

Community HealthChoices (CHC) Waiver Amendment Comments

Amendment Effective 4/1/2023

Please fill in the information below when submitting your comments, including the specific sections of each Appendix on which you are commenting.

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Date Submitted: December 14, 2022

Thank you for the opportunity to submit comments on DHS's proposed CHC Waiver amendments.

Section of Application	Comment
Appendix A-3. Use of Contracted Entities:	<ul style="list-style-type: none">• OLTL should not implement Agency with Choice, as proposed.• Using a single statewide vendor, which has been problematic in the past, is likely to limit the already-strained ability of home care agencies to provide high quality, necessary services in communities across the Commonwealth.• Agency with Choice already effectively exists within the agency model. The Department should not invest much-needed funds and resources to support a single statewide vendor, in a way that would duplicate services that are already provided across the Commonwealth, harm the current system of care, and have the effect of limiting consumer choice.• A single statewide AWC provider is more likely to limit consumer choice, than to expand it. If the Department establishes a single vendor for family caregivers and AWC, by providing for higher DCW wages or other more favorable terms (whether through reimbursement rates or the per member, per month administrative fee), it will negatively impact providers and caregivers

who are currently providing these services to thousands of consumers across Pennsylvania, resulting in fewer agencies and limiting choice. A robust agency model is necessary to ensure that consumers continue to have a wide range of choices in CHC, to further value-based purchasing in home care, and ensure high quality care in CHC, including agency-supported back-up plans.

- If DHS moves forward with adding AWC as an additional FMS model, it should, at a minimum, offer multiple vendors within each region for participants to have choice and for agencies to respond to the unique needs of different regions, as well as to promote fair and competitive service standards among vendors and existing agencies.
- Any implementation of AWC in Pennsylvania should not “conflict out” all current agencies operating within the agency model. The Office of Developmental Programs AWC model does not include such a broad “conflict” provision, and there is no need or justification for it in any OLTL AWC model.
- A wide range of stakeholders across the Commonwealth have expressed their significant concerns about the AWC model, as currently proposed by the Department. Both the Managed Long-Term Services Supports (MLTSS) subcommittee and the Medical Assistance Advisory Committee (MAAC) voted in opposition to AWC as currently proposed. Multiple stakeholders filed bid challenges, and two have now appealed to the Commonwealth Court.
- Costs to implement the model have not been provided by the Department, and given the chronic underfunding of the CHC program, funds that are necessary to support and sustain the current system of care should not be diverted to create a duplicative model that would limit choice and threaten the current system of care.
- OLTL must ensure oversight of the MCOs relating to network adequacy, provider

	<p>appeals of audits and recoupments, provision of Plan of Care details to providers, and EVV implementation.</p> <ul style="list-style-type: none"> • OLTL must specify the nature of and details regarding planned oversight of the AWC vendor(s), including which entities will engage in oversight, how often and the nature of any oversight, audits and related quality-review expectations, the role of the managed care organizations, and consequences for failing to comply with state or managed care-related expectations and requirements.
<p>Appendix C-1/C-3 Service Specifications Nursing Services, Physical Therapy Services, Occupational Therapy Services, and Speech and Language Therapy Services:</p>	<ul style="list-style-type: none"> • PHA supports updates to the CHC waiver that add nurse practitioners and physician assistants to the list of individuals who can order and recertify Medicaid-paid home health, services, as consistent with federal and state law and regulations.
<p>Appendix C-1/C-3 Service Specifications Participant-Directed Community Supports Personal Assistance Services</p>	<ul style="list-style-type: none"> • Future consideration should be given to modifying the waiver to provide for mileage reimbursement and PAS rates at the same time, when an agency care worker drives more than 30 miles, similar to other waivers. • For example, mileage provided that is necessary for a consumer to engage in the community that exceeds 30 miles in a day should be authorized on the service plan and billed by the agency as Transportation Miles. When Transportation services are authorized and billed as a discrete service, PAS should be compensable at the same time for supervision, assistance and/or care provided to the participant during transportation.
<p>Performance Measures</p>	<ul style="list-style-type: none"> • For future consideration: OLTL should add performance measures to monitor disparities in access and quality of services/care to ensure equity within the program.