

ODP Updates

August 16, 2022

FY22-23 Budget Highlights

- Waiting List Initiative – 732 CLW; 100 Consolidated
- Independent Living Payments
- HCBS for Individuals with ID Augmentation Account
 - New Fiscal Code provision
 - Proceeds from (1) state center property sale and (2) amount of any decrease in the state centers appropriation from prior fiscal year
 - Funding may be used for quality DSP capacity, housing supports, HCBS for people on emergency waiting list
 - ISAC input required on use of funds

Additional ARPA Initiatives

Public Comment Period through 8/19/2022

- 1. Data Management Enhancements** - ODP IT system enhancements to store Health Risk Screening data in the Enterprise Data Warehouse (EDW)

Total Cost Estimate \$1.2M FY22-23

- 2. Targeted Program Recovery and Expansion Supplemental Payments**

- Community Participation Support
- Employment services –
- Supports Coordination - payments for successful program recovery and expansion to ensure that individuals newly enrolled for ID/A services have timely access to Supports Coordination

Total Cost Estimate \$40M 10/1/2023-3/31/2024

Federal Public Health Emergency (PHE)

- PHE renewed 7/15/2022

Appendix K

- In place until 6 months after federal PHE ends
 - Cap exceptions
 - Enhanced rates for CPS & transport trip
- Planning for ‘unwinding’ of authorities

ID/A Waivers Renewals – Temporary Extension

- CMS issued Request for Additional Information (RAI)
- ODP requested 90 day extension through 9/30/2022
- Proposed changes
 - PHE ‘unwinding’ provisions
 - Services delivered using remote technology – teleservice
 - Remote Support (distinct service definition)
 - Supports Coordination monitoring
 - **P/FDS** - remote monitoring, can take place 1 time out of the 4 yearly required face-to-face monitorings.
 - **Consolidated & Community Living** - remote monitoring can take place 3 out of the 6 required face-to-face monitorings per year.

CMS HCBS Core Measure Set

Home and Community Based Services (HCBS) Measures Set

- July 21, 2022 CMS published a State Medicaid Director (SMD) letter adopting a standard measures set for HCBS
- 7+ million people receive HCBS under Medicaid
 - 150,000 people in PA
- Medicaid-funded HCBS - \$125 billion annually in state and federal spending (\$4B for ID/A waivers in PA)
- No standardized way of looking at quality of service delivery systems
- HCBS quality measure set will promote use, within and across states, of nationally standardized quality measures to promote health equity and reduce disparities in health outcomes among this population.

What is a “Measure Set”?

Measures that assess quality across a broad range of areas identified as measurement priorities for HCBS

- Service plan
- Health and safety
- Access
- Rebalancing
- Community
- Integration

NQF#	Measure Steward	Measure Name	Data Collection Method	Assurance Sub Assurance	Access	Rebalance	Integration HCBS Settings
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Subassurance: 4. Participants are afforded choice between/among waiver services and providers.

3622	NASDDDS, HSRI	NCI-IDD CC-4: Life Decision Composite Measure (The proportion of people who report making choices (independently or with help) in life decisions)	Part. Reported Data/ Survey	Assurance: Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.			X
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N/A	NASDDDS, HSRI	NCI-IDD: The percentage of people who report that they helped make their service plan	Part. Reported Data/ Survey	Assurance: Service Plan - The State demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.			X
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Purpose of HCBS Quality Measure Set

- Promote more common and consistent use, within and across states, of nationally standardized quality measures in HCBS programs
- Create opportunities for CMS and states to have comparative quality data on HCBS programs.
- Expected to support states with improving the quality and outcomes of HCBS
- Promote health equity and reduce disparities in health outcomes among this population.

Implementation of HCBS Measure Set

- Voluntary, currently
- HCBS quality measure set is one piece of a larger Medicaid quality strategy – 2nd letter expected
- CMS expects to update the measure set in the future, including adding newly developed measures that address measure gaps, as the field of HCBS measure development advances.
- HCBS Quality Measure Set extensively leverages existing beneficiary surveys including **National Core Indicators[®]-Intellectual and Developmental Disabilities (NCI[®]-IDD)**

Why is this important?

- Signals move toward quality improvement model
 - Current HCBS waiver measures all compliance 86%+
 - Emphasis on participant experience and results of services
- Strength in ODP's historic collection and use of NCI and IM4Q data
- Opportunity to address issues of equity