

COMMUNITY HEALTHCHOICES 1915(C) WAIVER

Pennsylvania Long-Term Care Council Proposed Recommendations & Feedback - Dec. 13, 2019

	Service Definition	Current Waiver Language	Suggested Revisions	Rationale for Amendment
1.	Chore Service/Heavy Household Cleaning <i>(adding new service)</i>	None	Services definition may include one-time (or as needed) deep cleaning of the home, including clearing home of trash and locating/funding means of trash disposal; assisting consumer in minimizing/organizing cluttered areas that are safety hazards.	Essential service ensures health and safety of consumers in independent living environments. Minimizes or prevents need for Pest Eradication services. May prevent or delay need for nursing facility placement.
2.	Residential Habilitation <i>(revision(s) to existing service)</i>	Page 118: Community Integration, Home Health Care Aide services, Non-Medical Transportation, Personal Assistance Services, TeleCare , Vehicle Modifications, and Respite cannot be provided at the same time as Residential Habilitation.	“The CHC-MCO may consider” the inclusion of telecare and/or telemedicine for consumers receiving residential habilitation services “with documentation from the service coordinator that supports the consumer’s need to receive both services.”	The use of telecare/telemedicine helps meet the medical and psychiatric care needs of consumers with mobility limitations and unstable health conditions. Telecare may prevent unnecessary emergency room visits and/or hospitalizations through the provision of routine medical and behavioral monitoring. The use of telemedicine as a valid assessment and monitoring tool is increasing among medical and psychiatric practitioners.
3.	Affordable Housing Service Coordination <i>(adding new service)</i>	None	Affordable housing service coordination would be provided by an affordable housing service coordinator. The coordinator would be a qualified staff person hired or contracted by an affordable housing development, and reimbursable by the Community HealthChoices Managed Care Organization (CHC-MCO), who would coordinate with the CHC-MCO service coordinator to assist tenants to access physical health, behavioral health, and long-term services and supports.	Assists tenants to age in place, helping them to access available services in the community to promote their health, social connections, and well-being, potentially eliminating or delaying nursing facility admission.
4.	Personal Assistance Services		The Office of Developmental Program’s (ODP) Community Living Wavier includes transportation in the agency provider rate, subject to the provisions	Transportation, both non-medical transportation and non-emergency medical transportation, has been a persistent barrier for many people with

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<p><i>(revision(s) to existing service)</i></p>		<p>listed on page 90 of the Community Living Waiver. We propose that the Office of Long-Term Living (OLTL) approach adding transportation to the Community HealthChoices Waiver’s Personal Assistance Services definition via one of two ways:</p> <ol style="list-style-type: none"> 1. Increase the MA fee schedule for W1793 to a rate comparable to that of ODP’s rate for in-home and community support, or 2. Add a modifier to the W1793 MA fee schedule. For example: “W1793T, Personal Assistance Services with Transportation.” OLTL would study and assign a rate commensurate to the additional costs associated with transportation and the agency’s administration thereof. Agencies would bill for W1793 when not providing transportation and would bill for W1793T when engaged in transporting the participant. 	<p>disabilities. Often, paratransit services are unable to meet a participant’s particular needs. For example, a participant may need assistance preparing for and leaving their home, while paratransit may only provide curb-to-curb service. Many paratransit services have rules prohibiting the driver from touching or otherwise assisting a participant, yet many participants often need that assistance. Paratransit may need to have a participant wait for an inordinately large period of time for pickup or drop-off, which may not be reasonable; for example, a doctor’s office may close before a paratransit bus can pick up a participant, and thus the participant waits outside in the elements. In many places, particularly the rural areas of Pennsylvania, paratransit authorities do not exist or are very limited.</p> <p>In the Office of Developmental Programs waivers, transportation is available to a participant via the direct care worker, given the direct care worker and agency meets certain requirements. As an example, please see the below from the Community Living Waiver Amendment (effective October 1, 2019):</p> <p>In-Home and Community Support, Page 90: “Transportation necessary to enable participation in community activities outside of the home in accordance with the participant’s service plan is included in the rate paid to agency providers.</p>

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			<p>Mileage that is needed to enable participation in community activities that exceeds 30 miles on any given day should be authorized on the service plan and billed by the agency as Transportation Mile. Transportation is not included in the wage range for In-Home and Community Support services provided by Support Service Professionals in participant directed services. As such, Transportation services should be authorized and billed as a discrete service. When Transportation services are authorized and billed as a discrete service (regardless of whether the services are delivered by an agency or Support Service Professional) In-Home and Community Support is compensable at the same time for the supervision, assistance and/or care provided to the participant during transportation. In-Home and Community Support services cannot be used to solely transport a participant as this would be considered a Transportation service available in the waiver. The participant must have a need for assistance, guidance or support with tasks while in the home and community locations for which transportation is necessary.”</p> <p>Page 94: “Agencies must meet the following standards:… “6. Have documentation that all vehicles used in the provision of In-Home and Community Support have automobile insurance…”</p>

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				<p>“7. Have documentation that all vehicles used in the provision of In-Home and Community Support have current State motor vehicle registration and inspection... “Staff working for or contracted with the agency as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:...</p> <p>“6. Have a valid driver's license if the operation of a vehicle is necessary to provide In-Home and Community Support services.”</p> <p>For an unfortunate number of Pennsylvanians with disabilities, a lack of adequate transportation results in isolation from their community. Adequate transportation, on the other hand, leads to healthy outcomes, including the medical determinants of health such as regularly attending medical appointments, as well as the social determinants of health such as community involvement and a lack of isolation.</p>
5.	<p>Non-Medical Transportation</p> <p><i>(revision(s) to existing service)</i></p>	<p>Non-Medical Transportation services enable Participants to gain access to LTSS services as specified in the PCSP. This service is offered in addition to medical transportation services required under 42 C.F.R. § 440.170(a) (if applicable) and shall not replace them. Non-Medical Transportation services include mileage reimbursement for drivers and others to transport a Participant and/or the purchase of tickets or tokens to secure</p>	<p>Add transportation as a reimbursable service for personal assistance services providers.</p>	<p>It would be beneficial to have a discussion about this section of the waiver language:</p> <p style="text-align: center;"><i>An individual cannot provide both Personal Assistance Services and Non-Medical Transportation simultaneously.</i></p> <p>Direct care workers employed by personal assistance services (PAS) agencies often provide transportation for their consumers. Most often this is to and from</p>

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	<p>transportation for a Participant. Non-Medical Transportation must be billed per one-way trip or billed per item (e.g., a monthly bus pass). Transportation services must be tied to a specific objective identified on the PCSP.</p> <p>Non-medical Transportation services may only be authorized on the PCSP after an individualized determination that the method is the most cost-effective manner to provide needed transportation services to the Participant and that all other non-Medicaid sources of transportation which can provide this service without charge (such as family, neighbors, friends, community agencies) have been exhausted.</p> <p>Non-Medical Transportation does not cover reimbursement to the Participant or another individual when driving the Participant’s vehicle. Non-Medical Transportation does not pay for vehicle purchases, rentals, modifications or repairs. Non-Medical Transportation cannot be provided at the same time as Adult Daily Living services with transportation. An individual cannot provide both Personal Assistance Services and Non-Medical Transportation simultaneously.</p>		<p>medical appointments. Medical Assistance Transportation (MATP) presents challenges with scheduling and timing, and it is often more convenient for the caregiver to transport the consumer. However, while they may be reimbursed a low rate for mileage, they must go “off the clock” from providing PAS services, even though they are accompanying the consumer, assisting them with transfers and ambulation.</p> <p>We should look at a program under this section of the waiver, or under the PAS service definition, that allows PAS providers to be reimbursed for providing transportation services, with transportation services defined as a PAS service.</p>	
6.	Personal Assistance Services	Personal Assistance Services primarily provide hands-on assistance to Participants that are necessary, as specified in the PCSP, to enable the Participant to integrate more fully into the	Add transportation as a service here.	See comment above. There are two possible approaches to address the transportation barrier for consumers.

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<p><i>(revision(s) to existing service)</i></p>	<p>community and ensure the health, welfare and safety of the Participant. This service will be provided to meet the Participant’s needs, as determined by an assessment, in accordance with Department requirements and as outlined in the Participant’s PCSP. Personal Assistance Services are aimed at assisting the individual to complete tasks of daily living that would be performed independently if the individual had no disability. These services include:</p> <ul style="list-style-type: none"> • Care to assist with activities of daily living (e.g., eating, bathing, dressing, personal hygiene), cueing to prompt the Participant to perform a task, and providing supervision to assist a Participant who cannot be safely left alone. • Health maintenance activities provided for the Participant, such as bowel and bladder routines, ostomy care, catheter, wound care and range of motion as indicated in the individual’s PCSP and permitted under applicable State requirements. • Routine support services, such as meal planning, keeping of medical appointments and other health regimens needed to support the Participant. • Assistance and implementation of prescribed therapies. 		<p>While current Non-Medical Transportation offers pick up and drop off, many consumers also require assistance with ambulation, transfer, and grooming to prepare for appointments.</p> <p>I would recommend adding transportation to the Personal Assistance Services (PAS) definition, paying a per unit rate for PAS services.</p>

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		<p>Overnight Personal Assistance Services provide intermittent or ongoing awake, overnight assistance to a Participant in his or her home for up to eight (8) hours. Overnight Personal Assistance Services require awake staff.</p> <p>Personal Assistance may include assistance with the following activities when incidental to personal assistance and necessary to complete activities of daily living:</p> <ul style="list-style-type: none"> • Services such as changing linens, doing the dishes associated with the preparation of a meal, laundering of towels from bathing may be provided and must not comprise the majority of the service. • Services, as documented in the PCSP, to accompany the Participant into the community for purposes related to personal care, such as shopping in a grocery store, picking up medications and providing assistance with any of the activities noted above to enable the completion of those tasks. <p>This service must be provided in accordance with 42 C.F.R. § 441.301(c)(4) and (5), which outlines allowable setting for home and community-based waiver services. Settings cannot be located on the grounds of a Nursing Facility, Intermediate Care Facility (ICF), Institute for Mental Disease or</p>		

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		Hospital. Instead, they must be located in residential neighborhoods in the community.		
7.	Personal Assistance Services (revision(s) to existing service)	Personal Assistance Services primarily provide hands-on assistance to Participants that are necessary, as specified in the PCSP, to enable the Participant to integrate more fully into the community and ensure the health, welfare and safety of the Participant. This service will be provided to meet the Participant’s needs, as determined by an assessment, in accordance with Department requirements and as outlined in the Participant’s PCSP. Personal Assistance Services are aimed at assisting the individual to complete tasks of daily living that would be performed independently if the individual had no disability. These services include: <ul style="list-style-type: none"> • Care to assist with activities of daily living (e.g., eating, bathing, dressing, personal hygiene), cueing to prompt the Participant to perform a task, and providing supervision to assist a Participant who cannot be safely left alone. • Health maintenance activities provided for the Participant, such as bowel and bladder routines, ostomy care, catheter, wound care and range of motion as indicated in the individual’s PCSP and permitted under applicable State requirements. • Routine support services, such as meal planning, keeping of medical appointments 	Clearly define specialized care and ensure coordination with Department of Health definition of specialized care tasks.	In November 2016, the Departments of Human Services, Health, and State released a policy clarification expanding the services direct care workers (DCWs) can perform in home and community-based settings by exempting them from the Nurse Practice Act and permitting them to do such tasks as assistance with medication, assistance with bowel and bladder routines, ostomy care, clean intermittent catheterization, and wound care. The Pennsylvania Homecare Association worked with the Department of Health to expedite additional guidance around licensure regulations and how surveyors will be trained to ensure that homecare agencies are not cited for permitting DCWs to do these services. In February 2017, the Department of Health released the final guidance to clarify the types of non-skilled services/activities that can be performed by direct care workers (DCWs) to assist individuals with disabilities with activities of daily living. However, there is often conflicting guidance among surveyors and many agencies struggle to comply.

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	<p>and other health regimens needed to support the Participant.</p> <ul style="list-style-type: none"> • Assistance and implementation of prescribed therapies. <p>Overnight Personal Assistance Services provide intermittent or ongoing awake, overnight assistance to a Participant in his or her home for up to eight (8) hours. Overnight Personal Assistance Services require awake staff.</p> <p>Personal Assistance may include assistance with the following activities when incidental to personal assistance and necessary to complete activities of daily living:</p> <ul style="list-style-type: none"> • Services such as changing linens, doing the dishes associated with the preparation of a meal, laundering of towels from bathing may be provided and must not comprise the majority of the service. • Services, as documented in the PCSP, to accompany the Participant into the community for purposes related to personal care, such as shopping in a grocery store, picking up medications and providing assistance with any of the activities noted above to enable the completion of those tasks. 		

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		This service must be provided in accordance with 42 C.F.R. § 441.301(c)(4) and (5), which outlines allowable setting for home and community-based waiver services. Settings cannot be located on the grounds of a Nursing Facility, Intermediate Care Facility (ICF), Institute for Mental Disease or Hospital. Instead, they must be located in residential neighborhoods in the community.		
8.	Home Delivered Meals <i>(revision(s) to existing service)</i>		The meal definition should mirror the definition utilized by the Pennsylvania Department of Aging and federal Administration for Community Living for a home delivered meal, taking into consideration the dietary needs of different age groups, etc. and consumer preference.	To assure minimum standards for meals are based on nutrient requirements in accordance with nationally established guidelines. Mirroring the definition and requirements used by the Department of Aging would assure consistency in the provision of home-delivered meals in all home and community-based programs. When possible, meals should be purchased locally from Pennsylvania providers.
9.	Assisted Living <i>(adding new service)</i>	None	The following language, which is adapted from the state of Indiana, is offered as model for the department to consider as a way to add assisted living to the waiver. However, the committee recognizes that adjustments would need to be made to address nuisances, etc. that are unique to Pennsylvania. Assisted living service is defined as personal care and services, and medication oversight, therapeutic social and recreational programming, provided in a	The General Assembly in 2007 codified Act 56 to include assisted living residences as an alternative for consumers. The act states the following: The General Assembly finds and declares as follows: <ol style="list-style-type: none"> 1) Assisted living residences are a significant long-term care alternative nationwide. 2) Assisted living residences are a combination of housing and supportive services, as needed. They are widely accepted by the general public because they allow people to

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		<p>congregate residential setting. This service includes 24-hour on-site response staff to meet scheduled and unpredictable needs. The participant retains the right to assume risk. Participants selecting assisted living service may also receive specialized medical equipment and supplies service and community transition services through the waiver.</p> <p><u>ALLOWABLE ACTIVITIES</u> The following are included in the daily per diem for assisted living services:</p> <ul style="list-style-type: none"> ▪ Activities of Daily Living and Instrumental Activities of Daily Living ▪ Medication oversight (to the extent permitted under state law). <p><u>SERVICE STANDARDS</u> Assisted living services must follow a written care plan addressing specific needs determined by the participant’s assessment. If the participant requires skilled care, the provider must justify how the skilled need will be met and by whom. The documentation must describe the reason to use assisted living, who will be providing this service, the activities that are expected to be performed and frequency.</p> <p><u>ACTIVITIES NOT ALLOWED</u></p> <ul style="list-style-type: none"> • The Assisted Living service per diem does not include room and board. 	<p>age in place, maintain their independence and exercise decision making and personal choice.</p> <p>3) It is in the best interest of all Pennsylvanians that a system of licensure and regulation be established for assisted living residences in order to ensure accountability and a balance of availability between institutional and home-based and community-based long-term care for adults who need such care.</p> <p>It was the premise of Act 56 to apply for the assisted living waiver as an alternative to a nursing home. The Department of Human Services did not follow through on applying for the waiver.</p> <p>Assisted living is an alternative to skilled nursing homes. Assisted living is an option for consumers who do not want to reside in a nursing home but are unable to reside in a private home. This type of setting allows for independence with a private apartment but the security of staff 24/7 to provide for their care needs.</p>

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			<ul style="list-style-type: none"> Personal care services provided to medically unstable or medically complex participants as a substitute for care provided by a registered nurse, licensed practical nurse, licensed physician or other health professional. 	
10.	Guardianship Services <i>(adding new service)</i>	None	Provide for guardianship fees for professional guardians (appointed by the court) for services (e.g., attending care plan meetings, paying bills, visiting the individual on a regular basis to assure their wellbeing, etc.) to help the individual remain in the community. Guardians fulfill the role of decision-maker for an older adult or individual with a disability who lacks capacity to make decisions and manage their own affairs. Guardian fees are approved by the court and should be reasonable to act as a surrogate for the individual.	Currently, a guardian for an incapacitated person (IP) can collect \$100/month for an individual on Medicaid and in a <i>nursing home</i> . This amount has been static for many years and is not sufficient to pay for the attention that a person needs. In addition, this creates a disincentive to use home and community-based services. By paying fees for guardians who help maintain the IP in a home setting, many more individuals will be able to stay in the community, a major goal of Community Health Choices. Appropriate Medicaid rates would need to be determined. However, it is expected that fees at the beginning may be higher due to the need to establish services, etc.
11.	Palliative Care <i>(adding new service)</i>	None	Include palliative care (in home and community-based services settings), a patient- and family-centered care that optimizes quality of life by anticipating, preventing, and alleviating suffering throughout the continuum of a person's illness by addressing physical, intellectual, emotional, social, and spiritual needs and facilitating patient autonomy, access to information, and choice.	The current Community HealthChoices (CHC) agreement includes palliative care as part of hospice services as follows: "Hospice — A coordinated program of home and inpatient care that provides non-curative medical and support services for persons certified by a physician to be terminally ill with a life expectancy of six or fewer (6) months, including palliative and supportive care to Participants and their families."

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			<p>“Palliative Care” should be added as a separate option on the CHC list of services since palliative care is available at any stage of a serious illness, and the consumer is not required to be terminally ill so palliative care may be provided along with treatment. Palliative care focuses on controlling pain and improving comfort levels for an improved quality of life.</p> <p>Texas may be the only state to define palliative care in home setting: https://hhs.texas.gov/services/health/palliative-care</p> <p>Other resources: Advancing Palliative Care for Adults with Serious Illness: A National Review of State Palliative Care Policies and Programs Center to Advance Palliative Care</p>
12.	The Community HealthChoices (CHC) Managed Care Organizations (MCOs) should make every effort to continue with qualified community-based providers. In some cases, these providers have been serving older adults for over 40 years and know the community and resources available. This includes providers for home modifications and meals. Also, although service coordination is now considered an administrative function, the CHC MCO ‘s should continue contracts with area agencies on aging (AAAs) who wish to continue to provide service coordination. The AAA’s have been providing care management and service coordination for older adults and individuals with disabilities for over 40 years.		
13.	Coverage of fees for grocery deliveries should be included in the waiver.		