



# Community HealthChoices (CHC) Waiver Amendment

**Long-Term Services and Supports Subcommittee Meeting  
August 10, 2021**

# CHC 1915(c) WAIVER AMENDMENT

**Amendment will be effective January 1, 2022.**

## **Purpose of the Amendment:**

- Transition oversight of Financial Management Services from the Office of Long-Term Living (OLTL) to an administrative function of the CHC Managed Care Organizations (MCO).
- Revise service definitions, service limitations and/or provider qualifications for the following CHC waiver services:
  - Adult Daily Living, Personal Assistance Services, Personal Emergency Response System (PERS), Specialized Medical Equipment and Supplies, and Vehicle Modifications.
- Revise waiver performance measures.

# PUBLIC NOTICE AND COMMENT PERIOD

- A Public Notice will be published in the *Pennsylvania Bulletin* on August 21, 2021.
- A 30-day public comment period for written comments is open from August 21, 2021, until September 19, 2021.
- Proposed changes can be viewed by going to the [OLTL Waiver Amendments and Renewals \(pa.gov\)](#) then clicking on the 2022 Community HealthChoices (CHC) Waiver Amendment link in the Additional Resources box.

# PUBLIC NOTICE AND COMMENT PERIOD

- Stakeholders may provide comments regarding any section of the waiver; however, due to the tight timeframes between the end of the comment period and the October 1 submission deadline to CMS, OLTL will only consider comments specific to the proposed changes.
  - Any other comments will be considered for future waiver amendments.
- Comments from today's presentation will be noted; however, to ensure your comments are fully captured, please send to the Department's resource account: [RA-waiverstandard@pa.gov](mailto:RA-waiverstandard@pa.gov)
  - Use "CHC 2022 Waiver Amendment" in the subject line and the CHC Waiver Comment Form found on the amendment web page.

# FINANCIAL MANAGEMENT SERVICES

- Financial Management Services (FMS) are currently provided by a vendor contracted by OLTL.
- Beginning January 1, 2022, FMS will transition to an administrative function of the CHC-MCOs.
  - The CHC-MCOs have contracted with Tempus Unlimited, Inc. to provide FMS services.
  - OLTL notified stakeholders this change on July 2, 2021, through the ListServs.
- Changes have been made to Appendices A, C, D, E and H of the 1915(c) waiver to reflect the transition of FMS.

# SERVICE DEFINITIONS

- **Adult Daily Living**
  - Removed language about payment rates for Enhanced services because rates are negotiated between the MCOs and contracted providers. OLTL does not specify Adult Daily Living rates.
- **Participant-Directed Community Supports and Personal Assistance Services (PAS)**
  - Clarify that all services under these two service definitions are subject to the following requirements, not just homemaker tasks:
    - **PAS services [Participant-Directed Community Supports] ~~Homemaker tasks~~** are provided only for the participant and not for other household members, and only when neither the participant nor anyone else in the household, relative or informal caregiver is available, willing and able to perform such activities for the participant and where no community/volunteer agency or third-party payer is capable or responsible for their provision.

# SERVICE DEFINITIONS

- **Participant-Directed Community Supports and Personal Assistance Services (PAS) (continued)**
  - Clarify that live-in support workers cannot be compensated for supervision of a participant:
    - PAS [Individual Support Workers] workers who live in the same residence as the participant cannot be compensated for **providing supervision to the participant, or for** carrying out household chores such as shopping, laundry and cleaning unless the activity is being completed solely to benefit the participant.
- **Personal Assistance Services (PAS)**
  - Clarify what overnight PAS entails and when it's appropriate:
    - Overnight PAS provides intermittent or ongoing awake, overnight assistance to a participant in their home for up to eight hours. **This assistance includes the following: physical assistance or supervision with toileting, transferring, turning, intake of liquids, mobility issues, and prompting to take medication. The participant's PCSP must document an assessed need for this service beyond what can be provided through Personal Emergency Response System (PERS) or TeleCare services.** Overnight PAS requires awake staff.

# SERVICE DEFINITIONS

- **Personal Emergency Response System (PERS)**
  - Added requirement to the provider qualifications section to clarify providers of PERS must have the capacity to provide 24-hour coverage by trained professionals, 365 days per year.
- **Specialized Medical Equipment and Supplies**
  - Made permanent the Appendix K flexibility enabling participants to obtain PPE such as gloves, gowns and masks through Specialized Medical Equipment and Supplies.
  - A physician's prescription is not required to add PPE to a service plan.
  - This does not supplant the Occupational Safety and Health Administration (OSHA) requirements under 29 C.F.R. § 1910.132 for agencies to provide PPE to their workers.



# SERVICE DEFINITIONS

- **Vehicle Modifications**

- Clarify who may own a vehicle to be modified:

- The vehicle that is modified may be owned by the participant, a family member **who provides primary support**, or a non-relative who provides primary support to the participant and is not a paid provider agency of services.
  - For family member, removed “with whom the participant lives” and added “who provides primary support.”

- Simplified language about the 5-year vehicle age and increased the cost threshold for vehicle modifications:

- The vehicle **cannot exceed 5 calendar** years old and **must** have less than 50,000 miles for vehicle modification requests over **\$5,000**.

# PERFORMANCE MEASURES

- **Administrative Authority (AA) - 5**
  - Clarify the CHC-MCOs will report to OLTL on the contractual obligations met by the Fiscal Employer Agent.
  - If the contractual obligations are not met, OLTL will require the CHC-MCOs to develop a corrective action plan.
- **Qualified Providers (QP) – 6**
  - New performance measure to ensure providers receive training on an annual basis.
- **Health & Welfare (HW) – 4**
  - Clarify the measure includes both newly eligible and existing waiver participants and tracks if they were informed of the reporting process for abuse, neglect and exploitation at initial and annual reviews.

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Comments/Questions?