

**Pennsylvania Spending Plan Update: January 2023**  
**Section 9817 of the American Rescue Plan Act of 2021**



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## Pennsylvania Spending Plan Update: January 2023

### Contents

Letter from the Pennsylvania State Medicaid Director .....	3
Summary .....	4
Spending Plan Narrative.....	5
Increased Access to HCBS .....	5
HCBS Provider Payment Rate and Benefit Enhancements .....	6
Supplies and Equipment .....	9
Work Force Support.....	<b>Error! Bookmark not defined.</b>
Caregiver Support .....	11
Support to Improve Functional Capabilities of Persons with Disabilities .....	11
Transition Support .....	12
Mental Health and Substance Use Disorder Services.....	13
Support State HCBS Capacity Building and LTSS Rebalancing Reform .....	14
Spending Activities – Removed and Completed .....	19
Spending Plan Projection – Please see Included Excel Spreadsheet .....	21

## Letter from the Pennsylvania State Medicaid Director

Dear Centers for Medicare & Medicaid Services:

Attached is a quarterly update to Pennsylvania's home and community-based services (HCBS) spending plan and narrative that outlines the Commonwealth of Pennsylvania's use of funding available under Section 9817 of the American Rescue Plan Act (ARP) of 2021. In addition, The Department of Human Services (DHS) requests approval of a new proposed activity included in the "Summary" section of the update.

Pennsylvania reaffirms, as part of this update, that we are:

- Using the federal funds attributable to the increased federal medical assistance percentage (FMAP) to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- Using the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program;
- Not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- Preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
- Maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021.

Please contact Gloria Gilligan at [REDACTED] with additional questions.

Sincerely,

[REDACTED]

Sally Kozak

State Medicaid Director

**Pennsylvania Spending Plan Update: January 2023**  
**Section 9817 of the American Rescue Plan Act of 2021**

## Summary

On June 14, 2021, DHS submitted our initial home and community-based services (HCBS) spending plan and narrative that summarized our use of funding available under Section 9817 of the American Rescue Plan Act of 2021. DHS engaged in a public comment period and virtual comment session following submission of the spending plan to solicit feedback from service participants, providers, other stakeholders, and advocates.

DHS submitted an update to the HCBS spending plan in August 2021, which was later revised and resubmitted on November 16, 2021 at the Centers for Medicare & Medicaid Services' (CMS) request. DHS received conditional approval from CMS on December 1, 2021 to implement the activities included in the revised update to the spending plan.

After receiving conditional approval, DHS hosted several virtual media briefings and stakeholder calls during the month of December to share implementation plans for the activities in the approved spending plan. Key updates to the approved activities can be found in **red text**.

Lastly, DHS affirms there are no plans to pay for room and board or on-going internet connectivity costs as part of any of the proposed or approved activities included in the spending plan.

### Activities Removed:

No spending activities were removed during the previous quarter.

### New Activities Proposed:

No new spending activities are being proposed this quarter.

### Modification of a Description of an Approved Activity:

**DHS is providing additional activity descriptions within already approved spending activities OLTL.11, OMAP.11, OMHSAS.2 and ODP.1. These additional activities are allowable under the SMD# 21-003 Appendix B.**

**DHS is providing a refinement in approach in the development of resources centers within Activity OMAP.5, an already approved spending activity. These refined activities are allowable under the SMD# 21-003 Appendix B.**

**Activity OLTL.12 is the combining of already approved OLTL.3, OLTL.4 and OLTL.10. These activities are being operationally implemented together, so they have been combined for ease of reporting and monitoring.**

**Activity OLTL.13 is the combining of already approved OLTL.6, OLTL.7 and OLTL.8. These activities are being operationally implemented together, so they have been combined for ease of reporting and monitoring.**

**Pennsylvania Spending Plan Update: January 2023**  
**Section 9817 of the American Rescue Plan Act of 2021**

Responses to Previous CMS Quarterly Report Questions:

No CMS questions received this past quarter.

Spending Plan Narrative

Increased Access to HCBS

- (OMAP.3) Fund a medical home program to focus on the comprehensive coordination of care for children with complex medical conditions. The American Academy of Pediatrics has a medical home program designed to increase the coordination of care for children living with medical complexities. The program focuses on comprehensive coordination of care for healthcare services and other services such as early intervention, education, and social determinants of health. Case management is an essential part of the medical home program and to implement new American Academy of Pediatrics medical homes, one-time start-up funds will be used to help hire new case management employees who will be responsible for coordinating the care of children with medical complexities. Children enrolled into a medical home tend to have better healthcare outcomes and can remain at home with their families.
  - January 2023 Update: OMAP added a requirement to the Physical Health HealthChoices Agreements effective January 1, 2023. The MCOs are required to pay enhanced rates to Patient Centered Medical Homes that provide care for medically complex children receiving shift nursing services.
  - July 2022 Update: OMAP is in early stages of implementation planning for the activity.
  
- (OMAP.13) Fund start-up costs for a singular resource and referral tool that allows for screening of social needs and connection to local community-based organizations to address these needs. Start-up costs do not include funding for room and board. DHS will work with Pennsylvania-Certified Health Information Organizations (HIOs) to onboard a singular resource and referral tool to improve health outcomes of HCBS participants and other Pennsylvanians. COVID-19 has had a disproportionate impact on individuals who are low-income and often reside in areas with high levels of deprivation and vulnerability, the same individuals who would be predominantly served by such a tool. The social determinants of health, such as food and housing security, have existed at historic rates because of COVID-19. HIOs will onboard the resource and referral tool into their health information exchange infrastructure.
  - January 2023 Update: Four applicants were awarded grants through the RFA solicitation, and all four awardees have fully executed contracts with the Commonwealth. On December 22, 2022, the four awardees jointly released an RFP to select a singular resource and referral tool (RRT) closed-loop referral system to improve health outcomes of HCBS participants and other Pennsylvanians. The competitive RRT vendor selection process and contracting should be completed by early spring 2023 with statewide implementation underway by summer 2023.

**Pennsylvania Spending Plan Update: January 2023**  
**Section 9817 of the American Rescue Plan Act of 2021**

- July 2022 Update: The RFA solicitation period has closed. Responses have been received and are under review by the HIOs. The HIOs will collaborate to choose the system to use.
- (ODP.5) Expand ODP’s existing training contracts to include the following: peer-to-peer training for individuals and families on topics related to re-engaging in community, addressing trauma and wellness; promoting self-directed services and use of technology/remote services; develop marketing materials to promote lifesharing and supported living models. This initiative builds capacity for trauma informed approaches; expanding available training and materials for self-directed models of service and promoting lifesharing and supported living models which are less costly and have higher satisfaction than other service models.
  - **January 2023 Update: Proposals that address peer-to-peer training for individuals and families on topics related to re-engaging in community, addressing trauma and wellness, promoting self-directed services, and use of technology/remote services have been reviewed and approved.**
  - July 2022 Update: ODP has held planning discussions with the training contractor and has received preliminary proposals from two of their sub-contractors.
- (ODP.17) Provide targeted recruitment and retention supplemental payments by providing supplemental recovery payments to providers of:
  - a) community participation support;
  - b) employment services to cover additional recruitment, retention and infection control improvement projects to restore HCBS service capacity to pre-pandemic levels or greater; and
  - c) supports coordination services to cover costs for recruitment and retention with a focus on post-secondary educational attainment (tuition forgiveness or payment) to improve quality of service provision, promote specialty positions, within SCOs and reduce turnover.
  - **January 2023 Update: ODP submitted an Appendix K waiver and received CMS approval on January 5, 2023.**

**HCBS Provider Payment Rate and Benefit Enhancements**

- (OMAP.9) Enhance quality of care by funding a training nurse’s ability to shadow the current nurse assigned to private duty nursing cases. Private duty nursing services are provided in the individual’s home. Currently, home health agencies cannot bill for the second nurse while that nurse is training, so pay must be derived from the agency’s administrative margin. By making directed payments to the managed care organizations to pay these nurses while they train, DHS will improve the quality of training and prepare nurses to more competently and confidently staff cases, thus improving retention and quality of care.
  - **January 2023 Update: OMAP issued a Public Notice on December 31, 2022 announcing the addition of a procedure code for shadow nursing to the MA fee schedule. OMAP plans to issue guidance for this activity in early 2023.**
  - July 2022 Update: OMAP is in early stages of implementation planning for the activity.

**Pennsylvania Spending Plan Update: January 2023**  
**Section 9817 of the American Rescue Plan Act of 2021**

- (OLTL.12 – combined OLTL.3, OLTL.4, OLTL.10) Support provider workforce expansion with funding to issue sign-on and retention bonuses for nurses, direct care workers, and other HCBS providers and fund the purchase of PPE and testing supplies for CHC and OBRA waiver HCBS providers that were not covered through other funding sources.
  - One-time payments will be made available to recruit and retain direct care workers and other HCBS providers funded by the Office of Long-Term Living (OLTL). The direct care workers and other HCBS providers provide personal care services, self-directed personal care services, and long-term services and supports authorized under Section 1915(c). Due to COVID-19, it has been a challenge for HCBS providers to retain direct care workers to continue to serve vulnerable populations. The recruitment and retention efforts which include sign-on bonuses for new workers, retention payments for existing workers, leave benefits, subsidizing health insurance premiums for those buying off the exchange, and incentives for vaccination. In addition, provide one-time financial support to adult daily living providers to make physical, operational, or other changes to ensure services are delivered safely during the reopening of day centers. Many adult daily living service providers, who play an important role in the continuum of long-term services and supports (LTSS), have been closed for most of the public health emergency. Examples of ways the funding could be used include staff recruitment and retention and the development of alternative program models that encourage greater independence through technology.
    - January 2023 Update: Out of the \$59.5 million available for this funding opportunity, over \$57 million has been distributed. OLTL sent providers receiving these funds a request to report on how the funds were used. The first bi-annual report is due on February 28, 2023. Providers must report twice a year until all the funding has been used and they submit a final report. OLTL is still making determinations on reallocating remaining funds.
    - July 2022 Update: Providers had until 7/1/2022 to submit their attestation forms for payment. Any unused funds will be reallocated to other participating providers after a final notification. This activity is being administered in coordination with activity (OLTL.10) outlined in the *HCBS Provider Payment Rate and Benefit Enhancements* section. 1010 providers out of a total of 1537 have submitted attestations for the funding. Adult daily living providers had until 7/1/2022 to submit their attestation forms for payment. Any unused funds will be reallocated to other participating providers after a final notification. As of June 30<sup>th</sup>, 66 providers submitted attestations forms for payment.

**Pennsylvania Spending Plan Update: January 2023**  
**Section 9817 of the American Rescue Plan Act of 2021**

- (OMAP.10) Payments to managed care organizations to be passed on to home health agencies for use as retention bonuses for nurses who remain with a home health agency providing private duty nursing for a year. This initiative expands workforce available to provide skilled nursing services in an individual's home by attracting and retaining qualified nurses.
  - **January 2023 Update: OMAP is working to establish a grant agreement for this activity. In addition, OMAP no longer plans to include payments for nurses who continue to staff a case in the top 10% of missed shift rates for a quarter.**
  - July 2022 Update: OMAP is in early stages of implementation planning for the activity.
  
- (OMAP.11) Incentivize the use of value-based purchasing initiatives that reduce missed shifts to strengthen nursing services. By **instructing** managed care organizations **to make performance-based payments to providers** that achieve a reduction in missed shifts **or other improved outcomes for children receiving shift care**, as measured by quarterly reporting, DHS will enhance and strengthen current private duty nursing services for children who have difficult-to-staff cases and to ensure that they receive skilled nursing coverage for all hours for which they are authorized.
  - **January 2023 Update: OMAP added a requirement to the Physical Health HealthChoices Agreements effective January 1, 2023 for MCOs to develop provider pay-for-performance programs for primary care providers and home health agencies that achieve positive outcomes for children receiving shift care services. This activity description has been updated to provide clarity regarding how the activity will be implemented.**
  - July 2022 Update: OMAP is currently reviewing the components involved to implement this activity.
  
- (ODP.1) Purchase consultation **and administrative services** for the development and implementation of selective contracting and alternative payment methods. Funds will purchase time limited consultation to support DHS's development of selective contracting and alternative payment methods for selected ODP HCBS services to improve quality by aligning payment with satisfying performance targets and outcomes. **Funds will also be used to procure an external administrative vendor for implementation of the selective contracting model. ODP will pursue a 1915(b)(4) selective contracting waiver for select services currently offered in the Consolidated, Community Living, and Person/Family Directed Support 1915(c) HCBS programs.**
  - **January 2023 Update: ODP is currently working on developing the RFP components for a future external administrative vendor procurement.**
  - July 2022 Update: Work is ongoing, no specific updates at this time.
  
- (OMAP.12) Support non-emergency medical transportation workforce expansion with one-time payments to recruit and retain qualified drivers to provide non-emergency medical transportation (NEMT) services. These drivers provide transportation to covered services for Pennsylvania Medicaid beneficiaries, including HCBS services. Due to COVID-19, it has been a challenge for transportation providers to attract and retain qualified drivers. Driver shortages threaten the provision of reliable, timely transportation services that allow individuals to live in the community while still having all their needs met. The inability to access transportation services threaten the ability of those individuals receiving HCBS to continue to live in the community and places them at



**Pennsylvania Spending Plan Update: January 2023**  
**Section 9817 of the American Rescue Plan Act of 2021**

risk of needing to receive care in institutional settings where transportation is not required. The recruitment and retention efforts would include sign-on bonuses for new drivers and retention payments for existing drivers. The Office of Medical Assistance Programs (OMAP) is polling NEMT administrators to gather information about the number of drivers who would be eligible for such payments.

- **January 2023 Update: OMAP is in the process of implementing this activity.**
- July 2022 Update: CMS approved this activity in May 2022 after its inclusion in the January 2022 update. Implementation of the activity is now in the beginning stages.

### Supplies and Equipment

- (ODP.6) Strengthen emergency preparedness of ODP's non-residential HCBS residents through provision of emergency preparedness kits. The kits promote safety and self-sufficiency during disasters.
  - **January 2023 Update: A total of 5,319 emergency preparedness kits have been procured. Kits will be distributed to individuals as training occurs.**
  - July 2022 Update: A vendor has been identified and logistics established for providing emergency kits for unlicensed individuals. Payments are being processed through the counties.

### Work Force Support

- (OMAP.1) Create an online education and training portal for shift care nursing to strengthen supports to nursing professionals. The development of a training/education portal will provide increased support for home health agencies, caregivers, and managed care organizations with building relationships and expanding their knowledge. The portal will provide trainings that focus on preparing both nurses and families for the private duty nursing transition and what to expect from the private duty nursing experience in one's home.
  - **January 2023 Update: OMAP is planning to amend an existing agreement to add this activity to a current vendor's scope of work.**
  - July 2022 Update: The Department is in the final process of structuring the work statement. OMAP is considering the ability to partner with several higher education institutions to operationalize this program.
- (OMAP.5) **OMAP plans to create resource centers designed to support families of children with complex medical needs and their health care providers. The Resource Centers will provide education and training for specific needs and help families and providers navigate the various systems and resources that are available to support them.**

**Pennsylvania Spending Plan Update: January 2023**  
**Section 9817 of the American Rescue Plan Act of 2021**

- **January 2023 Update:** This summary has been revised to describe the current plans for this activity. OMAP is planning to amend existing agreements to add this activity to current vendors' scopes of work.
  - July 2022 Update: OMAP has completed a draft scope of work.
- (OMAP.6) Develop a medical home learning network to expand communications and supports to providers serving children with medical complexities. By developing a subgroup of the American Academy of Pediatrics Medical Home learning network, providers implementing the American Academy of Pediatrics' medical home model can share best practices and consult on cases. Currently, providers do not have a platform to communicate with each other on challenges and lessons learned through implementation of the American Academy of Pediatrics Medical Home program.
  - **January 2023 Update:** OMAP added a requirement to the Physical Health HealthChoices Agreements effective January 1, 2023 for the MCOs to develop a learning network for those Patient Centered Medical Homes that receive funding under OMAP.3.
  - July 2022 Update: OMAP has completed a draft statement of work.
- (ODP.13) Enhance quality of service provision for individuals with intellectual disabilities/autism through provider training and credentialing. One-time supplemental payments will be made available for adoption of CMS core competency training for Direct Support Professionals, agency completion of National Association for Dual Diagnosis Accreditation, establishing a business associate program in industry to promote employment for people with disabilities, and certification through the Lifecourse Ambassador program. These one-time funds will increase the quality of services being provided by the agencies and provide models for linking pay to credentialing and certification programs.
  - **January 2023 Update:** The application period for this activity has closed. Approximately 290 of 1000 providers submitted requests for these one-time funds. Providers are being paid as they submit documentation for reimbursement.
  - July 2022 Update: Approximately 150 of 1000 providers have submitted requests for these one-time funds. The cut-off for the requests was extended to October 31, 2022.
- (OMHSAS.4) Expand current training initiatives to include trauma-informed care that enhance service delivery. An opportunity will be made available to clinicians in the mental health field to become certified in at least one evidence-based modality to treat trauma. Pennsylvania lacks clinicians with specialized training in evidence-based trauma-treatment modalities. The need for growing the Commonwealth's workforce capacity to recognize and treat trauma has been a consistent need identified by the Mental Health Planning Council and the Governor's Trauma-Informed PA plan. Individuals receiving HCBS with a history of trauma will benefit from this activity through improved patient engagement, treatment adherence and health outcomes. Similarly, individuals receiving non-HCBS services who also have a history of trauma will benefit from this activity as well, as health outcomes may enable them to transition from higher levels of care into HCBS.

**Pennsylvania Spending Plan Update: January 2023**  
**Section 9817 of the American Rescue Plan Act of 2021**

- **January 2023 Update: OMHSAS is finalizing an intergovernmental agreement for this activity.**
- July 2022 Update: None at this time.

**Caregiver Support**

- (OLTL.2) Develop a registry of direct care workers that allows participants to locate, review and contact direct care workers who will best meet their care needs. This registry would expand the availability and visibility of the direct care workforce which improves access to HCBS by connecting direct care workers with participants through the participant-directed model of HCBS. This activity is still in the concept stage and implementation is contingent on other factors.
  - **January 2023 Update: None at this time.**
  - July 2022 Update: OLTL is continuing to review this concept.
- (ODP.2) Provide respite and family support services to those on waiting lists for Intellectual Disabilities/Autism Services through one-time funds. These funds will provide short-term temporary relief for those waiting for HCBS waiver services.
  - **January 2023 Update: Funding for this activity has been distributed to the Administrative Entities.**
  - July 2022 Update: None at this time.

**Support to Improve Functional Capabilities of Persons with Disabilities**

- (ODP.12) Provide funding for assistive and remote support technology to enhance service delivery within ODP HCBS. These one-time funds can be used to support greater independence for individuals (example, assistive technology that turns stove off after inactivity and alerts caregiver) and improves quality of care through implementation of solutions like electronic health records.
  - **January 2023 Update: The application period for this activity has closed. Approximately 260 of 1000 providers have submitted requests for these one-time funds. Providers are being paid as they submit documentation for reimbursement.**
  - July 2022 Update: A low number of providers (70 of approximately 1000) have submitted requests for these one-time funds. The cut-off for the requests is October 31, 2022.
- (ODP.14) Enhance HCBS by improving technology for ODP support coordination organizations through one-time funding for the purchase of technology to support remote monitoring, mobile workforce, secure inter-office communications or implementation of quality improvement strategies.

**Pennsylvania Spending Plan Update: January 2023**  
**Section 9817 of the American Rescue Plan Act of 2021**

- **January 2023 Update: The application period for this activity has closed. 23 of approximately 50 providers have submitted requests for these one-time funds. Providers are being paid as they submit documentation for reimbursement.**
- July 2022 Update: A low number of providers (5 of approximately 50) have submitted requests for these one-time funds. The cut-off for the requests is October 31, 2022.
- (ODP.7) Accelerate the adoption of technology by funding a consultant to advise OLTL and ODP HCBS providers seeking to adopt remote supports and other technology solutions for individuals receiving HCBS. The use of technology to support independence will reduce need for direct care thereby relieving pressure for staffing from HCBS agencies that provide direct care. This initiative is aimed at capacity building through awareness and education. Training and materials developed will be stored and made available electronically.
  - **January 2023 Update: None at this time.**
  - July 2022 Update: ODP is working with procurement to determine the necessary process to pursue a vendor for this activity.

**Transition Support**

- (OLTL.5) Enhance transitions into the community by incentivizing managed care organizations to meet nursing home transition goals. Pennsylvania's Nursing Home Transition (NHT) program provides the opportunity for nursing facility (NF) residents and their families to be fully informed of the full range of home and community-based services. The program helps individuals move out of NFs so they can receive services and supports in the settings of their choice. OLTL will make one-time incentive payments to the CHC-MCOs, through the managed care contract, to meet NHT goals. The CHC managed care organizations will support expansion of NHT by utilizing ARP funding to provide access to additional equipment or devices that could support NHT.
  - **January 2023 Update: OLTL obtained the 2021 NHT data to determine where the CHC-MCOs are regarding the goals established by OLTL. Using the 2021 data, OLTL can see what amounts the CHC-MCOs could potentially earn in pay for performance for NHT. OLTL is waiting for the 2022 data, which should be available in July of 2023, to make pay for performance determinations to the CHC MCOs.**
  - July 2022 Update: None at this time.
- (ODP.8) Purchase housing adaptations for those transitioning from institutional or congregate settings. One-time funds will be made available to ODP residential providers for housing adaptations and purchase for individuals transitioning from public or private intermediate facilities, children transitioning from congregate care, medically complex adults when cost effective and to avoid placement in a nursing facility, and to support adults to age in place or transition to supported living or lifesharing.

**Pennsylvania Spending Plan Update: January 2023**  
**Section 9817 of the American Rescue Plan Act of 2021**

- **January 2023 Update: Providers have started to submit applications for this activity. The applications will be accepted until June 30, 2024. ODP will issue payment once the provider completes the approved housing adaptations.**
- July 2022 Update: ODP is currently evaluating this activity implementation timeline given the current state of provider staffing constraints.
- (ODP.9) Expand consolidated waiver capacity to transfer 25 additional individuals from intermediate care facilities to HCBS.
  - **January 2023 Update: As of December 31, 2022, four individuals have moved from private ICF to the consolidated waiver.**
  - July 2022 Update: None at this time.

**Mental Health and Substance Use Disorder Services**

- (OMHSAS.6) Support telehealth services with one-time funds for behavioral health providers who provide rehabilitative services to purchase equipment and training supports to enhance telehealth services. This activity enhances and strengthens HCBS as this service minimizes wait times for behavioral health services and affords individuals to receive services from their home thereby reducing mental disability and restoring beneficiaries to their best functional level. In addition, statewide access to services is made available to individuals who require the services of a specialist. The use of telehealth technology has been widely utilized by providers who are either directly providing HCBS or who are providing non-HCBS clinical services to individuals who are also receiving HCBS services.
  - **January 2023 Update: OMHSAS is in the process of finalizing this funding opportunity. OMHSAS plans to release additional details in early 2023 for providers interested in submitting a funding request.**
  - July 2022 Update: This activity is planned to start towards the end of 2022 or beginning of 2023.
- (OMHSAS.5) Provide for technical assistance to implement assisted outpatient therapy (AOT) for enhanced outpatient treatment for individuals in the civil court system who experience serious mental illness. AOT is the practice of providing outpatient treatment under civil court order to individuals with serious mental illness who have demonstrated difficulty engaging with treatment on a voluntary basis. This activity increases access to less restrictive treatment options and community settings and supports the functioning of individuals who may be concurrently enrolled in HCBS or who may be eligible for these services in the future.
  - **January 2023 Update: OMHSAS identified a vendor for this activity in September, and a kickoff conference was held at the end of October. As a result of the conference, eight counties expressed interest in joining the technical assistance (TA) collaborative. Targeted TA will be conducted with those counties.**
  - July 2022 Update: This activity is planned to start towards the end of 2022 or beginning of 2023.

**Pennsylvania Spending Plan Update: January 2023**  
**Section 9817 of the American Rescue Plan Act of 2021**

- (OMHSAS.7) Fund scholarships to expand the number of certified peer specialists (CPS) in Pennsylvania to ensure a strong workforce in mental health service settings. Peer support services are included in Pennsylvania’s state plan under Rehabilitative Services. Offering scholarships for Peer Specialist Certification training enhances and strengthens HCBS as this service reduces mental disability and restores beneficiaries to their best functional level supporting participation in HCBS. COVID-19 paused training and certification for peer specialists for nearly a year, resulting in a reduced subset of the HCBS workforce. To become a CPS in Pennsylvania, individuals must complete a two-week course. Once certified, the CPS may be employed by several mental health organizations and their services may be billed to Medicaid.
  - **January 2023 Update: OMHSAS is on track to have 100 individuals trained and able to take the certification exam. The next area of focus will be for the vendor to follow-up with these individuals to check on the status of their employment search and utilization of the certification. In addition, this initiative was updated to no longer require a commitment of 2 years of service within the Commonwealth.**
  - July 2022 Update: A total of 16 individuals have completed the training in the southwest zone, and 29 additional individuals are starting within the northeast zone. A total of \$150k in scholarships have been paid.

**Support State HCBS Capacity Building and LTSS Rebalancing Reform**

- (OMAP.2) Incentivize completion of care plans to improve care coordination and care management activities beginning in calendar year 2023. This activity provides an incentive payment to primary care providers for each semi-annual shared care plan developed, updated, and implemented for the 6,000 children receiving shift-care nursing services. These payments provide support for pediatric medical homes to enhance care coordination and care management activities. These children need care integration across multiple settings- physical health, behavioral health, home care agencies, medical day cares, hospitals, emergency departments, early care and education, early intervention, education, community organizations, and social services. Key elements in shared care planning are person-centered goal setting and engaging the families and primary caregivers in the creation and maintenance of a comprehensive care plan. The HealthChoices managed care organizations will receive funding as part of the contracted monthly capitation rates to provide incentive funding every six months for three years based on a shared care plan developed by the primary care provider and family that includes key elements of care management and coordination.
  - **January 2023 Update: OMAP has added a requirement to the Physical Health HealthChoices Agreements effective January 1, 2023 for MCOs to develop provider pay-for-performance programs for primary care providers and home health agencies that achieve positive outcomes for children receiving shift care services.**
  - July 2022 Update: OMAP is in early stages of implementation planning for the activity.
- (OMAP.4) Provide for enhanced training for private duty nurses to staff cases for children who have complex medical conditions as well as significant behavioral health needs. One of the many challenges facing nurses providing care in an individual’s home is the lack of training around behavioral health

**Pennsylvania Spending Plan Update: January 2023**  
**Section 9817 of the American Rescue Plan Act of 2021**

and how to assist a child who may have behavioral health needs. Behavioral health training scholarships will be provided for participation in the Registered Behavior Technician training to give private duty nurses skills to staff cases for children who have complex medical conditions as well as significant behavioral health needs. These are one-time payments not to extend beyond March 31, 2024.

- **January 2023 Update: OMAP is planning to amend existing agreements to add this activity to current vendors' scopes of work.**
  - July 2022 Update: OMAP continues to work through options for implementation on this activity, including working through procurement process.
- (OMAP.7) Invest in technology to enhance care coordination for individuals receiving private duty nursing services in their own home by connecting home health agencies with Pennsylvania's Patient Provider Network. One-time onboarding funds will be made available to connect home health agencies to the Pennsylvania Patient and Provider Network, the Commonwealth's Health Information Exchange, which allows for sharing of patient information among providers. These funds would be made directly to the agencies and represent an investment in technology infrastructure that will enhance care coordination for individuals receiving private duty nursing services in their own home. Many small agencies in Pennsylvania are not yet connected to the exchange and are thus unable to benefit from its information-sharing, which will include a care plan registry in the future.
  - **January 2023 Update: One applicant was awarded a grant through an RFA solicitation. The applicant plans to onboard 37 home health agencies by June 30, 2024.**
  - July 2022 Update: OMAP continues to work through procurement process for implementing this activity.
- (OMAP.8) (OMHSAS.3) Introduce the use of electronic health records (EHR) by state hospitals and HCBS facilities and ensure they are interoperable-with the health information exchange. Both HCBS and state-run psychiatric facility providers will benefit from this activity. An EHR increases access to less restrictive treatment options and community settings. Treating individuals in state psychiatric facilities and enabling them to live in their community requires coordination between the facilities and HCBS providers. When it is required that records be shared manually, via fax, or via post, treatment is delayed, work is duplicated, and human error occurs which can further delay the coordination of care for hundreds of beneficiaries. The absence of an EHR results in:
  - Delays in discharges from the state facilities to less restrictive settings in the community. Individual medical records must be shared with providers to convey behavioral health needs of an individual when making a referral so that the provider can determine if they can appropriately meet the patient's needs. As consumer needs change, currently paper records are gathered to understand their historic medical interventions.
  - Individuals discharged from our state facilities are complex with lengthy medical histories and a need for proactive, comprehensive HCBS planning. The number of HCBS providers with the expertise to provide this population with an appropriate rehabilitative service is finite. The more time spent on gathering consumer information in paper format, risks the ability for a HCBS provider to add our transitioning member to their caseload.

**Pennsylvania Spending Plan Update: January 2023**  
**Section 9817 of the American Rescue Plan Act of 2021**

- **January 2023 Update:** Hardware and infrastructure improvements for each of the state facilities has begun; ongoing internet costs are not being paid with these funds. OMHSAS is working with the vendor to purchase laptops/tablets for each of the state facilities for the EHR project. In addition, OMHSAS is working to establish a timeline for the software purchase.  
  
**OMAP has awarded one grant to a home health agency that provides pediatric shift nursing services. The terms of the grant are through June 30, 2024.**
- **July 2022 Update:** Initial meetings have been held with the hospitals to learn their system needs.
- (ODP.3) Purchase electronic incident detection reporting systems and dashboards to enhance participant health and welfare in HCBS. Ensuring the health and welfare of HCBS program participants requires fidelity within robust incident management systems. Funding to purchase analytics and establishment of system matching claims with ODP incident data.
  - **January 2023 Update:** ODP has procured a license for the Pulselight Incident Detection System (P-IDS) and is establishing data sharing protocols.
  - **July 2022 Update:** None at this time.
- **(OLTL.13 – combined OLTL.6, OLTL.7, OLTL.8)** Through one-time funds, OLTL HCBS providers that have innovative ideas that will address social determinants of health, like housing, to improve and enhance services for CHC and OBRA participants. These HCBS providers offer personal care services, self-directed personal care services and long-term services and supports authorized under Section 1915(c). Providers will be able to:
  - Purchase remote support technology to enhance transparency and quality assurance in service delivery. For example, direct care workers could have access to tablets and software that support in-home documentation of participant conditions and other related care needs.
  - Provide training on infection control practices to enhance the quality of services.
  - Purchase and implement new software/technology for electronic health records, quality, or risk management functions. Having access to electronic health care records enables HCBS providers to connect with local hospitals and physicians and ensure real time communication between the HCBS provider and the participant’s medical providers. This would promote and strengthen the coordination of services by affording providers the ability to better track quality measures and associated outcomes.
  - **January 2023 Update:** OLTL has approved payment to over 700 providers to date. On December 31, 2022 the funding opportunity closed. OLTL is reviewing the applications submitted close to the deadline and determining how much funding was sent to providers and what funding remains.
  - **July 2022 Update:** This funding opportunity was publicly announced on May 13, 2022 and DHS will begin accepting funding requests starting July 1, 2022. DHS will provide up to \$40,000 per approved request to help HCBS providers implement the following service improvement projects: supplemental activities to address a participant’s social determinants of health, purchase of remote support



**Pennsylvania Spending Plan Update: January 2023**  
**Section 9817 of the American Rescue Plan Act of 2021**

technology by providers, development and implementation of enhanced training initiatives, and purchase and implementation of new software and technology for providers. These activities are being administered in combination with another activity (OLTL.6) which is outlined in the *Support State HCBS Capacity Building and LTSS Rebalancing Reform* section.

- (OLTL.5) Provide incentive payments to the CHC-MCOs, through the managed care contract, to meet the quality measures established by OLTL for HCBS services.
  - **January 2023 Update: OLTL obtained the 2021 NHT data to determine where the CHC-MCOs are regarding the goals established by OLTL. Using the 2021 data, OLTL can see what amounts the CHC-MCOs could potentially earn in pay for performance for NHT. OLTL is waiting for the 2022 data, which should be available in July of 2023, to make pay for performance determinations to the CHC MCOs.**
  - July 2022 Update: None at this time.
- (OMAP.14)(OMHSAS.8) Fund consultant services to support implementation and monitoring of the HCBS spending plan within OMAP. The consulting support for HCBS spending plan activities within OMHSAS is focused on funding Crisis Specialists to assist in the statewide implementation of 988 and crisis mental health services. The individuals would be responsible for duties such as on-site visits as needed to evaluate county mobile crisis programs, collaborate with county stakeholders, respond to information requests from CMS and any reporting required, as well as acting as the point of contact and liaison between the actuarial contractor, OMHSAS and other stakeholders.
  - **January 2023 Update: OMAP continues to engage with consulting services to support the implementation and monitoring of the HCBS spending plan. In addition, OMHSAS has hired the Crisis Specialists to assist in the statewide implementation of 988.**
  - July 2022 Update: OMAP continues to engage with consulting services to support the implementation and monitoring of the HCBS spending plan. In addition, OMHSAS has posted the positions and is interviewing candidates for the Crisis Specialists.
- (OMHSAS.2) Fund consultant services to support the work of the Pennsylvania Behavioral Health Task Force **and Behavioral Health Commission** to ensure individuals have the appropriate supports to remain in the community or decrease the length of facility stays. The task force was convened to identify strengths, gaps and opportunities for improvement in the behavioral health system. **The commission was charged with making recommendations to the Pennsylvania General Assembly on the allocation of funds to support specific focus areas including: delivery of services via telemedicine, workforce development and retention, and the impact of social determinants of health on behavioral health.**

**Pennsylvania Spending Plan Update: January 2023**  
**Section 9817 of the American Rescue Plan Act of 2021**

- January 2023 Update: The six Behavioral Health Task Force teams submitted executive summaries of their teams' work in a comprehensive report to the Governor's Office in mid-October. These summaries were the collaborative efforts of team members from multiple agencies who established goals, strategies and recommendations for addressing the state's most pressing behavioral health needs.

The Behavioral Health Commission met with a group of stakeholders, advocates, state health agencies and legislators on four separate occasions to establish priorities for the \$100 million in funding the legislature allocated for behavioral health. This series of meetings culminated in a report to the legislature outlining the Commission's recommended uses for the funds. Further legislative action is needed before the funds can be released.

- July 2022 Update: None at this time.
- (OLTL.11) The Office of Long-Term Living (OLTL) is interested in enhancing and strengthening quality improvement activities for the LIFE (Living Independence for the Elderly) program, which has 19 LIFE Provider Organizations who operate more than 50 centers across the Commonwealth. To identify potential quality improvement activities in the LIFE program, the HCBS Elderly Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®</sup>) survey will be used to assess patient experience with health care services delivered in different setting and for specific conditions. In addition, quality and evaluation metrics currently applied in the independent assessment of the CHC program will be used to standardize the evaluation of all Medicaid-related HCBS programs in the Commonwealth. This activity is allowable under the SMD# 21-003 Appendix B, Program of All-Inclusive Care for the Elderly (PACE).
  - January 2023 Update: OLTL has met with the vendor and established the relationship to outline and complete the work. OLTL has provided direction to the vendor on the CAHPS<sup>®</sup> survey and reiterated how many surveys should be conducted on LIFE participants. The CAHPS survey is to be administered to LIFE participants in the first quarter of 2023.
  - July 2022 Update: This activity was approved in the April spending report submission, and implementation of the activity is now in the beginning stages.
- (ODP.15) ODP will enhance systems capacity to serve children and youth with complex needs and multi-system involvement through a pediatric capacity building institute. The institute will be provided with the cooperation and input of the DHS Office of Mental Health and Substance Abuse Services (OMHSAS), Office of Children, Youth and Families, and Office of Childhood Development and Early Learning (OCDEL) and the Pennsylvania Department of Education. These offices will develop the curriculum and direct the faculty responsible for conducting the institute. Attendees to this institute will be identified based on their role in the support of children and youth with complex needs at the local, county and state levels. The institute aims to improve communication and coordination of home and community-based services that meets the needs of this population.

**Pennsylvania Spending Plan Update: January 2023**  
**Section 9817 of the American Rescue Plan Act of 2021**

- **January 2023 Update: This activity was approved in the July spending report submission, and implementation of the activity is now in the beginning stages.**
- (ODP.16) ODP is planning for information technology system enhancements to store Health Risk Screening data in the Enterprise Data Warehouse (EDW) so that data elements can be leveraged in case management activities and used to support individual plan creation and authorization. By collecting the data in the EDW, interface activities with the new ECM system will result in better planning, monitoring of health and safety risks, and streamlining for HCBS participants with intellectual disabilities and autism. DHS will submit an Implementation Advanced Planning Document seeking federal financial participation for this project.
  - **January 2023 Update: This activity was approved in the July spending report submission, and implementation of the activity is now in the beginning stages.**

## Spending Activities – Removed and Completed

### Removed:

- **(OCDEL.1)** January 2022 Update: Reimburse Early Intervention (EI) providers for training costs and supplies, like Personal Protective Equipment (PPE), to support safely re-engaging in-person visits.

### Completed:

- (ODP.4) Strengthen county infrastructure by providing funding to expand county staffing to accommodate the growth in the intellectual disabilities home and community-based waiver programs. This funding enhances the ability to manage the significant growth of ODPs community program effectively and efficiently and manage new oversight and risk management functions.
  - **January 2023 Update: This activity has been implemented and spending will continue.**
  - July 2022 Update: None at this time.
- (OMHSAS.9) One-time funding will be made available to behavioral health providers who offer rehabilitative services to offer incentives to recruit and retain staff to both fill and prevent new vacancies and enable providers to re-open service locations or services lines that were closed due to staff vacancies. One-time incentive funding to fill staffing shortages will enable providers to accept new participants into HCBS.
  - **January 2023 Update: This activity is complete, and no additional payments will be made.**

**Pennsylvania Spending Plan Update: January 2023**  
**Section 9817 of the American Rescue Plan Act of 2021**

- July 2022 Update: 497 of 543 attestations (97.87%) were returned by June 30, 2022 deadline. Payments through June were \$72.9M and next payment will be \$5.5M in mid-July. \$5.4M remains unclaimed at this time.
- (ODP.10) One-time funding will be made available for COVID-19 related staffing expenses, recruitment and retention of ODP-funded direct support professionals or supports coordinators to include funding for hazard pay, costs of recruitment efforts, sign-on bonuses, retention bonuses, other incentive payment. ODP-funded direct support professionals or supports coordinators provide long-term services and supports authorized under Section 1915(c). This funding will support providers unable to re-open service locations or services lines due to staff vacancies and providers unable to accept new participants into service due to staff vacancies.
- (OLTL.1) Enhance the comprehensive training program for direct care workers to bolster the quality of services for participants. Pennsylvania’s LTSS stakeholders, advocates and providers have provided recommendations to DHS on the development of a comprehensive training program for direct care workers to bolster the quality of services for participants. OLTL would establish a standardized core training curriculum for direct care workers across the LTSS continuum, which will also provide a clear career pathway. The training curriculum will be a series of trainings which would give workers stackable credentials with incentives to reach training milestones.
- (OCDEL.2) Increase rates for Infant/Toddler EI providers who offer home and community-based services. Counties operate the Infant/Toddler EI program on behalf of OCDEL, through contracted EI service providers.
- (ODP.11) Refresh data for ODP services and adjust rates if necessary. ODP is required under state regulation to refresh the data used for rate setting a minimum of every three years; the next update is required no later than October 2022. Refreshing the data earlier than planned gives DHS the ability to address a rate increase, if justified, in response to provider’s changing needs as part of the HCBS spending plan. ODP will receive updated rate information for each HCBS service from DHS’s actuarial consultant developed using recently released data from the Bureau of Labor Statistics (BLS), trended to the implementation period. Should refreshing the data result in a need to adjust rates, the Commonwealth will ensure that reimbursement rates remain at levels no less than the April 1, 2021 provider rates as required in the HCBS spending plan.
- (OLTL.9) Increase Personal Assistance Services (PAS) payment rates in the CHC and OBRA waivers. By enhancing payment rates in the CHC and OBRA waivers, PAS providers can increase employee wages for direct care workers in both agency and participant-directed models of PAS available in these waivers. The increased wages can assure the PAS providers are recruiting and retaining staff to provide services to the growing HCBS population. Providing increased wages for PAS enhances and strengthens the HCBS system by avoiding issues such as missed shifts due to the unavailability of workers.

**Pennsylvania Spending Plan Update: January 2023**  
**Section 9817 of the American Rescue Plan Act of 2021**

- (OMHSAS.1) Increase behavioral health provider rates to support state standards for the facilitation of staff training, education and recruitment based on American Society of Addiction Medicine (ASAM) criteria. By increasing provider rates, DHS can address community-based provider needs related to increased staffing, required certifications, and increased hours which strengthens and expands HCBS. The implementation of ASAM criteria coincides with an increase in demand for treatment that has been fueled by COVID-19.

Spending Plan Projection – [Please see Included Excel Spreadsheet](#)