

Comments on Community HealthChoices (CHC) Request for Information (RFI)

Summary of Public Comments

May 31, 2023

On March 6, 2023, the Department of Human Services (Department) released an RFI to gather input and information concerning the re-procurement of the CHC program administered by the Department's Office of Long-Term Living (OLTL). The Department issued the RFI to become aware of and knowledgeable about stakeholder areas of interest in the current CHC program and opportunities to strengthen the program for the benefit of participants. The public was encouraged to comment on any and all of the specific questions or topics contained in the RFI. Responses were due by noon on April 14, 2023.

Sixty-seven responses were submitted on the CHC RFI. Respondents included: 3 participants, 8 Direct Care Workers/Caregivers, Community Legal Services (CLS), Pennsylvania Health Law Project (PHLP), Center for Advocacy for the Rights and Interests of Elders (CARIE), Disability Rights PA, The Center for Independent Living of Central PA (CILCP), Community Resources for Independence (CRI), Pennsylvania Statewide Independent Living Council (PA SILC), Pennsylvania Council on Independent Living (PCIL), Community Living And Support Services (CLASS), Liberty Resources Inc. (LRI), Roads to Freedom Center for Independent Living (RTFCIL), Woods Services, Rehabilitation and Community Providers Association (RCPA), Success Rehabilitation, Abilities in Motion, Angels on Call, 2 unidentified Providers, Coalition for Choice (CFC), Shanti Gardens, Allegheny Area Agency on Aging (AAA), PCA Care Connections (PCA CC), Garden Spot Communities, Peter Becker Community, Help at Home, Inglis, Landis Homes, LeadingAge PA, Pennsylvania Association of Area Agencies on Aging (P4A), Pennsylvania Association of Home and Community Based Providers (PA HCBS), Pennsylvania Homecare Association (PHA), Pennsylvania Health Care Association (PHCA), Pennsylvania Adult Day Services Association (PADSA), United Disability Services (UDS), TAHARA HEALTH, Public Partnerships (PPL), Senior Link, Service Coordinators, Amerihealth Caritas, UPMC, Pennsylvania Health & Wellness (PHW), Aetna, United Healthcare, Community HealthChoices Coalition, 3M, CareBridge Health, PALCO, SEIU Healthcare, and United Home Care Workers of Pennsylvania (UHWP).

OLTL reviewed each comment received and summarized the comments into major themes on how we can improve the program through the re-procurement. OLTL is taking all the comments into consideration in the development of the Request for Application (RFA). Additionally, in response to several comments received on additional opportunities for stakeholder involvement, OLTL is planning to conduct regional listen and learn sessions for all OLTL programs. Below is a chart that summarizes the major themes of the comments received.

CHC RFI Topic	COMMENT
Quality Improvement for Service Coordination	<p>Commenters remarked on the current state of Service Coordination in the CHC program and included recommendations to increase the overall quality of Service Coordination through the following: lower the Service Coordinator to participant ratio, increase requirements around minimum participant contacts and customer service, require additional training on local resources to better support participants, and increase transparency in turnover numbers through public reports, ensuring visibility into network adequacy.</p>
Covered Services	<p>Commenters made recommendations on several aspects of service delivery and innovation.</p> <p><u>Authorizations and Billing:</u> Commenters noted that improvements need to be made around the response time for authorizations and billing to make it less burdensome on providers and increase transparency within the CHC program.</p> <p><u>Service Additions</u> Commenters recommended including additional services to meet the needs of individuals diagnosed with intellectual and developmental disabilities (IDD) in the CHC program.</p> <p><u>Transportation</u> Commenters recommended changes to Transportation services to improve coordination among payers and ensure adequate choice among non-medical transportation providers for home and community-based services (HCBS) participants.</p> <p><u>Assisted Living In Lieu of Services (ILOS)</u> OLTL received a mix of comments related to the addition of Assisted Living being provided as an ILOS. While some commenters were very supportive of the additional service option for participants, there were also commenters that expressed concern with the inclusion of Assisted Living as an ILOS.</p>

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Workforce Innovation	<p>Commenters recommended CHC invest in high-quality, mission-driven providers who focus on community living and improving the quality of the workforce. Commenters recommended additional value-based purchasing models to further strengthen the workforce.</p> <p>Commenters also recommended improvements to transparency and accountability through ensuring that funding for home care is spent on care, requiring that participating providers pay a minimum wage of \$15 per hour and provide health benefits.</p>
Care Integration Across Payers Including Transitions Between Programs/Systems	<p>Commenters recommended increased education to participants and families around the transitions between programs and systems, specifically between the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program, OBRA, Office of Developmental Programs (ODP), and the CHC program, to address challenges that participants encounter during these transitions.</p>
Person-Centered Planning	<p>Commenters indicated that providers are not always included in the person-centered service plan (PCSP) process and sometimes have a challenge obtaining the information necessary to provide services. Recommendations were put forward to enhance the PCSP requirements to include sufficient training and education of service coordinators and implement additional requirements around the information that needs to be communicated to providers for the successful delivery of services.</p>
Participant Direction	<p>Most commenters noted strong support for participant-directed services, but OLTL received mixed comments on how participant-direction should be operationalized. While there continues to be strong support of utilizing one Financial Management Services (FMS) vendor to assist in the administrative activities associated with self-direction, some commenters recommend that OLTL allow the individual managed care organizations to choose and offer at least two FMS providers to support participants in the participant-directed model.</p>

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	<p data-bbox="751 237 1913 342">OLTL also received comments related to the implementation of Agency with Choice (AWC). Again, some commenters recommended a choice of at least 2 vendors to offer the AWC model of FMS in each region of the state, while others continue to voice strong support of the use of one vendor.</p> <p data-bbox="751 391 1934 532">Furthermore, Commenters recommended additional education and training on the participant-directed model so participants can make fully informed choices on service delivery. In addition, for those participants that choose the self-directed model, there were recommendations for additional training to support participants to be successful with the model.</p>
<p data-bbox="165 581 621 646">Quality Improvement, Monitoring and Transparency</p>	<p data-bbox="751 581 1934 760">Commenters recommended additional reporting requirements around Service Coordination, Network Adequacy, and payment to Nursing Facilities (NF) and HCBS providers. For NF in particular, the introduction of the State-Directed Payment (SDP) Model and clear reporting requirements for managed care organization (MCO) payments to NF providers must be a priority to allow for transparency and accountability.</p> <p data-bbox="751 808 1955 1027">Commenters noted the opportunity to advance health equity and improve quality of care through identification of health disparities across multiple identifying characteristics including, race, ethnicity, gender, language/Limited English Proficiency (LEP) status, LGBTQ+ status, as well as multiply marginalized participants, and analyze physical and behavioral health inequities among these groups. In addition, commenters recommended OLTL set targets for reduction of such inequities and focus their efforts on investing in health outcomes for those who face the most barriers to access.</p> <p data-bbox="751 1076 1877 1182">Commenters recommended a requirement in the next CHC procurement to include any recent enforcement actions, corrective action plans (CAPs), and sanctions to better evaluate past performance.</p>
<p data-bbox="165 1230 390 1255">Program Structure</p>	<p data-bbox="751 1230 1940 1369">Most commenters indicated that the current structure of CHC is sufficient and limits administrative and provider burden. However, a few stakeholders commented on the need to increase the number of plans across the state to increase participant choice and insert competition in an effort to drive quality.</p>

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Increased Stakeholder Input	Commenters recommended the Department conduct listening sessions prior to the release of the RFA. In addition, commenters thought there should be additional direct involvement and input from participants.