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OLTL webinar

*************DISCLAIMER*************

>>CART Provider: Standing by.

>> Good afternoon everybody and welcome to the third Thursday webinar from OLTL. Today's third Thursday webinar is going to be the Pennsylvania individualized assessments overview. For those of you who are in the know, it's now as PFPIA. It consists of the new fed going to be replacing the level of care determination tool. And also the what's been known as the NRI home care tool. Which is the new needs assessment that will be being used for assessments and with the MCO's for need assessments as part of the, one of the tools they are going to use for the individualized care plans. Personalized plans. My name is Michael Hale and I'm the burrow director for contract and provider management and with me today is Tyrone Williams who is driving the ship and he's the operations manager with participant operations. And also with us is Kristin wire man who is Kevin's executive assistant and also Daniel hall who is with Kevin's office. With that I'm going to turn this over now to Tyrone who will guide us down the road to the PIA system. Also within this program there is a video that's included in here, so I'm going to turn it over now to Tyrone and we'll go from there.

>> Tyrone: Good afternoon everyone. My name is Tyrone Williams and I'm responsible as well along with Kerry Hendricks for the assessments unit where PIA and FED assessments are under our purview in terms of oversight and monitoring.

The reason why we're having this training now though we've had previous trainings, is because on April 1 of this year, 2019, DHL will go live with it's Pennsylvania individualized assessments system, also known as PIA. Michael already mentioned this, the purpose for this particular overview is to introduce OLTL's computer based system and level of care assessment tool that will be used to determine functional eligible for MA funded managed long term systems and supports. Long-term services and supports. This particular program is database applies to all OLTL staff as well as the IEB. A new contractor that's going to be assist us with the assessments the independent assessment entity his name is agent well. Community health choices, MCO and who are responsible for performing or facilitating care assessments or redetermination. All of these entities will have a role in this process.

Some of our goals include enhancing access to and improve coordination of medical care. And also to create a person driven long term system support in which people have choice control and access to a full array of quality services that provide independence, health, and quality of life.

Essentially these goals align with the goals of CHC. So you will definitely see a lot of similarity as it pertains to that.

In addition, as part of the eligibility pertaining to MA funded LTSS hasn't changed, will remain consistent, will continue to require individuals seeking and continuing to receive these services to meet financial and functional eligibility standards and then also to be functionally eligible individuals still has to be an N FCE in order to receive LTSS. With that said, we want to present a brief video to give you a better overview of the system that we're implementing April 1.

[Video playing].

>> Welcome to the Pennsylvania individualized assessments training series. This is an introduction and applies to all individuals using the system. This training includes an -- video stopped.

>>CART Provider: There is nothing playing on either the phone line or the webinar line.

>> Pennsylvania's individuals and families. These organizations do not directly use TS. Instead they use their own systems and information is sent to and received from this. The independent enrollment broke are or IEB has their own information to and from PS. The IEB --

>> Everybody we just were told that the volume or the sound wasn't coming through on this. We want to make sure that everybody understands and gets the information. We apologize for that so we're going to start over at the beginning. It's only a few slides so we're going to start over at the beginning and go from there. I apologize profusely. We put ourselves on mute and didn't realize that the slides also went on mute. We're going to start over again and we apologize. Welcome back.

>> Welcome. Pennsylvania individualized assessments training series. This is an introduction and applies to all individuals using the system. This training includes an overview of the system including the purpose, who uses it and the types of assessments the Pennsylvania individualized assessment system also known as PIA is used for. Look an overview of the home page and dive deeper into the components. The global menu and available tabs. Lastly we'll explore the different ways to access a person's profile. By the time you complete this training, you should be able to explain the purpose of the Pennsylvania individualized assessment, PIA, and how it is used, list the different components of the home page and explain how they are used. Explain where to find log in information and list the PIA navigation guide. The Pennsylvania department of human services mission is to improve the quality of life for pen pens's individuals and families. This is done by promoting opportunities for independence through services and supports which demonstrate accountability for taxpayer resources. PIA is a tool designed to support that mission. It is used to assess Pennsylvania residents eligibility for services. The system is used for two assessments. The functional eligibility determination, also known as fed assessment and comprehensive needs assessment needs to home care. The interRAIHC assessment. It is used to determine if a person is medically nursing care facility eligible. The interRAIHC is used to determine if the person is deemed nursing facility cln cally eligible. PIA is used also referred to as AAA to create and update personal profiles request fed assessments, conduct and submit fed assessment results. Other organizations partnered to have improved the quality of line for Pennsylvania individuals and families. These organizations do not directly use PIA instead they use their own systems and information is sent to and received from PIA.

 The independent enrollment broker or IEB has their own system which sends and receives information to and from PIA. The IEB also creates new profiles and updates existing profiles on persons, fed assessment and interRAIHC assessment requests and AAA and MCO or SCE assignments. The IEB submits the fed system for DHS medical director review. In the event they are not alipd with the physicians assessment of the person's needs. Managed care organizations or MCO's send and

receive information on interRAIHC requests and results. Let's take a look at the system. I have already logged onto PIA. You will access it using what's called single sign on. This means that when you log into your work computer, you will have access to PIA. The testing environment for this training so you will see unique person and staff names. This is the PIA home page. The available functionality is role based. And logs in as a fed assessor supervisor. Fed and interRAI assessor may sue a few less paths and access while DHS super users may seem more. I'm going to start on the right side for all of the administrative menus and functions. The main menu options mirrors the tabs that go across the screen on the left side. This is another way to access that same information and is used primarily when using a tablet. The user directly provides contact information for anyone using the system. DHS super users and other parent organizations will have access to two additional sub menu options. Organizations and facts. These are explored in the supervisory function training. The third option is my information. This menu option has three sub menus. My profile, my organization, and my staff. This provides the demographic information and other information for each of these categories. The next menu option is tools. This is the holiday calendar available for viewing purposes.

If it's not showing on the system it will be coming soon. Behind the scenes the calendar is used to systematically calculate due dates for assessment. Feedback is a trouble shotting tool. List allows one to few feedback previously submitted based on the status and create is used to submit feedback. It's a great tool if you run into difficulties using the system. The last critical menu option is print. This function takes the currently viewed screen or window and reformats it into a PDF format. Moving to the center of the home panl this is where to find new and critical information. The categories are self-explanatory. It's particularly important to read the announcements every day. While they may not change often, when they could change it's important information that has the direct impact on your work.

First using system systems have ignored the announcements it results in processing information incorrectly and therefore needing to redo it. Moving on to the left side of the screen, for our purpose person refers to individuals who have requested services regardless of where they are in the process. These are persons over here, everything you do with these tabs links to the person as mentioned earlier, available tabs and access is based on role. The people tab provides access it a person's profile. It's also the starting place when adding a person's profile to the system. The assignments tab, only supervisors, DHS super users and parent organizations have access to this tab. It's used to assign a staff member to a person. That staff member then does the necessary necessary for fed. DHS

supervisors turn the organization and the IEB also use this tab to assign people to an organization unit. More about that a little bit later on.

This tab allows access to a person's profile. It's also a function that allows for lists or targeted identification of a person based on the status of their assessment request. Alerts are notifications or status changes that have occurred for an individual person. The alert includes a link that directly accesses the person's profile. The reports tab, only supervisors, DHS super users and parent organizations as well as the IEB have access to this tab. This is where to access available reports. These reports are canned, meaning there is an existing template for the type of data provided. Let's focus on the people tab.

This is the starting place to access a person's profile or add a new profile for someone asking benefits for the first time. References will be made to organization unit or OU. The IEB and DHS are organization units. Each AAA, MCO and SCE are different organization units. I'm examining to start by clicking on the people tab. The search and filter screenings throughout PIA all have the same format. The more search criteria that's input the narrower the results. I am going to search for an individual with the last Smithe. The results include everyone with a similar name. We have Julie smooit, Michael smooit and jewels smooit. I'm logged in for Adams county area on aging. You'll notice for Julie I have a view link. This indicates Julie is part of my OU. Michael and jewels are part of player senior services incorporated which is in a different county. For that reason I can see there's a profile, however I do not have access to their profile information. Assessors can see profile information. They have have a view link only for persons assigned to them. Supervisors within an OU will have access to links for everyone assigned to that OU. D hchl S super users and parent organizations as well as the IEB are able to view the profile for all individuals in PIA. I'm going to click on this view link. This accesses the person's information on view screen. Notice there are persons, details this is the person's profile. The left side of the screen has the person's name and identification number assigned by the system, and date of birth. Under that are menu options. Currently we are looking at the person's information overview screen. You scroll down on the right side of your screen you will be able to see all available information. By clicking on the collapse all button, collapse the content and view only the categories and the information. Click on the category name to see that information. If the staff member has the ability to edit or change information in the profile, their action button to the right of the category name. I'm going to click on tachlts now. This is used to add or few attachments associated with the person's profile. I'm going to click on case management and then organization unit assignments. This tells me the current OU a person is assigned to

and if I'm a supervisor, which I am, remember I'm logged in for AAA Adams county as a supervisor. I can change someone's OU by clicking on the create new button. That's explored in more detail in the supervisor functionality webinar. I'm going to take a look at the assessments menu options. This is where the fed or HC assessments are accessed. It is listed as a sub menu item. Now that you know about the people tablets move to the assignments tab.

Remember if you are not a supervisor, you will not see this tab. Only supervisors have access to the tab. This is where a supervisor will see staff assignments. The type of assessment assignment is based on what you have access to. I'm going to click on the assessment type and here in the show me screen you have the option of assigned or unassigned. This tab is used to assign people to a staff member. The fields in yellow with the red asterisks are required. For show me, let's unassigned to view people not yet assigned to a staff supervisor. Click on assigned to view people who have been assigned to a staff member.

You can further narrow the results by inputting the staff member's name or information on the person, county or whether or not the person has a representative. Once the information is filled in, you click on filter. But this lists all the people assigned to Adams county OU and all of these people are assigned to a fed assessor. In order to view a person's profile click on the view link. This accesses the person's profile. You see how supervisors use the assignments. If I clicked on unassigned for the show me option, then click filter, I'm going to see persons who have not yet been assigned to a staff member. These are all of the individuals who have not been assigned to a staff member. I still have access to the view so I can see their profile. The supervisor functionality webinar is information on how to actually assign a staff member to a person. We have supervisor users in organizations as well as the IEB have an additional option under staff assignments. They will see an OU assignments option. That's used to assign multiple people to an OU at the same time.

Let's take a look at the my lists tab. I'm going to once again click on the assessment type and the assessment type is specific to the staff member logged in. The selection is based on the type of access. Once again click on the show me drop down. You may have the option of seeing my people or all people or both. In this instance, the only available option is my people so I'm going to click on that. There's been the request status drop down. This is the status more for the assessment. Select not started for people who have a profile that do not yet have an assessment request. Pending means the request has been made but the assessment has not yet been started.

In progress assessments have been started. Completed status means that all questions were answered and assessments submitted. Review requested identifies people with an assessment that was sent to the department of human services medical director for review. Review completed identifies assessments to the DHS medical director for which the medical director review is completed. Adding the person's last and/or first name provides a more targeted search result.

I'm going to click on pending. Once again, it asks for the person. The alerts tab, the alerts tab provides notification on completed actions or status changes for a person. The most recent alerts for status changes are at the top and unread alerts are in bold font. Remember I'm going to test environment. You will not see the results that shows so many overview assessments for a person. I'm going to test environments so the alerts may be a little different. Start and end dates might be changed to narrow visible results. Click on the advanced search button in order to be able to input the person's or ID number for a targeted search. To the left of the person's name is a box. When checked, the previously unavailable buttons over on the right are now available for use. There's the red button which is pretty self-explanatory except clicking on this adds the staff members name in the requested by column. It's not an indication that actions have been taken.

And alerts can be archived once acted on or no longer needed. When conducting an advanced search if you did not want to see alerts that you or another staff member do not want to see any alerts that you or another have another staff members name in the selected by column. The group by results will categorize the alert based on the selected grouping. The reports tab.

As mentioned DHS super users and parent organizations, the IEB and supervisors have access to the reports tab. The reports tab is explored in detail and supervisor functions webinar. PIA includes a comprehensive navigation guide that's very easily accessed. From the PIA page click on training manuals, forms, webinars and FAQ's title bars and there will be a link to the navigation guide. The link is available on the DHS sites. Experts are available in the event someone has difficulty. Additional training modules include a person's profile and assessment requests. How to set up a person's profile and make edits, assessments, this is view link a requested assessment as well as conducting the assessment online and off-line. And lastly, supervisor functionality. This provides an overview of organization units as well as staff functionality. This concludes the introduction to PIA.

>> Okay. Before we move on to the next set of slides, just wanted to just give a little more information as it pertains to PIA. First, just wanted to note that obviously we've made some changes to the system since this particular presentation was

done. The purpose of today was just to be able just to kind of show you the capability of the system that's been designed. The other thing I wanted to mention was she made several reference to users role. Most prominently, the super user role. Individuals obviously already stated will have different roles depending on what you do in the system our OLTL staff will be predominantly PDA user roles which give individuals the capability of viewing data and information in PIA without actually doing any work in it. You will have access to reporting, being able to see assessments both the initial assessment, fed assessments as well as other assessments we will explain in the next couple of minutes. The system is really user friendly meaning that individuals who actually have to work in the system obviously have a lot more capability than someone who has for the most part view only. For example, alerts if you're a PDA user you won't see the alerts generated in the system mainly because again you won't be the individuals either doing an assessment, medical review, or a home care assessment. But we will be doing further presentations to explain again the full capability of the system as time goes on. I wanted to mention a few of the things before we moved on.

>> We have a couple of questions too as we, before we go on with some of the rest of it. The first question that came in will service coordination entities have access to PIA or just the MCO and it will be both the SC's will have limited access or whatever access they need to the system to allow them to see their case, their assigned cases, specific service coordinators will be able it see specific cases. Service coordination entities supervisor will be able to see all those assigned to that service coordination entities and who has been assigned to specifically as a service koorders. MCO's will have access only for those cases assigned to them, whoever else they need within the MCO to have access to those case, to those cases they will be able to see them. And assign them and they will have a super user role.

 Next question will life programs be set up as an OU and/or have access to the PIA so we can obtain written fed results or will we continue to get NFC, NFI decisions the answer is you will continue to get them for the time being from the AAA's. There's some discussion as far as changing that, but for the time being and right now, as we start up, it will be from the AAA's. Tyrone.

>> Tyrone: All right. So to summarize the presentation, what you have here is a picture of the PIA work flow with PIA being in the center of the process and with both the IEB as well as the MCO's having interfaces to provide both data and request assessments. The IAE who is age and well directly gets information and response to information through PIA. So just briefly on the IAE, the vendor is aging

well and we contract with them to do assessments through a network of assessors and those assessors are the AAA's. So the AAA's are still involved in the process of doing assessments but instead of dealing with 67 different ones we're now dealing with a single vendor to manage and oversee that process.

Now we're going to go into a brief overview of the fed, the functional eligibility determination tool that's what fed stands for. The basis for the fed is what we call the interRAI home care instrument and the fed is comprised of a subset of the questions from this interRAI. InterRAI is a standardized tool and designed to be a user friendly reliable person centered assessment that information informs and guides comprehensive care and service planning and community based settings. The purpose of the FED is to, for us to determine functional eligibility for long term care and system supports. The FED serves as a replacement to the current LCD that's being used today. These assessments have to be administered within ten business days of a request for service and as stated previously, it's administered to applicants by what we call FED assessors to determine NFI and N FCE.

The FED when assessors go out and meet with individuals essentially what they are doing is the FED, they use the FED to ask questions, probes and scoring to provide a recommendation that the applicant is to be either N FCE or NFI. The FED has six sections. I'm going to go back a couple of slides because I wanted to explain the interRAI and I thought we had a slide for the interRAI but apparently it's missing. So just before we move forward we've seen this word several times. The interRAI home care instrument. For those thinking what is that and why are we using it. I want to give a brief explanation so that you all understand what this is. The interRAI is a collaborative network of researchers and practitioners in over 35 countries committed to improving care for people who are disabled or medically complex. The consortium strives to promeet evidence clinical practice and the interpretation of high quality data about the characteristics and outcomes of persons served across a variety of health and social service settings. The department obviously put a lot of research in determining and designing the FED and this is the basis that we used it. As stated earlier it was a broadly used standardized tool used in many countries and states currently. We feel pretty good again that we have a good basis for moving to the FED.

>> I just want to add that the FED, NRC is used in 26 different states in the United States, and like Tyrone said in several countries so it is an internationally recognized tool. The FED itself is derived like tie rope said from a subset of questions within the NRIHC. I have to point out there was a committee several years ago, we've been in the process of trying to get this accomplished for the last

few years. There was a group that was put together made up of advocacy groups of participants, of other agencies, of AAA and DHS staff that met fairly regularly to come up with and develop the new FED tool. It was going to be the new LCD tool but we changed the title to kind of explain a little bit more specifically what it was really used for. And for those of you who are probably on this call a part of that group I want to say thank you because we are coming down to implementing it but there was a lot of meetings that we had that we went over the NRI tool and discussed various areas that we wanted to be sure that we used to measure and to include on the FED tool.

 We wanted to make sure that we gathered as much of the most important information as we possibly could. I know Tyrone in the next few slides is going to be talking about how it marry's up and comports to the definitions of N FCE. We want to Mick sure people understand that's what the purpose of the FED is to actually get us to an N FCE or NFI determination. This wasn't something that was made in a vacuum. We had a large group of people that worked on this and had input onto this, into this tool. And again we want to thank all of them for being a part of that and we know it's going to work well and go into the future I think it's going to be a more specific, more detailed, and allow for more accurate determination of N FCE. With that Tyrone, go ahead I'm sorry.

>> Tyrone: That's fine. As we get into the detail of the actual FED instrument we wanted to point out that there is six essential sections in the FED that includes a various combinations of cognition, mood and behavior, functional status, and continence that are scored. Also has demographic information as well as information pertaining to an applicant's treatments and procedures. This is a hard copy version of the FED. If this was printed out, this is what it looks like but almost all Feds will be done electronically on tablets in an individual's home by a FED assessor.

 The FED is the logic of the FED within PIA is what we call a FED scoring matrix translator. It places attributes into eight groups and we have a view of that on the next slide and basically classifies the scores in those groups into three possible levels. Little or no deficit, partial deficit, and full deficit. And if the individual, an applicant's scores translate to at least three partial deficit or at least one full deficit the individual will be N FCE otherwise the individual is NFI.

 This is a copy, this is an actual instrument related to the scoring and matrix translator. Essentially as you can see up top we have eight different categories that we, that are used to score individuals with scores going from 0 to 6. The green essentially indicates little or no deficit and the gray that means that score isn't

available or is not attributable to that particular category. For scoring purposes it's the white part of this graph that indicates whether a person will ultimately be -- well initially I should say be N FCE or NFI. As stated what we're looking for initial determinations with the FED and I can't stress that enough, we'll talk about this as we move forward, the FED is the initial process that we use to determine level of care. There is, once that is determined, a recommendation is made, there will be further review of both NFCI or NFI which has to be certified by a medical director. We'll talk about that more. If a person is determined or initially recommended as being N FCE, then that information goes to the IED who continues the eligibility using that as part of the eligibility criteria. The other part of that criteria is individual also has to meet financial criteria. IED provides to PIA throughout the eligibility determination process. If the individual is NFI they may be eligible for other types of county or state aging assistance programs. Those results are send to the IEB or non-CHC benefits consideration or another appropriate program. Where those individuals situation may be more appropriate. And also NFI's are subject to potential medical director review. What we have here is a work flow of the FED process. Where again if individual, basically an individual has two ways to get an assessment. There really isn't any wrong door, however, in order for the application process to begin, a person either has to call the IEB or call the AAA. Both are charged with creating a record on behalf of that individual and a request. The main difference is that if the IEB gets the request then they are responsible for assigning that request to a person's appropriate AAA, where the AAA moves forward to conducting the FED. If the individual calls the AAA then they will have their request, an assessment request done and it will automatically assign an assessor and they still end up on conducting the FED which may or may not, they may or may not send to the IEB. And there's a variety of different reasons why it may not be again most likery the person isn't appropriate for waiver and so that's one thing we want to emphasize that most of this process does present itself for waiver eligibility for home based and community services. There may be individuals off the bat who may not be eligible but may be for other programs. Medical director review. As stated earlier all NFC determinations must be certified by a physician. And then instances where the individual's certification and the recommendation of the assessor differ on functional eligibility, our OLTL's medical director will review the collected documentation and make the final determination. So essentially the initial recommendation of NFC and NFI must match the certification of the person's PC, physicians certification if they don't match they are subject to medical director's review.

Here is another work flow essentially showing how that works. I won't go into it again just pretty much summarizes what I already stated. After everything is done, and the medical director upholds a determination of N FCE, and also that person is deemed financially eligible, then that request is sent, the IEB requests an interRAI home assessment and that request goes to that person's MCO.

Which brings us to the next topic MCO assessments and reassessments. So for once everything is done and there's a post FED determination meaning that individual has been determined to be N FCE and also financially eligible, the IEB is responsible for continuing the eligibility determination and as already stated they update any critical profile and enrollment updates to PIA. Also upon CHC benefits approval, IEB contacts the to determine the MCO and IEB updates PIA with the enrollie's choice and MA number. And that's when the MCO's start their needs assessment with the interRAI home care system which we just spoke about. Needs assessments post eligibility determination is used in subsequent care and service planning. The process essentially is assessment required to be completed within five days. The selected MCO's assessors schedules appointment with the enrollee and administers the interRAI. To see determination of care needs and service plan is developed for the enrollee. That information from the home care assessment then flows back in the PIA that night for long term storage which where we use the data and various analysis on it as well as oversight and monitoring as well.

The process also allows for reassessments of information which maybe most of you know that at least annually individuals has to be reassessed to ensure that they are getting the most appropriate services at any given time based on their medical condition. The MCO's are responsible for these annual reassessments and also not only that but also any change in condition during the course of the year. PIA then extracts that information from the interRAI assessment or home care comprehensive assessment done and makes a recalculation if necessary whether this person continues to be N FCE or NFI and then as also as a monitoring step for the department, Aging Well PA compares the current FED recommendation with the last one done to determine the appropriateness of the benefit continuation. I don't know where that came from. Before we move on we have a couple of questions. Which agency or agencies are considered parent agencies. Well, actually parent agencies would be OLTL, Aging Well, who is responsible for the assessments, as well as the IEB and MCO. So what really, what determines a parent organization again is the vendor in which we directly contract with who is responsible for making sure that the various processes within the system are done. So for obvious reasons, OLTL, most of our staff, we're super users we can pretty much monitor for oversight purposes need to see everything being done in the

system. Aging Well is primarily responsible for assessments so they are the parent agencies ensuring they will be able to again to view and monitor what's being done in that system. And the IEB for their part of the system are also for the MCO's in terms of their responsibility of doing home care assessment. And really providing and coordinating care on behalf of their members .

 Next question what access role will the life programs have, will they have users roles and access to PIA. The life program, they will right now they will receive determinations at this point. So what we have contracted Aging Well to do assessments for individuals who are interested in participating with the life programs. Right now most of that will be determined by the FED -- excuse me by the AAA will have the user roles and access to PIA. Like provided at this point will not. AAA through Aging Well and the life programs will need to continue the relationships and arrangements they have currently to ensure that again those who are interested in going to life program have a level of care assessment. Those arrangements are in place and they will continue as is now we have a system in the middle of them. And a new FED tool.

 Next question who does the HSC as being assigned super users. We only have, obviously we have a few individuals within OLTL that -- who are assigned super users. Myself, Gary Hendricks, Jeanne par resee and the reason for that is security. Don't want too many people having too much access. To be quite honest with you the major issue, the only difference between a super users and a PDA user is that super users as necessary will be able to assign, request assessments, actually conduct Feds if we so choose as well. Which we don't really envision doing at all with even a little bit. So those are already super users we have identified thus far. We have a question about parent user but it just says parent user. So whoever sent that in, it was Renee, schlep kin, you may need to send your question in again because we've only got parent user and we're not sure what the question is. Will SC agencies under the phase of CHC transition and have access to PIA or just the FCE currently under CHC. All SC agencies will have access to PIA once all phases are implemented and/or completed.

>> I think the answer to this one is the FED isn't used in nursing facilities.

>> Tyrone: Will the functional eligibility determination be applied to persons currently in a nursing facility. In other words for the current nursing will a resident be deemed NFI to leave the home. My understanding is that current nursing home residents will not be forced to leave their current homes. There's a whole process actually when it comes to nursing facilities and level of care assessments. As a lot of you know we have different tools used to help assess whether an individual has to

go into a nursing facility or not. So I think some aspects of the process the FED will be used to insist in that endeavor and it depends on the medical and functional condition of the individual. Next question individual who is NFI has a right to appeal. Yes. Any adverse decision is appealable. That includes denials, determinations, reductions in services, et cetera, all open for appeal. Next question. FED will this prevent duplicate assessment requests. Nursing facilities at times see duplicate efforts and second request to the IEB not sure by who. Does not appear to be the nursing facility. I think that's the goal. We would like to I think yes the goal is to prevent duplicate assessment or at a minimum only do the number of assessments that's required by regulation. So there are instances where more than one assessment may need to be done. But for the most part our goal is to do the number of assessments required by individuals to get their surfaces that they need.

>> We have another question would the FED tool changed since roll out and pull back last year if so what changed. Thereof been no digs to the tools. There have been additions to drop down boxes that are used by the assessors and there have been additional demographic fields added for example primary language used in the home or primary language used by the participant or applicant. So there have been a few additions but nothing as far as the questions themselves. There's also been an agree or disagree check box for assessors with the text field so they can put in why they agree or disagree. In case there's a medical review necessary. There are also text fields after each section of questions for notes by the assessors for them to use in the appeal process. Then there's also signature line now for proxy, for a proxy individuals who may be assisting with the assessment for the applicant. And there's a note fields for as to why the proxy was necessary and who that person was in relation to the participant. Tyrone.

>> Tyrone: Sure. We just have one more slide left but which essentially again is a summary of the interRAI home care assessment process as stated earlier the IEB moves FED requests along. They actually request the home care assessment from the MCO and the MCO's conduct the interRAI. Questions. That concludes the overview. Just a few things. If we do have resources and reference guides for individuals who may be interested in more information. We will share those. I know we've shared some already with individuals but we will share those with I guess the larger community. Also, in terms of actual individuals who will serve, who can serve as a reference would be both myself and Kerry Hendricks. If you have specific questions related to PIA or actually walk through an overview we can provide that to you as well.

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>> There are a couple of more questions here. One is so under CHC there will no longer be level of care determinations completed but rather an internal tool through to the NRI to determine clinical eligibility. No. The FED is replacing the LCD. The LCD will be obsolete for level of care. The FED basically is replacing the LCD. LCD was there to determine the functional eligibility but it was called level of care as opposed to functional eligibility. FED is a functional eligibility determination tool and that will basically be used in the same fashion as the LCD. And as far as determining continued clinical eligibility, the NRI once it's FED into, once that has been FED into the overall circle. There will be a reassessment, annual is necessary. Since the questions on the FED are a subset of questions that are actually in the NRI or in the PIA system itself those questions will always be turned on so when someone has a, their needs assessment completed or annual needs assessment completed, when those questions are asked and filled out, they will actually then trigger the N FCE, NFI recommendation. So as far as ongoing clinical eligibility, that will be done on an annual basis as it is now only it will be done through the PIA system and they will get a, an electronic recommendation from the system for N FCE or NFI designation. If a person is determined to be NFI what information will be given on their notices so they are able to prepare for their appeal. Right now the notifications will be basically the same, it will be whether the person is eligible or ineligible. Information that will be included I think they are going to be getting, they will be getting additional information around their notice. They will get a copy of their notice as part of the notification of NFI. They will get their FED at that time. And they will get instructions as to how they can appeal as they do now. When will this begin. April 1st is when the FED will be put into place. As far as how FCE's can contact individuals to assist, how can FCE contact by individuals those in the community in need for waiver surfaces and need to apply. An application is basically the same as it is today. They would contact the IEB and go through their process. The IEB sends out as Tyrone was pointing out the IEB sends out to the Aging Well or the proper assessing agency to get the assessment completed. The assessment is completed, sent back to the IEB who then through the choice of the individual sends it to the appropriate FCE to go out and do the needs assessment and begin eligibility that way. So that process actually hasn't changed. What's changed is the tool itself and who is actually overseeing, making sure it gets completed.

There's a question here about why is the IEB not contacting applicants to discuss MCO options and life program as an alternative to the MCO. As far as I know, we are really promoting the fact that life has to be one of the options that is given to applicants when they come into the program. There should be a heightened emphasis on life as an alternative within managed care.

Was there another question that came in.

>> I have a few here I think I can definitely answer. Do nursing facilities providers have access to PIA. No.

When is the financial eligibility determined. It will be dirmd concurrently with a functional eligibility so it's not like we don't hold off one for the other. As much information that we can get on a applicant up front to start the process both on the functional assessment as well as the financial eligibility as well. For consumers that we see who are seeking nursing home placement we do not submit these to the IEB. That is correct. The only Feds we submit to the IEB are those seeking waiver services. That is correct. And we have one last question. I need a little help with here. Will persons who appeal be given their domain scores. I believe they will have access to the results of their, they will be given the results of their individual N FCE determination.

So the answer to that is yes.

We have some more questions and they came in so I have to read them. So you'll have to hold on just a second, please.

What happens when a long term waiver consumer is deemed NFI because they have received services for so long they are now stable. What is the appeal process and when does the DHS medical director get involved for review. They will get involved if the clinical, if the physician certification and the determination of N FCE or NFI differs with that position certification. It will automatically trigger a clinical review by the medical director. It can also be if there's a discrepancy or a question by the assessors themselves they can actually request special review by the medical director. If a person is is a long term care facility and the physician certification or physicians note for that person to be in that facility is because they are in need of that service, that would be physicians recommending N FCE and their FED or reassessment would be NFI, they would obviously be able to question that. But the, I would say that would be a discrepancy between what the physicians cert is and what the determination, recommendation ended up being through the PIA system. So that would automatically trigger a physicians review. Can we get a printout of this new assessment. I will see if we can't post the new tool, I think there is one on the website. But I think there have been a couple of additions to it like I said signature lines here and there. Nothing to the questions but there are some signature line changes. So yes we can make sure that we post the latest and greatest one. .

We're putting out a bulletin in the next day or so that basically there will be a copy of the FED itself attached to the bulletin. So keep your eyes open for that but that will be coming out in the next day or so. We'll also include one on the website with a copy of this webinar, the audio recording for the webinar.

What consideration is given to treatments and procedures when determining NFC or NFI. It is on the questions and I know that some of the questions regarding treatments or procedures do have some scoring weight to them. So I mean that's the best I can tell you with that is they do come into play when it comes to the recommendation of NFC or NFI.

And one question is what do nursing facility providers need to know with PIA as it relates to their residents. Currently the FED is not reassessments aren't going to be done in a facility, they are done as they currently are. They won't be using the FED for those reassessments.

>> We have a few more questions. What entity provides the notice of N FCE, NFI and appeal rights to the individuals. Well, yeah, the OLTL provides that information to applicants. And also their right to appeal as well. When will SCE's receive user access and training for PIA site. We are working on that right now and we will share that information when it becomes available. How will this affect time frame for getting services. We hope, we are hoping that it will make it, I don't want to say faster or quicker but the goal of course is to get individuals services as timely as possible. One of the things that we did with that we've done to kind of help with that is we did reduce the level of care assessment from 15 days to 10 business days. Which we hope will again assist in getting benefits timely to individuals. So we hope that it will at a minimum if not sooner will get individuals benefits that begin within our regulatory requirements. Particularly emphasized over managed care, I don't believe it is, it is another option that we are offering individuals based upon their personal preferences and choice. So then can we get a print of the FED I think we answered can we get a print of the FED assessment and the answer is yes we will send that information.

The other question we have is CHC question. We have received a few client transfers from other providers. When asked the client involved they were switching because their caregivers are not getting paid because there are caregivers out there not getting paid.

>> That's kind related to the webinar we're doing today. If there are specific issues around providers not paying personal care workers or direct care workers or if there are direct care workers having an issue with PPL not paying them, they can

contact me at MHALE at PA .gov. One thing I want to, I had said that in the next couple of days there will be a bulletin going out around the FED and I got a frantic email from the new policy director at the office of long term living telling me it probably will not be in the next day or so there are a couple of outstanding questions that need to be answered. But it is, it's coming down to the very end of it I know. Look for it if not in the next couple of days at least in the next couple, at least week or so. I'm hoping that it's out by then because we wanted to try to have it out by April 1st as well. So just keep your eyes open for it and again that will explain a lot as far as how the FED is conducted and what all is entailed within the FED itself. Okay.

>> I think we're out of questions.

>> We'll give you guys a few more minutes and we'll be back here shortly.

>> Okay. We have some more questions. If we see someone in a nursing home and the MA51 is N FCE and the FED is in the 5 does this go to the medical director for the IEB to review. Answer is no our medical director at this point will only be reviewing discrepancies between a physician certification and a level of care assessment for waiver eligibility. Are physician services going to be completed annually . That's a tricky question because it really depends on the circumstance for the PC. It's my understand that go a PC isn't necessary for reassessment for someone who is current at this point. But say a person lost eligibility and didn't say come back to the program three or four years later, a PC will probably need to be reassessed and a PC would probably be required at that time. But annually, no.

 Do the assessors question probe into the individual's activities of daily living such as how to get dressed, stumble, fall, the answer to all your question is yes that is part of the overall evaluation. ADL's are a big part of the FED and and are assessed observed, asked, et cetera. So there will be questions or items around those particular activities.

>> Yeah as our IADL's are involved in the FED tool as well. So once we get the new tool up or once we get it posted to the website you can see everything included in the FED assessment.

>> What is the FED scores NFI, can the individual appeal. Yes. Can the life program nurse assessment on the individual be taken into consideration since the assessor and the nurse have different ways of assessing and asking the question.

>> We're going to have to put the answer to that up after we go back and think about it. I'm not sure, I don't understand the question entirely . Let us think about that one and answer it on the site.

>> Do each of the MCO's have an interface with PIA.

>> NFI. You're going to be notified of that fairly immediately and you can start especially if the person is over 60, you can start right away getting them into the other programs within your agency. If a person is NFI and under 60 and the assessor is going to work with those people to refer them to whatever services are available for them based on their eligibility within the community. That's the best I can tell you right now. That's going to be up to the assessors to make sure that any referrals get made or up to the AAA to make sure those referrals are made to other services. All right that's all the questions we've gotten so I appreciate everyone's time. Thank you very much for joining us for the third Thursday on this beautiful spring day. I'm glad I can finally say that. And I hope everybody has a good rest of the week and a good weekend so thank you very much everybody.