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>> Good afternoon, everybody. I'm Kevin Hancock and I'm deputy secretary for Department of human services Office of long term living. We have a pretty full agenda for the Thursday webinar. We actually will not be talking about community health choices in this particular session. Just as an FYI for those on the call. Southeast continue new at this of care period ended on June 30th and we are monitoring how that is affecting participant service plans. We'll be offering more information in the August 3rd Thursday webinar. However, today, we will be talk way will be talking about information and referral, as well as talking about the functional eligibility determination and how the implementation of eligibility determination is affecting long term care enrolling melt.
We always have housekeeping slides we want to go through. People who are on the phoning will be muted through the call. If you have questions you want to submit, we ask you to submit it in the questions
box. It should be in the upper right hand corner of your screen. Nine that question box and it will be printed out to the people in the room and at this will be reading off the questions as we go through the slide. Pgh >> the agenda for today will be talking about the Department of human services referral and information tool. I guess it's an R and R tool. Where the implementation tool will be. All the talking about what it's going to be used for. So some of this information may be familiar to some of the stakeholders engage in the implementation process. Nora will go through detail as questions arise. And Amy Hyde, Mike hill, and Tyrone Williams will go going through the waver enrollment process with the functional eligibility determination tool used for clinical eligibility or functional eligibility for long term care.
With that I'm going to turn it over to Laura, who is going to walk us through the information and referral tool.
>> Thank. Good afternoon, everyone. Thank you for the opportunity of being here today and introducing the very exciting new initiative from the department. Right now we plan on secretary Miller's priority for this year, and hopefully we will be able to start some sort of implementation in 2020.
So a little bit of background, I'm Nora-Carreras, special advisor to secretary Miller. About a year ago, the secretary attended an event where she learned about another state that was working on a research and referral tool to help connect individuals with the services they need to address special determinants of health needs.

So some of you might already have heard about this initiative. We have a robust advisory board. For some of you it might not be new information. So what is the tool. We can help find organization about our organizations and services. One side of this platform is one where individuals t doesn't matter who in the commonwealth, can go online or on the phone and search for the serves they need to address the special determinants of health. We can also go through special December parents in of health assessment integrated within the tools. ^
It also has another side for service providers or healthcare providers or social services providers who are working with individuals in addressing their needs. It could be a case manager in a nonprofit organization that needs to connect with a specific service.
One of the, I would say, the greatest advantages is that if a family, for example, is working with several case managers or individuals who are helping them achieving or finding services they need, the software allows you to coordinate care. So for example, if the family has children who are part of the early intervention program and maybe have some services through case management if a different organization, maybe they are working with somebody, the Department of human services, but they're also working with somebody in the Department of Health. So this will allow all of these agencies to work together and have a commonplace where we can see the note for that individual and we can work with the family holistically and also avoid duplication. So after somebody does the special determination of health assessment, if it is determined that somebody needs housing, for example, woke determine who in the team is the most capable to provide those housing services and connect the person
through the housing services while maybe the other person can focus on other areas that the family needs a proposal to have two or three individuals helping the family with the same needs.
The other advantage of the system is that once they refer the individual to the agency, the system will send you a notification that that referral has been received by the agency and once the client goes and receives the services, they'll let you know that the person we want or they also will let you know, is the patient or client -- if the patient or client cannot attend or go to receive the services.
And when we talk about reducing The Times that the client provides the same information, some of the tools that we have seen have the capability to store a document in the last part. So the family gets there and they have their driver's license. They have the social security card. They have their pay stub. That gets uploaded once. And then when the person goes to a different orientation, they don't have to bring all of those documents of the only thing that they have to bring is anything that needs to be updated. For example, a pay stub just to make sure they have the most recent one.
And I would say if you have any questions, if you can start sending them now to the chat and we'll start answering those as we go. And I'm not going to go to the special determinants, because I think you're automatic very familiar with the concept. In terms

of who will still be available, the vision we have, and I have to tell you that Pennsylvania is only the second state that's temperature to go do this state -- attempting to do this state ride, and the other state that attempted it do this will be implementation stages and it's going -- it's happening. Maybe happening a little bit slower than anticipated, so we're really taking the time to try to do as much stakeholder engagement as we can to really try to understand the potential challenges, to really understand how this could be be integrated into work flow in his a way that is practical so I'll talk a little bit more about that, because I think that will be something else of particular interest to this group of

But going back to who can use it. Anyone can go to that public space of the site or the platform, but then service providers, it could be a care manager, a case manager, nonprofit organization, faith-based group. You can go over that. A question that I get a lot is who the or who is going to pay for this tool until so we are hopingk this is the vision. We're working about questions through funding. Our hope would be faith-based groups are not required to pay for licensing fees. There will be more information about that in the future. But the department is currently working on figuring out the funding side.

But in December, we an RF I to figure out what was out there. They had three components. The first one, we wanted to send out what's already happening. In Lancaster County, the County had over 50 organizations already working together in care management including, including anyone from Social Services, including the homelessness coalition, Lancaster general, and the school district, et cetera, to all of these organizations. We're working as a team to serve the family. We know the communities have similar systems and we wanted to learn more.

The second part was we wanted to understand [Indiscernible] for using to assess individuals with special determinants of health. There are nine that we're looking at to incorporate into the tool, not to incorporate the nine of them, but to select one or two out of those to have them available to organizations that use the tool, but we wanted to learn how organizations are using it, depending on the nature of the intervention.

So for example, if you only have two or three minutes to interact with that patient, which are the tough questions that you should be asking? What are the priorities? If you have a full hour to do care management with that patient, maybe you can do a 20 question assessment. So that was the second part of the RF I.

And the third-party was we wanted to hear about existing software solutions that were already in the market. We received many, many responses to the RFI, and back in March the department put together a very, very comprehensive group of stakeholders as an advisory board to help us learn together about these and help us receive input about would this be feasible? Would this be something that the department requires? Would people be willing to use it if it's help envelope is what does it need to do so it's help and feel practical for everyone involved?

And we invited vendors and three things, listening to the vendor demonstrations, making sure we were understanding what we were intends to go do. The [Indiscernible] has members this resttation from all the MCLs, and includes -- MCOs, including physical, behavioral health, CAC, and the Chief NCOs. Nonprofit provider associations, for example. [inaudible] many other groups, what's important for us, for them to be represented. Excuse me. We also have state agencies, balls in order to these to work, DHS cannot work in isolation. We need to work with Department of Health, Department of Labor and industry, labor and industry, et cetera. We have a very large number of state agencies represented in the group as well. We also wanted to have consumer representation, because it is important also, that's from the point of view. Consumer that we're understanding how this will work for them. So as [Indiscernible] boards were represented, we also have representation from the counties,
because they wering a they would be able to use this and connect to the system.
In that processes, as I said, we wanted to learn how everyone could use it, how the workflows could be -- how these could be integrated into work flow. Any concerns, we also wanted to learn about a future they found helpful. As we learn about different options, also one of the most current topics that we continue to talk about is interoperability. How the system could connect with existing systems. Because one concern we keep hearing from stakeholders from all sectors is if it's going to create yet another place where we have to dupe play (indicating) I intrigue. So these are concerns that were taken to heart and really working through them. In order to do that, we have to break this Committee that is over 70 members into three subcommittees based on areas and expertise and also to be able to bring other experts that could help us figure out many, many questions that we still have.
Now we have three subcommittees currently meeting. The one special determinants of health, that is the committee that is in charge of making the recommendations to the department on which social special determinants of health assessment is going to be incorporated into the tool. They're also going to talk about best practices in terms of workflow. They're doing a lot of research right now.
We have a [Indiscernible] subcommittee, and that's the Committee that has about 22 attorneys from MCOs and different organizations, and they're talking about things that have to do with privacy, how we make sure that the tools will be able to comply with state and federal laws and regulations around confidentiality, privacy information, sharing, et cetera.
The other issue is exploring content. So who can see your information or not see your information? What type of information can people see? There are many concerns around domestic violence, information, we have information, drug and alcohol, immigration status. So this Committee is really taking the time to, over the next year, really do a deep dive into these topics and making sure that we know everything we need to know going in to protect the confidentiality and privacy of our residents.

And the last is technology integration committee. This is exploring intraoperability and making recommendations around the features that these tools should be that would make sense for all the sectors. It would also a lot of IT staff from the MCO, help systems. We had people from many different backgrounds trying to figure out how we make the systems talk to each other. I have to say that this is a very complex initiative, and we keep saying we're going to aim for perfect, but if we can start with good, that's going to be okay, because just the fact that we're able to provide something to really serve our families and individuals in a more coordinated way and breakdown some of the silos, it's a win. So we know that it's not going to be perfect from day one. We know that we're going to have to learn and we are asking stakeholders and members of the group to be patient with us as we figure this out. Nobody has done it. It's a very ambitious project. But we think that once it's
in place, it will change the landscape of healthcare in Pennsylvania as it's going to break that division between healthcare and special services and really help us work together for the benefit of our clients.
So I already talked a little bit about these. It's what the committees are working on. The one thing I did mention was a legal subcommittee. Communities that have done this, in other words to increase an community ability from all parts. They have created a memorandum of understanding. The nonprofit organizations or network partners would sign to agree for example would stay to a referral within the first 48 hours. This time, healthcare, confidential at this, et cetera. This would work on the language for that.
A couple of slides talk about some of the features that we heard from the demonstrations of what this system can do. First of all, the ability to have thousands and thousands of records of information of nonprofit organizations and services that are available and anyone can search them and anyone can get that information and self-refer the individual or the service provider can make that referral to have the closed loop to know what happens with the referral. Some of them let you do scheduling online for those nonprofit organizations. That's a little bit trickier, so that has to be done realtime, so there is no duplication on appointments being double booked.
Another large component of most of them is that if somebody enters their basic information in terms of income, family size, et cetera, the system could generate a list of programs for which this family might be eligible. So just entering there [Indiscernible] one, the system could say, maybe this person is eligible for WIC. This person might be eligible for a specific type of assistance. And I'm not just talking about state programs. I'm talking about it could also be expanded to programs within their community. People would remind the participant of upcoming appointments, and that could happen by other way that the client has determined as they're preferred method of communication.
In terms of content, we learned that there are different ways and alternatives for people to provide consent. It's more traditional. Some of them you can do it on the system and

some of them you can even leave your voice recording as you do in your bank and say, I agree for my
information to be shared.
So we talked about integration. It is important to also have the tools able to connect or at least I want great to a degree with an an electronic health record system. This is something we know is not going to be available immediately in phase win, because it's very complicate. So we are looking at a phased implementation where we start with the counties and see how it works and hopefully we can onboard them and profit, the nonprofits have to be trained and be on-boarded into the system for the referrals to be able to happen. We're also working on data security, as we already discussed, and also I would say most of the tools we've seen have very sophisticated recording their own health outcomes and even matching those to cost. Generates very fancy dashboard and records, so we're really excited about an opportunity to do an unprecedented level of data collection and sharing. Also, coming to the network for these organizations to start working together, another huge benefit we've
seen through this is the fact that, you know, what's revealed about needs that are not met. So if we have let's say one County. You see a lot of individuals going in for a certain type of service and it is unavailable, then that is really an indication for that County affect information that could be used to, as we move forward, maybe for the county to think about financing or think about funding that is needed for a specific type of service where there's a gap.
We talk about no wrong door. So if they go to a health system and use the type of information, then when they go to DHS or go to their food bank, that information is going to be already in there. So it doesn't have to continue to repeat the same information to everybody.
We have talked about accessibility in terms of literacy and language. Most of the tools actually are very important to investigate. It creates an increased level of accountability, because if an organization is not responding, then that is going to become evident in the data. And you can either work with them to see and address, what is the situation? The division not responding in a timely way. Or the community can also determine whether or not these should continue to be part of that network.
Case management features, we have felt a lot about the challenges from a real community, and the fact that many hospitals and nonprofits in those very remote communities do not have the technology or the money to pay for the software to do something as sophisticated, let alone having the connectivity with the internet or bandwidth to do something with this. So we are now exploring how can we make this accessible for remote communities, but also it will be a tool for them where they might not have any. They would have something that they could use to increase the level of care management for these individuals.

I think I provided a lot of information very quickly. Let me tell you about the next steps. So the advisory group submitted a report back in May to the secretary in terms of what they thought would work for the extras involved. That report has been considered and also used to shape what it is procurement of this tool will be, will look like. The procure member, we are in the blackout period for this procurement. As you send questions, there might be questions that I'm not able to answer. However, you should sign up for when there is an announcement about these initiatives, because you will have the opportunity, but we have decided to publish the technical submittal for RF C for public comments, because we know there's no way we could right now talk to every single stakeholder we would like to talk to so this is an opportunity for you to see the RF C and let us know if you have any additional questions.
Stakeholder is criticality stage, because there is no benefit in the stake acquiring [Indiscernible] if it's not practical for our stakeholders to use it. So your voice is important, so really encourage it to become engaged.
You might have received some questionnaires or a survey, so via e-mail, if you see something like that, we would encourage you to participate of the fact that we really need to understand how we can make this tool practical for every single stakeholder.
So we will continue to meet with the subcommittee and we're hoping that we can have at least a pilot in place by the end of 2020, so I'm going to pause here and open the first comment. Go ahead.
>> I have received a question. House the R and R pool take individual information that can help determine eligibility versus services? If so, does it feed directly into the application process?
>> So it's something that we are considering, and I would say that at this point, we cannot discuss the features that are going to be required, because that is RFP material. But I would say when it comes out, when the draft comes out for public comment, you'll be able to see what is asked of the vendors or potential offerers, but generically speaking, we want to have [Indiscernible] for individuals, not to have to receive themselves, as I said. So if possible, we would like to see some sort of eligibility screening. The details of it you can see in the RFP.
>> So that's all the questions we received so far. We'll wait a few minutes to see if we get any more questions for Nora before we move on to the next presentation.
>> In the meantime, I would like to share, I'll go back to the first slide. If you have any questions after today, feel free to send those via e-mail or give me a call. Here's my contact information. I'll be happy to answer your questions, or if you'd like, to come and give a specific webinar or presentation to your specific group, we'll be happy to do that as well.
>> We'll wait a few more minutes for questions before we move on to the next presentation.

>> Hugh can stakeholders provide specific feedback to DHS on the resource referral tool? Is there a specific phone contact to D had HS for the feedback?
>> The e-mail that is on the screen right now is mine. You can accepted any questions. If there are questions that they can answer right now, I will provide that. Any information that's public I can share with you and discuss with you. It's just something that is not actually related, but what I could do is take your e-mail address and make sure when the RF C draft is out for public commented that we can send you a link so we'll have the opportunity to send those questions at that time.
So seeing no more questions, again, teal tree to call or e-mail. Your feedback is important and I hope to hear more from the group as we move forward. Thank you.
>> So good afternoon, everybody. This is Michael Hale, and I just want to introduce some of what we're going to be doing here this afternoon. We've been asked by several groups to try and simplify via a process flowchart the favor enrollment process as it stands now, and I think what we're going to try and do is go through that favor process flowchart that we've developed as the group comes together and put together as goods a flowchart as possible. Way also received a series of questions from a couple groups and what we've tried to do, also, is incorporate the answers to those questions within the presentation as we go along. Question will devote questions, just to he think chance some of the questions that I think are in the presentation. I'll ask those questions again. We'll try and make sure that we answer as many questions as possible that we have received already so far, but of course you can always submit extra ones or additional ones and we'll answer those we can within
the time frames we have.
One thing I want to point out to all of our third Thursday webinars, our catalog, and our online, on our website, and I want to make sure that you know that I think a transcript is also available, a written transcript is also available so that the questions that you may have asked will be available via that transcript, too.
With that, I will pass this on to Tyrone Williams and Amy High, who will go through the process, and again, you'll hear me pop in every once in a while, but I think if there's a question that needs to be asked in a certain section within the progress. Tyrone?
>> Good afternoon, everyone. I'm Tyrone Williams and I'm the Chief here at OLTL. And today, again, we're going to go over just some of the processes as it relates to enrollment in our HCBS favor program.
Just some housekeeping before we can actually get into the process. I just want to introduce some key definitions. I believe you are familiar with these. They are referenced as part of the processes that we're going to go through. And we do basically use these acronyms. I just wanted to make individuals aware, when you see these acronyms in the process, this is what they mean. I'm not going to go through them.

The next item also wanted to just familiarize you with the flow shapes that we're going to present. Again, you see an establish stop point in the process. A rectangle is a process step. And a diamond indicates that a question is part of the process flow.
As we begin, a brief overview of the PIA assessment process. PIA stands for Pennsylvania individualized assessments, and it is a system that OLT uses in conjunction with our IEB, which is maximus, and our independent assessment entity, aging well, and this is what gave the system -- it's what they used to request and complete level of care assessments, and the tool we used is called the functional eligibility determination tool, FED. Information flows throughout PIA from both entities. We also have a third component here with the MCOs, also a part of this process, but just focus merging the As BCS process and these are the primary entities involved.
Just note that both age and welfare assessors, any IEB can create an applicant record or file or a FED request in PIA. However, only fed assessors can conduct a level of care review. The diagram solves the flow between both entities.
As we actually get into the actual flow, this here is the beginning part. ACBS process. I just thought I wanted to, before I get into it, just wanting to introduce some key items. First it's important to note that this process is explained, for the enrollment into the community based services program and not CHC waver. Those were definitely two different -- an individual can be a CHP patient, but not in the AEBS waivor previously that wasn't always clear to individuals listening, so I want to make that clear today. Also, however, besides the ACBS favor, so just -- waver, so just as we get into this, I just wanted to -- the first step in this process is that the applicant contacts the IEB. Keep in mind when we're doing, before we get to the contact the IEB, once they contact the IEB, that actually starts the application process. And that includes a variety of different things working with the individual to ensure that they have medical assistance at the time of referral. In addition, the IEB then concurrently requests a fed assessment through PIA to a fed assessor and then concurrently also requests a position certification from the applicants * can't's position. Again, this is being done con currently. One -- concurrently. Once a fed assessor receives this information, he is required or they are required to schedule and conduct a fed assessment with 10 billion days.
After the assessment is done and the result, during the assessment, the fed assessor can discuss, as they get a result, it's rendered to the accesser. The result to the applicant. That can be discussed with the applicant, the actual result, after they do the assessment. However, the assessor must explain that the result is tentative and is subject to change due to their doctor's prescription and/or their applicants * cant's financial eligibility. Keep in mind that we have to have that disclaimer to give the actual determination, that we don't want to cause confusion for the applicant regarding their actual status with the program, because again, once, as you look at the next step, once the fed assessor submits the fed results to the IEB via PIA, there's another step we're he going to get into

that hey con I remember it the initial result or it may change based on a variety of different factors. Once we do that in the IEB, we'll see if it's easy.
>> if the FED used for more than just the HBCS?
>> Yes. The FED is used for a variety of different programs, including nursing home placement, waivers and fee for service, aging, attendant care, et cetera. Act 150, life, dom care, as well as personal care.
>> If a person has NFI during this process, during the FED process, how is their elect ability for options? What information about options do they receive? Amy, can you answer that in
>> I can answer that question. At the time of the visit with the independent enrollment broker, some information is provided to participants over the age of 60 about the options program and letting them know that in the event that they are determined ineligible for MA-HBCS services, they can contact their area agency on aging. In addition, if they receive a denial notice for HCBS, the referral information for the PA link is included in the notice for them to contact for other resources.
>> So if a person is under 65, but they're NFL E, but they're found in their NFL E, found financially ineligible for a waiver, how is their eligibility reviewed? How is that act 150 reviewed?
>> At the time of the independent enrollment broker reviews the act 150 program with the individual, including an act 150 application identifying their intents to be considered for the program if they are determined financially ineligible, if the independent enrollment broker is notified by the County assistant's office -- assistance office that an applicant is financially ineligible, then their application is forwarded to the Office of long term living for act 150 he would gentlemen abilities review.
>> How do you learn about their Iman Nuwayhid advised determination?
>> They can learn about it -- I know advised determination?
>> They can learn about it at the time of the assessment, and based on that, based on that response or that assessments, certain things can take place. I think we've already stated up front, if they do get an NFI, it doesn't end the process, but it can begin the process for an individual to look at their options, look at their service goals under the options program, and concurrentsly, once you get submitted to the IEB, then it will go through a process that we'll explain next and then we'll be -- they'll be notified formally in writing.
That is my portion. I'm going to now open the floor to Amy High and she'll discuss the waver eligibility enrollment process once it gets to the IEB.
>> I'm going to pick up the process once the enrollment broker received the completed FED from PIA and receives the physician certification form from the applicant's position. Upon receipt of those two documents, if the application is -- if both documents confirm the individual is R., nursing facility is clinically eligible, the independent enrollment broker will schedule an in-home visit within 14 calendar days to meet with the

participants to review the programs, as well as offer choice of managed care organizationses within -- that provide CHC.
Upon the completion of the in-home visit, they will issue notification to the county assistance office that the person has been deemed functionally eligible for the home and community based program. The county assistance office then will complete the financial eligibility determination and notify the participants of the outcome of financial eligibility. So that scenario is upon receipt of the PC and FED, both indicate nursing facility clinically eligible.
If one or more -- if one of the documents, either the physician certification or the FED indicates the participant is not nursing facility clinically eligible, then the enrollment be broker will submit a medical director review request within the PIA system for review, for clinical review by the Office of long term living medical director. The medical director will review the information presented to them, which includes the physician certification and the FED and make the final determination in regards to the applicant's level of care. Notification is then made via the PIA system of the outcome of the medical director's review and the IE is notified of the result. If the medical director determines the individual is nursing facility level of care, the IEB will proceed with the in-home visits and the steps to move the application forward for the CHC waivor
If the determination by the medical director is NFI, the Office of long term living will issue a denial notice, indicating the reason the individual did not meet eligibility and information on their right to appeal.
>> Amy, can you tell me what all can be included in that medical direct review? Is there a capability for upload of other documents or other information?
>> Yes. If it's additional information presented, it can be submitted to the medical director for review and consideration as part of their review.
>> What's the content of those noticed and who is sending them?
>> If the individual is determined not to meet the program requirements for the waver, if they don't need level of care at the time they are determined not to meet eligibility notices issued by the Office of long term living, the reason they did not meet eligibility and also their right to allele. If it goes to county assistance office and they are determined financially ineligible, the county assistance office will issue that notice and right to appeal. In addition, if they are determined eligible for the program, they will receive notification from the County assistance office and the enrollment broker.
>> Thanks. Let me ask you this. At what point in the FED process or after does an applicant for [Indiscernible]
>> All applicants that apply no home and community based services have an F e.g. completed -- F e.g. completed individual that has position certification that says they meet level of care -- first reviewed for community health choices as there is a more robust waver and all services offered through community health choices aren't provided

by the wafer if they do not meet qualifications for community health choices, their considers enrolled in the over wafer at the IRC level of care.
>> What about Africans over 20 years of age? Do they Reva success men as well?
>> Yes. Applicant under the age of 21 also receive an FEG assessment if they are determined to be NFL E level of care or ICFORC level of care. They can be enrolled in the over waivor
>> Okay. A copy of the FEG later, if they get a denial?
>> Yes.
>> Yes. The applicant can request a copy of their FEG information on how to request that. It's included in their notice.
>> And asking for a clarification here. NFI individual may be part of CHC, but only FCE individuals can be part of HCBS waivor is that correct?
>> Is it *
>> Yes, that. An individual -- that's correct. An vigil trouble and for Medicare and Medicaid, but that are determined not to meet nursing facility level of care are enrolled in community health choices for their physical health services. If an individual is determined to be NFL E level of care, then they -- NFL E level of care, they can receive serves through the HCBS waiver or
[Talking at the same time]
>> This might be difficult for those long term services.
>> Correct. They would be eligible for long term services supports, which would include the HCBS waiver or nursing facility services.
>> Great.
>> I was asked if there is a step missing on the previous slide. You want to go back here? When the FEG assessor submits the results to the OLT physician for the file determination of the FEG. The answer to that is no, there's no missing step. Only the IEB can actually sends the fed that does not match a PC to OLTO's position for final determination. Once really the fed assessor's role ends when they do the assessment and then once they submit that assessment, the results of that assessment to the IEB for all intents and purposes, the fed assessor's role had landed in the process.
>> So let me talk a little bit about maybe reassessments. Is there anything else you want to mention on the process flow, Amy?
>> Also, based on what I just said, assessors can be a part of any hearings and appeals as well.
>> Well, [Indiscernible]
>> Right, if they get to that step. They will be involved in that process, also.
>> All right. So I have some questions around waiver reassessments, and Tyrone, you and Amy can answer this. When would the FEG be used for CHC waiver of level of care reassessment?

>> Okay. So once an individual is declared NFL only, state of Pennsylvania, OLTO, is required to do an annual reassess mental that individual's functional status. Again, every year. Under CHC, so that's when the FEG isn't actually used again. What we have that is [Indiscernible] is what we call the [Indiscernible] Home assessment, which is essentially a comprehensive needs assessments that our CHCMCO are his required to conduct. Not only annually, but throughout the year, particularly if an individual has a change in condition. But annually, they have to do that assessments in order to, again, reassess and re-evaluate an individual's functioning.
As part of that comprehensive needs assessment, the fed continues to be a subset of that overall assessment and based on that information, that's when a fed result comes as part. Reassessment. And, and I don't know if you want me to go on, but just for this, because I know there's additional questions related to this, once that assessment is done, our independent assessment entity looks at that FEG result each year and does a validation of that result to ensure that there end any discrepancies in terms of the information provided and once they do that validation, they submit that information back into PIA, and depending on the result, if an individual turns, say, on the rare occasion from NFL D to NFI, then they take the next step? Terms of facilitating that change to our medical director for, again, review and hopeful By final determination.
>> So some people are under the understanding that the questions on rise by CHCM fields are translated into the FEG for determination of whether or not someone continues to be in need. Is that correct?
>> It's not actually translated. The answers are a factor in helping to determine the FEG result for an individual to reconfirm their NFL E status. If I had questions are translated that help provide, again, confirming the Vin's NFE status.
>> who translate the full [Indiscernible] to the FEG?
>> The CHMCOs. That's their role, their function. They're responsible for doing, again, the comprehensive needs assessments each year for those individuals.
>> What information, other than the information in the FEG, does [Indiscernible] look at in determining whether someone is [Indiscernible]
>> The assessment process, essentially, requires communication with the person who primary caregiver family member, observation of that person in their home environments preferably. Actually, that's a recommendation that we try to review them in their home environment, wherever that may be. Their review of documents when available. However, where possible, the person is the primary source of information. So there could be several different types of ways that an accessorier could look at things that they could look at, methods that they can employ in order to get at the essence of someone's functioning when they're being evaluated.
>> Does the OLTL medical director have any role in reviewing reassessments that turn out to be NFI?

>> Yes. The medical director will review all NFIs, any individuals log in from NFCE to NFI. They will be reviewed by our medical director and upon his determination, next steps will happen. If the person continues to be NFI, then we'll take the appropriate steps to transition that individual to appropriate services. The person continues to be NFCE, or determination is if he's NFCE, he'll continues to receive the services that they already have.
>> At the time of HCBS determinations, is any effort made to determine if someone in [Indiscernible] because of a change in function or possible previous [Indiscernible] redetermination?
>> And if an individual is determined ineligible for CHC waiver at the time of reassessment, a referral can be made to the enrollment broker to evaluate for the over-waivor
>> Okay. And we had a question around life participants. What. D are his involved this the assessments process and what roles do they play? Can we explain the likely assessments process from assessments, notice of decision? And the responses to that one is the life participants are recertified annually. The life providers use a form that is prescribed by OLTL. The life providers then send a medical summary and care plan to the Office of long term living, which is reviewed by OLPL clinical staff. If at any point either live clinicians or life provider physician is not confident, the life [Indiscernible] remains NFCE. The individual is sent to aging well for reassessment, using the FED. Fed rag regulation an laws states to waive an individual's clinical status if the opposite long term living feels that there is no chance that an individual will return to nursing facility in an eligible status. And that is directly from the life division of integrated care programs, the
director. Life program. . Life program.
>> We have four questions that have come in. Page 25, I'm assuming of the RFI, the FED says [Indiscernible] the PIA says NCPE. It goes to the medical director. Is that correct? And the answer to that is yes, any time there's a discrepancy, either the PC [Indiscernible] and the FED says NCI, or the fed says [Indiscernible] either way, there's a discrepancy, it goes to the medical director for clarification and for review. This is one thing you guys, the CAO has a time frame to complete financial determinations? The average time to process is 30 days. However, it can be extent today 45 days to meet the needs of the' play can't.
>> Another question about how will applicants know how to submit information by the medical director? The answer to that is the assessor. If the assessor feels there's a need for additional information when they're doing the assessment or if the applicant says I can show the need for something other than what we're talking about or I want to show this because I think it will help my status in the application process, they can always get it to the person. If the assessor has a question and asks them to get something from their physician, they can ask and get it requested and have it uploaded for the assessor,

presses sends to make sure all the information goes to the PF system. So it's really up to the assessor or the service coordinator on reassessment to make sure that any information that's necessary within the course of their assessment or reassessment, any of that information is gathered at that time. And I would also say if there are individuals that are a part of
the assessment processes on the applicant's part that they would know if there is additional information there is a necessary as well.
Page 25 also, I'm assuming, again, of the LFI currently out for comment. Including information about life programs. Yes, the choice will include a lot of information about the life program. We want to make sure that throughout the course of any contact * with [Indiscernible] that people understand that the life program is another managed care plan or managed care program through the Department of human services. And so there is always information that we've tried to stress a lot more, especially in the second phase. It takes a lot more, maybe the third phase of the rollout.
What happens when an [Indiscernible] can the person appeal or request another review? How are they made aware of that?
>> For instances where both the FED and the PC or NFI, the Office of Long-term living would issue a notice of determination to the applicant stating the reason for denial and the right to appeal that determination.
>> Are there any guidelines for assessors to know state -- it should be on the FED, why they disagree with the result as mentioned in the OLPL bulletin on the FED? There are no guidelines necessarily, but if an accessorier does disagree with the results, there is a field that is available to them to know at a time what Thayer reason is for that disagreement. Any additional information, as I said, they have additional information that they can upload at that time, when they are putting the information in for that participant. They can about this point A physician's review.
For someone who is in Urgent need of services, is there a way to expedite this process? What if a person is getting waiverred in another state and moving into Pennsylvania? They have to go through the process in Pennsylvania as an applicant in Pennsylvania.
>> It's settled on a case-by-case basis.
>> It is not currently a state to state transfer.
>> Of the process, no.
>> They stated there's no current state to state process at this point. But we can't do assessments on expedited basis based on the individual circumstances.
>> If there is an urgent need to an [inaudible] for the out of state, let the broker know and they'll contact the Office of long term living and as Tyrone stated, we'll review those on a case-by-case basis.
>> So during the completion. Needs, the reassessment, I'm assuming the person means, if the person did you want meet the FED criteria for NFCE, they could lose their waiver service, even when they were found [Indiscernible] under LCD. The we are to the

question is they would issue a notification that they were ineligible for serves. They would have the same appeal rights as anyone else then, and they could appeal within the certain -- they would have to appeal within a certain amount of time. They could retain their services until their appeal is heard. Then on the disposition of the appeal would be whether or not they would actually lose their services or not. So they would receive -- they wouldn't immediately -- services wouldn't immediately be dropped if they were found to be NFI. There would be the standard appeals process, notification of ineligibility. The appeal process and time frames would be on that notification and then they would get their appeal in
within a certain amount of time and proper amount of time, they would retain their services. Again, until the appeal is heard, determined whether or not the serves would continue or not.
>> Can you clarify if the IEB is responsible for setting a blank position form to the applicant's doctor if you encounter cases when the IEB tells people they should just do this on their own as it will take the IEB several days or more to get around to doing this?
>> The be rollments broker is responsible to send the physician certification to the applicant's identified physician. They may also -- if the applicant requests, they may also provide it to the afternoon play can't and the applicant can also pursue it with their physician if they prefer.
>> The NRI includes questions about his a whole bunch of things such as diagnosis, IADLs that aren't included in the FED. The I believer IAC tool is actually the deep assessment tool for service coordinators once the service coordinator is assigned. The FED is functional, a functional eligibility tool and identifies junctional status. There are questions within the -- the questions on the FED are questions that are found within the NRIHC tool, the needs assessments tool. So there are a whole bunch of questions, yes, on the NRI. That tool is used to help the service coordination entity develop the individual FTR plan for a person. The person centered care plan. So we understand that there's a whole bunch of other questions that aren't included in the FED, because they're two tools that are used for two different things.
We've had numerous FEDs come back NFI for aging waiver participants who have been receiving services for years. These participants have not improved in any way. In many cases they've declined, but now are losing services. Why are our most vulnerable citizens being put at a greater wrist this new assessment tool and nonaging participants continue to receive services without interruption? As I said, anybody who's found NFI as the appeal rights, they wouldn't lose their services if they appeal in a timely fashion, of course. I haven't been notified of a lot of people losing services. As far as [Indiscernible] you're closer to the there are a lot of aging waiver participants. Are they [Indiscernible] reassessments?
>> No.

>> But we will keep our eye on that. We do have regular meetings with the CAC plan and do have to notify when a person loses eligibility. In our discussions, they have reports that any time we have somebody who loses their services, they do have to let us know, so we will keep our eye on this and see if it does become a problem. But I haven't seen it as a problem to date yet. If someone has [Indiscernible] specific examples and get them to me or Tyrone and make sure we look at them as quickly as possible.
The next one, is, currently the appeal can only be filed, CAL issues. Is that changing to an OLPL issued a level of care determination?
>> If an individual is determined not to meet eligibility based on level of care or program requirements on HCDS denial, it is issued to the applicant with the right to appeal, and those appeals are filed with the enrollment broker. Those are separate and different notices than the PA162.
>> Repeat that, Amy, because it's kinds of confusing. Go ahead and repeat what you just said.
>> If an applicant is denied for -- does not meet level of care and is not ineligible due to that or other programmatic reasons, the Office of long term living will issue an HCBS denial notice with a right to appeal. Those appeals are filed with appeal requests, sent to the enrollment broker and those notices are separate than the PA162.
>> Those are all of our questions. I think we also, so far, we'll stick around for a while, we have some time, so we'll stick around for a little bit.
>> That's true. Why don't you go ahead while we're waiting for more questions [Indiscernible]
>> So as Mike stated, we'll wait obviously to see if there are any more questions. In the interim, we do have some FED data that womaned like to share today. We have FED data. This includes all program types. So this could include nursing facility, PCHs, life program, et cetera. And this is what a period of April 1st through June 30th of 2019. As you can see, the number of completed FEDs have slowly been going down. We expect this probably the next couple of months to stabilize. There are mitigating factors, particularly for the month of April. But we did have a high number. A lot of April 1s in March, which could add to this particular total. Keep from minds we're always going to have a lag, because a FED completed in May. I would say initiated in May, can actually be completed in June, depending on the time of the month the assessment be was requested. So keep that in mind.
If we look at all program types, FED results, there is the job of NFL B versus NFIs that we're seeing for all program types. And to clarify this a little further, we have the signages associated with those results. So far, again, for the period April 1 to 30th, we have 79% NMCB and 21% NFI.
Look specifically at HCBS enrollment, again, you see a relatively stabilizing between May and June, around the same number of completed FEDs that were done for that periods. And these are the FED results specifically for ACBS he know relevantment, which again

we can -- enrollment, which we can clarify further from percentage standpoint. But right now we're at 75% NFCE for those individuals eligible for the H CBS waiver versus 25% for -- and that's the average for the three months. Questions?
>> Okay. I have one other question here that came in. Just came in. Does the IEB also inform the clients of choices about HCBS service providers? If not, how would they go about getting the services once approved for Certainly assistance services?
>> For individuals enrolling into community health choices, the IED provides information on choice canceling for the MCOs and once the individual is enrolled, the MCO will review the providers that are within their network.
>> Let's wait for some more questions.
>> We have a couple questions. Are appeals filed with the IEB or with BHA itself?
>> I'm sorry. The appeal requests are returned to the IEB who files them with the bureau hearings and appeals.
>> If a participant appeals an NFI determination, Amy, to the IEB, who defends that at the fair hearing? OLPL staff? IE B? And who do participant representatives reach out to ahead of the hearing?
>> At this point --
>> Who defends the NFI determination at a hearing?
>> OLTL participants on the hearings, as well as the assessor. If the participant, if the applicant has questions in regards to the appeal, they can reach out to the IEB prior to the appeal being scheduled. . And do we have a comparison of the percentage of NFI under FED versus under the prior LFY tool? The answer is we are working on that still. We want to make sure, and I said this a couple times, we want to make sure that depends on how the tool was applied. The level of care the tool was applied prior to the FED, and because of all the practice programs will he Currently utilize the FED tool for, we want to make sure we're comparing apples to apples. Yes, we are in the process of doing that and looking at that. We're not prepared right now to be able to print that information. We will be presenting it as soon as possible, as soon as we are comfortable that what we're presents is gone what we're presenting. I think that's it. I guess we have no more questions coming
in, so I appreciate everybody's time. Thank you very much. You've been a great audience were I appreciate you all. And we'll see you third Thursday of next month.
concludes]