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OLTL webinar Chanek

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>> CART Provider: Standing by.

>> The webinar will begin shortly, please remain on the line.

>> Good afternoon everybody. Welcome to the third Thursday webinar. This is Jamie the department at this of the office will assist me in answering all of the questions after we give the presentation here today. Thank you for joining and with that we'll start our presentation.

This is our agenda we're going to give you updates on COVID-19. We're in the process of working on guidance that we hope to issue soon. Which will give guidance to providers and participants and stakeholders about how we're going to provide appendix K flexibility as the COVID-19 emergency situation. As counties move to grown. We will give you information about adult daily living centers and life centers and House Bill 2510 which was act 24 of 2020. So with that, COVID-19 updates. So as I said earlier the office of long-term living will address changes to appendix K provisions for the CHC and OBRA waivers and as counties transition to the green phase. We are tardy on rizing this guidance I recognize I think as of Friday we will only have 14 counties that will still be in the yellow phase. And I think most of them are around the southeast portions of the state. This guidance will really provide information about what is going to happen as counties move to the green phase and what can now be done. So examples of that in the examples to be addressed in the guidance are changes to person centered service plan. So in the red phase we essentially froze any changes it a person's service plan but as that county goes green and as we release our guidance we're going to start to allow the

CHC plans and service coordinators to make plan changes and the guidance will outline how they will have to do that. We will require them to do a timely assessment and make any changes accordingly. So the guidance will highlight how that will be done and what steps will need to be taken in order to make that happen.

And also give updates on service limitations and explain how the, we allowed some services to be provided in I want to say settings that are not otherwise allowed. So we allowed some services to be provided in a person's home and so if the county is now in a green phase how we can transition those services back to the setting that they were initially supposed to be provided in. And there is a comprehensive process that the provider would have to go through to do that. Comprehensive needs assessments and reassessments during the red and yellow phases we've allowed these needs assessments and reassessments to be conducted telephonically if necessary. And so our guidance will give updates on how we should transition to provide these assessments in person if possible.

So the guidance will also address the requirements if a county later transitions back to yellow or red. And we're adding this to our guidance as we know there have been numerous reports that there could be a potential spike in the fall. I certainly hope not and I think we all do. We want to do the best to keep people safe. But if that does happen and a county goes back to yellow or red which one of the appendix K provisions will change accordingly if that happens.

On Jun 3rd they outlindz the reopening requirements for daily living centers on June 3rd after the department of aging released their guidance we provided that same guidance to our life centers. The guidance issued by the department of health was very helpful in that it outlined what providers have to do in order to reopen their adult daily living centers and life centers. Topics addressed were social distancing and facility cleaning guidelines, wellness screening requirements, infection control and documentation procedures. If you had taken a look at that guidance it had different processes and procedures that had to be followed as people enter the daily living center. Different assessments that can be used to screen both staff and participants. So it was very comprehensive.

As we said the guidance has been distributed through the department of age and the office of long-term living listserv. So House Bill 2510 as I said it's act 24 of 2020 it appropriated 632 million in federal CARES act funding to long-term living programs. The general assembly passed this legislation which I think most providers if not all providers are very anticipating this funding to really help adjust set many of the expenses they have incurred because of the COVID-19 emergency.

So at the office of long-term living we've been working very hard since the passage of this legislation to get these funds out. It's been our top priority and we hope to be distributing the first of these funds in very early July. So the act had the funding distributed and appropriated as follows. So it appropriated 175 million for the regional response health collaboratives. This is a new actual program that will be set up modeled after the departments E skip program which is the educational support and -- I'm forgetting the rest of the acronym. But it was a program set up that with the help of the health, the help systems in the area and a lot of the providers came together and really provided technical assistance, they provided education, they provided webinars and information to nursing facilities, assisted living facilities and personal care homes who wanted to learn more about how to deal with the COVID-19 emergency.

That idea was replicated and put into legislation and they added funding for these types of programs so 175 million will be distributed by a RFA or a request for -- I'm blanking on what RFP but basically an RFP request for proposal so that was released on the E marketplace site last Friday so it is actually the funding opportunity is out on the street and so we anticipate that many of our health systems are in the process of applying for that funding to continue the work that they started through that E skip program.

Nursing facilities were appropriated 245 million. 196 of that funding was going to be allocated based on medical assistance days of care for third quarter calendar year 2019 so for that 196 million, the department of Human Services has a funding relationship to those facilities and so that funding is going to be distributed to those nursing facilities via a gross adjustment payment. So we anticipate that funding should go to those facilities very quickly. Like I said in very early July. 149 million of the funding was allocated to those nursing facilities based on licensed beds for all the facilities on March 31, 2020. Some of this funding we can push to the funding facilities but we know there are nursing facilities not enrolled in the medical assistance program and we don't have funding relationships set up with those facilities. So they are going to have to return some information back to the departments it will be a little longer process for us to get the money out to them.

There was 8 million allocated in-house bill 2510 for ventilator services so the funding could be allocated proportional ly based on the medical assistance recipients for the third quarter of calendar year 2019 and required to have 10 or more medical assistance patients and 17% of the medical assistance patients receiving ventilator or trach services in December 2019. So we are working to get those payments out to those facilities as well.

Assisted living and personal care homes were allocated 50 million through the legislation. 45 million is to be allocated proportionally based on the occupancy based on the most recent inspection on or before April 1, 2020 and 5 million is to be allocated for personal care homes proportionally based on the number of SSO residents in March 2020. We have prepared this and we know which should be receiving the funding. Like the nursing facilities not enrolled in the medical assistance programs we would need the assisted living and personal care homes to send us information before we can make payment so their payment may go out a little later than those facilities and providers that we had direct funding relationships with.

Personal assistance services were appropriated 140 million dollars of federal CARES act funding. 112 million was to be allocated proportionally based on the medical assistance units bill excluding overtime by the home care agencies during the third quarter of calendar year 2019. We have identified these agencies that should be allocating funding. We were just reviewing our files and finalizing them and we hope to get this funding out to these providers to do. In early July. The 28 million to be allocated proportionally to each direct care worker employed through the participant directed employer model based on the units billed excluding overtime so we're still doing a little more work on this file. We're finding if we allocate the funding based on the legislative language we may have some workers that may not -- may have worked during this emergency time period and possibly wouldn't receive funding and that's not really we believe the flavor of the legislation so we're doing some more work in order to pay those direct care workers who work during this emergency time period. Residential habilitation received \$1 million to be allocated proportionally based on the total medical assistance fee for service and community health choices payments for the third quarter of calendar year 2019. Those funds will go out in early July we know who they are, and we're working on that grass adjustment process.

Adult day services would receive 13 million to be allocated proportionally based on the total medical assistance fee for service and community health choices payments for the third quarter calendar year 2019. We're working on this file and they should receive payment in early July. The same is true for the community health choices plans who receive 50 million to be distributed proportionally based on the medical assistance nursing facility eligible participants as of March 31st, 2020. The LIFE programs will be receiving 10 million to be distributed through the base program according to reimbursements for the first quarter of 2020. For the community health choices plans and the life programs we will be getting this funding out to those plans in very early July.

So one thing I'll say with all of these payments that we're making for act 24 or House Bill 2510, we do intend some communication out to these providers soon via our listserv and we also plan to publish on our website the communication about the funding amounts received and also the by provider they should see the amount of CARES act funding. If a provider has a question of the amount they received before they received the funding they can go to our website hopefully early next week we will have it posted and they can check the amounts of CARES act dollars they should be getting. With that, I think we can open it up to questions. I would encourage any of that you have questions you can type them into the question box and we can read them. Like I said I have a number of staff from the office of long-term living on the phone to help and assist in answering the questions. This is my first third Thursday webinar where I was the actual speaker so I do need some assistance still. I am not as knowledgeable as the outgoing deputy secretary Kevin Hancock yet but my goal is to be so soon. With that I'll see if we have any questions.

>> Hi Jamie this is Jill H do you want me to read the questions and we can have folks jump in to help answer?

>> Jamie: That would be spectacular.

>> The first question is my MCO a.m. merry health isn't provide personal protective equipment they say they won't from companies they don't have contracts with what they get from the companies they have contracts with they are using to meet their needs of their employees I am a consumer employer PPL does my payroll but I think this individual is looking for assistance in getting.

>> Jill this is Randy. I think I have forwarded to Ameri health will follow-up with them today or tomorrow.

>> .

>> Jamie: Excellent that sounds great.

>> Okay. So if you didn't hear that response, that was Randy Noland and you should be receiving something from the managed care organization to follow-up regarding getting PPE. The next question, will House Bill 2510 payments to past vendors regarding House Bill 2510 payments to past vendors will OLTL place limits on what the money may be used for.

>> Jill, I can somewhat answer this question. The legislation requires and the CARES federal funding act requires the funds to be used on expenses incurred due to the COVID-19 emergency disaster. So the requirement is that the funding has to be used for staffing cost, PPE or any additional cost cleaning supplies any additional cost that the providers had to deal with the COVID-19 emergency disaster. OLTL in the communications that we'll be issuing to providers does explain this and additionally we give resources to the federal guidance on what the funding can be used for. We are working on some further guidance and some further information about how to account, about how a provider can account for what they use the funding for. That guidance will take a little bit longer to issue and probably will go out before a provider receives the payment but not quite at the point that they know how much they are going to receive. .

>> Okay. Is adult day services were closed during the pandemic, why are they getting reimbursed.

>> This is Randy I can answer that. Baker centers during the COVID crisis to continue to work with participants so they were still doing outreach, doing social activities with them they were checking in on participants they were providing meals, they were maybe provide some services that weren't centered around the center so they were continuing to look in on and provide some additional services to individuals while they were quarantined at home. So they were continuing to have staff work with participants.

>> I'll just add to that and the funding can help them I want to say with all of the additional expenses, it may, they may incur as they reopen as well.

>> Okay. Will the guide ans for changing service plans and resuming in person assessments address how to manage participants if they refuse in person visits or going back to adult day centers. Also, will the guidance address what PPE is deemed necessary for visits to ensure service coordinator and patient safety.

>> Good afternoon everyone this is Jen hail from OLTL bu row policy. Yes the guidance will address instances where there might be a refusal by the participant for an assessment. It will also address precautions and items to consider prior to making face-to-face contact with a participant including recommendations that are based on department of health and CDC for PPE.

>> Okay how will providers receive the funds, will we get an amount -- will we get an amount that we will receive?

>> So the providers, so if a provider is enrolled in the medical assistance program, so if they are obviously participating in a plan they are enrolled in the medical assistance program, and they should be receiving their payment via a gross adjustment through promise and I believe the payment will be going to the provider through an ACH payment. If the provider is not enrolled in the medical assistance program and this would be the nursing -- some of the nursing facilities and the adult day -- not adult daily living centers I'm sorry the personal care homes and the assisted living centers, they will be paid via a paper check that will be mailed to the facility and they would first have to return some information to us. Mainly their federal tax ID number we'll need that from the facility in order to send them the paper check.

>> Okay. Welcome Jamie. Will we be receiving a form or guidance on documentation to demonstrate how we spent the House Bill 2510 funding?

>> Jamie: Yes, we will be issuing guidance and it will ask providers for information to demonstrate how they spent the funding.

>> Will we be able to start reintroducing staggered dining in personal care homes if our county is in the yellow or green? And I don't know if Jeanne par resy is online will you John maybe you could give a burb I don't know the guidance has epidemic gone out.

>> This is Jen. I think this guidance is still under development so we'll have to take that back but I believe we're still working on the guidance for nursing care homes.

>> Jen you are correct this guidance is still under review.

>> And a shout out to Jamie you're doing a great job. Next question is when will the guidance on appendix K changes be issued?

>> This is Jen.

>> Go ahead.

>> This guidance is currently under review with DHS and we are hoping to get it out as soon as possible but at this time we don't have a firm target date. Again I want to reiterate we know how important this guidance is and we're really pushing to have it out as soon as possible.

>> And the next answer is probably similar. When is the guidance for home visits going to be released.

>> You are correct Jill it will be similar it was rolled into the guidance we have related to appendix K at least for our home and community based services so we are like I said pushing to have that out as soon as possible.

>> Jill: Who at OLTL manages mailing lists or addresses to the MCO? This would be for CHC members. There have been problems with address lists for CHC folks. Bad addresses, no names, et cetera. Who can be contacted about this?

>> This address is from participants? Which are generated through the CAL and the SIS file.

>> Jamie: I think his next comment he's happy to speak off-line about this so maybe we can follow-up.

>> If you can get me his email address I'll have a conversation with him.

>> Jill: Okay.

>> This is Randy.

>> Jill: He is happy to speak off-line about this. Follow-up question on the usage of the funds so they could use the funds in order for items that would provide safe visitation at personal cares or nursing homes such as Plexiglas, et cetera.

>> Jamie: I believe that would it be an expense that you could use the House Bill 2510 funding for. Yes.

>> Jamie this is Dan I'll second your response on that. So the language in both the federal CARES act and the act 24 that the state general assembly passed outlines fairly high level criteria in terms of what constitutes eligible or COVID related expenditures. Neither pieces of legislation go down to the level of specific examples or items, I think as long as providers are using the funding to cover expenses that you know they may not have incurred but for the COVID emergency and I think the example protective Plexiglas or other items would certainly fall into that category, a key point to remember or a couple of key points I guess to remind folks of, the requirements in act 24, that the expenditures have to be not otherwise reimbursed by any other sources of federal, state, or other types of funding. And they would have to be documented to have incurred in the period between March

1st, 2020, and November 30th, 2020. So as long as the expenditures are COVID related and meet those requirements of the act, then I would say yes they can certainly be used or the funding could be used for those types of expenses.

>> Jill: Okay additional question regarding that Dan I don't know if you want to jump on this also. Does it cover loss of revenue due to decline in census or hold on admissions due to COVID-19.

>> Dan: Yes I believe the federal CARES act has specific language around lost revenue. I would have to double check to see if the lost revenue language is in the state, in the act 24 legislation. But that, my understanding that is correct that it's COVID related expenses or lost revenues. The point I would again make on that is for providers to be able to document and retain appropriate documentation of either lost revenues or COVID related expenses in the event that the provider would have an audit either from the federal OIG or from an entity at the state level whether that's DHS or the state Office of Inspector General. But revenue, lost revenue could be covered provided entity or provider can document that and retain the documentation to support that.

>> Jill: Okay. How can providers apply for these funds? We might need to just repeat Jamie's previous response regarding how providers can apply for these funds.

>> Dan: Sure.

>> Go ahead.

>> Dan: For providers already enrolled with medical assistance program, they would not have to do anything in terms of application on the front end. The department has your information because of your existing relationship through the MA program so as Jamie said earlier we're gathering the data and preparing the payment files for those entities and/or providers. For the nursing facilities, personal care homes, and assisted living residences that are not enrolled in the MA program and do not have an existing relationship with the department, we will be providing guidance as Jamie said, communications in the next I believe several days or so. That outlines the process but essentially it will be completing a short form that has the providers name, address, taxpayer ID number and returning that form to the department so that we can process your payment accordingly.

So I guess to summarize, if you're already an MA provider there's no need to do anything in response to receive your act 24 payment. If you're not an MA provider

being on the lookout for communications from DHS, OLTL and be ready to complete that short form and return it to us so we can process the payment for you.

>> Jill: Okay. Is there a formal process for personal care homes to submit their federal tax ID information?

>> Dan: I believe if that question pertains to what we were just talking about in terms of information that the department needs in order to process the act 24 payment, that's again sort of the process that I just described where personal care homes and assisted living residences and any of the non-MA enrolled nursing facilities should just be on the lookout for communication from DHS and complete the form that will have the taxpayer ID number, it's a field on the form that you would just complete and return that form to our email account we will have set up for, specifically for this purpose. So assuming that that's what the question pertains to, it would just be as simple as that, completing that really I think it's maybe five or six fields on a form and emailing it to the department. If that doesn't answer the question, the requester can certainly clarify and we can follow-up.

>> Jill: Thanks. Okay. What is the date face-to-face SC visits resume. Some counties are already green and we will need time to train and acquire PPE.

>> This is Jen Hale from OLTL policy. Our guidance outlines that face-to-face visits for SC's can resume as counties move into a green phase. So recognizing there are currently several counties that are in green, it would probably be best to start preparing to conduct face-to-face monitoring contacts with the SC's soon. So as I stated before, the guidance that we have been working on and is currently under review we are pushing to get out as soon as possible. But face-to-face contacts can resume as counties go to green.

>> Jill: When will guidance be provided for employment skills development and structured day programs.

>> This is Jen again. If this is in relation to transition guidance, we do have information in the guidance that we've been talking about for appendix K we do have information in that guidance related to structured day.

>> Jill: Back to payments. How will they determine how much each provider receives? We provide both CHC and some other waiver services. Will they look at the number of hours we bill or number of clients we service.

>> Dan: Jill, do we know what type of provider is asking that question?

>> Jill: I do not. Maybe they can come back in and tell us what type of provider they are.

>> Dan: Yeah, I think the criteria is slightly different depending on the type of payment. I think it's six or seven different, maybe it's eight different provider --

>> Jill: It's a home healthcare company, Dan the question came from a home healthcare company.

>> Dan: Okay. So I believe we're in that case we're talking about the 112 million dollar allocation that was identified in act 24 which was based on the number of 15-minute units worked in the third quarter. So essentially what we're doing in that case is looking at all of the providers in that category and summing up the, or finding the total, sum of all the 15-minute unit periods excluding over time that were worked in the third quarter ff calendar year 2019 and then we're taking each providers share of those units to determine what that percentage is. Then the provider would receive that percentage of the total allocation or the 112 million. . So we have understanding that some providers may bill or may have billed in the third quarter under fee for service, and CHC, we pulled data for both fee for service and CHC based on some of the data elements that exist in the data warehouse to be able to identify each specific type of provider and the claims that serve as the basis for these calculations. So we captured both the CHC and fee for service units in that calculation. So hopefully that answers the question.

>> Jill: Okay. Hi and congratulates on your new position Jamie. You noted changes are forthcoming for current service plans. Does this mean that number one, the current CHC agreements with the three MCO's will be modified, minimum plan requirements? Two, will value added benefits be changed. And three, will PA's current Medicaid state plan be amended to be in compliance with these changes or is that not required by CMS?

>> Jamie: So I think and Jen Hale can correct me if I'm wrong here, so we are just in the process of giving guidance to providers on what happens when a county goes to green and what happens to the appendix K provisions we put in place. So under appendix K there could be no changes to a service plan. So once a county now goes to green under our new guidance that will shortly be issued, the plans can start making changes to the service plans if necessary. It's not -- I didn't mean to couch that current CHC agreements with the MCO's will be modified for

minimum plan requirements or that we will, the value added benefits will be changed. I hope I interpreted that right.

>> Jill: Okay. You mentioned the guidance for structured day programs is in appendix K. Is guidance for employment skills development programs also provided in appendix K.

>> Jen: I don't believe we have flexibility around employment skills development within appendix K. I will go back and confirm that. So if we didn't have flexibility outlined in appendix K it would not be included in the guidance that will be going out related to those flexibility as counties move into the green phase.

>> Jill: Okay. That's the end of the questions for right now. If we want to just give a minute or two to see if any new questions come in. Regarding the face-to-face visits conducted by service coordinator beginning in green counties, does that include SC work with the nursing facilities? Given that the nursing facilities are still required to restrict visitations, and as part of the infection control protocols, are limiting individuals that enter a nursing facility in an effort to keep COVID out of the nursing facility. Go ahead.

>> Jen: The guidance we have forthcoming related to SC monitoring visits is specific to appendix K flexibilities for our home and community based services. Understanding that there are still restrictions for nursing facilities as mentioned in the question. Hopefully that clarifies that.

>> Jill: No additional questions at this time if we want to give it another minute.

>> I'm not seeing anymore questions come in so I'll just take this opportunity -- one more.

>> Jill: Is home care agency eligible for PPE -- I'm sorry I don't understand the question. Can you restate the question?

>> It looks like they are saying is a home care agency eligible for maybe PPE loans from the small business authority?

>> Yeah I think this is in relation to the payor protection for small businesses the loans released, yes.

>> Jill: Small business administration. I mean I don't know the requirements regarding that grant program. Is anyone familiar with that? The question is payroll related to payroll protections.

>> Jamie: I don't know that we are an authority on that or could answer that question. I think that might be a better question for the small business administration. Or the other entity that may be helpful is the pH A, the Pennsylvania home care association.

>> Will MCO's notify participants that the face-to-face assessments are resuming and precautions to take during the three hour comprehensive needs assessment visit such as limiting people present and distancing so the question is will MCO's notify the participants that this face-to-face assessment is resuming.

>> Randy: This is Randy. When we talk to the MCO's about the final approved guidance one is the plan notifying and educating participants in relationship to the fact that services and assessments are going to start to be done face-to-face. We're going to talk to them about requiring PPE's and social distancing and other precautions as we go out and do these assessments so an educational piece will be part of what we ask the MCO's to track as they are moving, development track as they are moving forward so yes we will be providing some education to the participants out there through the MCO's.

>> Jill: That was the last question, Jamie.

>> Jamie: I want to thank everybody for attending the third Thursday webinar. I want to thank you for your very thankful questions. And I want to give an extra special thank you for the OLTL team who helped respond to the questions I really appreciate it. And I hope everybody has a wonderful weekend and enjoy the beautiful weather.

>> Thank you.

[End of webinar]