

Report to the Department of Human Services and the Office of Long-Term Living from the Participant-Direction Workgroup: Recommendations for Improving Self-Direction in Community HealthChoices

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Acronyms

AHC	AmeriHealth Caritas
CLE	Common Law Employer
CHC	Community HealthChoices
CMS	Centers for Medicare & Medicaid Services
DCW	Direct Care Worker
DHS	Department of Human Services
EVV	Electronic Visit Verification
F/EA	Fiscal/Employer Agent
FMS	Financial Management Services
HHA	HHAeXchange
I&A	Information and Assistance
KF	Keystone First
MCO	Managed Care Organization
OLTL	Office of Long-Term Living
PAS	Personal Assistance Services
PHW	Pennsylvania Health and Wellness
SC	Service Coordinator
SEIU	Service Employees International Union
UPMC	UPMC Community HealthChoices

Background

Self-Direction, also known as Participant-Direction, is a model of long-term care service delivery that helps people of all ages, with all types of disabilities, maintain their independence in their homes and communities. Self-Direction prioritizes participant choice, control, and flexibility and allows participants to decide how, when, and from whom their services and supports will be delivered. Self-direction is an alternative to traditional provider managed services where the service provider is responsible for managing most aspects of service delivery in accordance with the participant’s person-centered service plan.

In self-direction, the participant is the legally responsible employer, or Common Law Employer (CLE), of their Direct Care Workers (DCW) and is responsible for hiring and training their DCW, determining their DCW’s wage within program parameters, setting their DCW’s schedule, developing their DCW’s job description and setting the standards for how services will be delivered, supervising and evaluating their DCW’s performance, and when necessary, terminating a DCW who is not performing in a satisfactory manner. Often, the participant chooses to hire family members, friends, and neighbors to provide their services.

When states offer self-direction in their Medicaid programs, the Centers for Medicare & Medicaid Services (CMS) requires the following supports to be in place to facilitate participant direction:

- Information and Assistance (I&A): These supports are made available to participants to help them manage their waiver services and learn how to be an effective employer. Assistance might include skills training on hiring, managing and terminating DCWs, problem solving, and conflict resolution.
- Financial Management Services (FMS): FMS, provided through a Fiscal/Employer Agent (F/EA), helps participants manage payroll and other administrative responsibilities and are an important safeguard for participants and their DCWs. The F/EA ensures that federal, state and local employment taxes and labor and workers’ compensation insurance rules related to household employment and payroll are implemented in an accurate and timely manner. The minimum supports that must be furnished are:
 - Assist participants in verifying workers’ citizenship status,
 - Collect and process DCW’s timesheets,
 - Process payroll, withholding, filing and payment of applicable federal, state and local employment taxes and insurance, and
 - Distribute payroll checks on the CLE’s behalf.

Currently, FMS is provided to Community HealthChoices (CHC) participants through HHAExchange (“HHA”), the FMS vendor under contract with the CHC- managed care organizations (MCOs). HHA, in turn, has a subcontract with Tempus Unlimited (“Tempus”) to serve as their F/EA. I&A is furnished through the CHC-MCO Service Coordinators (SCs) with support from Tempus.

The passage of The Attendant Care Services Act (Act-1986-150, 62 P.S. § 3051 et seq.), Act 150, in 1987 set the stage for Pennsylvania to serve as a national leader in self-direction. However, the Office of Long-Term Living (OLTL) has seen a significant reduction in participant utilization of self-direction. In June 2017, 17,995 participants were self-directing their personal assistance services (PAS). Review of the data shows a reduction in the number of participants choosing to self-direct their services for each quarter dating back

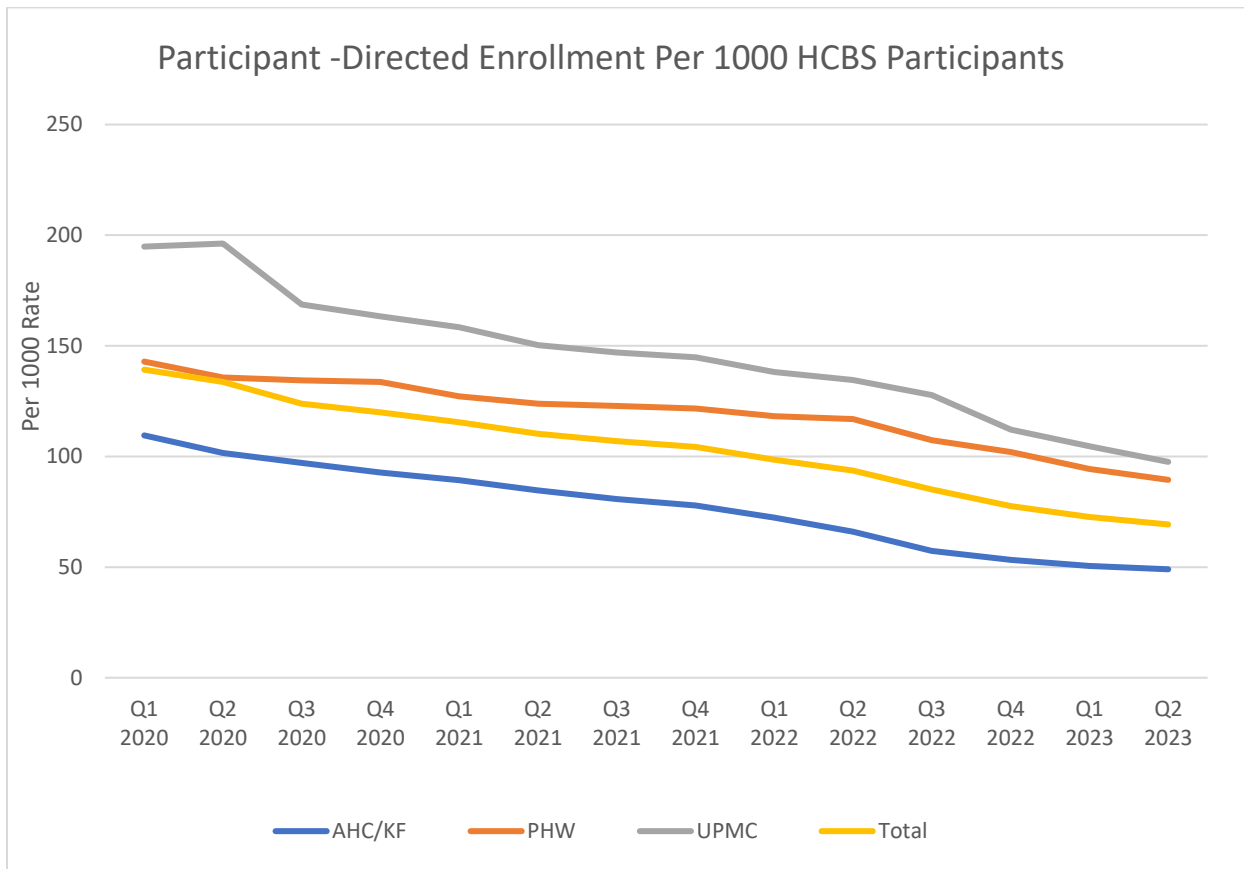
to this time. In June 2022, 8,611 participants were self-directing their PAS, a reduction of fifty-two percent (52%). The Department of Human Services (DHS) was interested in learning about this reduction and requested that OLTL form a Participant-Direction workgroup to identify and address the reasons for the reduction. In October 2023, OLTL approached Sellers Dorsey to facilitate six meetings with selected workgroup members to help identify potential reasons for the decrease in utilization and develop a set of recommendations for increasing enrollment in self-direction.

The following historical events may have contributed in some way to this reduction in utilization.

- Prior to January 1, 2013, 36 organizations provided FMS to participants self-directing their services. The majority of these organizations were Centers for Independent Living (CILs); several other disability organizations and an Area Agency on Aging also provided the service. In January 2013, one F/EA, Public Partnerships, LLC (PPL), was procured by the Department of Human Services (DHS) to provide FMS for both the Office of Developmental Programs and OLTL. At the time, OLTL did see some reduction in participant-directed enrollment.
- At about the same time, OLTL began to see many home care providers (traditional agency providers who furnish PAS) advertise and target OLTL Medicaid participants. In these ads, agencies steer the participant to their agency by asking participants if they want to “hire a family member or friend to care for you and they’ll get paid.” These home care agencies may also provide a variety of benefits, such as being paid immediately, to drive their home care business. Some members of the workgroup report that this practice continues today.
- In December 2018, DHS required all DCWs to acquire a unique identification (ID) number as part of their employment criteria prior to starting work with the CLE. To register for a unique ID, prospective DCWs must first obtain a Keystone Key ID, a single username on a secure platform used for multiple state agency sites, including DHS and the Department of Labor & Industry (L&I). The user ID is person-specific and tied to a specific email address. When someone applies for Supplemental Nutritional Assistance Program (SNAP) benefits, Medicaid, or Unemployment Compensation, they must also enroll for a Keystone Key ID. The email and name used for these other programs sometimes causes issues with assigning the DCW Unique ID. The initial enrollment process to set up a unique ID is also confusing and requires multiple steps and completing a verification process. OLTL has received feedback from multiple OLTL stakeholders, including workgroup members, that registering for, and navigating, the Keystone ID is confusing and time consuming.
- Section 12006 of the 21st Century CURES Act required states to implement an Electronic Visit Verification (EVV) system for Medicaid-funded PAS by January 1, 2020. A federal requirement, states were required to implement EVV for all Medicaid PAS and home health services that require an in-home visit by a provider. Tempus uses their own internal system to meet the EVV requirements. Feedback from workgroup members indicate that the EVV portal and app is too restrictive and difficult to use.
- Finally, in July 2022, FMS was transitioned from OLTL to the CHC-MCOs. As part of this transition, the F/EA changed from PPL to Tempus. As with any transition from one vendor to another, CLEs

and DCWs experienced some obstacles. PPL and Tempus were jointly responsible for transferring CLE and DCW data, while Tempus and the CHC-MCOs worked together to gather the required CLE and DCW paperwork, to train CLEs and DCWs on their systems and processes, and to establish essential security accesses. Feedback from workgroup members indicate that the transition did not necessarily go smoothly and expressed dissatisfaction with Tempus’ customer service and timeliness in addressing their concerns.

The chart below illustrates the decrease in utilization of self-direction from Quarter 1 2020 through Quarter 2 2023. These data are normalized by calculating the number of participants self-directing their services per 1,000 HCBS participants enrolled with each CHC-MCO at the end of each reporting quarter.



Project Approach

Workgroup Composition

The Project Workgroup was assembled to identify challenges experienced by each stakeholder group, explore potential reasons for the decrease in utilization, and develop a set of recommendations for increasing enrollment in self-direction. Workgroup members included five CLEs; four DCWs; six SCs; one representative from both Tempus and HHA, the CHC-MCO's EVV and service authorization vendor; two leadership representatives from each CHC-MCO; three representatives from Service Employees International Union; and five representatives from OLTL. Please see page #11 for a full list of workgroup members.

OLTL sought to include nine CLEs representing all four CHC-MCOs and all five zones who were self-directing their services to participate in the workgroup. The CHC-MCOs and SEIU identified CLEs interested in participating, however several dropped out due to scheduling conflicts or did not attend the scheduled meetings. Likewise, OLTL wanted six DCWs from around the state who were not employed by any of the CLE workgroup members to participate in the workgroup. Tempus and SEIU identified several DCWs who expressed interest in participating, however two DCWs did not attend the workgroup meetings or return Tempus' calls to follow up on their participation. Attempts to fill both the CLE and DCW "vacancies" were unsuccessful despite attempts by SEIU and the CHC-MCOs. All meetings were conducted virtually via Microsoft Teams to enable participation.

Workgroup Meetings

OLTL held six workgroup meetings to gather feedback from workgroup members. The final meeting schedule, and significant events, follows.

- November 16, 2023 – an initial meeting was held with OLTL, the CHC-MCOs, Tempus, HHA and SEIU to review the scope of the project, identify available data, review the suggested composition of the project workgroup, and evaluate the feasibility of sending out a survey to CLEs, DCWs and SCs.
- December 14, 2023 – a kickoff meeting was held with all workgroup members, including CLEs, DCWs and SCs, to provide an overview of and approach for the project. The initial CLE enrollment data was also presented to the workgroup. The CHC-MCO training materials and draft survey questions were distributed to the workgroup members for their feedback.
- January 4, 2024 – the workgroup met to review the updated data received by Tempus and the CHC-MCOs and the feedback received from workgroup members on the CHC-MCO training materials and draft survey questions.
- January 18, 2024 – the workgroup completed the Journey Mapping exercise. The purpose of the exercise was to visualize the process that the CLEs and DCWs go through to enroll as a CLE or DCW, and identify needs, feelings, pain points, obstructions, and opportunities for improvements.

- January 26, 2024 and February 2, 2024 – the CHC-MCOs distributed the SC survey to all their SCs on January 26th. Tempus distributed the CLE and DCW surveys on January 29th; these surveys were reissued on February 2nd due to a distribution error. The survey closed on Friday, February 9th. A total of 26,251 surveys were issued and 1,651 responses, or 6%, were returned. This represents 461 responses from CLEs, 718 responses from DCWs, and 472 responses from SCs.
- February 15, 2024 – the workgroup reviewed the results of the CLE, DCW and SC surveys and completed the Affinity Mapping exercise. The workgroup was divided into the following four breakout groups – CLEs; DCWs and SEIU; SCs; and the CHC-MCOs, Tempus and HHA. The purpose of the exercise was to identify current barriers, brainstorm ideas to improve the process, and isolate themes with the goal of increasing utilization. After the workgroup meeting, Sellers Dorsey distributed all the recommendations made for improving the process to the CLEs, DCWs and SCs, and asked them to vote for their top ten recommendations.
- February 28, 2024 – the draft findings and recommendations report was distributed to the workgroup for their review and feedback.
- February 29, 2024 – the workgroup met to review the draft findings and recommendations report.
- March 8, 2024 – the final draft report was distributed to workgroup members for their final edits and recommendations.
- March 12, 2024 – the workgroup met to finalize the project findings and recommendations report. This report summarizes the workgroup’s activities, the themes, patterns, findings and high-level recommendations identified through the Journey and Affinity Mapping exercises, as well as ‘Next Steps’.

Key Themes

Journey and Affinity Mapping

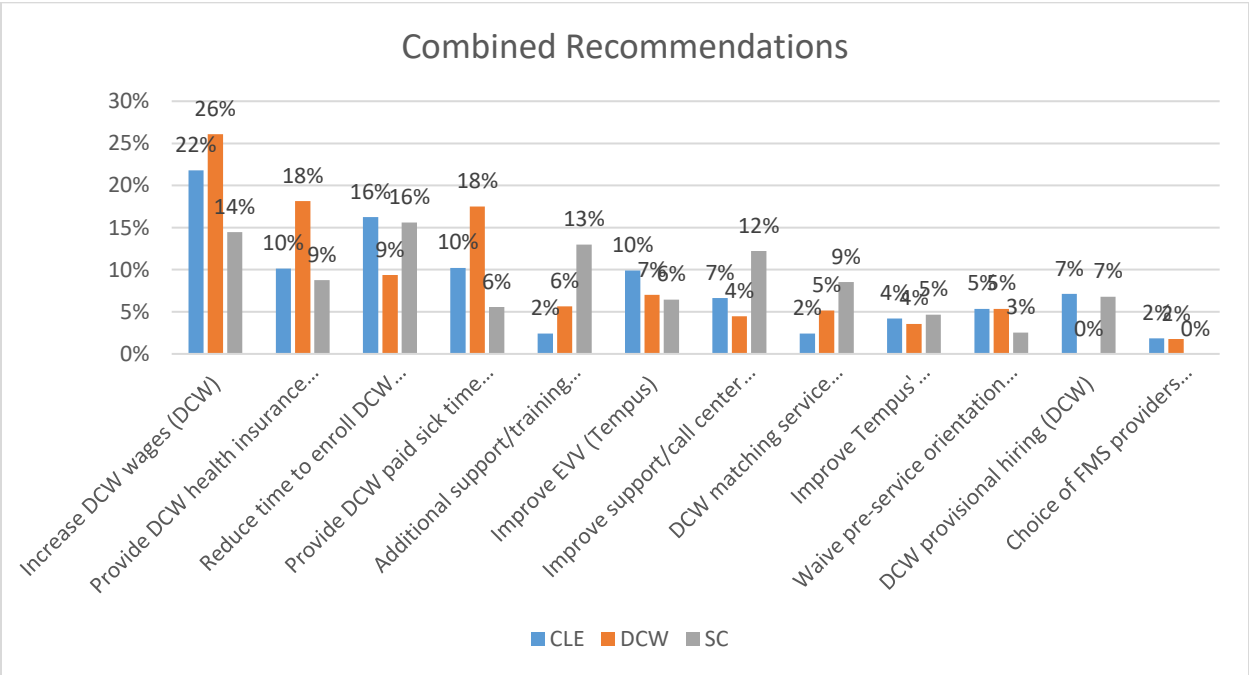
During the Journey Mapping exercise, workgroups members walked through the steps required to “enroll” in self-direction, and identified multiple barriers that serve to make self-direction challenging. These barriers were grouped into the following categories:

- Direct Care Workers
- Technology Barrier
- Education and Outreach Materials
- CLE Support
- CHC-MCO
- Tempus
- Miscellaneous

As part of the Affinity Mapping exercise, workgroup members reviewed the list of barriers and the results of the CLE, DCW and SC surveys, and developed a list of recommendations to potentially address the identified barriers. The full list of barriers identified by the workgroup are summarized in Exhibit #1, *Journey and Affinity Mapping – Outcomes* on page #12 below.

Survey Results

The following chart summarizes CLE, DCW, and SC responses to the final survey question which asks the survey respondents to choose three out of twelve suggestions for improving access to self-direction. The categories in parentheses, e.g., (Support), tie back to the themes raised by workgroup members through the Journey Mapping and Affinity Mapping exercises. A full summary of the comments provided by the survey respondents is included in Exhibit #2, *Survey Comments* on page #19 below.



Recommendations

Following the Affinity Mapping exercise, Sellers Dorsey distributed the full list of recommendations made in the breakout sessions to the CLEs, DCWs, and SCs, and asked each of these workgroup members to combine any recommendations they felt should be grouped together.

After combining the recommendations, CLEs, DCWs, and SCs were asked to vote for their top ten recommendations. The top ten recommendations received from this group are as follows, and are listed in alphabetical order:

- Cover the cost for participants to advertise for DCWs; advertise participant-direction, to include the use of billboards; develop participant-direction promotional materials and outreach campaign.
- Establish alerts that identify barriers and progress with payroll and enrollment in the Tempus app; color-code the DCWs and CLEs on Tempus portal to make it easier to navigate.
- Establish or add DCWs to an existing loan forgiveness program; Partner with colleges/universities to recruit DCWs and tie to loan forgiveness.
- Improve DCW training.
- Increase DCW wages and provide DCW benefits.
- Improve EVV – have the EVV app/portal show max rate/show hours worked that week or pay period in app; make Tempus' EVV app more like PPL app.
- Improve SC Training.
- Improve Tempus support, including the Tempus call center and customer service line; Provide/increase Tempus in-person support.
- Provide additional CLE support and training; Provide mentoring from others in the program.
- Develop a DCW registry/Allow job seekers to "pre-register" to allow for short-term shift coverage or quick hire by new CLE/Allow provisional hiring.
- Reduce the amount of time it takes a DCW to enroll.
- Send the DCW enrollment packet directly to the DCW rather than the CLE.
- There should be an accountability measure for Tempus (from the state or MCOs) that 90% of the DCWs/CLEs who initiate the enrollment process finish the process within a certain window of time.

The list of top ten recommendations for each group, i.e., CLEs, DCWs and SCs, can be found in Exhibit #3, *Top Ten Recommendations by Voting Group*, on page #21 below.

Next Steps

OLTL is committed to working through the barriers and challenges presented by workgroup members.

- Share workgroup recommendations with Deputy Secretary Marsala and Secretary Arkoosh for their review and prioritization.
- Identify “low hanging fruit” that will take minimal effort and can easily be implemented.
- Identify longer-term recommendations that may require revisions to the CHC 1915(c) HCBS waiver, the CHC Agreement, the F/EA statement of work, and appropriated funding.
- Provide regular updates to the Consumer and Long-Term Services and Supports subcommittees of the Medical Assistance Advisory Committee.
- Reconvene the workgroup for quarterly check-ins and monitor progress.

The following is an “Ownership Chart” which identifies the “owners” and “partners” who are responsible for evaluation and implementation of all the recommendations presented in Exhibits #1 and #2. ***The top ten recommendations are bolded and italicized.*** While this workgroup focused on challenges in CHC, OLTL plans to expand these recommendations to the OBRA HCBS waiver and the Act 150 state-funded program. As a result, PPL, the F/EA serving these two programs, has also been identified as a partner where appropriate.

Additional input received during the Affinity and Journey Mapping exercises (Exhibit #1) and comments received on the CLE, DCW and SC surveys (Exhibit #2) have been cross walked to the applicable recommendation and will be provided to the owners.

Theme	Tracking Number	Recommendation	Owner(s)	Partner(s)
Direct Care Worker	1.1	<i>Establish or add DCWs to an existing loan forgiveness program; Partner with colleges/universities to recruit DCWs and tie to loan forgiveness.</i>	OLTL	Department of Education
Direct Care Worker	1.2	<i>Increase DCW wages and provide DCW benefits.</i>	OLTL	MCOs, Tempus and PPL
Direct Care Worker	1.3	<i>Develop a DCW registry/Allow job seekers to "pre-register" to allow for short-term shift coverage or quick hire by new CLE/Allow provisional hiring.</i>	MCOs/Tempus	PPL
Direct Care Worker	1.4	<i>Send the DCW enrollment packet directly to the DCW rather than the CLE.</i>	MCOs/Tempus	

Direct Care Worker	1.5	Promote use of both agency and participant-direction	MCOs/Tempus	PPL
Direct Care Worker	1.6	Improve backup coverage	MCOs/Tempus	PPL
Direct Care Worker	1.7	Improve DCW payment related items	MCOs/Tempus	PPL
Direct Care Worker	1.8	Address agency non-compete clauses.	OLTL	
Direct Care Worker	1.9	Allow Power of Attorneys to be paid caregivers. When a DCW/Family member becomes a power of attorney, they can no longer be the DCW. Is there anything that can be done to address this?	OLTL	
Technology	2.1	Establish alerts that identify barriers and progress with payroll and enrollment in the Tempus app; color-code the DCWs and CLEs on Tempus portal to make it easier to navigate.	MCOs/Tempus	
Technology	2.2	Improve EVV – have the EVV app/portal show max rate/show hours worked that week or pay period in app; make Tempus’ EVV app more like PPL app.	MCOs/Tempus	
Technology	2.3	Improve Tempus Portal	MCOs/Tempus	
Technology	2.4	Provide DCW computer or tablet when necessary/Provide technology (tablet, fax machine, etc.) to CLEs when necessary	MCOs/Tempus	PPL
Technology	2.5	Utilize a more disability friendly authenticator	MCOs/Tempus	PPL
Technology	2.6	Delink Keystone Key from Unique ID/Improve Keystone Key Instructions	OLTL	MCOs, Tempus and PPL
Technology	2.7	Add ability to submit enrollment application online	MCOs/Tempus	
Technology	2.8	Identify a more user-friendly communication process. Secure emails are difficult for many people.	MCOs/Tempus	

Education and Outreach	3.1	Cover the cost for participants to advertise for DCWs; advertise participant-direction, to include the use of billboards; develop participant-direction promotional materials and outreach campaign.	OLTL	MCOs, Tempus and PPL
Education and Outreach	3.2	Improve DCW training.	MCOs/Tempus	PPL
Education and Outreach	3.3	Improve SC Training	MCOs/Tempus	PPL
Education and Outreach	3.4	Have IEB provide information on the various models of receiving services.	OLTL	Maximus
Education and Outreach	3.5	Improve CLE education materials. Make them accessible including different learning styles and diversity.	MCOs/Tempus	PPL
Education and Outreach	3.6	Improve EVV Training	MCOs/Tempus	PPL
CLE Support	4.1	Provide additional CLE support and training/ Mentoring from others in the program	MCOs/Tempus	PPL
CLE Support	4.2	Develop and share sample forms such as those PPL provided	MCOs/Tempus	PPL
CLE Support	4.3	Need for policies around short nails, vaccines, etc. to cover vulnerable populations.	OLTL	MCO, Tempus and PPL
CLE Support	4.4	Find a resource to access personnel who can be a representative or designated CLE to assist CLE with employer responsibilities.	MCOs/Tempus	PPL
CHC-MCOs	5.1	Create accountability metric so that F/EA feels ownership of onboarding success (e.g., 90% of people who start enrollment should be complete)	OLTL	MCOs, Tempus and PPL
CHC-MCOs	5.2	Create accountability for MCO to ensure participant-directed is offered as first choice.	OLTL	MCOs/Tempus
CHC-MCOs	5.3	OLTL should establish a timeline for responding to inquiries.	OLTL	MCO, Tempus and PPL

CHC-MCOs	5.4	SCs should make sure that CLEs are trained and understand their monthly allotment of hours – don't oversimplify into weekly breakdown. These weekly breakdowns often lead to people being short hours at the end of the month. CLEs are responsible for assigning hours to their workers, and the SC and CLE are jointly responsible for monitoring utilization.	MCOs/Tempus	PPL
CHC-MCOs	5.5	Ensure that the CLE knows and understands how many hours they are approved for and when hours change, e.g., send something to the CLE	MCOs/Tempus	PPL
CHC-MCOs	5.6	Ensure SCs have proper training, caseloads aren't overloaded and assigned to participants can relate to	MCOs	
CHC-MCOs	5.7	Have SCs identify barriers to participant-direction and work on solutions such as technology, training, etc.	MCOs/Tempus	PPL
CHC-MCOs	5.8	Ensure SCs have proper training and support.	OLTL/MCOs	
CHC-MCOs	5.9	Crack down on agency advertising that is misleading and diverting people away from participant-direction.	MCOs/MCOs	
CHC-MCOs	5.10	MCOs fail to respond to consumers' needs and cut hours so DCWs lose hours due to unstable employment.	MCOs/Tempus	
Tempus	6.1	Improve Tempus support, call center and customer service; Provide/increased in-person support.	MCOs/Tempus	
Tempus	6.2	Reduce DCW enrollment time	MCOs/Tempus	
Tempus	6.3	Address Tempus payment related concerns	MCOs/Tempus	
Miscellaneous	7.1	Ability to choose another FMS provider.	OLTL	MCOs
Miscellaneous	7.2	More frequent surveys for participants to be able to express concerns more often.	MCOs/Tempus	PPL

Miscellaneous	7.3	Address CLE "extra" costs.	OLTL	MCOs, Tempus and PPL
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List of Workgroup Members

Kathy Hertzog, CLE	Jennifer Hale, OLTL
Brandon Kingsmore, CLE	Michael Hale, OLTL
Erica Madge, CLE	Leigh Carroll, SEIU
Diane Thompson, CLE	Ali Kronley, SEIU
Cheryl Zeisz, CLE	Meri Long, SEIU
Wanda Carroll-Russell, DCW	Terri Reeser, Tempus Unlimited
Suzanne Ott, DCW	Joey Cook, HHAExchange
Selma Sanders-West, DCW	Laura Holman, HHAExchange
Khebed Worrobah, DCW	Greg Murphy, HHAExchange
Olivia Adonizio, SC	Joanne Krzyzanowski, Keystone First
Kyle Grabowski, SC	Frank Santoro, Keystone First
Lavalle Harris, SC	Angela Lucente-Prokop, PHW
Barbara Hester, SC	Wanda Proteau, PHW
Chelsea Kay, SC	Garrett Beauregard, UPMC
Yelena Sinelnikov, SC	Michael Smith, UPMC
Kim Barge, OLTL	Pat Brady, Sellers Dorsey
Liz Bond, OLTL	Virginia Brown, Sellers Dorsey
Ryan Dorsey, OLTL	Michael Luckovich, Sellers Dorsey

Exhibits and Charts

Exhibit #1, *Journey and Affinity Mapping – Outcomes*

This exhibit captures all the comments received by workgroup members through the Journey Mapping process. The comments are classified as barriers and are grouped into the following categories: Direct Care Worker (DCW), Technology, Materials, Support, MCO, Tempus, and Miscellaneous. Recommendations made through the Affinity Mapping improvement exercise are also included below in the categories to which they relate. **Note:** Top recommendations identified through the final CLE, DCW and SC voting are ***bolded and italicized***.

A. Direct Care Worker Related Barriers:

- Workforce Shortages.
- DCWs are not paid for training until their first paycheck which could be months, never if only hired as a backup, or if they can't complete the enrollment process.
- Unlivable wages.
- DCWs receive little to no training from Tempus.
- DCWs do not get additional benefits like agency workers, e.g., sign on bonuses, PTO, sick time, holiday pay, health insurance, and dental insurance.
- Should benefits be limited to full-time?
- DCWs don't have access to computer/tablets, lack necessary computer skills, and technology doesn't allow CLE to do it for DCW.
- Challenges around hiring backup DCWs to cover hours when the primary DCW needs time off. People aren't necessarily interested in being a back-up worker and salaries for other workers go down.
- DCW enrollment packets are sent to the CLE, not the DCW.
- Many CLEs and DCWs are not technology savvy and have difficulty using the systems.
- When a DCW/Family member becomes a power of attorney, they can no longer be the DCW. Is there anything that can be done to address this?
- DCW may need CDL license to drive CLEs vehicle.
- SC forgets to put money in the budget. When this happens, is there a way to ensure DCWs still get paid?
- Disparities between geographic hourly rates.
- Challenges finding the right worker.
- Address agency non-compete clauses.
- Lose workers before they complete enrollment.

Direct Care Worker Related Recommendations:

- ***Increase DCW rates.***
- ***Provide DCW benefits.***
- ***Allow provision hiring.***
- ***Promote use of agency for backup (also promote a registry if that is available).***
- ***Provide DCW computer or tablet when necessary.***
- ***Send DCW enrollment packets directly to DCW.***
- ***Allow use of current background checks.***
- ***Provider registry.***

- *Cover cost to advertise for DCW.*
- *Partner with college/university to recruit DCWs and tie to loan forgiveness?*
- *Do/add to an existing loan forgiveness program.*
- *Improve DCW training.*
- *Allow job seekers to “pre-register” to allow for short-term shift coverage or quick hire by new CLE.*
- Allow provisional employment of DCWs.
- For professions with background checks allow DCWs to use those rather than getting a new one.
- If Tempus previously did a background check for the same DCW for a different CLE, it should be used and not do a new one.
- If a DCW already has current background clearance, they should be able to submit them with application.
- Training may be available for workers recruited from avenues like CareerLink.
- Pay costs for CLEs to advertise for DCWs.
- Educate DCWs they may be eligible for MAWD.
- Pool of already enrolled DCWs to assist with backup coverage.
- When DCW gets enrollment packet can it include both the CLE and DCW name?
- Notify DCW/CLE when enrollment packet is received (alerts, emails, etc.)
- Is there any way to remedy situations where a DCW has to stay longer than they were supposed to? For example, if they are to stay 20 minutes later, they get asked questions.
- Ensure that the CLE knows and understands how many hours they are approved for, and when hours change, send something to the CLE notifying them of the change CLEs are responsible for assigning hours to their workers, and the SC and CLE are jointly responsible for monitoring utilization.
- Make all training optional, allowing CLEs to mandate specific training for their employees.
- Allow CLEs to waiver background checks, or at least delay them for x days after services begin.

B. Technology Related Barriers:

- How accessible is the participant level web-based portal and EVV app? Does this mean ease of use?
- Are CLE and DCWs websites accessible – language, alternative formats, recognize learning styles and diversity?
- Is there any way a DCW can enter their hours in EVV?
- CLEs can't edit DCW online application packets on Tempus portal to correct information. CLE must sign in as DCW to edit. Previously, CLE could complete new hire packets as was done with paper packets.
- Required to fax documents but most participants don't have fax machines.
- Secure emails are difficult for many people.
- Goggle Authenticator (Tempus) is not disability friendly (30 seconds is not fast enough).
- EVV app is unreliable and doesn't connect to the internet in many areas.
- EVV app is unreliable.
- DCW unique ID hard to obtain - Keystone Key password issues.
- EVV app doesn't connect to the internet in many areas.

Technology Related Recommendations:

- ***Streamline EVV app/portal – hard to access various pieces of info, approve/lock etc.***
- ***Improve EVV.***
- ***Add ability to submit enrollment applications online.***
- ***Improve Keystone Key instructions.***
- ***Remove geolocation from EVV because too restrictive/provide ability to dial in.***
- ***Identify a more disability friendly authenticator.***
- ***Provide technology (tablet, fax machine) to CLEs when necessary.***
- ***Have EVV app/portal show max rate.***
- ***Delink Keystone Key login from unique ID.***
- ***Incorporate alerts that show CLE when they are approaching monthly hours allotment.***
- ***Make EVV app more like PPL app.***
- Provide online CLE and DCW enrollment and provide copy to SC.
- Can documents be scanned via an app vs. faxing?
- Enrollment applications should be completed online.
- Improve FMS technology.
- Provide better customer support from Keystone Key for those who have an old account and can't remember their credentials.

C. Education and Outreach Materials Related Barriers:

- Participant-Directed vs. Self-Directing wording confusion.
- Are CLE and DCWs materials accessible – language, alternative formats, recognize learning styles and diversity?

Education and Outreach Materials Related Recommendations:

- ***Develop participant-directed promotional materials and outreach campaign.***
- ***Have IEB provide information on the various models of receiving services.***
- ***Share with DCWs, CLEs, SCs the history of self-direction arising from disability rights movement so that people understand why this system is important.***
- ***Improve education materials. Make them accessible including different learning styles and diversity.***
- ***Work with existing CLEs to improve materials.***
- ***Provide list of CLE responsibilities prior to PCSP meeting.***
- ***Billboards/other advertising for participant-direction.***
- Develop CLE materials that are more promotional of participant direction to highlight that CLE's can determine the hourly rate of their workers.
- Do an introductory video to review different roles and responsibilities.
- Advertise self-direction – do PPT at churches, clubs, doctors' offices to provide education on the model and recruit DCWs.
- Highlight participant "success" stories to make self-direction less risky for participants.
- Develop an accessible video series which goes into details of the available models.
- Discuss terminology – e.g., PCSP process and the three models of service (agency, self-direction, Services My Way).
- Update materials and make them more "user-friendly" for participants.
- Enhanced participant and CLE education prior to PCSP meeting.
- Develop materials to support transition to executive functioning.
- Improve educational materials for federal withholding.

- Share DCWs with participants who have been "approved" within a 25-mile radius.
- Have the IEB provide information on the models of service to HCBS participants and streamline the PCSP meeting.

D. CLE Support Related Barriers:

- There are many things participants don't know about being an employer – preparing employment letters for the ACO, how to access paystubs, access to a "lock-box" to keep things secure, their roles and responsibilities.

CLE Support Related Recommendations

- ***Provide additional CLE support and training.***
- ***Support peer mentors, e.g. list of people who have been in the program to assist.***
- Use of supports broker.
- Leverage skills training from the Centers for Independent Living to support participants in their role as CLE.
- Access to local support such as contracting with local organizations to help with paperwork.
- Get CLE advocates to help CLE navigate program, responsibilities, and skills.
- Establish a dedicated resource line to answer questions.
- Provide tablets to CLEs – this could be a partnership/grant program with a corporation.
- Technology to be able to obtain, learn and return materials to Tempus.
- Develop and share sample forms.
- Develop list of resources for SCs and Participants.
- More access to local support – go to an office, hands on assistance with payroll.
- Contract with local CareerLinks, AAAs, to provide local assistance to CLEs and DCWs.
- Better explanation of the enrollment process into CHC and of DCWs.
- Need for policies around short nails, vaccines, etc. to cover vulnerable populations.
- Improve instructions for setting up unique ID and getting into Keystone Key.
- Find a resource to access personnel who can be a representative or designated CLE to assist CLE with employer responsibilities.
- Beneficiary Support System CLE support for enrollment? Or support broker services to assist CLE with training, enrollment, timesheets, etc.

E. MCO Related Barriers

- SCs not readily available.
- SC caseloads need to allow time for necessary education and assistance.
- SCs don't provide clear answers to questions.
- Are the participants being steered to a model that the SC finds easier for them.
- MCOs fail to respond to consumers' needs and cut hours so DCWs lose hours due to unstable employment.

MCO Related Recommendations

- ***Improve SC training.***
- ***Raise DCW wages, add benefits like paid time off.***
- ***Create Tempus accountability metric so that Tempus feels ownership of onboarding success (e.g. 90% of people who start enrollment should be complete).***

- ***SCs should make sure that CLE are trained and understand their monthly allotment of hours - don't oversimplify into a weekly breakdown. These weekly breakdowns often lead to people being short hours at the end of the month. CLEs are responsible for assigning hours to their workers, and the SC and CLE are jointly responsible for monitoring utilization.***
- ***Create accountability for MCO to ensure participant-directed is offered as first choice.***
- Develop a SC script with essential points and in down to earth user-friendly language.
- Ensure SCs are assigned participants they can easily relate to, e.g. no language and cultural barriers.
- New SC training focused on self-direction and FMS provider.
- Ensure SCs have proper training and support.
- Overall training for each specific group needs to be identified and completed. Including ongoing training for SC's.
- SC should offer participant-direction as first choice.
- Crack down on agency advertising that is misleading and diverting people away from participant-direction.
- Ensure SCs have proper training, caseloads aren't overloaded and assigned to participants can relate to
- Have SCs identify barriers to participant-direction and work on solutions such as technology, training, etc.
- Ensure SCs are assigned to participants they can easily relate to, e.g. no language and cultural barriers.
- More SCs with disabilities
- Compare/contrast agency vs. participant-directed to identify the top user pain points and make them user friendly.

F. Tempus Related Barriers:

- Tempus' online system allows the use of an electronic signature to sign forms. CLEs report that this is a multi-step process; sometimes the signature doesn't save which results in delay.
- DCWs have trouble completing applications.
- Tempus website is confusing for both consumers and DCWs.
- The hiring and enrollment process takes too long.
- CLEs and DCWs aren't notified when there is an enrollment or payroll problem.
- Paperwork gets lost.
- Paperwork gets lost and CLE goes without services.
- It's difficult to find information on Tempus' website regarding DCW pay scales. Can this be provided as a handout?
- Tempus isn't doing federal withholding if not selected.
- Tempus doesn't take out federal taxes so DCWs owe tax at the end of the year.
- No notification from Tempus if DCW passes background check. They are only notified if there is an issue. CLE finds out if they go into the participant dashboard.
- Is in-person assistance offered or must it be requested?
- Erie office is not open.
- Tempus has local offices but not manned.

Tempus Related Recommendations:

- *Establish alerts that identifies barriers and progress – such as background check received, need Unique ID*
- *Provide/Increase Tempus in-person support.*
- *Reduce DCW enrollment time.*
- *Improve Tempus support.*
- *Improve Tempus call center and customer service.*
- *There should be an accountability measure for Tempus (from the state or MCOs) that 90% of DCWs/CLEs who initiate a process finish the enrollment process within a certain window of time.*
- Provide DCW assistance and training on Tempus apps.
- Tempus should provide training to SCs on the EVV app and web-based participant portal.
- Payrate calculator – make it easier for the CLEs and DCWs to utilize.
- Customer service – better training of reps and follow-up/call backs.
- DCWs/CLEs/SCs should be notified when they have their Good to Go date.
- Better communication between Tempus and CLE/DCW.
- OLTL should establish a timeline for responding to inquiries.
- More Tempus and/or MCO direct hand holding in enrollment process. Local Sr. Centers.

G. Miscellaneous Barriers:

- More responsibility than some participants want.
- Impact of care insurance costs, homeowner's liability, PPE such as foot coverings and associated items for vulnerable populations.
- No choice of FMS providers.

Miscellaneous Recommendations:

- Ability to choose another FMS provider.
- More frequent surveys for participants to be able to express concerns more often.

Exhibit #2, Survey Comments

Certain survey questions provided the option to provide comments. This exhibit summarizes the comments received and categorizes them by the type of respondent: Common Law Employer (CLE), Direct Care Worker (DCW), and Service Coordinator (SC).

Common Law Employer Comments:

- CLE responses indicate some were not aware they could use both an agency and participant-direction.
- Use of agency when DCW needs extended time off.
- CLE concerns with Tempus' customer service.
- CLE concerns with Tempus properly paying workers when there are 31 days in a month. Can result in receiving an overutilization letter.
- Using agency because of the inability to obtain DCWs for unique medical conditions or social characteristics.
- Bad experiences with specific agencies.
- Problems with hiring workers because of low rates, lack of benefits, paid holidays.
- Difficulty using Tempus portal on phone.
- DCWs provide care whenever needed, day or night.
- Agencies not servicing specific geographic regions.
- Lack ability to see applications, do reference checks, and interview workers.
- Allow CLE to decide how to clock in and out or publish a weekly schedule such as [When I Work](#)
- Improve onboarding to reduce delay.
- Too much training – particularly by external parties.
- Provide a window for clocking in and out instead of being so precise.
- Let HCBS participants know they get to interview, hire, fire and handpick staff, which greatly increases the odds of long-term workers.

Direct Care Worker Comments:

- Ways in which DCWs found out about jobs:
 - Other Provider
 - Social Worker
 - Facility Case Manager
 - Service Coordinator
 - Area Agency on Aging
 - Agency
 - County Assistance Office
 - Through SNAP enrollment
 - Center for Independent Living
 - Friend
 - Previous DCW
- Older participants may find the website hard to navigate.
- Pay holiday pay time at time and a half.
- Concerns with EVV being too complex.
- Too much mandatory training.
- Should be able to chose to do training on their own time.
- DCW concerns with Tempus properly paying workers when there are 31 days in a month. Can result in CLE receiving an overutilization letter.

- CLE concerns with Tempus not allowing Services My Way participants paying a higher wage and hiring a backup.
- Issues with Tempus and budgetary issues.
- Concerns expressed with Tempus communication for addressing discrepancies between clocked hours and amount paid.

Service Coordinator Comments:

- CLEs face challenges for staffing hours when DCW calls off, is fired, or quits.
- CLEs face challenges when Tempus miscalculates hours – averaging hours daily instead of weekly and seasonal time changes.
- Tempus sends incorrect overutilization hours or CLEs don't know they are over.
- CLEs get overwhelmed with payroll and problems with bi-weekly or monthly pay.
- Agency workers are paid more than DCWs, get benefits, and have travel reimbursement.
- Challenges with Tempus customer service and resolving issues such as how to get their worker a raise, payroll issues, logging time because of delay in hours showing up.
- Tempus system drops phone calls and there are delays in email responses.
- App difficult to use.
- Don't want to deal with all the responsibilities because they have their own health issues.
- Covering taxes.
- CLE can't continue because of cognitive decline.
- Delays in beginning services – can take up to two months.
- Delay in paying workers, which causes problems keeping workers.
- Agencies assist with enrollment and encourage hiring their family and friends as workers.
- Participants wait for waiver enrollment and enrollment in self-direction results in a further delay to start services.
- Participants have their DCWs hired through an agency because it's easier and quicker without the responsibility.

Exhibit #3, Top Ten Recommendations by Voting Group

The votes for each recommendation were ranked in descending order to identify the top ten recommendations. In some cases, there were recommendations that received the same number of votes. In these instances, the top ten would include more than ten recommendations.

Common Law Employer: Top 10 Recommendations Listed Alphabetically:

- Cover cost to advertise for DCWs/Billboard and other advertising of participant-direction/Do participant-direction promotional materials and outreach campaign.
- Establish alerts that identify barriers and progress with payroll and enrollment in the Tempus app/make color coding for DCW and CLE on Tempus portal.
- Establish or add DCW to an existing loan forgiveness program/Partner with college/universities to recruit DCWs and tie to loan forgiveness.
- Improve EVV/Have EVV app/portal show max rate/show hours worked that week or pay period in app/Make EVV app more like PPL app.
- Improve SC Training.
- Improve Tempus support/Improve Tempus call center and customer service/Provide/increase Tempus in-person support.
- Increase DCW wages and provide DCW benefits.
- Provide additional CLE support and training/ Mentoring from others in the program.
- Provider registry/Allow job seekers to "pre-register" to allow for short-term shift coverage or quick hire by new CLE/Allow provisional hiring.
- Reduce DCW enrollment time.
- There should be an accountability measure for Tempus (from the state or MCOs) that 90% of the DCWs/CLEs who initiate the enrollment process finish the process within a certain window of time.

Direct Care Worker: Top Ten Recommendations Listed Alphabetically:

- Allow use of current background checks.
- Cover cost to advertise for DCWs/Billboard and other advertising of participant-direction/Do participant-direction promotional materials and outreach campaign.
- Establish or add DCW to an existing loan forgiveness program/Partner with college/universities to recruit DCWs and tie to loan forgiveness.
- Identify a more disability friendly authenticator.
- Improve DCW training.
- Improve EVV/Have EVV app/portal show max rate/show hours worked that week or pay period in app/Make EVV app more like PPL app.
- Improve SC Training.
- Improve Tempus support/Improve Tempus call center and customer service/Provide/increase Tempus in-person support.
- Incorporate alerts that notify DCWs when things need attention to be completed in the Tempus portal.
- Increase DCW wages and provide DCW benefits.
- Provide DCW computer or tablet when necessary/Provide technology (tablet, fax machine, etc.) to CLEs when necessary.
- Provider registry/Allow job seekers to "pre-register" to allow for short-term shift coverage or quick hire by new CLE/Allow provisional hiring.
- Reduce DCW enrollment time.

- Send DCW enrollment packet directly to the DCW.
- There should be an accountability measure for Tempus (from the state or MCOs) that 90% of the DCWs/CLEs who initiate the enrollment process finish the process within a certain window of time.

Service Coordinator: Top Ten Recommendations Listed Alphabetically:

- Add ability to submit enrollment application online - this may already exist.
- Establish alerts that identify barriers and progress with payroll and enrollment in the Tempus app/make color coding for DCW and CLE on Tempus portal.
- Improve DCW training.
- Improve SC Training.
- Improve Tempus support/Improve Tempus call center and customer service/Provide/increase Tempus in-person support.
- Increase DCW wages and provide DCW benefits.
- Promote use of agency for backup
- Provide additional CLE support and training/ Mentoring from others in the program.
- Reduce DCW enrollment time.
- Send DCW enrollment packet directly to DCW.

Exhibit #4 provides the breakdown of responses by CLEs, DCWs and SCs. The percentage is calculated by dividing the number of responses for each group by the 1,633 total responses. The percentage of DCW responses were significantly higher than either CLEs or SCs.

Exhibit #4: Percent of Total Responses

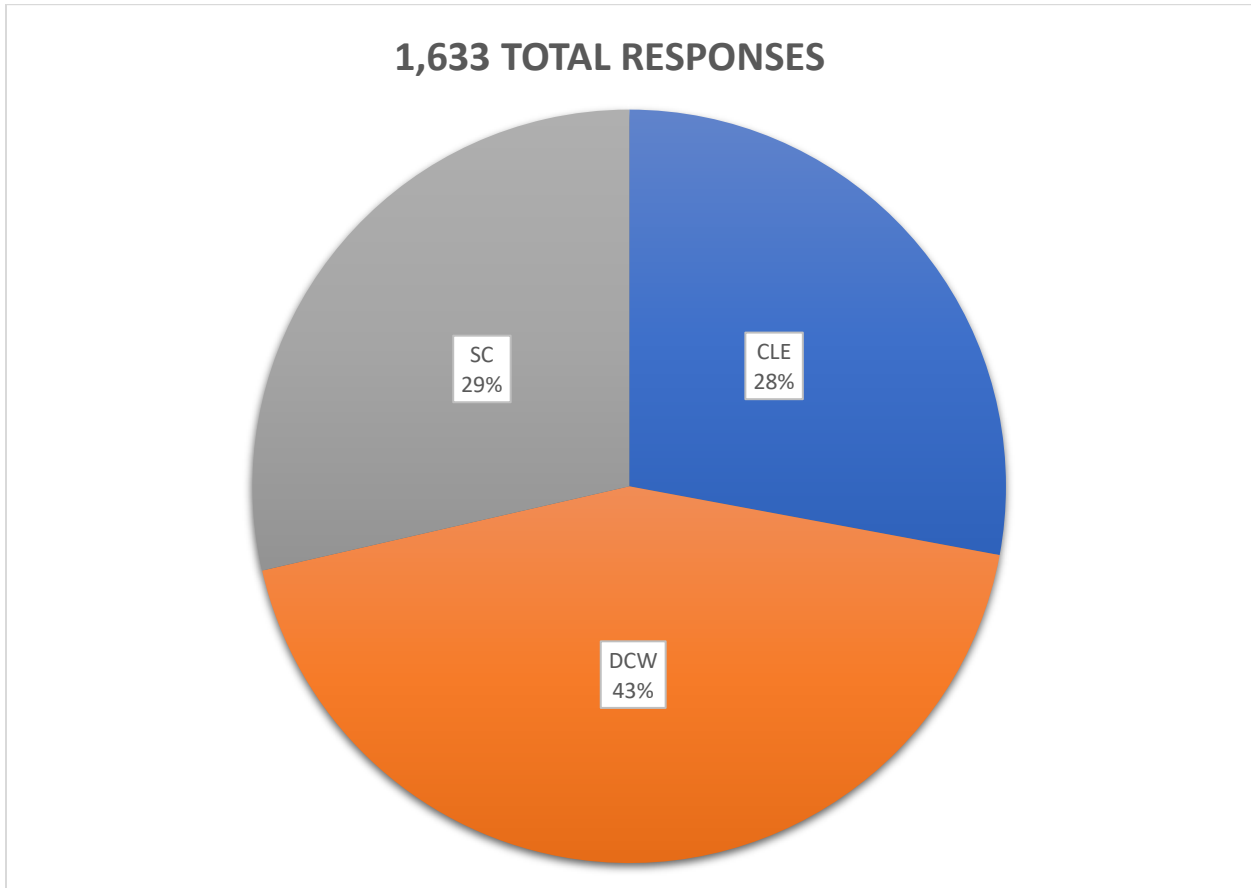


Exhibit #5 illustrates the response rate for each group. The total number of responses received from each group is divided by the total surveys sent for each group. 7,630 CLE surveys, 16,546 DCW surveys, and 2,075 SC surveys – a total of 26,251 surveys – were sent. Despite DCWs having a significantly higher number of responses, the percentage of survey responses was much lower. SCs had a significantly higher response rate.

Exhibit #5: Response Rate

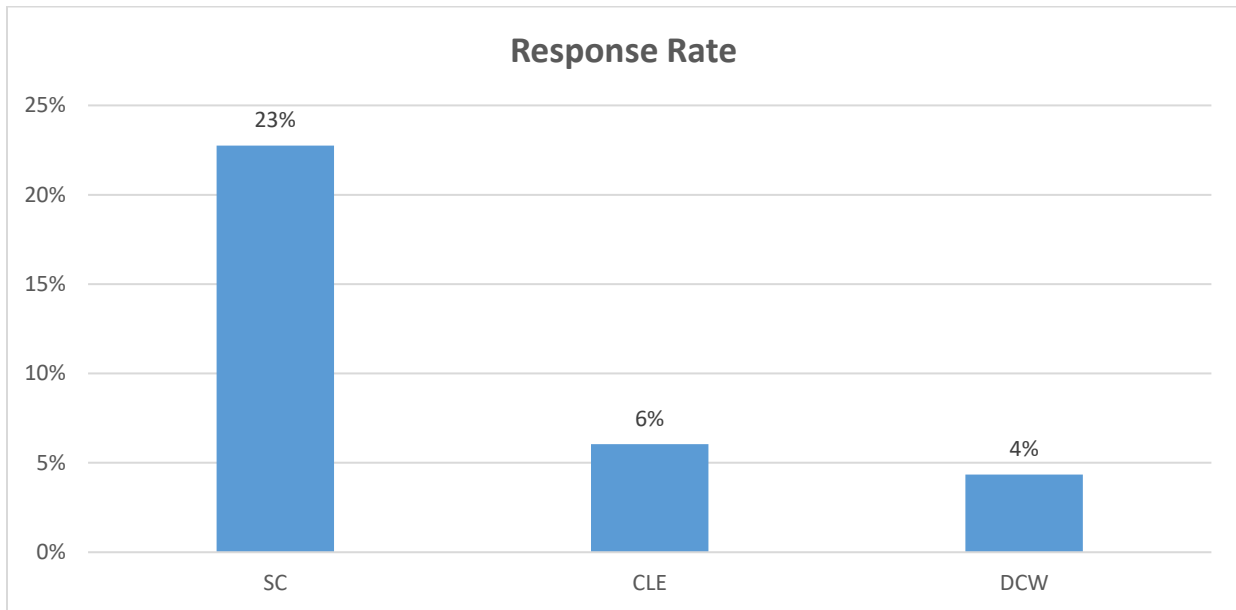


Exhibit #6 provides the percentage of responses by CHC zone. The responses received for each zone is divided by the 1,633 total responses. More than half of the responses were from the SE and SW zones.

Exhibit #6: Responses by CHC Zone

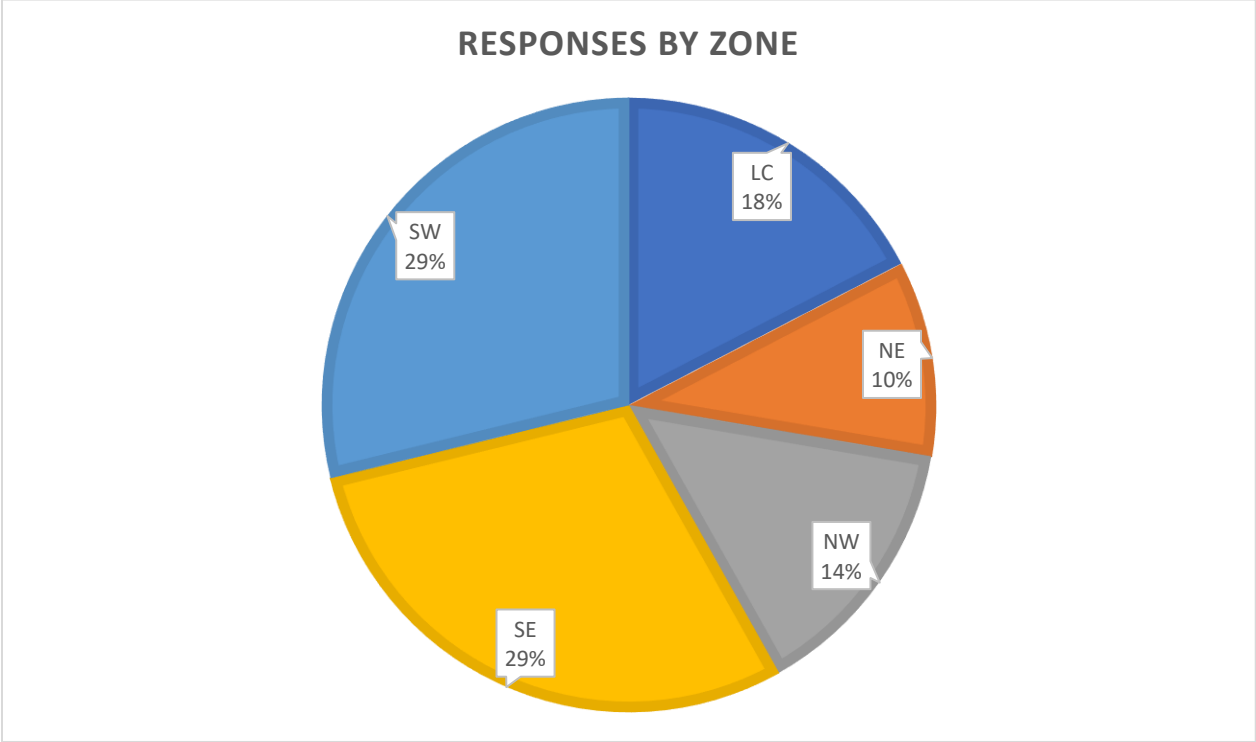


Exhibit #7 provides the total enrollment in participant-direction and the survey response rate by zone as of January 31, 2024. For comparison purposes, 58% of participants who self-direct their services and 64% of the CLE responses received were from the SE and SW zones.

Exhibit #7: Number of Participants Enrolled in Self-Direction and Response Rate by Zone

	Southwest	Southeast	Lehigh Capital	Northeast	Northwest	Total
Number of Participants Enrolled in Self-Direction by Zone	2,350	2,518	1,406	989	1,043	8,306
% of HCBS Population in Zone Enrolled in Self-Direction	28%	30%	17%	12%	13%	100%

Exhibit #8 provides the percentage of responses by age category. Please note this only includes responses for CLEs and DCWs. The age range for SCs was not captured. The rate is calculated by the number of responses for the age range divided by the total 1,161 CLE and SCs responses. 57% of respondents were 36 to 60 years old and 34% of respondents were age 61 and over. Please note that there were 9 DCWs between 18 to 20 years old who are not included in this data.

Exhibit #8: Response by Age Range

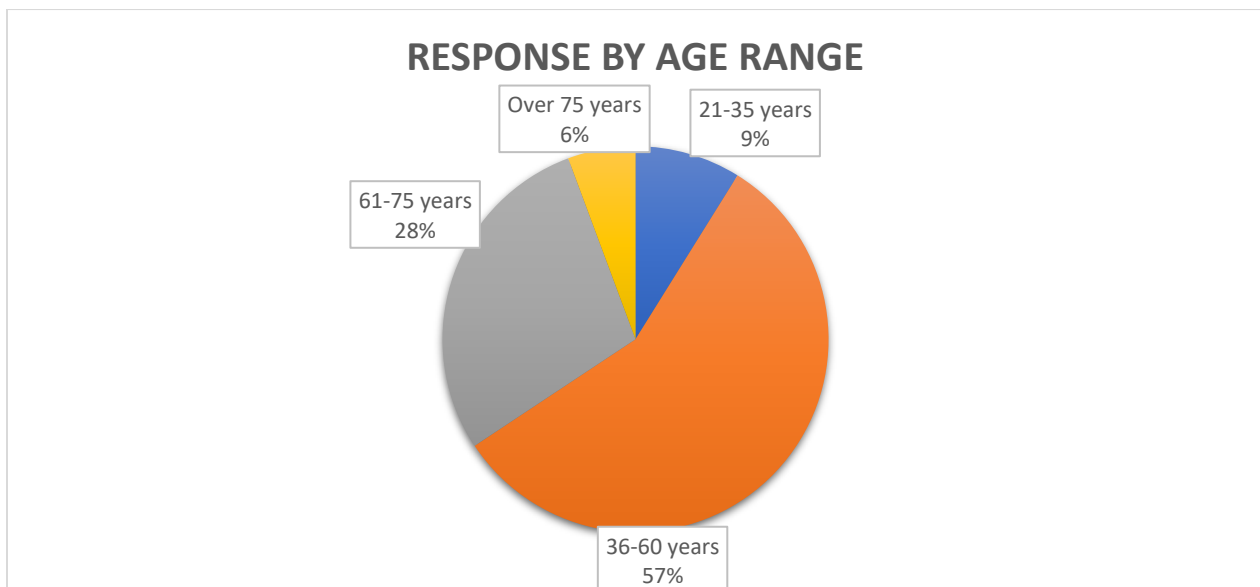


Exhibit #9 provides the age range for participants enrolled in self-direction as of January 31, 2024. For comparison, 53% of participants enrolled in self-direction are aged 60 and over; 43% of CLE respondents were age 61 and over.

Exhibit #9: Number of Participants Enrolled in Self-Direction by Age Range

	20-29	30-39	40-49	50-59	60-69	70-78	80 and Over
Number of Participants Using Self-Direction by Age Range	261	817	999	1,794	2,231	1,280	924
% of HCBS Population in Age Range Enrolled in Self-Direction	3%	10%	12%	22%	27%	15%	11%

Exhibit #10 provides the reasons that CLEs would switch from the participant-direction to an agency. CLEs could select all the factors that would motivate them to switch. The percentage is calculated by taking the count for each reason divided by the total reasons selected (592). The CLEs responded overwhelmingly that they would not switch to an agency and the next highest reason was to provide higher wages and benefits to their DCW.

Exhibit #10: Reasons CLEs Indicated they Might Switch to an Agency

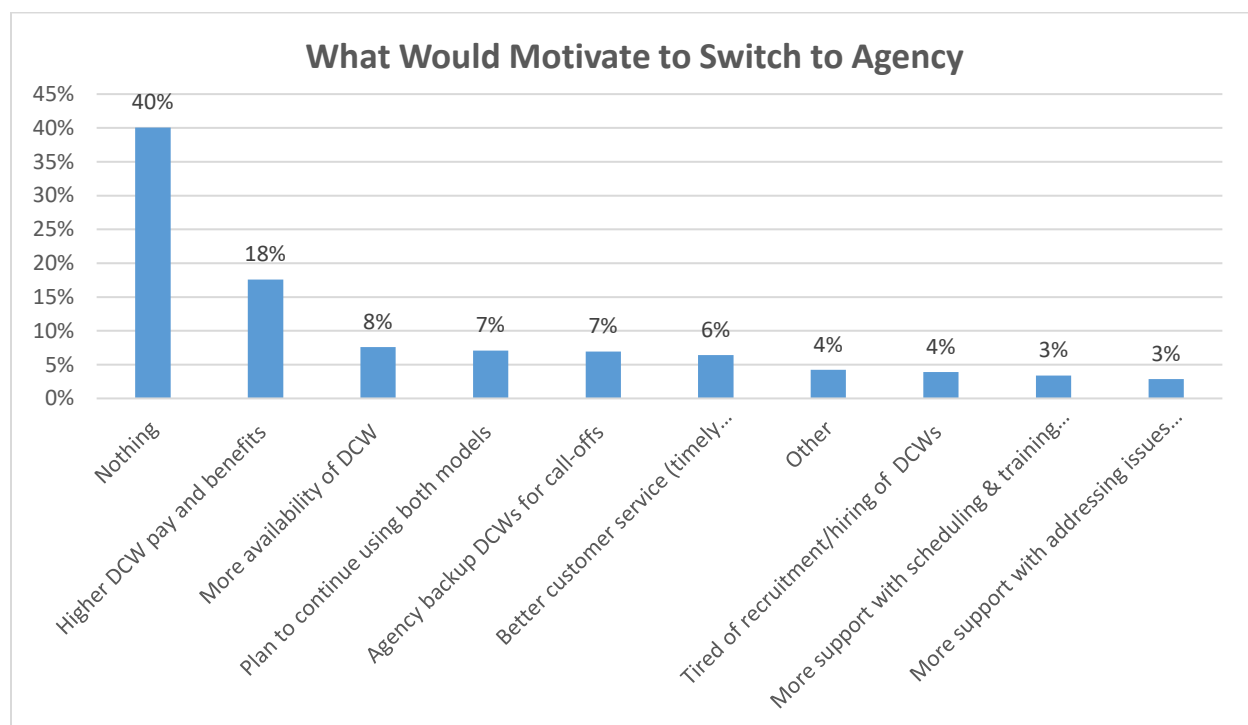


Exhibit #11 provides the reasons the CLEs gave when they stopped using participant-direction and switched to an agency. This measure is from SC survey responses, and they could select all the reasons received from participants. The rate is calculated by dividing the total responses by reason divided by the total reasons (1,279). The top reasons were too much responsibility, the difficulty and time to enroll, difficulty finding DCWs, and Tempus support and customer service.

Exhibit #11: Reasons Participants Stop Using Self-Direction

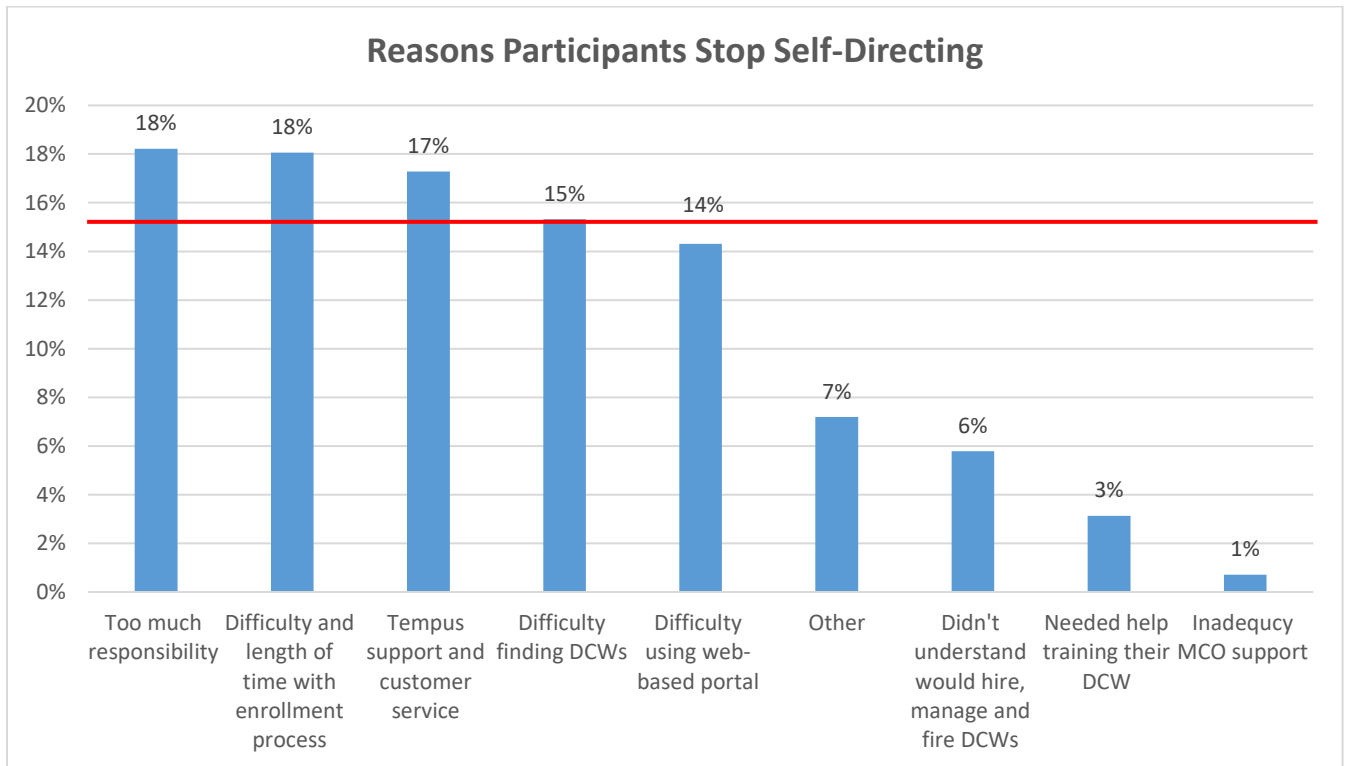


Exhibit #12 provides the reasons the CLEs gave when they selected an agency during their initial enrollment in CHC. This measure is provided by SCs, and they could select all the reasons received from participants. The rate is calculated by dividing the total responses by reason divided by the total reasons (1,604). The top reasons were getting support to hire and manage DCW, not wanting the responsibility the DCW, and enrollment process is too difficult and takes too long.

Exhibit #12: Reasons Participants Choose to Use an Agency

