

Consumer Subcommittee of the MAAC
March 22, 2023

Consumers present: Ronel Baccus, Jayme Scali, Liz Healey, Meghann Luczkowski.

1. OMAP Report

- a. Presented by Sally Kozak, Deputy Secretary, and Eve Lickers, OMAP Policy Director.
- b. Deputy Secretary Updates
 - i. Covid 19 Public Health Emergency
 1. Ms. Kozak reported that the federal government has provided notice that the PHE will officially end May 11, 2023.
 2. Kyle Fisher, PHLP, Counsel for the Consumers, asked if any charts will be available about the flexibilities ending, PPC, Covid testing, other OTC medications (like cough and cold).
 3. Ms. Kozak responded that OMAP will work on providing this. Covid testing will continue to be covered. MA participants can get them at the pharmacy. MA will also cover Joint Covid-Flu test. This has not been added to fee schedule yet. Bulletin will be going out shortly.
 4. Ms. Lickers reported that all Covid testing, vaccines, will be covered until September of 2024. OTC cough and cold benefit for adults was added via state plan amendment and has federal approval to continue.
 - ii. SNAP
 1. Ms. Kozak stated SNAP benefits were impacted by the recent Social Security COLA, which increased SSI/RSDI benefits by 8.7%. Federal increase for Snap did not rise proportionally.
 2. DHS expects 49,000 budgets will have decrease in SNAP, about \$40 per household. Since the pandemic started, households have been getting extra snap to max benefit for household. However, this authority ended in Feb 2023.
- c. Parents as Paid Caregivers
 - i. Ms. Kozak reported that during PHE, DHS had a waiver for parents to be paid caregivers. Parents still had to meet all conditions to be a Home Health Aide (HHA). Roughly 500 parents or legally responsible relatives used this flexibility. DHS is working with CMS to continue that flexibility.
 - ii. CMS recently provided DHS authority to classify parents as HHAs. This will now continue after PHE.
 - iii. OMAP wants to be clear: "This is not expansion of coverage." MA has always paid for HHA, for employees of Home Health Agencies.

- iv. However, this allows parents to be an HHA for a child.
- v. They must meet training and competency requirements and only provide level of care that is within the scope that a HHA is eligible to provide; skilled services will still need to be provided by an appropriately licensed individual.
- vi. DHS will be issuing a bulletin on this in the near future.
- vii. Currently, about 500 families are using the program. The MCOs have sent out new letter to let families know that program is continuing.
- viii. Mr. Fisher asked if all MCOs have sent the letters. Ms. Kozak responded yes, all MCOs sent letters by the end of last week.
- ix. Mr. Fisher thanked OMAP leadership for their efforts to ensure this flexibility could continue post-PHE.
- x. Ms. Healey also noted the Consumers' appreciation for this outcome and noted that we will still need to address the staffing shortages for skilled nursing cases.
- xi. Ms. Kozak reiterated that Parents must get trainings and other requirements to be an HHA. Only allowed to provide HHA level of care.
- xii. Ms. Kozak provided an example of a Father quitting his job to care for child. However, child needed SN needs. That family cannot be paid for this care. Ms. Kozak wants to ensure this message is communicated clearly to families to avoid this type of situation.
- xiii. Ms. Luczkowski thanked Ms. Kozak for clarification. Asked about families that have SN needs, these families also experience unemployment due to nursing shortages and missed shifts. Stated that maybe they misunderstood, but other families do not have a choice.
- xiv. The professional level of care is a major shortage right now. Noted that the Consumers are eager to continue working with the Department on potential solutions, and continue to be available.
- xv. Ms. Kozak thanked Ms. Luczkowski and said they will continue to work with Consumer sub. DHS has been working on a regular basis to identify potential paths forward and has reviewed other state programs. (Colorado and Rhode Island, among others)
- xvi. Mr. Fisher noted that the Consumers and counsel welcome the opportunity to comment on any policies regarding parents as paid HHAs prior to implementation.
- xvii. Ms. Kozak replied that DHS policy is not changing. They are just allowing parents to be employed by the HH agency.
- xviii. Ms. Lickers added that agencies have long been able to able to employ legally responsible relatives for skilled care; the prohibition was only for personal care services. The department is reclassifying how providing personal care services, even though have always provided through

agencies. This is more about the technical components behind the scenes.

- xix. Ms. Luczkowski asked if a parent is interested in being their child's caretaker. Ms. Kozak says to contact plan's SNU, though she would be shocked if home health agencies are unaware of this program.

d. Pediatric Shift Care Report

- i. Gwen Zander, Bureau Director for Managed Care Operations presented.
- ii. Following up on data presented at February's meeting, "unable to staff" staff data was calculated out of overall authorized hours (not the % of unstaffed hours).
- iii. Ops 8 report tracks authorized hours, not cases or shifts. If a shift is partially staffed, the report will show that.
- iv. OMAP was asked if any other factors, other than Covid, led to the increase in missed shifts. Almost all related to Covid. No more meaningful insight. People have been leaving that sector of the industry.
- v. Ms. Healey asked about the numbers, agencies unable to cover cases often explained less than half of the uncovered hours. Do you have any other data on why there were uncovered hours? High reports of families denying hours. Does not find this credible. Thinks it could be agencies putting this down, instead of staffing issues.
- vi. Ms. Zander replied that OMAP can provide the report showing other reasons for missed shifts.
- vii. Mr. Fisher thanked her for the data, not always we get this kind of data, and it is appreciated. Mr. Fisher asked about the difference between HHA and SN missed shifts, and whether there is significant differences in staffing levels between the two service types.
- viii. Ms. Zander said we can get that info from the data we currently have.

2. OIM Report

- a. Presented by Scott Cawthorn, OIM Chief of Staff, and Alexis Deisenroth.
- b. Unwinding Medicaid Continuous Coverage
 - i. Ms. Deisenroth reported that DHS is on a path that started about a year ago preparing for the end of continuous coverage. The unwinding starts April 1st, at which point people will need to submit their yearly renewals.
 - ii. All MA participants will receive option to renew. No one will be terminated without opportunity to renew.
 - iii. Will take 12 months. Starting April 1, 2023 and ending March 31, 2024.
 - iv. Population updates
 - 1. 880,000- past due renewals
 - 2. Covid flagged – 617,000
 - 3. Overlap between two – 282,000

- v. Mr. Fisher asked when this data was pulled. OIM will check on dates.
- vi. Some of these cases have a SNAP renewal due as well.
 - 1. 60,085 cases will have the renewal date changed so that SNAP and MA are aligned.
- vii. Current MAWD enrollment – 35,651
 - 1. Estimated between 5000-6000 people would be in MAWD if not for PHE protections.
 - a. This estimate could be a year old.
 - b. OIM is working to get more updated number.
- viii. Mr. Fisher asked about WJS overlap? How will CWs be notified about WJS?
 - 1. Natalia Overmiller, OIM - will have that information in the unwinding Ops Memo. Part will be automated, and part will be manual. This ops memo will be circulated before April 1st.
- ix. PA Unwinding Distribution Plan
 - 1. Ms. Deisenroth noted some confusion over the numbering of months: month 5 in the PA plan is August
 - 2. There is a bump in renewal volume in August; OIM is trying to keep renewal dates because people are used to renewing yearly.
 - 3. The Consumers asked if there is any explanation for the bulge in August
 - a. No, that is just the normal renewal time for more people.
 - 4. The Consumers then asked about backlogs in busier months, and how DHS intends to mitigate backlogs.
 - 5. Ms. Deisenroth replied they can shift work to processing centers or other places, as they do already. Work can be done in different offices, across the state.
 - 6. Mr. Fisher asked about shifting work and monitoring, is the Dept going to keep track of and publish procedure terminations?
 - a. Yes, there will be a public website.
 - 7. Ms. Overmiller stated, concerning procedural terminations, we will need to discuss if they will be on site.
- c. CHIP Eligibility & Renewal Processing
 - i. Mr. Cawthern discussed DHS's plans to move CHIP applications and processing to CAO.
 - ii. The Consumers noted concerns about timing with unwinding PHE and Workload concerns for CAOs.
 - 1. Mr. Cawthern responded that the training and system requirements are met. User testing has been done and E-CIS infrastructure changes are all in place.
 - 2. April 17th is the go live date.

3. PHE and MA unwinding at the same time was not planned for, but this transfer has been in the works for years.
 - a. 125,000 chip participants. OIM does not believe it is an insurmountable burden for CAO.
 - b. Large portion of CHIP applications – about 70% - already come from Compass/CAO.
 4. Mr. Fisher thanked for that information, agrees that 125k is not much compared to MA. However, concerns arise that CHIP has different eligibility requirements than MA (and requires premiums). Asked specifically about training for CHIP for CAO CWs.
 - a. Mr. Cawthern replies they added more rungs to the ladder in the MA cascade when it comes to reviewing kids for CHIP. System has income limits built in but ultimately every child is eligible for CHIP (if uninsured).
 - b. MCOs will be responsible for premium collections.
 - c. CAO will just be completing the eligibility determinations.
 5. Nicole Harris, CHIP Director, added that eligibility processing is the only thing changing about CHIP. CHIP will still work as it does today, just in a new system.
 6. The change will help with streamlining CHIP and MA and eliminate the referral process. It will become a “one stop shop.”
 7. On March 9th a letter was sent to all CHIP families. They will get a OIM welcome letter.
 8. CHIP will be available on mobile app compass.
 9. All CHIP MCOs work with the CAOs; People can still apply through a CHIP MCO.
 10. Ms. Kozak joined in to say that there is advisory committee for CHIP, and invited the Consumers to join those meetings.
- iii. Follow up question about Covid flagged people. How did they get that designation?
1. They are people that submitted documents showing they were ineligible at some point during the pandemic, but DHS is holding them open due to PHE.

3. OLTL Report-

- a. Jamie Buchenauer, OLTL Deputy Secretary, presented:
 - i. OLTL issued request for information (RFI) for upcoming CHC re-procurement before issuing a Request for application for vendors
 1. Current agreement with Vendors ends December 31st, 2024.
 2. RFI Released March 6, comments will be accepted until April 14th.

- ii. Nursing Home Transition Training services – Invitation to qualify awarded
 - 1. Funding is through Money Follows the Person grant. More information to come.
 - 2. Will be providing trainings in NF on NHT.
- b. CHC and OBRA Waiver Amendments
 - i. 1915(c) Waiver amendment
 - 1. Will become effective 4/1/23.
 - 2. Benefits counseling- removing requirement that participants must access OVR services before accessing benefits counseling in the waiver.
 - 3. OLTL has found the benefits counseling from OBR is not comparable to the benefits counseling in the Waiver.
 - 4. Removing the requirement so that participants can access the waiver services sooner.
 - ii. OLTL now allows that nurse practitioners and physician assistants to prescribe HHA, nursing, and therapy services. This was a CARES Act change.
 - iii. Relaxed SC requirements
 - 1. Removed “practicum experience” requirement for people with a bachelor’s degree in social work, Psychology, or related fields.
 - 2. Added that Supervisors can be a Registered Nurse, and no longer need a master’s degree.
 - iv. OBRA waiver
 - 1. Added same benefit counseling definition.
 - 2. Removed requirement to have support broker, if duplicative.
- c. Service Coordination Issues
 - i. Compliance monitoring
 - 1. OLTL uses multiple Operations Reports to measure aspects of the service coordination provisions.
 - a. Ops report 1 to measure SC ratio for HCBS participants and Nursing Facility participants. This is collected quarterly.
 - b. The Ops 29 report measures completion of the InterRAI and input by SC on services.
 - 2. The data is broken down by MCO in charts.
 - a. In 2022, Keystone in SE exceeded required ratio of SC to participants.
 - i. Ratio is 70-1 HCBS
 - ii. Ratio is 250-1 to NF
 - b. Amy Lowenstein, PHLP, asked how these numbers are calculated.

- i. Mike Wilkinson, OLTL, says it is on average. The SC count in zone is divided by number of participants.
 - c. Ms. Lowenstein asked about New SCs, is there any more info about case load? She understands that new SCs get less cases.
 - i. OLTL responded that information is not calculated
 - d. Ms. Lowenstein asked if there are outliers? Is there a way to see how many people are above 70?
 - e. Mr. Wilkinson replied, no, it would be hard to that much granular detail, where SC may have temporary changes for sickness or maternity leave, e.g. OLTL has gone into detail with them about the hiring and training of SCs. We do not keep track of individual SCs.
 - f. Ms. Lowenstein is worried that there is not enough context with this information.
 - g. PHW was in compliance with ratios for all of 22 in all zones
 - h. UPMC was as well, except for NF in quarter 2 in two zones.
 - i. Mr. Fisher asked why Keystone/AHC had such significant variation between zones and quarters?
 - j. Ms. Buchenauer thought likely because of growth, says AHC grows much faster than the other two MCOs, especially in the Southeast. Their hiring was not keeping up with their growth, more so in 2021, than 2022.
- 3. Questions for OLTL about SCs
 - a. In response to a question asking whether OLTL is considering changes to the SC requirements, Ms. Buchenauer asked people to submit to the RFI with policy concerns about SCs.
 - b. Ronel Baccus, Consumer, asked about participants not being allowed to speak to supervisors?
 - c. Ms. Buchenauer not aware of this, will investigate this.
 - d. Ms. Baccus then noted that SC line takes a message and tells participants may have to wait 48 hours. If someone asks for a new SC, told not permitted and that she would “have to follow protocol.” However, they did not explain the protocol.
 - e. Ms. Buchenauer says she assumes all MCOs have their own polices for how a new SC is assigned. Some MCOs have outside SCs. Ms. Buchenauer offered to reach out to UPMC and get information about their procedure to switch SC.

4. Service Coordination Quality

- a. Mr. Fisher asked how OLTL monitors SC performance or quality metrics.
- b. Ms. Buchenauer replied that Ops 29 Report concerns the InterRAI shows they go through all the questions, contained in the assessment.
- c. Mr. Wilkinson would like more information about what issues with SCs we are talking about? Because they have a lot of responsibilities.
- d. Mr. Fisher followed up, stated that may be the issue, that SCs are asked to do too much. Is OLTL monitoring complaints about SCs? Like service plan issues, not receiving PCSPs, not getting responses to inquiries as Ms. Baccus described.
- e. Mr. Wilkinson noted one challenge is the mechanism of monitoring; Can't listen on cell phones with SCs.
- f. They do have quality assurance bureau follow up on complaints; CAPHS survey has a lot to do with SCs; OLTL does review all of the trainings.
- g. Ms. Buchenauer says they review all SC trainings.
 - i. They also monitor complaints abouts SCs.
- h. Ms. Lowenstein asked to revisit the statement that "SCs do a lot." Has the ratio also gone up?
 - i. Is there any data on legacy waivers and their ratio? Has there been any discussion about changing the ratio? There are a lot of things covered in waiver, pest eradication, etc. SCs are not telling people or telling them incorrect information.
- i. Ms. Buchenauer states that OLTL has not had that conversation. Before CHC, SCs worked for other, outside, agencies. Now SCs, for the MCOs, have a lot more support, built within the MCO.
- j. There are supports (training, housing, employment) for participants that are wider and more encompassing than they were before.
- k. Mr. Wilkinson stated the SC ratio was 1 to 75 in 2019. It was decreased due to responses to an RFI.
- l. Ms. Lowenstein responded that she is aware there is a shortage of workforce. She is not sure why, is it pay? Is the work too intense? Been described as entry-level. Maybe MCOs should doing more to provide the necessary

support. Too often SCs have no idea what the status is for a home mod, or any information on a wheelchair report, or how someone might get a temporary replacement DME item.

- m. Ms. Buchenauer notes that Certain MCOs have struggled with recruiting and retention in areas of the state.
- n. Experienced coordinators can move up, so they may not stay as a SC for very long. Good for them bad for us. Tough time across the human services continuum for staffing.
- o. Mr. Wilkinson added, because of AH/KS's struggles to get and retain SCs, OLTL has been closely monitoring hiring. Many of the shortages are partially caused by promotions; OLTL is seeing people move up the ladder.
- p. This is an ongoing conversation that they have with MCOs.

Meeting adjourned at 3:00pm.