Welcome:
Julie Nelson, Center Manager at Philadelphia Senior Center (PSC) introduced the programs and services at PSC. There are 2,300 active members and PSC serves 300 members daily. PSC offers social services, meals cooked daily (and serving 200 older adults per day), housing counselling services, commodity boxes, art and exercise classes, trips and transportation through paratransit, i.e., SEPTA’s CCT. PSC will be celebrating its 70th anniversary this year.

Kathy Cubit welcomed the panelists and audience members to CARIE’s second CHC Forum, and the first forum post-implementation in the Southeast. Information about CARIE’s CHC advocacy and resources for consumers and professionals can be found at www.carie.org/chc. Robert Ximines, Public Health Liaison of Community Behavioral Health (CBH) reminded attendees that CBH is the BH-MCO for Philadelphia county and that CHC participants are eligible for behavioral health services through their county’s BH-MCO.

CARIE’s PA-SMP program is warning consumers and providers about the dramatic rise in complaints about Medicare genetic testing scams as beneficiaries could be subjected to an unnecessary service and potential out-of-pocket costs. Consumers have reported being contacted by phone, email, and in person at vendor tables in various settings by genetic testing companies offering a “free” service. Medicare beneficiaries should never give out their personal information such as their Medicare number to someone offering a “free” service or product. Call the PA-SMP at 1-800-356-3606 for more information.

Panelists:
**Keystone First CHC (KF CHC):** Jennifer Rogers, Director of Long Term Services and Supports, at jrogers@amerihealthcaritas.com  
**PA Health and Wellness (PHW):** Anna Keith, Vice President, Community Relations and Marketing, at anna.m.keith@pahealthwellness.com and Daniel Kleinmann, Community Outreach Specialist, at daniel.i.kleinmann@pahealthwellness.com  
**UPMC CHC:** Matt Jennings, Director of Product Development, at jenningsm6@upmc.edu  
**InnovAge LIFE:** Alison Corter, Strategic Account Executive, at acorter@myinnovage.com

Moderated by Kathy Cubit, CARIE’s Advocacy Manager at cubit@carie.org  
Forum scribe and CARIE’s CHC Advocate, David Johnson at johnson@carie.org
Introductions/Opening Remarks:
After introductions, all panelists gave brief opening remarks. The panelists representing the three CHC-MCOs (PA Health & Wellness, UPMC CHC, and Keystone First CHC) were grateful for the opportunity to have a dialogue with consumers and advocates. All encouraged participants to ask questions and report feedback to them. They try to get in front of emerging issues and learn from experiences to improve service delivery.

Alison from LIFE explained that LIFE is “Living Independence for the Elderly,” a fully integrated managed care program that offers comprehensive medical and supportive services. LIFE is known nationally as the Program of All-Inclusive Care for the Elderly (PACE). InnovAge is one of two providers in Philadelphia; the other is Mercy LIFE. While CHC is a mandatory program, the LIFE program may be an alternative for those age 55 and over. More information about LIFE can be found on DHS’ website here.

The Office of Long-Term Living (OLTL) was unable to participate but Kathy encouraged the audience to share any feedback or questions with CARIE to relay.

Glossary of Key Terms/Acronyms:
BH-MCO – Behavioral Health Managed Care Organization
CAO – County Assistance Office
CHC – Community HealthChoices
FFS – Fee-For-Service
IEB – Independent Enrollment Broker
KF CHC - Keystone First CHC
LTSS – Long Term Services and Supports
MCO – Managed Care Organization
NFCE – Nursing Facility Clinically Eligible
NFI – Nursing Facility Ineligible
OLTL – Office of Long Term Living
PHW - PA Health & Wellness
SC – Service Coordinator
SCE – Service Coordination Entity
OLTL – Office of Long-Term Living
PCSP – Person-Centered Service Plan

Questions and Answers Summary (in order asked):

1. What is the process of getting home modifications in place? Do consumers and advocates need to find in-network contractors first?

Keystone First CHC (KF CHC) highlighted that the home modification benefit is outlined in the CHC Agreement. For KF CHC, service coordinators identify home modifications needs through a comprehensive needs assessment and receive training on how to identify when a consumer needs home modifications. The process is like the way the
fee-for-service (FFS) system worked in that KF CHC needs two bids and occasionally needs PT/OT evaluation. Consumers have their choice of provider (provider networks can be searched on each MCO’s website or by calling Participant Services) and if participants are not satisfied with the work, they should let their SC and MCO know. All MCOs are participating in conversations with stakeholders about “pain points” in this process. KF CHC does not intend to make this process difficult.

UPMC CHC stated that a consumer can also self-identify a need for home mods and request a needs assessment. UPMC believes home mods can add to the independence of the consumer and other assistive tech can help consumers be more autonomous.

PA Health & Wellness agreed with the other MCOs in that this process begins with the service coordinator. Assistive technology like Alexa, Nest, Google Home, and others may be funded through PHW’s assistive tech benefit.

2. Does everyone in CHC have a service coordinator (SC)? If someone needs service coordination, what is the process?

Anyone in CHC that is deemed nursing facility clinically eligible (NFCE) will have a SC. Participants have a choice of SCs but not SCE (i.e., agency). If consumers are not happy with their service coordinator, they have the option of changing their service coordinator. Many consumers in CHC dually eligible for Medicare and Medicaid are nursing facility ineligible (NFI) and would not have a service coordinator.

Keystone First CHC stated that if a consumer is in a “grey area” regarding clinical eligibility for LTSS or if their circumstances change, an eligibility assessment can be conducted to determine if NFCE. CHC-MCOs do not handle eligibility assessments; the PA IEB coordinates with Aging Well and local County Assistance Offices (CAO) to complete. If a consumer is found to be NFCE, they will have access to service coordination and LTSS. Other panelists had nothing more to add.

3. Can nursing facility ineligible (NFI) participants get home modifications? For example, a participant with minor mobility issues who needs a stair glide but is otherwise independent.

NFI individuals cannot get home modifications through CHC. Programs like OPTIONS may be an alternative. Call CARIE for assistance.

4. What is the percentage of internal and external service coordinators for each of the MCOs? Can lists of SCEs be provided to consumers?

PA Health & Wellness stated that service coordination operates differently under CHC than in the fee-for-service (FFS) system. SCs are responsible for being the hub that connects individuals to LTSS and other community resources. PHW requires monthly
encounters between SCs and their consumers and quarterly face-to-face meetings. PHW believes interactions occurring once every six months is inadequate. Consumers should expect a relationship with their SC as they are instrumental in helping consumers meet their goals and get connected to formal and informal supports. PHW’s service coordination model has been to contract with community SCEs for LTSS-eligible consumers living in the community. Internal SCs have been hired for nursing home residents, who have access to a service coordination under CHC. PHW has 104 contracts with SCEs in the Southeast and will be evaluating these contracts by the end of the LTSS continuity of care period on June 30. In the Southwest, PHW looked at SCEs that were not meeting adequate quality standards regarding documentation standards, compliance requirements and performance metrics. PHW is looking at quality metrics, recognizing that if OLTL wants to see systems-wide improvements, quality standards for SCs need to be improved. PHW is clear about their expectations and SCEs have six months or more to demonstrate quality performance. The consumer is the most important stakeholder in all of this.

UPMC CHC noted that in the Southwest, service coordination is approximately 50% internal, 50% external. During the LTSS continuity of care period, UPMC contracted with all willing and able providers, per requirements. UPMC CHC has looked at SCEs closely and recognizes that some providers may be underperforming or engaging in fraudulent activity and will end relationships with these providers. UPMC also recognizes that there are many great SCEs in the Southeast and is open to continuing that relationship beyond the continuity of care period. UPMC CHC currently envisions a hybrid model for service coordination in the Southeast. Philadelphia Corporation for Aging did not accept the terms of the initial continuity of care period and does not provide service coordination with UPMC. If a consumer enrolled with UPMC CHC and previously had a service coordinator through PCA, an internal SC with UPMC contacted the consumer to ensure that the consumer had the new SC’s contact information. This practice is commonplace moving forward.

Keystone First CHC stated that during the LTSS continuity of care period, it contracted with all willing and able providers, per requirements. Since January 1, several SCEs decided to no longer participate. Since January 1, internal SCs have focused on consumers in nursing facilities and new enrollees. External SCs have been trained on the internal Keystone First CHC SCE system. All SCs can authorize approximately 90% of CHC benefits. With the issues that have been discussed about home modifications, SCs need to know how to authorize that process, as well as how to properly develop a person-centered service plan (PCSP).

Keystone First CHC stated that decisions are currently being made about SCE contracts. MCOs are required to give 45 days’ notice to providers and participants if a contract is terminated. Keystone First CHC is in the process of sending notices to SCEs whose contracts will not be extended beyond June 30.
5. Have MCOs had internal discussions about consumers exhibiting hoarding behaviors? What types of services are offered when a consumer is hoarding?

Keystone First CHC leans on external experts to train MCO staff on specialized issues like hoarding and asks coalitions like the Philadelphia Hoarding Task Force what the best practices are for consumers exhibiting hoarding behaviors. Some KF CHC staff plan to attend the Philadelphia Hoarding Task Force’s annual conference on May 16. It is important that MCOs utilize stakeholder expertise and have an inclusive conversation with the person-centered service planning team and community experts.

InnovAge LIFE stated that if someone is in LIFE, part of the assessment process is developing a safe care plan. During an assessment, if hoarding is identified as an issue, LIFE providers reach out to organizations that can help. If hoarding behaviors are a barrier to someone enrolling into a LIFE program, LIFE providers will ask what can be done on the front-end. For people already enrolled in the program, a social worker will work with providers and the clinical team to figure out how to best intervene before a consumer may need to be disenrolled from the program.

PA Health & Wellness stated it finds strength in community partnerships. PHW has weekly outreach calls to external SCEs and invites experts in the community to speak. PHW extended an invitation to the Philadelphia Hoarding Task Force to speak to PHW staff and subcontractors.

UPMC CHC stated it wants to be more proactive about hoarding issues and welcomes the opportunity to participate in a training with community stakeholders. UPMC CHC believes it is imperative to get to the root of the hoarding behavior. If pest eradication is authorized and addresses a pest infestation only to have it return because the root of the problem is traced to hoarding behaviors, it will require UPMC CHC to authorize the service multiple times. A consumer’s safety at home can be impacted by hoarding behaviors and can possibly lead to eviction. UPMC CHC would like to do more in this area and is receptive to training and education by the Philadelphia Hoarding Task Force.

An audience member representing the Philadelphia Hoarding Task Force said the MCOs may contact them for more information on curricula and educational opportunities for MCO staff, direct care workers and others who have direct contact with consumers.

6. There are concerns about SCs being exposed to bed bugs during assessments, even when the problem is identified before entry into the consumer’s home. What policies are in place to prevent the spread to other consumers or SCs?

UPMC CHC stated that service coordinators get training to make sure that they or their materials don’t make direct contact with infested areas. UPMC consults with an expert at the University of Pennsylvania on best practices on eradicating bed bugs.
PA Health & Wellness echoed UPMC CHC. SCs are given a lot of front-end training on how to conduct oneself in the home to avoid exacerbating health and safety risks.

Keystone First CHC had an instance with a service coordinator becoming infested and is exploring additional training opportunities. There is nothing precluding visits from happening outside of the home when appropriate.

7. If someone changes CHC-MCOs, there may be gaps in authorizations that cause a disruption in services. What is being done about this?

Keystone First CHC acknowledged that this can be a problem and requires improvements across MCOs. HHAeXchange is the homecare management software system currently being used across MCOs and there is a file sharing system in place among MCOs. If a consumer changes CHC-MCOs, continuity of care protections requires the receiving MCO to pay for previously-authorized services for 60 days. MCOs cannot reduce authorized services for at least 60 days. Concerns about authorizations and disruptions when consumers switch CHC-MCOs were also raised at the recently held PA Homecare Association conference.

PA Health & Wellness (PHW) echoed Keystone First CHC’s comments. Some people are changing their CHC-MCOs every 60 days. MCOs have the responsibility to provide the consumer’s new MCO their health information as soon as possible. Sometimes, this gets dropped. PHW will hear from SCs who say that they cannot see a consumer’s information in their system. PHW uses prompts to ensure that the exchange of consumer information between MCOs was effective.

8. Are there points of contact for specific types of providers, such as adult day services? Are there points of contacts for service coordination entities?

UPMC CHC stated that each provider has a network representative to address questions and concerns. SCs have access to UPMC’s Network Director, and participants always have their choice of provider. However, if consumers are not making active choices, UPMC will rely on SCs’ knowledge of providers in the community.

PA Health & Wellness stated that it has universal contacts and provider representatives in its Provider Relations Department. Any provider can get assistance from its provider representatives.

9. As a personal assistance services (PAS) provider, our referrals are down post-implementation. Why?

Keystone First CHC’s website lists all participating providers. Its internal systems also lists all contracted providers. It is imperative that consumers have their choice of provider. Consumers are often given lists of providers nearby based on where they live.
For PAS services, consumers often know what provider they want prior to the service coordinator asking. They even want to delay services to wait for PPL to process requests for the consumer directed model to get the PAS provider they want.

PHW added that there are thousands of PAS agencies across the state with about 50 PAS agencies applying to the state each month to be a Medicaid provider. The huge volume of providers can explain why referrals are low to any one particular agency.

CARIE added another reason may be related to the growth of PAS in the consumer directed model. CARIE has long supported the consumer directed model but has concerns about fraudulent practices that may leave older adults at risk for neglect and abuse. The consumer directed model serves an important role to empower consumers, support family caregivers and help address the shortage of direct care workers. However, there are instances where the worker is only interested in collecting a paycheck without providing care. These cases require higher level of oversight to ensure consumers are getting the care needed. Audience members concurred and added about the proliferation of PAS provider billboards and other marketing tactics. Another audience member added that adult day referrals are also down.

Keystone First CHC commented that it is unfortunate that OLTL is not present today as this is important feedback on potential Medicaid fraud and abuse; the CHC-MCO can only abide by the agreement. Regarding adult day programming, KF CHC had a presentation delivered by Tynetta Alston, President of PADSA, and have trained internal SC staff prior to implementation. It is making sure that SCs know that adult day is an available service for consumers and getting consumers comfortable with adult day programming. External SCEs did not receive the same training because KF CHC believes they are already familiar with adult day care.

10. How does the assessment process work?

PA Health & Wellness stated that comprehensive needs assessments are completed using an InterRAI tool, which is a standardized tool already being used in other parts of the country. The tool does a good job in identifying deficiencies in activities of daily living (ADL), but is only one leg of the stool. There is also a need for SCs and an interdisciplinary team to complete a more comprehensive assessment as the Inter RAI only assesses needs in the home. Anything above and beyond that needs to be identified by the service coordinator and interdisciplinary team. Individuals with advanced dementia may need more support than indicated from the InterRAI. Each MCO is tasked with looking at the whole person and consequently must ensure that an individual has an appropriate amount of services depending on their needs. For example, if a consumer was hospitalized for a broken hip and has recovered, they might not need as many PAS hours. If their services are decreased, they have appeal rights. But it would be reasonable for the health plan to identify that a consumer’s condition has changed positively and does not need as many PAS hours. PHW looks at the whole
person and is responsible to changes both negative and positive regarding authorized services. If someone’s PAS hours are changed, other available resources like adult day, home-delivered meals, non-medical transportation, etc., are also explored.

UPMC CHC added that in addition to the baseline InterRAI assessment, the MCOs do additional mini-assessments. Additional assessments can be layered atop the baseline InterRAI assessment. Right at the beginning, UPMC does a person-centered mini assessment that looks at participant goals. It is a goal-based approach to providing services. Social isolation has an impact on consumers. Non-medical transportation is a great benefit and while there have been hiccups in operationalizing it, UPMC is diligent in working through them. It wants to increase access to get more consumers into the community and get connected to what is important to them. Participants can self-identify needs and communicate them to their SC. Health literacy is a challenge with the CHC population and UPMC tries to continuously educate consumers on their rights and benefits. UPMC asks advocates for their help in educating people.

In LIFE, consumers undergo a 2-3 hour clinical assessment and have a care plan drafted by an interdisciplinary team. Adult day programming can be found at LIFE programs. Consumers considering the LIFE program often wonder if LIFE can match the level of services they may be receiving in the waiver program. LIFE services could be a combination of adult day and home care, and would be discussed with the consumer and their family. LIFE may not be able to provide everything that is asked but will partner with consumers and look at their needs holistically.

11. PAS providers used to get a consumer’s plan of care in the FFS system. Under CHC, there is no reliable way to get the care plan and if a consumer’s PAS hours increase, it’s only known after seeing an authorization edit.

Keystone First CHC noted that under the fee-for-service (FFS) system, a participant’s Individualized Service Plan (ISP) could only be shared with the participant’s permission. Under CHC, the ISP is now called a PCSP. Keystone First CHC understands why PAS providers want information regarding the type, scope, amount and frequency from the PSCP; but that information won’t be found there. KF CHC challenged direct care workers to communicate with participants to get a sense of their needs. It’s possible MCOs can improve the information in HHAeXchange related to type, scope, amount, and frequency, but MCOs cannot simply package this information for PAS providers. SCs and PAS agencies should work together to improve the communication between them. Other panelists had nothing more to add.

12. The InterRAI is not inclusive of gender, only listing “male” or “female” as options. How do MCOs create a welcoming environment and truly person-centered services for consumers?
The three MCOs have received feedback from key stakeholders, like the LGBT Elder Initiative, and provide staff training. PA Health & Wellness stated that it has a contract with SAGE to train all SCs. It also recognizes that more education and training is needed to not only better serve LGBT members but also individuals with disabilities such as those who are deaf or hard of hearing. PHW wants to be sensitive to these needs and ensure staff are trained to meet these needs. People don’t always self-identify since self-disclosure of gender identity or sexual orientation can be stigmatized. If a consumer chooses not to share, it can create a challenge to providing truly person-centered care. PHW plans to continue to improve by working with community partners.

UPMC takes a lot of pride in its efforts in this area. UPMC has dedicated staff for transgender consumers and offers an online LGBT forum for consumers to leave feedback. UPMC Health Plan has a 100% rating on the Human Rights Campaign’s Equality Index and has received a provider excellence distinction from the National LGBT Health Education Center at the Fenway Institute. UPMC CHC offers extensive cultural competency training with a specific LGBT module for all UPMC staff and SCEs. UPMC CHC will continue to hold focus groups and explore community partnerships.

13. The application process for waiver services can take a long time. What emergency services are available to someone in crisis who has not applied for LTSS benefits?

CARIE has been advocating for an improved enrollment process and better performance by the IEB. The state is planning to re-procure the IEB contract and make changes to the role of the IEB. For those applying for CHC and LTSS benefits for the first time, call CARIE to get help and to discuss potential community services. CHC plans may offer bridge services to CHC participants who are NFI and applying for LTSS benefits.

UPMC stated that it has bridge services as a value-added benefit. Keystone First CHC has a flexible benefit. It is not a full package relative to LTSS benefits, but it offers homemaker services, respite and some personal assistance services. These benefits are available for a limited amount of time and are intended to bridge someone from something like hospital discharge to receiving home and community based supports to prevent readmission. KF CHC tries to help shepherd consumers through the enrollment process for LTSS through the IEB. Plans do not complete eligibility assessments. To request bridge services or LTSS, contact Member Services.

InnovAge LIFE stated that on average, it takes 4-6 weeks to complete the application process but can take as few as 2 weeks. Individuals do not need to go through the IEB enrollment process for LIFE. Collecting financial information is typically the longest part of the wait time with LIFE enrollment.

PA Health & Wellness stated that MCOs have difference processes. PHW would be looking at a consumer’s Medicare benefits as a possible resource. Nursing home care is
expensive, so if PHW can put services in place to prevent admission to a nursing facility, PHW is going to look at every avenue.

14. For CHC participants with Medicare, the CHC-MCO pays for Medicare cost sharing for Medicare-covered services regardless of whether the Medicare provider has a contract with the CHC-MCO. Consumers continue to experience problems. What are MCOs doing about this?

UMPC CHC stated that it has been aware of this problem and is educating providers and staff on how to resolve this issue. There are efforts to reeducate providers, making sure they know how to appropriately bill and check enrollment systems to see which CHC-MCO to bill. Other panelists had nothing more to add.

15. What is the process for a service coordinator to come out and assess nursing home residents? How are MCOs coordinating care with nursing homes? Are service coordinators attending care conferences?

Keystone First CHC stated that service coordinators conduct less intensive assessments in nursing facilities. The goal is to get a sense of the consumer’s needs, whether they want to leave or not, and to help coordinate services. From a practical standpoint, a nursing facility is not required to follow a CHC service plan and vice versa. Nursing facilities follow the care plan they develop with the resident. The CHC service coordinator will meet with participants to establish themselves as part of the care team, identify and structure goals, and help accomplish these goals. Because CHC is new, Keystone First CHC is continuing to educate nursing facilities on what the CHC-MCO can and cannot do. Service coordinators are still meeting with participants based on the contractually-required timeline and responding to trigger events, as needed.

A few audience members talked about problems friends are having in nursing facilities such as not getting post hospital therapy and not being able to access personal funds. The Long Term Care Ombudsman Program was mentioned as a resource regardless of whether the person is a CHC participant. Audience members were matched with CARIE ombudsman who were present to begin resolving problems.

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