

- StreamBox

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>> Good afternoon. I apologize for the delay. We were having some technical glitches and you would think you know after doingdoing -- I want to say working from home and being totally online now for a couple of months that we would have all of these glitches worked out, but apparently no. So I really apologize. And we'll get started. This is the third Thursday webinar and welcome.

We have staff from the office of long-term living on the phone that when we get to the question portion of the presentation, they are going to assist with answers. So we'll get started.

Our agenda for today is to talk about community health choices.

We'll give you a short update.

We'll talk a little bit about the resource and referral tool, COVID-19 updates as COVID-19 continues to be obviously a topic of the day the topic of the year, I feel like for not only the Department of Human Services, but our nation and our world. So we continue to deal with COVID-19 issues. So I think I'm doing something wrong here and I apologize. So I hope that's better and I think I've solved the problem that you're not seeing my screen in the mode that I think I was showing it to you in. So CHC updates. So obviously with -- I want to say little fanfare at

continuity of care period ended on unit 30th for the last implementation zone for the community health choices program. So that means for the northeast, northwest and Lehigh capital zones continuity of care ended on unit 30th. CHC is now fully implemented statewide and the Department of Human Services is -- oversight of program operations and participant services. We are now working on focussing on what we're calling steady state at the Department of Human Services and what CHC looks like into the future. So we're excited to move to the next phase of the community health choices program. Now, just to give you a brief update on the resource and referral tool. Many of you may have heard about this resource and referral tool. I believe we've provided many updates. I think since [inaudible] when the different stakeholder meetings that the department has been apart of. This has really been a secretary's initiative. So on July 8th, the department of human services announced a request for expressions of interest for the Commonwealth to establish resource and referral tool. So I guess when I saw this I was interested because requests for expressions of interest is really a new term for me. I'm, you know, I was looking at where was the RFP or the RFA, I think. But this is still like those, it's just a different term. So it was released on July 8th. The tool will serve as a care coordination system for providers and Social Service organizations and will include a closed loop referral system that will report on the outcomes of referrals. And you know, this is really interesting because oftentimes you know an agency would make a referral to a person or to an organization, and then after they get a name and a number you're really not sure what happened with that referral. And this tool will really assist that and so those that are making those referrals will know if that person was helped with that referral or not. So it will also serve as an access point to find Pennsylvanians find and access the services they had need to achieve overall well-being and health outcome. Those of you who may have heard the secretary talk about this, you know, it is really looking at the whole person care, the entire well-being of the person focussing on the social determinants of what does that person or individual or family need. Do they need food, do they need housing, do they need, you know, health care. So using this resource and refusal tool and the establishment of it will really improve that referral process and hopefully improve the health outcomes of the population. So just fyi if you're interested the responses can be submitted through eMarketplace and due by August 6th. I went out and took a look at it. Just so you know it's a little cumbersome to get to the actual proposal but if you follow the steps as the links are posted on eMarketplace you can take a look at that RFEI.

And so I think -- I think I was sorry I'm still having some technical issues here. I was trying to make my other screen the actual screen that you see since it shows you the Powerpoint nicely, but I am not -- I am not successfully doing that. So I'm not sure if anyone can tell me how to do that.

Here we go.

So I'm going to move on. So if you go up to view -- I'm sorry to slide show at the top, the slide show button --

yeah, sorry everybody. I'm not sure what's going on and I think I'll just keep continuing. So you can see my entire presentation. I apologize for the format. It's a little clunky. So just giving you some COVID-19 updates moving along.

So the first thing we want to talk about is the appendix K transition plan. This is just some background information.

The centers for Medicare and Medicaid services approved our temporary changes to community health choice's waive beginning March 6th, 2020, in response to the COVID-19 pandemic. So as we begin to ease restrictions on work and social interactions and actually when we came up with this presentation at the beginning of the week we weren't aware of the governor's recent announcement, but the temporary waiver changes can also be phased out provided participants can be safely served and providers and service coordinators are taking proper precautions. So we do understand that you know, these situations are very fluid, and our appendix K was written to be fluid for those situations. So let me just talk about the changes that were -- that were made by our appendix K transition plan. So the following slides will highlight some of the changes that are going to occur as counties transition to the green status and actually all counties in Pennsylvania are

currently in the green status. So we did release on June 26th the transition plans to phase out temporary changes to the communityhealth choices 1915C waiver. They are available online. I found them last night on the office of long-term living pages on the Department of Human Services website. So they're available there for to you review. As obviously I said the COVID-19 response involves this guidance is subject to change based on the lessons learned or due to a resurgence or other identified needs. So we continue to review this guidance. I want to say in concert with what is actually happening across Pennsylvania.

So just know it could change as the situation evolves. So waiver services and person centered service plans. When a county enters the green phase the CHC MCO may begin conducting comprehensive needs reassessments that were missed due to the public health emergency and services can be adjusted based on the outcome of the reassessment. We started to allow the MCOs to reassess and make adjustments based on those reassessments. So that was a change as counties move to the green status. The CHC must follow the established comprehensive needs process prior to making any service reductions on the participants [inaudible] service plan. So this is not a change obviously they're going to be following their established comprehensive needs assessment process. And services on the person centered service plan that were increased or provide in a modified manner or address COVID-19 related needs are considered temporary increases and changes. So obviously the CHC MCOs are going to be looking at potentially additional say path hours, person assistant service hours that were needed because a person was not able to go to an adult day program. Those are considered temporary increases and changes. So as the adult days reopen we'll be relooking at those. So for person-centered service planning and service coordination. When a county enters the green phase service coordinators should monitor participants and person centered service plans through a face-to-face contact when possible. Monitoring of participants and persons centered service plans may be done remotely when risk factors may be present in the participant's home. So we know that the CHC MCOs have begun reaching out to participants to schedule these face-to-face contacts when possible. And so you know, they're reporting to us how many contacts they make and so we do know that this work is happening. So the initial level of care assessment using the FED that take place in the participant's home should be conducted face-to-face when possible assessments may be conduct remotely when risk factors may be present in the participant's home. Assessors must follow guidance issued by the independent assessment entity for resuming face-to-face assessments -- as defined by CDC and the Department of Health when doing so. We want to make sure that the -- assessments being conducted in a person's home that they're maintain ago safe social distance, that they're wearing appropriate PPE

for the obviously the person doing the assessment and the participant as well. The initial level of care assessments using the FED that take place in nursing facilities should be conducted remotely using phone or video conferencing. We know some of our nursing facilities are obviously still struggling with COVID-19, and so they were not now they are beginning to reopen, but most of them were not allowing visitors. So we are going to continue to do these assessments using phone or video conferencing. Service coordinators must receive education and training from the CHC MCOs on how to evaluate individual risk factors and protect themselves from potential exposure according to the guidance issued by CDC and the Department of Health.

Annual reassessments including the needs assessment should be conducted face-to-face when possible and reassessments may be conducted remotely when risk factors may be present in the participant's home. Again we want to make sure the service coordinator is doing the assessments are protecting themselves, maintaining social distancing, they have the proper PPE to reenter a person's home.

So the education and training is critical. Annual reassessments including the needs assessment that were delayed beyond the 365 day requirement must be completed no later than 6 months after the county has transitioned today green or the issuance of this policy which was June 26th whichever is later. So the comprehensive needs reassessment should be conducted face-to-face when possible and reassessments may be conducted remotely when risk factors may be present in the participant's home. So under the appendix K plan PPE such as gloves, gowns -- gowns masks can be obtained a specialized medical equipment and supplyings if no other source is available and we're going to allow this flexibility to continue for the duration of the appendix K approval regardless of the county status. We know it important for participants to be able to have gloves, gowns and masks and obviously the cost should be borne by us, not the participant. Respite under appendix K in a licensed facility was able to be extended beyond the 29 consecutive days without prior approval of the CHC MCO in order to meet the participant's health and safety needs. When a county transition to say green this next ability continues if the need for additional respite is a result of COVID-19. Prior approval of the CHC is required and that is the change in the appendix K transition plan. This remains in effect for the duration of the appendix K approval. So personal assistant services agency and participant directed and participant directed community supports, so when a county enters the green phase spouses legal guardians and persons with powers of attorney may no longer serve as paid direct care workers and participants will be expected to resume their existing direct care worker or a replacement worker if necessary. So for all of those services where

appendix K did allow -- did allow the hiring of spouses, legal guardians and persons with powers of attorney when a county moves to green we're going to --

we're going to require that the direct care worker or replacement worker not be the person spouse or legal guardian.

So just so you know, I would encourage you to go out and review the appended Dix K transition plan in its entirety.

The information obviously covered on these slides is not an exhaustive list in the transition plan including additional guidance addressing expanded settings where the services could be provided. We had additional flexibilities in appendix K.

-- reporting requirements, those are addressed in the transition plan as well as retainer payments to address emergency related issues. So our next update is on the regional response health collaborative program which we are calling the -- well the --

I'm blanking on the acronym but the RRHCP program. So just to give you a background on this program in late May the Pennsylvania legislature approved 175 million and that was in Act 24 of 2020, to establish the rip current --

rip currents. So act 24 gave the department many dollars but this was 175 million set aside to establish this program. In early June the Department of Human Services announced an opportunity for the health systems to participate in a request for applications to establish the regional response health collaborative program.

So we got the appropriation in May and it was really due to heroic effort of staff in the Department of Human Services, in the Department of Health to really turn around this opportunity and put it out in early June. And I just wanted to publicly commend those involved in that effort.

They did a really quick wonderful turnaround. They worked nights, they worked week ends in order to get this money out -- well, first in order to get the RFA out and obviously put this program in place. So the RHCCP will provide operations

management, administrative support to protect residents and long-term care facilities from COVID-19.

And the program was based on what I think this group probably heard a presentation on probably early in the COVID-19 emergency period the e skip program the educational support and clinical coaching program. It was a learning network that provided technical assistance and educational support to long-term care facilities during the pandemic. And it was specifically setup initially for personal care homes and assist the living residences who were struggling with COVID-19 who had questions, who got to participate in webinars regarding, you know, best practices and what they should be doing as a provider to deal with the COVID-19 situation.

Nursing facilities, I think a little bit later in the east [inaudible] program were added to participate in that learning network as well but it really provided technical assistance to those facilities. I mean this wasn't something that obviously facilities were equipped to deal with at the outset of COVID-19 and very quickly they were able to establish the program to provide that technical support to those long-term care facilities. So in terms of the RRHCP, the department began actually conducting orientation and training today for the selected health systems. So, again, from the time the appropriation was made in May, early June we announced the RFA and obviously we've selected the health systems who are awarded the grants from the regional response health collaborative and start can their orientation today which is a heroic effort of many parties and staff and they should be congratulated.

This is really obviously all of our staff realizes the importance of getting this program up and running for the benefit of the personal care homes assisted living residences, the nursing fits and obviously other congregate care facilities that need assistance in dealing with COVID-19. So the program components for this program they'll be expected to provide the following support for like I said before the nursing homes, personal care homes assisted living facilities. In addition they're going to be asked to assist other DHS licensed facilities, adult daily living centers which are licensed by the Department of Health and state veterans homes when called upon. So part of their duties are to establish a call center with 24/7 access that providers can get clinical consultation and technical assistance and obviously we know that's important around the clock as you know, COVID-19 doesn't take a break at night or it doesn't only exist during regular business hours. They're going to provide assistance with universal testing, nursing facilities and personal care homes and assisted living facilities have universal testing orders which means they need to at least baseline their tests, their populations by dates that were outlined in

that guidance. So these programs are going to assist with that universal testing. Obviously license the and congregate care facilities will be able to access expert teeings and infection control and deploy rapid response teams in case of an emergency in conjunction with DOH -- and PEMA. Some additional program components is they'll be able to assess a facility's capability and capacity to prevent and respond to COVID-19 outbreak. They're going to provide emergency preparedness for personal protective equipment, assessment and coordination established educational support resources for providers to have access to state and national resources.

They're going to assist providers with staff augmentation when needed and this really has been critical for some of the situations that I've heard about you know when you have staff in some of these facilities and staff are affected -- infected with COVID-19 as well you mean you need the ability to have staff augmentation that you can bring in and continue to serve those that remain both sick and non-sick in the facility. So that's been a critical need for many types of facilities.

They're going to work with the DHS and DOH to conduct contact tracing. Assist providers in developing and implementing plans for alternate care settings for residents if outbreaks of COVID-19 occur at the facility. So for this one this is really helping the facility plan if there's a majority of residents that may be affected at a facility, is there another facility or another place that can potentially house those that are not infected to prevent further spread. So that's one of the --

another critical aspect of program. And then they'll provide software and technical support to facilities to support two-way communication between residents and families. And obviously we have heard from many people that you know, they want to continue to see and be able to talk to their loved ones in these facilities. And the fact that they haven't been able to visit has been obviously detrimental to not only the family and the resident, it's a two-way. When you can't see your loved ones and you're not quite sure how they're doing that's not good for anyone. So obviously providing software and technical support will be critical. So here is the list of those who were awarded the regional response health collaborative program or the funding. So in the southeast region and I know this seems really small on the slide and I can't make it any bigger the southeast region was awarded 65.8 million so Thomas Jefferson university and the university of Pennsylvania with partnership with Temple University hospital will be using those funds to provide the services that we talked about to that population in the southeast. Northeast was 24 million and Geisinger clinic and Lehigh hospital will be able to provide services to the

facilities in that area. South central was 22.9 million and the Pennsylvania state university was the awardee in that region.

North central region was the .8 million and the geisinger clinic was the award De and UPMC community provider services in partnership with Allegany health network and the Jewish health care foundation was the awardee for the southwest region. In the northwest the allocation is 13.6 million and [inaudible] health and UPMC community provider and services partnership with Allegany health network and the Jewish health care foundation were the awardees in that region. I think as I mentioned all of these groups and our staff that are involved in the regional response health collaborative program are in orientation today and tomorrow to begin that critical work in assisting facilities that are preparing or struggling with COVID-19 infection. So the last thing that I wanted to share with you is that the -- these third Thursday meetings were setup or initially started to give stakeholders an update on the implementation of community health choices. So while you know, I'm new, I believe these third Thursday webinars probably started in 2018. And so we have moved from implementation now to steady state the con new witty of care period ended June 30th, 2020. So we -- we are -- this may be our last third Thursday webinar as we are no longer in the implementation period of community health choices. But I would encourage all of you, and I think this is -- this is an ideal time to I don't want to say end these webinars because many of the updates that we have provided to stakeholders on these webinars and the ability to ask the department and the department staff questions we do this a number of other forums which are now available for public attendees to join online.

Here are the lists them the medical assistance advisory committee and the consumer sub MAAC, the committee is held from 10 to 12 on usually Thursday and the consumer sub MAAC is Wednesday from 1 to 3. The day actually before the medical assistance advisory committee.

Those 2 meetings the office of long-term living gives CHC updates as part of the meeting.

But if you're interested in only hearing about the community health choices program and the office of long-term living I would encourage you also to check out the long-term services and support sub MAAC which focuses socially on the office of long-term living and the MLTSS sub MAAC which focuses on the office of long-term living and actually the community health choices program. So monthly we give updates to the sub MAAC that's the managed long-term care services and support sub MAAC and I think it's monthly. Someone's going to correct me if I'm wrong. But between those 2 meetings, we do meet quite frequently with

stakeholders. Those meetings are currently held via webinar and we do open them for questions from anybody in the audience who want to answer them. We can't answer them during the webinar obviously we can follow-up with you.

So just wanted to let everybody know about the various opportunities you have to stay informed about the key issues and the community health choices program. And obviously ask questions and provide feedback and input. So this slide is just some resource information about community health choices programs so stay informed.

There's a list serve. We will post updates to that list serve.

So make sure that you're signed up for that. The community health choices website is right there. It's [www.healthchoices.pa.gov](http://www.healthchoices.pa.gov). Also there's an email address if you have any comments and you want to send them along to the official of long-term living. It is [ra\\_dash\\_pwchc@pa.gov](mailto:ra_dash_pwchc@pa.gov). We have a provider line and a participant line 1-800 numbers there I'll read them so those of you who are having trouble and can't see them they're small on your screen the provider line is 1-800-932-0939<sup>Ⓢ</sup> and the participant line is 1-800-757-5042<sup>Ⓢ</sup> even while the office of long-term living is teleworking those lines are available and we are answering them as staff are working from home. And they continue to be resources for providers and participants. In addition the independent enrollment broker their number and their website are there on the slide and so we would encourage you to check their website for update or call them for any questions you would have.

So at this time, we will take any questions from the group.

Or participants on the phone.

Kristin, if you don't mind, reading the questions for us.

>> Yes, definitely. The first thing I have is more of a item to share rather than a question.

We have someone sharing that there is an event coming up on July 27th at 10 a.m. held by Temple institute on disabilities and it going to provide an overview for service coordinators and participants who are interested in learning more about self directed services. So you can email Jamie at the following email Jamie ray [indiscernible] at Jamie J-a-m-i-e dot ray-leometti at Temple dot edu. So thank you for sharing that. The next question we have will the new orders released from the governor yesterday in response to the increase in cases effect the appendix K guidance? So what I would say to that is we are looking at that right now and considering what we may need to do to make any kind of revisions to appendix K. At this point we don't think so, but we may need to as the situation evolves.

SDMRVENLTSD thank you the next question is if an individual is not comfortable returning to adult day programs can they maintain or request additional home care hours?

>> So and I'm going to -- I may punt to Jen Hail who is actually on the line. So we would ask that person to work with the CHC plan and their service coordinator to handle those situations on a case-by-case basis. They would -- I don't want to make a blanket statement but I believe that the service coordinatrs would be looking at the person's situation, and the adult -- or adult day service, and could make changes and allow the person to continue to receive services on -- in their home. I'm assuming that would be personal assistant services.

>> Thank you. So the next question based on Governor wolf's update yesterday emphasizing teleworking if at all possible with L that impact the in home visits in the medical assistance program?

>> So what I would say is right now this minute no, it is not affecting the in home visits, but we are looking at that and reviewing to determine if we need to make any changes.

>> Okay. Next question: So for those that are receiving services via telerehab, can they continue to receive those services telephone -- if there is no ability to follow the CDC guidelines or social distance in the participant's home? .

>> So, again, the appendix K transition plan does allow some flexibility to continue to receive services via telemedicine. And there are some qualifiers. And I believe Jenn Hail can talk more about these. The person has to --

they have to be able to use the telemedicine service effectively.

>> [Inaudible].

>> Yeah.

>> This is Jen Hail, no, Jamie I think that you captured it, we do allow within our guidance some flexibility for those services that are being provided remotely. We do -- we did indicate that where possible individuals should transition back to a face-to-face who within 30 days, however, if the setting is unable to accommodate social distancing, or the participant and the participant is successfully -- successful at the telehealth or virtual method of the service delivery that that could continue. So -- you are correct.

>> Okay. So we received a couple different questions about spouses or powers of attorney as paid caregivers. There's a few questions about whether or not we would consider that on an ongoing basis and if it is correct that it did end on June 30th?

>> It did end June 30th. So I know the CHC MCOs are working with participants to transition them to other direct care workers or other agencies workers, whatever their method of receiving those services is.

We actually haven't been asked if we would make allowances on a case-by-case basis. We haven't heard that question before. So I think that's something that we would need to take back and consider, however, I have, you know, -- we did when

we made this change actually looked at the number of individuals who are receiving services from their spouses and or powers of attorney. And -- or legal guardians. And actually the numbers were shockingly low. So there wasn't a number of people that needed to transition. I think when we looked at the numbers it was less than a hundred across the entire CHC program. So the need -- the need to consider these things on a case-by-case basis would not be great.

>> Thank you. So the next question we have here is pretty specific inquiry regarding an MCO and some authorization issues. So I think we will follow-up on that separately as it's a pretty specific case.

And someone else had asked if they can obtain copies of this presentation for anyone who would like a copy of the presentation on the right side of the screen if you click that red arrow to pop out the navigation screen there should be a gray bar that says hand outs and you can click on the file in the handouts section and that will provide you with the third Thursday webinar. And then these webinars are always posted on the health choices dot pa dot gov website along with the transcript and the recording. We did also receive a request to consider extending the third Thursday webinars to continue to provide some brief COVID-19 updates and answer questions. So I think we can take that back for internal consideration.

The next question is in regards to disparities in the number of authorizations provide by the one MCO versus the hours provided by the other. So this sounds like another specific case that we'll need to take back and respond to. Bear with me a second I'm just receiving a few more questions.

So an agency is requesting any information on any standard procedures persistent with obtaining personal protective equipment. So they're looking for assistance to receive PPE?

>> Yes.

>> Okay. So we would encourage those agency to say reach out to their community health choices MCO for assistance in obtaining and accessing PPE. So which ever CHC MCO they should all be able to assist with procurement.

>> We did receive a specific inquiry about 2 cases requesting for an extension to some of the appendix K provisions so I think we can take that back since it's also a fairly specific case and can follow-up at that time that is all the questions that I'm seeing.

. At that time that is all the questions that I'm seeing.

>> Okay. So thank you all for participatng in the third Thursday webinar what would be our final third Thursday webinar that closes out these webinars for the implementation of the CHC program. I sincerely hope you've found them useful and helpful. I know the OLTL team has done a great job of communicating to stakeholders and keeping everyone informed as the CHC program was implemented and rolled out across the various zones in Pennsylvania.

Thank you, thank you for your participation and your questions and your interest in the implementation of CHC. And obviously we continue to look forward to participatng with you as we work towards steady state in the CHC program, the ongoing work that we have to do to provide services and supports for our long-term care population. Thanks for your participation and I hope you enjoy the rest of the day. Take care.