

OLTL Updates LTSS Sub MAAC

February 14, 2023

Agenda

- OLTL Updates
- COVID19 Vaccination Rates
- IEB Enrollment Data
- LIFE Enrollments
- MA Unwinding
- Appendix K Waiver
- HCBS Settings Rule

OLTL Updates

OLTL Updates

Status Update on the following:

- CHC RFI Update
- IEB Procurement
- APS Proposed Regulations
- Electronic Visit Verification

COVID19 Vaccination Rates

CHC Plan Vaccination Rates

UPMC CHC Vaccination Rates - Jan 2023		Total	% of Total
Vx Type	CHC population (Jan 2023)	140,861	100%
COVID-19	Fully vaccinated (not boosted)	28,404	20%
	Partially vaccinated	5,708	4%
	Boosted before Sep 1, 2022, only	40,203	29%
	Boosted on or after Sep 1, 2022	20,779	15%
Influenza	Boosted on or after Sep 1, 2022	50,129	36%

UPMC CHC Vaccination Rates by Age Bracket - Jan 2023		Total	% of Total
	CHC population 65+ (Jan 2023)	74,952	
Pneumococcal (for 65+)	Fully vaccinated	36,934	49%
	Partially vaccinated	9,444	13%
	CHC population 50+ (Jan 2023)	116,613	
Shingles (for 50+)	Fully vaccinated	13,329	11%
	Partially vaccinated	6,939	6%
	Not up to date (only received discontinued zoster live vaccine)	4,582	4%

Assumptions

- Current annual vaccine season (for COVID-19, flu): Sep 1, 2022 – Aug 31, 2023
 - Shingles: If a member has only received the zoster live vaccine (discontinued), their zoster / shingles vaccination is not up to date. Receiving the appropriate dose(s) of the zoster recombinant vaccine will make them partially / fully vaccinated.
- Flu / pneumococcal / shingles: We use all available CVX codes to pull vaccinations from our sources, including CVX codes the CDC has marked as inactive / non-US. This is because we do see recent vaccinations with inactive CVX codes.

CHC Plan Vaccination Rates

AmeriHealth Caritas PA CHC/Keystone First CHC Vaccination Rates

Report Ran: January 18, 2023

INFLUENZA VACCINATION

Percent distribution by Program

	Not Vaccinated	Vaccinated	Total
HCBS Dual	42.54%	57.46%	100.00%
HCBS Non Dual	48.65%	51.35%	100.00%
NF Dual	66.85%	33.15%	100.00%
NF Non Dual	74.76%	25.24%	100.00%
NFI	33.80%	66.20%	100.00%
Grand Total	39.76%	60.24%	100.00%

SHINGLES VACCINATION

Percent distribution by Program

	Not Vaccinated	Vaccinated	Total
HCBS Dual	99.61%	0.39%	100.00%
HCBS Non Dual	99.24%	0.76%	100.00%
NF Dual	99.98%	0.02%	100.00%
NF Non Dual	100.00%	0.00%	100.00%
NFI	99.82%	0.18%	100.00%
Grand Total	99.71%	0.29%	100.00%

CHC Plan Vaccination Rates

AmeriHealth Caritas PA CHC/Keystone First CHC Vaccination Rates

Report Ran: January 18, 2023

COVID FULLY VACCINATED

Percent distribution by Program

	Not Vaccinated	Vaccinated	Total
		.	
HCBS Dual	17.36%	82.64%	100.00%
HCBS Non Dual	18.43%	81.57%	100.00%
NF Dual	13.39%	86.61%	100.00%
NF Non Dual	17.01%	82.99%	100.00%
NFI	21.17%	78.83%	100.00%
Grand Total	19.47%	80.53%	100.00%

COVID PARTIALLY VACCINATED

Percent distribution by Program

	Not Vaccinated	Vaccinated	Total
		.	
HCBS Dual	92.40%	7.60%	100.00%
HCBS Non Dual	91.73%	8.27%	100.00%
NF Dual	90.18%	9.82%	100.00%
NF Non Dual	86.01%	13.99%	100.00%
NFI	93.01%	6.99%	100.00%
Grand Total	92.51%	7.49%	100.00%

CHC Plan Vaccination Rates

AmeriHealth Caritas PA CHC/Keystone First CHC Vaccination Rates

Report Ran: January 18, 2023

COVID BOOSTER SHOT RECEIVED

Percent distribution by Program

	Not Vaccinated	Vaccinated	Total
HCBS Dual	43.76%	56.24%	100.00%
HCBS Non Dual	48.59%	51.41%	100.00%
NF Dual	43.33%	56.67%	100.00%
NF Non Dual	50.75%	49.25%	100.00%
NFI	50.29%	49.71%	100.00%
Grand Total	48.13%	51.87%	100.00%

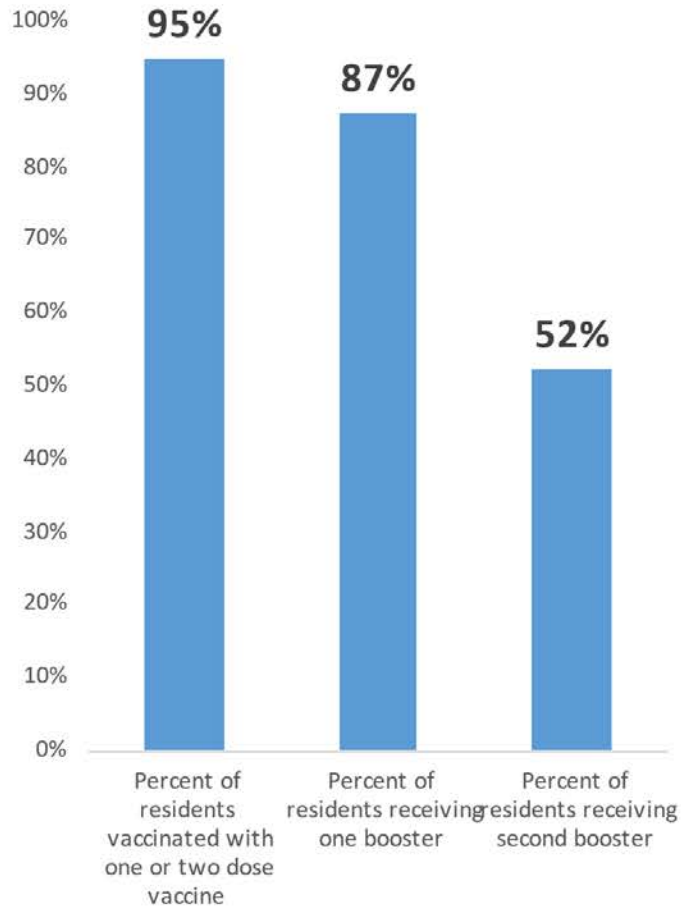
CHC Plan Vaccination Rates

- PA Health and Wellness
 - Covid-19 vaccination rate based on 88,984 LTSS members:
 - % of Total PTP's with 3 vaccine's = 31.2%
 - % of Total PTP's with 2 vaccine's = 17.9%
 - % of Total PTP's with 1 vaccine = 5.9%
 - % of Total PTP's Vaccinated = 55.8%
 - Preliminary Flu vaccination rate for LTSS elderly members (age 65+) is 13.14% for DOS 2022
 - % of LTSS members with 1 or more Shingles (Zoster) vaccine shots since 2020 = 8.95%

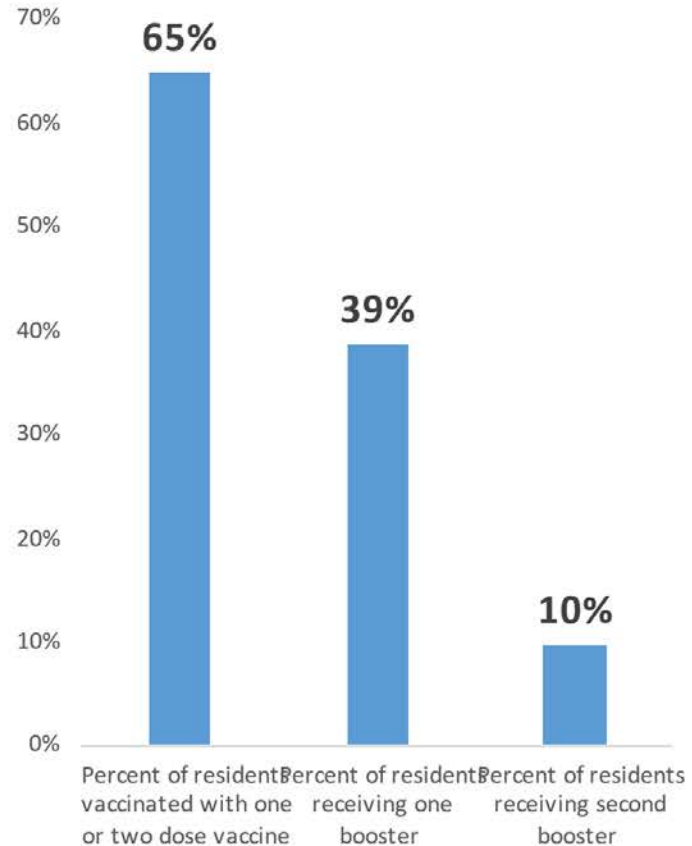
COVID19 Vaccination Rates for PCH and ALR Residents and Staff from September 2022 Survey

Vaccination Rates - 453 Responses

Vaccination Rate of Residents



Vaccination Rates of Staff



IEB Enrollment Data

IEB Enrollment Data – Average Days in Status

Status	5/31/2022	6/30/2022	7/29/2022	8/30/2022	9/30/2022	10/31/2022	11/30/2022	12/30/2022	1/31/2023	Description
READY_ASSESSMENT	12	14	14	12	10	11	10	10	10	IEB has received a referral from a third party, the IEB is outreaching to the Applicant/Representative to schedule Visit.
SCHEDULED	7	5	5	6	5	7	6	5	6	In Home Visit has been scheduled
ASSESSMENT_INPROCESS	3	1	1	4	1	4	3	1	1	In Home Visit completed and the IEB is reviewing completeness of intake documents required.
MA_PA_600_REVIEW	7	5	6	6	5	8	10	9	6	IEB is waiting for the PA 600 or the PA 600 received and IEB to enter in COMPASS
PC & FEDPending	8	7	5	6	5	7	9	7	6	PC sent to the identified Physician and FED Reques sent to Aging Well
PC Pending/FED Received	40	39	37	36	37	39	41	40	38	Completed FED received from Aging Well/ PC is pending
PC Received/FED Pending	9	8	5	8	6	8	11	9	7	Completed PC received/ FED pending with Aging Well
APP_REVIEW	2	0	0	1	0	1	0	0	1	Medical Director Review Pending
OLTL_READY	7	22	20	30	25	36	7	8	17	Program Eligibility under review by OLTL
READY_TRANSITION	61	61	63	64	62	69	68	60	59	Functionally eligible, Applicant is pending nursing facility discharge
APPROVED	16	14	13	14	13	15	16	14	13	Functionally Eligible, 1768 sent to CAO
1768_DENIAL	4	1	1	1	1	3	1	0	1	Functionally ineligible, HCBS Denial notice pending
FINANCIAL_APPROVAL	2	1	2	2	1	1	1	2	1	Financial Approval Received, enrollment in Process of being finalized
MMS_READY	4	1	3	0	0	0	1	1	0	Pending acceptance by OBRA or Act 150 Service Coordinator
FINANCIAL_DENIAL	1	0	0	6	0	0	0	0	0	Financial Denial Received, application in process of completion
Financial Approval Mismatch	0	0	0	0	0	5	13	7	5	Incorrect Waiver code in CIS, action needed by the CAO.

Current IEB Report – All Waivers

	2020QTR 1	2020QTR 2	2020QTR 3	2020 QTR4	2021QTR 1	2021QTR 2	2021QTR 3	2021QTR 4	2022QTR 1	2022QTR 2	2022QTR 3	2022QTR 4
Grand Total	33402	25890	26398	26213	25106	25118	29365	29082	31328	33482	31563	30012
Complete	21513	17820	16180	18098	16081	16153	18783	18953	20171	22372	22070	21399
Complete in 90 Days	18963	15441	14918	17428	15491	15569	17985	18233	19326	21776	21584	20705
Complete > 90 Days With Excuse	1126	536	648	408	379	300	403	345	329	316	318	347
Compliance Percentage	93%	90%	96%	99%	99%	98%	98%	98%	97%	99%	99%	98%
Average Days To Complete	52	57	45	41	40	40	37	39	40	34	35	33.93

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	2020QTR 1	2020QTR 2	2020QTR 3	2020 QRT4	2021QTR 1	2021QTR 2	2021QTR 3	2021QTR 4	2022QTR 1	2022QTR 2	2022QTR 3	2022QTR 4
Grand Total	20441	16309	16848	16775	16161	17383	20414	18991	21116	22098	21104	20123
Complete	12967	11172	10282	11658	10189	11069	13204	12349	13602	14699	14853	14393
Complete in 90 Days	11421	9700	9500	11233	9828	10696	12673	11909	13025	14333	14537	13969
Complete > 90 Days With Excuse	684	327	392	267	239	194	263	200	238	207	221	218
Compliance Percentage	93%	90%	96%	99%	99%	98%	98%	98%	98%	99%	99%	99%
Average Days To Complete	52	56	45	40	40	39	37	39	40	34	34	33.16

Under 60	2020QTR 1	2020QTR 2	2020QTR 3	2020 QRT4	2021QTR 1	2021QTR 2	2021QTR 3	2021QTR 4	2022QTR 1	2022QTR 2	2022QTR 3	2022QTR 4
Grand Total	12101	9580	9335	9438	8964	7735	8951	10092	10208	11384	10459	9889
Complete	7951	6648	5898	6439	5893	5084	5579	6604	6566	7673	7217	7006
Complete in 90 Days	7006	5741	5418	6195	5663	4873	5312	6324	6302	7443	7047	6736
Complete > 90 Days With Excuse	418	209	256	141	140	106	140	145	81	109	97	129
Compliance Percentage	93%	90%	96%	98%	98%	98%	98%	98%	97%	98%	99%	98%
Average Days To Complete	53	57	47	41	41	41	38	39	40	35	35	35.6

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

Q4 2022 Closure Reasons

Closed Reason	Count	Description of Closure
Enrolled	6383	Applicant enrolled in HCBS.
Failure to provide info-CAO	6492	CAO issued denial due to applicant not providing financial verification timely
Unable to Reach Client	1675	IEB unable to reach applicant from third party referral.
incomplete	2247	Closed at day 86 of application due to incomplete or missing information Example: MA 570 not returned
Clinically Ineligible	1883	HCBS Denial Notice issued - Applicant determined NFI as a result of the FED and PC or Medical Director Review
Not Interested in Services	918	Applicant is contact after referral is received and notifies the IEB that they are not interested in receiving HCBS services
Voluntary Withdrawal	507	Applicant contacts the IEB and requests to withdraw the application.
reApped	373	System corrected application and the status needs revised. The originl application start date is used.
Financially Ineligible	256	CAO issued denial notice due to the applicant being determined financially ineligible.
Already Receiving Services	119	Upon referral IEB identifies that applicant is already enrolled in HCBS and is receiving services.
Applicant Not Discharged	172	NHT applicant that does not discharge within 180 days of the application start date.
DECEASED	142	IEB is notified or identifies that the applicant is deceased before application is finalized.
Duplicate Application	100	Applicant has more than one open application. This is used for system correction when application is in an incorrect status.
Functionally Ineligible	56	Applicant is reviewed for OBRA or Act 150 and Denial notice issued due to Applicant not meeting Program Requirements.
Does not meet 5 year bar	13	CAO issued notice indicating the applicant does not meet the 5 year residency requirement to receive MA HCBS services.
MA Application Not Received	20	IVA was completed and the individual requested to submit the 600L at a later time and did not return within 30 days.
Insufficient Information	41	Referral received that does not include enough information to follow up with individual begin an application.
Expired Documents	2	Application closed due to application documents (FED/PC) over 12 months
Grand Total	21399	

In-person vs. Virtual IVA

2022

	Visit Type				
	Phone		In Home		Total Count
Month	Count	Percentage	Count	Percentage	
Jan	4939	77.65%	1422	22.35%	6361
Feb	5454	78.18%	1522	21.82%	6976
Mar	6472	76.20%	2021	23.80%	8493
Apr	5645	74.14%	1969	25.86%	7614
May	5603	73.92%	1977	26.08%	7580
Jun	5568	73.71%	1986	26.29%	7554
Jul	4669	64.85%	2531	35.15%	7200
Aug	5892	64.61%	3228	35.39%	9120
Sep	5395	67.10%	2645	32.90%	8040
Oct	5127	66.08%	2632	33.92%	7759
Nov	4883	65.46%	2577	34.54%	7460
Dec	4523	64.03%	2541	35.97%	7064
Grand Total	64170	70.35%	27051	29.65%	91221

2023

	Visit Type				
	Phone		In Home		Total Count
Month	Count	Percentage	Count	Percentage	
Jan	4177	57.74%	3057	42.26%	7234
Grand Total	4177	57.74%	3057	42.26%	7234

FED Appeals Data

FED Appeals Data

	Jan		Feb		Mar	Apr	May	Jun		Jul	Aug	Sep	Oct	Nov	Dec		Grand Total
Status	MEDICAL DIRECTOR REVIEW - NFI	NFI - FED AND PC NFI	MEDICAL DIRECTOR REVIEW - NFI	NFI - FED AND PC NFI	MEDICAL DIRECTOR REVIEW - NFI	MEDICAL DIRECTOR REVIEW - NFI	MEDICAL DIRECTOR REVIEW - NFI	MEDICAL DIRECTOR REVIEW - NFI	NFI - FED AND PC NFI	MEDICAL DIRECTOR REVIEW - NFI	MEDICAL DIRECTOR REVIEW - NFI	MEDICAL DIRECTOR REVIEW - NFI	MEDICAL DIRECTOR REVIEW - NFI	MEDICAL DIRECTOR REVIEW - NFI	MEDICAL DIRECTOR REVIEW - NFI	NFI - FED AND PC NFI	
APPEAL_HEARING_SCHEDULED	23		18	1	25	28	31	2		7	31	29	42	25	56		318
APPEAL_INITIATED	39	1	27		70	26	39	2		1	5	32	27	38	63	1	371
APPEAL_WITHDRAWN	24		22	1	25	17	21	46		49	25	11	6	13	38		298
APPEAL_DISMISSED	7		3					6	1	14	2	3	2		3		41
APPEAL_SETTLED								7		3	1				3		14
APPEAL_WAITING_JUDGE_DECISION							1	3		8	2						14
APPEAL_STIPULATED_SETTLEMENT								1		9	1						11
APPEAL_DENIED								4		4							8
APPEAL_SETTLEMENT_DENIED								1									1
APPEAL_APPROVED								1									1
Grand Total	93	1	70	2	120	71	92	73	1	95	67	75	77	76	163	1	1077

- **APPEAL_WITHDRAWN** - Following Pre-Hearing Appellant Withdrew
- **APPEAL_INITIATED** - Appeal Received - Hearing Date has not yet been scheduled
- **APPEAL_HEARING_SCHEDULED** - Hearing Date Scheduled
- **APPEAL_DISMISSED** - ALJ Dismissed Appeal (example Appellant cannot be reached)
- **APPEAL_WAITING_JUDGE_DECISION** - Pending decision by the ALJ
- **APPEAL_SETTLED** - Hearing outcome was a stipulated settlement (example - new FED or Applicant to submit additional information to be considered)
- **APPEAL_STIPULATED_SETTLEMENT** - Hearing outcome was a stipulated settlement (example - new FED or Applicant to submit additional information to be considered)
- **Appeal Settlement Denied** - Appeal Denied following outcome of the Stipulated Settlement
- **Appeal Approved** - ALJ found in favor of Appellant Applicant moved forward for Financial Eligibility Determination

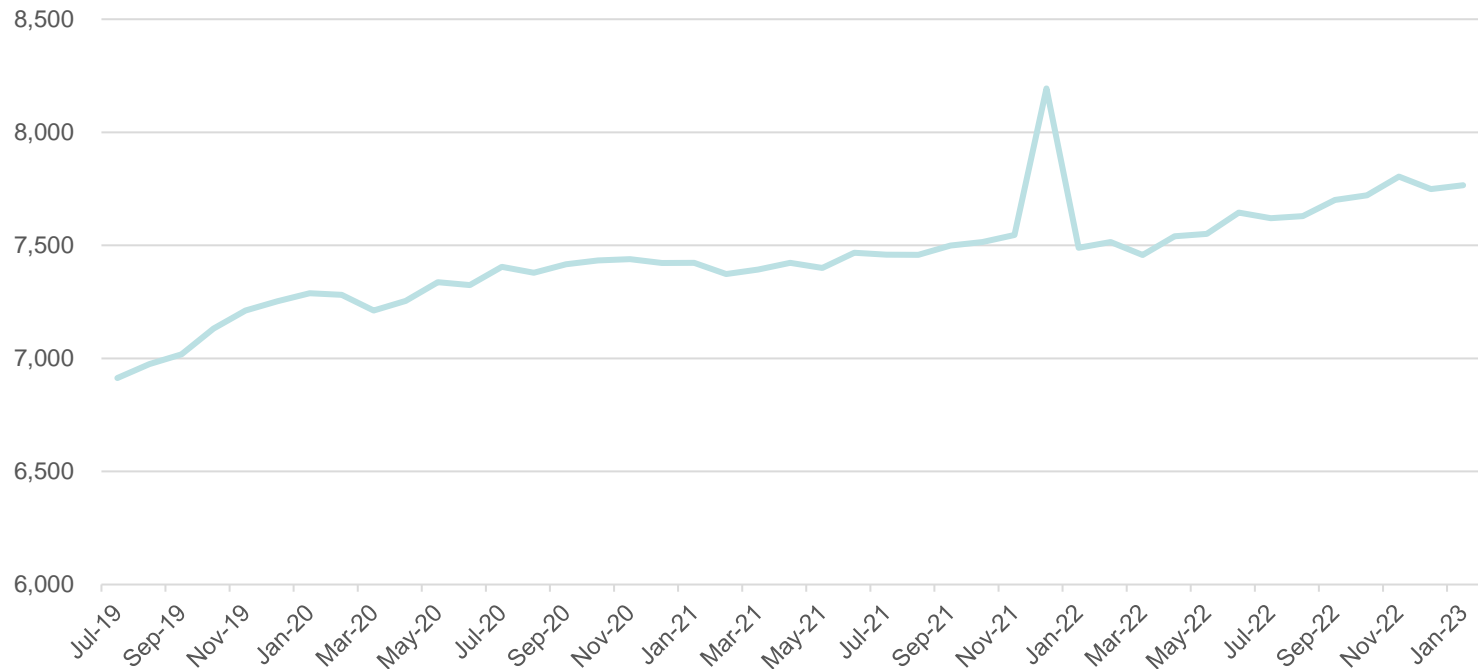
MCO Plan Change Reasons

Reason	Count
Prefers another MCO's benefits	445
Would not give reason	75
Family/Friend Recommendation	53
Doctor left plan	24
Dissatisfied with Medical MCO Services	21
MCO has denied/reduced my services	19
Prefers nonparticipating doctor or hospital	17
PCP Recommendation	16
Can't stay with current nonparticipating doctor for treatment	15
Out of plan services wanted	10
Dissatisfied with MCO's services/marketing rep	8
Moved/Moving Out of Area	6
Dissatisfied with Doctor/PCP	6
Language Problem	6
Dislikes Making Appointments	4
Dissatisfied with dental program/provider	4
Mail Plan Change - No reason given	4
Location of doctors inconvenient	4
Receives bills for services	3
Dislikes using referrals	3
Someone other than those listed above recommendation	3
Dissatisfied with range or length of services - too limited	3
Dissatisfied with hospital	2
Dissatisfied with vision program/provider	2
Pharmacist recommendation	1
Not Applicable - Not Disenrolling from Another Plan	1
Dissatisfied with pharmacy program/provider	1
Grand Total	756

LIFE Enrollments

LIFE Enrollments

LIFE Enrollments July 2019 through January 2023



- Since statewide LIFE IEB implementation, the overall LIFE Program census has increased by 366 individuals (from May 2021 through January 2023). During the 12 months prior to statewide implementation, the program grew by 86 individuals (May 2020 through April 2021). IEB referrals are directly attributable to a 5% increase in the LIFE census.

Medical Assistance (MA) Unwinding Update

Continuous MA Coverage Requirement

- Consolidated Appropriations Act of 2023 Signed into law on December 29, 2022, separating the continuous MA coverage requirement from the Public Health Emergency (PHE)
- Continuous MA coverage requirement ends March 31, 2023. MA Renewals processed April 1, 2023 and later can result in MA closure.

Returning to Normal Operations

- Affordable medical coverage options like Pennie for those found no longer eligible for MA
- 12-month MA unwinding period to complete renewals
- Update contact information with the PA Department of Human Services (DHS)
- DHS working to keep stakeholders informed
- Find current information at www.dhs.pa.gov/phe

Medical Assistance & CHIP Renewals Website

[Department of Human Services](#) > Medical Assistance & CHIP Renewals


Medical Assistance & CHIP Renewals

Changes effective April 1, 2023 due to the end of a federal pandemic policy


Due to federal COVID-19 relief efforts, Pennsylvania and other states were **able to continue Medical Assistance (MA) (also known Medicaid) and Children's Health Insurance Program (CHIP) coverage** for most people even if they no longer met eligibility requirements unless they:

- Moved out-of-state,
- Passed away, or
- Asked to end their Medical Assistance (MA).


The Consolidated Appropriations Act of 2023 set April 1, 2023 as the end of continuous coverage for MA and CHIP. After April 1, 2023, DHS will return to normal eligibility processes. This means that all MA and CHIP recipients must complete an annual renewal to see if they are still eligible for coverage. **MA and CHIP recipients should watch for their renewal and complete it as soon as they can to avoid a loss of coverage.**

DHS and our partners at [Pennie](#)  (Pennsylvania's official health and dental insurance marketplace) are working hard to make sure that Pennsylvanians can get coverage either through MA, the [Children's Health Insurance Program \(CHIP\)](#), or affordable coverage available through pennie.com.


Related Information

 [MA & CHIP](#)

[Renewal Home](#)

 [Become a Helper](#)

 [Stakeholder Toolkit](#)

 [Glossary](#)

 [FAQs](#)

 [Videos & Webinars](#)

 [MA & CHIP Recipient Communications](#)

**BECOME
A HELPER**

[Sign up to get trusted MA and CHIP renewal information via email.](#)

MA Renewal Process

- Letter sent 90 days prior to renewal due date letting individuals know DHS will review their benefits soon
- The month before the renewal is due, automated review process occurs to attempt to automatically renew individuals based on electronic data sources.
- MA recipients not automatically renewed through the automated process will receive renewal packets the month before their renewal takes place.

MA Renewal Process, continued

- MA recipients have 30 days to return this packet. Once their renewal packet and supporting documents are received, a caseworker will update the information in the case and run an eligibility determination.
- MA eligible individuals will be renewed for coverage.
- MA ineligible individuals will receive a notice alerting them that their MA budget will close.

MA Renewal Process, continued

- If individuals do not provide their renewal packet by the due date, their case will be closed for failure to provide necessary information and they will receive a notice alerting them that their case will close.
- DHS provides referrals to other sources of affordable medical coverage like CHIP and Pennie for MA ineligible individuals.

MA Renewal Process, continued

- Individuals whose MA budgets are closed can always reapply or appeal the decision.
- If the individual did not complete the renewal process, MA eligibility can be reconsidered without the need to submit a new application, within 90 days of the date MA benefits were closed.
- More Information about renewals on the Frequently Asked Questions (FAQ) page of www.dhs.pa.gov/phe

Office of Long-Term Living (OLTL) Work

- Staff attending DHS-wide and internal meetings
- Keeping OLTL stakeholders updated
- OLTL Fee-for-Service participant numbers as of December 4, 2022 [participants either maintained despite not meeting criteria since their last renewal, or despite failing to provide their renewal]:
 - OBRA- 51

Appendix K Updates

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 or sometimes we use the term flexibilities-- to the Community HealthChoices and OBRA 1915(c) waiver in response to the COVID-19 global pandemic. These flexibilities were also extended to the Act 150 Program where applicable.

OLTL is planning to resume normal waiver operations by May 11, 2023

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 May 11, 2023.
Personal Assistance Services -	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 May 11, 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.

HCBS Settings Rule

Provider Compliance

OLTL Monitoring & Panel Activities

- Adult Daily Living- 116 Sites were assessed
 - 34 service locations were compliant
 - 21 service locations received an approved CAP
 - 6 service locations submitted for heightened scrutiny
 - * 55 disenrolled
- Residential Habilitation- 158 Sites were assessed
 - 45 service locations were compliant
 - 109 service locations received an approved CAP
 - 3 service locations submitted for heightened Scrutiny
 - * 1 disenrolled

*NOTE: Numbers can fluctuate due to enrollment and disenrollment activities.

Provider Compliance Cont'd

- Structured Day Habilitation-44 sites
 - 5 compliant
 - 32 received an approved CAP
 - 1 submitted for Heightened Scrutiny
 - * 6 disenrolled
- Employment Skill Development-52 sites were assessed
 - 2 service locations were compliant
 - 44 service locations received an approved CAP
 - * 6 disenrolled
- Other Provider Owned and Controlled- 17 sites were assessed
 - 17 service locations received an approved CAP

*NOTE: Numbers can fluctuate due to enrollment and disenrollment activities.

Heightened Scrutiny

Heightened Scrutiny

CMS requires states to identify any locations where waiver services are provided that meet one or more of the following criteria:

- Settings that are located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment;
- Settings that are in a building located on the grounds of, or immediately adjacent to, a public institution; and/or
- Any other settings that have the effect of isolating individuals receiving waiver services from the broader community of individuals not receiving Medicaid Home and Community-Based Services.

Heightened Scrutiny

- The Department released information about each location on November 19, 2022, for a 30-day public comment period.
- The Department received written comments specific to locations that render services through the Office of Long-Term Living from 5 organizations.
- A summary of comments received, and Department responses are available on the [DHS STP webpage](#)
- Summary of most common comments received:
 - Participant interviews
 - Identification of settings which house up to three individuals with disabilities and have an ownership or other financial arrangement with a home care provider to provide Personal Assistance Services (PAS) to these individuals.

Centers for Medicare and Medicaid Review

CMS will complete a Heightened Scrutiny review of the information submitted by the Department. Through the following Heightened Scrutiny review process, CMS will determine whether each location has the qualities of a home and community-based setting:

- CMS will compile a random sample of locations to review.
- CMS will review all information presented by the Department and other parties for each location selected for the review sample.
- CMS will either approve the Department's assertion that the location meets the Home and Community-Based Services Rule requirements or provide feedback to the Department on missing information, questions for clarity, or reason(s) why CMS cannot agree that a location is able to overcome the presumption that it is an institution.
- CMS may request to review additional locations or suggest changes to the Department's heightened scrutiny review process if the sample review highlights concerns. If warranted, CMS may conduct an onsite review as well.
- CMS will make final heightened scrutiny review determinations of each location in the sample available on the CMS HCBS [website](#).

Provider Timeline for Compliance

- February
 - 1) Submission of heightened scrutiny sites to CMS
 - 2) OLTL anticipates that CMS will notify OLTL and affected providers of their final decisions on Heightened Scrutiny
- February-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

Questions?

