OLTL Updates
Consumer Subcommittee

January 25, 2023

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Agenda

- CHC Complaint/Grievance Data
- CHC Reduction Review Project Update
- Appendix K Waiver & Comprehensive Needs Assessments

Community HealthChoices
Participant Complaints and Grievances
Year-to-Date (YTD)
Q1-Q3 2022

2022 Complaints and Grievances Analysis data sources:
OPS-004 Complaints and Grievances Detail Reports

Overview of 2022 Complaints and Grievances Data Sources

- Data sources for 2022 Complaints and Grievances Analysis
  - OPS-004 Complaints and Grievances Detail Reports
    - OPS-004 was revised for 2022 to incorporate the data and reporting elements required by the Managed Care Program Annual Report (MCPAR). Other revisions were to incorporate the data from the OPS-003 DOH (Department of Health) Complaints and Grievances report which was discontinued effective 1/1/2022.
    - CHC-MCO's report Complaints and Grievances activity in summary by the Complaint or Grievance type on a quarterly basis.

- CHC-MCO's report Decisions in Favor of the Participant for Complaints and Grievances. Complaints and Grievances decisions data are reported in summary but not at the type level.

- Currently OLTL is exploring options for the CHC-MCO's to report the Complaints and Grievances decisions at the type and Participant level. These will include In Favor of the Participant, Fully in Favor of the Participant and Partially in Favor of the Participant.

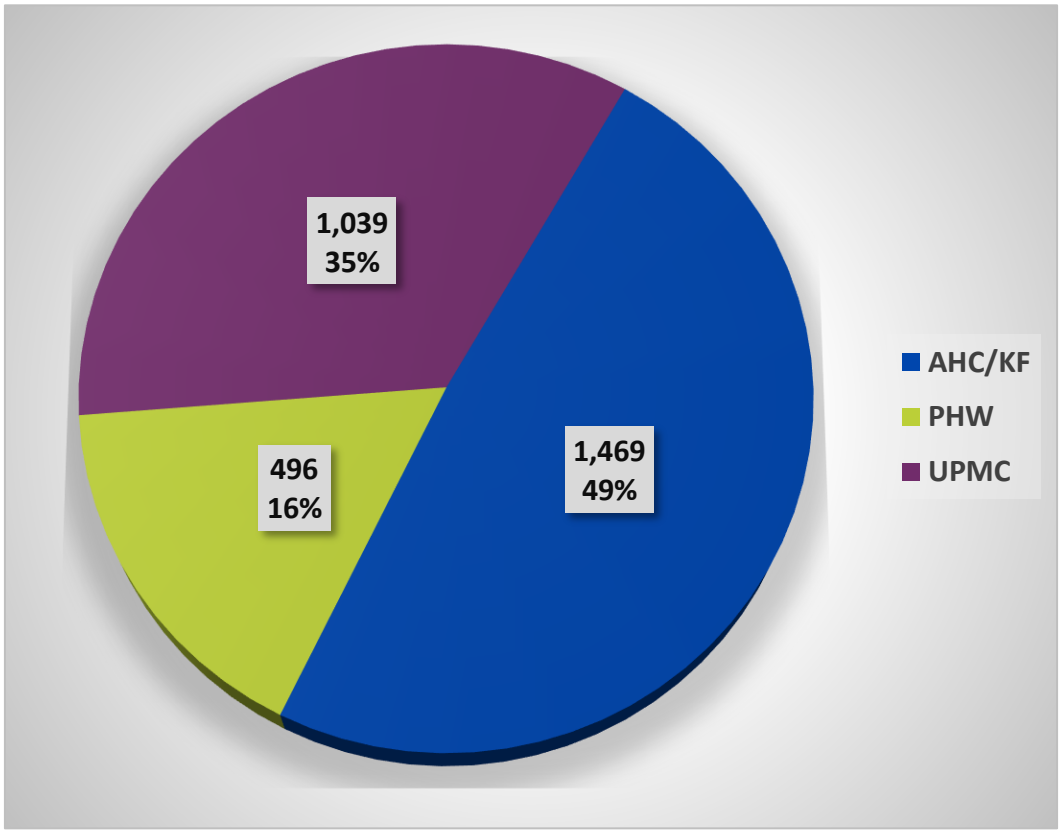
Overview of 2022 Complaints and Grievances Data Sources

- OPS-003 DOH Complaints and Grievances Report
  - Effective January 2022, external reviews were transferred to the Pennsylvania Insurance Department (PID). Consequently, the Department of Health (DOH) report was discontinued, and the data and reporting elements were incorporated into the 2022 OPS-004 Complaints and Grievances Detail Report.

- OPS-004 Complaints and Grievances Detail Reports
  - This is a quarterly report that details the reasons for the Complaints and Grievances decided or resolved during the reporting quarter. It includes 26 Complaint types and 23 Grievances types; the number decided (or resolved) and Participant notified, the number decided in favor of the Participant, the number that met or did not meet timeliness requirements, and other data to facilitate monitoring by OLTL and reporting to CMS. OPS-004 is the 2022 data source for CHC Participant Complaints and Grievances and the Managed Care Program Annual Report (MCPAR).

CHC-MCO Participant Complaints

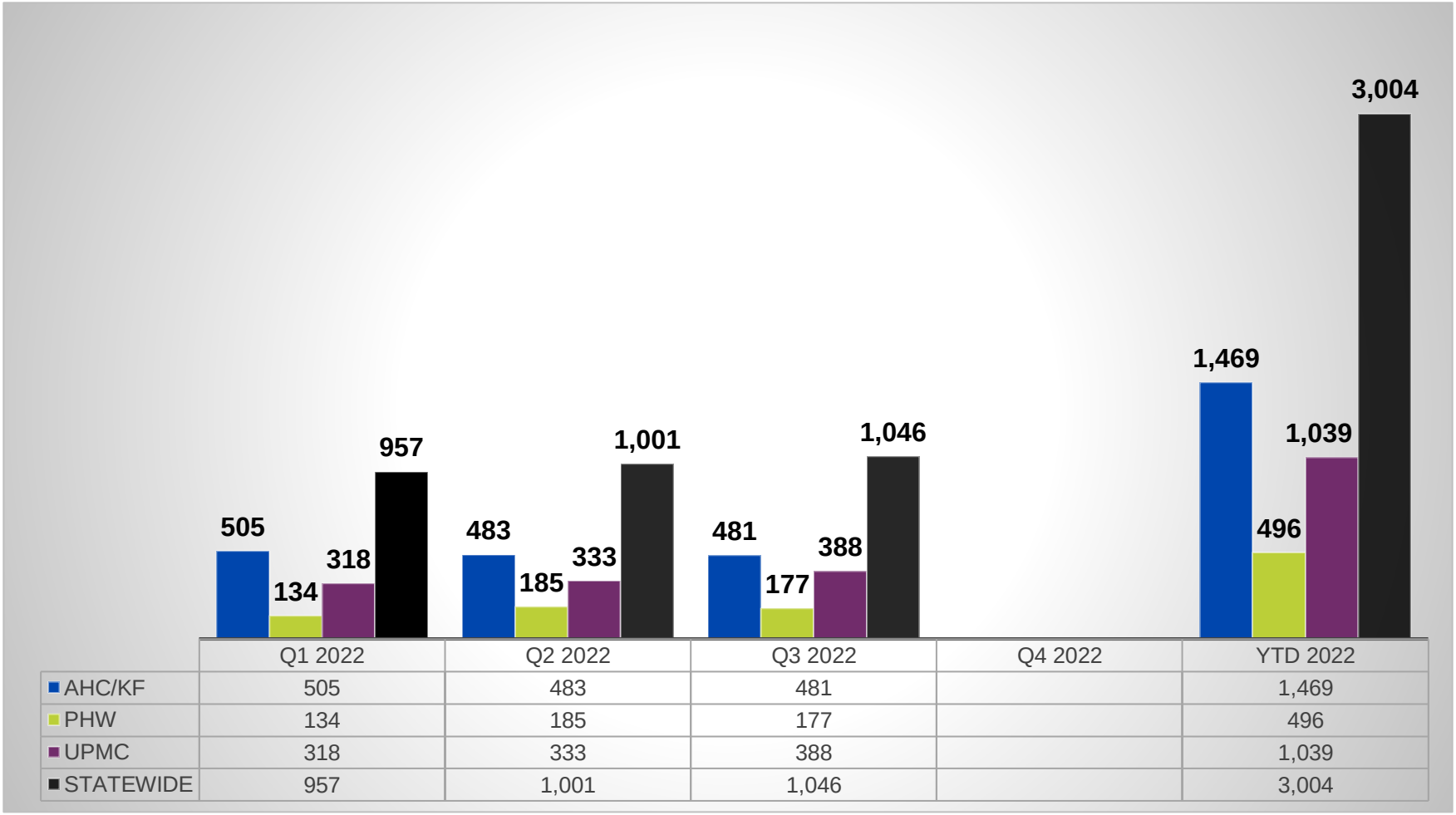
2022 YTD Total Complaints Received 3,004



Summary data based on when the CHC-MCO received the Participant Complaint

CHC-MCO Participant Complaints

2022 YTD Complaints Received by CHC-MCO



	Q1 2022	Q2 2022	Q3 2022	Q4 2022	YTD 2022
AHC/KF	505	483	481		1,469
PHW	134	185	177		496
UPMC	318	333	388		1,039
STATEWIDE	957	1,001	1,046		3,004

CHC-MCO Participant Complaints

2022 YTD Top 5 Participant Complaints Resolved

2022 YTD Top 5 Complaints AHC/KF		
Quality of Care or Service	685	43.0%
CHC-MCO Service and Administration	418	26.2%
Not Covered due to Benefit Limits	149	9.3%
Payment Issues	137	8.6%
Coverage of Services	74	4.6%

2022 YTD Top 5 Complaints PHW		
Other LTSS	338	68.6%
Quality of Care or Service	94	19.1%
Coverage of Services	24	4.9%
CHC-MCO Service and Administration	17	3.4%
Not Covered due to Benefit Limits	10	2.0%

2022 YTD Top 5 Complaints UPMC		
Quality of Care or Service	367	74.4%
CHC-MCO Service and Administration	314	63.7%
Access & Availability	187	37.9%
Coverage of Services	103	20.9%
Payment Issues	30	6.1%

2022 YTD Top 5 Complaints Statewide		
Quality of Care or Service	1,146	37.0%
CHC-MCO Service and Administration	749	24.2%
Other Complaints - LTSS	410	13.2%
Access & Availability	232	7.5%
Coverage of Services	201	6.5%

Totals and percentages are based on the Complaints resolved.

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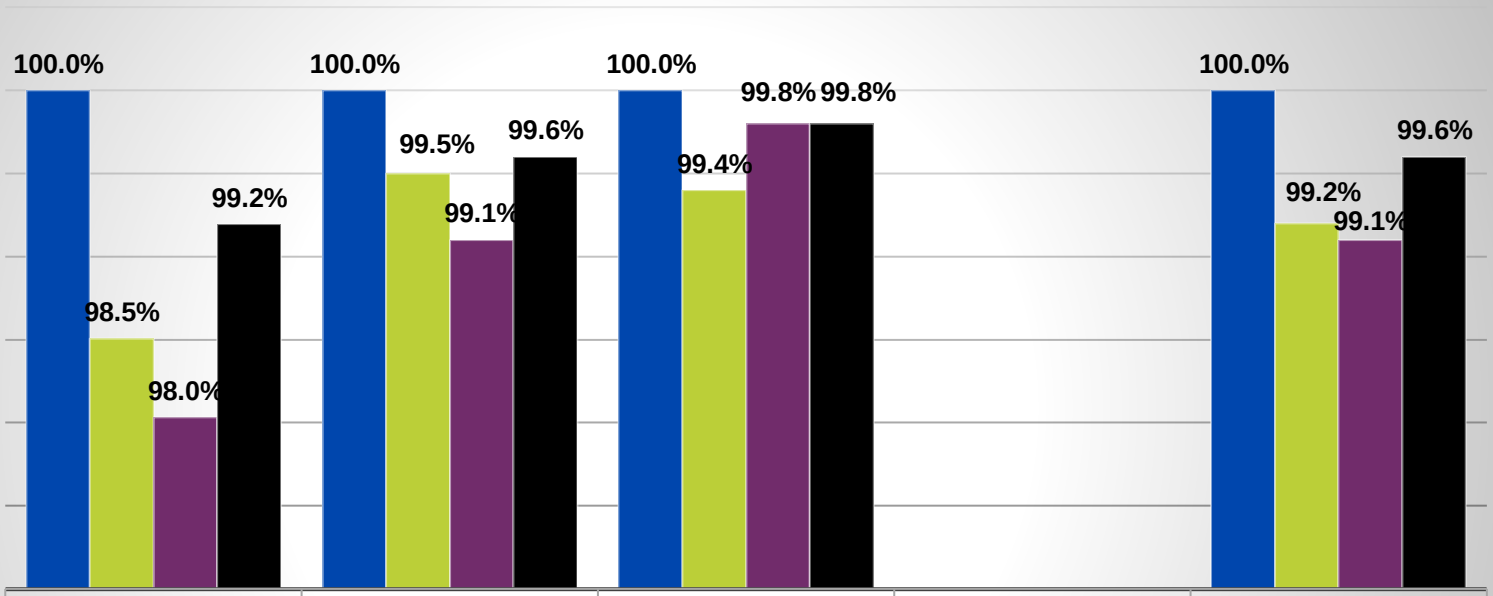
CHC-MCO Participant Complaints

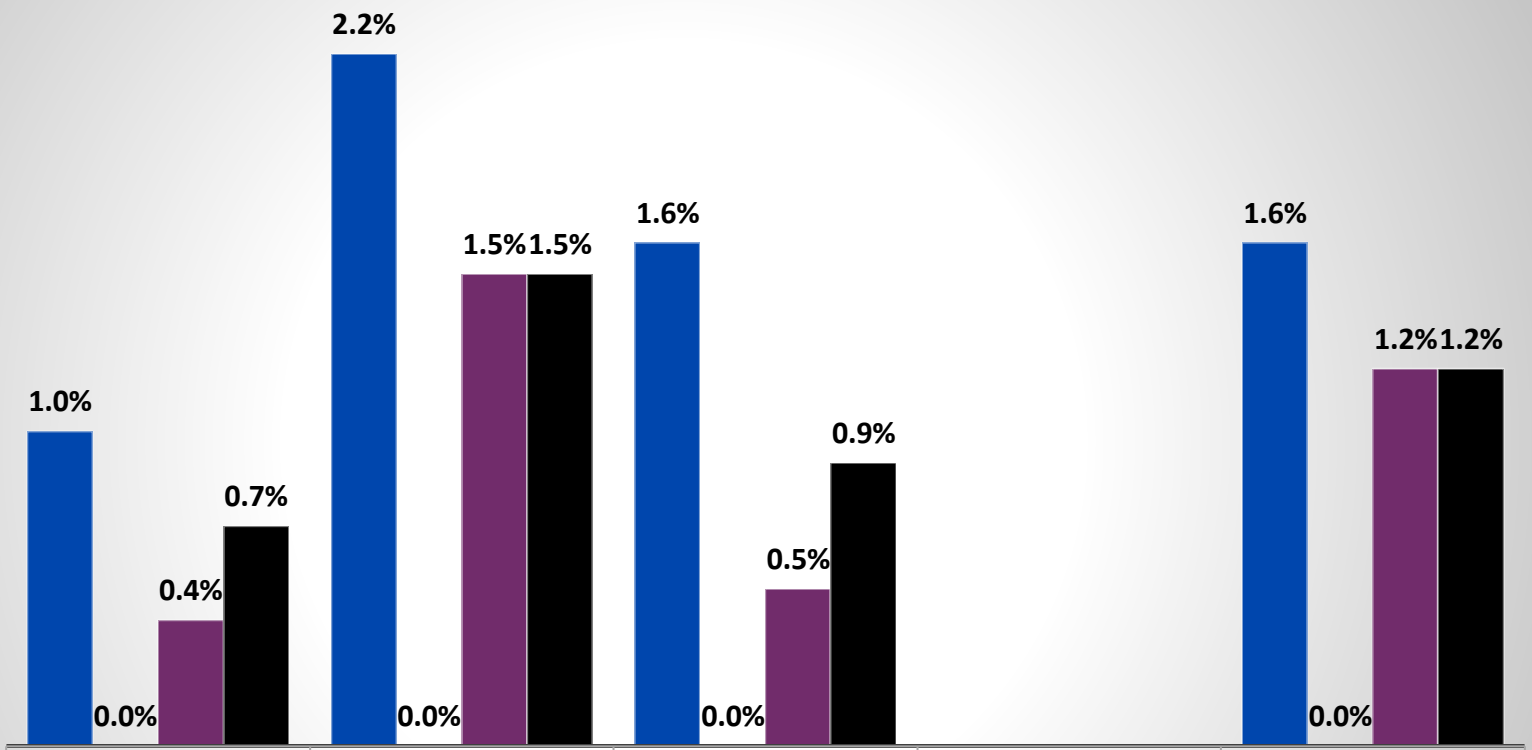
2022 YTD Complaints Timeliness



	Q1 2022	Q2 2022	Q3 2022	Q4 2022	YTD 2022
AHC/KF	100.0%	100.0%	100.0%		100.0%
PHW	98.5%	99.5%	99.4%		99.2%
UPMC	98.0%	99.1%	99.8%		99.1%
STATEWIDE	99.2%	99.6%	99.8%		99.6%

Complaints timeliness requirements: The CHC-MCO must address/resolve the Complaint and notify the Participant in 30 days or less or 44 days or less for Complaints where the Participant requests a 14-day extension.

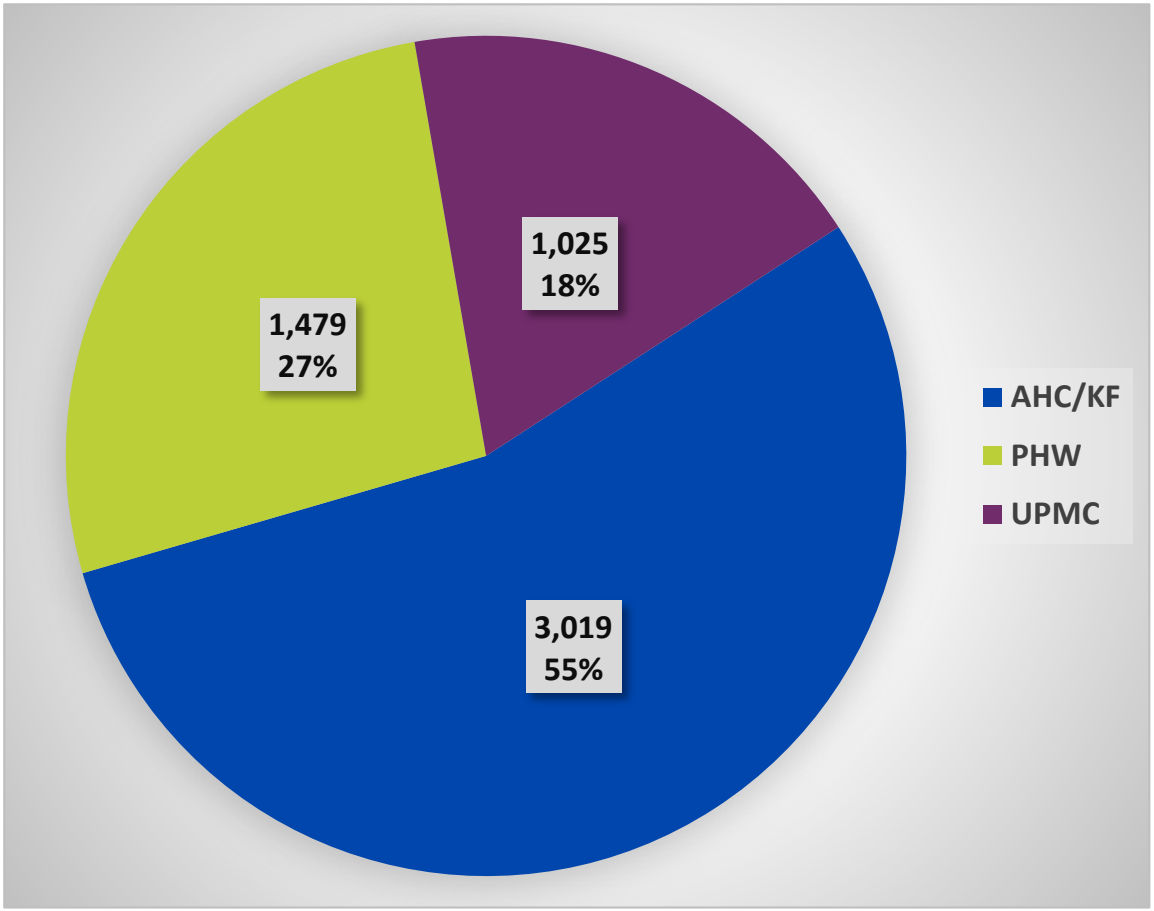
CHC-MCO Participant Complaints



	Q1 2022	Q2 2022	Q3 2022	Q4 2022	YTD 2022
AHC/KF	1.0%	2.2%	1.6%		1.6%
PHW	0.0%	0.0%	0.0%		0.0%
UPMC	0.4%	1.5%	0.5%		1.2%
STATEWIDE	0.7%	1.5%	0.9%		1.2%

CHC-MCO Participant Grievances

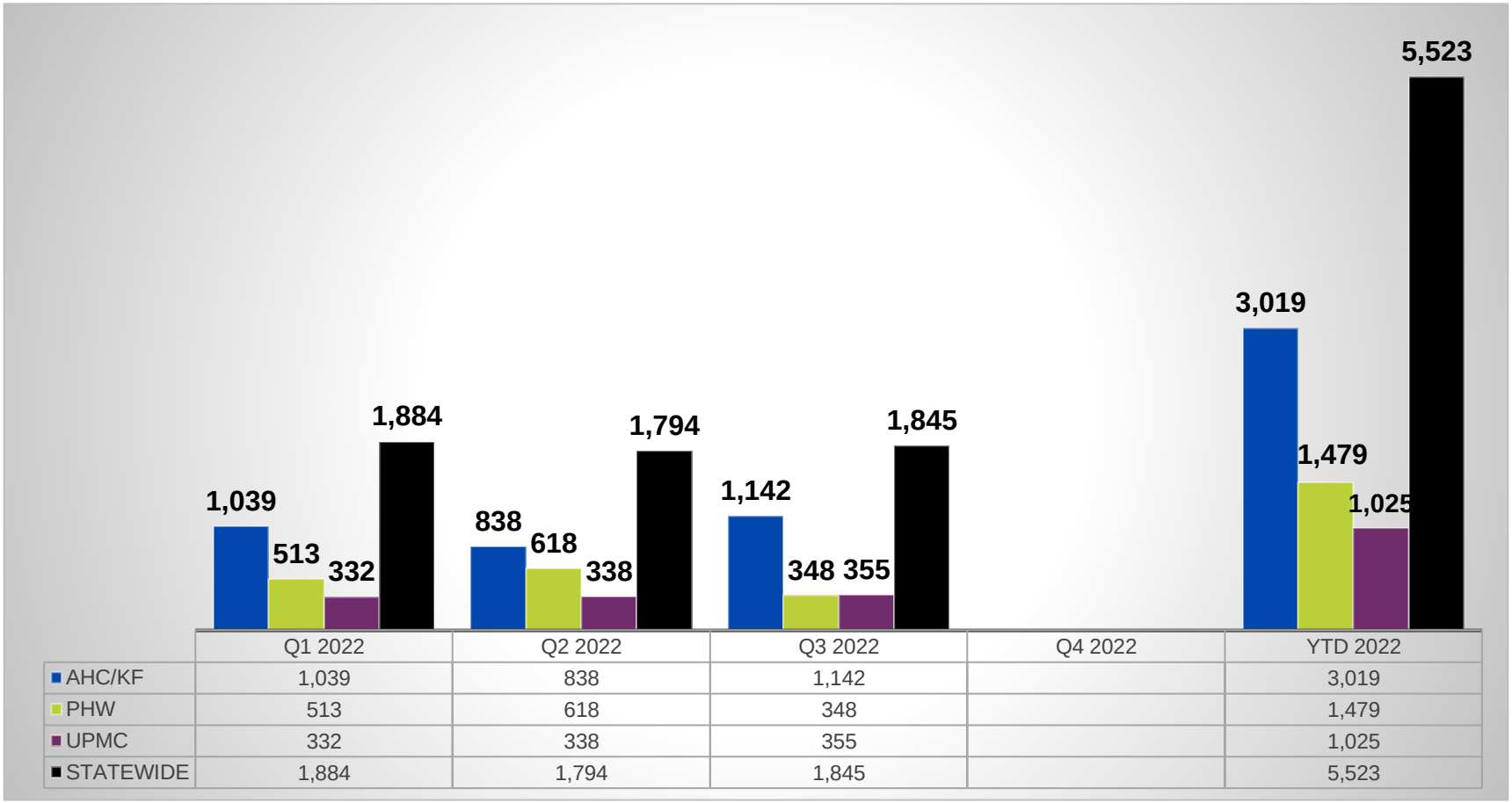
2022 YTD Total Grievances Received 5,523



Summary data based on when the CHC-MCO received the Participant Grievance

CHC-MCO Participant Grievances

2022 YTD Quarterly Grievances Received by CHC-MCO



	Q1 2022	Q2 2022	Q3 2022	Q4 2022	YTD 2022
AHC/KF	1,039	838	1,142		3,019
PHW	513	618	348		1,479
UPMC	332	338	355		1,025
STATEWIDE	1,884	1,794	1,845		5,523

CHC-MCO Participant Grievances

2022 YTD Top 5 Participant Grievances Decided

2022 YTD Top 5 Grievances AHC/KF		
Personal Assistance Services (PAS)	3,450	82.0%
Dental	244	5.8%
Pharmacy	185	4.4%
Durable Medical Equipment (DME)	160	3.8%
Adaptations/Modifications	147	3.5%

2022 YTD Top 5 Grievances PHW		
Personal Assistance Services (PAS)	1,859	90.5%
Pharmacy	72	3.5%
Adaptations/Modifications	68	3.3%
Dental	27	1.3%
Durable Medical Equipment (DME)	24	1.2%

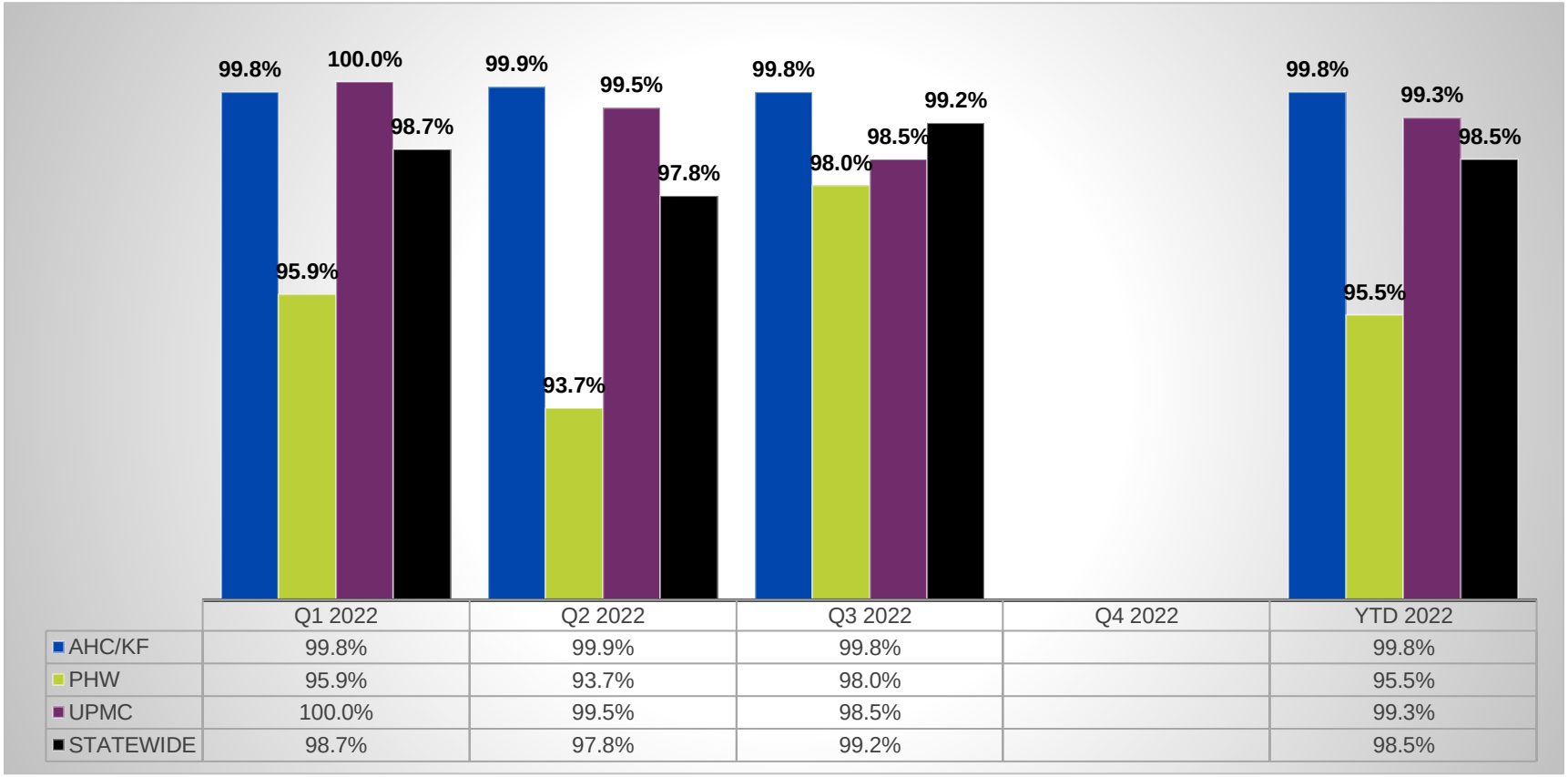
2022 YTD Top 5 Grievances Statewide		
Personal Assistance Services (PAS)	6,072	82.1%
Dental	415	5.6%
Adaptations/Modifications	321	4.3%
Pharmacy	306	4.1%
Durable Medical Equipment (DME)	241	3.3%

2022 YTD Top 5 Grievances UPMC		
Personal Assistance Services (PAS)	763	67.3%
Dental	144	12.7%
Adaptations/Modifications	106	9.3%
Durable Medical Equipment (DME)	57	5.0%
Pharmacy	49	4.3%

Totals and percentages are based on the Grievances decided or resolved.

CHC-MCO Participant Grievances

2022 YTD Quarterly Grievances Timeliness

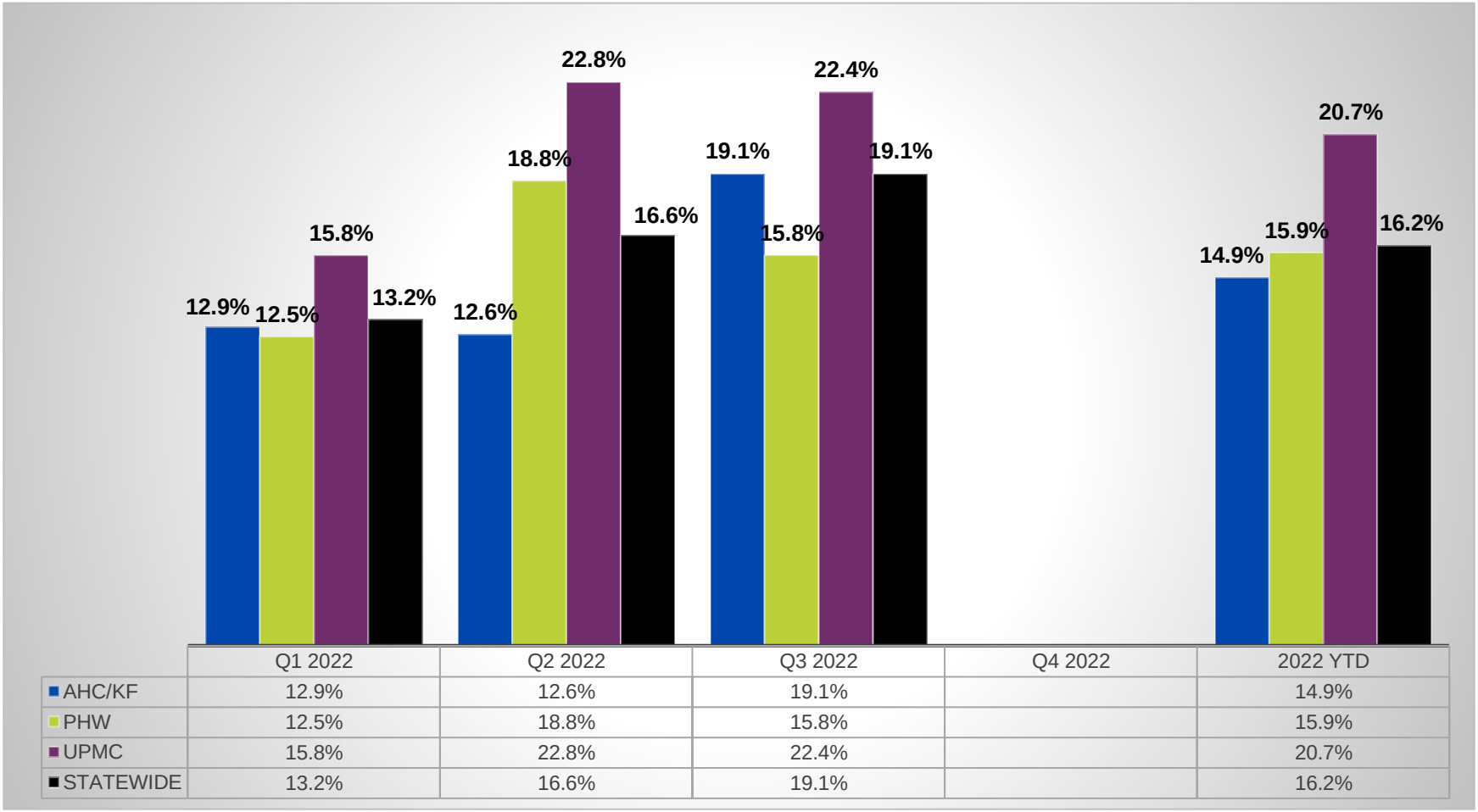


	Q1 2022	Q2 2022	Q3 2022	Q4 2022	YTD 2022
AHC/KF	99.8%	99.9%	99.8%		99.8%
PHW	95.9%	93.7%	98.0%		95.5%
UPMC	100.0%	99.5%	98.5%		99.3%
STATEWIDE	98.7%	97.8%	99.2%		98.5%

Grievances timeliness requirements: The CHC-MCO must reach a decision and notify the Participant in 30 days or less or 44 days or less for Grievances where the Participant requests a 14-day extension.

CHC-MCO Participant Grievances

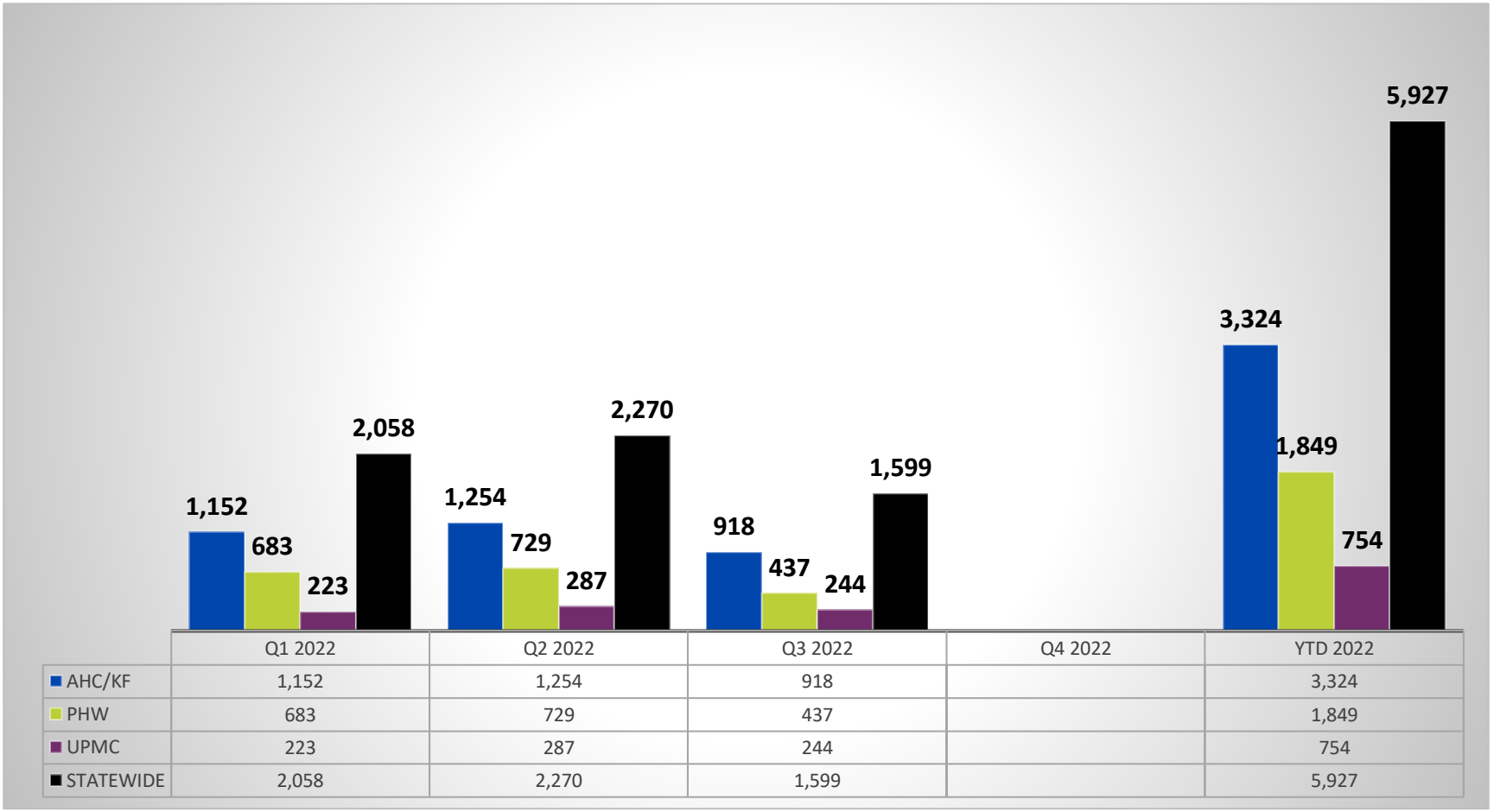
2022 YTD Percent Grievances Decisions in Favor of the Participant



	Q1 2022	Q2 2022	Q3 2022	Q4 2022	2022 YTD
AHC/KF	12.9%	12.6%	19.1%		14.9%
PHW	12.5%	18.8%	15.8%		15.9%
UPMC	15.8%	22.8%	22.4%		20.7%
STATEWIDE	13.2%	16.6%	19.1%		16.2%

CHC-MCO Personal Assistance Services Grievances

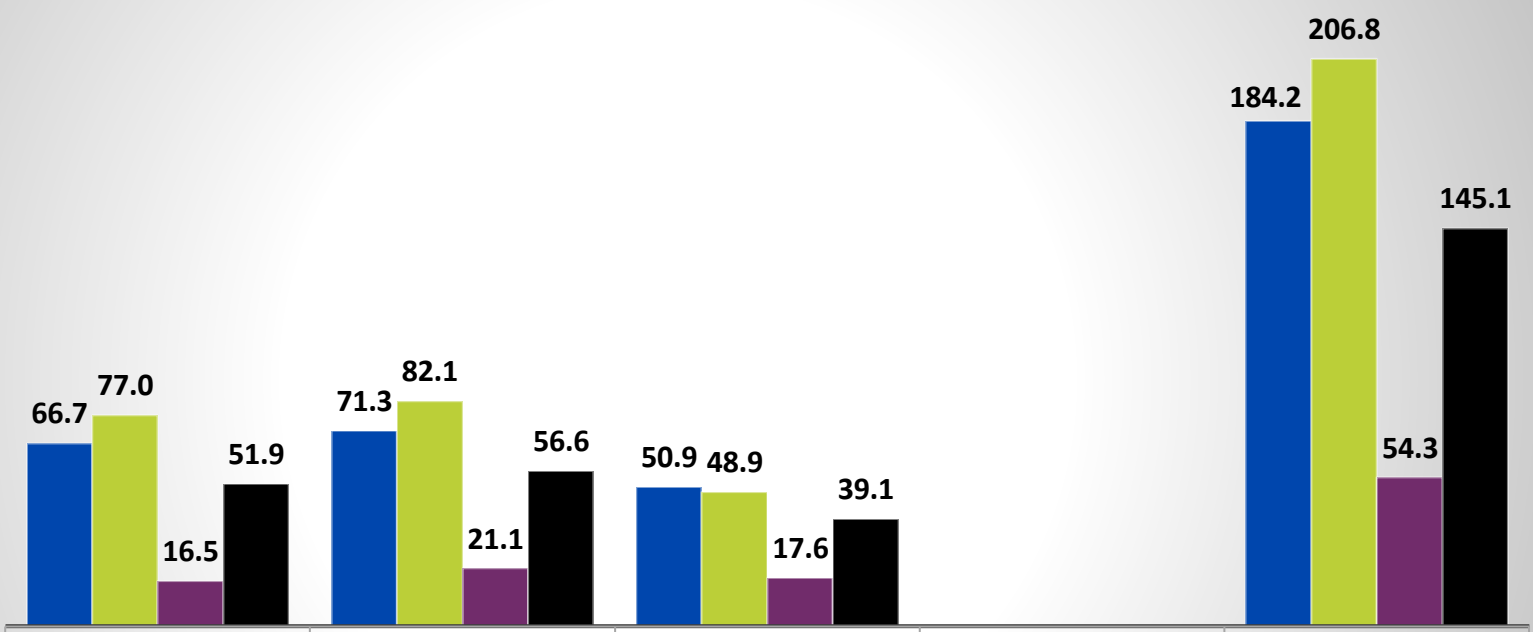
2022 YTD PAS (Personal Assistance Services) Grievances Decided



	Q1 2022	Q2 2022	Q3 2022	Q4 2022	YTD 2022
AHC/KF	1,152	1,254	918		3,324
PHW	683	729	437		1,849
UPMC	223	287	244		754
STATEWIDE	2,058	2,270	1,599		5,927

CHC-MCO Personal Assistance Services Grievances

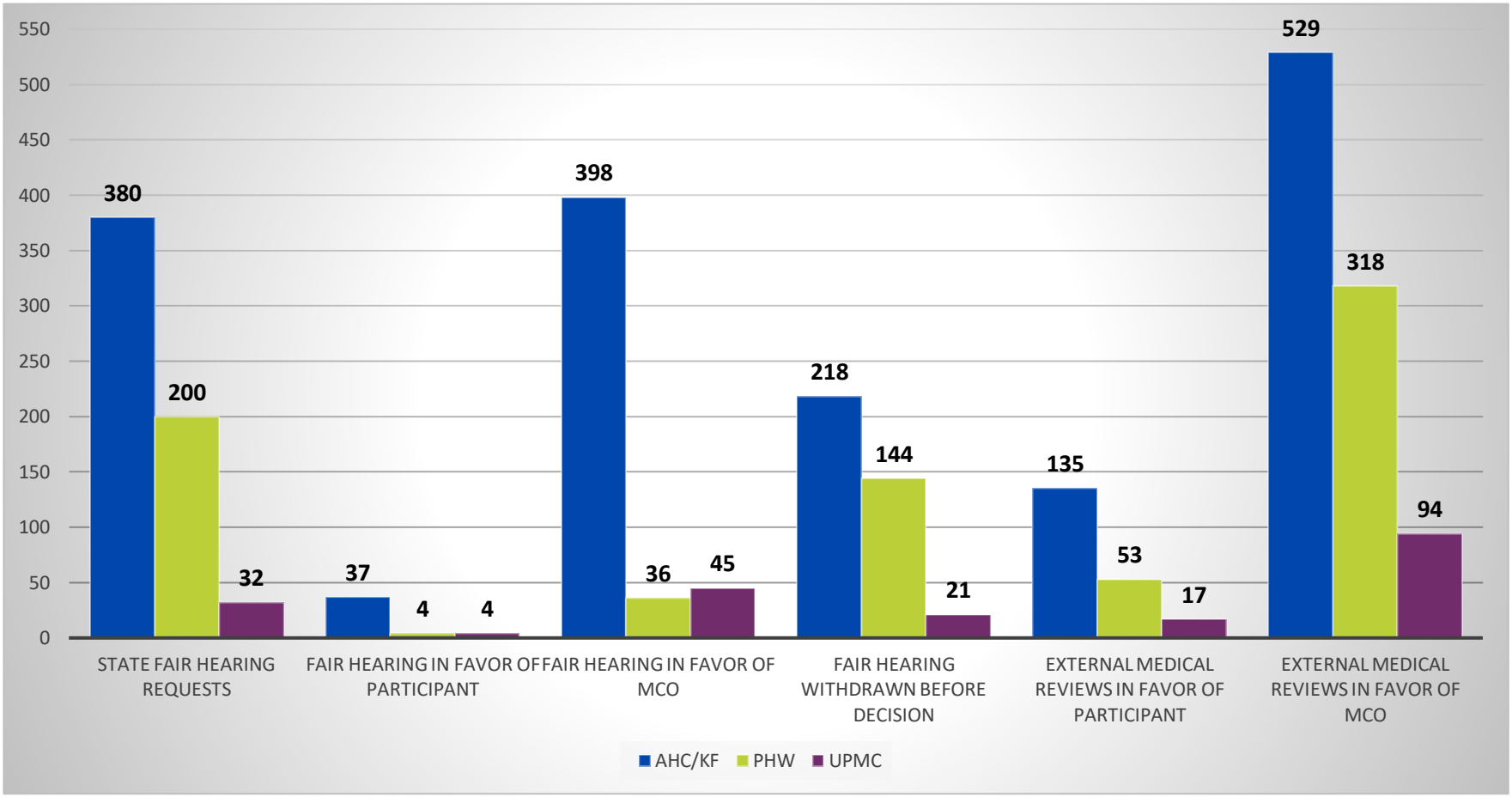
2022 YTD PAS Grievances Decided Rate Per Ten Thousand (RPTT)



	Q1 2022	Q2 2022	Q3 2022	Q4 2022	YTD 2022
AHC/KF	66.7	71.3	50.9		184.2
PHW	77.0	82.1	48.9		206.8
UPMC	16.5	21.1	17.6		54.3
STATEWIDE	51.9	56.6	39.1		145.1

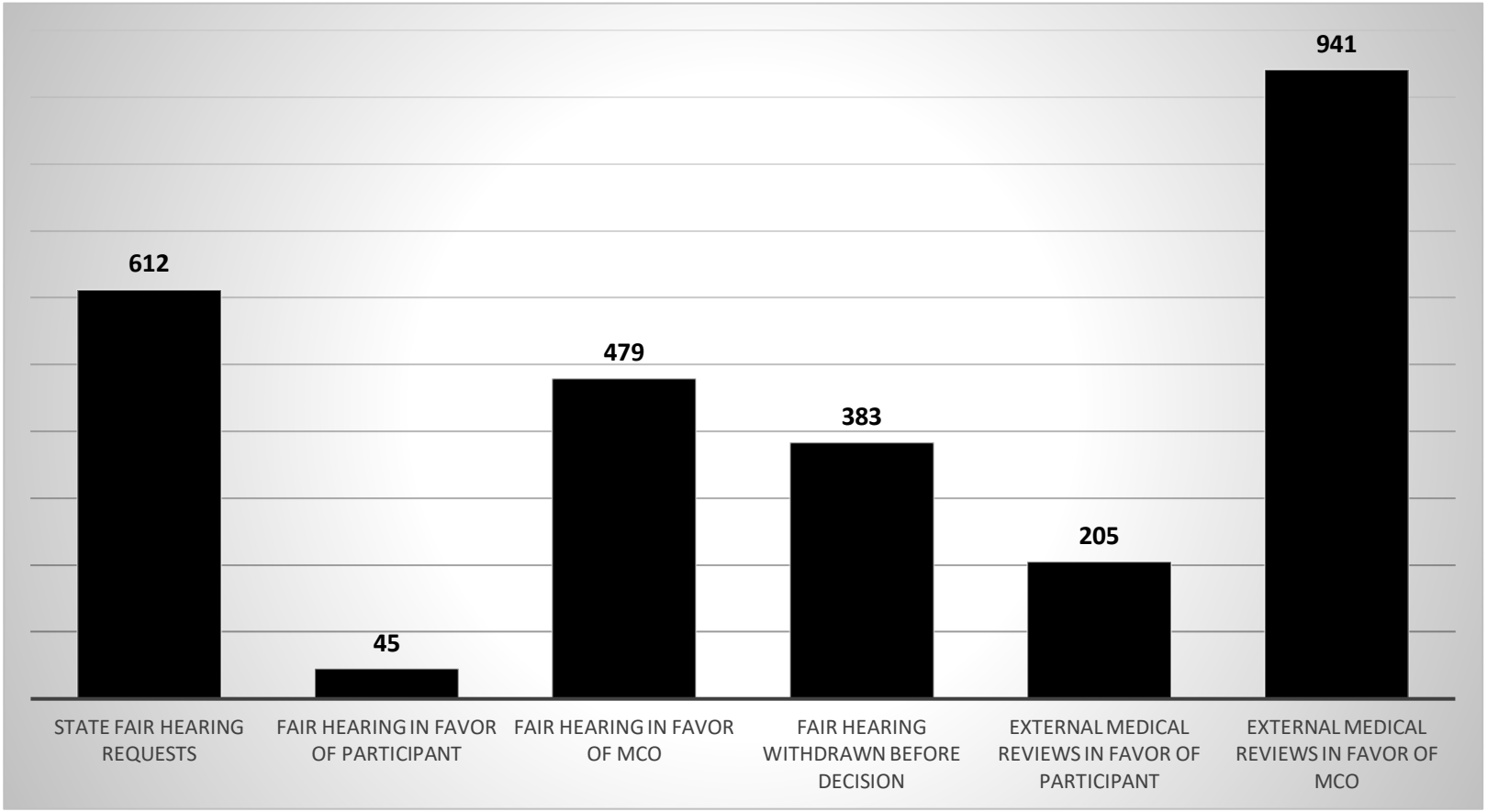
CHC-MCO Fair Hearings and External Reviews

2022 YTD Fair Hearings and External Medical Reviews Resolved by CHC-MCO



CHC-MCO Fair Hearings and External Reviews

2022 YTD Fair Hearings and External Medical Reviews Resolved Statewide



OPS-004 Complaints and Grievances Detail Report

Managed Care Program Annual Report (MCPAR)
2022 OPS-004 Changes for MCPAR Reporting Requirements

Complaints
Suspected Fraud (MCPAR Measure D1.IV.16g)
Abuse, Neglect or Exploitation (MCPAR Measure D1.IV.16h)
Plan Lack of Timely Response to Service Authorization or Appeal Request (MCPAR Measure D1.IV.16i)
Plan Denial of Request for an Expedited Appeal (MCPAR Measure D1.IV.16j)
Grievances
MCPAR - Grievances related to denial of authorization or limited authorization of a service (MCPAR Measure D1.IV.6a)
MCPAR – Grievances related to reduction, suspension, or termination of a previously authorized service (MCPAR Measure D1.IV.6b)
MCPAR - Grievances related to denial of a service that was already rendered (MCPAR Measure D1.IV.6c)
State Fair Hearings
State Fair Hearing Requests Filed (MCPAR Measure D1.IV.8a; MCPAR Measure D1.IV.12)
State Fair Hearing Requests Pending (MCPAR Measure D1.IV.11)
State Fair Hearings resulting in a favorable decision for the enrollee (MCPAR Measure D1.IV.8b)
State Fair Hearings resulting in an adverse decision for the enrollee (MCPAR Measure D1.IV.8c)
State Fair Hearings retracted prior to reaching a decision (MCPAR Measure D1.IV.8d)
External Medical Reviews
External Medical Review Requests Filed (MCPAR Measure D1.IV.3)
External Medical Review Requests Pending (MCPAR Measure D1.IV.2)
External Medical Reviews resulting in a favorable decision for the enrollee (MCPAR Measure D1.IV.9a)
External Medical Reviews resulting in an adverse decision for the enrollee (MCPAR Measure D1.IV.9b)

CHC Reduction Review Project Update

Appendix K Waiver & Comprehensive Needs Amendments

Appendix K Waiver Amend.

- Since March 6, 2020, the Office of Long-Term Living (OLTL) has been operating under the Appendix K, Emergency Preparedness and Response amendment approved by the Centers for Medicare & Medicaid Services (CMS). Appendix K allowed temporary changes to the Community HealthChoices and OBRA 1915(c) waivers in response to the COVID-19 global pandemic. These flexibilities were extended to the Act 150 Program.
- OLTL is planning to end these flexibilities on April 30th.

Appendix K Flexibility	Guidance
Service Limitations	**Adult Daily Living** – Long-Term or Continuous Nursing may no longer be provided temporarily as a separate service at the same time that Adult Daily Living Services are provided.
	Residential Habilitation – Long-Term or Continuous Nursing may no longer be provided temporarily as a separate service at the same time that Residential Habilitation is provided.
Respite	**Respite** in a licensed facility may no longer be extended beyond 29 consecutive days. Previously approved extensions may not go beyond April 30, 2023.
Personal Assistance Services (Agency and Participant-Directed) and Participant-Directed Community Supports	Spouses, legal guardians, representative payees and persons with power of attorney may no longer serve as paid direct care workers. Those previously approved as direct care workers will not be paid for hours worked after April 30, 2023.

Appendix K Waiver Amend.

Appendix K Flexibility	Guidance
Expanded Settings Where Services May Be Provided	**Residential Habilitation and Structured Day Habilitation Services** may no longer be provided to participants by Residential Habilitation and Structured Day Habilitation staff in private homes.
	Adult Daily Living Services may no longer be provided to participants by Adult Daily Living staff in private homes.
	Adult Daily Living Services may no longer be provided remotely.
	Structured Day Habilitation may no longer be provided remotely using phone or video conferencing.
	Cognitive Rehabilitation and Behavior Therapy may no longer be provided remotely using phone or video conferencing.
	Counseling Services may no longer be provided remotely using phone or video conferencing.

Appendix K Waiver Amend.

Appendix K Flexibility	Guidance
Modification of Worker Qualifications	**Residential Habilitation, Structured Day Habilitation Services, Adult Daily Living, and Personal Assistance Services** – Individual staff members who are qualified to provide any one of these services may no longer be reassigned to provide Residential Habilitation, Structured Day Habilitation Services, Adult Daily Living, and Personal Assistance Services.
Initial Level of Care Assessments	**Initial level of care assessments using the FED that take place in the participant's home** must be conducted face-to-face. **Initial level of care assessments using the FED that take place in nursing facilities** may no longer be conducted remotely using phone or video conferencing.
Needs Assessments/ Reassessments	Assessments and Reassessments, including the comprehensive needs assessment, must be conducted face-to-face.
Person-Centered Service Planning/Service Coordination	Service Coordinators must monitor participants and PCSPs through face-to-face contacts.
	Person-Centered Planning Team (PCPT) meetings and PCSP development must be conducted face-to-face.
Retainer Payments to Address Emergency Related Issues	Retainer payments to direct care workers providing Personal Assistance Services in both the agency and participant-directed models may no longer be made.

Questions?

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