

Consumer Subcommittee of the MAAC
January 25, 2023

Consumers present: Sonia Brookins, Jayme Scali, Liz Healey, Ronel Baccus, Lauren Bennett, Marsha White-Mathis, Meghann Luczkowski, Rochelle Jackson.

Sonia Brookins, Chair of the Consumer Subcommittee, called the meeting to order at 1:00pm.

I. OMAP Report

Sally Kozak, Deputy Secretary for the Office of Medical Assistance Programs (OMAP) and Gwendolyn Zander, Director of the OMAP Bureau of Managed Care Operations, provided the updates for OMAP.

Ms. Kozak reported that Governor Shapiro has appointed Dr. Valerie Arkoosh to be the Secretary of the Dept. of Human Services. She will be in an acting capacity until she goes through confirmation. Her background is as a commissioner in Montgomery County, and in practicing medicine for more than twenty years prior to that. Jennifer Smith has been named as Deputy Secretary for OMHSAS. She had previously been the Secretary of the Department of Drug and Alcohol Services (DDAP). The Deputy Secretary of OIM, Inez Titus, has retired, and Scott Cawthern is now the Acting Deputy Secretary.

Public Health Emergency Update

The federal Public Health Emergency (PHE), which was set to expire January 11, 2023, has been extended another 90 days and is now set to expire April 11th. CMS has committed to states that they will give 60 days' advance notice of the end of the PHE, which would have been in mid-February. In the meantime, DHS is moving forward with Unwinding.

DHS is currently evaluating specific provisions in the Consolidated Appropriations Act of 2023. Among other things, it de-links the PHE and the Medicaid continuous coverage provisions. It also mandates continuous coverage in MA and CHIP for people under age 19 beginning in 2024. PA already does this in CHIP and for children under the age of 4 (implemented in 2018).

Kyle Fisher, PHLP, noted the Consumers and counsel applaud DHS for deciding to undertake the unwinding over a twelve month period, rather than six months as initially proposed.

Liz Healey, Consumer, asked whether individuals terminated from Medicaid would be provided other coverage options. Ms. Kozak replied they would be given targeted messaging for CHIP and Pennie.

Pediatric Shift Nursing Initiatives

Ms. Kozak reported that a PA Bulletin was recently issued that allows payment for a second nurse to shadow another in a participant's home. This is intended as a training period to allow transitions between nurse caregivers. MCOs are expected to allow and reimburse; it is not subject to prior authorization in MA FFS. The MCOs may require prior auth provided they submit such policies and get approval from the Department in advance. None have to date. The policy is limited to 34 hours per beneficiary every 90 days.

A second initiative that begins January 1, 2023 is enhanced rates for Patient Centered Medical Homes providing care to complex kids with skilled nursing needs. The associated learning network will take time to get up and running, as will recognition for these PCMHs.

The Consumers asked for additional details, such as how many of the roughly 3,000 families receiving shift nursing use a PCMH and how this incentive translates into a PMPM amount. Ms. Kozak stated that she believed roughly 50 providers had been identified as seeing a minimum of twenty children getting SN services. On the whole, over \$6M was added into the rates; the MCOs will negotiate the precise payments to PCMHs.

Ongoing conversations around the Pediatric Resource Centers are happening. DHS assumes these will be active by late summer or early fall of 2023. Expect all to be operational by the end of 2024 (in different phases).

Parents as Paid Caregivers

Ms. Kozak stated that DHS, historically, has not been able to pay legally responsible relatives to provide personal care services, such as helping with bathing, feeding and hygiene. However, during the COVID PHE, that restriction was waived so DHS was able to pay parents and other legally responsible relatives for providing personal care. That flexibility will not continue past the PHE. CMS has stated it does not have the authority to extend this flexibility beyond the PHE.

DHS has instructed the MCOs to begin notifying the 400+ parents/LRR using this flexibility to provide care to children under age 18 that they will no longer be able to be paid effective 4/11/23. They are encouraged to work with their agency and MCO to find other aides, which could be neighbors or other family members. MCOs were also notified of DHS's expectation that they work closely with these families, for whom this transition is likely to be difficult and emotional.

Marsha White-Mathis stated that for these families, not only are they losing their child's home health aide, the parent is being laid off. Laval Miller-Wilson, PHLP, asked whether DHS has any idea of whether agencies or MCOs are informing these families about UC benefits.

Ms. Kozak replied that she cannot speak for agencies, and that the MCOs have no role in the employment relationship. The MCOs will continue to authorize the hours of service.

Ms. Healey stated that the Consumers recommend that MCOs, as the first action step, have Special Needs Unit staff contact these families to assist in finding alternative staffing. The concern is that where an agency is unable to staff, the parent is not in a position to take employment elsewhere if they cannot leave their child.

Ms. Kozak replied that the MCOs know her position: DHS has been clear regarding its expectation that the MCO outreach to these families and do everything they can to help staff. DHS also continues to have dialogue with CMS. The risk is losing federal match for over 50,000 hours per month for these children. DHS is exploring every potential option that may be available.

Mr. Fisher asked if DHS has done any screening of the impacted families to distinguish between personal care and home health aide services, noting that the federal prohibition applies only to PCS and that our practice has been to use parents as trained and supervised home health aides working through agencies. Ms. Kozak replied that DHS is still considering this legal interpretation and still in conversation with CMS.

Mr. Miller-Wilson relayed the experience of one recent PHLP client, whose plan's Special Needs Unit told her it has "zero solutions" and "its hands are tied." Moreover, this was the messaging from the SNU in January, three months prior to the effective date. Ms. Kozak replied that she was shocked to hear that, and that it was not an acceptable response. Her staff will investigate. The correct response should be 'we will work with you to find an agency that meets your needs.'

Sonia Brookins, Consumer and Chair, stated that appreciates the Department's efforts on this and knows its leadership is doing everything it can to identify solutions. Ms. Kozak noted that stories like that are disheartening; the plans should understand the need to do outreach and to assist these families.

Jayme Scali, Consumer, asked whether the MCOs have assured the Department that they will have the coverage, or that they have a realistic ability to manifest the workforce that will be

needed on April 11th. Ms. Kozak noted that DHS continues to have conversations with the MCOs as well as the PA Homecare Association. There were shift care shortages before the PHE, which has exacerbated the shortage, and DHS expects there will continue to be unstaffed cases moving forward. The MCOs will do repeated outreach to agencies, and agencies will continue to try to bring people on.

II. HealthChoices Issues

OIG Audit

Ms. Zander stated that the Office of Inspector General for the federal Department of Health & Human Services recently performed four audits of Medicaid managed care plans nationally focused on service denials. Keystone First was selected by OIG due to its high membership and high volume of member receiving skilled nursing services. The audit period was 2018-19, prior to the pandemic and the suspension of prior authorization for shift care services.

OIG made a number of findings regarding skilled nursing requests that should not have been denied and made recommendations. DHS is working closely with Keystone First to correct any findings by OIG, and appreciates the steps Keystone has taken to update its manuals and retrain staff.

OMAP is also making adjustments internally to its monitoring process to focus on pediatric shift nursing statewide. This encompasses monitoring of all the PH-MCOs, and is particularly focused prior authorizations that were reinstated in the past couple of months.

Mr. Fisher stated that the OIG report gave the Consumers and counsel a new appreciation for the magnitude of OMAP's task. The OIG report identified over 136,000 service denials by just one MCO during the two-year audit period. He hoped that OMAP has the resources it needs for that undertaking. The Consumers are pleased to hear that corrective action had been taken by Keystone and that there would be increased OMAP monitoring of shift care denials program-wide.

MCO/Hospital Contract Terminations

Ms. Zander stated that United and Temple have a contract termination scheduled for 1/31/23 that could impact 8,100 members (and 100 CHIP members).

III. OLTL Report

Jamie Buchenauer, Deputy Secretary for the Office of Long-Term Living (OLTL) delivered updates on behalf of OLTL.

CHC Appeal Data

Ms. Buchenauer provided data on Complaints and Grievances for each CHC-MCO for quarters 1-3 of calendar year 2022. See slides. The Operations 4 report has been revised for CMS MCPAR requirements, and now incorporates data from the OPS-3 report, which has been discontinued.

In response to the Consumer request that grievance outcomes be changed to capture “fully favorable” and “partially favorable” decisions, she noted that OLTL will continue to explore making this change in 2023. It does not disagree with the policy rationale, but competing resources required it to prioritize changes required by MCPAR.

Mr. Fisher noted, with respect to Complaint types, that PHW continues to classify the vast majority of its complaints as “Other LTSS,” which undermines the usefulness of the data in program monitoring. Ms. Buchenauer stated that OLTL had asked PHW for clarification and read its response to the Subcommittee.

In response to a Consumer request, OLTL included data on grievance decided per ten thousand members. See slide 17. An OLTL representative, Ken Orwig, clarified that the data is controlled for all of a CHC-MCOs membership. The Consumers noted that PAS grievances should be controlled for solely HCBS memberships for future reporting of this slide, as only HCBS participants receive PAS. Nonetheless, the data show that PHW and AHC processed three to four times as many grievances as UPMC in 2022.

Ms. Orwig stated that reporting changes required by MC PAR were effective January 2022 but won't be complete until June 2023, which is when they are due to CMS. Q4 2022 data on hearings and appeals is due from the MCOs in mid-February and should be ready for public presentation by April.

Appendix K Flexibilities & Comprehensive Needs Assessments

Ms. Buchenauer reported that OLTL has changed the target end date for the Appendix K flexibilities to April 30th in order to have more time for internal review and to still give participants 60 days notice.

The meeting was adjourned at 2:57 PM.