OFFICE OF LONG-TERM LIVING (OLTL) HOME AND COMMUNITY-BASED PROVIDER QUALITY IMPROVEMENT FUNDING OPPORTUNITY

May 13, 2022

GUIDELINES FOR OLTL HOME AND COMMUNITY-BASED PROVIDER QUALITY IMPROVEMENT FUNDING OPPORTUNITY

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FUNDING GUIDELINES

Section I – General Information and Instructions

The American Rescue Plan Act (ARPA) of 2021 is a COVID relief package signed into law by President Biden and includes a provision to increase the federal matching rate for spending on Medicaid home and community-based services (HCBS) by 10 percent from April 1, 2021, through March 31, 2022. The bill specifies that states must use the enhanced funds to "implement, or supplement the implementation of, one or more activities to enhance, expand, or strengthen" Medicaid HCBS. The Department of Human Services (Department) Office of Long-Term Living (OLTL) has developed a funding opportunity under an approved HCBS spending plan that will provide ARPA funds to HCBS providers to strengthen HCBS. The purpose of the funding opportunity is for the implementation of quality improvement projects by HCBS providers to improve the services available to HCBS participants through the Community HealthChoices (CHC) and OBRA 1915(c) waivers. More specifically, this funding opportunity is focused on supplementing activities in a manner that improves and strengthens the quality of HCBS services. The use of the ARPA funding, however, is limited to those activities that supplement HCBS services rather than supplant the existing services. The Department will provide funding of up to $40,000 per approved request submission to qualified providers to help HCBS providers implement projects to improve the quality of services provided to individuals in the CHC and the OBRA waiver programs. The Department will approve funding on a one-time basis to each qualified provider. The Department will review and approve submissions in the order in which they are received until the total funding allocated has been exhausted. Funding will only be provided for the following improvement projects:

- Supplemental activities to address the Social Determinants of Health (SDOH). For example, SDOH activities may include:
    - Activities to address affordable and accessible housing (rent and room and board are not allowable expenditures under this funding opportunity)
    - Activities to improve access to competitive integrated employment for participants. This may include access to benefits counseling, or remote technology to support employment
    - Activities to improve or enhance transportation for CHC and OBRA participants
    - Activities to improve food insecurities for participants

- Purchase of remote support technology by providers. This can include provider technology initiatives that improve service transparency and quality assurance, such as providing direct care workers with access to tablets and software that support in-home documentation of participant conditions and other related care needs.

- Payment for the development and implementation of enhanced training for direct care workers, Medical Assistance (MA) providers or both. This may include enhanced training on infection control practices, which can include the development of videos and on-line modules to address best practices in infection control. This may also include training for professional development. For example, this funding may be used to promote training or coursework related to the professional advancement or development for direct care workers.

- Purchase and implementation of new software and technology for electronic health records, or quality or risk management functions. This includes funding for providers to contract with a Health Information Organization. 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.

A. Rejection of Requests

The Department may, in its sole and complete discretion, reject any request received as a result of this program funding announcement.

B. Incurring Costs

The Commonwealth of Pennsylvania and the Department are not liable for any costs incurred by an entity in preparation and submission of funding request, in participating in the funding process or for any service performed or expenses prior to the Department's approval of a funding request.

C. Request Submissions

The Department will accept funding requests beginning on July 1, 2022. The request submission period will remain open until the earlier of December 31, 2022 or the date on which all ARPA funding made available through this announcement has been exhausted. The Department will reject requests submitted after the expiration of the request submission period. Approved providers must spend the funding by July 1, 2023.

The Department will accept only one funding request from an entity (Entity), which is defined to include all service locations providers that share the same Federal Employer Identification Number (FEIN). Entities with multiple qualifying OLTL enrolled service locations may only submit one request for funding not to exceed $40,000 and are required to identify the service location for which funding is being requested and the amount of funding being requested. If the funding is to be used to supplement services for multiple service locations, the Entity must identify all such locations and the amount to be allocated to each location.

To be considered, entities must submit a complete response to this announcement providing one copy of the completed request form to: RA-PWOLTLHCBSOpportunities@pa.gov. The subject line of the email should be: "ARPA HCBS Reimbursement Funding Request."

Section II – Eligibility

A. Eligible OLTL HCBS Providers

To be eligible for funding, an Entity must be enrolled with the Department's OLTL as a Medical Assistance provider type 59 and have a signed OLTL-HCBS Waiver Agreement and be actively rendering services to participants in the CHC or OBRA waiver programs or both as of the date of May 1, 2022.

The following enrolled OLTL HCBS providers are eligible:

59	OLTL Programs	050	Home Health Agency
59	OLTL Programs	219	Service Coordination
59	OLTL Programs	250	Specialized Medical Equipment and Supplies
59	OLTL Programs	267	Non-Medical Transportation
59	OLTL Programs	362	Personal Assistance Service - Agency
59	OLTL Programs	460	Home Delivered Meals
59	OLTL Programs	502	Employment - Benefits Counseling
59	OLTL Programs	503	Employment - Career Assessment
59	OLTL Programs	504	Employment - Job Coaching
59	OLTL Programs	505	Employment - Skills Development
59	OLTL Programs	510	Residential Habilitation
59	OLTL Programs	525	Community Integration
59	OLTL Programs	528	Structured Day Habilitation
59	OLTL Programs	530	Employment - Job Finding
59	OLTL Programs	544	Assistive Technologies

B. Eligible Quality Improvement Strategies.
An Entity must request funding to implement one or more of the following activities to enhance, expand or strengthen those HCBS activities.

- Activities to address SDOH. For example, SDOH activities may include:
  - Activities to address affordable and accessible housing (Rent and room and board are not allowable expenditures under this funding opportunity)
  - Activities to improve access to competitive integrated employment for participants. This may include access to benefits counseling, or remote technology to support employment
  - Activities to improve or enhance transportation for CHC and OBRA participants
  - Activities to improve food insecurities for participants

- Purchase of remote support technology. For example, this may include provider technology initiatives that improve service transparency and quality assurance, such as providing direct

care workers with access to tablets and software that support in-home documentation of participant conditions and other related care needs.

- Payment for the development and implementation of enhanced training for direct care workers, MA providers or both. For example, this may include enhanced training on infection control practices, which can include the development of videos and on-line modules to address best practices in infection control.   This may also include training for professional development. For example, this funding may be used to promote training or coursework related to the professional advancement or development for direct care workers.

- Purchase and implementation of new software and technology for electronic health records, or quality or risk management functions. This includes funding for providers to contract with a Health Information Organization. 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.

C. Funding Amounts and Limits – Up to $40,000.

The maximum funding per entity is $40,000 per Entity as defined in Section I.C of announcement. The total amount of funding allocated for the funding opportunity is $38,000,000 and the Department will not reimburse funding in excess of these amounts.

To be eligible for funding, qualified providers may not have been reimbursed or will not be reimbursed for the costs of the HCBS activities funded through this opportunity by any other federal, state, or other source of funding.

Section III –Funding Requests, Review and Approval Procedures

A. Request Submission

Requests for the funding will be accepted by the Department on an ongoing basis, subject to availability of funds and the closing date identified in Section I.C. The Department will process requests in the order in which request forms are received.

B. Review Criteria
The Department will review the requests for funding and determine compliance with the following factors:

1. The Department will reject any request that is not properly signed by the Entity and that is not submitted by an eligible Entity and that is not submitted for an HCBS quality improvement strategy. To be considered properly signed, the request must be signed by an individual with the authority to bind the Entity to the requirements of the request and this funding announcement.

2. The Entity has submitted only one request for all service locations under the Entity's FEIN. Any request in excess of this amount will be rejected.

3. The request form is complete, including the address and the legal ownership of the HCBS

Entity.

4. The request is for one of the approved HCBS quality activities outlined in Section II.B.

5. The Entity agrees to all conditions and attests to all facts contained in the Funding Request Form.

HCBS QUALITY INCENTIVE FUNDING REQUEST FORM

Entities that are seeking one-time funding for the implementation of improvement projects for the services available to HCBS participants through the CHC and OBRA 1915(c) waivers must complete all parts of this form. Please have the Entity's authorized representative initial all statements to which the Entity is agreeing or attesting and provide the name, title and signature of the representative authorized to bind the Entity to the conditions of this funding announcement below.

_____ I agree that any payments received shall be subject to recoupment if expenses were reimbursed by duplicative funding streams, as identified in a state or federal audit or any other authorized third-party review or are not compliant with the conditions and requirements of the funding request.

_____ I agree that the supplemental payments received through this funding opportunity will be used to fund the following expenses:

Please check all items for which you intend to use the funding and provide a brief description of the planned activity(ies) below (You may attach one additional sheet if additional space is needed):

- ☐ SDOH (Activities to address affordable and accessible housing, activities to improve access to competitive integrated employment, activities to improve/enhance transportation for CHC and OBRA participants, activities to improve food insecurities)
- ☐ Purchase of remote technology
- ☐ Payment for development of enhanced training
- ☐ Purchase and implementation of new software/technology for electronic health records, quality, or risk management functions

Activity(ies) Description:

_____
_____
_____
_____
_____
_____

Attach a budget for each activity checked.

_____ I agree that _____ shall comply with all reporting requirements and shall provide the Department with all documentation in a format prescribed by the Department.

_____ I agree that _____ has been providing services to CHC and/or OBRA participants as of May 1, 2022.

_____ I attest that the individual signing the request is duly authorized to bind the Entity to the terms and conditions of this funding announcement and the request submission.

Name of Entity:	
Promise ID/Medical Assistance Provider ID number (13 digits):	
Name of Entity's Authorized Representative:	
Title of Authorized Representative:	
Signature of Authorized Representative:	
Funding Request Amount:	

Once you submit the completed request form, OLTL will review and process the form for payment. If approved, the Department will make payment through the PROMIS*e*™ system. Disbursements will be made via check or electronic funds transfer, based on the method in which you receive PROMIS*e*™ payments.

ARPA funding must be used for the costs and expenses listed above in the request form. The Department may audit your use of the funding. Failure to comply with the terms of the ARPA payment and with the Department requirements may result in the recovery of funding through collection activities, offset or other legal action. The funding is MA funding and is subject to all applicable MA requirements.

Entities will be required to report to the Department on the use of ARPA funding. Details of the reporting requirements, including the timing, format, and mechanism by which to send reports, will be available in coming months.