



Pennsylvania Spending Plan Update: January 2025



Section 9817 of the American Rescue Plan Act of 2021

Pennsylvania Spending Plan Update: July 2024

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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**.

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

Activity Correction:

None at this time.

New activity to be removed:

No spending activities are proposed to be removed this quarter.

New Activities Proposed:

No new spending activities are being proposed this quarter.

Modification of a Description of an Approved Activity:

No activities are being proposed for modification this quarter.

Spending Plan Narrative

Increased Access to HCBS

- (OMAP.16 – combined OMAP.3 and OMAP.6) Fund a “Pediatrics 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 funds 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. In addition, develop a medical home learning network to expand communications and supports to providers serving children with medical complexities. By developing a subgroup of Pennsylvania’s Patient Centered 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.
 - January 2025 Update: Payments continue to be made through capitation.
 - July 2024 Update: Payments to providers continue. So far, 8 providers are participating in this model, with several more engaged in Learning Network sessions to prepare for implementation.
- (OMAP.13) 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.
 - January 2025 Update: HIOs are interoperable with the PA Navigate vendor (findhelp) and are working collaboratively to increase the number of provider EHR and case management system integrations with PA Navigate as well as the number of community-based organizations/programs that are listed and claimed in the PA Navigate service directory.
 - July 2024 Update: None at this time.

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HCBS Provider Payment Rate and Benefit Enhancements

- (OMAP.11) Incentivize the use of value-based purchasing initiatives that reduce missed shifts to strengthen nursing services. By instructing managed care organizations to make performance-based payments to providers that achieve a reduction in missed shifts or other improved outcomes for children receiving shift care, 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.
 - **January 2025 Update: Payments continue to be made through capitation.**
 - July 2024 Update: Payments continue to be made through capitation.
- (OMAP.9) 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 implementing non-risk arrangements with 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.
 - **January 2025 Update: MCO data is currently under review.**
 - July 2024 Update: DHS is still collecting CY 2023 documentation from the MCOs.
- (OMAP.10) 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. This initiative expands workforce available to provide skilled nursing services in an individual's home by attracting and retaining qualified nurses.
 - **January 2025 Update: None at this time.**
 - July 2024 Update: None at this time.
- (ODP.1) Purchase consultation and administrative services for the development and implementation of selective contracting and alternative payment methods. Funds will purchase time limited consultation to support DHS's development of selective contracting and alternative payment methods for selected ODP HCBS services to improve quality by aligning payment with satisfying performance targets and outcomes. Funds will also be used to procure an external administrative vendor for implementation of the selective contracting model. ODP will pursue a 1915(b)(4) selective contracting waiver for select services currently offered in the Consolidated, Community Living, and Person/Family Directed Support 1915(c) HCBS programs.

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- January 2025 Update: Continued stakeholder engagement, development of draft performance measures, and preparation of materials for public comment period will occur in this quarter.
 - July 2024 Update: Continued stakeholder engagement, the development of stakeholder communication materials, and reviewing public comments will be conducted in this quarter.
- (OMAP.12) 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.
 - January 2025 Update: Driver bonus payments continue to be processed.
 - July 2024 Update: Payment was made to ModivCare for Philadelphia County.

Work Force Support

- (OMAP.15 – combined OMAP.1 and OMAP.4) 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. This will include 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.
 - January 2025 Update: The University of Pitt PERU team began hiring subcontractors to support curriculum development. The official project kick off occurred in November 2024 with Pitt PERU and DHS. Monthly steering team meetings have been established with biweekly check ins with the technical subject matter experts (SME). Pitt is currently working with SMEs on their first deliverable which includes a research report of the information they gathered for the curriculum and design of the portal.
 - July 2024 Update: Procurement documents have been completed and are awaiting approval.

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- (OMAP.5) OMAP plans to create “Pediatric Complex Care Resource Centers” (PCCRC) designed to support families of children with complex medical needs and their health care providers. The PCCRCs will provide education and training for specific needs and help families and providers navigate the various systems and resources that are available to support them.
 - January 2025 Update: Six (6) Pediatric Complex Care Resource Centers (PCCRCs) have begun operations. Training content is in development for delivery by the PCCRCs. The PCCRCs have geographic assignments to ensure resource availability in every county in the commonwealth.
 - July 2024 Update: None at this time.
- (ODP.13) 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.
 - January 2025 Update: Provider reimbursement continues. The deadline has been extended through March 31, 2025.
 - July 2024 Update: Provider reimbursement continues.
- (OMHSAS.4) 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.
 - January 2025 Update: OMHSAS has officially supported seven cohorts of behavioral health practitioners in working toward their EMDR certification. The 274 individuals across these 7 cohorts represent 50 counties and eight licensure types.
 - July 2024 Update: OMHSAS has officially supported four cohorts of behavioral health practitioners in working toward their EMDR certification. The 186 individuals across these 4 cohorts represent 43 counties and seven licensure types.

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Caregiver Support

- (OLTL.2) 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.
 - **January 2025 Update: The MCOs have selected a vendor and plan to go live with the registry during the first quarter of 2025.**
 - July 2024 Update: The MCOs made a tentative vendor selection. The next step is for the MCOs to contract with the vendor. We currently expect implementation efforts to begin in August with the system going live before the end of the calendar year.
- (ODP.2) Provide respite, innovative alternatives to community participation support services, and family support services to those on waiting lists for Intellectual Disabilities/Autism Services or on or at risk of being placed on provider waiting lists for community participation support services through one-time funds. These funds will provide short-term temporary relief for those waiting for HCBS waiver services.
 - **January 2025 Update: This activity is ongoing. Unspent funds from FY23-24 are being distributed to AE's.**
 - July 2024 Update: This activity is ongoing. Funds have been distributed to AE's.

Support to Improve Functional Capabilities of Persons with Disabilities

- (ODP.12) Provide funding for assistive and remote support technology to enhance service delivery within ODP HCBS. These one-time funds 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.
 - **January 2025 Update: Provider reimbursement continues. The deadline has been extended through March 31, 2025.**
 - July 2024 Update: Provider reimbursement continues.
- (ODP.14) 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.
 - **January 2025 Update: Provider Reimbursement continues.**

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- July 2024 Update: Provider reimbursement continues.
- (ODP.7) 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.
 - **January 2025 Update: Asynchronous supportive technology training for stakeholders is in development. Two statewide technology summits are being planned for implementation in March 2025. A provider supportive technology implementation readiness tool is in development.**
 - July 2024 Update: Initiative began, various activities are being developed to support the provider network interested in adopting and expanding the use of supportive technology.

Transition Support

- (OLTL.5) 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.
 - **January 2025 Update: None at this time.**
 - July 2024 Update: None at this time.
- (ODP.8) Purchase housing adaptations for those transitioning from institutional or congregate settings. One-time funds 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.
 - **January 2025 Update: Provider reimbursement continues.**
 - July 2024 Update: Provider reimbursement continues.
- (ODP.9) Expand consolidated waiver capacity to transfer 25 additional individuals from intermediate care facilities to HCBS.

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- January 2025 Update: 22 individuals have already been enrolled. ODP will enroll at least 3 more individuals.
- July 2024 Update: None at this time.

Mental Health and Substance Use Disorder Services

- (OMHSAS.6) Support telehealth services with one-time funds 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.
 - January 2025 Update: OMHSAS continues to receive and validate spending reports. Recoupments for unspent funds are underway. Any recouped funds will be used to support an already approved Section 9817 activity.
 - July 2024 Update: OMHSAS is working through spending reports from providers.

Support State HCBS Capacity Building and LTSS Rebalancing Reform

- (ODP.18) (OMHSAS.3) Introduce the use of electronic health records (EHR) by state hospitals, state centers and HCBS facilities and ensure they are interoperable-with the health information exchange. Intermediate care facilities (ICF/IID), 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 ICF/IID 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.
 - 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.
 - January 2025 Update (OMHSAS.3): As of November 5, 2024, with the launch at Wernersville State Hospital all six of the OMHSAS state hospitals are utilizing the myAvatar system. Transition from the implementation phases to the post implementation support and

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management are underway and are planned to be completed by mid-January 2025. OMHSAS has already begun working with the AMS team at Netsmart to create additional reports and functionality within the system that were not able to be completed prior to go live.

- **January 2025 Update (ODP.18):** The final quote has been received and a kickoff meeting on the infrastructure needs will be held in January with IT and DHS staff. The goal is to have the project initiated by mid-January.
 - **July 2024 Update (OMHSAS.3):** Infrastructure upgrades will be 100% complete at five of the six facilities by the end of July, with the remaining facility being completed in August. We remain on pace to go live at the first facility on August 6, 2024. The remaining facilities are all expected to be live by November 2024. As of July 8, three of the six facilities will have completed the go-live prep train-back sessions. This is where the staff that were trained by Netsmart to train facility staff (train-the-trainer model) present back to the Netsmart team so that we can assess the level of preparation and completeness of the curriculum. Work continues on the creation of user reports, a Data Warehouse, and installation of peripherals (scanners and microphones) for go-live preparedness.
 - **July 2024 Update (ODP.18):** The expansion of the Electronic Health Record activity to the two state centers is dependent on obtaining approval from CMS for the Department's request to extend the ARPA HCBS expenditure deadline through June 30, 2026.
- (OLTL.13 – combined OLTL.6, OLTL.7, OLTL.8) Through one-time funds, OLTL HCBS providers that have innovative ideas that will address social determinants of health, like housing, to improve and enhance services for CHC, LIFE, 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), Section 1905, and Section 1934. 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.
 - Purchase and implement new software/technology to enhance transparency, quality, and service delivery for LIFE participants. For example, LIFE organizations can develop or upgrade their infrastructure and reporting systems to enhance their capacity to report timely and accurate encounter data.
- **January 2025 Update:** This funding opportunity was reopened 11/1/24 for Adult Day and DME providers only. The application window has now closed. A few applications require further review and approval.

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- July 2024 Update: DHS has drafted a communication to announce the expansion of this funding opportunity to additional HCBS providers and is currently in the internal review process.
- (OMHSAS.8) The consulting support for HCBS spending plan activities within OMHSAS is focused on funding Crisis Specialists to assist in the statewide implementation of 988 and crisis mental health services. The individuals would be responsible for duties such as on-site visits as needed to evaluate county mobile crisis programs, collaborate with county stakeholders, respond to information requests from CMS and any reporting required, as well as acting as the point of contact and liaison between the actuarial contractor, OMHSAS and other stakeholders.
 - January 2025 Update: Staff continue to travel the Commonwealth to meet with providers and gain an understanding of the current readiness landscape.
 - July 2024 Update: Staff have been traveling the Commonwealth and have met with about half of the 47 licensed mobile crisis providers to gain an understanding of which providers are meeting the minimum expectations for mobile crisis outlined in SAMHSA's Best Practice Toolkit, as well as what efforts providers are taking in moving toward those expectations. Additionally, part of those conversations is to ascertain some of the challenges and barriers providers are experiencing in moving forward with those efforts. Beyond financial sustainability concerns, additional barriers articulated include workforce issues, and particularly the difficulty in attracting and retaining folks to adequately staff the overnight shifts.
- (OLTL.11) The Office of Long-Term Living (OLTL) is interested in enhancing and strengthening quality improvement activities for the LIFE (Living Independence for the Elderly) program, which has 19 LIFE Provider Organizations who operate more than 50 centers across the Commonwealth. To identify potential quality improvement activities in the LIFE program, the HCBS Elderly Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey will be used to assess patient experience with health care services delivered in different setting and for specific conditions. In addition, quality and evaluation metrics currently applied in the independent assessment of the CHC program will be used to standardize the evaluation of all Medicaid-related HCBS programs in the Commonwealth. This activity is allowable under the SMD# 21-003 Appendix B, Program of All-Inclusive Care for the Elderly (PACE).
 - January 2025 Update: None at this time.
 - July 2024 Update: OLTL has compiled and reviewed the preliminary results from the 2023 Pilot LIFE HCBS CAHPS. OLTL is looking to move forward with a hybrid approach for the 2024 survey in which the survey will be administered both in person and via telephone.
- (ODP.15) ODP will enhance systems capacity to serve children and youth with complex needs and multi-system involvement through a pediatric capacity building institute. The institute will be provided with the cooperation and input of the DHS Office of Mental Health and Substance Abuse Services (OMHSAS), Office of Children, Youth and Families, and Office of Childhood Development and Early Learning (OCDEL) and the Pennsylvania Department of Education. These offices will develop the curriculum and direct the faculty responsible for conducting the institute. Attendees to this institute will be

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identified based on their role in the support of children and youth with complex needs at the local, county and state levels. The institute aims to improve communication and coordination of home and community-based services that meets the needs of this population.

- **January 2025 Update: A second cohort of participants will participate in the Capacity Building Institute beginning in early 2025.**
- July 2024 Update: The Multi-systems Capacity Building Institute continued to convene a cohort of human service professionals.

Spending Activities – Removed and Completed

Removed:

- (OMAP.8) January 2024 Update: OMAP has been removed from this specific activity, but the activity itself remains active for OMHSAS and ODP is seeking expansion to State Centers.
- (OCDEL.1) January 2022 Update: Reimburse Early Intervention (EI) providers for training costs and supplies, like Personal Protective Equipment (PPE), to support safely re-engaging in-person visits.
- (OMAP.14) Fund consultant services to support implementation and monitoring of the HCBS spending plan within OMAP.
- (OMAP.2) 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 funding as part of the contracted monthly capitation rates 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.

Completed:

- (OLTL.12 – combined OLTL.3, OLTL.4, OLTL.10) Support provider workforce expansion with funding to issue sign-on and retention bonuses for nurses, direct care workers, and other HCBS providers and fund the purchase of PPE and testing supplies for CHC and OBRA waiver HCBS providers that were not covered through other funding sources.
 - 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. In addition, 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.
- (OMAP.7) 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 funds 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 funds 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.
- (OMHSAS.5) 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.

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- (OMHSAS.7) 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. 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.
- (ODP.16) ODP is planning for information technology system enhancements to store Health Risk Screening data in the Enterprise Data Warehouse (EDW) so that data elements can be leveraged in case management activities and used to support individual plan creation and authorization. By collecting the data in the EDW, interface activities with the new ECM system will result in better planning, monitoring of health and safety risks, and streamlining for HCBS participants with intellectual disabilities and autism. DHS will submit an Implementation Advanced Planning Document seeking federal financial participation for this project.
- (ODP.6) 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.
- (ODP.3) 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.
- (ODP.5) 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.
- (ODP.17) Provide targeted recruitment and retention supplemental payments by providing supplemental recovery payments to providers of:
 - a) community participation support;
 - b) employment services to cover additional recruitment, retention and infection control improvement projects to restore HCBS service capacity to pre-pandemic levels or greater; and
 - c) supports coordination services to cover costs for recruitment and retention with a focus on post-secondary educational attainment (tuition forgiveness or payment) to improve quality of service provision, promote specialty positions, within SCOs and reduce turnover.

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- (OMHSAS.2) Fund consultant services to support the work of the Pennsylvania Behavioral Health Task Force and Behavioral Health Commission 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. The commission was charged with making recommendations to the Pennsylvania General Assembly on the allocation of funds to support specific focus areas including: delivery of services via telemedicine, workforce development and retention, and the impact of social determinants of health on behavioral health.
- (ODP.4) 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 ODPs community program effectively and efficiently and manage new oversight and risk management functions.
- (OMHSAS.9) 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.
- (ODP.10) 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.
- (OLTL.1) 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.
- (OCDEL.2) Increase rates for Infant/Toddler EI providers who offer home and community-based services. Counties operate the Infant/Toddler EI program on behalf of OCDEL, through contracted EI service providers.
- (ODP.11) 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 is 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

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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.

- (OLTL.9) 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.
- (OMHSAS.1) 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.

Spending Plan Projection – Please see Included Excel Spreadsheet