The webinar will begin shortly, please remain on the line.
>> Good afternoon everyone. Welcome to the community choices webinar. We will get started. If you see to the right of your screen, you can type a question to us, so anywhere throughout the presentation, if you have questions and then we will try to address them as we can through the presentation. If there is something we can't respond to, we will respond to the individual directly following the broad tast. Our agenda is community health choices updates and reviewing eligibility updates. For CHC, I will pass it over to Randy to discuss southwest and southeast operations.
>> Good afternoon, everyone. Will talk a little bit about the southwest, we have been in operation since January 2018, so we are about a year-and-a-half in and we are in what is considered steady state in the southwest, so we are moving forward with the program there. We do not have a lot of big issues out there. We are still facing some day-to-day issues in regards to ensuring that participants are getting all their services and providers are working through the payment process, but it's been fairly quiet in the southwest. We learned a lot of lessons about the southwest. We will talk a little bit about that. In the southeast, we are in our second phase of operation, so we are going through the continuity care period, which will end next week on June 30. We are looking at the 180 day period that participanted get continue with the same services they were getting and any providing will continue to get paid for those services. As we move of continuity care period, there is situations that will change with the program. The first is that service coordination will now be administrative function of the MCOs moving out of continuity care period. They will work with external service coordinators and internal service coordinators and work through the process with them to continue providing services. For the participants, that will over the next month get a comprehensive needs assessment done to take a look at their care plan and go through the person centered planning process with the MCOs, their families and providers to develop their service emergency as they move forward. May lead to reduction in services and may lead to increases in services, depending on the individual's needs, so that is a process of getting the needs assessment done, so your person-centered plan can be developed moving forward and the plan should list all the person's needs and their goals and objectives and how they are going to be measured and how they are going to obtain their goals and the services they will require moving forward. Any services they may need so they will move forward with that in the southeast.
The third phase that we are into, next slide, so we'll talk about phase 3 implementation. If you move into phase 3, doing readiness review for phase 3, this is the third process we are going through to ensure that we are moving forward to implement phase 3 and the MCOs are ready. We will talk about the implementation going forward here.
>> Just to review for community health choices rollout. Like Randy said we started in the southwest January 1, 2018 and transitioned 75,000 participants and up to about 83,000 at this point in time in the southwest of participants in the community health

choices program. Phase II implemented in the southwest January 1, 2019, and we transitioned approximately 131,000 participants and up to about 134,000 at this point in time and we are in the process of implementing phase III. It is northwest, northeast, Lehigh camp. This is a close look at phase III pop lappings. The population is 96% dual eligible, so majority of them have Medicare as primary coverage, and therefore they would have a Medicare, primary care physicians. The spaces across the state do differ in this type of information and this type of makeup. We have a larger percentage of participants in medical facilities and in phase 3, we have a larger number of participants receiving care in the community, so only 89% there were dual eligible in the southeast, and a lot of them receiving services through the -- waivers. In the southwest, we saw a much larger participants that had a Medicare, managed care model, instead of Medicare needs for service and we have noticed we have a larger percentage of folks that have a fee for service model med tare. As you can see there is 70% of this population are what we refer to in the past as healthy dualed and they are nursing center dualed. We have a much lower number of participants receiving services through the traditional health services program. We have approximately 4100 participants that will be moving from health choices to community health choices for phase III, where in the southeast we had 14,000 participants moving from health choices to community health choice. Lehigh capital has the largest number of folks and we are looking at 70% that are NFI duals and we do have a large number of participants, 16% of them receiving services in a nursing facility. In the North west, we have -- and we have 15% that are receiving services in the nursing facility. In the northeast, 45,000 participants. This is the largest number of counties and they have 71 nursing facility ineligible duals with 17% of duals receiving services in nursing facilities.

Each one of these zones has some differences regarding how they have chosen to receive their Medicare. In the northeast, 49% receiving a fee for service model of Medicare with the northeast having 83% participants receiving Medicare through a fee for service model, so this is the zone that has the largest number of people not as accustomed to managed care. In the northwest, 48% have a fee for service model in Medicare and in Lehigh, a little bit lower, 42% receiving Medicare fee for service model. So we just completed our provider summits, a large number of LLTL staff did an extensive road show where we had sessions in the northwest region of the state, northeast, and Lehigh capital region. We spent three days where we had a morning overview session and then breakout sessions by provider types, so we held sessions specifically for nursing facilities, for behavioral health providers, physical health are providers and -- we had a dedicate session for each zone. For transportation were folks who have been providing transportation could come together and talk about the challenges that we all experience with transportation in Pennsylvania, not even specific to CHC, but just as a Pennsylvania issue, so as you can see from the slide, we had approximately 600 attendees in Lehigh camp and 420 in the northwest and 520 from the

northeast. If you didn't have a chance to make these provider summits. There will be one in October and we will be having additional sessions one in October for each zone if you may have miss this round.
So out of our transportation summits we did have quite a few key takeaways. We did talk about areas for innovation. We learned about how transportation needs are being met today for our rural community. A lot of times the personal assistance worker would be providing transportation for the participant informally. They may help them run errands and that type of thing. That was something we discussed as a group and we are still looking at innovative ways to address that. Clearly we want people to continue providing transportation as they have been, and it's before challenging for folks living in rural areas. We taked about fa sill Tating discussion through our providers and through our discussion the transportation delivery model is really siloed, so we have participanted if they are nursing facility ineligible would be ineligible, all of the participants in CHC are eligible for emergency medical an nonemergency medical transportation through our medical assistance transportation for example. Those folks nursing facility medically eligible would be eligible for medical transportation -- if the participant is going to the doctor and using an MATM are vieder, they could not stop at the store on the way home. Things were very siloed and not really the way that we would like the process to flow, so there is a lot of conversations that still need to be had and we are looking for innovative solutions. We talked about need to increase communication to service coordinators regardless of the role. Each has a service broker and the service coordinators are ones to note the need that the participant may have regarding transportation and trips, and they can help streamline the process if they work for closely with the MCO transportation brokers. These three timelines, July through August. July 15 we are scheduled to send up the original first touch point flier for participants to see that hey, we are coming your way and the second is for the life program flier for participants to see that the life program is an option. August one, the aging well mailer will go out. That is the invitation to the up comes participant educational sessions. We are currently at 72 for aging well to conduct, so all of those schedules will be coming soon. They will be at various locations for phase 3ment we have identified additional locations, and we have locations being hosted by stakeholders, providers, SQHCs our county assistance offices, so they are spread out to try to meet the transportation need of the participants trying to go through the sessions. August 19-30, will be the first run.
>> >> SPEAKER 0: Pretransition notices, so those are the notices going out saying they will need to choose a managed care plan that community health choices is coming and talk about the enrollment broker packets coming their way to make their choices. September through October, those information sessions are being held by aging well, and we are also having those three provider sessions that I mentioned in October, and there will be instead of having dedicated transportation day, we will be adding

dedicated session for transportation at those sessions and then September October will be round one, two, and three of enrollment packets, and December --
In our system the weekend of November 16, our system will be undating their current eligibility segment and creating a new one for CHC that will be effective for January 1. When that occurs if participants are not preselected in a CHC MCO based on previous notices, one will be autoassigned to them. If they do not like that selection, they have until December 20 to make a change for it to be effective January 1. If they don't make that change by December 20, they will get their change date January 1 and effective date February 1. We have all of these notices starting to go out early, so that folks have that opportunity to make those selections between September and November.
Then of course January 1, 2020, will be CHC phase III implementation, and we will be statewide for community health choices program.
Now I will turn it over to Christian wireman who is going to review all the information an resources on our website.
>> As Jill mentioned a lot of communications are going out this summer, we'll have the participant communications. Wanted to provide you with a quick reminder of those if you want to view it on the list serve or go back and review information you might have seen. When you go to health choices.PA.gov. You will see the option to go to provider resources, and that is where the fact sheet on everything that we have released, eligibility verification, service coordination, all of those fact sheets will be in that section of the website along with trainings directed towards providers of different types so, there is a specific online training module for your nursing facilities, for our service coordinators and for our direct service providers. In those trainings, that we go through the tip and the process for how to talk to your participants and residents about CHC. The other area of the website you are going to see is our participant's research section. On the website, it says I need or receive services. That will have all the information sent out to participants. If you want to review those now, what is posted on the website is what went out in the southeast and those will be updated to reflect specific information for phase 3, but that will give you an idea of generally what is going to be communicated. With that we are going to pass it over to Tyrone Williams.
>> Good afternoon, everyone. My name is Tyrone Williams and I am the chief of the assessment unit for OLTL. The first number is the number often completed FED assessments. The total number that we have, and when I say we, I mean our independent assessment entity has been a little over 20,000 completed assessments so far. As we go into the month of July, we have done quite a few for, and in the next meetings we will give an updated one. In terms of initial number of FEDS that have initial recommendation of NFCE -- you are looking at 77% of competed FEDS and for NFI23%.
Also for those of you who may not know just give a little bit of background. If by chance during assessment a fed result and physician certification doesn't match, we send those

for final review by the medical director here. Since April referred 1157 medical determinations for review. That concludes our FED update. We will open it up for questions.
>> We did get some questions in. First one, is there a deadline for FTEs and MCOs to complete the assessment plan? There is no real deadline but they should be completed within the year of the last plan was done. If their plan was done last July, we should be done this July. The goal is not to have them do thousands of plans at the same time. We will be spacing them out based on the date of the last assessment.
A couple questions from the same provider. Concern about after the continuity of care period are MCOs required to write a care plan or not, MCOs are required to provide whatever information is necessary -- to provide required services on the care plan, so they should be providing you that information.
Does the care plan include tasks or duty list? It should include what the services are, how many hours it is for, to assist with bathing, dressing, meal preparation. That should be included as part of that care plan. This same provider saying they have not received care plans along with the duty list. We will talk with the MCOs to make sure you are getting that information.
A question about who is responsible to coordinate transportation. (indiscernible). If an individual is under CHCO, it is the responsibility to coordinate those services each of the MCOs have a broker to provide transportation services, so it is their responsibility to coordinate those services, so should be coordinating whether it is a service provided under the -- program, whether it's income the income maintenance program, whether it's a shared service provided by the Department of Transportation or a service provided under the OLTL. That is all the questions that we have for now. What we put up is resource information and list serve. The recommendation is a lot of people sign up for this. This is the major way that the department communicates when there is additions to the program or communications. You can have multiple piece sign up. Commune health choices is www..healthchoices.pa.gov. There is a plethora of information out there for you to peruse and learning and learning and teaching your patience about the program. The MLTSS website has information and minutes from all the meeting. The OLTL has a provider hotline and participant hotline. If you have questions concerns we can assist with that. The last one we have listed is the independent enrollment broker. The website www.enrollchc.com. It will give you all the information you need to roll into a plan, and these are very valuable resources for you to utilize.
We will wait a couple of minutes to see if anybody has any other questions. If do, send them in and we will get right to them.
>> One series of events we wanted to highlight coming up next week are listening sessions that will be posted by the Pennsylvania access network and the Pittsburgh research center and this is to help understand the experiences of older adults of people who are not participating in the CHC program. CHC is working to give them the support

they need to live independently and the goal is to hear back from citizens on how that is working and how we can continue to improve. These listening sessions are open to not only participants but also caregivers and anyone else in learning more about the program and how it is going so far. The Pennsylvania health access network is helping to arrange transportation or interpretation services for these events if needed. These are free events and the space is acceptable and individuals can request an interpreter or materials in braille. If you would like to, they can reach out to Jessica. Jessica data pahealthaccess.org. The listening session will occur at the Dell core housing authority. On Wednesday, the 26th, a listening session at the -- family center. On Thursday, June 27 a listening session, and on Friday June 2 two sessions one is at Congresso, at 10:15:00 a.m. and the other one at 2:00 p.m. at the south Philadelphia library.
>> Since we have only been doing it since April one, we haven't had opportunity to sit down and analyze the percentages against the old way we were doing things and one of the reasons for that is because we are actually comparing now more strictly the FED against the definition of NFCE as opposed to comparing it to the LCD and how it was applied, so we are looking at trying to make sure that we are comparing apples to apples when we do our analysis, and like I said, since we have only been doing this since somewhere about the beginning of April, we don't want to put out numbers that we are going to have to try and figure out why we use certain things and didn't use others, so as soon as we get a better grip on the numbers as they are falling out, we will be able to provide an update, so as of right now. We don't have the numbers available, and we are emergenciing to do those comparisons though, and as soon as we do, we will make those available.
>> Can you provide the link to where the slides are.
>> They are posted on the website at healthchoices.pa.gov. Not sure they are posted yet but they will be posted shortly.
>> Question, is there a continuity of care -- (indiscernible).
>> I didn't hear.
>> If someone had LCD started, and it rolls over into the FED, the LCD can be completed and transition into completion and won't Mead to have an FED done. If someone had LCD before April 1, the FDA will continue to the end of LCD.
>> Which MCLs -- (indiscernible).
A numbers of questions with regard to care plans and showing the tasks are entered in HHA, I will take those back and have discussions with the MCOs about this.
as we near the end of continuity of time how are provided notified from month-to-month, specifically June to July and how can we as providers obtain? Best way to know is through the EBS system. Should be checking that on a monthly or weekly basis to ensure that the participants are still with the MCO, so you are continuing to bill the MCO.
>> It is suggested that you check it at a minimum of every two weeks.

>> We are an ICF provider -- you can send your names and information about the session, if you e-mail it to me, I will work with the appropriate staff. Rnolen@pa.gov. is my e-mail. If I don't get an e-mail from you in the next day or so I will reach out to you.
>> Here is a question, does Medicare change under CHC.
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>> CHC was not change a person's service who is are Medicare. Services that are Medicare primary will remain Medicare primary. CHC does not change Medicare for a participant or does it dictate what model a participant may choose.
We are just going to give it another minute to see if there is any other questions that come in.
>> We had a question regarding electronic visit verification and this provider wanted to know if we had approved list of vendors if they chose not to use the -- system. Just to give you a little bit of background how the Department of Human Services is pursuing the implementation of EVG system. If providers have a system in place that they like, they can continue to use that system, but it will be required to be able to send information either to the states EVD, DHS system -- we do not have an approved list of vendors, you will just have to work with the vendor of your choice to ensure that you can meet the requirements. There is a website dedicated and it includes technical specifications. It includes a list of frequently asked questions that is updated somewhat frequently and then we also had implementation updates and information about the federal requirements. Please look into that website and we will will be having our first public meeting that will be hosted in July, and that information is posted on the website and it is there for you to be able to RSVP.
>> This is Tyrone Williams. We have a question related to the FED. The question is FED delivering is only as good as the questioner, we agree -- are metrics being collected to see if county and assessment workers delivering for NFI than the average so additional training can be provided? The answer is yes, we are collecting data per assessments agency, per triple A to collect it to our collection entity, aging well, in addition to collecting that information aging well is also responsible for doing quality reviews of determines over a period of time. I know that with discussions with aging well they are gearing up to do specified reviews of fed determinations and how questions are being answered. In addition, DHS has plans to do quality reviews of our own. We are collecting in the process of collecting FED for analysis later on down the road. We are very keen on this particular matter and it's something that is part of our overall quality improvement process. The other question is how can the appeal process be improved to contain a real representation of the health condition of the applicant. Currently all that is included is the FED and PAF. Not sure what that is. She is being reassigned out of retirement home because she can no longer care for herself.
. Without looking at that particular FED it's hard for us to necessarily time it. The only thing I can say is our deputy at our last subcommittee meetings complexity in and of

itself doesn't necessitate -- determination. There are other factors as well that go into determination to determine if someone is NFCE versus NFI. Where people have concerns, those decisions can be appealed by those individuals and during that process more information can be introduced.
>> (Indiscernible) . Medical ineligibility is not revisited early. Nothing will change in that process. They will continue to need to do their financial redetermination every year but the salses that the NCOs will be doing for individuals in the nursing facilities, they will be coordinating and working with the nursing facilities because the NDS will continue to be the assessment tool, so the MCOs will work with the nursing facilities to coordinate and ensure they complete the person-centered care plan based on the NDS and needs of the individual, so nothing will really change with that process other than the nursing and MCOs will work together to ensure that -- is in place.
what is the latest that we can apply the MCOs? I suggest you start working with them now. It takes time to get through the credennialing process. You can reach out to the MCOs to start the billing process test. Hopefully you are contracted with them by January 1, the sooner the better is what we are looking at.
Question: There is a provision in place for individuals, and this is a federal regulation in an individual is in a nursing facility when a managed care plan starts so, if they are there by December 31 by this year, they are grandfathered to stay in that nursing facility even if the MCO doesn't participate with that nursing facility. If they decide to contract to and they don't have a contract -- they will have to pay as long as they stay there and that can be a year and can be ten year. That is assurance that they will not be moved.
>> Can you please repeat Randy's e-mail address. That was a one time deal.
Randynolan --
Initially through the continuity of care period, they will be working with all the -- to maintain -- with the participants through the 180-degree period, so will contract with all of them at that point in time unless the NFC decides they don't want to work with the NFCL, but the MCOs have to work with the provider.
Be with you in a second.
(No a