

Department of Human Services

Office of Long-Term Living Application and Enrollment Services

Request for Information



Date: March 22, 2019

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PART 1. General Information

1.1 Purpose of this Request for Information

The Pennsylvania Department of Human Services (“DHS” or “Department”) Office of Administration, Bureau of Procurement & Contract Management issues this Request for Information (“RFI”) to gather input and information concerning the application and enrollment services for the beneficiaries of two Medical Assistance (“MA”) managed care programs, four 1915(c) MA home and community-based services (“HCBS”) waiver programs and a state-funded program, all administered by the DHS Office of Long-Term Living (“OLTL”). Through these programs, eligible beneficiaries (also referred to as “participants”) receive long-term services and supports (“LTSS”) and other benefits, depending on the particular program.

Specifically, this RFI seeks information to assist the Department in determining how it may improve its LTSS application and enrollment process, including services provided by the OLTL Independent Enrollment Broker (“IEB”) to individuals who apply for and enroll in the Community HealthChoices Program (“CHC”), the Pennsylvania Living Independence for the Elderly Program (“LIFE”), the Aging Waiver, the Attendant Care Waiver, the Independence Waiver and the OBRA Waiver (collectively the “OLTL HCBS Waivers”) and the state-funded Act 150 Attendant Care Program. The Department is also seeking input as to whether to expand the IEB’s responsibilities to include individuals applying for MA to pay for nursing facility services in areas where CHC has not yet been implemented.

Through this RFI, the Department is seeking to become more aware of and knowledgeable about specific measures it may undertake to improve the quality, consistency and effectiveness of the OLTL application and enrollment service. The Department encourages interested parties, including vendors and stakeholders, to provide feedback in response to this RFI or any part of it. An interested party may respond to all or any of the specific questions or topics included in this RFI.

1.2 Request for Information Timeline

Event	Date
Release RFI	March 22, 2019
Vendor RFI Responses Due	April 22, 2019

The Department is requesting that all responses to this RFI be submitted by 12:00 p.m. on the due date. Responses must be submitted electronically to the following email account with “OLTL Application and Enrollment Services RFI” in the email subject line: RA-PWRFICOMMENTS@PA.GOV.

While the Department does not intend to respond to questions or clarifications during the RFI response period, interested parties and individuals may submit administrative questions related to this RFI electronically to: RA-PWRFICOMMENTS@PA.GOV using “OLTL Application and Enrollment Services RFI question” in the email subject line. The Department may or may not respond based on the nature of the question.

1.3 Disclaimers

The Department is not liable for any costs or expenses incurred in the preparation of responses to this RFI.

This RFI is issued for information and planning purposes only and does not constitute a solicitation for future business, an offer for procurement, or any other type of current or future procurement action, and is only intended to gather information and input. The Department will not award an agreement on the basis of this RFI or otherwise pay for any of the information received.

The Department may use the information gathered through this process in the development of future procurement documents; however, the Department does not guarantee that this will occur. DHS will not return responses to this RFI. The Department will not notify respondents of the result of the review, nor will the Department provide copies of the review to respondents. If the Department issues a procurement document, no vendor will be selected, pre-qualified, or exempted based on its participation in this RFI process.

Respondents should be aware that the responses to this RFI will be public information and that the Department will not honor any claims of confidentiality. The Department is not requesting, and does not require, confidential, proprietary, or other competitively sensitive information to be included as part of an RFI submission. Ownership of all data, material and documentation originated, prepared, and provided to the Department during this RFI process will belong exclusively to the Department.

PART 2. Background

2.1 Background Information

Since 2011, the Department has engaged an IEB to assist individuals applying to receive LTSS under the OLTL HCBS Waivers and the Act 150 Attendant Care Program. With the implementation of CHC in 2018, the Department expanded the IEB’s responsibilities to include CHC managed care choice counseling and enrollment tasks. Currently, the IEB is responsible to manage an average of 10,000 open LTSS applications at any point in time, and receives approximately 3,500 new LTSS applications each month.

The LTSS application and enrollment process, including IEB services, has been a concern of stakeholders, and the subject of legislative hearings, as well as complaints from advocates,

constituents, and members of the General Assembly. Although the IEB services have been modified and redesigned, some difficulties in the application and enrollment process persist and, in some cases, may have resulted in delays in the process for LTSS participants.

The Department has determined that the best strategic approach to improve the LTSS application and enrollment process is to begin by addressing the known gaps and problems with the current process through several fundamental changes in the scope of and requirements for OLTL enrollment services.

2.2 Concept Paper

The concept paper in Appendix A contains additional detail regarding the IEB's responsibilities and pain points in the current LTSS application and enrollment process. The concept paper also describes the different measures that the Department is considering to accomplish the following objectives for the OLTL application and enrollment services:

- Conflict-free enrollment and choice counseling;
- A more streamlined process with a single enrollment services entity;
- An emphasis on individualized case management through a regional presence and assignment of a personal enrollment case manager to each LTSS applicant;
- Improved customer service and assistance to LTSS applicants, including an in-home visit at the outset of the process and help in completing and providing documentation to support the LTSS application;
- Decreased service fragmentation and more efficient, effective and consistent operations through consolidation of clinical eligibility functions;
- Improved communications through better use of technology;
- Better engagement and communication with community partners; and
- Enhanced accountability and quality control.

PART 3. Request for Information Submission Format

Through this RFI, the Department is soliciting information and comments regarding potential improvements to the OLTL application and enrollment process. All interested parties and individuals are asked to respond in writing to this RFI, per the items outlined below.

3.1 Response Submission

Please prepare responses simply, providing straightforward and concise language and descriptions. All responses should be produced in Arial 12 point font. Please limit your response to no more than 10 single-sided pages, not including the cover letter or attachments. Please refrain from sending marketing materials to the Department.

3.2 Cover Letter

Please include a cover letter with the following information:

1. An introduction to the respondent, background, and interest in the OLTL enrollment process.
2. General information about your organization: Name, Address, Point of Contact for this RFI with Telephone, FAX numbers and Email address.

3.3 Conceptual Solutions and Strategies Response

The following provides a suggested structure for a response to this RFI. This structure is intended to minimize the effort required to develop and analyze submitted responses. Please address the following:

- (a) Discuss your recommendations to achieve the objectives listed in section 2.1 above.
- (b) Discuss the Department's proposed improvements to the OLTL application and enrollment process identified in Part III of the attached concept paper.
- (c) Discuss recommendations for any other specific changes to the OLTL application and enrollment process that would improve customer service and the assistance provided to individuals receiving OLTL application and enrollment services.
- (d) Discuss recommendations for improved use of technology to increase the efficiency and promote better quality and consistency of the OLTL application and enrollment services.
- (e) Discuss any recommendations as to the most effective way to promote accountability of the IEB.
- (f) Discuss recommendations to improve the IEB interactions with stakeholders, community partners, and the public.

APPENDIX A

**Improving Application and Enrollment
Services for
Office of Long-Term Living
Long-Term Services and Supports
Programs**

Concept Paper

March 2019

I. Current OLTL Long Term Services and Supports Application and Enrollment Process:

A. Introduction. The Department of Human Services (the Department), Office of Long-Term Living (OLTL) administers the Community HealthChoices Program (CHC), the Pennsylvania Living Independence for the Elderly Program (LIFE), the Aging Waiver, the Attendant Care Waiver, the Independence Waiver and the OBRA Waiver (collectively the “OLTL HCBS Waivers”) and the state-funded Act 150 Attendant Care Program (collectively, “OLTL LTSS Programs”) through which eligible participants receive long-term services and supports (LTSS) and other benefits, depending on the particular program. Additional information about these programs is available on the Department’s website at <http://www.dhs.pa.gov/citizens/alternativestonursinghomes/index.htm#.VnhbnSYo4-V>.

An individual must be both clinically and financially eligible to receive Medical Assistance (“MA”) LTSS under CHC, LIFE and the HCBS Waivers and meet other program-specific requirements to enroll in an OLTL LTSS Program. Someone who is financially ineligible for MA LTSS may be eligible to receive LTSS under the Act 150 Attendant Care Program and LIFE provided that he or she is clinically and programmatically eligible to enroll in those programs.

The current process used to determine if an individual is eligible to enroll in an OLTL LTSS Program is multi-stepped and complex. Once an individual applies for LTSS, as a general rule, all of the required eligibility determinations (clinical, financial and programmatic, if needed) must be completed and a decision on the individual’s application must be issued by the Department within 90 days of the application date. See 42 CFR § 435.912(c)(12). Currently, LTSS applicants, and their families and designated representatives, deal with at least three different entities as they navigate through the LTSS application and enrollment process: the Independent Enrollment Broker (“IEB”), the Independent Assessment Entity (“IAE”) and the County Assistance Office (“CAO”).

A summary of the major activities in the application and enrollment process, including the IEB’s current responsibilities, follows.¹

B. Overview of the IEB’s Responsibilities. Since 2011, the Department has engaged an IEB to assist individuals applying for the OLTL HCBS Waivers and the Act 150 Attendant Care Program with the LTSS application and enrollment process. With the implementation of CHC in 2018, the Department expanded the IEB’s responsibilities to include additional CHC choice counseling and enrollment tasks, which are discussed in Section G below.² Currently, the IEB is responsible to manage an average of 10,000 open LTSS applications at any point in time, and receives approximately 3,500 new LTSS applications each month.

The IEB currently does not manage the LIFE enrollment process, and as discussed in in Section H below, is only responsible to provide limited assistance to individuals interested in enrolling in LIFE. In addition, the IEB is not responsible for providing

enrollment assistance to individuals applying for MA to pay for nursing facility services in fee-for-service (FFS) zones where CHC does not operate.

Generally, in circumstances where the IEB is responsible to manage the LTSS application and enrollment process, the process begins in one of three ways: (i) an individual, or his or her representative, contacts the IEB (i.e., self-refers); (ii) the individual is referred to the IEB by a provider or other third party; or (iii) the individual applies for MA LTSS by filing an LTSS application online through COMPASS or by submitting a signed hard-copy LTSS application (PA 600L) to the IEB or a CAO. If the individual is already an MA beneficiary, he or she may apply simply by making a request for LTSS to the IEB.

If an individual is referred to the IEB by a third party or files an LTSS application online through COMPASS or directly with a CAO, the IEB must make at least four attempts to contact the individual by telephone. If the individual has not applied for MA LTSS, the IEB must confirm that the individual intends to apply for LTSS. If the individual has applied for MA LTSS or is already receiving MA, the IEB must confirm that the individual intends to proceed with the LTSS application and enrollment process.

During the IEB's initial telephone contact with the individual, an IEB enrollment specialist provides the individual with information about available OLTL LTSS and the LTSS application and enrollment process. If the individual informs the IEB enrollment specialist that he or she wishes to apply for or continue with the LTSS application and enrollment process, the IEB mails the individual an LTSS application packet containing the different forms that must be completed and other information relating to the OLTL LTSS Programs. If the individual informs the IEB that he or she is interested in enrolling in LIFE, the IEB refers the individual to a LIFE program for further assistance. (See Section H below for additional information relating to LIFE enrollments.)

The IEB also mails an LTSS application packet to an individual whom the IEB does not reach by telephone, along with a cover letter instructing the individual to contact the IEB if he or she wishes to proceed with the process. If the individual does not contact the IEB within 30 calendar days of the date of the cover letter, the IEB will suspend activity on the LTSS referral. If the IEB does not make contact with an individual who submitted an LTSS application within 86 days of the application date, the IEB will notify the CAO to close the LTSS application since the IEB was unable to arrange for the applicant's clinical eligibility determination. The IEB is responsible for tracking and monitoring the applicant's LTSS application to ensure that an eligibility determination is made within the required 90-day time frame.

To perform these responsibilities, the IEB must, among other things: (i) establish and maintain a Management Information System (MIS) that is capable of accessing the Department's systems, accepting, creating, and processing necessary data files and transfers, and supporting interactive functions and screens for the IEB staff to use in providing application and enrollment assistance; (ii) operate and staff an Enrollment Center and Enrollment Hotline through which individuals receive choice counseling and

application and enrollment assistance; (iii) host, maintain and continually update IEB Enrollment websites through which individuals may, among other things, obtain information about the different LTSS programs, CHC managed care plans and network providers, check the status of their LTSS applications, and make an advanced plan selection or request a plan transfer for CHC; and (iv) maintain a complaint process to receive and track both IEB and non-IEB LTSS-related complaints.

- C. Clinical Eligibility.** Generally, an LTSS applicant must have clinical needs requiring the level of care in a nursing facility (i.e., be nursing facility clinically eligible or NFCE) to be clinically eligible for an OLTL LTSS Program.³ An LTSS applicant's clinical eligibility involves two separate determinations: The Department's IAE conducts a face-to-face assessment of the applicant using the level of care determination tool (LCD) to determine if the applicant is NFCE. (Effective April 1, 2019, the IAE will use the functional eligibility determination (FED) tool in conducting the assessments.) In addition, the applicant's physician provides a physician certification (PC) documenting the applicant's medical condition and indicating that the applicant qualifies clinically for LTSS.

The IEB is responsible to facilitate an LTSS applicant's clinical eligibility determination in several ways: First, the IEB requests the IAE to complete an LCD (or FED) for the applicant. Second, the IEB sends a PC form to the applicant's physician and monitors and manages the submission of the form. Third, if the applicant's PC conflicts with the applicant's LCD (or FED), the IEB refers the case to OLTL for a clinical eligibility determination by the OLTL Medical Director.

The IEB notifies the CAO of the results of the LTSS applicant's clinical eligibility determination by submitting a 1768 Approval or 1768 Ineligible form using the IEB's 1768 web service. For all applicants in CHC zones and for applicants determined clinically ineligible in FFS zones, the IEB submits the 1768 to the CAO after the IEB receives the applicant's completed LCD/FED and PC. For applicants determined clinically eligible in FFS zones, the IEB submits the 1768 to the CAO after the IEB receives the applicant's completed LCD/FED and PC and conducts the applicant's in-home visit to determine program eligibility.

- D. In-Home Visits and Program Eligibility.** The IEB conducts an in-home visit with each LTSS applicant who is determined clinically eligible. During the in-home visit, the IEB reviews and explains the LTSS application packet to the applicant, and helps the applicant to complete necessary forms for enrollment. In FFS zones, the IEB informs the applicant about the available service coordination entities (SCEs) and compiles a list of the applicant's three preferred SCEs. In CHC zones, the IEB provides choice counseling to the applicant.

In addition to meeting applicable level of care requirements and falling within certain age ranges, an individual may be required to meet other program-specific conditions to receive services under an OLTL HCBS Waivers.⁴ During the in-home visit with an applicant in a FFS zone, the IEB determines whether the applicant meets program eligibility criteria for one or more of the OLTL Waivers. The IEB also assesses the

applicant's needs and identifies which OLTL HCBS Waiver best meets those needs. As noted above, the IEB submits a 1768 form to notify the CAO of the results of the LTSS applicant's clinical and program eligibility determination following the in-home visit.

- E. Financial Eligibility.** The CAO determines whether an LTSS applicant is financially eligible for MA LTSS. An LTSS applicant's financial eligibility depends on whether the applicant's income and resources are within certain limits. The CAO also determines whether the LTSS applicant transferred any assets (income or resources) during the five-year period prior to applying for MA LTSS ("the look-back period") and, if so, whether the transfer was for fair market value. (Any transfer of assets for less than fair market value in the look back period could affect the applicant's eligibility for MA LTSS.)

Generally, the CAO completes the financial eligibility within 45 days of the LTSS application date. However, the CAO may request that an LTSS applicant submit additional information needed to determine his or her financial eligibility. In such instances, the CAO's financial eligibility determination may be delayed pending the applicant's response.

After the CAO completes the applicant's financial eligibility determination, determines whether the applicant meets other non-financial eligibility requirements (i.e., is a U.S. citizen or qualified non-citizen, is a resident of Pennsylvania and has a Social Security number) and receives the 1768 Approval or Ineligible form from the IEB, the CAO issues a PA 162 Notice to the applicant notifying the applicant if he or she is eligible for MA LTSS, the effective date of eligibility and, if the applicant is applying for nursing facility services, the amount, if any, the applicant must pay toward his or her nursing facility care.

- F. Notice of Eligibility and OLTL HCBS Waiver Program Enrollment.** The IEB receives notice of LTSS final eligibility determinations through daily data files transmitted by the Department. The IEB also receives a hardcopy of the PA 162 Notices the CAOs send to the LTSS applicants. Once the IEB is notified that a clinically eligible LTSS applicant in a FFS zone is financially eligible for MA LTSS, the IEB completes the tasks necessary to enroll the individual in the OLTL HCBS Waiver identified as best suiting the individual's needs during the in-home visit, transfers the individual's file and documentation to his or her chosen SCE, and provides written notification of the enrollment to the individual.

If an LTSS applicant under age 60 is determined financially ineligible for MA LTSS, the IEB evaluates and makes a recommendation to OLTL on whether the applicant is clinically eligible for the Act 150 Program. Currently, the IEB does not refer financially ineligible applicants to the local AAAs for Options services or to the LIFE program.

- G. CHC Enrollments and Other Related Tasks.** The Department is implementing CHC in three phases in five (5) geographic zones. CHC is currently operating in the Southwest and Southeast Zones and will be implemented in the remaining three zones (Lehigh/Capital, Northeast and Northwest) in January 2020. When fully implemented, CHC will be operational in all 67 counties. Once CHC is implemented in a geographic zone, the Aging Waiver, the Attendant Care Waiver and the Independence Waiver no longer operate in that zone. Before the CHC zone start date, participants enrolled in

these OLTL HCBS Waivers are given an opportunity to choose whether to transition to CHC or to an available LIFE program, if they are otherwise eligible for LIFE.

In addition to the foregoing LTSS-related tasks, the IEB manages the CHC enrollment process for both CHC LTSS applicants and participants and CHC Dual Eligible⁵ participants who are determined to not need services that a nursing facility provides, referred to as Nursing Facility Ineligible (NFI).

The IEB sends pre-enrollment and post-enrollment packets to CHC LTSS applicants and participants, provides them choice counseling and the opportunity to make an advance selection of a CHC managed care organization (CHC-MCO) and choose a primary care physician, both through telephone contacts with IEB enrollment specialists and online at the IEB CHC website. As noted above, the IEB makes in-home visits to provide face-to-face choice counseling and enrollment assistance to LTSS applicants who have been determined NFCE.

In providing choice counseling, the IEB supplies LTSS applicants and CHC LTSS participants with information about CHC, the CHC-MCOs and their provider networks, and information about LIFE and the LIFE programs available in their geographic area. The IEB also answers questions and identifies factors they should consider when choosing among the programs, CHC-MCOs and primary care physicians. The IEB does not make recommendations for or against enrollment in a specific CHC-MCO or LIFE program.

The IEB refers LTSS applicants interested in enrolling in LIFE to their selected LIFE program. If an LTSS applicant enrolls in CHC and selects a CHC-MCO, the IEB enrolls the LTSS applicant in the selected CHC-MCO. If an LTSS applicant does not make a program choice, the applicant is automatically enrolled in CHC if the applicant is determined eligible for MA LTSS. If a CHC LTSS participant does not make an advance CHC-MCO selection, the IEB assigns the participant to a CHC-MCO using the Department's specified intelligent assignment hierarchy.

The IEB also assists CHC LTSS participants, who are dissatisfied with their current CHC-MCO, to transfer to a different CHC-MCO or to transfer to a LIFE program.

The IEB's responsibilities for NFI Dual Eligible participants are more limited, since those participants are auto-assigned to a CHC-MCO during the enrollment process. The IEB sends CHC post-enrollment packets to newly enrolled NFI Dual Eligible participants, provides choice counseling to NFI Dual Eligible participants who are considering a change in their assigned CHC-MCO, and assists them with transfers to a different CHC-MCO. If, at some later point, an NFI Dual Eligible participant requests or is identified as needing LTSS, the IEB will assist the NFI Dual participant with the LTSS application and enrollment process by performing the tasks discussed above.

The IEB also sends various notices to LTSS applicants, CHC participants and LIFE enrollees about their program and CHC-MCO selection options and enrollments, as specified by the Department.

H. LIFE Enrollments. Currently, the IEB has only a limited role in LIFE enrollments. In CHC zones, the IEB provides information about LIFE as part of choice counseling and also assists individuals with transfers between CHC and a LIFE program. If an LTSS applicant age 55 or older informs the IEB that he or she wishes to enroll in LIFE, the IEB refers the applicant to the applicant's selected LIFE program for assistance. An individual may also contact a LIFE program directly without an IEB referral. Whether the individual contacts a LIFE program directly or is referred by the IEB, the LIFE program assists the individual with the clinical and financial eligibility process, performing tasks which the IEB does for the other programs, including asking the IAE to complete an LTSS applicant's LCD or FED. The LIFE program typically gathers and submits the PCs for its applicants to the CAOs. The LIFE program also conducts in-home visits with LIFE applicants to determine whether they can be safely served in the community. These visits are in addition to the in-home visits which the IAE makes.

II. Pain Points and Opportunities for Improvement

The current LTSS application and enrollment process, including IEB services, has been a concern of stakeholders, and the subject of legislative hearings, as well as complaints from advocates, constituents, and members of the General Assembly. Although the IEB services have been modified and redesigned, some difficulties in the application and enrollment process persist and, in some cases, may have resulted in delays in the application and enrollment process for LTSS participants.

A. Multiple Entry Points and Lack of Individualized Case Management. The current IEB process does not support applicants through single points of entry into the LTSS system. Rather, because Pennsylvania employs a "no wrong door" approach to applying for LTSS, the system permits multiple, and sometimes confusing, points of entry for applicants. The IEB is also not responsible to manage the application and enrollment process for all LTSS applicants.

The current application and enrollment process lacks an emphasis on case management and personalized beneficiary supports and does not foster a collaborative process of clinical assessment, planning, facilitation, coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive needs through communication and available resources to promote appropriate outcomes. In addition, as discussed below, although the IEB provides some of the federally required beneficiary support functions for CHC, the current IEB process does not provide the full array of federally mandated beneficiary supports.

As noted above, individuals may apply for LTSS in a number of different ways. With certain exceptions (including LIFE applicants), the IEB is supposed to track and manage the process for LTSS applicants so that they receive an eligibility determination within 90 days. The existing IEB process relies heavily on the use of automation to perform the tasks required to meet this 90-day deadline, utilizing IEB-owned MIS and software which must be maintained and upgraded, as necessary, resulting in additional cost to the Department.

Most interactions between the IEB and LTSS applicants occur by telephone, many through automated calls. Generally, an applicant's first contact with the IEB is by telephone and is followed by receipt of a large application packet of informational material and multiple forms, including a PA 600L. In CHC zones, the application packet is even more voluminous, containing information about both LTSS and CHC.

When the Department first engaged an IEB to provide enrollment services to LTSS applicants, it required the IEB to conduct in-home visits at the outset of the process. Later, in an effort to improve the timeliness of eligibility determinations, the Department changed the requirement so that an applicant does not have face-to-face contact with IEB until later in the process. The Department has determined that this change has not had its intended effect of expediting eligibility determinations, and may have resulted in increased applicant confusion.

Currently, a single case manager is not assigned to an LTSS applicant. If, at different points in the LTSS application process, the applicant has questions regarding the application packet, the status of his or her application, his or her service options or the application or enrollment process, it is unlikely that the applicant will speak with the same IEB enrollment specialist. In addition, a different IEB staff person will be assigned to conduct the applicant's in-home visit. Although IEB staff use Department-approved scripts when communicating with LTSS applicants and maintain a record of their contacts, the encounters between multiple IEB personnel and an LTSS applicant may result in duplicate or inconsistent information being provided, as well as miscommunication and lack of follow-up, causing confusion and frustration for the applicant and delays in the application and enrollment process.

The IEB is currently required to provide only limited assistance to LTSS applicants in completing the PA 600L and little or no assistance to establish their financial eligibility for MA LTSS. If requested by the CAO, LTSS applicants may be required to gather and submit documentation relating to their income and resources during the 5-year look-back period, including bank statements, insurance policies and annuities. This may prove an especially daunting task, particularly for older adults and individuals with physical disabilities and functional limitations who have no family supports. As a result, LTSS applications are often denied because applicants failed to submit needed documentation. While IEB enrollment specialists are familiar with, and refer applicants to, the regional PA Link⁶ for help with completing the PA 600L and assistance with the application process, applicants may be reluctant to affirmatively seek out additional assistance from yet another entity and few end up actually using this resource.

B. Fragmented Clinical Eligibility Process. The current process perpetuates fragmentation in the already complex LTSS eligibility process. A significant cause of this fragmentation is that the current process does not include the clinical assessment function needed to determine if an applicant is clinically eligible for long-term care. Instead, as noted above, the Department has engaged a different vendor – the IAE – to perform this function, thereby incurring the additional cost and administrative burden of having two vendors involved in the process. Because clinical eligibility

determinations proceed on a separate track with a different vendor, it is not unusual for misunderstanding and miscommunication to occur. For example, based on their interaction with the IAE, applicants may believe that they are eligible for LTSS only to learn at the conclusion of the process that their applications have been denied. Fragmentation also occurs because the clinical eligibility determination relies on the cooperation and responsiveness of the applicants' own physicians.

1. **Level of Care Determinations.** The IEB asks the IAE to complete an LCD or FED for an LTSS Applicant. The IAE is supposed to conduct a face-to-face assessment during an in-home visit with the applicant, and report the results to the IEB within 10 or 15 days of the IEB's request, depending on whether the IAE is using the FED or LCD in conducting the assessment. The IAE's visit is the first in-person contact that is made with the LTSS applicant. (As noted above, the IEB's in-home visit occurs later – after the individual has been determined clinically eligible.) Since two in-home visits must be conducted – one with the IAE and another with the IEB, scheduling difficulties are not uncommon and can result in delays in the IAE's assessment. In addition, at present, the submission of referrals to the IAE and results to the IEB are exchanged through emails and lists. This manual process has also contributed to delays. While technical coordination between the IEB and IAE will improve with the implementation of the FED in April, miscommunications are still likely to occur given the role of both entities in the process, and the possibility that multiple different staff will deal with the same applicant, and result in delays in the clinical eligibility determinations. If a final eligibility determination is not completed on time, an LCD or FED may expire, requiring another assessment resulting in duplication of effort and additional delays in finalizing the enrollment.
 2. **Physician's Certification.** As noted above, to establish clinical eligibility for LTSS, LTSS applicants must submit a PC from their physician. Even though the IEB assists LTSS applicants in requesting the PC, it is not unusual for there to be delays in obtaining an applicant's completed and signed PC. Physicians and their staff are unfamiliar with the PC and may not be aware that a delay in submission impacts their patients' access to services. This lack of understanding, coupled with their other responsibilities, causes physicians to have little incentive to quickly provide the PC. As a result, the IEB is often required to make multiple contacts to obtain the PC. If the physician does not respond with a completed PC by the 86th day after an LTSS applicant submits an application, the IEB will transmit a 1768 Ineligible form notifying the CAO that the applicant is clinically ineligible and the applicant's LTSS application should be denied. In some cases, receipt of the notice of ineligibility may prompt an applicant to obtain the PC, but the application process must begin again, thereby resetting the 90-day deadline for the applicant's eligibility determination and delaying an eligible applicant's receipt of services.
- C. Communication with CAOs.** The IEB uses a web service to communicate clinical eligibility determinations to the CAOs. While the web service is an improvement from the prior practice of hard-copy fax and email submissions, the interface fails to detect errors, and submissions are rejected, requiring manual resubmissions. As a result, even with the web service, some disconnect remains in communications between the CAOs and the IEB.

- D. Limited Community Partnerships and Referrals.** Although the current IEB process does provide for engagement of community partners, including nursing facilities, the LIFE program, the AAAs, the PA Link and the Centers for Independent Living (CILs), it does not fully realize the opportunity to use these and other regional partners to better support applicants in the process and to access all of the potential front doors that may be available to applicants to address their enrollment needs and preferences. In addition to this limitation in the IEB process, the IEB is currently only required to provide the applicant information on alternative services that may be available, including an application for the Act 150 Attendant Care Program if the applicant is under the age of 60. However, the IEB is not required to make a warm hand-off to other programs, including OPTIONS or LIFE.
- E. Limited Beneficiary Support Functions.** Under federal regulations, states that operate Medicaid managed care programs must provide a beneficiary support system (“BSS”) through which choice counseling and personalized assistance are provided to beneficiaries, both before and after their enrollment in managed care, to help them understand the materials and information provided by MCOs and the state, answer their questions about their available options, and facilitate their enrollment in and transfers between MCOs. In states with managed LTSS programs, like CHC, the BSS also must also serve as a point of contact for complaints or concerns on enrollment, access to services, or related matters, and provide education on the state’s grievance and appeals process and resources available outside of the MCO. See 42 CFR § 438.71. The beneficiary supports must be accessible to beneficiaries by telephone, in person, and through the Internet.

In Pennsylvania, multiple entities actively support participants in the OLTL LTSS Programs and provide many of the required components of the BSS. These entities include the IEB, the IAE, “PA LINK,” the Pennsylvania Legal Aid Network (“PLAN”), the State Health Insurance Assistance Program (known as “APPRISE”), and the Long-Term Care Ombudsman. Notwithstanding the availability of these multiple entities, however, the Department has determined that some gaps do exist in the beneficiary supports provided to LTSS applicants and participants.

III. TRANSFORMING THE OLTL ENROLLMENT SERVICES FOR THE FUTURE

A. Key Elements

The Department has determined that the best strategic approach to improve the OLTL application and enrollment process is to begin by addressing the known gaps and problems with the current process through several fundamental changes in the scope of and requirements for OLTL application and enrollment services. Improvements in the process will also serve to enhance the Department’s compliance with the federal beneficiary support requirements.

To improve on the current process, the Department has determined that the new procurement should address these key elements:

- Conflict-free enrollment and choice counseling;

- A more streamlined process with a single application and enrollment services entity;
- An emphasis on individualized case management through a regional presence and assignment of a personal enrollment case manager to each LTSS applicant;
- Improved customer service and assistance to LTSS applicants, including an in-home visit at the outset of the process, and help in completing and providing documentation to support the LTSS application;
- Decreased service fragmentation and more efficient, effective and consistent operations through consolidation of clinical eligibility functions;
- Improved communications and better use of technology;
- Better engagement and communication with other community partners; and
- Enhanced accountability and quality control.

The Department is considering including new features and enhancing existing requirements critical to OLTL application and enrollment services, including: operating an Enrollment Center and Enrollment Hotline staffed with knowledgeable, well-trained personnel through which individuals receive choice counseling and application and enrollment assistance; and hosting and continually updating an IEB Enrollment website with interactive functionality through which individuals may, among other things, schedule their in-home visit, obtain information about the different LTSS programs, CHC-MCOs, and providers, and check the status of their LTSS applications.

Consistent with these key elements and critical requirements, the Department is evaluating and seeking input on the following proposed changes to OLTL application and enrollment services.

B. A Single Enrollment Service Entity Focused on Individualized Case Management

The Department is envisioning a more streamlined and effective LTSS application and enrollment process with a single entity that is focused on case management and personalized beneficiary support. Under this new process, all LTSS applications, including applications for LIFE and nursing facility services, would be sent to and managed by an independent, conflict-free IEB. Appendix B contains a flow-chart mapping the proposed new streamlined application and enrollment process.

The Department would require the IEB to assign a regionally based enrollment case manager to each LTSS applicant who would serve as the applicant's primary point of contact and source of information. The enrollment case manager would assist the applicant with all aspects of the application and enrollment process until a final determination is made on his or her application. This personalized assistance would include providing information and choice counseling targeted to the applicant's needs and preferences, and helping the applicant to gather information necessary to establish financial eligibility.

Because the enrollment case manager would be regionally based, the enrollment case manager would be available to provide assistance in person, as well as by telephone, and would conduct the applicant's in-home visit, ideally within 7 days of receiving the case assignment. Providing applicants the opportunity to meet with an enrollment case manager face-to-face, at the beginning of the process, to review the LTSS application and process, and to have their questions and concerns addressed up front, should help to reduce applicants' confusion and frustration as well as delays in eligibility determinations.

The enrollment case manager would also be responsible for effectively managing any special needs cases which may include expedited requests, transfers to services administered by the Office of Developmental Program ("ODP"), intercounty transfers, and individuals who are aging out and any other application requiring special handling to avoid any gap in services or delay in the process.

To expedite and streamline the process, the Department would allow the enrollment case manager to access to the Department's systems (including CIS and SAMS/HCSIS) as necessary to perform IEB functions. The Department would require the IEB to equip its enrollment case managers with a tablet to facilitate data entry, compile the necessary information during in-home visits, complete the assessments used for the clinical eligibility determinants and immediately transmit 1768 forms to the CAOs. This functionality would also enable the enrollment care manager to gather and input the necessary information to hand off a complete enrollment packet to CHC-MCO or SCE once an applicant has been determined eligible for LTSS. In addition to providing assistance to eligible applicants, the enrollment case manager would also make warm referrals of ineligible applicants to other service providers, including the LIFE programs.

The Department would also require the IEB to provide appropriate training to and oversight of enrollment case managers and to develop protocols and checklists for use by enrollment case managers, as well as consistency and quality of the IEB service.

C. Consolidate Clinical Eligibility Functions in One Vendor

To decrease fragmentation in the process, the Department is considering consolidating the assessment functions currently performed by the IAE and IEB into a single entity. The Department expects that this change would not only reduce inconsistencies and delays inherent in the current process, but would also provide an overall better experience for LTSS applicants. Instead of multiple contacts and visits from different entities, the applicant would deal with one vendor and one enrollment case manager. The applicant would have an up-front in-home visit at which all necessary assessment and enrollment activities would occur, thereby eliminating or reducing the need for multiple follow-up visits.

To minimize delays in submitting PCs, the Department is also considering permitting the IEB to obtain an applicant's medical records, as necessary, and to engage or arrange for

a physician to provide an LTSS applicant's PC when the applicant's own physician is unable or unwilling to respond on a timely basis.

Because the IAE's functions would be consolidated with the new IEB services, the Department would also make the IEB responsible for the PASSR⁷ functions currently performed by the IAE and for managing the clinical redetermination process for participants receiving MA LTSS based on information populated on the home care assessment tool.

D. Improved CAO Communication

The Department would require the IEB to adopt measures to promote better communication between enrollment case managers and the CAOs and to support an electronic interface for timely transmission of information to CAOs. By requiring the IEB to perform the assessment and issue the 1768 during the in-home visit, the Department expects that the CAOs should be able to initiate and complete their financial eligibility reviews more quickly. Providing CAOs a direct contact with the applicant's assigned enrollment case manager, who could assist the participant to locate and provide missing information needed to complete the financial eligibility determination, should help to expedite the application process and reduce the number of applications denied because of missing financial information.

E. Better Customer Service

The Department is evaluating measures to improve the IEB's communications with applicants and to make the LTSS application and enrollment process more consumer-friendly. The Department is considering requiring the IEB to use additional means to contact and communicate with LTSS applicants – including email and text messaging. The Department is also considering requiring the IEB to update its website functionality to enable applicants to schedule contacts and in-home visits and communicate directly with their enrollment case managers, and to check the status of their applications in real-time.

F. Enhanced Beneficiary Supports

The Department is evaluating expanding the IEB responsibilities to include the following additional beneficiary support functions:

1. Serving as a point of contact for participants to ask questions or share concerns about their CHC-MCO, enrollment, and access to covered services by:
 - Using a person-centered approach to assist participants to resolve complaints, concerns, and issues about access to benefits and services.
 - Discussing complaints with the participant (or participant's representative) to:
 - Determine the participant's perspective;

- Request informed consent to investigate the complaint;
 - Determine the participant's wishes with respect to resolution of the complaint or issue, including:
 - Working with the participant to develop a plan of action for resolution;
 - Facilitating communication between the participant and his or her CHC-MCO;
 - Working with other BSS entities to resolve the issue or complaint;
 - Determining whether the complaint or issue is resolved to the participant's satisfaction; and
 - Reducing the need for a fair hearing through the provision of BSS.
2. Providing education and assistance to participants on the following:
- The steps and requirements included in the LTSS application and enrollment process.
 - Successfully resolving conflicts with the IEB or CHC-MCO, including providing support to the participant when there is disagreement between the participant and his or her service coordinator or MCO.
 - Enrollment and managed care program materials provided to the participant by the IEB, CHC-MCO, or OLTL.
 - Participants' rights and responsibilities in managed care.
 - Person-centered problem solving to provide participants and families with the knowledge and tools they need to advocate for themselves.
 - Benefits and access to services.
 - The process for CHC-MCO transfers and assistance for participants to access benefits and maintain existing provider relationships as they transition from one CHC-MCO to another.
3. Providing education and function as a resource to the CHC-MCOs on the following:
- Participants' rights.
 - Person-centered planning (recommendations on strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants).
4. Helping participants understand and navigate the complaint, grievance and fair hearing processes, including referrals to legal representation and other supportive resources outside of the CHC-MCO by:
- Serving as a resource to participants in navigating the complaint, grievance, and fair hearing processes;

- Assisting the participant to understand timeframes associated with the complaints, grievances, and fair hearings.
5. Maintaining a process supported by adequate technology to track participant contacts that enables the IEB to:
- Collect and analyze data about participant-level complaints and issues within and across the IEB and CHC-MCOs to understand the common experiences of LTSS participants in accessing care and services and identify any associated trends and patterns to help improve delivery of services; and
 - Report on all participant-level engagement, including, but not limited to, the following:
 - Participant demographics;
 - Number of participant contacts (by type of contact (electronic, in-person, phone or mail) and for phone contacts, total call volume and length of calls);
 - Method of participant contacts (i.e., in person, phone, mail or website);
 - Nature and subject and of contact (i.e., education, complaint or concern, enrollment, person-centered planning, or services);
 - Referrals to other entities if necessary and appropriate; and
 - Resolution of contact, including follow-up to verify whether participants referred to other entities had their issue resolved to their satisfaction.
6. Soliciting input and feedback from participants and other stakeholders about the IEB and CHC by:
- Providing an opportunity for every participant who has contact with the IEB to provide feedback on his or her experience with the IEB and requiring the IEB to report to the Department on a monthly basis regarding the feedback provided by participants.
 - Soliciting consumer participation in a quarterly individual satisfaction survey approved by the Department, which at a minimum allows participants to provide feedback on their overall experience with the IEB and requiring the IEB to report the results from this survey to the Department on a quarterly basis using a Department-approved sampling methodology.

G. Engagement of other Community Partners and Referrals

The Department is considering implementing additional measure to improve how the IEB engages and coordinates with other entities in the LTSS delivery system to provide additional support to LTSS applicants while avoiding confusion and inconsistencies in information. The Department is also evaluating how the IEB might better assist applicants who are determined ineligible for LTSS, including requiring the IEB make warm referrals to other community partners.

H. Implementing a Commonwealth-owned MIS for Enrollment Services

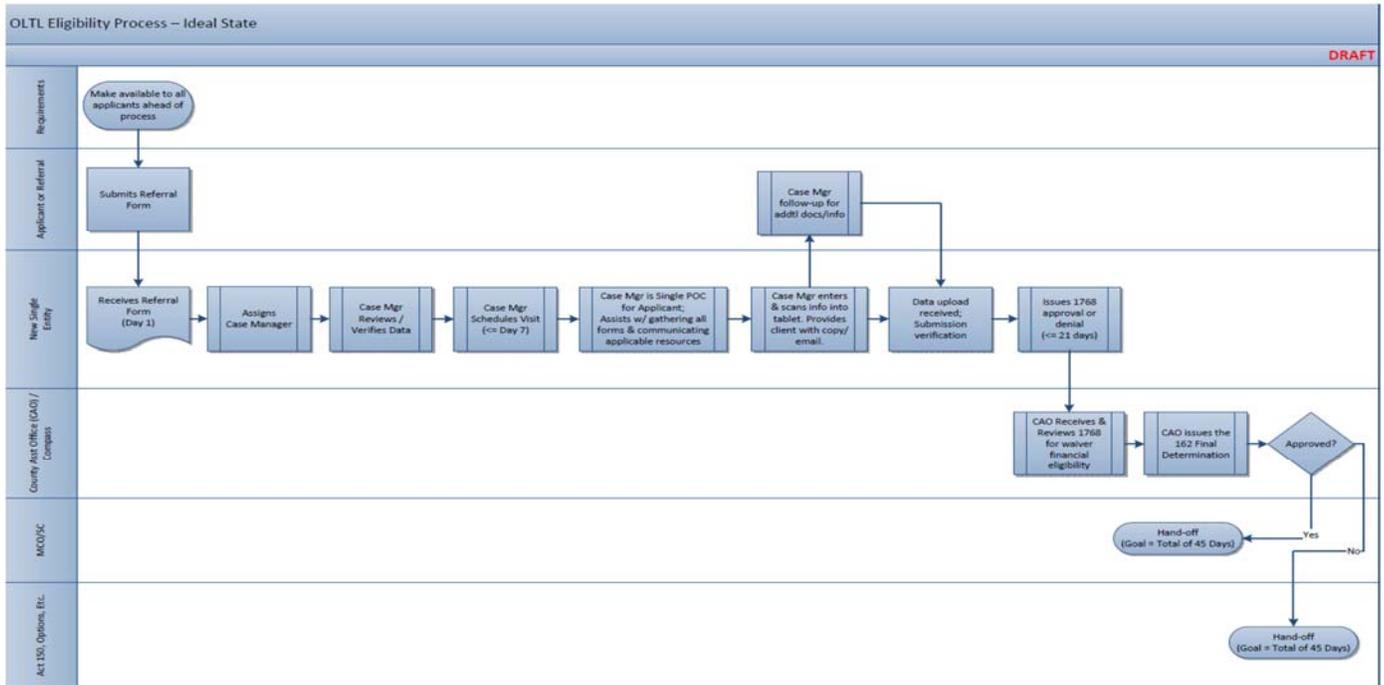
As noted above, in performing its current responsibilities, the IEB is required to maintain its own MIS that is capable of accessing the Department's systems, accepting, creating, and processing necessary data files and transfers, and supporting interactive functions and screens for the IEB staff to use in providing enrollment assistance. The costs associated with this IEB-owned MIS are factored into the payment which the Department makes for the IEB's services.

The Department is evaluating developing and utilizing a Commonwealth-owned MIS, for enrollment services functions. Using a Commonwealth solution, instead of IEB-owned software, would minimize the need for data files and transfers, while still supporting interactive functions and screens for the IEB staff to use in providing application and enrollment assistance. It would also provide for a more seamless and easier transition if and when functions are transferred to a new IEB vendor.

I. Enhanced Accountability and Quality Control

By consolidating functions, the Department expects the IEB to have a better mechanism to track and manage LTSS applications, making the IEB more accountable for both quality control and outcomes. Rather than simply identifying road blocks in the process, the IEB would be responsible to remedy matters, which currently are beyond its control (e.g., missing PCs, late LCDs or FEDs).

APPENDIX B



Outside of Flow:		Longer Term:
<ul style="list-style-type: none"> * Quality control * Website w/visibility for all * File transfers * Independent filings 	<ul style="list-style-type: none"> * Customer service * Service level agreements * Reporting 	<ul style="list-style-type: none"> * Community spend-down * Simpler application * Statewide system * Waiver amendments

ENDNOTES

- ¹ This document does not present an exhaustive list of the obligations of the IEB or the IAE under their agreements with the Department. Rather, this document summarizes and focuses on those aspects of the application and enrollment process currently performed by the IEB, IAE and CAO which present more immediate opportunities for enhancement.
- ² States that operate Medicaid managed care programs must provide choice counseling to potential enrollees and enrollees in those programs. 42 CFR § 438.71. Choice counseling is defined as “the provision of information and services designed to assist beneficiaries in making enrollment decisions; it includes answering questions and identifying factors to consider when choosing among managed care plans and primary care providers. Choice counseling does not include making recommendations for or against enrollment into a specific MCO, PIHP, or PAHP.” 42 CFR § 438.2. If the State contracts with a vendor to provide choice counseling, the vendor must be independent and conflict-free, as defined in 42 C.F.R. § 438.810 (b)(1) and (2).
- ³ There is one exception: Individuals must need the level of care provided by an intermediate care facility for individuals with other related conditions (ICF/ORC) to enroll in the OBRA Waiver.
- ⁴ For example, the Independence and OBRA Waivers require that participants have substantial functional limitations in three or more specified major life activities. The Attendant Care Waiver and Act 150 Program require that an individual be “mentally alert” – i.e., capable of hiring, firing, and supervising his or her attendant care worker and managing his or own financial affairs and legal affairs.
- ⁵ An individual is “Dual Eligible” if he or she is eligible for both Medicare and MA benefits.
- ⁶ PA Link is the Aging and Disability Resource Center (ADRC) in Pennsylvania. Federally funded, the ADRCs assist older adults and individuals with disabilities, caregivers, veterans and families by providing information and person-centered counseling about LTSS service options.
- ⁷ PASSR is the federally required Preadmission Screening and Resident Review process under which all applicants to Medicaid-certified nursing facilities are preliminarily assessed to determine whether they may have a serious mental illness, an intellectual or developmental disability, or an “other related condition.” Individuals who have such conditions are evaluated in depth in a “Level II” screening to determine need, appropriate setting, and a set of recommendations for services to inform the individual's plan of care. The IAE performs some Level II screenings.