Pennsylvania Spending Plan Update: August 2021 Revision

Section 9817 of the American Rescue Plan Act of 2021

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Letter from the Pennsylvania State Medicaid Director

Dear Centers for Medicare & Medicaid Services:

Attached is a revised update to Pennsylvania's home and community-based services (HCBS) spending plan and narrative that outlines the Commonwealth of Pennsylvania's use of funding available under Section 9817 of the American Rescue Plan Act (ARP) of 2021. This update was completed in response to Centers for Medicare and Medicaid Services' (CMS') letter, dated July 23, 2021, granting partial approval of Pennsylvania's initial spending plan and spending narrative and subsequent October 13, 2021 virtual meeting and correspondence with CMS. CMS requested additional information on the certain activities before determining whether any of the activities or uses of funds included in the initial spending plan and narrative are approvable under Section 9817 of ARP. The enclosed update provides more detailed information regarding the proposed activities Pennsylvania intends to implement or supplement the implementation of to enhance, expand, or strengthen HCBS under the Medicaid program. Please see the "Summary" section of the update for a high-level overview of changes.

Pennsylvania reaffirms, as part of this update, that we are:

- Using the federal funds attributable to the increased federal medical assistance percentage (FMAP) to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- Using the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program;
- Not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- Preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
- Maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021.

Please contact Tanoa Fagan at tanfagan@pa.gov with additional questions.

Sincerely,

Sally Kozak

State Medicaid Director

Summary

On June 14, 2021, the Department of Human Services (DHS) submitted our initial home and community-based services (HCBS) spending plan and narrative that summarized our use of funding available under Section 9817 of the American Rescue Plan Act of 2021.

Following submission of the initial HCBS spending plan and narrative, DHS engaged in a public comment period which concluded on July 6, 2021. DHS also held a virtual comment session on June 30,2021 to allow individuals unable to submit comments via email to provide their feedback. This session was attended by over 200 individuals. DHS received 160 written comments from participants in HCBS programs, residents in long-term care facilities, HCBS providers, family members and other caregivers, the aging and disability network, health plans, and the direct support workforce.

The most common theme throughout the comments received was the critical need to increase rates for Office of Developmental Programs (ODP) providers and in the Community HealthChoices (CHC) and Omnibus Budget Reconciliation Act (OBRA) waivers to increase employee wages for direct care workers providing personal assistance services (PAS). HCBS providers, workforce, and recipients acknowledged the need to increase wages to address staffing shortages and help retain workers.

After considering the stakeholder feedback received and the recently passed state budget for state fiscal year (SFY) 2021-2022, DHS removed the following proposed activities:

- Increase rates for the Living Independence for the Elderly (LIFE) program. This activity was removed because a rate increase was provided for in the state budget for state fiscal year 2021-22.
- Establish residential pediatric recovery centers that treat infants born substance-exposed and provide supports to their caregiver.
- Support the reopening and administration of virtual drop-in centers used to provide a non-clinical support setting for persons in mental health and substance use disorder recovery.
- Fund the administration and delivery of mental health counseling and support groups for frontline pandemic workers.
- Employ additional student assistance program liaisons to assist in identifying key behavioral health issues in school-aged children.
- Expand the workforce with student loan forgiveness programs to recruit a diversified workforce into employment in mental/behavioral health and substance use disorder fields of work.

DHS added the following proposed activities:

- Fund start-up costs for a singular resource and referral tool that allows for screening of social needs and connection to local community-based organizations to address these needs.
- Fund consultant services to support implementation and monitoring of the HCBS spending plan.
- Fund consultant services to support the work of the Pennsylvania Behavioral Health Task Force to ensure individuals have the appropriate supports to remain in the community or decrease the length of facility stays.

This update provides additional information regarding the remaining activities Pennsylvania intends to implement or supplement the implementation of to enhance, expand, or strengthen HCBS under the Medicaid program.

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To aid in your review, below is a short summary of those areas which CMS requested additional information for within the partial approval letter or via email on October 13 and November 11, 2021:

1. **Please confirm that private duty nursing services are only provided in a person's community-based home. There are several activities that include private duty nursing services within DHS's spending plan. The confirmation can be placed in the summary section to include all activities that include private duty nursing services or after each discrete activity.**

   All activities within this plan related to private duty nursing are related to private duty nursing services provided in the individual's home.

2. **Whether the activities described under "Mental Health and Substance Use Disorder Services" are: focused on services other than those listed in Appendix B of the SMDL or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit); or targeted to individuals who are not receiving any of the services listed in Appendix B or services that could be listed in Appendix B. If any activities are not directly related to the services listed in Appendix B or services that could be listed in Appendix B, please explain how those activities expand, enhance, or strengthen HCBS under Medicaid**.

   The use of telehealth technology has been widely utilized by providers who are either directly providing HCBS or who are providing non-HCBS clinical services to individuals who are also receiving HCBS services. The proposed activity expands the capacity to provide these services.

   Peer support services are included in Pennsylvania's state plan under Rehabilitative Services. Offering scholarships for Peer Specialist Certification training enhances and strengthens HCBS as this service reduces mental disability and restores beneficiaries to their best functional level supporting participation in HCBS.

   Providing funds to 16 counties/joinders to administer Assisted Outpatient Treatment (AOT) and a symposium for judges and judicial staff to effectively implement supports the functioning of individuals who may be concurrently enrolled in HCBS or who may be eligible for these services in the future.

3. **Please confirm that the HCBS providers and the behavioral health providers are delivering services that are listed in Appendix B of the SMDL, or that could be listed in Appendix B. If any activities are not directly related to the services listed in Appendix B or services that could be listed in Appendix B, please explain how those activities expand, enhance, or strengthen HCBS under Medicaid**.

   The provision of training to clinicians in the mental health field to become certified in at least one evidence-based modality designed to treat trauma will enhance HCBS under Medicaid. Pennsylvania lacks clinicians with specialized training in evidence-based trauma-treatment modalities. The need for growing the Commonwealth's workforce capacity to recognize and treat trauma has been a consistent need identified by the Mental Health Planning Council and the Governor's Trauma-Informed PA plan. Individuals receiving HCBS with a history of trauma will benefit from this activity through improved patient engagement, treatment adherence, and health outcomes. Similarly, individuals receiving non-HCBS services who also have a history of trauma will benefit from this activity as well, as health outcomes may enable them to transition from higher levels of care into HCBS.

4. **Please indicate whether or not your state plans to pay for on-going internet connectivity costs as part of any activity to enhance, expand, or strengthen HCBS. Ongoing internet connectivity costs are permissible uses of funds to enhance, expand, or strengthen HCBS under section 9817 of the ARP. However, states must demonstrate how ongoing internet connectivity costs would enhance, expand, or strengthen HCBS. Further, approval of ongoing internet connectivity costs in ARP section 9817 spending plans and narratives does not authorize such activities for FFP.**

   Pennsylvania does not have plans to pay for on-going internet connectivity costs as part of this HCBS initiative.

5. **Please confirm that the new activity to fund start-up costs for a singular resource and referral tool that allows for screening of social needs and connection to local community-based organizations to address these needs and the activity to issue one-time grants to HCBS providers that have innovative ideas that will address social determinants of health, like housing, to improve and enhance services for CHC and OBRA participants do not include funding for room and board, which CMS would not find to be a permissible use of ARP funding.**

   The start-up costs related to the singular resource and referral tool do not include funding for room and board.

6. **How the activity to "expand the workforce with student loan forgiveness programs to recruit a diversified workforce into employment in mental/behavioral health and substance use disorder fields of work" will expand, enhance, or strengthen HCBS. Please provide specific information on the types of workers that will be targeted and how the state will ensure that this activity will target workers that deliver the services that are listed in Appendix B or could be listed in Appendix B**.

   This activity has been removed in the current plan.

7. **Whether the providers targeted by the "Introduce the use of electronic health records by state hospitals and HCBS facilities and ensure they are interoperable with the Health Information Exchange" activity are institutional providers, HCBS providers, or both. If institutional providers will be targeted, explain how this activity expands, enhances, or strengthens HCBS under Medicaid**.

   An Electronic Health Record (EHR) increases access to less restrictive treatment options and community settings. Treating individuals in state psychiatric facilities and enabling them to live in their community requires coordination between the facilities and HCBS providers. The absence of an EHR results in:

   - Delays in discharges from the state facilities to less restrictive settings in the community. Individual medical records must be shared with providers to convey behavioral health needs of an individual when making a referral so that the provider can determine if they can appropriately meet the patient's needs. As consumer needs change, currently paper records are gathered to understand their historic medical interventions.
   - Individuals discharged from our state facilities are complex with lengthy medical histories and a need for proactive, comprehensive HCBS planning. The number of HCBS providers with the expertise to provide this population with an appropriate rehabilitative service is finite. The more time spent on gathering consumer information in paper format, risks the ability for a HCBS provider to add our transitioning member to their caseload.

8. **Explain how the state will maintain HCBS provider payments at a rate no less than those in place as of April 1, 2021 under the "refresh data for Office of Developmental Programs" activity.**

Should refreshing the data result in a need to adjust rates, the Commonwealth will ensure that reimbursement rates remain at levels no less than the April 1, 2021 provider rates as required in the HCBS spending plan."

9. **Please confirm that the HCBS providers and the behavioral health providers (yellow highlights below) are delivering services that are listed in Appendix B of the SMDL, or that could be listed in Appendix B. If any activities are not directly related to the services listed in Appendix B or services that could be listed in Appendix B, please explain how those activities expand, enhance, or strengthen HCBS under Medicaid.**

    a. **One-time payments will be made available to recruit and retain direct care workers and other HCBS providers funded by the Office of Long-Term Living (OLTL). Due to COVID-19, it has been a challenge for HCBS providers to retain direct care workers to continue to serve vulnerable populations. The recruitment and retention efforts which include sign-on bonuses for new workers, retention payments for existing workers, leave benefits, subsidizing health insurance premiums for those buying off the exchange, and incentives for vaccination.**
    b. **One-time funding will be made available for COVID-19 related staffing expenses, recruitment and retention of Office of Developmental Programs (ODP)-funded direct support professionals or supports coordinators to include funding for hazard pay, costs of recruitment efforts, sign-on bonuses, retention bonuses, other incentive payment. This funding will support providers unable to re-open service locations or services lines due to staff vacancies and providers unable to accept new participants into service due to staff vacancies.**
    c. **One-time funding will be made available to behavioral health providers to offer incentives to recruit and retain staff to both fill and prevent new vacancies and enable providers to re-open service locations or services lines that were closed due to staff vacancies. One-time incentive funding to fill staffing shortages will enable providers to accept new participants into HCBS.**
    d. **Increase rates for Infant/Toddler Early Intervention (EI) providers. Section 9817 affords Office of Child Development and Early Learning (OCDEL) the opportunity to address rate increases. Counties operate the Infant/Toddler EI program on behalf of OCDEL, through contracted EI service providers.**
    e. **Increase behavioral health provider rates to support state standards for the facilitation of staff training, education and recruitment based on American Society of Addiction Medicine (ASAM) criteria. By increasing provider rates, DHS can address community-based provider needs related to increased staffing, required certifications, and increased hours which strengthens and expands HCBS. The implementation of ASAM criteria coincides with an increase in demand for treatment that has been fueled by COVID-19.**
    f. **Reimburse EI providers for training costs and supplies, like Personal Protective Equipment (PPE), to support safely re-engaging in-person visits.**
    g. **Issue one-time grants to HCBS providers that have innovative ideas that will address social determinants of health, like housing, to improve and enhance services for CHC and OBRA participants.**

All service providers referenced above in yellow highlight are delivering services listed in Appendix B or that could be listed in Appendix B.

a. The direct care workers and other HCBS providers, referenced in a and g above, provide personal care services, self-directed personal care services and long-term services and supports authorized under Section 1915(c);
b. ODP-funded direct support professionals or supports coordinators, referenced in b, provide long-term services and supports authorized under Section 1915(c);
c. Behavioral health providers, referenced in c and e, offer rehabilitative services; and

d. EI providers, referenced in d and f, offer school based services.

We appreciate the clarification provided on October 13, 2021 regarding partial approval of the plan issued by CMS on July 23, 2021 and are seeking confirmation that DHS is free to begin implementation of all approved activities that do not have outstanding questions or clarifications.

Spending Plan Narrative

Increased Access to HCBS

- Fund a medical home program to focus on the comprehensive coordination of care for children with complex medical conditions. The American Academy of Pediatrics has a medical home program designed to increase the coordination of care for children living with medical complexities. The program focuses on comprehensive coordination of care for healthcare services and other services such as early intervention, education, and social determinants of health. Case management is an essential part of the medical home program and to implement new American Academy of Pediatrics medical homes, one-time start-up grants will be used to help hire new case management employees who will be responsible for coordinating the care of children with medical complexities. Children enrolled into a medical home tend to have better healthcare outcomes and can remain at home with their families.
- Provide one-time financial support to adult daily living providers to make physical, operational, or other changes to ensure services are delivered safely during the reopening of day centers. Many adult daily living service providers, who play an important role in the continuum of long-term services and supports (LTSS), have been closed for most of the public health emergency. Examples of ways the funding could be used include staff recruitment and retention and the development of alternative program models that encourage greater independence through technology.
- Strengthen county infrastructure by providing funding to expand county staffing to accommodate the growth in the intellectual disabilities home and community-based waiver programs. This funding enhances the ability to manage the significant growth of ODP's community program effectively and efficiently and manage new oversight and risk management functions.
- Fund start-up costs for a singular resource and referral tool that allows for screening of social needs and connection to local community-based organizations to address these needs. DHS will work with Pennsylvania-Certified Health Information Organizations (HIOs) to onboard a singular resource and referral tool to improve health outcomes of HCBS participants and other Pennsylvanians. COVID-19 has had a disproportionate impact on individuals who are low-income and often reside in areas with high levels of deprivation and vulnerability, the same individuals who would be predominantly served by such a tool. The social determinants of health, such as food and housing security, have existed at historic rates because of COVID-19. HIOs will onboard the resource and referral tool into their health information exchange infrastructure.
- Expand ODP's existing training contracts to include the following: peer-to-peer training for individuals and families on topics related to re-engaging in community, addressing trauma and wellness; promoting self-directed services and use of technology/remote services; develop marketing materials to promote lifesharing and supported living models. This initiative builds capacity for trauma informed approaches; expanding available training and materials for self-directed models of service and promoting lifesharing and supported living models which are less costly and have higher satisfaction than other service models.

HCBS Provider Payment Rate and Benefit Enhancements

- Enhance quality of care by funding a training nurse's ability to shadow the current nurse assigned to private duty nursing cases. Currently, home health agencies cannot bill for the second nurse while that nurse is training, so pay must be derived from the agency's administrative margin. By making directed payments to the managed care organizations to pay these nurses while they train, DHS will improve the quality of training and prepare nurses to more competently and confidently staff cases, thus improving retention and quality of care.
- Support provider workforce expansion with funding to issue sign-on and retention bonuses for nurses, direct care workers, and other HCBS providers:

- One-time payments will be made available to recruit and retain direct care workers and other HCBS providers funded by the Office of Long-Term Living (OLTL). Due to COVID-19, it has been a challenge for HCBS providers to retain direct care workers to continue to serve vulnerable populations. The recruitment and retention efforts which include sign-on bonuses for new workers, retention payments for existing workers, leave benefits, subsidizing health insurance premiums for those buying off the exchange, and incentives for vaccination.
- One-time funding will be made available for COVID-19 related staffing expenses, recruitment and retention of ODP-funded direct support professionals or supports coordinators to include funding for hazard pay, costs of recruitment efforts, sign-on bonuses, retention bonuses, other incentive payment. This funding will support providers unable to re-open service locations or services lines due to staff vacancies and providers unable to accept new participants into service due to staff vacancies.
- One-time funding will be made available to behavioral health providers to offer incentives to recruit and retain staff to both fill and prevent new vacancies and enable providers to re-open service locations or services lines that were closed due to staff vacancies. One-time incentive funding to fill staffing shortages will enable providers to accept new participants into HCBS.
- Directed payments to managed care organizations to be passed on to home health agencies for use as retention bonuses for nurses who remain with a home health agency providing private duty nursing for a year, or who continue to staff a case in the top 10% of missed shift rates for a quarter. This initiative expands workforce available to provide skilled nursing services in home settings by attracting and retaining qualified nurses.

- Incentivize the use of value-based purchasing initiatives that reduce missed shifts to strengthen nursing services. By making directed payments to managed care organizations that achieve a reduction in missed shifts, as measured by quarterly reporting, DHS will enhance and strengthen current private duty nursing services for children who have difficult-to-staff cases and to ensure that they receive skilled nursing coverage for all hours for which they are authorized.
- Increase rates for Infant/Toddler Early Intervention (EI) providers. Section 9817 affords Office of Child Development and Early Learning (OCDEL) the opportunity to address rate increases. Counties operate the Infant/Toddler EI program on behalf of OCDEL, through contracted EI service providers.
- Increase PAS payment rates in the CHC and OBRA waivers. By enhancing payment rates in the CHC and OBRA waivers, PAS providers can increase employee wages for direct care workers in both agency and participant-directed models of PAS available in these waivers. The increased wages can assure the PAS providers are recruiting and retaining staff to provide services to the growing HCBS population. Providing increased wages for PAS enhances and strengthens the HCBS system by avoiding issues such as missed shifts due to the unavailability of workers.
- Refresh data for ODP services and adjust rates if necessary. ODP is required under state regulation to refresh the data used for rate setting a minimum of every three years; required no later than October 2022. Refreshing the data earlier than planned gives DHS the ability to address a rate increase, if justified, in response to provider's changing needs as part of the HCBS spending plan. ODP will receive updated rate information for each HCBS service from DHS's actuarial consultant developed using recently released data from the Bureau of Labor Statistics (BLS), trended to the implementation period. Should refreshing the data result in a need to adjust rates, the Commonwealth will ensure that reimbursement rates remain at levels no less than the April 1, 2021 provider rates as required in the HCBS spending plan.
- Purchase consultation for the development and implementation of selective contracting and alternative payment methods. Funds will purchase time limited consultation to support DHS's development and

implementation of selective contracting and alternative payment methods for selected ODP HCBS services to improve quality by aligning payment with satisfying performance targets and outcomes.

- Increase behavioral health provider rates to support state standards for the facilitation of staff training, education and recruitment based on American Society of Addiction Medicine (ASAM) criteria. By increasing provider rates, DHS can address community-based provider needs related to increased staffing, required certifications, and increased hours which strengthens and expands HCBS. The implementation of ASAM criteria coincides with an increase in demand for treatment that has been fueled by COVID-19.

Supplies and Equipment

- Reimburse EI providers for training costs and supplies, like Personal Protective Equipment (PPE), to support safely re-engaging in-person visits.
- Fund the purchase of PPE and testing supplies for CHC and OBRA waiver HCBS providers that were not covered through other funding sources.
- Strengthen emergency preparedness of ODP's non-residential HCBS residents through provision of emergency preparedness kits. The kits promote safety and self-sufficiency during disasters.

Work Force Support

- Create an online education and training portal for shift care nursing to strengthen supports to nursing professionals. The development of a training/education portal will provide increased support for home health agencies, caregivers, and managed care organizations with building relationships and expanding their knowledge. The portal will provide trainings that focus on preparing both nurses and families for the private duty nursing transition and what to expect from the private duty nursing experience in one's home.
- Enhance shift nursing services through co-training hubs for families and nurses to train together on complex cases. By offering one-time start-up grants to develop and staff five co-training hub locations (one in each of the HealthChoices zones across the commonwealth), we enhance private duty shift nursing services by improving quality of care and strengthening relationships between nurses and family caregivers and improving staffing rates for difficult-to-staff cases. In addition, current nursing students can gain exposure working with this population and become prepared to confidently enter the field after graduation. These hubs will include training labs that will allow parents and the nurses working their child's shift nursing case to train together on the durable medical equipment and care techniques to be used at home for children who receive private duty nursing services.
- Develop a medical home learning network to expand communications and supports to providers serving children with medical complexities. By developing a subgroup of the American Academy of Pediatrics Medical Home learning network, providers implementing the American Academy of Pediatrics' medical home model can share best practices and consult on cases. Currently, providers do not have a platform to communicate with each other on challenges and lessons learned through implementation of the American Academy of Pediatrics Medical Home program.
- Enhance quality of service provision for individuals with intellectual disabilities/autism through provider training and credentialing. One-time funding will be made available for adoption of CMS core competency training for Direct Support Professionals, agency completion of National Association for Dual Diagnosis Accreditation, establishing a business associate program in industry to promote employment for people with disabilities, and certification through the Lifecourse Ambassador program. These one-time funds will increase the quality of services being provided by the agencies and provide models for linking pay to credentialing and certification programs.
- Expand current training initiatives to include trauma-informed care that enhance service delivery. An opportunity will be made available to clinicians in the mental health field to become certified in at least one evidence-based

modality to treat trauma. Pennsylvania lacks clinicians with specialized training in evidence-based trauma-treatment modalities. The need for growing the Commonwealth's workforce capacity to recognize and treat trauma has been a consistent need identified by the Mental Health Planning Council and the Governor's Trauma-Informed PA plan. Individuals receiving HCBS with a history of trauma will benefit from this activity through improved patient engagement, treatment adherence and health outcomes.

Caregiver Support

- Develop a registry of direct care workers that allows participants to locate, review and contact direct care workers who will best meet their care needs. This registry would expand the availability and visibility of the direct care workforce which improves access to HCBS by connecting direct care workers with participants through the participant-directed model of HCBS. This activity is still in the concept stage and implementation is contingent on other factors.
- Provide respite and family support services to those on waiting lists for Intellectual Disabilities/Autism Services through one-time funds. These funds will provide short-term temporary relief for those waiting for HCBS waiver services.

Support to Improve Functional Capabilities of Persons with Disabilities

- Through one-time grants, Office of Long-Term Living (OLTL) HCBS providers will be able to:
    - Purchase remote support technology to enhance transparency and quality assurance in service delivery. For example, direct care workers could have access to tablets and software that support in-home documentation of participant conditions and other related care needs.
    - Provide training on infection control practices to enhance the quality of services.
    - Purchase and implement new software/technology for electronic health records, quality, or risk management functions. Having access to electronic health care records enables HCBS providers to connect with local hospitals and physicians and ensure real time communication between the HCBS provider and the participant's medical providers. This would promote and strengthen the coordination of services by affording providers the ability to better track quality measures and associated outcomes.
- Provide funding for assistive and remote support technology to enhance service delivery within ODP HCBS. These one-time grants can be used to support greater independence for individuals (example, assistive technology that turns stove off after inactivity and alerts caregiver) and improves quality of care through implementation of solutions like electronic health records.
- Enhance HCBS by improving technology for ODP support coordination organizations through one-time funding for the purchase of technology to support remote monitoring, mobile workforce, secure inter-office communications or implementation of quality improvement strategies.
- Accelerate the adoption of technology by funding a consultant to advise OLTL and ODP HCBS providers seeking to adopt remote supports and other technology solutions for individuals receiving HCBS. The use of technology to support independence will reduce need for direct care thereby relieving pressure for staffing from HCBS agencies that provide direct care. This initiative is aimed at capacity building through awareness and education. Training and materials developed will be stored and made available electronically.

Transition Support

- Enhance transitions into the community by incentivizing managed care organizations to meet nursing home transition goals. Pennsylvania's Nursing Home Transition (NHT) program provides the opportunity for nursing facility (NF) residents and their families to be fully informed of the full range of home and community-based

services. The program helps individuals move out of NFs so they can receive services and supports in the settings of their choice. OLTL will make one-time incentive payments to the CHC-MCOs, through the managed care contract, to meet NHT goals. The CHC managed care organizations will support expansion of NHT by utilizing ARP funding to provide access to additional equipment or devices that could support NHT.

- Purchase housing adaptations for those transitioning from institutional or congregate settings. One-time grants will be made available to ODP residential providers for housing adaptations and purchase for individuals transitioning from public or private intermediate facilities, children transitioning from congregate care, medically complex adults when cost effective and to avoid placement in a nursing facility, and to support adults to age in place or transition to supported living or lifesharing.
- Expand consolidated waiver capacity to transfer 25 additional individuals from intermediate care facilities to HCBS.

Mental Health and Substance Use Disorder Services

- Support telehealth services with funding for behavioral health providers to purchase equipment and training supports to enhance its usage. One-time grants will be made available to behavioral health providers purchasing equipment and training to support the use of telehealth services. This activity enhances and strengthens HCBS as this service minimizes wait times for behavioral health services and affords individuals to receive services from their home thereby reducing mental disability and restoring beneficiaries to their best functional level. In addition, statewide access to services is made available to individuals who require the services of a specialist.
- Provide for technical assistance to implement assisted outpatient therapy (AOT) for enhanced outpatient treatment for individuals in the civil court system who experience serious mental illness. AOT is the practice of providing outpatient treatment under civil court order to individuals with serious mental illness who have demonstrated difficulty engaging with treatment on a voluntary basis. This activity increases access to less restrictive treatment options and community settings.
- Fund scholarships to expand the number of certified peer specialists (CPS) in Pennsylvania to ensure a strong workforce in mental health service settings. COVID-19 paused training and certification for peer specialists for nearly a year, resulting in a reduced subset of the HCBS workforce. This initiative will include a commitment of 2 years of service within the Commonwealth. To become a CPS in Pennsylvania, individuals must complete a two-week course. Once certified, the CPS may be employed by several mental health organizations and their services may be billed to Medicaid.

Support State HCBS Capacity Building and LTSS Rebalancing Reform

- Incentivize completion of care plans to improve care coordination and care management activities. This activity provides an incentive payment to primary care providers for each semi-annual shared care plan developed, updated, and implemented for the 6,000 children receiving shift-care nursing services. These payments provide support for pediatric medical homes to enhance care coordination and care management activities. These children need care integration across multiple settings- physical health, behavioral health, home care agencies, medical day cares, hospitals, emergency departments, early care and education, early intervention, education, community organizations, and social services. Key elements in shared care planning are person-centered goal setting and engaging the families and primary caregivers in the creation and maintenance of a comprehensive care plan. The HealthChoices managed care organizations will receive a directed payment to provide incentive funding every six months for three years based on a shared care plan developed by the primary care provider and family that includes key elements of care management and coordination.
- Provide for enhanced training for private duty nurses to staff cases for children who have complex medical conditions as well as significant behavioral health needs. One of the many challenges facing nurses providing home care is the lack of training around behavioral health and how to assist a child who may have behavioral

health needs. Behavioral health training scholarships will be provided for participation in the Registered Behavior Technician training to give private duty nurses skills to staff cases for children who have complex medical conditions as well as significant behavioral health needs. These are one-time payments not to extend beyond March 31, 2024.

- Invest in technology to enhance care coordination for individuals receiving private duty nursing services by connecting home health agencies with Pennsylvania's Patient Provider Network. One-time onboarding grants will be made available to connect home health agencies to the Pennsylvania Patient and Provider Network, the Commonwealth's Health Information Exchange, which allows for sharing of patient information among providers. These grants would be made directly to the agencies and represent an investment in technology infrastructure that will enhance care coordination for individuals receiving private duty nursing services. Many small agencies in Pennsylvania are not yet connected to the exchange and are thus unable to benefit from its information-sharing, which will include a care plan registry in the future.
- Introduce the use of electronic health records (EHR) by state hospitals and HCBS facilities and ensure they are interoperable with the health information exchange. Both HCBS and state-run psychiatric facility providers will benefit from this activity. An EHR increases access to less restrictive treatment options and community settings. Treating individuals in state psychiatric facilities and enabling them to live in their community requires coordination between the facilities and HCBS providers. When it is required that records be shared manually, via fax, or via post, treatment is delayed, work is duplicated, and human error occurs which can further delay the coordination of care for hundreds of beneficiaries. The absence of an EHR results in:
    - Delays in discharges from the state facilities to less restrictive settings in the community. Individual medical records must be shared with providers to convey behavioral health needs of an individual when making a referral so that the provider can determine if they can appropriately meet the patient's needs. As consumer needs change, currently paper records are gathered to understand their historic medical interventions.
    - Individuals discharged from our state facilities are complex with lengthy medical histories and a need for proactive, comprehensive HCBS planning. The number of HCBS providers with the expertise to provide this population with an appropriate rehabilitative service is finite. The more time spent on gathering consumer information in paper format, risks the ability for a HCBS provider to add our transitioning member to their caseload.
- Enhance the comprehensive training program for direct care workers to bolster the quality of services for participants. Pennsylvania's LTSS stakeholders, advocates and providers have provided recommendations to DHS on the development of a comprehensive training program for direct care workers to bolster the quality of services for participants. OLTL would establish a standardized core training curriculum for direct care workers across the LTSS continuum, which will also provide a clear career pathway. The training curriculum will be a series of trainings which would give workers stackable credentials with incentives to reach training milestones.
- Purchase electronic incident detection reporting systems and dashboards to enhance participant health and welfare in HCBS. Ensuring the health and welfare of HCBS program participants requires fidelity within robust incident management systems. Funding to purchase analytics and establishment of system matching claims with ODP incident data.
- Issue one-time grants to HCBS providers that have innovative ideas that will address social determinants of health, like housing, to improve and enhance services for CHC and OBRA participants.
- Provide incentive payments to the CHC-MCOs, through the managed care contract, to meet the quality measures established by OLTL for HCBS services.
- Fund consultant services to support implementation and monitoring of the HCBS spending plan. Provide funding for assistive and remote support technology to enhance service delivery.

- Fund consultant services to support the work of the Pennsylvania Behavioral Health Task Force to ensure individuals have the appropriate supports to remain in the community or decrease the length of facility stays. The task force was convened to identify strengths, gaps and opportunities for improvement in the behavioral health system.

Spending Plan Projection

Commonwealth of Pennsylvania Calculation of Supplemental Funding from 10% FMAP Increase					
ARPA Sec. 9817		Report Date: 8/20/2021			
BASELINE EXPENDITURES THAT QUALIFY FOR 10% HCBS FMAP					
Federal Fiscal Year	**FFY 21**	**FFY 21**	**FFY 22**	**FFY 22**	
Quarter	**Q3: Apr to Jun**	**Q4: Jul to Sep**	**Q1: Oct to Dec**	**Q2: Jan to Mar**	**Total**
Service Categories					
Home and Community Based Services	$ 2,470,000,000	$ 2,470,000,000	$ 2,470,000,000	$ 2,470,000,000	$ 9,880,000,000
Case Management Services	$ 122,500,000	$ 122,500,000	$ 122,500,000	$ 122,500,000	$ 490,000,000
Rehabilitation Services	$ 357,700,000	$ 357,700,000	$ 357,700,000	$ 357,700,000	$ 1,430,800,000
Other	$ 100,000,000	$ 100,000,000	$ 100,000,000	$ 100,000,000	$ 400,000,000
Subtotal: Qualifying Expenditures	$ 3,050,200,000	$ 3,050,200,000	$ 3,050,200,000	$ 3,050,200,000	$ 12,200,800,000
Funds Attributable to 10% HCBS FMAP Increase					***$ 1,220,080,000***
ADDED FUNDING FOR HCBS REINVESTMENT					
Year of Reinvestment	**FFY 21**	**FFY 21**	**FFY 22**	**FFY 22**	**Total**
Time Period	**Q3: Apr to Jun**	**Q4: Jul to Sep**	**Q1: Oct to Dec**	**Q2: Jan to Mar**	
Qualifying Expenditures for Reinvestment	$ -	$ 116,149,582	$ 116,149,582	$ 116,149,582	$ 348,448,746
Subtotal: Qualifying Expenditures	$ -	$ 116,149,582	$ 116,149,582	$ 116,149,582	$ 348,448,746
Reinvestment Funds Attributable to 10% HCBS FMAP Increase					***$ 34,844,900***
Total Funds Attributable to 10% HCBS FMAP Increase					***$ 1,254,924,900***

Pennsylvania Spending Plan Update: August 2021 Revision November 15, 2021
Section 9817 of the American Rescue Plan Act of 2021

Commonwealth of Pennsylvania Spending Plan

ARPA Sec. 9817 **Report Date: 8/20/2021**

Spending Plan

Federal Fiscal Year	**FFY 21**	**FFY 21**	**FFY 22**	**FFY 22**	**FFY 22**	**FFY 22**	**FFY 23**	**FFY 23**	**FFY 23**	**FFY 23**	**FFY 24**	**FFY 24**	**FFY 24**	**TOTAL**
Quarter	Q3: Apr to Jun	Q4: Jul to Sep	Q1: Oct to Dec	Q2: Jan to Mar	Q3: Apr to Jun	Q4: Jul to Sep	Q1: Oct to Dec	Q2: Jan to Mar	Q3: Apr to Jun	Q4: Jul to Sep	Q1: Oct to Dec	Q2: Jan to Mar	Q3: Apr to Jun	
Support Categories														
Enhance Medicaid HCBS	$ -	$ 42,751,858	$ 42,751,858	$ 42,751,858	$ 42,751,858	$ 61,311,238	$ 61,311,238	$ 61,311,238	$ 61,311,238	$ 56,779,488	$ 56,779,488	$ 56,779,488	$ 56,779,488	**$ 643,370,336**
Expand Medicaid HCBS	$ -	$ 2,028,766	$ 2,028,766	$ 2,028,766	$ 2,028,766	$ 1,250,000	$ 1,250,000	$ 1,250,000	$ 1,250,000	$ 965,680	$ 965,680	$ 965,680	$ 965,660	**$ 16,977,764**
Strengthen Medicaid HCBS	$ -	$ 75,229,750	$ 75,229,750	$ 75,229,750	$ 75,229,750	$ 37,927,725	$ 37,927,725	$ 37,927,725	$ 37,927,725	$ 35,486,725	$ 35,486,725	$ 35,486,725	$ 35,486,725	**$ 594,576,800**
Other	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**
Total Proposed Spending (State Share)	$ -	$ 120,010,374	$ 120,010,374	$ 120,010,374	$ 120,010,374	$100,488,963	$100,488,963	$100,488,963	$100,488,963	$ 93,231,893	$ 93,231,893	$ 93,231,893	$ 93,231,873	**$ 1,254,924,900**