

Membership Meeting

September 30, 2022





Upcoming Meetings

Upcoming Membership Meetings

- October 28, Technology & Innovation Summit
- December 2

Other TPA Meetings & Workgroups

- October 12, Compliance Workgroup
- October 20, Council on Racial & Social Equity
- November 10, The Purchasing Edge
- November 16, Financial Workgroup

Invitation to TPA Membership

- October 7, Healthcare Council Annual Showcase



Today's Panelists

Brooke Graff, VP Strategic Initiatives, McGuire Memorial

Bill Schoppe, Intellectual Disabilities Director, PATH

Kim Sonafelt, CEO, Mainstay Life Services

Marisol Valentin, Executive Director, McAuley Ministries



Meeting Materials

1. ODP Workgroup Summary
 - a) Employment Incentive Program
 - b) Health Risk Screening Tool and Medical History
2. Abuse-Neglect Registry Taskforce Recommendations
3. CMS State Medicaid Director Letter
4. ARPA Initiatives
 1. Technology
 2. Training, Credentialing, Business Associate Programs
5. Fiscal Code: ID/A Augmentation Account

TPA Updates

Advocacy Priorities for 2022



1. Discontinuation of Prudent Payment – House Bill 2530
2. Annual Market Index Legislation for ID/A Fee Schedule Rates
3. Inflationary Adjustment for ID/A Services in FY 2022-23
 - a) Unspent ARPA
 - b) ID/A Augmentation Account



Open ARPA Initiatives

Approved Technology Initiatives: 100

Approved Training, Credentialing: 200

Approved Business Associate Programs: 6

Is sufficient funding available for any remaining qualified providers? Yes

Could applications be denied due to lack of remaining ARPA funds budgeted? No



ID/A Augmentation Account

- (3) The following shall be deposited in the account:
- (i) The net proceeds of the sale of real property which served as a state center for individuals with intellectual disabilities.
 - (ii) An annual transfer from the General Fund to the account in accordance with the following:
 - (A) If the amount of the appropriation for state centers for individuals with intellectual disabilities in a fiscal year is less than the amount of the appropriation for the prior fiscal year, the Secretary of the Budget shall certify the difference as the amount to be transferred.
 - (B) The transfer under this subparagraph shall be made no later than last day of the first quarter of a fiscal year.

TPA Updates

ODP Workgroups & Taskforces



- Employment Incentive Program Workgroup
- HRST and Lifetime Medical History Workgroup
- ISAC Racial Equity Subcommittee
- ISAC Sexual Health Initiative
- Technology Taskforce
- Abuse-Neglect Caregiver Registry Taskforce

Employment Incentive Program Model Workgroup



The intent of the workgroup is to gather insight and perspectives on a proposed framework for an incentive payment model that is intended to:

- Positively impact the quality of outcomes for individuals seeking competitive integrated employment.
- Increase the number and percent of people served by ODP with competitive integrated income.
- Increase the financial incentive to providers of employment services to deliver quality services.
- Build provider capacity in employment related services.
- Align with recommendations made by the Governor's Employment First Cabinet and the Employment First Oversight Commission.

Health Risk Screening Tool and Lifetime Medical History



In an effort to increase both the efficiency and utility of the Health Risk Screening Tool, ODP is working with IntellectAbility to have the HRST and the Annual Assessment (required in 6400 licensing regs), including the Lifetime Medical History, become a more integrated, mutually informed process. In pursuing this effort ODP would appreciate each of your associations identifying representatives from 2 or 3 providers who would be interested in collaborating and contributing the process of development.

Information Sharing & Advisory Committee (ISAC)



- Bi-Monthly Meetings Throughout 2022
 - Reestablishing ISAC Sexual Health Initiatives
- Racial Equity Subcommittee
 - TPA Council on Racial & Social Equity
- Provider Oversight Subcommittee

Abuse-Neglect Caregiver Registry Taskforce



Executive Summary

Agencies that provide services to adults with disabilities currently do not have access to information related to substantiated abuse or neglect cases in which a prospective employee was the perpetrator. Adults with disabilities including older Pennsylvanians may experience avoidable harm when perpetrators of abuse and neglect are able to move from job to job without detection.

The Taskforce was absolute in a desire to strengthen protective services for *all* vulnerable Pennsylvanians. The recommendations presented here are, therefore, well aligned with the approach to child protective services in the commonwealth.

Abuse-Neglect Caregiver Registry Taskforce



Registry Purpose

To protect vulnerable Pennsylvanians by preventing exposure to caregivers who have a history of substantiated abuse and/or neglect.

Burden of Proof for Inclusion in Registry

Clear and convincing evidence substantiating that a target committed a registerable offense is required for inclusion in the registry.

The burden of proving any claim or defense by clear and convincing evidence, means that the party must present evidence that leaves you with a firm belief or conviction that it is highly probable that the factual contentions of the claim or defense are true.

This is a higher standard of proof than proof by a preponderance of the evidence, but it does not require proof beyond a reasonable doubt.

Abuse-Neglect Caregiver Registry Taskforce



Timeframe for Inclusion on Registry

An adult who was found to have committed a registerable offense using a clear and convincing evidentiary standard will be placed on the abuse/neglect registry indefinitely.

Access to Registry

The registry will be web-based and publicly available to anyone with a registered account which will allow for any employer, including non-DHS licensed or funded employers, to access the information in the registry. The design for availability and use should parallel the existing Medicaid Exclusion List.

Use of Registry

DHS, PDA, or DOH licensed or publicly funded providers or individuals serving adults with disabilities would be required to check the registry and employ policies and procedures similar to those in place for handling criminal background checks. Including this requirement in statute would ensure broad application of the requirement.



Technology Task Force

Strategic Partnerships & Funding

- Technology Funding Resource Manual: PATF
- Strategic Partnership: SafeinHome
- Strategic Partnership: University of Pittsburgh



Fee Schedule Rate Appeals

- Interrogatories
- Document Production
- Depositions
- Information Sharing
- Strategy



ID/A Workforce Survey

- Compensation
 - Direct Support Professionals
 - Clinical Personnel
 - Supervisory & Management
 - Other Key Positions
 - Contract Staffing
 - Overtime
- Employee Benefits
- Workforce Profile
- Demographic Data

SMD Letter #22-003

HCBS Quality Measure Set



This State Medicaid Director Letter provides information on a set of nationally standardized quality measures for Medicaid-funded HCBS that is intended to promote more common and consistent use within and across states of such nationally standardized quality measures in HCBS programs, create opportunities for CMS and states to have comparative quality data on HCBS programs, and drive improvement in quality of care and outcomes for people receiving HCBS.

SMD Letter #22-003

HCBS Quality Measure Set



Consistent with many beneficiaries' preferences for where they would like to receive their care, HCBS have become a critical component of the Medicaid program and are part of a larger framework of progress toward community integration of older adults and people with disabilities that spans efforts across the federal government. **Further, HCBS play an important role in states' efforts to achieve compliance with the Americans with Disabilities Act (ADA) and the *Olmstead* decision, in which the Supreme Court held that the unjustified institutional isolation of people with disabilities is a form of unlawful discrimination under the ADA.**

SMD Letter #22-003

HCBS Quality Measure Set



As a result of state and federal efforts to expand access to HCBS, Medicaid spending on HCBS now exceeds spending on institutional services. For instance, in fiscal year (FY) 1990, HCBS expenditures accounted for only 13 percent of the \$31 billion in federal and state expenditures for all Medicaid LTSS, including nursing home expenditures. **By FY 2020, HCBS expenditures accounted for \$125 billion, or 62 percent, of the \$199 billion spent nationally on Medicaid LTSS.**

SMD Letter #22-003

HCBS Quality Measure Set



A 2016 NQF report commissioned by HHS, “Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement,” indicates that, **unlike other types of health care services, “HCBS lacks any standardized set of quality measures...[and] consensus as to what HCBS quality entails.”**

SMD Letter #22-003

HCBS Quality Measure Set



As a result of these stakeholder engagement activities, CMS is releasing this first of two planned guidance documents to promote more common and consistent use of nationally standardized quality measures in their HCBS programs and to support states with improving the quality and outcomes of HCBS.

This letter provides the first official version of the HCBS Quality Measure Set.

A forthcoming second planned guidance document will describe how states can use the measure set as part of their HCBS quality measurement, reporting, and improvement activities, including to meet federal requirements for their HCBS programs (such as required reporting for section 1915(c) waiver assurances and subassurances).

SMD Letter #22-003

HCBS Quality Measure Set



Using the Measure Set to Promote Equity

Consistent with Executive Order 13985, Advancing Racial Equity and Support for Underserved Communities, CMS defines health equity as “the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

SMD Letter #22-003

HCBS Quality Measure Set



Conclusion

The HCBS Quality Measure Set addresses a critical gap related to HCBS quality. The measure set is intended to support states with improving the quality and outcomes of HCBS, and can play an important role in states' efforts to promote equity in their HCBS programs.



TPA

Town Hall

MEMBER QUESTIONS

IDEAS & FEEDBACK



ODP Updates Q&A

MICHELE O'TOOLE

REGIONAL PROGRAM MANAGER
OFFICE OF DEVELOPMENTAL PROGRAMS



Thank You!

Happy October!

