

Pennsylvania Spending Plan Update: January 2022
Section 9817 of the American Rescue Plan Act of 2021



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Section 9817 of the American Rescue Plan Act of 2021

Pennsylvania Spending Plan Update: December 2021

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Letter from the Pennsylvania State Medicaid Director

Dear Centers for Medicare & Medicaid Services:

Attached is a quarterly update to Pennsylvania's home and community-based services (HCBS) spending plan and narrative that outlines the Commonwealth of Pennsylvania's use of funding available under Section 9817 of the American Rescue Plan Act (ARP) of 2021. In addition, The Department of Human Services (DHS) requests approval of a new proposed activity included in the "Summary" section of the update.

Pennsylvania reaffirms, as part of this update, that we are:

- Using the federal funds attributable to the increased federal medical assistance percentage (FMAP) to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- Using the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program;
- Not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- Preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
- Maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021.

Please contact Gloria Gilligan at ggilligan@pa.gov with additional questions.

Sincerely,



Sally Kozak

State Medicaid Director

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Summary

On June 14, 2021, DHS submitted our initial home and community-based services (HCBS) spending plan and narrative that summarized our use of funding available under Section 9817 of the American Rescue Plan Act of 2021. DHS engaged in a public comment period and virtual comment session following submission of the spending plan to solicit feedback from service participants, providers, other stakeholders, and advocates.

DHS submitted an update to the HCBS spending plan in August 2021, which was later revised and resubmitted on November 16, 2021 at the Centers for Medicare & Medicaid Services' (CMS) request. DHS received conditional approval from CMS on December 1, 2021 to implement the activities included in the revised update to the spending plan.

After receiving conditional approval, DHS hosted several virtual media briefings and stakeholder calls during the month of December to share implementation plans for the activities in the approved spending plan. Key updates to the approved activities can be found in **red text** on pages five through 12.

The following activity was removed from DHS's spending plan as in-person visits resumed prior to DHS receiving conditional approval of the plan:

- Reimburse EI providers for training costs and supplies, like Personal Protective Equipment (PPE), to support safely re-engaging in-person visits.

DHS requests CMS's conditional approval of the following activity to increase access to HCBS services:

- Support non-emergency medical transportation workforce expansion with one-time payments to recruit and retain qualified drivers to provide non-emergency medical transportation (NEMT) services. These drivers provide transportation to covered services for Pennsylvania Medicaid beneficiaries, including HCBS services. Due to COVID-19, it has been a challenge for transportation providers to attract and retain qualified drivers. Driver shortages threaten the provision of reliable, timely transportation services that allow individuals to live in the community while still having all their needs met. The inability to access transportation services threaten the ability of those individuals receiving HCBS to continue to live in the community and places them at risk of needing to receive care in institutional settings where transportation is not required. The recruitment and retention efforts would include sign-on bonuses for new drivers and retention payments for existing drivers. The Office of Medical Assistance Programs (OMAP) is polling NEMT administrators to gather information about the number of drivers who would be eligible for such payments.

Once approved, this activity will be included in the Spending Plan Narrative.

Lastly, DHS affirms there are no plans to pay for on-going internet connectivity costs as part of any of the proposed or approved activities included in the spending plan.

Spending Plan Narrative

Increased Access to HCBS

- Fund a medical home program to focus on the comprehensive coordination of care for children with complex medical conditions. The American Academy of Pediatrics has a medical home program designed to increase the coordination of care for children living with medical complexities. The program focuses on comprehensive coordination of care for healthcare services and other services such as early intervention, education, and social determinants of health. Case management is an essential part of the medical home program and to implement new American Academy of Pediatrics medical homes, one-time start-up grants will be used to help hire new case management employees who will be responsible for coordinating the care of children with medical complexities. Children enrolled into a medical home tend to have better healthcare outcomes and can remain at home with their families.
 - Update: Language is being drafted to be added to the 2023 Physical HealthChoices Agreement to implement this program.
- Provide one-time financial support to adult daily living providers to make physical, operational, or other changes to ensure services are delivered safely during the reopening of day centers. Many adult daily living service providers, who play an important role in the continuum of long-term services and supports (LTSS), have been closed for most of the public health emergency. Examples of ways the funding could be used include staff recruitment and retention and the development of alternative program models that encourage greater independence through technology.
 - Update: Notice of the one-time payment and attestation forms were sent to eligible providers in December 2021. Payments are anticipated to be made in the next quarter.
- Strengthen county infrastructure by providing funding to expand county staffing to accommodate the growth in the intellectual disabilities home and community-based waiver programs. This funding enhances the ability to manage the significant growth of the Office of Development Programs (ODP) community program effectively and efficiently and manage new oversight and risk management functions.
 - Update: Payments to counties anticipated to begin this quarter.
- Fund start-up costs for a singular resource and referral tool that allows for screening of social needs and connection to local community-based organizations to address these needs. Start-up costs do not include funding for room and board. DHS will work with Pennsylvania-Certified Health Information Organizations (HIOs) to onboard a singular resource and referral tool to improve health outcomes of HCBS participants and other Pennsylvanians. COVID-19 has had a disproportionate impact on individuals who are low-income and often reside in areas with high levels of deprivation and vulnerability, the same individuals who would be predominantly served by such a tool. The social determinants of health, such as food and housing security, have existed at historic rates because of COVID-19. HIOs will onboard the resource and referral tool into their health information exchange infrastructure.
 - Update: OMAP is preparing to release a procurement announcement in early 2022.
- Expand ODP's existing training contracts to include the following: peer-to-peer training for individuals and families on topics related to re-engaging in community, addressing trauma and wellness; promoting self-directed services and use of technology/remote services; develop marketing materials to promote lifesharing and supported living models. This initiative builds capacity for trauma informed approaches; expanding available training and materials for self-directed models of service and promoting lifesharing and supported living models which are less costly and have higher satisfaction than other service models.

HCBS Provider Payment Rate and Benefit Enhancements

- Enhance quality of care by funding a training nurse's ability to shadow the current nurse assigned to private duty nursing cases. Private duty nursing services are provided in the individual's home. Currently, home health agencies cannot bill for the second nurse while that nurse is training, so pay must be derived from the agency's administrative margin. By making directed payments to the managed care organizations to pay these nurses while they train, DHS will improve the quality of training and prepare nurses to more competently and confidently staff cases, thus improving retention and quality of care.
 - **Update: DHS is working to identify coding that will allow for payment to a second nurse during that nurse's training period.**
- Support provider workforce expansion with funding to issue sign-on and retention bonuses for nurses, direct care workers, and other HCBS providers:
 - One-time payments will be made available to recruit and retain direct care workers and other HCBS providers funded by the Office of Long-Term Living (OLTL). The direct care workers and other HCBS providers provide personal care services, self-directed personal care services and long-term services and supports authorized under Section 1915(c). Due to COVID-19, it has been a challenge for HCBS providers to retain direct care workers to continue to serve vulnerable populations. The recruitment and retention efforts which include sign-on bonuses for new workers, retention payments for existing workers, leave benefits, subsidizing health insurance premiums for those buying off the exchange, and incentives for vaccination.
 - **Update: Notice of the one-time payment and attestation forms were sent to eligible providers in December 2021. Payments are anticipated to be made in the next quarter.**
 - One-time funding will be made available for COVID-19 related staffing expenses, recruitment and retention of ODP-funded direct support professionals or supports coordinators to include funding for hazard pay, costs of recruitment efforts, sign-on bonuses, retention bonuses, other incentive payment. ODP-funded direct support professionals or supports coordinators provide long-term services and supports authorized under Section 1915(c). This funding will support providers unable to re-open service locations or services lines due to staff vacancies and providers unable to accept new participants into service due to staff vacancies.
 - **Update: ODP published an announcement on December 1, 2021 for stakeholders regarding this funding opportunity. Providers interested in receiving the one-time supplemental payment must submit an attestation form prior to January 31. 410 of 1,000 eligible providers requested funding as of December 17, 2021 and payments were processed in January 2022.**
 - One-time funding will be made available to behavioral health providers who offer rehabilitative services to offer incentives to recruit and retain staff to both fill and prevent new vacancies and enable providers to re-open service locations or services lines that were closed due to staff vacancies. One-time incentive funding to fill staffing shortages will enable providers to accept new participants into HCBS.
 - **Update: Notice of the one-time payment and attestation forms will be sent to eligible providers by February 2022.**
 - **Payments** to managed care organizations to be passed on to home health agencies for use as retention bonuses for nurses who remain with a home health agency providing private duty nursing for a year, or who continue to staff a case in the top 10% of missed shift rates for a quarter. This initiative expands workforce available to provide skilled nursing services in an individual's home by attracting and retaining qualified nurses.
 - **Update: Language has been drafted to be added to the 2023 Physical HealthChoices Agreement.**

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- Incentivize the use of value-based purchasing initiatives that reduce missed shifts to strengthen nursing services. By making directed payments to managed care organizations that achieve a reduction in missed shifts, as measured by quarterly reporting, DHS will enhance and strengthen current private duty nursing services for children who have difficult-to-staff cases and to ensure that they receive skilled nursing coverage for all hours for which they are authorized.
 - **Update: Language has been drafted to be added to the 2023 Physical HealthChoices Agreement.**
- Increase rates for Infant/Toddler Early Intervention (EI) providers who offer home and community-based services. Counties operate the Infant/Toddler EI program on behalf of the Office of Child Development and Early Learning (OCDEL), through contracted EI service providers.
 - **Update: Rates were increased effective July 1, 2021. The rate increase is supported initially by federal funds made available under Part C of the Individuals with Disabilities Education Act through ARP. A portion of the rate increase will be supported with the funds made available under the enhanced FMAP for HCBS services beginning in State Fiscal Year (SFY) 2022-23.**
- Increase Personal Assistance Services (PAS) payment rates in the CHC and OBRA waivers. By enhancing payment rates in the CHC and OBRA waivers, PAS providers can increase employee wages for direct care workers in both agency and participant-directed models of PAS available in these waivers. The increased wages can assure the PAS providers are recruiting and retaining staff to provide services to the growing HCBS population. Providing increased wages for PAS enhances and strengthens the HCBS system by avoiding issues such as missed shifts due to the unavailability of workers.
 - **Update: PAS payment rates were increased in the CHC and OBRA waivers effective January 1, 2022. The appropriate waiver amendments have been submitted to CMS or are in the process of being submitted.**
- Refresh data for ODP services and adjust rates if necessary. ODP is required under state regulation to refresh the data used for rate setting a minimum of every three years; the next update was required no later than October 2022. Refreshing the data earlier than planned gives DHS the ability to address a rate increase, if justified, in response to provider's changing needs as part of the HCBS spending plan. ODP will receive updated rate information for each HCBS service from DHS's actuarial consultant developed using recently released data from the Bureau of Labor Statistics (BLS), trended to the implementation period. Should refreshing the data result in a need to adjust rates, the Commonwealth will ensure that reimbursement rates remain at levels no less than the April 1, 2021 provider rates as required in the HCBS spending plan.
 - **Update: ODP worked with the actuarial services vendor using the rate-setting methodology outlined in 55 Pa. Code § 6100.571 and the ODP waivers to update the data used to establish the rates one year earlier than required. As a result, proposed rate increases were published for public comment January 1, 2022 for the Consolidated, Community Living and Person/Family Directed Support (P/FDS) Waivers and Base-funded programs. These rate increases are proposed effective January 1, 2022. In addition, the proposed rates for the Adult Autism Waiver were also published January 1, 2022 and will be retroactive to July 1, 2021 once implemented. The appropriate waiver amendments have been submitted to CMS or are in the process of being submitted. None of the proposed rate changes will result in rates that are less than those in place as of April 1, 2021.**
- Purchase consultation for the development and implementation of selective contracting and alternative payment methods. Funds will purchase time limited consultation to support DHS's development and implementation of selective contracting and alternative payment methods for selected ODP HCBS services to improve quality by aligning payment with satisfying performance targets and outcomes.
 - **Update: Consultation is anticipated to begin this quarter and extend into SFY 2022-23.**

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- Increase behavioral health provider rates to support state standards for the facilitation of staff training, education and recruitment based on American Society of Addiction Medicine (ASAM) criteria. By increasing provider rates, DHS can address community-based provider needs related to increased staffing, required certifications, and increased hours which strengthens and expands HCBS. The implementation of ASAM criteria coincides with an increase in demand for treatment that has been fueled by COVID-19.
 - **Update: Behavioral health provider rates were increased effective January 1, 2022. The costs for implementation of ASAM will be supported with the enhanced FMAP for HCBS services.**

Supplies and Equipment

- Fund the purchase of PPE and testing supplies for CHC and OBRA waiver HCBS providers that were not covered through other funding sources.
 - **Update: OLTL is in the process of developing a grant application for these funds.**
- Strengthen emergency preparedness of ODP's non-residential HCBS residents through provision of emergency preparedness kits. The kits promote safety and self-sufficiency during disasters.

Work Force Support

- Create an online education and training portal for shift care nursing to strengthen supports to nursing professionals. The development of a training/education portal will provide increased support for home health agencies, caregivers, and managed care organizations with building relationships and expanding their knowledge. The portal will provide trainings that focus on preparing both nurses and families for the private duty nursing transition and what to expect from the private duty nursing experience in one's home.
 - **Update: OMAP is drafting the Statement of Work associated with this activity.**
- Enhance shift nursing services through co-training hubs for families and nurses to train together on complex cases. By offering one-time start-up grants to develop and staff five co-training hub locations (one in each of the HealthChoices zones across the commonwealth), we enhance private duty shift nursing services provided in an individual's home by improving quality of care and strengthening relationships between nurses and family caregivers and improving staffing rates for difficult-to-staff cases. In addition, current nursing students can gain exposure working with this population and become prepared to confidently enter the field after graduation. These hubs will include training labs that will allow parents and the nurses working their child's shift nursing case to train together on the durable medical equipment and care techniques to be used at home for children who receive private duty nursing services.
 - **Update: OMAP is drafting the Statement of Work associated with this activity.**
- Develop a medical home learning network to expand communications and supports to providers serving children with medical complexities. By developing a subgroup of the American Academy of Pediatrics Medical Home learning network, providers implementing the American Academy of Pediatrics' medical home model can share best practices and consult on cases. Currently, providers do not have a platform to communicate with each other on challenges and lessons learned through implementation of the American Academy of Pediatrics Medical Home program.
- Enhance quality of service provision for individuals with intellectual disabilities/autism through provider training and credentialing. One-time supplemental payments will be made available for adoption of CMS core competency training for Direct Support Professionals, agency completion of National Association for Dual Diagnosis Accreditation, establishing a business associate program in industry to promote employment for people with disabilities, and certification through the Lifecourse Ambassador program. These one-time funds will increase the quality of services being provided by the agencies and provide models for linking pay to credentialing and certification programs.

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- Update: ODP submitted an Appendix K application which included a proposed supplemental payment to HCBS providers for the outlined training and credentialing.
- Expand current training initiatives to include trauma-informed care that enhance service delivery. An opportunity will be made available to clinicians in the mental health field to become certified in at least one evidence-based modality to treat trauma. Pennsylvania lacks clinicians with specialized training in evidence-based trauma-treatment modalities. The need for growing the Commonwealth's workforce capacity to recognize and treat trauma has been a consistent need identified by the Mental Health Planning Council and the Governor's Trauma-Informed PA plan. Individuals receiving HCBS with a history of trauma will benefit from this activity through improved patient engagement, treatment adherence and health outcomes. Similarly, individuals receiving non-HCBS services who also have a history of trauma will benefit from this activity as well, as health outcomes may enable them to transition from higher levels of care into HCBS.

Caregiver Support

- Develop a registry of direct care workers that allows participants to locate, review and contact direct care workers who will best meet their care needs. This registry would expand the availability and visibility of the direct care workforce which improves access to HCBS by connecting direct care workers with participants through the participant-directed model of HCBS. This activity is still in the concept stage and implementation is contingent on other factors.
- Provide respite and family support services to those on waiting lists for Intellectual Disabilities/Autism Services through one-time funds. These funds will provide short-term temporary relief for those waiting for HCBS waiver services.
 - Update: Funding will be administered through Administrative Entities and anticipated to be available beginning March 1, 2022.

Support to Improve Functional Capabilities of Persons with Disabilities

- Through one-time grants, OLTL HCBS providers will be able to:
 - Purchase remote support technology to enhance transparency and quality assurance in service delivery. For example, direct care workers could have access to tablets and software that support in-home documentation of participant conditions and other related care needs.
 - Provide training on infection control practices to enhance the quality of services.
 - Purchase and implement new software/technology for electronic health records, quality, or risk management functions. 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. This would promote and strengthen the coordination of services by affording providers the ability to better track quality measures and associated outcomes.
 - Update: OLTL is in the process of developing a grant application for these funds.
- Provide funding for assistive and remote support technology to enhance service delivery within ODP HCBS. These one-time grants can be used to support greater independence for individuals (example, assistive technology that turns stove off after inactivity and alerts caregiver) and improves quality of care through implementation of solutions like electronic health records.
 - Update: ODP submitted an Appendix K application which included a proposed supplemental payment to HCBS providers for the outlined technology.
- Enhance HCBS by improving technology for ODP support coordination organizations through one-time funding for the purchase of technology to support remote monitoring, mobile workforce, secure inter-office communications or implementation of quality improvement strategies.

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- Update: ODP submitted an Appendix K application which included a proposed supplemental payment to supports coordination organizations for the outlined technology.
- Accelerate the adoption of technology by funding a consultant to advise OLTL and ODP HCBS providers seeking to adopt remote supports and other technology solutions for individuals receiving HCBS. The use of technology to support independence will reduce need for direct care thereby relieving pressure for staffing from HCBS agencies that provide direct care. This initiative is aimed at capacity building through awareness and education. Training and materials developed will be stored and made available electronically.

Transition Support

- Enhance transitions into the community by incentivizing managed care organizations to meet nursing home transition goals. Pennsylvania’s Nursing Home Transition (NHT) program provides the opportunity for nursing facility (NF) residents and their families to be fully informed of the full range of home and community-based services. The program helps individuals move out of NFs so they can receive services and supports in the settings of their choice. OLTL will make one-time incentive payments to the CHC-MCOs, through the managed care contract, to meet NHT goals. The CHC managed care organizations will support expansion of NHT by utilizing ARP funding to provide access to additional equipment or devices that could support NHT.
 - Update: These pay for performance initiatives were included in the CHC managed care organizations 2022 agreements and goals for transitions are in the process of being set.
- Purchase housing adaptations for those transitioning from institutional or congregate settings. One-time grants will be made available to ODP residential providers for housing adaptations and purchase for individuals transitioning from public or private intermediate facilities, children transitioning from congregate care, medically complex adults when cost effective and to avoid placement in a nursing facility, and to support adults to age in place or transition to supported living or lifesharing.
- Expand consolidated waiver capacity to transfer 25 additional individuals from intermediate care facilities to HCBS.

Mental Health and Substance Use Disorder Services

- Support telehealth services with one-time grants for behavioral health providers who provide rehabilitative services to purchase equipment and training supports to enhance telehealth services. This activity enhances and strengthens HCBS as this service minimizes wait times for behavioral health services and affords individuals to receive services from their home thereby reducing mental disability and restoring beneficiaries to their best functional level. In addition, statewide access to services is made available to individuals who require the services of a specialist. The use of telehealth technology has been widely utilized by providers who are either directly providing HCBS or who are providing non-HCBS clinical services to individuals who are also receiving HCBS services.
- Provide for technical assistance to implement assisted outpatient therapy (AOT) for enhanced outpatient treatment for individuals in the civil court system who experience serious mental illness. AOT is the practice of providing outpatient treatment under civil court order to individuals with serious mental illness who have demonstrated difficulty engaging with treatment on a voluntary basis. This activity increases access to less restrictive treatment options and community settings and supports the functioning of individuals who may be concurrently enrolled in HCBS or who may be eligible for these services in the future.
- Fund scholarships to expand the number of certified peer specialists (CPS) in Pennsylvania to ensure a strong workforce in mental health service settings. Peer support services are included in Pennsylvania’s state plan under Rehabilitative Services. Offering scholarships for Peer Specialist Certification training enhances and strengthens HCBS as this service reduces mental disability and restores beneficiaries to their best functional level supporting participation in HCBS. COVID-19 paused training and certification for peer specialists for nearly a year, resulting in a reduced subset of the HCBS workforce. This initiative will include a commitment of 2 years of service within the

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Commonwealth. To become a CPS in Pennsylvania, individuals must complete a two-week course. Once certified, the CPS may be employed by several mental health organizations and their services may be billed to Medicaid.

Support State HCBS Capacity Building and LTSS Rebalancing Reform

- Incentivize completion of care plans to improve care coordination and care management activities **beginning in calendar year 2023**. This activity provides an incentive payment to primary care providers for each semi-annual shared care plan developed, updated, and implemented for the 6,000 children receiving shift-care nursing services. These payments provide support for pediatric medical homes to enhance care coordination and care management activities. These children need care integration across multiple settings- physical health, behavioral health, home care agencies, medical day cares, hospitals, emergency departments, early care and education, early intervention, education, community organizations, and social services. Key elements in shared care planning are person-centered goal setting and engaging the families and primary caregivers in the creation and maintenance of a comprehensive care plan. The HealthChoices managed care organizations will receive a directed payment to provide incentive funding every six months for three years based on a shared care plan developed by the primary care provider and family that includes key elements of care management and coordination.
- Provide for enhanced training for private duty nurses to staff cases for children who have complex medical conditions as well as significant behavioral health needs. One of the many challenges facing nurses providing care in an individual's home is the lack of training around behavioral health and how to assist a child who may have behavioral health needs. Behavioral health training scholarships will be provided for participation in the Registered Behavior Technician training to give private duty nurses skills to staff cases for children who have complex medical conditions as well as significant behavioral health needs. These are one-time payments not to extend beyond March 31, 2024.
 - **Update: OMAP is drafting the Statement of Work associated with this activity.**
- Invest in technology to enhance care coordination for individuals receiving private duty nursing services in their own home by connecting home health agencies with Pennsylvania's Patient Provider Network. One-time onboarding grants will be made available to connect home health agencies to the Pennsylvania Patient and Provider Network, the Commonwealth's Health Information Exchange, which allows for sharing of patient information among providers. These grants would be made directly to the agencies and represent an investment in technology infrastructure that will enhance care coordination for individuals receiving private duty nursing services in their own home. Many small agencies in Pennsylvania are not yet connected to the exchange and are thus unable to benefit from its information-sharing, which will include a care plan registry in the future.
 - **Update: OMAP has drafted procurement documents and is preparing to release a procurement announcement.**
- Introduce the use of electronic health records (EHR) by state hospitals and HCBS facilities and ensure they are interoperable with the health information exchange. Both HCBS and state-run psychiatric facility providers will benefit from this activity. An EHR increases access to less restrictive treatment options and community settings. Treating individuals in state psychiatric facilities and enabling them to live in their community requires coordination between the facilities and HCBS providers. When it is required that records be shared manually, via fax, or via post, treatment is delayed, work is duplicated, and human error occurs which can further delay the coordination of care for hundreds of beneficiaries. The absence of an EHR results in:
 - Delays in discharges from the state facilities to less restrictive settings in the community. Individual medical records must be shared with providers to convey behavioral health needs of an individual when making a referral so that the provider can determine if they can appropriately meet the patient's needs. As consumer needs change, currently paper records are gathered to understand their historic medical interventions.

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- Individuals discharged from our state facilities are complex with lengthy medical histories and a need for proactive, comprehensive HCBS planning. The number of HCBS providers with the expertise to provide this population with an appropriate rehabilitative service is finite. The more time spent on gathering consumer information in paper format, risks the ability for a HCBS provider to add our transitioning member to their caseload.
 - OMAP has drafted procurement documents and is preparing to release a procurement announcement.
- Enhance the comprehensive training program for direct care workers to bolster the quality of services for participants. Pennsylvania’s LTSS stakeholders, advocates and providers have provided recommendations to DHS on the development of a comprehensive training program for direct care workers to bolster the quality of services for participants. OLTL would establish a standardized core training curriculum for direct care workers across the LTSS continuum, which will also provide a clear career pathway. The training curriculum will be a series of trainings which would give workers stackable credentials with incentives to reach training milestones.
 - Update: OLTL’s 2022 CHC managed care agreements require the CHC MCOs to provide a comprehensive training program for direct care workers.
- Purchase electronic incident detection reporting systems and dashboards to enhance participant health and welfare in HCBS. Ensuring the health and welfare of HCBS program participants requires fidelity within robust incident management systems. Funding to purchase analytics and establishment of system matching claims with ODP incident data.
- Issue one-time grants to HCBS providers that have innovative ideas that will address social determinants of health, like housing, to improve and enhance services for CHC and OBRA participants. These HCBS providers offer personal care services, self-directed personal care services and long-term services and supports authorized under Section 1915(c).
 - Update: OLTL is in the process of developing a grant application for these funds.
- Provide incentive payments to the CHC-MCOs, through the managed care contract, to meet the quality measures established by OLTL for HCBS services.
 - Update: Calendar year 2022 will be the measurement year used to determine incentive payments which are planned for the first quarter of calendar year 2023.
- Fund consultant services to support implementation and monitoring of the HCBS spending plan.
 - Update: Consultants have been engaged for this work.
- Fund consultant services to support the work of the Pennsylvania Behavioral Health Task Force to ensure individuals have the appropriate supports to remain in the community or decrease the length of facility stays. The task force was convened to identify strengths, gaps and opportunities for improvement in the behavioral health system.
 - Update: Consultants have been engaged for this work.

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Spending Plan Projection

Commonwealth of Pennsylvania Calculation of Supplemental Funding from 10% FMAP Increase

ARPA Sec. 9817

Report Date: January 2022

BASELINE EXPENDITURES THAT QUALIFY FOR 10% HCBS FMAP

Federal Fiscal Year	FFY 21	FFY 21	FFY 22	FFY 22	
Quarter	Q3: Apr to Jun	Q4: Jul to Sep	Q1: Oct to Dec	Q2: Jan to Mar	Total
<i>Service Categories</i>					
Home and Community Based Services	\$ 2,470,000,000	\$ 2,470,000,000	\$ 2,470,000,000	\$ 2,470,000,000	\$ 9,880,000,000
Case Management Services	\$ 122,500,000	\$ 122,500,000	\$ 122,500,000	\$ 122,500,000	\$ 490,000,000
Rehabilitation Services	\$ 357,700,000	\$ 357,700,000	\$ 357,700,000	\$ 357,700,000	\$ 1,430,800,000
Other	\$ 100,000,000	\$ 100,000,000	\$ 100,000,000	\$ 100,000,000	\$ 400,000,000
Subtotal: Qualifying Expenditures	\$ 3,050,200,000	\$ 3,050,200,000	\$ 3,050,200,000	\$ 3,050,200,000	\$ 12,200,800,000

Funds Attributable to 10% HCBS FMAP Increase

\$ 1,220,080,000

ADDED FUNDING FOR HCBS REINVESTMENT

Year of Reinvestment	FFY 21	FFY 21	FFY 22	FFY 22	Total
Time Period	Q3: Apr to Jun	Q4: Jul to Sep	Q1: Oct to Dec	Q2: Jan to Mar	
Qualifying Expenditures for Reinvestment	\$ -	\$ 44,770,583	\$ 44,770,583	\$ 44,770,584	\$ 134,311,750
Subtotal: Qualifying Expenditures	\$ -	\$ 44,770,583	\$ 44,770,583	\$ 44,770,584	\$ 134,311,750

Reinvestment Funds Attributable to 10% HCBS FMAP Increase

\$ 13,431,200

Total Funds Attributable to 10% HCBS FMAP Increase

\$ 1,233,511,200

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Spending Plan														
Federal Fiscal Year	FFY 21	FFY 21	FFY 22	FFY 22	FFY 22	FFY 22	FFY 23	FFY 23	FFY 23	FFY 23	FFY 24	FFY 24	FFY 24	TOTAL
Quarter	Q3: Apr to Jun	Q4: Jul to Sep	Q1: Oct to Dec	Q2: Jan to Mar	Q3: Apr to Jun	Q4: Jul to Sep	Q1: Oct to Dec	Q2: Jan to Mar	Q3: Apr to Jun	Q4: Jul to Sep	Q1: Oct to Dec	Q2: Jan to Mar	Q3: Apr to Jun	
Support Categories														
Enhance Medicaid HCBS	\$ -	\$ 42,751,858	\$ 42,751,858	\$ 42,751,858	\$ 42,751,858	\$ 63,498,738	\$ 63,498,738	\$ 63,498,738	\$ 63,498,738	\$ 57,777,108	\$ 57,777,108	\$ 57,777,108	\$ 57,795,796	\$ 656,129,504
Expand Medicaid HCBS	\$ -	\$ 1,778,766	\$ 1,778,766	\$ 1,778,766	\$ 1,778,766	\$ 1,250,000	\$ 1,250,000	\$ 1,250,000	\$ 1,250,000	\$ 1,126,425	\$ 1,126,425	\$ 1,126,425	\$ 1,126,425	\$ 16,620,764
Strengthen Medicaid HCBS	\$ -	\$ 66,156,396	\$ 66,156,396	\$ 66,156,396	\$ 66,156,396	\$ 38,547,112	\$ 38,547,112	\$ 38,547,112	\$ 38,547,112	\$ 35,486,725	\$ 35,486,725	\$ 35,486,725	\$ 35,486,725	\$ 560,760,932
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(State Share)	\$ -	\$ 110,687,020	\$ 110,687,020	\$ 110,687,020	\$ 110,687,020	\$ 103,295,850	\$ 103,295,850	\$ 103,295,850	\$ 103,295,850	\$ 94,390,258	\$ 94,390,258	\$ 94,390,258	\$ 94,408,946	\$ 1,233,511,200
					\$ 442,748,080				\$ 413,183,400				\$ 377,579,720	