

# Summary of Request for Proposal and Agreement

The commonwealth published the official RFP and agreement on March 1, 2016, to procure managed care organization (MCO) services to support Community HealthChoices (CHC). MCOs will have 60 days from the release date to submit their bids.

Since CHC represents a major change to the way Medicaid long-term services and supports (LTSS) are delivered, the commonwealth wants to ensure the RFP and agreement reflect a structure that will support the needs and preferences of program participants. For that reason, the Pennsylvania departments of Human Services (DHS) and Aging (PDA) released for public comment on November 16, 2015, the draft RFP and draft program requirements. The departments received 2,100 comments on these sections through the public comment period ending December 11, 2015. DHS and PDA released the remaining draft agreement sections for public comment on December 14, 2015. The public submitted 800 comments on these sections through the comment period ending January 8, 2016.

These draft documents were subject to change before the RFP and agreement are officially posted for MCO responses on March 1, 2016. This summary document includes a high-level list of substantive changes made to the RFP, agreement, and exhibits since the release of these documents for public comment. The changes reflect careful review of the public comments received, engagement with stakeholders through various meetings, several Medical Assistance Advisory Sub-committees, and decisions made by DHS and PDA through the executive team and governance process.

This summary includes an overview of high-level areas where numerous comments were received and rationale for the departments' decision to either adjust or make no changes.

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### **Service Coordination**

Draft Agreement, Section V: Program Requirements, J & K. Service Coordination & Service Coordinator and Service Coordinator Supervisor Requirements

- Service Coordinators will be included in the 180 day continuity of care period, after this time CHC-MCOs will have the option to absorb service coordination as an administrative function within the CHC-MCO, or to subcontract with existing providers.
- Service Coordinator qualifications – DHS included in the updated agreement an increase of the educational qualifications for Service Coordinators and Service Coordination Supervisors or the ability for a CHC-MCO to propose a set of qualifications for DHS approval. This will ensure quality service coordination, allow for the CHC-MCOs to identify alternative approaches, and enable innovation in the program to further enhance service coordination. Service Coordinators and supervisors hired prior to the CHC zone effective date will be subject to qualifications and standards proposed by the CHC-MCOs and approved by DHS.

### **Personal Assistance Services (PAS) Rate Setting**

Draft Agreement, Section V: Program Requirements, A. Covered Services, 18. Participant Self-Directed Services; More detail in Exhibit EE(2) Covered Services

- Concern was raised through public comment about the lack of DHS involvement in setting a floor for PAS (including consumer-directed) and other home health services. A core component of managed care includes the CHC-MCOs' ability to negotiate rates with all service providers. In addition, CHC-MCOs may decide to enhance reimbursement rates to ensure access to quality providers and encourage consumers to use the service.

### **Nursing Home Transition (NHT)**

Draft Agreement, Section V: Program Requirements, L. Nursing Home Transition

- NHT will also be absorbed as an administrative function of CHC-MCOs. CHC-MCOs will have the option to contract with existing NHT providers. This community is generally a less expensive venue for services. CHC-MCOs have an inherent interest to transition participants into the community.

## **Coordination with Behavioral Health**

Draft Agreement, Section V: Program Requirements, A. Covered Services, 7. Behavioral Health Services; More detail in Exhibit M: Coordination with Behavioral Health-MCOS

- The addition of behavioral health coordination in CHC will include the delivery of services to participants with behavioral issues resulting from traumatic or acquired brain injury. There is an inherent conflict with brain injury providers assessing the need of services and then delivering those services. The CHC-MCO will be able to direct participants to providers that are best suited to meet their needs, while ensuring participant choice.

## **Continuity of Care**

Draft Agreement, Section V: Program Requirements, C. Continuity of Care; More detail in Exhibit C

- The continuity of care period during CHC implementation in any region will be 180 days. CHC-MCOs will make decisions about network inclusion of providers based on quality outcomes and network adequacy after the 180 day period. Medicare participants will not be forced to change primary care providers or other Medicare paid-for service providers. Current nursing facility residents will not be forced to move under CHC.

## **Grandfather Provisions for Home and Community-Based Services (HCBS)**

Draft Agreement, Section V: Program Requirements, A. Covered Services

- Participants who are living in the community at the time of implementation of CHC in their zone and who choose to remain in the community, the CHC-MCOs must support that choice and support the participants in the community.

## **EPSDT**

- DHS will no longer grandfather 18 – 20 year olds into CHC. In order to ensure that 18 – 20 year olds receive services that align with EPSDT services, they will enroll in the OBRA waiver until they reach age 21 and become eligible for CHC. OBRA will remain an option only for individuals ineligible for CHC.

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### HCBS Spend Down

- DHS did not include a spend down option for HCBS waiver services under CHC. DHS decided not to include this option through CHC because further analysis is needed on the financial risk. DHS will continue to explore HCBS waiver spend down outside of the CHC Phase One roll out.

### Community First Choice (CFC) Option

- DHS did not include Community First Choice (CFC) as an option for CHC, which would allow for the provision of certain HCBS as a state plan option in Medicaid (MA). DHS did not pursue this option because CFC will create a new HCBS entitlement and will have significant cost impacts for Pennsylvania, as demonstrated by other states' experiences and CMS guidance. CFC cannot be limited to any given population and all individuals who are eligible for MA and in need of HCBS will be eligible to receive services as part of CFC. The estimated cost for this option if included in the state plan is a minimum \$105 million dollars.

### Additional Changes

DHS and PDA made additional edits to the following section based on recommendations received during the public comment period.

- CHC RFP work statement questionnaire
- Draft Agreement, Section II: Definitions
- Draft Agreement, Section IV: Applicable Laws and Regulations
- Draft Agreement, Section V: Program Requirements
- Draft Agreement, Section VII: Financial Requirements
- Draft Agreement, Section X: Termination and Default
- Draft Agreement, Appendices and Exhibits