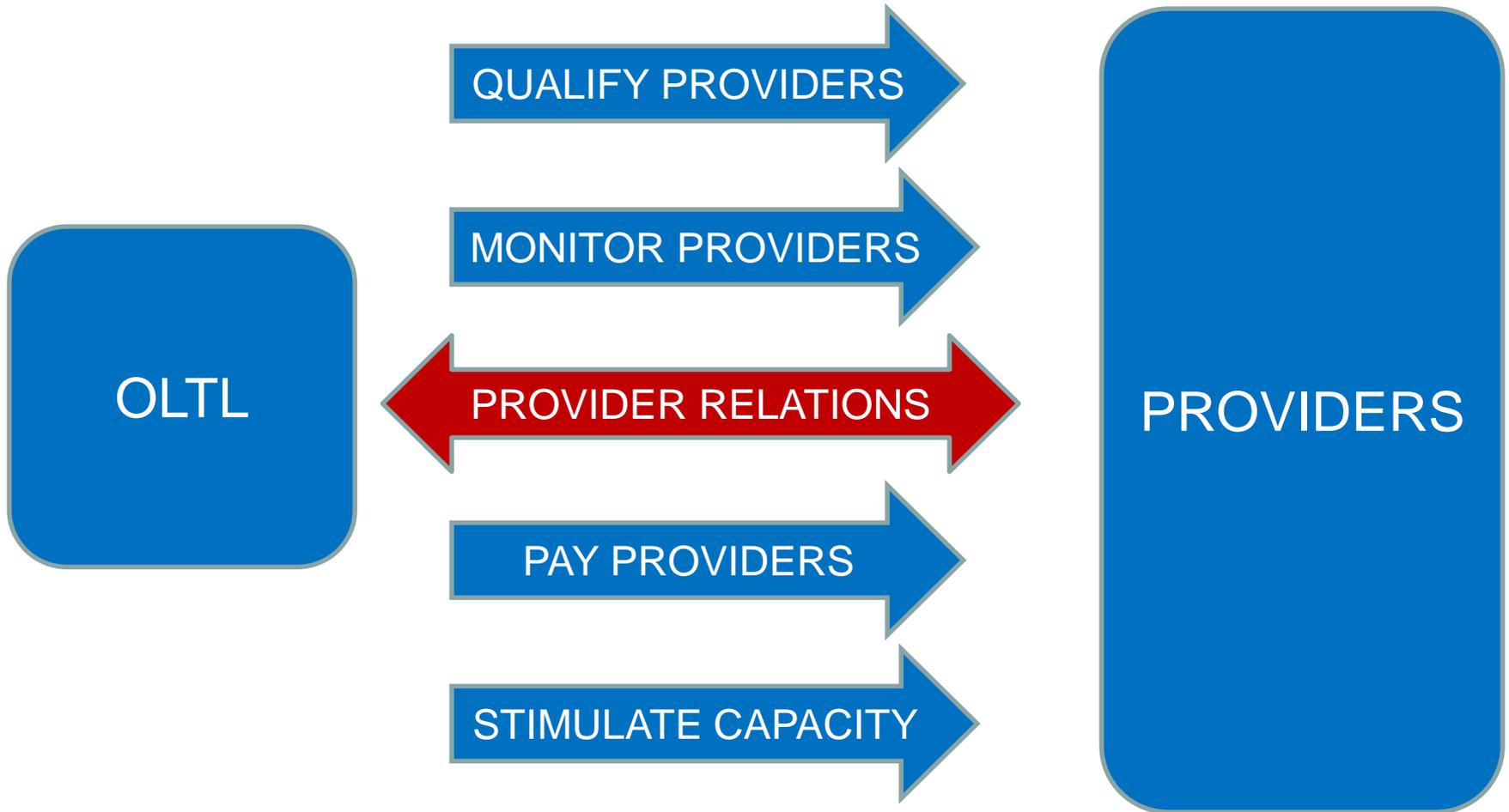
# Priorities with Extended Timeline



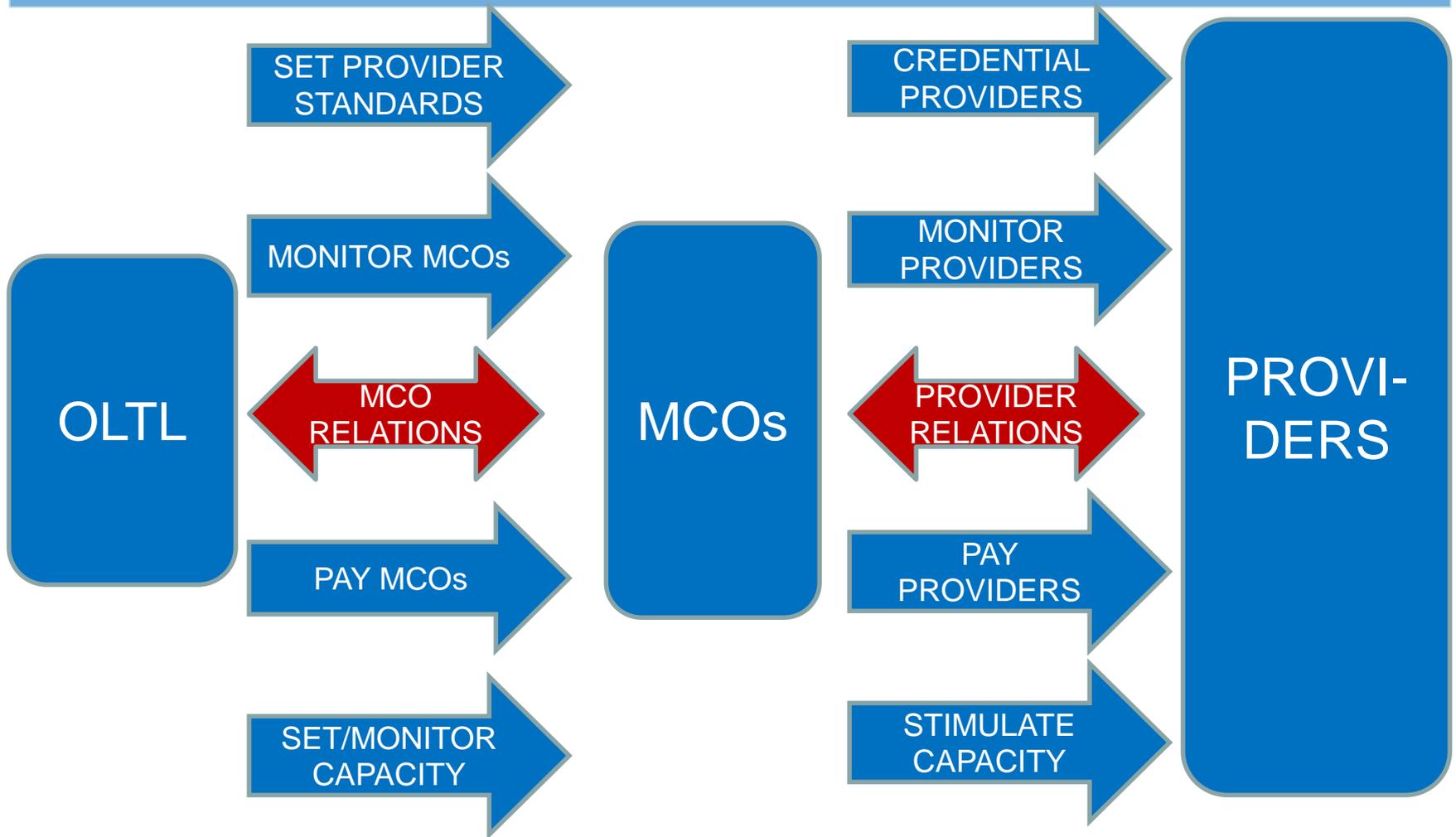
# ▶ CHC Priorities Over Time

<b>Launch/ Implementation</b>	<b>Steady State</b>
No interruption or disruption of participant services	Improve service quality
Making sure providers get paid	Improve provider performance based on quality
Network Adequacy	Program innovation
Limited MCO auto-assignment and participant MCO choice	Positive participant experience

# OLTL Fee-For-Service Role



# OLTL Managed Care Role



# Goals by Population

- Nursing Facility Residents
  - Enhance transition opportunities
  - Improve quality of care and quality of life
- Home and Community Based Services Waiver Participants
  - Improve quality of life and addition of services to meet Person Centered Service Planning goals, like employment goals.
- Nursing Facility Ineligible Duals
  - Improve coordination and reduce unlawful balance billing and cost sharing.

- Responsibilities:
  - Sending of application packet
  - MCO choice counseling
  - Advanced plan selection
  - Referrals to APPRISE for Medicare counseling
- Currently Maximus
- Finalizing Request For Proposals for procurement of IEB for CHC

# ➤ A Procured Independent Assessment

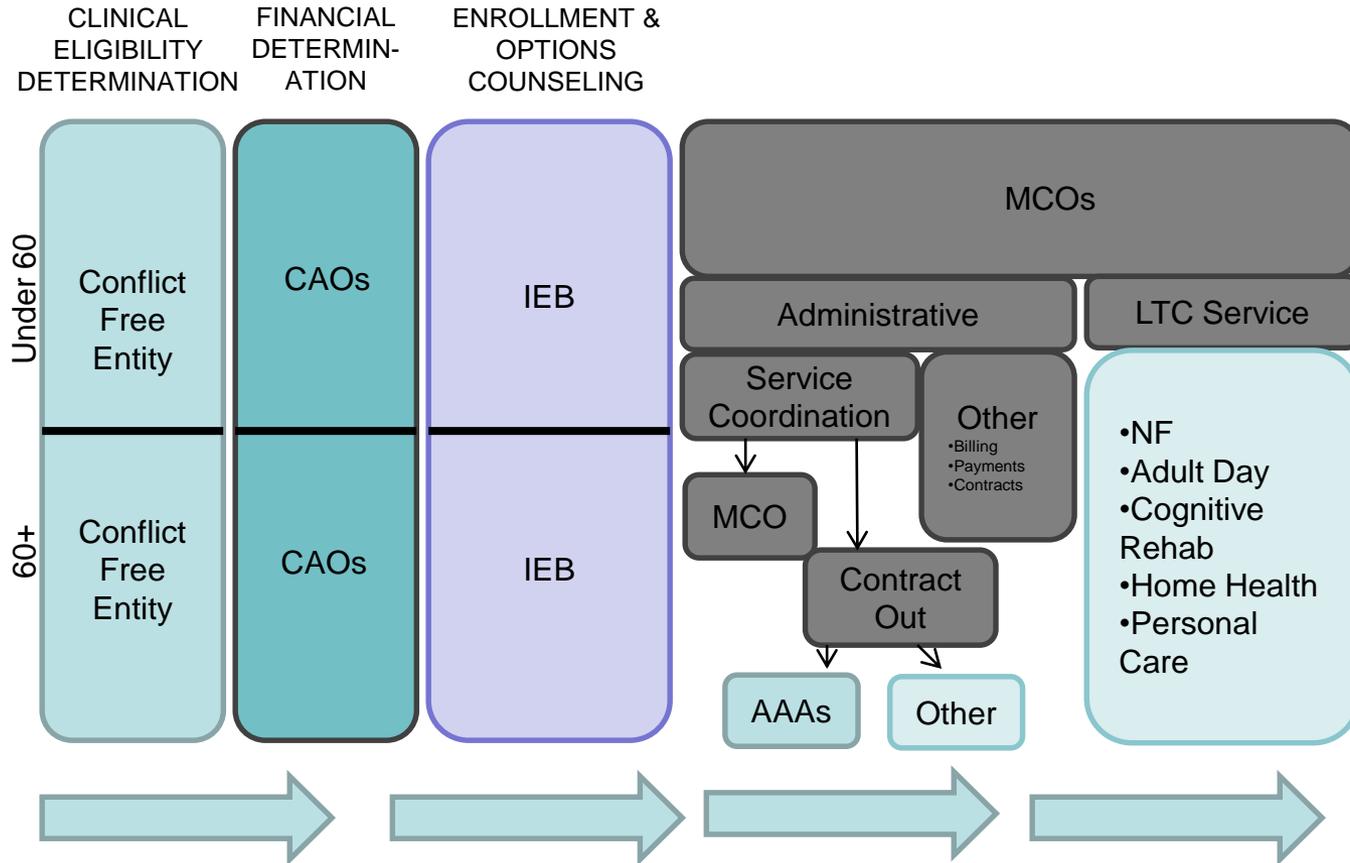
- An independent assessment entity will be conducting:
  - Education and Outreach to participants in advance of CHC implementation.
  - Clinical Eligibility Determinations (CEDs).
- Education and Outreach materials will stress the importance of making a CHC-MCO plan selection with the IEB prior to implementation.

# ▶ The CAO

- Financial eligibility criteria and processes will remain the same.



# Medicaid LTSS System Under CHC



AAA – Area Agencies on Aging  
 CAO – County Assistance Offices  
 LTC – Long Term Care

IEB – Independent Enrollment Broker  
 MCO – Managed Care Organization  
 CHC – Community HealthChoices



## ▶ Coordination with Medicare

- APPRISE is PA's Medicare health insurance counseling program
- Coordination of Medicare and Medicaid in CHC will be facilitated by MIPPA agreements.
- Counselors will help participants with:
  - Understanding Medicare eligibility and enrollment
  - Understand benefits and services under parts A,B, and D
  - Assist with informed plan choice in Medicare Advantage
  - Medicaid through CHC referrals to the IEB

# CHC Evaluation Plan



Does CHC result in greater access to HCBS?



Does CHC improve coordination of LTSS, healthcare, and behavioral health services?



Does CHC improve quality of care and quality of life for participants and family caregivers?



Does CHC lead to innovation in the delivery of physical healthcare and LTSS?



Does CHC reduce unnecessary utilization of services and reduce growth in aggregate costs?

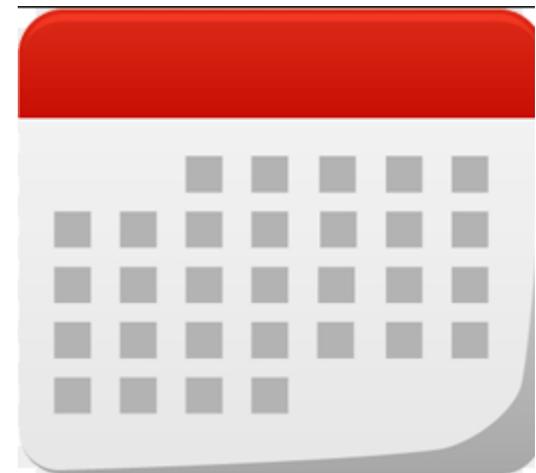


# External Quality Review Organization

- States are required, under federal regulations, to have an EQR in place when contracting with Managed Care Organizations.
- For CHC, we are coordinating with other program offices (OMAP, OMHSAS, etc.) to have an EQR contractor in place beginning January 1, 2017.
- EQRO will coordinate data submission from the MCOs to ensure **quality**, **timeliness**, and **access** to care for ALL participants.
- EQRO will help OLTL meet the federal requirement and support CHC program with the annual external quality review and publishing of the annual technical report that must be available to the community at large.

# Comments on the CHC Waiver

- Released concurrent 1915 (b)(c) waiver for 30 day comment period
- Received over 350 comments from 86 commentators.
- Themes were similar to those set forth in other public comment periods.



## Resource Information

- Community HealthChoices Website:  
<http://www.dhs.pa.gov/citizens/communityhealthchoices/index.htm#.VkyJ23arRhF>
- MLTSS SubMAAC webpage link:  
<http://www.dhs.pa.gov/communitypartners/informationforadvocatesandstakeholders/mltss/index.htm#.VkyKANarRhE>
- Register for a ListServ to stay up to date:  
<http://listserv.dpw.state.pa.us/>
- Email Comments to: [RA-MLTSS@pa.gov](mailto:RA-MLTSS@pa.gov)

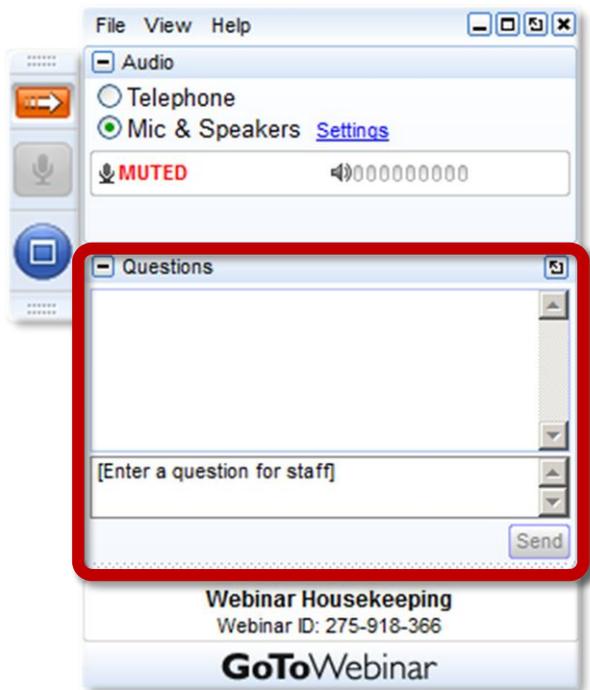
## *Questions or Comments?*

*Submit further questions or comments via email to:*

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



# ▶ GoToWebinar Housekeeping: time for questions



## Your Participation

- Please continue to submit your text questions and comments using the Questions panel

For more information, please send your e-mail to [RA-MLTSS@pa.gov](mailto:RA-MLTSS@pa.gov)

**Note:** Today's presentation is being recorded and will be posted on the [Comcast](http://www.comcast.com) website.