

OLTL Updates LTSS Sub MAAC

October 11, 2022

Agenda

- Act 54 Updates
- Enrollment Data
 - Eligibility Determination Process
 - LIFE Enrollment
 - FED Appeals
- OBRA & CHC Waiver Amendments
- ARPA HCBS Spending Plan and Act 24 Updates
- ARPA Reporting Portal Walkthrough

Act 54 Update

Act 54 Spending Plan

- Information posted on the Long-Term Care providers DHS website regarding Act 54 payments.
- Letters sent out to provider via US mail to providers receiving funding.
- ListServ announcements were sent for PCH/ALRs NF not enrolled in MA to allow providers to attest electronically.
- MA enrolled providers will receive their payments via gross-adjustments – files being prepared.
- Looking for pay dates later in October.

IEB & LIFE Enrollments

IEB Enrollment Data

Status	1/31/2022	2/28/2022	3/30/2022	4/29/2022	5/31/2022	6/30/2022	7/29/2022	8/30/2022	9/30/2022	Description
READY_ASSESSMENT	13	14	10	9	12	14	14	12	10	IEB has received a referral from a third party, the IEB is outreaching to the Applicant/Representative to schedule Visit.
SCHEDULED	6	6	5	4	7	5	5	6	5	In Home Visit has been scheduled
ASSESSMENT_INPROCESS	4	3	1	0	3	1	1	4	1	In Home Visit completed and the IEB is reviewing completeness of intake documents required.
MA_PA_600_REVIEW	6	6	6	7	7	5	6	6	5	IEB is waiting for the PA 600 or the PA 600 received and IEB to enter in COMPASS
PC & FEDPending	6	6	6	6	8	7	5	6	5	PC sent to the identified Physician and FED Reques sent to Aging Well
PC Pending/FED Received	38	38	37	38	40	39	37	36	37	Completed FED received from Aging Well/ PC is pending
PC Received/FED Pending	6	8	8	7	9	8	5	8	6	Completed PC received/ FED pending with Aging Well
APP_REVIEW	1	1	0	1	2	0	0	1	0	Medical Director Review Pending
OLTL_READY	34	14	28	30	7	22	20	30	25	Program Eligibility under review by OLTL
READY_TRANSITION	63	64	58	54	61	61	63	64	62	Functionally eligible, Applicant is pending nursing facility discharge
APPROVED	16	16	14	14	16	14	13	14	13	Functionally Eligible, 1768 sent to CAO
1768_DENIAL	6	4	6	1	4	1	1	1	1	Functionally ineligible, HCBS Denial notice pending
FINANCIAL_APPROVAL	2	2	2	1	2	1	2	2	1	Financial Approval Received, enrollment in Process of being finalized
MMS_READY	5	0	0	0	4	1	3	0	0	Pending acceptance by OBRA or Act 150 Service Coordinator
FINANCIAL_DENIAL	1	2	1	0	1	0	0	6	0	Financial Denial Received, application in process of completion

Current IEB Report – All Waivers

	2018QTR 4	2019QTR 1	2019QTR 2	2019QTR 3	2019QTR 4	2020QTR 1	2020QTR 2	2020QTR 3	2020 QRT4	2021QTR 1	2021QTR 2	2021QTR 3	2021QTR 4	2022QTR 1	2022QTR 2
Grand Total	24283	25320	26335	24752	34711	33402	25890	26398	26213	25106	25118	29365	29082	31328	33482
Complete	14703	15607	16277	17347	15617	21513	17820	16180	18098	16081	16153	18783	18953	20171	22372
Complete in 90 Days	12186	12068	14343	13188	13027	18963	15441	14918	17428	15491	15569	17985	18233	19326	21776
Complete > 90 Days With Excuse	400	344	435	484	483	1126	536	648	408	379	300	403	345	329	316
Compliance Percentage	86%	80%	91%	79%	87%	93%	90%	96%	99%	99%	98%	98%	98%	97%	99%
Average Days To Complete	52	60	52	56	56	52	57	45	41	40	40	37	39	40	34

1. Grand Total - All unduplicated applications in process this quarter
2. Complete - Total unduplicated applications completed this quarter
3. Total unduplicated applications completed during the quarter in 90 days
4. Total unduplicated applications completed during the quarter and over 90 days, but with excuse of a delayed enrollment
5. Using the above fields = (row 3 + row 4)/ row 2 Average to complete excluding excused applications

Note: Reapplications removed

Current IEB Report – Under/Over 60

Over 60	2018QTR 4	2019QTR 1	2019QTR 2	2019QTR 3	2019QTR 4	2020QTR 1	2020QTR 2	2020QTR 3	2020 QRT4	2021QTR 1	2021QTR 2	2021QTR 3	2021QTR 4	2022QTR 1	2022QTR 2
Grand Total	14140	14937	15771	15134	23082	20441	16309	16848	16775	16161	17383	20414	18991	21116	22098
Complete	8586	9323	9885	10827	10267	12967	11172	10282	11658	10189	11069	13204	12349	13602	14699
Complete in 90 Days	7063	7312	8804	8447	8605	11421	9700	9500	11233	9828	10696	12673	11909	13025	14333
Complete > 90 Days With Excuse	275	221	272	322	336	684	327	392	267	239	194	263	200	238	207
Compliance Percentage	85%	81%	92%	75%	81%	93%	90%	96%	99%	99%	98%	98%	98%	98%	99%
Average Days To Complete	52	58	50	54	55	52	56	45	40	40	39	37	39	40	34

Under 60	2018QTR 4	2019QTR 1	2019QTR 2	2019QTR 3	2019QTR 4	2020QTR 1	2020QTR 2	2020QTR 3	2020 QRT4	2021QTR 1	2021QTR 2	2021QTR 3	2021QTR 4	2022QTR 1	2022QTR 2
Grand Total	10143	10383	10565	9597	11628	12101	9580	9335	9438	8964	7735	8951	10092	10208	11384
Complete	6114	6279	6392	6499	5350	7951	6648	5898	6439	5893	5084	5579	6604	6566	7673
Complete in 90 Days	4948	4751	5539	4720	4422	7006	5741	5418	6195	5663	4873	5312	6324	6302	7443
Complete > 90 Days With Excuse	130	123	163	162	147	418	209	256	141	140	106	140	145	81	109
Compliance Percentage	84%	84%	89%	75%	85%	93%	90%	96%	98%	98%	98%	98%	98%	97%	98%
Average Days To Complete	70	63	55	60	59	53	57	47	41	41	41	38	39	40	35

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Note: Reapplications removed

Q2 2022 Closure Reasons

Closed Reason	Count	Description of Closure
Enrolled	6669	Applicant enrolled in HCBS.
Failure to provide info-CAO	6568	CAO issued denial due to applicant not providing financial verification timely
Unable to Reach Client	2255	IEB unable to reach applicant from third party referral.
incomplete	2090	Closed at day 86 of application due to incomplete or missing information Example: MA 570 not returned
Clinically Ineligible	2051	HCBS Denial Notice issued - Applicant determined NFI as a result of the FED and PC or Medical Director Review
Not Interested in Services	746	Applicant is contact after referral is received and notifies the IEB that they are not interested in receiving HCBS services
Voluntary Withdrawal	530	Applicant contacts the IEB and requests to withdraw the application.
reApped	341	System corrected application and the status needs revised. The original application start date is used.
Financially Ineligible	301	CAO issued denial notice due to the applicant being determined financially ineligible.
Already Receiving Services	238	Upon referral IEB identifies that applicant is already enrolled in HCBS and is receiving services.
Applicant Not Discharged	165	NHT applicant that does not discharge within 180 days of the application start date.
DECEASED	161	IEB is notified or identifies that the applicant is deceased before application is finalized.
Duplicate Application	113	Applicant has more than one open application. This is used for system correction when application is in an incorrect status.
Functionally Ineligible	69	Applicant is reviewed for OBRA or Act 150 and Denial notice issued due to Applicant not meeting Program Requirements.
Does not meet 5 year bar	34	CAO issued notice indicating the applicant does not meet the 5 year residency requirement to receive MA HCBS services.
MA Application Not Received	22	IVA was completed and the individual requested to submit the 600L at a later time and did not return within 30 days.
Insufficient Information	18	Referral received that does not include enough information to follow up with individual begin an application.
Expired Documents	1	Application closed due to application documents (FED/PC) over 12 months
Grand Total	22372	

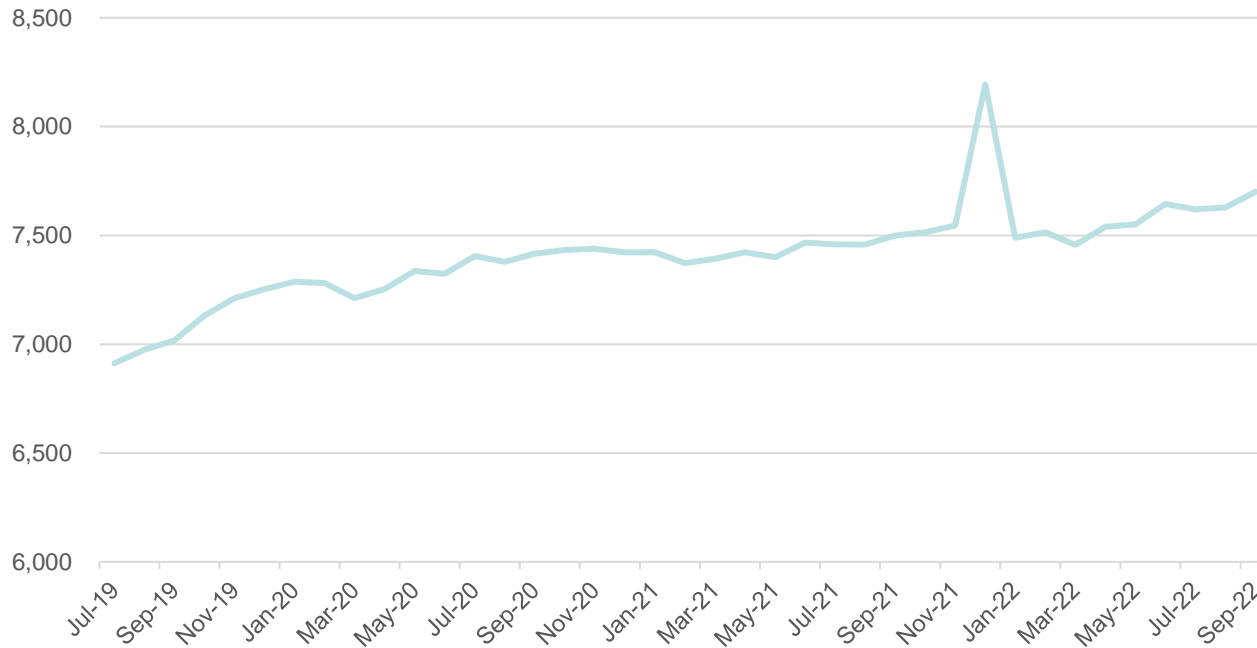
In-person vs. Virtual IVA

2022

	Phone		In Home		Total Count
Month	Count	Percentage	Count	Percentage	
Jan	4939	77.65%	1422	22.35%	6361
Feb	5454	78.18%	1522	21.82%	6976
Mar	6472	76.20%	2021	23.80%	8493
Apr	5645	74.14%	1969	25.86%	7614
May	5603	73.92%	1977	26.08%	7580
Jun	5568	73.71%	1986	26.29%	7554
Jul	4669	64.85%	2531	35.15%	7200
Aug	5892	64.61%	3228	35.39%	9120
Sep	5395	67.10%	2645	32.90%	8040
Grand Total	49637	72.00%	19301	28.00%	68938

LIFE Enrollments

LIFE Enrollments July 2019 through Sept 2022



- Since statewide LIFE IEB implementation, the overall LIFE Program census has increased by 301 individuals (from May 2021 through September 2022). During the 12 months prior to statewide implementation, the program grew by 86 individuals (May 2020 through April 2021).

FED Appeals Data

FED Appeals Data

	Dec	Jan		Feb		Mar	Apr	May	Jun	Jul	Aug	Sep	Grand Total	Description
Status	MEDICAL DIRECTOR REVIEW - NFI	MEDICAL DIRECTOR REVIEW - NFI	NFI - FED AND PC NFI	MEDICAL DIRECTOR REVIEW - NFI	NFI - FED AND PC NFI	MEDICAL DIRECTOR REVIEW - NFI	MEDICAL DIRECTOR REVIEW - NFI	MEDICAL DIRECTOR REVIEW - NFI	MEDICAL DIRECTOR REVIEW - NFI	MEDICAL DIRECTOR REVIEW - NFI	MEDICAL DIRECTOR REVIEW - NFI	MEDICAL DIRECTOR REVIEW - NFI		
APPEAL_INITIATED	19	39	1	27		70	26	39	29	56	35	37	378	Appeal Received - Hearing Date has not yet been scheduled
APPEAL_HEARING_SCHEDULED	51	23		18	1	25	28	31	30	28	24	26	285	Hearing Date Scheduled
APPEAL_WITHDRAWN	37	24		22	1	25	17	21	12	8	8	9	184	Following Pre Hearing Appellant Withdrew
APPEAL_DISMISSED	3	7		3								3	16	ALJ Dismissed Appeal (example Appellant does cannot be reached)
APPEAL_SETTLED	3								1				4	Hearing outcome was a stipulated settlement (example - new FED or Applicant to submit additional information to be considered)
APPEAL_WAITING_JUDGE_DECISION								1		2			3	Pending decision by the ALJ
APPEAL_STIPULATED_SETTLEMENT										1			1	Hearing outcome was a stipulated settlement (example - new FED or Applicant to submit additional information to be considered)
Grand Total	113	93	1	70	2	120	71	92	72	95	67	75	871	

MCO Plan Change Reasons

Reason	Count
Prefers another MCO's benefits	575
Would not give reason	89
Family/Friend Recommendation	65
Prefers nonparticipating doctor or hospital	43
Doctor left plan	41
Out of plan services wanted	37
Can't stay with current nonparticipating doctor for treatment	22
Dissatisfied with Medical MCO Services	20
Someone other than those listed above recommendation	13
Location of doctors inconvenient	11
PCP Recommendation	10
Dissatisfied with Doctor/PCP	9
Dissatisfied with MCO's services/marketing rep	8
Dissatisfied with range or length of services - too limited	7
Moved/Moving Out of Area	5
Mail Plan Change - No reason given	5
MCO has denied/reduced my services	4
Dislikes Making Appointments	3
Disabled/Handicapped-Doctor's office not easily accessible	3
Dissatisfied with pharmacy program/provider	3
Language Problem	3
Dislikes using referrals	2
Dissatisfied with hospital	1
Receives bills for services	1
Dissatisfied with laboratory services	1
Dissatisfied with dental program/provider	1
Not Applicable - Not Disenrolling from Another Plan	1
Dissatisfied with vision program/provider	1
Grand Total	984

OBRA & CHC Waiver

OBRA & CHC Waiver

- OBRA Waiver Amendment
 - On August 15th, CMS approved an OBRA waiver amendment increasing PAS rates by 8%.
 - This increase has been in effect since January 1, 2022 through our Appendix K flexibility and amendment.
 - The approval of the OBRA waiver amendment makes the rate increase permanent in the base waiver application.
- OLTL is working on OBRA and CHC waiver amendments for submission to CMS in December.
 - We anticipate that the draft waiver amendments will be released for public comment sometime in mid to late October. OLTL's Bureau of Policy will communicate any amendments in future stakeholder meetings.

CHC 1915(c) Waiver Amendment

- Amendment will have a proposed effective date of April 1, 2023.
- Purpose of the Amendment:
 - Add Agency with Choice (AWC) as Financial Management Services (FMS) model for the participant-directed services of Personal Assistance Services and Respite.
 - Amend service definitions:
 - Benefits Counseling
 - Nursing Services
 - Occupational Therapy Services
 - Physical Therapy Services
 - Modify Services Coordinator and Service Coordinator Supervisor qualifications to align with the CHC Agreement.
 - Add a performance measure to monitor the AWC vendor.

OBRA 1915(c) Waiver Amendment

- Amendment will have a proposed effective date of April 1, 2023.
- Purpose of the Amendment:
 - Add AWC as an FMS model for the participant-directed services of Personal Assistance Services and Respite.
 - Amend the Benefits Counseling service definition.
 - Amend the responsibilities of the Fiscal/Employer Agent by removing the requirement to have a support broker because the support broker activities are currently being provided either by the F/EA or by the service coordinators and would be duplicative.
 - Revise performance measures:
 - Remove Performance Measure AA-6 because the data is being captured in AA-5.
 - Add Performance Measure AA-8 for OLTL to monitor and measure the AWC vendor's performance.

OBRA 1915(c) Waiver Amendment

- The proposed addition of Agency with Choice (AWC) to the OBRA waiver is the same as for the CHC Waiver with some exceptions:
 - There is no role for the CHC-MCOs in the OBRA waiver.
 - OLTL Bureau names and responsibilities have been updated.
- The Benefits Counseling service definition changes are the same as in the CHC waiver.
- For Nursing, Physical Therapy, Occupational Therapy and Speech and Language Therapy.
- Appendix H has been updated to reflect the current Quality Improvement Strategy.
 - OLTL has consistently improved its Quality Improvement Strategy but has not updated Appendix H recently to reflect these practices.

OBRA 1915(c) Waiver Amendment

- Amend the responsibilities of the Fiscal/Employer Agent (F/EA) by removing the requirement for a Support Broker.
 - The duties designated to the Support Broker are being conducted by the F/EA and Service Coordinators.
 - This change was made to the CHC waiver effective January 1, 2021.
 - OLTL's rationale for removing the Support Broker from the OBRA waiver is the same as it was for the CHC waiver.

ARPA HCBS Spending Plan and Act 24 Updates

American Rescue Plan Act (ARPA)

- Strengthening the Workforce and Adult Day Service Payments in March – June 2022
 - The remaining payments should go out in the next few weeks.
 - Working on reconciliation.
- The reporting portal for Act 24 of 2021 payments AND Strengthening the Workforce Payments and Adult Day Service Payments was released to providers on September 29th.
 - The ListServ announcement included the Reporting Portal Guide.
 - The first reports are due in the portal on November 30, 2022.

American Rescue Plan Act (ARPA)

- The purpose of the program is to improve the services available to HCBS participants through the Community HealthChoices (CHC) and OBRA 1915(c) waivers. OLTL will provide funding for the following HCBS quality improvement projects:
 - Activities to address Social Determinants of Health (SDOH).
 - Purchase of remote support technology.
 - Development of and payment for enhanced training.
 - Purchase and implementation of new software/technology for electronic health records, quality, or risk management functions.
- The program was announced via ListServ to the provider network was also posted on the DHS website.
- Providers began submitting applications starting July 1, 2022.
- Total applications received:
 - 577 submissions
 - 483 approved for payment
 - 42 reviewed pending additional information
 - Total dollar amount so far: \$17.9M (\$6.2M in process for pay date pending)

ARPA Reporting Portal Walkthrough

Questions?

