

# OLTL Updates LTSS Sub MAAC

April 12, 2022

# Agenda

- OLTL Updates
  - HCBS Settings Rule
  - Agency w/Choice
  - FMS Transition
  - CHC Contract Re-Procurement
- Racial & Social Disparity
- IEB & LIFE Enrollments
- FED Appeals Data
- COVID-19 & Vaccination

# OLTL Updates

# HCBS Settings Rule

# CMS Medicaid HCBS Final Rule

- Home and Community-Based Settings is a community-integrated alternative to institutional care
  - Integrated in and supports full access to the greater community.
  - Provides opportunities to seek employment and work in competitive integrated settings, engage in community life and control personal resources.
  - Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS.
  - Facilitates individual choice regarding services and supports and who provides them

# CMS Medicaid HCBS Final Rule

- HCBS providers must meet requirements of CMS' HCBS Final Rule, for example:
  - Ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint
  - Participants may engage in community activities of their own choosing
  - Participants are able to have visitors of their own choosing at any time

# CMS Medicaid HCBS Final Rule

- Additional Requirements for Residential Settings
  - Unit is owned, rented or occupied under a legally enforceable agreement
  - Privacy, lockable doors, choice of roommates, freedom to furnish and decorate
  - Freedom to control one's own schedule/activities
  - Access to food at any time
  - Is selected by the individual from among settings options including non-disability specific settings and an option for a private unit in a residential setting.

# Heightened Scrutiny



# Heightened Scrutiny

## Heightened Scrutiny

- Provider site must not be located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment (Category I)
- Settings must not be in a building located on the grounds of, or immediately adjacent to, a public institution (Category II)
- Must not have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS (Category III)

# CMS Extension due to Public Health Emergency

# CMS Extension due to PHE

- Original deadline and extensions
- CMS extended compliance with the Final Rule due to the Public Health Emergency
- Sites must be compliant with Final Rule or have transferred HCBS participants to an OLTL-enrolled provider by March 2023
- CMS has stated there will be no further extensions for compliance with Final Rule



# Timeline for Provider Compliance

# New Timeline for Provider Compliance

- February-March
  - 1) QMET staff sent letters, asking for providers' policies and procedures
  - 2) Policy reviews begin
- April-June
  - 1) Site assessments, on-site or virtual
  - 2) Continued review of policies and procedures
  - 3) Provider training
  - 4) QMET assessment initial determinations
  - 5) Panel Review

# New Timeline for Provider Compliance

- July
  - 1) Public notice of sites targeted for Heightened Scrutiny published with 30-day stakeholder comment period
- August
  - 1) Comments from stakeholders will be reviewed, and their input considered
  - 2) Identification of providers who qualify for Heightened Scrutiny
- September
  - 1) Heightened Scrutiny submission to CMS

# New Provider Timeline for Compliance

- December
  - 1) OLTL anticipates that CMS will notify OLTL and affected providers of their final decisions on Heightened Scrutiny
- January-March
  - 1) Non-Compliant Providers will work with OLTL to safely transition HCBS participants to an OLTL-enrolled provider
- March 2023 onward
  - 1) Continued provider monitoring process

# Agency with Choice



# AGENCY WITH CHOICE

- OLTL is looking to add the AWC model of Financial Management Services (FMS) for participant-directed services.
- AWC differs from the other primary model of FMS, Fiscal/Employer Agent (F/EA), which currently exists in the waivers today. Under the F/EA model, the participant directly hires his/her own worker(s) and is the sole employer of the worker(s).
- Under AWC, the participant selects and directs their worker, but is supported by an agency that provides administrative functions to the DCWs recruited by the participant.
- Under AWC, the participant directs the DCWs and is considered their managing employer. The participant, as the managing employer, is responsible for selecting and dismissing DCWs, directing the responsibilities of their DCWs, scheduling any individualized training.
- Offering this additional option is a benefit to those participants that wish to undertake some level of employer responsibility while retaining the support of an agency for others.

## AGENCY WITH CHOICE

- Once implemented, Participants who choose to self-direct services will have the choice to do so through one of two FMS models: AWC or F/EA.
- OLTL will procure a contract with an AWC vendor through a Request for Application (RFA).
- OLTL released a Request for Information (RFI) and requested comments by March 25, 2022.
  - Twenty-nine commenters responded to the RFI.
  - OLTL continues to accept comments.
- **Based on these comments, the following slides describe changes to be made to the RFA.**

## COMMENTS ON RFI AND CHANGES MADE

- Licensure requirements for the AWC vendor.
  - OLTL will clarify in the RFA that the selected vendor must be a licensed Home Care Agency.
    - Since the AWC vendor will be the primary employer of direct care workers providing Personal Assistance Services, the waivers require agency providers to be a licensed Home Care Agency by the Department of Health.
- Conflict of interest requirements.
  - OLTL will revisit and change the “conflict free” requirements.
    - As originally proposed, it could limit the number of OLTL Home and Community-Based Services (HCBS) providers eligible.

# COMMENTS ON RFI AND CHANGES MADE

## Vendor qualifications in RFI (summary)

- The provider requirements include 10 years' experience in health care or social services with 5 years in the consumer-directed model.
- A minimum of 10,000 employees.
- Serve participants who self-direct in at least 2 states.

Comment: These requirements would limit the entities that are able to provide this service.

## Response

OLTL will revisit this language to ensure more Pennsylvania providers meet the requirements to apply for the AWC RFA.

## COMMENTS ON RFI AND CHANGES MADE

- Comments were received that there are inconsistencies in the RFI about the managing employer vs. the primary employer, who sets wages and pays overtime, and how rates will compare to existing participant-directed and agency models.
  - OLTL will add language to clarify the responsibilities of the managing employer and the primary employer to clearly identify who does what in this relationship.
- Comments were received on training for participants on the AWC FMS model.
  - OLTL will add language to the RFA about training requirements. OLTL and the CHC-MCOs will develop educational and training resources.

# AWC AMENDMENT FOR CHC AND OBRA

Amendment will be effective January 1, 2023.

## **Purpose of the Amendment:**

- Add AWC as an additional model of Financial Management Services (FMS) for participants to choose.

## **Public Comment**

- A Public Notice will be published in the *Pennsylvania Bulletin* requesting public comment.
- There will be a 30-day public comment period for written comments.

# FMS Transition

# FMS Transition

- The CHC FMS Transition was extended to a new Go-Live date of July 1, 2022.
  - Tempus and CHC MCOs priority is getting paperwork back from common law employers (participants) and their DCWs.
  - 70% Common Law Employers and 73% of DCW had returned information (packets)
  - Tempus working on improving communication
  - Tempus Training
- There was an FMS Transition Stakeholder Meeting on April 1<sup>st</sup> and the next Stakeholder meeting is May 6<sup>th</sup> .



# FMS Transition

- FFS (OBRA and Act 150).
  - OLTL is joining ODP in their Request for Proposals for a new vendor of FMS services.
  - RFA released on March 10, 2022 – proposals due April 25, 2022.
  - PPL extension if not implemented by July 1, 2022.

# CHC Contract Re-Procurement

# CHC Contract Re-Procurement

- Current CHC Contract ends December 31, 2022.
  - Executing the 2 year renewal
- Work on the new procurement (Work Statement) has begun with a tentative completion date of July of 2022 at the earliest.
- Public input may be considered on the procurement prior to issuance.
  - Please note that due to the timeline above, no public comment would be sought before August 2022.
- The tentative plan to release the new CHC RFA is on or after April 1, 2023.

# Racial & Social Disparity

# Racial & Social Disparity Recommendations

- 2022 OLTL commitments:
  - Address recommendations made by LTSS Committee
  - Present any updates regularly
  - Continue engaging stakeholders on disparity improvements
- Milestones completed:
  - Reviewed all recommendations and determined the LOE with each recommendation.
  - Began compiling resources including preliminary data within OLTL to establish a baseline of understanding.

# Racial & Social Disparity Recommendations

- **Contract Cultural Competency**
  - Reviewed CHC-MCO, IEB, LIFE, APS
  - CHC
    - Defined and includes criteria for Cultural Competency, Linguistic Competency, and Disability Competency
  - LIFE
    - No language in the current LIFE agreement but in Appendix D: Participant Bill of Rights of CMS 3-way Agreement with PACE and LIFE
    - Working to update our state LIFE Provider Agreement and can include any cultural competency language that you suggest

# Racial & Social Disparity Recommendations

- LIFE Equity Data 2021

LIFE Program Populations by Race and Ethnicity

| Ethnicity Breakdown For LIFE Participants |                       |                  |
|---|-----------------------|------------------|
| Ethnicity                                 | Count of Participants | % of Total Count |
| Hispanic                                  | 283                   | 3.7%             |
| Non-Hispanic                              | 7,414                 | 96.3%            |
| Grand Total                               | 7,697                 | 100.0%           |

Source: CIS and Standard Legacy Report for Dec 2021

| Race Breakdown For LIFE Participants |                       |                  |
|--------------------------------------|-----------------------|------------------|
| Race                                 | Count of Participants | % of Total Count |
| Asian                                | 28                    | 0.4%             |
| Black or African American            | 1,694                 | 22.0%            |
| Other or system default              | 359                   | 4.7%             |
| Unknown                              | 151                   | 2.0%             |
| White                                | 5,465                 | 71.0%            |
| Grand Total                          | 7,697                 | 100.0%           |

Note: Due to low volume, 'American Indian or Alaskan Native' and 'Native Hawaiian or Other Pacific Islander' have been merged with 'Other or system default' race category.

Source: CIS and Standard Legacy Report for Dec 2021

Disclaimer: Race and ethnicity data only represent those who answered the specific demographic question(s) during the Medicaid eligibility process.

# Racial & Social Disparity Recommendations

- IEB Equity Data 2021

| Ethnicity Breakdown for CHC Participants |               |                        |
|--|---------------|------------------------|
| Ethnicity                                | Count         | Percent of Total Count |
| 1-White                                  | 359922        | 89.46%                 |
| 2-Hispanic                               | 42397         | 10.54%                 |
| X-Unknown                                | 19            | 0.00%                  |
| Z-Other                                  | 9             | 0.00%                  |
| <b>Grand Total</b>                       | <b>402347</b> | <b>100.00%</b>         |

| Race Breakdown for CHC Participants     |               |                        |
|---|---------------|------------------------|
| Race                                    | Count         | Percent of Total Count |
| 1-Black or African American             | 99581         | 24.75%                 |
| 3-Native Alaskan or American Indian     | 674           | 0.17%                  |
| 4-Asian                                 | 20603         | 5.12%                  |
| 5-White or Caucasian                    | 232011        | 57.66%                 |
| 6-Other                                 | 40523         | 10.07%                 |
| 7 - Native Hawaiian or Pacific Islander | 535           | 0.13%                  |
| 8- Value not available                  | 8420          | 2.09%                  |
| <b>Grand Total</b>                      | <b>402347</b> | <b>100.00%</b>         |



# Racial & Social Disparity Recommendations

- Future meetings will include:
  - Statewide 2021 HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey
    - Presentation for Next LTSS on June 14
  - Area Deprivation Index overlay with HCBS population

# IEB & LIFE Enrollments

# IEB Enrollment Data

| Status                  | 6/30/2021 | 7/30/2021 | 8/30/2021 | 9/30/2021 | 10/29/2021 | 11/30/2021 | 12/30/2021 | 1/31/2022 | 2/28/2022 | 3/30/2022 | Description   |
|-------------------------|-----------|-----------|-----------|-----------|------------|------------|------------|-----------|-----------|-----------|---|
| READY_ASSESSMENT        | 10        | 10        | 13        | 18        | 9          | 13         | 16         | 13        | 14        | 10        | IEB has received a referral from a third party, the IEB is outreaching to the Applicant/Representative to schedule Visit. |
| SCHEDULED               | 5         | 4         | 5         | 4         | 4          | 7          | 4          | 6         | 6         | 5         | In Home Visit has been scheduled  |
| ASSESSMENT_INPROCESS    | 1         | 1         | 2         | 1         | 1          | 1          | 3          | 4         | 3         | 1         | In Home Visit completed and the IEB is reviewing completeness of intake documents required.                               |
| MA_PA_600_REVIEW        | 5         | 5         | 5         | 5         | 4          | 5          | 6          | 6         | 6         | 6         | IEB is waiting for the PA 600 or the PA 600 received and IEB to enter in COMPASS  |
| PC & FEDPending         | 4         | 4         | 5         | 5         | 5          | 9          | 7          | 6         | 6         | 6         | PC sent to the identified Physician and FED Reques sent to Aging Well   |
| PC Pending/FED Received | 37        | 36        | 36        | 36        | 36         | 40         | 37         | 38        | 38        | 37        | Completed FED received from Aging Well/ PC is pending   |
| PC Received/FED Pending | 6         | 6         | 7         | 7         | 7          | 12         | 10         | 6         | 8         | 8         | Completed PC received/ FED pending with Aging Well  |
| APP_REVIEW              | 1         | 1         | 0         | 1         | 1          | 2          | 0          | 1         | 1         | 0         | Medical Director Review Pending   |
| OLTL_READY              | 21        | 35        | 19        | 10        | 11         | 20         | 14         | 34        | 14        | 28        | Program Eligibility under review by OLTL  |
| READY_TRANSITION        | 59        | 64        | 66        | 62        | 61         | 63         | 63         | 63        | 64        | 58        | Functionally eligible, Applicant is pending nursing facility discharge  |
| APPROVED                | 16        | 16        | 17        | 17        | 17         | 18         | 16         | 16        | 16        | 14        | Functionally Eligible, 1768 sent to CAO   |
| 1768_DENIAL             | 3         | 3         | 4         | 1         | 2          | 5          | 3          | 6         | 4         | 6         | Functionally ineligible, HCBS Denial notice pending   |
| FINANCIAL_APPROVAL      | 4         | 1         | 3         | 2         | 2          | 3          | 3          | 2         | 2         | 2         | Financial Approval Received, enrollment in Process of being finalized   |
| MMS_READY               | 2         | 2         |           | 6         | 1          | 11         | 0          | 5         | 0         | 0         | Pending acceptance by OBRA or Act 150 Service Coordinator   |
| FINANCIAL_DENIAL        | 1         | 1         | 1         | 1         | 0          | 2          | 0          | 1         | 2         | 1         | Financial Denial Received, application in process of completion   |

# Current IEB Report – All Waivers

|                                | 2018QTR4 | 2019QTR1 | 2019QTR2 | 2019QTR3 | 2019QTR4 | 2020QTR1 | 2020QTR2 | 2020QTR3 | 2020 QTR4 | 2021QTR1 | 2021QTR2 | 2021QTR3 | 2021QTR4 |
|--------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|----------|----------|----------|----------|
| Grand Total                    | 24283    | 25320    | 26335    | 24752    | 34711    | 33402    | 25890    | 26398    | 26213     | 25106    | 25118    | 29365    | 29082    |
| Complete                       | 14703    | 15607    | 16277    | 17347    | 15617    | 21513    | 17820    | 16180    | 18098     | 16081    | 16153    | 18783    | 18953    |
| Complete in 90 Days            | 12186    | 12068    | 14343    | 13188    | 13027    | 18963    | 15441    | 14918    | 17428     | 15491    | 15569    | 17985    | 18233    |
| Complete > 90 Days With Excuse | 400      | 344      | 435      | 484      | 483      | 1126     | 536      | 648      | 408       | 379      | 300      | 403      | 345      |
| Compliance Percentage          | 86%      | 80%      | 91%      | 79%      | 87%      | 93%      | 90%      | 96%      | 99%       | 99%      | 98%      | 98%      | 98%      |
| Average Days To Complete       | 52       | 60       | 52       | 56       | 56       | 52       | 57       | 45       | 41        | 40       | 40       | 37       | 39       |

1. Grand Total - All unduplicated applications in process this quarter
2. Complete - Total unduplicated applications completed this quarter
3. Total unduplicated applications completed during the quarter in 90 days
4. Total unduplicated applications completed during the quarter and over 90 days, but with excuse of a delayed enrollment
5. Using the above fields = (row 3 + row 4)/ row 2 Average to complete excluding excused applications

Note: Reapplications removed

# Current IEB Report – Under/Over 60

| Over 60                        | 2018QTR4 | 2019QTR1 | 2019QTR2 | 2019QTR3 | 2019QTR4 | 2020QTR1 | 2020QTR2 | 2020QTR3 | 2020 QTR4 | 2021QTR1 | 2021QTR2 | 2021QTR3 | 2021QTR4 |
|--------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|----------|----------|----------|----------|
| Grand Total                    | 14140    | 14937    | 15771    | 15134    | 23082    | 20441    | 16309    | 16848    | 16775     | 16161    | 17383    | 20414    | 18991    |
| Complete                       | 8586     | 9323     | 9885     | 10827    | 10267    | 12967    | 11172    | 10282    | 11658     | 10189    | 11069    | 13204    | 12349    |
| Complete in 90 Days            | 7063     | 7312     | 8804     | 8447     | 8605     | 11421    | 9700     | 9500     | 11233     | 9828     | 10696    | 12673    | 11909    |
| Complete > 90 Days With Excuse | 275      | 221      | 272      | 322      | 336      | 684      | 327      | 392      | 267       | 239      | 194      | 263      | 200      |
| Compliance Percentage          | 85%      | 81%      | 92%      | 75%      | 81%      | 93%      | 90%      | 96%      | 99%       | 99%      | 98%      | 98%      | 98%      |
| Average Days To Complete       | 52       | 58       | 50       | 54       | 55       | 52       | 56       | 45       | 40        | 40       | 39       | 37       | 39       |

| Under 60                       | 2018QTR4 | 2019QTR1 | 2019QTR2 | 2019QTR3 | 2019QTR4 | 2020QTR1 | 2020QTR2 | 2020QTR3 | 2020 QTR4 | 2021QTR1 | 2021QTR2 | 2021QTR3 | 2021QTR4 |
|--------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|----------|----------|----------|----------|
| Grand Total                    | 10143    | 10383    | 10565    | 9597     | 11628    | 12101    | 9580     | 9335     | 9438      | 8964     | 7735     | 8951     | 10092    |
| Complete                       | 6114     | 6279     | 6392     | 6499     | 5350     | 7951     | 6648     | 5898     | 6439      | 5893     | 5084     | 5579     | 6604     |
| Complete in 90 Days            | 4948     | 4751     | 5539     | 4720     | 4422     | 7006     | 5741     | 5418     | 6195      | 5663     | 4873     | 5312     | 6324     |
| Complete > 90 Days With Excuse | 130      | 123      | 163      | 162      | 147      | 418      | 209      | 256      | 141       | 140      | 106      | 140      | 145      |
| Compliance Percentage          | 84%      | 84%      | 89%      | 75%      | 85%      | 93%      | 90%      | 96%      | 98%       | 98%      | 98%      | 98%      | 98%      |
| Average Days To Complete       | 70       | 63       | 55       | 60       | 59       | 53       | 57       | 47       | 41        | 41       | 41       | 38       | 39       |

1. Grand Total - All unduplicated applications in process this quarter
2. Complete - Total unduplicated applications completed this quarter
3. Total unduplicated applications completed during the quarter in 90 days
4. Total unduplicated applications completed during the quarter and over 90 days, but with excuse of a delayed enrollment
5. Using the above fields = (row 3 + row 4)/ row 2 Average to complete excluding excused applications

Note: Reapplications removed

# In-person vs. Virtual IVA

## 2021

| Month              | Phone        |               | In Home      |               | Total Count  |
|--------------------|--------------|---------------|--------------|---------------|--------------|
|                    | Count        | Percentage    | Count        | Percentage    |              |
| Jun                | 3765         | 67.84%        | 1785         | 32.16%        | 5550         |
| Jul                | 4107         | 77.87%        | 1167         | 22.13%        | 5274         |
| Aug                | 4371         | 74.62%        | 1487         | 25.38%        | 5858         |
| Sep                | 5228         | 76.69%        | 1589         | 23.31%        | 6817         |
| Oct                | 5325         | 75.80%        | 1700         | 24.20%        | 7025         |
| Nov                | 5298         | 76.41%        | 1636         | 23.59%        | 6934         |
| Dec                | 5091         | 76.34%        | 1578         | 23.66%        | 6669         |
| <b>Grand Total</b> | <b>33185</b> | <b>75.20%</b> | <b>10942</b> | <b>24.80%</b> | <b>44127</b> |

## 2022

| Month              | Phone        |               | In Home     |               | Total Count  |
|--------------------|--------------|---------------|-------------|---------------|--------------|
|                    | Count        | Percentage    | Count       | Percentage    |              |
| Jan                | 4939         | 77.65%        | 1422        | 22.35%        | 6361         |
| Feb                | 5454         | 78.18%        | 1522        | 21.82%        | 6976         |
| <b>Grand Total</b> | <b>10393</b> | <b>77.93%</b> | <b>2944</b> | <b>22.07%</b> | <b>13337</b> |

# Participant Plan Changes

| January 2022 Reason   | Count      |
|---|------------|
| Prefers another MCO's benefits                                | 547        |
| Would not give reason   | 67         |
| Family/Friend Recommendation                                  | 54         |
| Can't stay with current nonparticipating doctor for treatment | 23         |
| PCP Recommendation  | 14         |
| Dissatisfied with Medical MCO Services                        | 13         |
| Doctor left plan  | 12         |
| Prefers nonparticipating doctor or hospital                   | 11         |
| Language Problem  | 9          |
| Location of doctors inconvenient                              | 9          |
| Dissatisfied with MCO's services/marketing rep                | 8          |
| Dissatisfied with Doctor/PCP                                  | 7          |
| Someone other than those listed above recommendation          | 6          |
| MCO has denied/reduced my services                            | 5          |
| Dislikes using referrals                                      | 4          |
| Moved/Moving Out of Area                                      | 4          |
| Dissatisfied with dental program/provider                     | 3          |
| Dislikes Making Appointments                                  | 2          |
| Mail Plan Change - No reason given                            | 2          |
| Dissatisfied with range or length of services - too limited   | 2          |
| Receives bills for services                                   | 2          |
| Out of plan services wanted                                   | 2          |
| Dissatisfied with family planning services                    | 2          |
| Dissatisfied with vision program/provider                     | 1          |
| Dissatisfied with Drug/Alcohol or Mental Health Services      | 1          |
| Pharmacist recommendation                                     | 1          |
| Dissatisfied with pharmacy program/provider                   | 1          |
| Not Applicable - Not Disenrolling from Another Plan           | 1          |
| <b>Grand Total</b>  | <b>813</b> |

# Participant Plan Changes

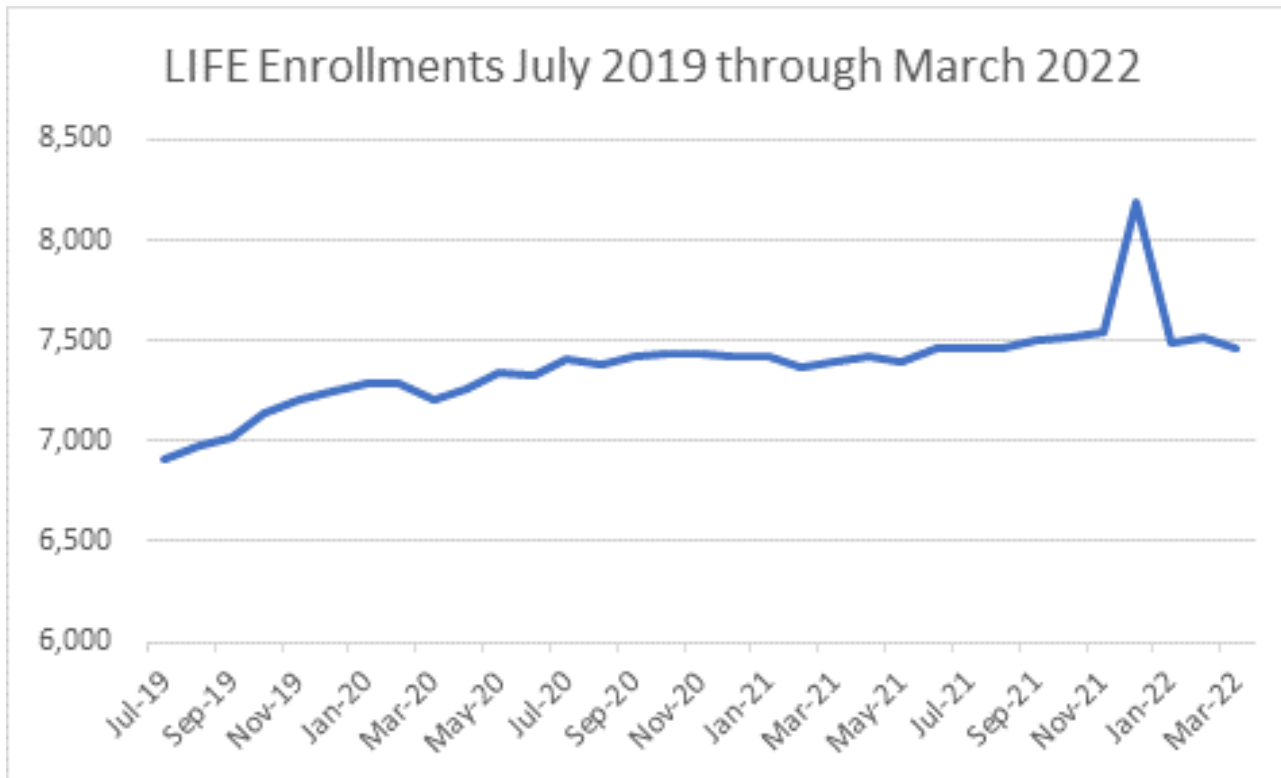
| February 2022 Reason  | Count      |
|---|------------|
| Prefers another MCO's benefits                                | 454        |
| Would not give reason   | 68         |
| Doctor left plan  | 29         |
| Family/Friend Recommendation                                  | 29         |
| Dissatisfied with Medical MCO Services                        | 16         |
| PCP Recommendation  | 12         |
| Someone other than those listed above recommendation          | 10         |
| Dissatisfied with MCO's services/marketing rep                | 10         |
| Prefers nonparticipating doctor or hospital                   | 8          |
| Language Problem  | 7          |
| Can't stay with current nonparticipating doctor for treatment | 6          |
| Dissatisfied with vision program/provider                     | 5          |
| MCO has denied/reduced my services                            | 5          |
| Dissatisfied with Doctor/PCP                                  | 4          |
| Dissatisfied with dental program/provider                     | 3          |
| Mail Plan Change - No reason given                            | 3          |
| Out of plan services wanted                                   | 3          |
| Moved/Moving Out of Area                                      | 2          |
| Dissatisfied with pharmacy program/provider                   | 2          |
| Dislikes Making Appointments                                  | 2          |
| Pharmacist recommendation                                     | 2          |
| Dissatisfied with range or length of services - too limited   | 2          |
| Receives bills for services                                   | 1          |
| Location of doctors inconvenient                              | 1          |
| <b>Grand Total</b>  | <b>684</b> |



# Participant Plan Changes

| March 2022 Reason   | Count      |
|---|------------|
| Prefers another MCO's benefits                                | 455        |
| Would not give reason   | 72         |
| Family/Friend Recommendation                                  | 35         |
| Doctor left plan  | 28         |
| Someone other than those listed above recommendation          | 23         |
| Can't stay with current nonparticipating doctor for treatment | 21         |
| Dissatisfied with Medical MCO Services                        | 15         |
| MCO has denied/reduced my services                            | 13         |
| Out of plan services wanted                                   | 12         |
| PCP Recommendation  | 9          |
| Prefers nonparticipating doctor or hospital                   | 5          |
| Dissatisfied with MCO's services/marketing rep                | 5          |
| Dissatisfied with dental program/provider                     | 5          |
| Dissatisfied with Doctor/PCP                                  | 4          |
| Language Problem  | 4          |
| Mail Plan Change - No reason given                            | 3          |
| Receives bills for services                                   | 2          |
| Dissatisfied with range or length of services - too limited   | 2          |
| Pharmacist recommendation                                     | 2          |
| Dissatisfied with Drug/Alcohol or Mental Health Services      | 1          |
| Dislikes Making Appointments                                  | 1          |
| Disabled/Handicapped-Doctor's office not easily accessible    | 1          |
| Dissatisfied with pharmacy program/provider                   | 1          |
| Location of doctors inconvenient                              | 1          |
| <b>Grand Total</b>  | <b>720</b> |

# LIFE Enrollments



- Over the past 12 months (March 2021 through March 2022) the LIFE program grew by 64 individuals. This growth rate of around 1% is less than the historical growth rate of the program.

# FED Appeals Data

# FED Appeals Data

|                               | Dec                           |                      | Jan                           |                      | Feb                           |                      | Mar                           | Grand Total | Description  |
|-------------------------------|-------------------------------|----------------------|-------------------------------|----------------------|-------------------------------|----------------------|-------------------------------|-------------|--|
| Status                        | MEDICAL DIRECTOR REVIEW - NFI | NFI - FED AND PC NFI | MEDICAL DIRECTOR REVIEW - NFI | NFI - FED AND PC NFI | MEDICAL DIRECTOR REVIEW - NFI | NFI - FED AND PC NFI | MEDICAL DIRECTOR REVIEW - NFI |             |  |
| APPEAL_WITHDRAWN              | 40                            | 2                    | 48                            |                      | 24                            | 1                    | 23                            | 138         | Following Pre Hearing Appellant Withdrew   |
| APPEAL_INITIATED              | 4                             |                      | 2                             |                      | 12                            |                      | 69                            | 87          | Appeal Received - Hearing Date has not yet been scheduled  |
| APPEAL_HEARING_SCHEDULED      | 11                            |                      | 28                            |                      | 32                            | 1                    | 14                            | 86          | Hearing Date Scheduled   |
| APPEAL_DISMISSED              | 6                             |                      | 13                            |                      | 3                             |                      |                               | 22          | ALJ Dismissed Appeal (example Appellant does cannot be reached)  |
| APPEAL_WAITING_JUDGE_DECISION | 3                             |                      | 2                             | 1                    | 1                             |                      |                               | 7           | Pending decision by the ALJ  |
| APPEAL_SETTLED                | 6                             |                      |                               |                      |                               |                      |                               | 6           | Hearing outcome was a stipulated settlement (example - new FED or Applicant to submit additional information to be considered) |
| APPEAL_STIPULATED_SETTLEMENT  | 1                             |                      | 1                             |                      |                               |                      |                               | 2           | Hearing outcome was a stipulated settlement (example - new FED or Applicant to submit additional information to be considered) |
| <b>Grand Total</b>            | <b>71</b>                     | <b>2</b>             | <b>94</b>                     | <b>1</b>             | <b>72</b>                     | <b>2</b>             | <b>106</b>                    | <b>348</b>  |  |

# COVID-19 & Vaccination

# ▶ CHC Plan Vaccination Update

| MCO  | Booster/3 <sup>rd</sup> shot | Fully vaccinated | Partially vaccinated |
|--|------------------------------|------------------|----------------------|
| AmeriHealth/Keystone (as of 3/2022)              |                              | 63.85%           | --                   |
| Pennsylvania Health and Wellness (As of 3/2022). | 24.5%                        | 24%              | 7.2%                 |
| UPMC (as of 3/2022)                              | 23.1%                        | 40.1%            | 3.4%                 |

# COVID-19 Updates

- PCH & ALR Census Data

|                     | Personal Care Homes |        |        | Assisted Living Facilities |        |        |
|---------------------|---------------------|--------|--------|----------------------------|--------|--------|
|                     | Jan-20              | Jan-21 | Jan-22 | Jan-20                     | Jan-21 | Jan-22 |
| Licensed Facilities | 1,142               | 1,133  | 1,113  | 56                         | 61     | 64     |
| Licensed Capacity   | 64,521              | 65,255 | 64,884 | 4,036                      | 4,486  | 5,096  |
| Census              | 43,916              | 41,938 | 39,721 | 2,805                      | 2,792  | 2,880  |

# COVID-19 Updates

## Facilities Closed

| Count of LicenseNum | Column Labels<br>2019 | 2020      | 2021      | 2022      | Grand Total |            |
|---------------------|-----------------------|-----------|-----------|-----------|-------------|------------|
| <b>Row Labels</b>   |                       |           |           |           |             |            |
| COLE or SOLE        |                       | 43        | 43        | 31        | 2           | 119        |
| Dept Action Closure |                       | 8         | 2         |           |             | 10         |
| Voluntary Closure   |                       | 24        | 29        | 45        | 3           | 101        |
| <b>Grand Total</b>  |                       | <b>75</b> | <b>74</b> | <b>76</b> | <b>5</b>    | <b>230</b> |

## SSI Residents Impacted

| Sum of SSI          | Column Labels<br>2019 | 2020       | 2021       | 2022       | Grand Total |             |
|---------------------|-----------------------|------------|------------|------------|-------------|-------------|
| <b>Row Labels</b>   |                       |            |            |            |             |             |
| COLE or SOLE        |                       | 163        | 109        | 148        | 0           | 420         |
| Dept Action Closure |                       | 42         | 3          |            |             | 45          |
| Voluntary Closure   |                       | 188        | 140        | 311        | 36          | 675         |
| <b>Grand Total</b>  |                       | <b>393</b> | <b>252</b> | <b>459</b> | <b>36</b>   | <b>1140</b> |



# Questions?

