Community HealthChoices (CHC) Advocates Alliance
Community Forum Summary
Inglis House, Philadelphia, PA
November 19, 2019

Kathy Cubit welcomed the panelists and audience members to CARIE’s third CHC forum, but the first focused on nursing facility residents. The following nursing facilities were represented at the forum: Bala, Care Pavilion, Inglis House, Kearsley, Renaissance, and York Nursing Home. Information about CARIE’s CHC advocacy, and resources for consumers and other CHC stakeholders, may be found at www.carie.org/chc.

CARIE thanked Inglis House for hosting the event and expressed appreciation for the Inglis House PEER group for co-sponsoring the forum and its help in creating a CHC fact sheet for nursing home residents. In addition, the following PEER group members were acknowledged for their participation in CHC Advocates Alliance Advisory Committee meetings: Brian Woznicki, Greg Smith, and Patricia Warnick. (Unfortunately, sad news to report. Pat passed away on December 10th and despite her not feeling well the day of the forum, she still came and shared her concerns. Her commitment to advocacy for others never wavered even in the face of her declining health.)

Jenna Elkan from Inglis House provided welcoming remarks. She mentioned that Inglis House was founded in 1877 and is a specialty nursing care facility providing long-term, residential care for 252 adults with physical disabilities. Residents receive rehabilitative medical and nursing care; physical, occupational and speech therapies; and a wide selection of social enrichment and therapeutic recreation programs each day.

Panelists:
Community Behavioral Health: Joseph J. DiMeo, Jr., Behavioral Health Coordinator, at joseph.dimeo@phila.gov
Office of Long Term Living (OLTL): Randy Nolen, Director of the Division of Provider Monitoring and Compliance, at rnolen@pa.gov
Keystone First CHC (KF CHC): Jennifer Rogers, Director of Long Term Services and Supports, at jrogers@amerihealthcaritas.com
PA Health and Wellness (PHW): Kay S. Gore, Manager, Community Relations and Outreach, at kay.s.gore@pahealthwellness.com
UPMC CHC: Andrew Bozzella, Manager of Service Coordination, at bozzellia@upmc.edu and Deneene C. Brokington, Program Manager Strategic Partnerships, at brokingtond@upmc.edu

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
A special thank you to CARIE’s ombudsman, Jessica Hartfield and Michael Johnson, for their help with the forum!
Glossary of Key Terms/Acronyms:
BH-MCO – Behavioral Health Managed Care Organization
CBH – Community Behavioral Health
CCT – Customized Community Transportation (SEPTA’s Shared Ride and Paratransit services)
CHC – Community HealthChoices
IEB – Independent Enrollment Broker
KF CHC - Keystone First CHC
LTSS – Long Term Services and Supports
MCO – Managed Care Organization (or plan)
NHT – Nursing Home Transition
OLTL – Office of Long Term Living
PNA – Personal Needs Allowance
PHW - PA Health & Wellness
SC – Service Coordinator
PCSP – Person-Centered Service Plan

Questions/Comments and Answers Summary (in order asked):

**Question: What services are available through Behavioral HealthChoices? How do people get connected to these services?**

Joe DiMeco answered that Community Behavioral Health (CBH) is the Behavioral HealthChoices Managed Care Organization (BH-MCO) for Philadelphia county’s Medicaid beneficiaries. CBH’s behavioral health services are a new added benefit for CHC nursing home residents and those that previously received Aging Waiver services. With CHC, new services are now available for residents in facilities like Inglis House. These services are not just psychiatry and medication management, but also services like mobile mental health and certified peer specialists that are not covered by Medicare. A certified peer specialist is someone with lived mental health recovery experience who is trained to come to speak with consumers about their situation. This may be a good option for people who would like to speak to someone with personal experience in adjustment to change, grief and other issues.

Since behavioral health is an expanded service for many under CHC, the hope is that people take advantage of the services. To get connected to services, nursing home residents or consumers getting long term services and supports (LTSS) should contact their service coordinator (SC). The SC will coordinate plans to address any behavioral health needs like depression or anxiety with the consumer’s MCO and CBH. CBH will make sure someone comes out to see a consumer to help. Consumers can also contact CBH Member Services directly at 1-888-545-2600. For people expressing suicidal or homicidal ideation, they should contact the Mobile Crisis Line at 215-685-6440. Information can be found online at https://cbhphilly.org/.
**Question:** I have PA Health & Wellness (PHW). I get phone calls constantly but never a visit from anyone that is supposed to be handling my case. I have Medicare and Medicaid, so I am alright, but occasionally, I need my MCO to take care of me. They have called me for medical information, and I have referred them to Inglis House and my social worker. No one has seen me personally.

Kay Gore from PA Health & Wellness (PHW) answered that PHW’s service coordinator (SC) should be connecting with a phone call once per month and with a visit every 90 days and added that based on the size of the facility, there are typically one to two SCs assigned to a facility. She committed to making sure that the resident receives follow-up contact from their SC.

Randy Nolen from the Office of Long Term Living (OLTL) commented that if a consumer wants to see their SC once per month, their MCO needs to accommodate that request and OLTL is monitoring whether SCs are making required visits.

CARIE emphasized that if a resident is not hearing from their SC, they can talk to an ombudsman who will help resolve the issue.

**Question:** My brother is in a nursing home. At one nursing home, his hearing aid was lost. He has since moved to a new nursing home. No one is willing to replace his hearing aid. He cannot hear and has unmet behavioral health needs. He has asked to leave the nursing facility he is currently at but is having difficulties. What can be done? It doesn’t seem like Keystone First CHC is responsive to his inquiries. My brother is ill and deteriorating.

Joe from CBH commented that if the brother’s facility does not have a relationship with CBH, his service coordinator can be a point of contact to begin coordinating behavioral health services that are needed. He can also contact CBH Member Services directly to get help at 1-888-545-2600.

Jennifer Rogers from Keystone First CHC commented that his service coordinator (SC) should be interacting between the nursing facilities and the insurance company to help get a replacement hearing aid. The SC can also help him access behavioral health services.

CARIE commented that the long term care ombudsman can help navigate and resolve these issues if not resolved.

**Question:** Is Community Behavioral Health similar to Magellan? To get certified as a certified peer specialist, what is required?
Community Behavioral Health (CBH) is the Behavioral Health Managed Care Organization (BH-MCO) serving Philadelphia County, while Magellan is a BH-MCO that serves some other counties. There is one BH-MCO per county. A full list can be found here: [http://www.healthchoices.pa.gov/providers/about/behavioral/](http://www.healthchoices.pa.gov/providers/about/behavioral/). CBH shared that they need certified peer specialists and is grateful for the interest. People in nursing homes can benefit from talking to peers with shared lived experiences.

The Department of Behavioral Health and Intellectual disAbility Services has information on its website about community engagement and certified peer specialists: [https://dbhids.org/PCCI-unit](https://dbhids.org/PCCI-unit).

**Question: Is there a chart that shows available Medicare and Medicaid services?** I get non-medical transportation from UPMC and I am not sure if it is available through other plans.

Jennifer from Keystone First CHC commented every MCO offers its members a participant handbook. The Office of Long-Term Living (OLTL) requires each MCO to produce a participant’s handbook to help explain what is covered under CHC. The PA Independent Enrollment Broker (IEB) has a plan comparison chart on its website: [https://www.enrollchc.com/choose/compare-plans](https://www.enrollchc.com/choose/compare-plans). Each CHC-MCO is required to offer the same, specific CHC services as outlined in handbooks and MCO agreements with the Office of Long Term Living so non-medical transportation is offered through each MCO. Each plan also offers “value-added” benefits in addition to the required benefits, which is information that can be shared by the PA IEB. In addition to the IEB’s website, consumers may call the IEB toll free at 1-844-824-3655 for this information.

Representatives from PA Health & Wellness and UPMC CHC agreed and described some of the value-added benefits offered by their respective plans.

**Question: How does transportation work? What benefits are afforded to me?**

CARIE answered that CHC beneficiaries have different transportation benefits available to them depending on their clinical eligibility. All CHC beneficiaries have access to emergency and non-emergency medical transportation. Participants receiving LTSS at home or in a nursing home can also get transportation for other purposes such as social activities. If living at home, these needs must be identified in the Person-Centered Service Plan and the SC or the plan’s member services can help answer questions. Nursing homes help arrange all transportation for residents whether for medical appointments or other activities. CARIE has a transportation advocate that can help address problems and mobility management needs.

**Question: One time, I had enough money for 4 trips on CCT. When I got on CCT, there was no money on my account. I am not sure how it was taken but that money was provided by friends so I could go out on my birthday and**
Christmas. My niece is my power of attorney and was also very upset. What can be done about this?

Jennifer from Keystone First CHC commented that this outlines a common problem with TransPasses going missing, being misplaced, among other issues. Keystone First CHC is working with SEPTA for reloadable cards for people using CCT. It’s currently difficult to keep track of funds and whether they are loaded onto one card or another. Keystone First CHC recognizes this is especially challenging for people living in a nursing facility or in the community which is why they want to improve the distribution of monthly TransPasses.

PA Health & Wellness and UPMC CHC had no further comments.

**Question:** The service coordinator is supposed to be the individual for supportive contact with the managed care organizations. How often are service coordinators supposed to be meeting with individuals? I am hearing from residents that say that they don’t know who their service coordinator is or have not seen them in a while.

Jennifer from Keystone First CHC commented that frequency of visits is defined by the CHC Agreement. If someone experiences a trigger event (i.e., a change in their health status) or if they request to see their service coordinator, they should be hearing from them. At minimum, Keystone expects quarterly face-to-face visits by their SCs. A comprehensive needs assessment is conducted at least annually. SCs should make themselves known to the social work team at every nursing facility. When a SC is at a facility to see someone, they should also be visiting other residents as well.

Deneene and Andrew from UPMC CHC commented that SCs should be making monthly phone calls and in-person visits every 90 days. Trigger events require the SC to visit and do a comprehensive needs assessment. UPMC CHC has several SCs dedicated to only serving nursing facility participants. This allows the SCs to build expertise and better understand the needs of participants.

**Question:** I am an ombudsman with Center in the Park. Our residents don’t know which CHC plan they have, or what transportation or other benefits they have available to them. I have only met with one Keystone First CHC service coordinator – I have not met anybody else. My question is: how is contact being made with residents who don’t have a personal phone? Getting a resident on the regular line is virtually impossible. Are SCs encouraging residents to get smart phones to better facilitate communication? What quality measures are in place to ensure that these visits are taking place? During resident council meetings, most residents (approximately 70%) say they don’t know who their SCs were. Some residents said they reached out to
their SC but didn’t hear from them. What is being done to ensure that the process in place is occurring? Based on responses that we get; we don’t have evidence that residents are getting quarterly visits.

Kay from PA Health & Wellness (PHW) commented that service coordination for nursing facilities is new and different. PHW uses dedicated SCs in nursing homes who must connect with a phone call once per month and visit every 90 days. Sometimes this includes speaking with them about their needs or reviewing medical records. SCs can come to resident council meetings to discuss issues and listen to residents. PHW has systems in place to do quality checks and to conduct calls.

Jennifer from Keystone First CHC (KF CHC) commented that service coordination is a relatively new benefit for nursing home residents. Each MCO submits reports to the Office of Long Term Living about person-centered service plans, the planning process and comprehensive needs assessments – these areas are measured. But what happens when a consumer doesn’t know their SC? KF CHC has been hearing concerns from nursing facility associations, residents and staff and is committed to giving a SC “roster” by facility to key stakeholders. If you are a resident of a nursing facility, your SC only works with nursing facility residents or consumers living in the community who use wheelchairs. There seems to be cross-training opportunities for KF CHC SCs and ombudsman staff. It’s a fair to say that CHC mail may get lost or contact information may be misplaced. KF CHC is outfitting their SCs with a magnet that has the SC’s name and phone number along with KF CHC’s contact information. The SCs are to share this information with their residents.

Deneene and Andres from UPMC CHC commented that UPMC CHC supervisors should be conducting quarterly audits to ensure SCs are coming to a facility. If a facility believes a SC has not made efforts to visit the facility, UPMC CHC’s management wants to hear about it.

Randy from OLTL added that service coordination is a new service for nursing facility residents and is something that was not in place before the implementation of Community HealthChoices (CHC). OLTL is working through a lot of issues that have been identified, such as communication between nursing facility staff, SCs and participants themselves. OLTL tries to address these issues as they come up. OLTL conducts quality monitoring of the MCOs and have about 50-60 different operations reports on which the MCOs must provide data. These include areas like participant hotline statistics, number of visits made by SCs to complete a person-centered service plan, time between date of eligibility and the start of services, and more. OLTL also monitors several performance improvement programs with each of the MCOs. OLTL is a part of the National Committee for Quality Assurance and uses its standardized quality measures.
Question: Do each of the MCOs have a participant handbook? How do participants get a copy, and what if they need alternative formats?

CARIE summarized that each of the three plans mail copies of participant handbooks and that SCs can help consumers get copies. Consumers can call participant services for their plan to get handbooks. Handbooks can also be found on each of the plans’ websites.

Question: Can there be more community-based events to learn more about Community HealthChoices? What information is available about which MCOs work with specific drug companies, or hearing aid companies? I got a pair of hearing aids but got an invoice, which I was told to send to the billing office of my plan. Someone I know got a pair of hearing aids for $3200, but they are falling apart. When I lived in the community, I paid $6000 out of pocket but they lasted for 20 years. How do you pick providers to get the best bang for your buck?

Keystone First CHC commented that they do not share which pharmaceutical companies they work with, but provider directories can be searched through the PA Independent Enrollment Broker. The drug formulary is something all MCOs must follow, including what drugs require prior authorization. This is something that is outlined in each MCO’s contract with the Office of Long-Term Living. As to what is covered by Medicare and Medicaid, it can get confusing. Handouts and information are available to help clarify the distinction.

PA Health & Wellness and UPMC CHC had nothing additional to share. Helpful information can be found on OLTL’s CHC website at http://www.healthchoices.pa.gov/info/about/community/index.htm and CARIE’s CHC webpage at www.carie.org/chc.

Question: When I try to contact my service coordinator with UPMC, I was given an out-of-area phone number. My social worker had to call to try to get me connected to my service coordinator. Do UPMC CHC service coordinators have a personal phone and one for the job?

Deneene and Andres from UPMC CHC commented that the MCO usually gives out their Participant Services phone number and messages are relayed to SCs. Calls through the MCO’s call center are recorded and if someone doesn’t get a call back in two business days, that will be caught in an audit and the issue would be escalated. The supervisor would then either make the phone call themselves or follow-up with the SC to call back. If a consumer doesn’t get any follow-up contact, call Participant Services and ask for a manager. It is possible in this situation that the SC gave their work phone number and they could possibly be reached that way. UPMC can track phone calls that come in
through the main number but may not be able to do so when SCs are contacted directly.

Keystone First CHC and PA Health & Wellness reported having similar policies.

**Question:** When ombudsman go to nursing facilities, there is a lot of interest in nursing home transition. There is a lot of confusion about who is qualified to carry out nursing home transition and how long the process takes. We have a case example when someone tried to transition out, the social worker tried referring to the NHT provider, but was told that they needed a referral from the CHC-MCO, not the participant or the social worker.

Jennifer from Keystone First CHC said if a participant indicates a desire to transition into the community, that should be kicked up to their SC. Even if there is an evident barrier to transition like a needed home modification, lack of housing, or lack of eligibility for LTSS in a community-based setting, Keystone First CHC would still engage with NHT entities that have worked with nursing facilities for a long time. These NHT coordinators work with housing coordinators to address barriers and work toward a discharge plan. Since few cases are the same, it’s impossible to set a definite timeline for NHT. We can recommend best practices, however, such as not completing NHT on a Friday afternoon. We want to make sure that someone is home to help an individual transitioning and to make sure that a personal assistance services (PAS) agency is lined up. Everyone has a right to live where they want to live. NHT coordinators are the professionals that Keystone First CHC leans on to help get a discharge plan in place and to help get participants set up for success. If someone wants to explore NHT and get the process started, they should start with their SC.

Deneene and Andrew from UPMC CHC added that sometimes there may be a case where a participant wants to transition but it is not safe or appropriate. We respect all requests, but we may need to put together an interdisciplinary team to address needs.

PA Health & Wellness had no additional comment.

**Question:** How do consumers get updates on their nursing home transition status? A breakdown in communication can be a barrier and ombudsman may not be able to help.

Deneene and Andrew from UPMC CHC indicated UPMC was open to feedback about how they can better incorporate the ombudsman and other representatives for the consumer into the process. If consumers have question about their NHT status, they should work with their SC, who should be able to provide a status update.

Keystone First CHC and PA Health & Wellness had no additional comment.
Question: What oversight is there for nursing home transition? I have a case example of a resident that was going to transition into the community. A housing voucher was supposed to be received, but the SC or NHT entity never followed through and it was never gotten. Is the resident now stuck in the nursing home? What can be done?

Kay from PA Health & Wellness explained PHW has an internal NHT team that meets every week to sit down and discuss transitions and where they are in the process. They then can communicate back to the participant to discuss next steps. Once the consumer transitions back into the community, there is a warm handoff to community partners.

Deneene and Andrew from UPMC CHC mentioned that their NHT Team (Tiffany Bloom, NHT Coordinator Program Manager) oversees the process and has weekly calls with providers.

Jennifer from Keystone First CHC stated they have the good fortune of having NHT team oversight that used to work with the Office of Long-Term Living. They know the ropes and what is required. Ideally, the SC, NHT coordinator, the facility and the CHC plan are in contact. They should know what progress is being made. There are many checklist and forms to keep track of progress and outstanding items. A lot of this process hinges on available housing and vouchers. Keystone First CHC wants to start the process of securing vouchers as early as possible and is interested in learning more to avoid the issue described in the future.

Randy from OLTL added NHT is an administrative function of the MCOs, and they are wholly responsible for how they run NHT. They work with NHT providers. The bottom line is that the SC is the person the consumer works with and is responsible for bringing other parties into the process. Regarding LTSS eligibility at home, OLTL can verify HCBS eligibility while people are still in a nursing facility (more information can be found here: http://listserv.dpw.state.pa.us/Scripts/wa.exe?A2=ind1903d&L=oltl-nursing-facilities&F=&S=&P=1661).

Question: I have no cognitive or hearing problems, but I am overwhelmed with acronyms that everyone throws around. I have no idea who does what, or what means what.

The panel recognized the heavy use of acronyms to describe complex services and procedures. Consumers should feel confident to ask their health plan and service providers for a clear and understandable explanation of their role and how they can help. Consumers are encouraged to contact CARIE at 215-545-5728 if they have any questions or concerns and can refer to the CHC Advocates Guide for a handy list of commonly used acronyms. (https://www.carie.org/wp-content/uploads/2018/05/An-Advocates-Guide-to-Community-HealthChoices-I-5.18.18.pdf)
Question: There have been mentions of high-level reports for service coordinator quality and monitoring. These are good to have, but how do we know that individual service coordinators are meeting individual consumers? We feel as if service coordinators are overworked and their case loads are unmanageable.

Deneene and Andrew from UPMC CHC explained their SCs conduct many in-person and telephonic outreaches to their consumers. Any time the service plan is updated, it must be signed by the participant. Any participant who believes they have not been seen or heard, should call Participant Services.

With limited time remaining, representatives from Keystone First CHC and PA Health & Wellness made similar comments. OLTL had no additional comments.

Closing Comments:
All panelists were thankful for the opportunity to hear honest feedback from nursing home residents, other CHC consumers and advocates about their experiences and concerns. Joe from Community Behavioral Health emphasized that depression is not a normal part of aging and behavioral health can be treated and managed with appropriate and newly available services.

CARIE expresses its thanks to participants, advocates, and the panelists for participating in the forum and to Inglis House for hosting. CARIE pledged to continue to work with all stakeholders involved to help ensure that CHC works well for consumers.

Addendum: Many residents raised concerns about the meager Personal Needs Allowance (PNA), which is currently $45/month in Pennsylvania. The PNA is the amount of money that nursing home residents who receive Medicaid may keep each month from their personal income to spend at their discretion. Any income above the PNA is applied toward the cost of their care. The PNA allows residents to participate in activities outside of those provided by the facility and to buy basic items like clothing, shoes, and newspapers. The current federal minimum requirement for the PNA is only $30/month and has not been raised since 1988. States are permitted to supplement the PNA above the federal minimum. The PNA in Pennsylvania is $45/month and has not been increased since 2007. Pennsylvania’s Long Term Care Ombudsman Program is engaging residents in a campaign to increase the PNA.

Randy from the Office of Long-Term Living expressed that he has personally recognized this issue and will share this need again with the Department of Human Services. CARIE also recognized that this problem facing nursing home residents warrants attention and advocacy. CARIE will help advocate at the state and federal level to help effect this change.