



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES

January 26, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Brooks-LaSure:

I am pleased to submit our Section 1115 demonstration waiver application, titled “**Bridges to Success: Keystones of Health for Pennsylvania.**” Keystones of Health will be transformative in Pennsylvania by providing the Commonwealth with new tools and programs that are both lifesaving and cost-saving.

We have heard from thousands of Pennsylvanians about the profound impact of social determinants of health on quality of life, and the links between these essential needs and avoidable health care spending and improving outcomes. Keystones of Health focuses on health-related social needs such as homelessness and food insecurity that jeopardize the health of Pennsylvanians and lead to costly, but avoidable, health care use. In addition, it includes new tools to stem the overdose crisis by improving coordination of care through reentry for justice-involved populations. Keystones of Health will also provide a stronger foundation for a healthy start to early childhood and long-term economic opportunity by addressing food insecurity in pregnancy and reducing gaps in insurance coverage for young children.

Pennsylvania has a long history in our Medicaid program of successful pilot programs addressing social determinants of health alongside effective cost containment. The proposed 1115 demonstration would expand the tools available to the Commonwealth to address critical moments in people’s lives where we know the risk is high and we can avoid expensive medical care or other social costs and provide a stronger foundation for good health and success in their lives.

Keystones of Health focuses on four key areas:

Reentry Supports for Incarcerated Individuals: Pennsylvanians leaving prisons and jails are at high risk of overdose and recidivism. Keystones of Health will provide reentry supports 90 days prior to release and improve transitions back to the community to reduce overdose deaths, improve health outcomes, and reduce recidivism.

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Housing Supports: Keystones of Health will provide housing supports to homeless individuals with serious mental illness, substance use disorder, and people reentering society from correctional institutions. As you know, homelessness destabilizes health conditions, leading to high rates of avoidable health care use. Keystones of Health will address critical needs and gaps to create more opportunities for stability, success, and improved health outcomes.

Food and Nutrition: Food insecurity contributes to poor chronic disease control. Keystones of Health will provide medically tailored meals to help treat poorly controlled conditions that lead to avoidable health care use. In addition, it will provide household nutritional supports to pregnant people to address food insecurity that impacts pregnancy which can lead to poor outcomes. These short-term programs will be linked to long-term supports through programs such as WIC and SNAP.

Multi-Year Continuous Coverage for Children Under 6 Years of Age: Keystones of Health would provide continuous Medicaid coverage for children under 6 years of age. This will reduce gaps in health coverage so young children can access prevention, screenings, and early interventions that are vital to early childhood and long-term development and success.

We look forward to collaborating with CMS to achieve the goals outlined in this application. We are committed to working closely with you and your team to address questions during the review process. This is a transformational time in the Medicaid program under your leadership. Keystones of Health aligns with recent CMS guidance on 1115 demonstration waivers focused on health-related social needs. We look forward to moving forward quickly with the review process.

We appreciate your time and consideration of our application. Governor Shapiro, I, and the entire DHS team look forward to the opportunity to discuss the Keystones of Health application further and to collaborate on a successful 1115 demonstration.

Sincerely,



Valerie A. Arkoosh, MD, MPH
Secretary

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**BRIDGES TO SUCCESS:
KEYSTONES OF HEALTH FOR PENNSYLVANIA
MEDICAID SECTION 1115
DEMONSTRATION**

APPLICATION

PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES

February 2024

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1 Program description

1.1 Summary of the proposed demonstration

The Pennsylvania Department of Human Services (DHS) is pleased to submit its application for Bridges to Success: Keystones of Health for Pennsylvania (Keystones of Health), a Section 1115 Medicaid demonstration for the January 1, 2025, to January 1, 2030, demonstration period. Keystones of Health will address Health-Related Social Needs (HRSN) and continuous eligibility among vulnerable populations. Pennsylvania is working to meet the HRSN of various populations using an integrated, whole-person approach. Pennsylvania already has an established network of support programs to address these needs, but they face limitations in terms of scale, consistency, administrative capacity, and impact. Additionally, existing programs often operate in silos across federal, state, and local entities, resulting in service gaps for individuals. Once approved, Keystones of Health will provide a defined set of HRSN services and continuous eligibility based on predetermined criteria to support populations at higher risk of poor health outcomes. Aligning with the purpose of Title XIX and Title XXI of the Social Security Act of providing medical and health-related services for specific populations, the programs within the scope of Keystones of Health will use the 1115 demonstration funding flexibility to expand the range of services to better reach and serve people in potentially challenging life situations. Its ultimate objective is to reduce health care costs by enhancing the overall health and well-being of the focus populations.

To inform development of this 1115 demonstration, DHS convened working groups which included relevant state government partners and other stakeholders to assist with identifying the social needs most appropriate to address through this initiative and target populations for HRSN services. This 1115 demonstration also supports several key priorities of Governor Shapiro's administration, including expanding access to health care for children and increasing HRSN services available to beneficiaries experiencing homelessness, particularly those with complex health and behavioral health needs. These priorities further affirm DHS' commitment to supporting improved health outcomes for participants with complex clinical needs and support whole-person care by identifying and addressing social drivers of health.

Under Keystones of Health, DHS will develop a set of services and benefits coordinated through case management in four focus areas:

1. **Reentry** - Improve transitions to the community for beneficiaries reentering society from correctional facilities. The available services, which will require a legislative amendment, will focus on improving transitions to community based health care and social services with a particular emphasis on those with significant health care needs such as serious mental illness and substance use disorder.
2. **Housing** – Add new Medicaid services to help beneficiaries without stable housing find and keep a place to live. Having stable housing makes it easier to find and use health care. These services will focus on beneficiaries with behavioral health issues and chronic conditions where health outcomes are greatly impacted by improved consistency of care and medication access.

3. Food and Nutrition – Provide food and nutrition services to specific Medicaid populations facing food insecurity, including pregnant beneficiaries and beneficiaries with diet-sensitive conditions. Services would include direct food support such as medically tailored meals or groceries with a goal of also connecting eligible beneficiaries to long-term food assistance, like the Supplemental Nutrition Assistance Program (SNAP).

4. Multi-Year Continuous Coverage for Children Under 6 Years of Age – Provide continuous Medicaid coverage for children from birth or older but under 6 years of age to reduce gaps in coverage that interrupt access to essential health care services, such as preventive care. This proposal provides eligibility from birth, or when a child first receives Medicaid, through the last day of the month in which they turn 6 years of age.

All HRSN services will be provided to beneficiaries with both a clinical need and social need for the support. Social needs will be identified via assessment. The HRSN assessment will be developed during implementation planning based on existing tools already in use. It will include questions to assess for a range of social needs and be conducted by Managed Care Organizations (MCOs), clinicians, and identified community partners to create multiple entry points for demonstration services. Beneficiaries in need of HRSN supports will be connected to clinically appropriate services for a specified period. These proposed services aim to address current infrastructure barriers and promote enhanced and equitable care. They are modeled on services already approved by the Centers for Medicare and Medicaid Services (CMS) in applications from other states. To facilitate the delivery and coordination of services, demonstration funding will be used to develop service delivery infrastructure. This infrastructure includes hiring and training specialized staff, establishing partnerships and contracts with community based organizations for service delivery, strengthening existing and implementing new referral and data systems, and developing performance measures. These infrastructure investments will help to enable the availability, accessibility, quality, and sustainability of HRSN services for eligible participants.

1.2 Rationale for the proposed demonstration

DHS has identified addressing HRSN as a key strategy to improve the health and wellbeing of its Medicaid participants, especially those who face multiple and complex challenges affecting their health outcomes. Research indicates that social determinants of health have a greater impact on county-level variation in health outcomes than clinical care, as much as 50 percent affected by social determinants of health (SDOH) compared to 20 percent for clinical care.¹ DHS recognizes that many of Pennsylvania’s Medicaid participants experience social risk factors. Unmet social needs such as housing instability and homelessness, food insecurity, and lack of social supports create barriers to accessing and utilizing health

¹Assistant Secretary for Planning and Evaluation Office of Health Policy, Whitman, A. De Lew, N. Chappel, A. Aysola, V. Zuckerman, R. Sommers, B. *Addressing Social Determinants of Health: Examples of Successful Evidence-Based Strategies and Current Federal Efforts*. (2022). <https://aspe.hhs.gov/sites/default/files/documents/e2b650cd64cf84aae8ff0fae7474af82/SDOH-Evidence-Review.pdf>

care services and can directly impact health and the cost of care.^{2,3} By addressing these social needs through evidence-based interventions, DHS aims to improve health outcomes for Pennsylvanians facing the greatest barriers to accessing housing, food and health care.

Leaving correctional facilities also exposes individuals to a heightened risk of health challenges, including from existing mental health and substance use disorders that may be exacerbated by the instability experienced post-release. According to one study, two thirds of incarcerated individuals have a history of substance use disorder and are at 12 times the risk of death immediately following release, and at 3.5 times the risk for an extended period.⁴ By providing additional supports before and after release, DHS aims to improve this transition and the outcomes of participating beneficiaries.

DHS also recognizes the critical importance of consistent health insurance coverage to promote continuity of care for young children and has previously enacted State policies that support continuous coverage options for children up to age four. Coverage gaps among children eligible for Medicaid and CHIP have been shown to reduce children's access to preventive and primary care, increase their unmet health care needs, and result in disruptions in continuity of health care services.⁵ Gaps in coverage are particularly problematic for young children, given how significantly early life years impact lifelong growth and development. For example, early detection of, and timely intervention for, developmental delays, including screenings conducted during early childhood well visits, has been shown to positively impact health, language and communication skills, and overall cognitive development.⁶ There is also considerable evidence that a strong foundation of coverage and continuity of care can help children be school-ready, ensure timely referrals for early intervention and prevention of chronic illnesses and developmental disorders, and potentially lower special education and child welfare costs.⁷ The American Academy of Pediatrics reaffirms the importance of early screening and preventive care for children to address chronic health problems and support physical, mental, behavioral, and developmental health through adolescence into adulthood.⁸ Consistent coverage and early access to preventive care not only lead to better social and health outcomes during adulthood, but they also demonstrate capacity to help address health disparities and social drivers of health that can have negative lifelong impacts for those with fewer social and economic resources.⁹

² Taylor LA, Tan AX, Coyle CE, et al. Leveraging the social determinants of health: what works? *PLoS One*. 2016;11(8):e0160217. doi:10.1371/journal.pone.0160217

³ Koh KA, Racine M, Gaeta JM, et al. Health care spending and use among people experiencing unstable housing in the era of accountable care organizations. *Health Aff (Millwood)*. 2020;39(2):214-223. doi: <http://dx.doi.org/10.1377/hlthaff.2019.00687>

⁴ Binswanger IA, Stern MF, Deyo RA, Heagerty PJ, Cheadle A, Elmore JG, Koepsell TD. Release from prison--a high risk of death for former inmates. *N Engl J Med*. 2007 Jan 11;356(2):157-65. doi: 10.1056/NEJMsa064115.

⁵ Sugar, Sarah, Christie Peters, Nancy De Lew, and Benjamin D. Sommers. "Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic." ASPE. (2021)

⁶ Sugar et al. (2021). <https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf>

⁷ Hawai'i Department of Human Services. *QUEST Integration Section 1115 Waiver Demonstration Application*. (2023). https://medquest.hawaii.gov/content/dam/formsanddocuments/med-quest/section-1115-demonstration-renewal-for-2024/1115_Demonstration_Application_Public_Comment_FINAL_10132023.pdf

⁸ Hagan, Joseph F., Judith S. Shaw, and Paula M. Duncan. *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. American Academy of Pediatrics. (2017). <https://doi.org/10.1542/9781610020237>

⁹ Taylor et al. (2020).

The proposed 1115 demonstration is based on leading practices and lessons learned from other states that have implemented or received approval for 1115 demonstrations that provide HRSN services to high-need populations. The approved HRSN services vary by state and population, but generally aim to address adverse social conditions through interventions such as housing and nutrition supports and increased case management. The proposed demonstration is expected to generate positive impacts on access to health care and social supports, and health-related outcomes for the included populations. The demonstration also aims to generate savings by reducing unnecessary or avoidable health care utilization and costs among these same populations through a proactive whole-person care approach.

DHS' 1115 demonstration application meets the criteria for approval by CMS. The program is consistent with the objectives of the Social Security Act by:

- Expanding support services to populations who face barriers to health care due to their social circumstances
- Improving coordination and integration of physical, behavioral, and social services for beneficiaries who have complex health and social needs
- Enhancing quality and efficiency of care delivery by addressing the root causes of poor health outcomes
- Promoting health equity and reducing health disparities by targeting services and supports to beneficiaries who experience higher rates of morbidity and mortality due to their social risk factors
- Supporting health development and well-being of children by ensuring continuous coverage through their developmental years

1.3 Current landscape for addressing HRSN in Pennsylvania & health system challenges

Pennsylvania has an established network of HRSN supports and related programs, though they vary in terms of scale, administration, and impact based upon current systems and resources. These programs are overseen and supported by various entities including DHS offices, other departments, counties, local governmental entities, and community partners. There are 67 counties in Pennsylvania with a range of population sizes, geographies, and tax bases leading to substantial differences in need and capacity. Many HRSN-related services in Pennsylvania are supported by multiple funding streams which can lead to planning and operational challenges. Individuals with unmet HRSN often face challenges accessing the services and supports for which they are eligible. Access to one service may not lead to access to other needed services because service providers often do not have the infrastructure necessary to support coordination and referrals. Medicaid participants receiving support for one HRSN will likely have other unmet HRSN, creating the need for coordination between providers across service categories.

Pennsylvania's managed care programs, collectively known as HealthChoices, provide physical and behavioral health care, as well as long-term services and supports (LTSS), through specialized MCOs. Each program is administered at a different geographic level and focuses on the provision of one type of care:

Physical HealthChoices: This is the mandatory managed care program for physical health services administered through five geographic zones. Through physical health MCOs, beneficiaries have access to medically necessary covered inpatient and outpatient physical health services.

Behavioral HealthChoices: This is the mandatory behavioral health managed care program for mental health and substance use disorder services provided to Medicaid beneficiaries in six geographic zones. Through counties or multi-county entities, referred to as Primary Contractors, care is coordinated with Behavioral Health MCOs. Each of the 24 primary contractors has a contract agreement with one of the five BH-MCOs.

Community HealthChoices: Under this program, MCOs provide LTSS to eligible older adults and people with physical disabilities. Beneficiaries who are dually eligible for Medicare and Medicaid are also enrolled in Community HealthChoices. It is administered through the same five geographic zones as Physical HealthChoices.

Case management and care coordination are tasks managed by the individual MCOs and supported by regional health information exchanges. MCOs offer HRSN supports through case management connections to existing programs and provide additional supports. Approaches vary between MCOs and include programs such as supporting mobile food pantries, providing education on tenancy and leases, and working with landlords to remove background check requirements for participants reentering from correctional settings.

1.4 Research hypotheses

DHS will test the following research hypotheses through the section 1115 demonstration:

1.4.1 General hypotheses

1. Addressing unmet HRSN within the Medicaid-eligible population will improve health outcomes and reduce the cost of care.
2. A focus on health equity improvements for specific populations that have experienced disproportionately poor health outcomes will result in improved health outcomes, increased access to care, and a reduction in the gap between outcomes for populations of focus and those that have historically experienced favorable health outcomes.
3. HRSN services designed to support individuals experiencing life transitions will result in a reduction in avoidable hospitalizations and medical utilization (e.g., lower emergency department (ED) use, lower avoidable ED visits) and an increase in recommended or preventive care.

1.4.2 Reentry hypotheses

4. Access to pre-release services will result in increased use of recommended and/or preventive care, resulting in positive impacts on health outcomes.
5. Implementation of pre-release services will result in increased collaboration between stakeholders, identification of medical needs and HRSN prior to release, gradual expansion of access to pre-release services for justice-involved individuals, and improved insights into healthcare delivery for this population.

1.4.3 Housing hypotheses

6. Expanded housing supports will reduce homelessness, homeless recidivism, and housing instability of individuals.
7. Improvements in housing stability will improve access to recommended and/or preventive care.

1.4.4 Food and nutrition hypotheses

8. Implementation of nutrition supports will result in increased collaboration between stakeholders, gradual expansion of access to nutrition services for participating individuals, and improved infrastructure for the provision of nutrition support services.
9. Nutrition support services will result in reductions in food insecurity and improved disease management for participating individuals.

1.4.5 Continuous coverage hypotheses

10. Continuous coverage will reduce churn and gaps in coverage for children enrolled in Medicaid, including for racial and ethnic minority populations that experience disproportionately high rates of churn.
11. Continuous coverage will reduce the quantity of redeterminations, resulting in lower administrative burden for eligibility workers and associated costs.
12. Continuous coverage will increase utilization of preventive care services including vaccinations and reduce potentially avoidable services, such as inpatient hospitalizations and non-emergency use of emergency departments.

1.4.6 Evaluation Hypotheses

	Research Hypotheses	Plan to test the hypothesis	Evaluation Indicators and Data Sources
General Hypotheses	1. Addressing unmet HRSN within the Medicaid-eligible population will improve health outcomes and reduce the cost of care.	Measure changes in the rates of relevant health outcomes and Medicaid spending among enrollees who receive housing support, nutrition support, and/or reentry services.	Medicaid claims data *HEDIS Measures *AHRQ Prevention Quality Indicators *MCO and FFS Paid Amounts
	2. A focus on health equity improvements for specific populations that have experienced disproportionately poor health outcomes will result in improved health outcomes, increased access to care, and a reduction in the gap	Measure changes in a) health outcomes; and b) self-reported access to care. Results will be stratified by race and ethnicity to examine whether disparate	Medicaid claims data *HEDIS Measures Primary Survey Data *Questions from CAHPS and National Health Interview Survey

	Research Hypotheses	Plan to test the hypothesis	Evaluation Indicators and Data Sources
	between outcomes for populations of focus and those that have historically experienced favorable health outcomes.	outcomes have narrowed as a result of the waiver.	
	3. HRSN services designed to support individuals experiencing life transitions will result in a reduction in avoidable hospitalizations and medical utilization (e.g., lower emergency department (ED) use, lower avoidable ED visits) and an increase in recommended or preventive care.	Measure changes in the rates of avoidable hospitalizations and ED use, as well as recommended or preventive care.	Medicaid claims data *HEDIS Measures *AHRQ Prevention Quality Indicators (Ambulatory Care Sensitive Conditions)
Reentry Hypotheses	4. Access to pre-release services will result in increased use of recommended and/or preventive care, resulting in positive impacts on health outcomes.	Measure changes in the rate of physical and behavioral health care utilization in the year after reentry.	Medicaid claims data *HEDIS Measures
	5. Implementation of pre-release services will result in increased collaboration between stakeholders, identification of medical needs and HRSN prior to release, gradual expansion of access to pre-release services for justice-involved individuals, and improved insights into healthcare delivery for this population.	Measure progress among stakeholders in coordinating, facilitating and delivering pre-release services to enrollees, and compare health care delivery insights to baseline time periods.	*Key Informant Interviews and/or surveys of stakeholders
Housing Hypotheses	6. Expanded housing supports will reduce homelessness, homeless recidivism, and housing instability of individuals.	Measure changes in the rates of service use indicating homelessness (e.g., emergency shelter use) or instability (e.g., homelessness prevention), and homelessness/instability	Homeless Management Information Systems data Survey data from HRSN service recipients

	Research Hypotheses	Plan to test the hypothesis	Evaluation Indicators and Data Sources
		following receipt of HRSN services.	
	7. Improvements in housing stability will improve access to recommended and/or preventive care.	Measure changes in the utilization rates of recommended and/or preventive care and self-reported access among enrollees receiving housing supports.	Medicaid claims data *HEDIS Measures Primary Survey Data *Questions from CAHPS and National Health Interview Survey
Food and Nutrition Hypotheses	8. Implementation of nutrition supports will result in increased collaboration between stakeholders, gradual expansion of access to nutrition services for participating individuals, and improved infrastructure for the provision of nutrition support services.	Measure progress among stakeholders in coordinating, facilitating and delivering nutrition services to enrollees, and compare stakeholder-perceived access to nutrition support services to baseline time periods.	*Key Informant Interviews and/or surveys of stakeholders
	9. Nutrition support services will result in reductions in food insecurity and improved disease management for participating individuals.	Measure self-reported rates of food security among recipients of nutrition support services. The MRC will measure rates of adherence to medications and treatments for nutrition-sensitive chronic conditions among recipients (e.g., diabetes).	Medicaid claims data *HEDIS Measures Primary Survey Data *Questions US Adult Food Security Module

	Research Hypotheses	Plan to test the hypothesis	Evaluation Indicators and Data Sources
Continuous Coverage Hypotheses	10. Continuous coverage will reduce churn and gaps in coverage for children enrolled in Medicaid, including for racial and ethnic minority populations that experience disproportionately high rates of churn.	Measure changes in the rates of Medicaid enrollment churn for children under age 6. Results will be stratified by race and ethnicity.	Medicaid enrollment data
	11. Continuous coverage will reduce the quantity of redeterminations, resulting in lower administrative burden for eligibility workers and associated costs.	Measure the change in the quantity of redeterminations for children under age 6.	Administrative record review from DHS
	12. Continuous coverage will increase utilization of preventive care services including vaccinations and reduce potentially avoidable services, such as inpatient hospitalizations and non-emergency use of emergency departments.	Measure changes in the rates of well-child visits, inpatient hospitalizations and ED visits for children affected by the policy change.	Medicaid claims data *HEDIS Measures

Table 1-1: Initial plan to test evaluation hypotheses

1.5 Service areas

This demonstration will operate across Pennsylvania. Reentry supports will be available in all state correctional facilities. A subset of county jails will participate in the reentry program with roll out determined based on readiness and interest, rather than geographical location.

1.6 Demonstration timeframe

DHS requests a five-year approval of the demonstration, with an effective date of January 1, 2025, and end date of January 1, 2030. DHS also requests transitional authority in the first year to allow for planning and implementation activities.

DHS believes that a five-year approval is necessary and appropriate for Keystones of Health, as it will provide sufficient time to implement the program services, evaluate their impact and effectiveness, and make any adjustments or improvements based on the evaluation. Additionally, a five-year approval term will ensure continuity and stability of services to the program's service participants.

DHS anticipates implementing 1115 demonstration programs in a phased rollout, considering stakeholder and provider readiness to offer certain services. In the first year of Keystones of Health, DHS expects to make necessary infrastructure investments (e.g., IT systems) and provider capacity building to

prepare to provide reentry, housing, and food and nutrition services, and to implement Continuous Eligibility and Coverage. For reentry services, DHS also expects to roll-out services in phases, leveraging a readiness assessment to determine cohorts. This phased approach is necessary because of differences in technical readiness and capacity across correctional facilities in the Commonwealth. DHS will begin providing HRSN supports statewide during year two.

During this timeframe, DHS will comply with all reporting requirements established by CMS for Section 1115 demonstrations.

2 Demonstration eligibility

2.1 Changes to eligibility

All eligibility is defined under the State Plan other than those defined as expansion eligibility groups under the demonstration (Table 2-2). This demonstration affects all eligibility groups under the State Plan (Table 2-1) through the provision of additional services. Individuals eligible for Medicaid through 1915(c) waivers will also be eligible for services under the demonstration when they meet the necessary clinical and social criteria. These individuals will utilize 1915(c) housing, food and nutrition services and supports first and only access Keystones of Health services when unable to access similar services under the relevant 1915(c) waiver.

Eligibility Group	Federal Citations	Income Level (% of FPL)
Children Age One to Age Five	42 CFR §435.118	Up to 157%
Children Ages Six to Under Age 19	42 CFR §435.118	Up to 133%
Pregnant women and infants under age one	42 CFR §435.116	Up to 215%
Parents and care takers of children under 21	42 CFR §435.116	Up to 133%
Adults ages 19-64	42 CFR §435.119	Up to 133%
Individuals who are aged (65 and older), blind, or disabled	42 CFR §435.121-435.138	Varies by program
Medical assistance for workers with disabilities	1902(a)(10)(A)(ii)(XVI) and 1905(v)(2)	Up to 250%
Individuals receiving long-term care or home and community based services	42 CFR §435.725, 435.733, 435.832	Up to 300%

Table 2-1: Existing Medicaid eligibility groups affected by the demonstration

2.2 Expansion populations

The demonstration will not restrict any existing eligibility, rather it will expand the eligibility of justice-involved individuals and individual members of households of pregnant individuals and individuals up to

two months postpartum. This demonstration will provide coverage and limited benefits for incarcerated adults who are preparing for release and meet criteria for being high risk as defined in the table below. It will also provide grocery delivery/food boxes for full households even in circumstances where members of the household would not otherwise be eligible for Medicaid. Eligibility will be determined through existing State Plan processes and eligibility criteria, and only include those who would be otherwise eligible if not incarcerated.

Eligibility Group	Program or Policy Change
<p>Incarcerated individuals who are preparing for release and meet one or more of the following criteria for high risk:</p> <ul style="list-style-type: none"> • Have one or more substance use disorders • Have serious mental illness • Eligible for Medicaid funded 1915(c) home and community based services administered by the Office of Long Term Living or Office of Developmental Programs upon release • With one or more chronic health conditions • Are pregnant or in the 12-month post-partum period • With Autism Spectrum Disorder (ASD) 	<p>Coverage and limited benefits 90 calendar days prior to release</p>
<p>Individuals following release from correctional settings and meet one or more of the following criteria for high risk:</p> <ul style="list-style-type: none"> • Have one or more substance use disorders • Have serious mental illness • Eligible for Medicaid funded 1915(c) home and community based services administered by the Office of Long Term Living or Office of Developmental Programs • With one or more chronic health conditions • Are pregnant or in the 12-month post-partum period • With ASD 	<p>Continued reentry supports following release as described in Section 3.2.1</p>
<p>Individuals not otherwise eligible for Medicaid who are in the households of pregnant individuals and individuals up to two months postpartum who are receiving the grocery delivery/food box service</p>	<p>Inclusion in the grocery delivery/food box service. No additional Medicaid coverage except what is already provided</p>

Table 2-2: Expansion eligibility groups requested under the demonstration

2.3 Continuous eligibility and enrollment

DHS seeks to provide continuous 12-month enrollment for beneficiaries following reentry from correctional settings, regardless of changes in circumstances that would otherwise cause a loss of eligibility. This continuous 12-month enrollment applies to beneficiaries identified in Table 2-2 following release.

This change will stabilize coverage, increase access to primary and preventive services, and preserve participants' continuity in access to ongoing care during a time of transition. The continuous eligibility period will begin on the release date and expire 12 months later at the end of the month.

DHS also requests the ability to provide continuous enrollment for children from birth through the end of the month in which their sixth birthday falls, regardless of when they first enroll in Medicaid, and regardless of changes in circumstances that would otherwise cause a loss of eligibility. This demonstration request will end churn among young Medicaid-enrolled children and better address their primary and preventive health care needs. Children must meet the existing eligibility criteria when they first enroll.

3 Demonstration benefits and cost sharing requirements

3.1 Section 3 application questions

INDICATE WHETHER THE BENEFITS PROVIDED UNDER THE DEMONSTRATION DIFFER FROM THOSE PROVIDED UNDER THE MEDICAID AND/OR CHIP STATE PLAN:

Yes

No (if no, please skip to questions 3 – 7)

INDICATE WHETHER THE COST SHARING REQUIREMENTS UNDER THE DEMONSTRATION DIFFER FROM THOSE PROVIDED UNDER THE MEDICAID AND/OR CHIP STATE PLAN

Yes

No (if no, please skip to questions 8 – 11)

IF CHANGES ARE PROPOSED, OR IF DIFFERENT BENEFIT PACKAGES WILL APPLY TO DIFFERENT ELIGIBILITY GROUPS AFFECTED BY THE DEMONSTRATION, PLEASE INCLUDE A CHART SPECIFYING THE BENEFIT PACKAGE THAT EACH ELIGIBILITY GROUP WILL RECEIVE UNDER THE DEMONSTRATION.

Participants are eligible for specific services based on identified clinical and social needs as described in the Changes to Benefit by Population section. All currently eligible groups will have access to housing supports and food and nutrition, based on their HRSN assessment. It is important to note that incarcerated beneficiaries are only eligible for the reentry pre-release services while incarcerated. Following release, these beneficiaries may access the full State Plan and other demonstration services based on eligibility.

Eligibility Group	Benefit Package
Children aged 18 and under	Food and Nutrition Supports Housing Supports
Pregnant women	Post-Release Reentry Supports Food and Nutrition Supports Housing Supports
Parents and care takers of children under 21	Post-Release Reentry Supports Food and Nutrition Supports Housing Supports
Adults ages 19-64	Post-Release Reentry Supports Food and Nutrition Supports Housing Supports
Older people (ages 65 and older), people with disabilities, or people who are blind or visually impaired	Post-Release Reentry Supports Food and Nutrition Supports Housing Supports
Medical assistance for workers with disabilities	Post-Release Reentry Supports Food and Nutrition Supports Housing Supports
Individuals receiving long-term care or home and community based services	Post-Release Reentry Supports Food and Nutrition Supports Housing Supports
<p>Incarcerated individuals who are preparing for release and meet one or more of the following criteria for high risk:</p> <ul style="list-style-type: none"> • Have one or more substance use disorders • Have serious mental illness • Eligible for Medicaid funded 1915(c) home and community based services administered by the Office of Long Term Living or Office of Developmental Programs upon release • With one or more chronic health conditions • Are pregnant or in the 12-month post-partum period • With ASD 	Pre-Release Reentry Supports
<p>Individuals following release from correctional settings and meet one or more of the following criteria for high risk:</p> <ul style="list-style-type: none"> • Have one or more substance use disorders • Have serious mental illness • Eligible for Medicaid funded 1915(c) home and community based services 	Post-Release Reentry Supports Food and Nutrition Supports Housing Supports

Eligibility Group	Benefit Package
administered by the Office of Long Term Living or Office of Developmental Programs <ul style="list-style-type: none"> • With one or more chronic health conditions • Are pregnant or in the 12-month post-partum period • With ASD 	

Table 3-1: Benefit eligibility by eligibility group

IF ELECTING BENCHMARK-EQUIVALENT COVERAGE FOR A POPULATION, PLEASE INDICATE WHICH STANDARD IS BEING USED.

DHS will not be implementing any coverage that would represent or require benchmark-equivalent coverage.

3.2 Changes to benefit packages

This section describes benefits provided through Keystones of Health that differ from the Medicaid State Plan.

3.2.1 Reentry

DHS proposes adding coverage of case management and other reentry services to individuals in state prisons and participating county jails 90 calendar days prior to release and following release where specified. This is in addition to existing state plan services available following release. Specific eligibility criteria are described in Section 3 Demonstration eligibility. Routine medical care and other services not specified in Table 3-2 provided by the facility would not be included in this benefit. When facilities already provide Medication Assisted Treatment (MAT), this service will become a waiver service.

Category	Service Descriptions
Reentry Supports (R)	Implementing robust reentry services can provide a steady foundation for successful integration back into society with uninterrupted access to critical health services and increased support to address essential HRSN. This will require long-term strategies that enable counties, jails, prisons, and community based health providers to build and maintain cooperative processes both pre- and post-release. Accordingly, these benefits include services aimed at improving post-release health outcomes for the incarcerated population through expanded case management and coordinated eligibility. These services could also contribute to reduced recidivism. These services include: 1) Case management - Case management will begin 90 days prior to release and continue for up to 12 months post-release. Case management will follow the CMS guidelines laid out in the April 2023

Category	Service Descriptions
	<p>Letter on Reentry Strategies sent to Medicaid Directors. Specific activities under case management will include:</p> <ul style="list-style-type: none"> • Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social, or other services; • Development (and periodic revision) of a specific care plan based on the information collected through the assessment; • Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed supportive and stabilizing services, including activities that help link the individual with medical, social, and educational providers or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and • Monitoring and follow-up activities, including activities and communications that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible individual, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary. <p>2) Medication Assisted Treatment (MAT) – For purposes of this demonstration opportunity, MAT includes medication in combination with counseling/behavioral therapies, as appropriate and individually determined, and will be available for all types of substance use disorders as clinically appropriate in the 90-day pre-release period.</p> <p>3) 30-day supply of all prescription medications on release - 30-day supply of all prescription medications provided to the individual immediately upon release from a correctional facility.</p> <p>4) Housing and tenancy supports for up to six months – These services will encompass pre-tenancy and tenancy sustaining assistance including post transition housing, education and navigation, and coverage of one-time transition and moving costs. These may also include support for housing deposits, including application and inspection fees and fees for obtaining necessary identification. Up to six months of services total may be provided at any time during the 12 months following release.</p>

Table 3-2: Service descriptions for reentry services

3.2.2 HRSN services

DHS proposes introducing a suite of HRSN services. These services are designed to stabilize disruptive transitions across different systems, health care settings, and life stages, as well as due to point-in-time events. The proposed services described below aim to address a range of factors that impact health, both

medical and non-medical, by providing services to participants aimed at addressing HRSN.

Category	Service Descriptions
Housing Supports (H)	<p>Access to safe, quality, affordable housing and the services necessary to maintain stable housing constitutes one of the most basic social determinants of health. Securing housing requires a package of supportive services that cover and facilitate the housing search, transition into stable housing, and maintenance of that situation, as each step in the process can constitute a significant barrier to housing stability. The following services are designed to work in conjunction with programs offered by state, local, and community organizations that provide training, education, and navigational services:</p> <ol style="list-style-type: none"> 1) Pre-tenancy and transition navigation and case management, including connection to housing specialists – This service provides beneficiaries with navigation and case management services including local housing specialists for pre-tenancy and transition services. This involves assisting beneficiaries with connections to local, state, and federal benefit programs, helping with benefit program applications, and covering application fees to find and maintain stable housing. 2) One-time transition start-up services (moving costs, initial furnishings) – This service will cover one-time transition and moving costs, such as, but not limited to, security deposits, first-month’s rent, utility activation fees, movers, relocation expenses, pest control, and purchasing household goods and furniture. Additionally, it will provide deposits to secure housing, covering the application fees, inspection fees, and fees for obtaining necessary identification. 3) Rental subsidies for up to six months – Rental subsidies may include payment of rental assistance as well as temporary housing assistance for up to six months. 4) Tenancy sustaining services – These services will provide assistance and guidance to beneficiaries including tenant rights education and eviction mitigation support.
Food and Nutrition Supports (F)	<p>Food assistance is intended to be provided to beneficiaries who are pregnant or have poorly controlled diet-sensitive health conditions, to support improved health and stability. These services include:</p> <ol style="list-style-type: none"> 1) Medically tailored meals and/or groceries – Medically tailored meals (1-3 meals per day) will be delivered to adults with diet sensitive conditions for up to six months. When more appropriate, people may instead receive medically tailored groceries. 2) Grocery delivery/food boxes – Delivery of groceries and food boxes will be made available for pregnant and postpartum beneficiaries

Category	Service Descriptions
	<p>and their households for the duration of their pregnancy plus two months postpartum.</p> <p>3) Nutrition assistance navigation and application support - This service will support beneficiaries receiving demonstration nutrition supports to understand, apply for, and access other state and federal benefit programs such as SNAP and WIC as well as to identify local food support options such as food banks. This service will be ongoing based on participant need.</p>

Table 3-3: Service descriptions for housing supports services and food and nutrition supports services

3.3 Changes to benefits by population

Medicaid eligibility will be requisite for access to demonstration services. See 3.2 Expansion populations for details of expanded eligibility under the demonstration.

Medicaid beneficiaries will qualify for services outlined in this demonstration based upon their medical need for services and an identified social need. For reentry supports, incarceration qualifies as the social need. Additional screening during case management will connect the individual to the most appropriate services. For Food and Housing Supports, DHS will develop a new core HRSN assessment tool based on existing assessments in use within Pennsylvania.

3.3.1 Proposed populations by Reentry service

Population	Services
<p>Incarcerated individuals who are preparing for release and have one or more substance use disorders</p>	<ul style="list-style-type: none"> • Case management • Medication Assisted Treatment (MAT) • 30-day supply of all prescription medications on release • Housing and tenancy supports <p><i>Benefit does not include:</i></p> <ul style="list-style-type: none"> • Routine medical care provided while in custody • Full State Plan benefit package while in custody
<p>Individuals following release from correctional settings who have one or more substance use disorders</p>	<ul style="list-style-type: none"> • Case management • Housing and tenancy supports • Note: MAT will be provided under the State Plan, not the demonstration authority • Other HRSN supports as indicated in the following tables for beneficiaries with substance use disorders
<p>Incarcerated individuals who are preparing for release and have serious mental illness</p>	<ul style="list-style-type: none"> • Case management • 30-day supply of all prescription medications on release • Housing and tenancy supports <p><i>Benefit does not include:</i></p>

Population	Services
	<ul style="list-style-type: none"> • <i>Routine medical care provided while in custody</i> • <i>Full State Plan benefit package while in custody</i>
Individuals following release from correctional settings who have serious mental illness	<ul style="list-style-type: none"> • Case management • 30-day supply of all prescription medications on release • Housing and tenancy supports • Other HRSN supports as indicated in the following tables for beneficiaries with serious mental illness
Incarcerated individuals who are preparing for release and will be eligible for Medicaid funded 1915(c) home and community based services administered by the Office of Long Term Living or Office of Developmental Programs upon release	<ul style="list-style-type: none"> • Case management • 30-day supply of all prescription medications on release • Housing and tenancy supports <p><i>Benefit does not include:</i></p> <ul style="list-style-type: none"> • <i>Routine medical care provided while in custody</i> • <i>Full State Plan benefit package while in custody</i>
Individuals following release from correctional settings who are eligible for home and community based services	<ul style="list-style-type: none"> • Case management • 30-day supply of all prescription medications on release • Housing and tenancy supports
Incarcerated individuals who are preparing for release with one or more chronic health conditions	<ul style="list-style-type: none"> • Case management • 30-day supply of all prescription medications on release • Housing and tenancy supports <p><i>Benefit does not include:</i></p> <ul style="list-style-type: none"> • <i>Routine medical care provided while in custody</i> • <i>Full State Plan benefit package while in custody</i>
Individuals following release from correctional settings who have one or more chronic health conditions	<ul style="list-style-type: none"> • Case management • 30-day supply of all prescription medications on release • Housing and tenancy supports • Other HRSN supports as indicated in the following tables Table 3-5, Table 3-6 for beneficiaries with one or more chronic health conditions
Incarcerated individuals who are preparing for release who are pregnant or in the 12-month post-partum period	<ul style="list-style-type: none"> • Case management • 30-day supply of all prescription medications on release • Housing and tenancy supports <p><i>Benefit does not include:</i></p> <ul style="list-style-type: none"> • <i>Routine medical care provided while in custody</i> • <i>Full State Plan benefit package while in custody</i>
Individuals following release from correctional settings who	<ul style="list-style-type: none"> • Case management • 30-day supply of all prescription medications on release

Population	Services
are pregnant or in the 12-month post-partum period	<ul style="list-style-type: none"> • Housing and tenancy supports • Other HRSN supports as indicated in tables Table 3-5, Table 3-6 for pregnant and post-partum beneficiaries
Incarcerated individuals with ASD who are preparing for release	<ul style="list-style-type: none"> • Case management • 30-day supply of all prescription medications on release • Housing and tenancy supports <p><i>Benefit does not include:</i></p> <ul style="list-style-type: none"> • <i>Routine medical care provided while in custody</i> • <i>Full State Plan benefit package while in custody</i>
Individuals with ASD following release from correctional settings	<ul style="list-style-type: none"> • Case management • 30-day supply of all prescription medications on release • Housing and tenancy supports

Table 3-4: Proposed populations by reentry service

3.3.2 Proposed populations by Housing service

Population	Services
Individuals experiencing homelessness who also have serious mental illness or substance use disorder	<ul style="list-style-type: none"> • Pre-tenancy and transition navigation and case management, including connection to housing specialists • One-time transition start-up services (moving costs, initial furnishings) • Rental subsidies for up to six months • Tenancy sustaining services
Individuals experiencing homelessness who also have a chronic health condition	<ul style="list-style-type: none"> • Pre-tenancy and transition navigation and case management, including connection to housing specialists • One-time transition start-up services (moving costs, initial furnishings) • Rental subsidies for up to six months • Tenancy sustaining services
Individuals experiencing homelessness who are pregnant or in the post-partum period	<ul style="list-style-type: none"> • Pre-tenancy and transition navigation and case management, including connection to housing specialists • One-time transition start-up services (moving costs, initial furnishings) • Rental subsidies for up to six months • Tenancy sustaining services

Population	Services
Individuals transitioning from corrections facilities who are homeless or at risk of homelessness	<ul style="list-style-type: none"> • Pre-tenancy and transition navigation and case management, including connection to housing specialists • One-time transition start-up services (moving costs, initial furnishings) • Rental subsidies for up to six months • Tenancy sustaining services

Table 3-5: Proposed populations by housing service

3.3.3 Proposed populations by Food and Nutrition service

Population	Services
Individuals experiencing food insecurity or with a history of food insecurity who are pregnant or in the post-partum period (and their household)	<ul style="list-style-type: none"> • Grocery delivery/food boxes for pregnant beneficiaries and their households for up to the duration of their pregnancy plus two months postpartum • Ongoing nutrition assistance navigation and application support
Individuals experiencing food insecurity or with a history of food insecurity who have a diet-sensitive condition	<ul style="list-style-type: none"> • Medically tailored meals and/or groceries for adults with diet sensitive conditions for six months • Ongoing nutrition assistance navigation and application support

Table 3-6: Proposed populations by food and nutrition service

INDICATE WHETHER LONG TERM SERVICES AND SUPPORTS WILL BE PROVIDED

- Yes (if yes, please check the services that are being offered)
- No

INDICATE WHETHER PREMIUM ASSISTANCE FOR EMPLOYER SPONSORED COVERAGE WILL BE AVAILABLE THROUGH THE DEMONSTRATION.

- Yes (if yes, please address the question below)
- No

DESCRIBE WHETHER THE STATE CURRENTLY OPERATES A PREMIUM ASSISTANCE PROGRAM AND UNDER WHICH AUTHORITY, AND WHETHER THE STATE IS MODIFYING ITS EXISTING PROGRAM OR CREATING A NEW PROGRAM.

DHS currently operates a premium assistance program in compliance with Section 1906 [42 U.S.C. 1396e]. It is the Health Insurance Premium Payment (HIPP) Program. HIPP Program participants who meet demonstration eligibility requirements, including clinical and social needs, as described in Section 3, will be eligible for the additional demonstration HRSN supports and post-release reentry supports. Supports will be delivered through no-risk pass through agreements with MCOs reimbursed on a fee-for-service (FFS) basis. This demonstration will not impact eligibility for or premium assistance in the HIPP Program.

INCLUDE THE MINIMUM EMPLOYER CONTRIBUTION AMOUNT

The demonstration will follow existing minimum employer contribution amounts in HIPP without change.

DESCRIBE WHETHER THE DEMONSTRATION WILL PROVIDE WRAP-AROUND BENEFITS AND COST-SHARING

The demonstration will provide demonstration services as described in Section 3. It will not include cost-sharing for any demonstration services. The demonstration will make no changes to other HIPP benefits and cost-sharing.

INDICATE HOW THE COST-EFFECTIVENESS TEST WILL BE MET

The demonstration service costs will not be included in existing cost-effectiveness test procedures in use for the HIPP Program.

IF DIFFERENT FROM THE STATE PLAN, PROVIDE THE PREMIUM AMOUNTS BY ELIGIBILITY GROUP AND INCOME LEVEL.

Under the demonstration, Medicaid beneficiaries with existing premiums will continue to be required to pay these premiums, as the demonstration will not impact these policies. Additionally, the demonstration will neither increase existing premiums nor introduce new premiums.

INCLUDE INFORMATION IF THE DEMONSTRATION WILL REQUIRE COPAYMENTS, COINSURANCE AND/OR DEDUCTIBLES THAT DIFFER FROM THE MEDICAID STATE PLAN:

Under the demonstration, DHS will not impose any new cost sharing requirements for services. DHS is also seeking to waive all existing cost-sharing requirements in the State Plan for incarcerated beneficiaries prior to release. This includes, but is not limited to:

- The sliding scale copayments based on the Medicaid Fee Schedule
- \$3.00 for brand name and \$1.00 for generic prescription and prescription drug refills

DHS is also seeking to waive copays on prescription medications in the 30-day supply of medications provided on release.

INDICATE IF THERE ARE ANY EXEMPTIONS FROM THE PROPOSED COST SHARING.

DHS is not proposing any cost sharing under this demonstration.

4 Delivery System and Payment Rates for Services

INDICATE WHETHER THE DELIVERY SYSTEM USED TO PROVIDE BENEFITS TO DEMONSTRATION PARTICIPANTS WILL DIFFER FROM THE MEDICAID AND/OR CHIP STATE PLAN:

- Yes
- No (if no, please skip questions 2 – 7 and the applicable payment rate questions)

4.1 Delivery System Impacts

The services provided under Keystones of Health will be in addition to the services provided through the Medicaid State Plan. DHS identified three service focus areas for Keystones of Health: 1) reentry services for incarcerated populations, 2) housing and tenancy supports, and 3) food and nutrition supports. The demonstration services will support overall health outcomes by directly targeting social determinants of health.

In addition to these services, the demonstration will provide 12 months of continuous eligibility for individuals that qualify for reentry services. The demonstration will also provide multi-year continuous coverage for children under 6 years of age. Providing continuous coverage will be more effective in improving health outcomes by reducing gaps in coverage and ensuring young children have access to necessary care, helping to shift from crisis-based health care to preventive and proactive care.

Most services will be provided through Pennsylvania's managed care program. As noted in the introduction, Pennsylvania's managed care programs, collectively known as HealthChoices, provide physical and behavioral health care, as well as LTSS, through specialized MCOs.

Physical HealthChoices: This is the mandatory managed care program for physical health services administered through five geographic zones. Through physical health MCOs, beneficiaries have access to medically necessary covered inpatient and outpatient physical health services.

Behavioral HealthChoices: This is the mandatory behavioral health managed care program for mental health and substance use disorder services provided to Medicaid beneficiaries in six geographic zones. Through counties or multi-county entities, referred to as Primary Contractors, care is coordinated with Behavioral Health MCOs. Each of the 24 primary contractors has a contract agreement with one of the five BH-MCOs.

Community HealthChoices: Under this program, MCOs provide LTSS to eligible older adults and people with physical disabilities. Beneficiaries who are dually eligible for Medicare and Medicaid are also enrolled in Community HealthChoices. It is administered through the same five geographic zones as Physical HealthChoices.

4.1.1 Reentry Supports

DHS is requesting approval for reentry services to improve continuity of care for beneficiaries who are transitioning out of incarceration. 1115 demonstration services will be accessible to eligible populations statewide. Reentry services will be provided in Department of Corrections operated state prisons as well as some county jails identified through readiness criteria, which will be described in the implementation plan. Demonstration services will begin 90 days prior to release and continue up to 12 months following release. Reentry services include:

- 1) Case management
- 2) Medication Assisted Treatment (MAT)
- 3) 30-day supply of all prescription medications on release
- 4) Housing and tenancy support for up to six months at any point in the 12-month period

Populations include:

- 1) Incarcerated individuals who are preparing for release and have one or more substance use disorders
- 2) Individuals following release from correctional settings who have one or more substance use disorders
- 3) Incarcerated individuals who are preparing for release and have serious mental illness
- 4) Individuals following release from correctional settings who have serious mental illness
- 5) Incarcerated individuals who are preparing for release and will be eligible for Medicaid funded 1915(c) home and community based services administered by the Office of Long Term Living or Office of Developmental Programs upon release
- 6) Individuals following release from correctional settings who are eligible for home and community based services
- 7) Incarcerated individuals who are preparing for release with one or more chronic health conditions
- 8) Individuals following release from correctional settings who have one or more chronic health conditions
- 9) Incarcerated individuals who are preparing for release who are pregnant or in the 12-month post-partum period
- 10) Individuals following release from correctional settings who are pregnant or in the 12-month post-partum period
- 11) Incarcerated individuals who are preparing for release with ASD
- 12) Individuals following release from correctional settings with ASD

DHS' approach to serving justice-involved beneficiaries is very much aligned with federal priorities. In October 2018, Congress passed the SUPPORT Act, which creates a new opportunity for states to apply for an 1115 demonstration to provide Medicaid coverage pre-release. Consistent with the SUPPORT Act and subsequent CMS guidance, DHS is seeking authority to develop an innovative demonstration program that will promote justice-involved adults receiving needed coverage and health care services pre- and post-release into the community.

Evidence suggests that improving health outcomes for justice-involved individuals requires focused, high-touch care management to assess needs and strengths and connect individuals to the services they need when released into their communities.¹⁰ Transitional services are needed to ensure the medical, behavioral, and HRSN are met. Community based physical and behavioral health services, including a 30-day supply of medication for use post-release into the community will contribute to improved health and longer-term treatment and medication adherence upon release from incarceration.

Reentry support will improve post-release health outcomes for the incarcerated population through expanded case management and coordinated eligibility. Implementing robust reentry services can

¹⁰ Community Oriented Correctional Health Services. How Strengthening Health Care at Reentry Can Address Behavioral Health and Public Safety: Ohio's Reentry Program. (2020). <https://cochs.org/files/medicaid/ohio-reentry.pdf>

provide a steady foundation for successful integration back into society with uninterrupted access to critical health services.

4.1.2 Housing Supports

DHS is requesting approval for housing services to aid in improving access to sustainable housing. Housing services will be accessible to eligible populations statewide. Housing services include:

- 1) Pre-tenancy and transition navigation and case management, including connection to housing specialists
- 2) One-time transition start-up services (moving costs, initial furnishings)
- 3) Rental subsidies for up to six months
- 4) Tenancy sustaining services

Populations include:

- 1) Individuals experiencing homelessness who also have serious mental illness or substance use disorder
- 2) Individuals experiencing homelessness who also have a chronic health condition
- 3) Individuals experiencing homelessness who are pregnant or in the 12-month post-partum period
- 4) Individuals transitioning from corrections facilities who are homeless or at risk of homelessness

Housing is a key social determinant of health, and being housed is associated with lower inpatient hospitalizations, fewer emergency department visits, and lower incarceration rates. For example, in a study in Oregon, Medicaid costs declined by 12% on average after people moved into affordable housing.¹¹ Without interventions to support stable housing, homelessness can trigger destabilizing transitional events and create higher costs for the health care system and poorer health outcomes for individuals.

Housing services are intended to provide necessary stability which improves the ability of individuals to manage their health conditions, especially conditions like diabetes or HIV, which require consistent access to medication. Securing housing requires more than just locating a property with vacancy, it means providing a person with a package of supportive services to ensure stability, predictability, and health. These services are designed to work in conjunction with programs offered by state, local and community organizations.

4.1.3 Food and Nutrition Supports

DHS is requesting approval for food and nutrition services to aid in improving health outcomes, especially for people with diet-sensitive health conditions. Numerous studies have shown that access to healthy, safe, and affordable food has a positive impact on overall health and wellness of individuals. This is especially true when other factors are at play, for example, diet-sensitive health conditions and

¹¹ State of Oregon. Oregon Medicaid Advisory Committee. Addressing the Social Determinants of Health in the Second Phase of Health System Transformation: Recommendations for Oregon's CCO Model. (2018). https://www.oregon.gov/oha/HPA/HP-MAC/Documents/MAC_AddressingSDOH_CCOmodel_Recommendations_FINAL.pdf

pregnancy. Healthy dietary patterns have also been shown to help people achieve and maintain good health and reduce the risk of chronic diseases and therefore their overall health.¹²

The demonstration services can bridge gaps in existing food-related services and better support participants by improving access to healthy foods. Food and nutrition services will be accessible to eligible populations statewide. Food and nutrition services include:

- 1) Medically tailored meals and/or groceries
- 2) Grocery delivery/food boxes
- 3) Nutrition assistance navigation and application support

Populations include:

- 1) Individuals experiencing food insecurity or with a history of food insecurity who are pregnant or in the post-partum period. (Food box and grocery delivery will include their children under 18 who reside in the same household)
- 2) Individuals experiencing food insecurity or with a history of food insecurity who have a diet-sensitive condition

4.1.4 Continuous coverage for children under 6 years of age

Multi-year continuous eligibility will reduce frequent enrollment and disenrollment in this vulnerable population and allow for more predictable access to care, which is an important driver of improved health. Further, children who stay covered longer will have better access to preventive and primary care services that can reduce the need for higher-cost treatments due to delayed care. Because many of these children remain eligible for coverage, eliminating churn reduces administrative burden for families and state staff on application reprocessing.

INDICATE THE DELIVERY SYSTEM THAT WILL BE USED IN THE DEMONSTRATION BY CHECKING ONE OR MORE OF THE FOLLOWING BOXES:

- Managed care
 - Managed Care Organization (MCO)
 - Prepaid Inpatient Health Plans (PIHP)
 - Prepaid Ambulatory Health Plans (PAHP)
- Fee-for-service (including Integrated Care Models)
- Primary Care Case Management (PCCM)

¹² USDA. Dietary Guidelines for Americans. (2020). https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf

- Health Homes
- Other (please describe)

4.2 Delivery systems

Keystones of Health will provide reentry services to support transitions, as well as housing and food and nutrition services to address HRSN.

4.2.1 Reentry delivery system

Under Keystones of Health, DHS will continue to use MCOs to deliver services to eligible members with some reentry services provided through FFS. In Pennsylvania, newly enrolled Medicaid beneficiaries are automatically covered under FFS and remain so until enrolled with an MCO, if selected; a process which typically begins within 45 days of enrollment. Beneficiaries who were MCO-enrolled prior to incarceration and held for less than six months return to their original MCO post-release. With the process introduced by the demonstration, all incarcerated individuals eligible for Medicaid and meeting demonstration criteria will be covered under FFS for the full 90-day pre-release period, even if under normal circumstance MCO enrollment would happen sooner. The 30-day prescription supply provided on release will also be covered FFS. Following release, beneficiaries who were incarcerated for more than six months will receive coverage through the fee-for-service program until selecting an MCO and begin MCO enrollment within 45 days, aligning with the typical eligibility process in Pennsylvania.

For individuals who are reentering society from the justice system, specialized, justice-involved case management is crucial. This specialized case management involves collaboration between internal correctional facility case managers and community case managers as well as MCO care managers. Case management is critical to reentry supports as the mechanism for connecting participants to needed services and guiding them through processes to access resources in the transition to the community. Because it is so crucial, DHS will utilize specialized case management services with expertise in reentry services. The primary aim of this initiative is to bridge the gaps between different HealthChoices Programs and providers, ensuring a seamless transition and continuity of care for justice-involved beneficiaries.

Pre-release case management and limited FFS benefits will begin 90 days prior to release whenever possible within both state prisons and participating jails. Case managers will support beneficiaries to select appropriate MCOs to ensure a coordinated and effective approach to reentry services. Community case managers will play a pivotal role in post-release case management. They will facilitate warm handoffs to community providers ensuring that beneficiaries receive the necessary support and services as they reenter the community. This comprehensive strategy aims to enhance the reintegration of justice-involved beneficiaries into the community while optimizing their access to essential healthcare services.

4.2.2 HRSN supports delivery system

MCOs will be responsible for providing all covered HRSN services, unless otherwise noted.

Beneficiaries meeting the demonstration criteria for housing will utilize the previously established MCOs

including Physical HealthChoices, Community HealthChoices and Behavioral HealthChoices. Additionally, DHS anticipates contracting with a third-party administrator to support connections between community based organizations and MCOs during the initial launch of these services.

Beneficiaries meeting the demonstration criteria for food and nutrition will utilize the previously established MCOs including Physical HealthChoices and Community HealthChoices.

4.2.3 Utilizing a managed care delivery system:

INDICATE WHETHER ENROLLMENT BE VOLUNTARY OR MANDATORY. IF MANDATORY, IS THE STATE PROPOSING TO EXEMPT AND/OR EXCLUDE POPULATIONS?

DHS will utilize its current managed care delivery system to provide services. Managed care enrollment is mandatory for most Medicaid populations. Beneficiaries receiving services in the fee-for-service (FFS) delivery system, including those who are in FFS as they transition to managed care, will also be able to access HRSN services. DHS will contract with MCOs on a non-risk basis to coordinate and pay for services provided to beneficiaries in FFS.

INDICATE WHETHER MANAGED CARE WILL BE STATEWIDE, OR WILL OPERATE IN SPECIFIC AREAS OF THE STATE

Managed care is statewide and covers all regions in Pennsylvania. Physical HealthChoices and Community HealthChoices are separated into five major zones: Southeast Zone, Southwest Zone, Lehigh/Capital Zone, and the Northwest/Northeast Zones. Behavioral HealthChoices is administered at the county level and has six major zones. DHS will continue to provide services through its existing managed care programs.

INDICATE WHETHER THERE WILL BE A PHASED-IN ROLLOUT OF MANAGED CARE (IF MANAGED CARE IS NOT CURRENTLY IN OPERATION OR IN SPECIFIC GEOGRAPHIC AREAS OF THE STATE.)

Managed care entities are currently in operation in all parts of the state; therefore, a phased-in rollout will not be required.

DESCRIBE HOW WILL THE STATE ASSURE CHOICE OF MCOs, ACCESS TO CARE AND PROVIDER NETWORK ADEQUACY.

DHS currently provides access to care and maintains provider network adequacy in coordination with MCOs as mandated by federal regulation. This ensures that Medicaid beneficiaries have the opportunity to select MCOs and/or providers that align with their healthcare needs and preferences.

To protect and monitor the quality of care, Pennsylvania's Medicaid program conducts rigorous oversight and evaluation of MCO networks as required by federal regulations. They do this through a comprehensive range of measures to ensure members have consistent and reliable access to healthcare services. This oversight includes assessments of network adequacy, provider availability, and the overall quality of care delivered through MCOs.

DESCRIBE HOW THE MANAGED CARE PROVIDERS WILL BE SELECTED/PROCURED.

DHS will follow its existing schedule for the re-procurement of its HealthChoices agreements.

INDICATE WHETHER ANY SERVICES WILL NOT BE INCLUDED UNDER THE PROPOSED DELIVERY SYSTEM AND THE RATIONALE FOR THE EXCLUSION.

Under Keystones of Health, all services not provided in correctional settings will be included under the managed care delivery system as described above. During implementation planning, DHS will identify how MCOs will provide demonstration services to beneficiaries who receive Medicaid services through fee for service. Demonstration services provided in a correctional setting will be delivered by the correctional health care providers, with the exception of case management and tenancy and housing support services.

IF THE DEMONSTRATION WILL PROVIDE PERSONAL CARE AND/OR LONG-TERM SERVICES AND SUPPORTS, PLEASE INDICATE WHETHER SELF-DIRECTION OPPORTUNITIES ARE AVAILABLE UNDER THE DEMONSTRATION. IF YES, PLEASE DESCRIBE THE OPPORTUNITIES THAT WILL BE AVAILABLE, AND ALSO PROVIDE ADDITIONAL INFORMATION WITH RESPECT TO THE PERSON-CENTERED SERVICES IN THE DEMONSTRATION AND ANY FINANCIAL MANAGEMENT SERVICES THAT WILL BE PROVIDED UNDER THE DEMONSTRATION.

- Yes
- No

IF FEE-FOR-SERVICE PAYMENT WILL BE MADE FOR ANY SERVICES, SPECIFY ANY DEVIATION FROM STATE PLAN PROVIDER PAYMENT RATES. IF THE SERVICES ARE NOT OTHERWISE COVERED UNDER THE STATE PLAN, PLEASE SPECIFY THE RATE METHODOLOGY.

For any fee-for-service payment rates, DHS intends to use State Plan provider payment rates. Any deviations from State Plan rate methodologies for State Plan-covered services or any rate methodologies developed for non-State Plan covered services will be included in the Implementation Protocols DHS submits to CMS.

IF PAYMENT IS BEING MADE THROUGH MANAGED CARE ENTITIES ON A CAPITATED BASIS, SPECIFY THE METHODOLOGY FOR SETTING CAPITATION RATES, AND ANY DEVIATIONS FROM THE PAYMENT AND CONTRACTING REQUIREMENTS UNDER 42 CFR PART 438.

All risk-based payments made through managed care will be compliant with the requirements under 42 CFR Part 438. Any non-risk payments made through managed care will be compliant with the requirements under 42 CFR 447.362.

IF QUALITY-BASED SUPPLEMENTAL PAYMENTS ARE BEING MADE TO ANY PROVIDERS OR CLASS OF PROVIDERS, PLEASE DESCRIBE THE METHODOLOGIES, INCLUDING THE QUALITY MARKERS THAT WILL BE MEASURED AND THE DATA THAT WILL BE COLLECTED.

The demonstration program will not include quality-based supplemental payments.

5 Implementation of demonstration

5.1 Implementation schedule

DHS will begin implementation of Keystones of Health upon CMS approval of the demonstration and proposed services. The following describes the proposed phases and timeframes for each program.

5.1.1 Continuous Enrollment for Children under 6 years of age

DHS will aim to implement continuous enrollment for children under 6 years of age starting approximately four months following approval. This implementation will require changes to the eligibility system, changes to eligibility policy, staff, and stakeholder training, and providing notice to existing beneficiaries of the change to their reporting requirements and their new re-determination dates.

5.1.2 Reentry Supports

DHS will begin implementation planning for reentry supports immediately upon CMS approval of the demonstration. The first year will focus on capacity building and planning, including a significant infrastructure investment, focusing on training personnel and aligning data and tracking systems across prisons, jails, counties, clinical and social service providers, and DHS. Simultaneously, DHS will conduct a readiness assessment and application process for county jails to identify participating facilities. DHS will also strengthen partnerships with state prisons to ensure a cohesive and comprehensive approach to the reentry support. DHS and the Department of Corrections (DOC) also will identify key providers responsible for delivering services, including identifying a case management vendor. This will be coupled with the development of a reentry needs assessment protocol, tailored to evaluate the individual requirements of the participants effectively. DHS will pursue system changes to support the implementation of the reentry program, including updates to the eligibility system and fee-for-service claims system.

In preparation for launch, DHS will confirm contracts with the case management vendor and other providers and make any necessary adjustments to MCO and Primary Contractor contracts. The reentry program and services will launch in year two including continuous eligibility for formerly incarcerated beneficiaries post-release. In year four, if the program demonstrates success, DHS will consider expanding participation to additional county jails, thereby broadening the reach and impact of the reentry support.

5.1.3 Housing supports

DHS will begin implementation planning for housing supports immediately upon CMS approval of the demonstration. The process will begin with infrastructure investment, including connections to closed-loop referral entities and strengthening the Pennsylvania Continuums of Care Homeless Management Information Systems (HMIS), as well as building and enhancing partnerships with public housing agencies and housing and services providers. DHS will also identify and contract with a third-party administrator with experience in managing housing support programs to coordinate between MCOs and the community based organizations providing direct services. As needed, DHS will update MCO and Primary Contractor contracts.

Additionally, as part of implementation planning, DHS will develop a core HRSN assessment that will serve as the basis for determining eligibility for demonstration housing supports. Prior to the launch of the services in year two, DHS will provide training and resources, develop and disseminate necessary policies and procedures, and provide technical assistance to the third-party administrator, MCOs, and other service providers supporting the housing supports program.

5.1.4 Food and Nutrition Supports

DHS will begin implementation planning for food and nutrition supports following CMS approval of the demonstration. The process will begin with infrastructure investment, including connections to closed-loop referral entities and development of a core HRSN assessment that will serve as the basis for determining eligibility for demonstration food and nutrition supports. As needed, DHS will update MCO and Primary Contractor contracts. DHS will provide training and resources, develop and disseminate necessary policies and procedures, and provide technical assistance to the MCOs prior to launching services in year two.

5.2 Demonstration eligibility notification and enrollment

DHS will continue to use the current enrollment and eligibility procedures and systems in place for the Medicaid participants who are eligible for Keystones of Health services. Further, DHS will update its existing eligibility systems and procedures to reflect continuous coverage for children under 6 years of age, as described in this 1115 demonstration application.

To assess participants for the need and eligibility of the demonstration services, DHS will develop and use common statewide assessment tools. Individuals not eligible for demonstration services will be referred to their MCO to access existing HRSN supports as appropriate and necessary.

For individuals, DHS will coordinate with DOC and participating county jails to identify those who are expected to be released within 90 days and who also have a qualifying condition. Eligible beneficiaries will be enrolled in Medicaid and be assigned a case manager to begin coordinated care and transitional services. Individuals not eligible for demonstration services will be supported to reactivate eligibility promptly on release following existing processes.

DHS will follow the same notification processes in place for individuals who are eligible for Medicaid, but not eligible for demonstration services.

5.3 Contracting with MCOs and Primary Contractors

DHS will continue to use the contract and procurement procedures and policies in place to partner with Primary Contractors and the MCOs responsible for delivering the services and supports to Medicaid beneficiaries. The Implementation Plan will include information on necessary updates to HealthChoices agreements to deliver new services. The demonstration will not require any re-procurements of HealthChoices agreements including MCO contracts.

6 Demonstration financing and budget neutrality

6.1 1115 Waiver Estimates of Proposed Annual Enrollment and Annual Aggregate Expenditures and Financial Analysis of Proposed Initiatives

A summary of annual and aggregate projected demonstration enrollment and expenditure data is provided in the tables below. Note that not all Medicaid expenditures are captured in these tables. For example, Commonwealth administrative expenditures and expenditures for populations or services excluded from the 1115 waiver are not included. The expenditure data for these estimates is limited to expenditures that will be considered as part of the 1115 waiver budget neutrality and projected new expenditures where data and estimates are currently available. Demonstration projections are approximations based on assumptions used for the purpose of the waiver planning. Demonstration estimates, including financing and budget neutrality assumptions, will continue to evolve throughout the course of the waiver application process and as new budget data becomes available. The impact of the ending of the PHE may impact these projections.

	DY1 CY 2025	DY2 CY 2026	DY3 CY 2027	DY4 CY 2028	DY5 CY 2029	Five Year Total
CE 0-6 Expenditures	\$189M	\$372.5M	\$416.5M	\$431.5M	\$446.5M	\$1,856M
Members Impacted	340,000	415,000	450,000	450,000	450,000	450,000 by DY 5
CE Reentry Expenditures	\$0	\$13.5M	\$51M	\$56.5M	\$62.5M	\$183.5M
Members Impacted	0	7,250	27,700	27,700	27,700	27,700 by DY 5
Reentry Services	\$0	\$47.9M	\$142.8M	\$144.7M	\$146.7M	\$482.1M
Members Impacted	0	7,250	27,750	27,750	27,750	90,500
HRSN Food and Nutrition Supports	\$0	\$45.1M	\$72.8M	\$60.4M	\$42.2M	\$220.5M
Members Impacted	0	15,100	23,900	19,500	13,700	72,200
HRSN Housing Supports	\$0	\$30.1M	\$54M	\$61.9M	\$56.6M	\$202.6M
Members Impacted	0	1,000	1,800	2,100	1,800	6,700

	DY1 CY 2025	DY2 CY 2026	DY3 CY 2027	DY4 CY 2028	DY5 CY 2029	Five Year Total
HRSN Food, Nutrition and Housing Supports Infrastructure Investments*	\$12.8	\$12.8M	\$12.8M	\$12.8M	\$0	\$51.2M
Reentry Supports Infrastructure Investments*	\$18.1M	\$18.1M	\$18.1M	\$18.1M	\$0	\$72.4M
Total Expenditures	\$219.9M	\$540.0M	\$768.0M	\$785.9M	\$754.5M	\$3068.3M

Table 6-1 Projected Expenditures and Enrollment for Demonstration Proposals

* Infrastructure support funding by year will be refined based on planning and implementation.

6.2 Budget Neutrality

Keystones of Health utilizes a hypothetical budget neutrality model in line with CMS guidance on Continuous Eligibility, Reentry and HRSN budget neutrality principles. The model uses a combination of capped aggregate and per capita limits. DHS has followed CMS approval parameters in other states and utilized CMS's recent budget neutrality workbook that includes HRSN and infrastructure Medicaid Expenditure Groups (MEGs).

The model includes three (3) capped aggregate MEGs and four (4) per capita MEGs. They are:

- **HRSN Services** including housing and nutritional supports targeting members with qualifying clinical and social needs.
- **HRSN Infrastructure** including expenditure authority to support HRSN system investment up to 15% of the total HRSN services spend.
- **Reentry Infrastructure** including expenditure authority to support Reentry investment up to 15% of the total Reentry services spend (both 90 days pre-release and 12 months of case management).
- **Reentry Services** including MAT, 30-day supply of prescriptions upon release and pre-release case management.
- **Continuous Eligibility for Children 0-6** for children up to their sixth birthday. There are two MEGs (CE SSI and CE TANF) linked to an existing 1915(b) waiver.
- **Continuous Eligibility for Reentry** for 12 months post-release. There is one MEG linked to an existing 1915(b) waiver.

Keystones of Health will operate alongside the Commonwealth’s 1915(b) waiver (PA-67) authorizing HealthChoices, the managed care delivery system for nearly all members. To align with the existing 1915(b) MEGs, the budget neutrality model mirrors the per member per month (PMPM) MEG limits defined in the PA-67 waiver. Member months attributable to the CE authority for both kids and reentry populations post-release will be offset from the 1915(b) waiver and attributed to the CE MEGs.

The CMS-developed budget neutrality workbook is included as a separate Excel workbook accompanying this application and includes complete budget neutrality modeling and the fiscal assumptions upon which the model was developed.

7 List of proposed waivers and expenditure authorities

7.1 Waiver authorities

Under the authority of Section 1115(a)(1) of the Act, the following waivers shall enable Pennsylvania to implement this Section 1115 demonstration for five years following approval.

Waiver Authority	Use for Waiver
1902(a)(1) Statewideness	To enable the state to limit reentry services to state prisons and qualified county correctional facilities. To allow managed care plans or types of managed care plans only in certain geographic areas.
1902(a)(8) Reasonable Promptness	To allow the state to create service caps and the potential use of waiting lists for Housing and Food and Nutrition services.
1902(a)(10)(B) 1902(a)(17) Amount, Duration, and Scope and Comparability	To enable the state to provide a varying amount, duration, and scope of HRSN services to a subset of beneficiaries depending on need, which are not otherwise available to all beneficiaries in the same eligibility group. To the extent necessary to enable the state to limit housing services and supports under the demonstration to certain targeted groups of participants.
1902(a)(14) 1916 and 1916A Premiums and Cost Sharing	To enable the state to waive existing cost-sharing requirements in the State Plan for incarcerated beneficiaries prior to release. To enable the state to waive copays on prescription medications in the 30-day supply of medications provided on release.

Table 7-1: Pennsylvania waiver authorities for the demonstration

7.2 Expenditure authorities

The table below lists the expenditure authorities the Commonwealth is seeking to support the demonstration policies.

Policy	Use for Expenditure Authority
Expenditures related to the continuous enrollment of children	Provide continuous State Plan enrollment for children until the end of the month of their sixth birthday (under six years of age) without regard to whether their income or assets exceed eligibility limits as described in Section II.
Expenditures related to the continuous enrollment of individuals following incarceration	Provide continuous State Plan enrollment for formerly incarcerated beneficiaries for 12-months following release from the correctional setting without regard to whether their income exceeds eligibility limits as described in Section II.
Expenditures Related to Waiver Implementation	Expenditure authority to support demonstration implementation capacity at the community level, including payments to qualified entities for infrastructure and capacity building, as well as for interventions and services that will enable implementation of the demonstration benefits and complement the array of benefits and services authorized through the State Plan and other related authorities.
Expenditures Related to Reentry Supports	Expenditures for certain services rendered to incarcerated beneficiaries 90 calendar days prior to their release, including case management, as appropriate; and community based physical and behavioral health clinical consultation services provided via telehealth or, optionally, in-person as needed. In addition, services will include a 30-day supply of medication for use post-release into the community.
Expenditures Related to Food and Nutrition Services	Expenditures for food and nutrition services not otherwise covered provided to beneficiaries who meet the qualifying criteria as described in Changes to benefits by population in Section III.
Expenditures Related to Housing Services	Expenditures for housing services not otherwise covered provided to beneficiaries who meet the qualifying criteria as described in Changes to benefits by population in Section III.

Table 7-2: Pennsylvania expenditure authorities for the demonstration

8 Public notice and public comment process

8.1 Public Notice and Public Comment Process Overview

Pennsylvania's 1115 demonstration application is informed by public and partner engagement. As part of its overall public and partner engagement approach, Pennsylvania solicited early input on potential demonstration efforts, engaged stakeholders for feedback on initial designs, and undertook a robust public notice process, guided by federal requirements under 42 CFR 431.408. This process gathered feedback and informed edits to the draft 1115 application to reflect the ideas and concerns of individuals and organizations engaged before and during the public comment period. This section details those efforts.

8.2 Initial Stakeholder Engagement

As part of the initial demonstration design, DHS held informational interviews with a range of stakeholder organizations. The following list shows the DHS program offices, sister agencies, and other partners who shared their insights on current relevant efforts, perceived challenges, and opportunities for the proposed program. Discussions included, but were not limited to:

- Pennsylvania Councils & Corporations
 - Mental Health Planning Council (MHPC)
 - Philadelphia Association of Community Development Corporations (PA CDC)
- Staff from some MCOs in Physical HealthChoices, Behavioral HealthChoices, and Community HealthChoices
- Staff from some county health and human services departments
- DHS Program Offices
 - Office of Children, Youth, and Families (OCYF)
 - Office of Developmental Programs (ODP)
 - Office of Income Maintenance (OIM)
 - Office of Long-Term Living (OLTL)
 - Office of Mental Health and Substance Abuse Services (OMHSAS)
- Other Pennsylvania Agencies
 - Department of Drug and Alcohol Programs (DDAP)
 - Department of Corrections (DOC)
 - Department of Health (DOH)
 - Pennsylvania Department of Community and Economic Development (DCED)

DHS also held an engagement session with individuals who have lived experience in reentry from correctional facilities. DHS recognizes the unique insights and perspectives of those who have navigated the challenges of reintegration. DHS met with this stakeholder group to actively listen and learn from their first-hand experiences, gain a nuanced understanding of Keystones of Health's impact on reentrants' lives, and identify opportunities for improvement. Participant input confirmed the need for, and planned direction of, the reentry program, including the emphasis on separate community-based case management.

8.3 Public Comment Process

DHS published the draft 1115 demonstration application on a demonstration-specific public webpage on December 1, 2023. The public comment period ran from December 2, 2023, through January 2, 2024, during which the public was invited to give written and oral comments on the draft Keystones of Health Application. These comments informed the final application prior to submission to CMS.

DHS published the draft 1115 demonstration application and other demonstration-related information in simpler language on the Keystones of Health webpage at <https://www.dhs.pa.gov/Keystones-of-Health/Pages/default.aspx>. During the public comment period, this webpage was linked prominently from all pages on the navigation bar, including the home page, of the DHS website. DHS maintained and kept the webpage current throughout the entire public comment and review process.

The draft 1115 demonstration application was published on the Keystones of Health webpage on December 1, 2023. As required by 42 CFR 431.408(a)(2)(i), the webpage also included information on the public input process and ways to access the public hearings, and the full public notice as well as links to the CMS Health Related Social Needs 1115 Demonstration page. For comment submission, individuals could submit written comments through an online form, using a telephonic Relay Service for TDD and voice users, by email, or by United States Postal Service (USPS) mail. This provided a range of accessible options.

Comments and feedback received during the public comment period were logged and a summary of that feedback can be found in the Public Comment Themes and DHS' Responses section.

8.4 Public Notice

Pennsylvania officially notified the public about the State's intent to submit an 1115 demonstration application by publishing an abbreviated public notice in the Pennsylvania Bulletin on December 2, 2023, which was made available on the Pennsylvania Bulletin website on December 1, 2023.

DHS made extensive efforts to notify the public of the intent to submit an application for CMS consideration, make the draft application widely available, communicate clearly about the content of the application, and solicit public comment through a clear and accessible process. DHS distributed this information through the PA Bulletin, press release, electronic mailing lists, partner networks, and the Keystones of Health webpage on the state website. DHS used mailing lists including: the Keystones of Health specific listserv, press release distribution, ODP listservs, OLTL listservs, OMAP listservs, OMHSAS listservs, and Advisory Committee mailing lists totaling over 31,000 individuals.

DHS also shared the public comment opportunity with sister agencies and other organizations and requested they share it with their networks. These organizations included: DCED, DOC, DDAP, Community Action Association of Pennsylvania, Coordinated Investment Planning, County Commissioners Association of Pennsylvania, Department of Agriculture, Homeless Assistance Programs and Emergency Rental Assistance Program providers, Feeding Pennsylvania, Pennsylvania Food Policy Council, Hospital Association of Pennsylvania, Continuums of Care, United States Department of Housing and Urban Development — Pennsylvania Field Offices and Region III Administrator, County Chief Adult Probation and Parole Officers Association of Pennsylvania, Pennsylvania Council on Independent Living, Pennsylvania Link to Aging and Disability Resources, Pennsylvania Partnerships for Children, Pennsylvania Reentry Coalition and local reentry coalitions, Pennsylvania State Health Assessment, Stepping Up Counties, and the United Way.

8.5 Public Hearings

As listed below in Table 8.1, DHS held three scheduled public hearings for members of the public to provide verbal comments on the demonstration application draft. Additionally, DHS provided information on Keystones of Health and invited comments at several Advisory Committee meetings, including the Medical Assistance Advisory Committee (MAAC) and selected MAAC subcommittees, and additional meetings of interested stakeholders. The MAAC was established in compliance with 42 CFR 431.12. In addition to taking questions and comments, either verbally or typed into the meeting interface, DHS

shared information on how to submit public comments via the webpage, how to sign up for more information, and how to access additional information related to the application.

Date	Meeting Name	Audience Description	Meeting Format	Number of Attendees
12/4/23	MAAC Managed Care Subcommittee	Committee members, additional MCO staff	Webinar	145
12/4/23	Keystones of Health Meeting for United Way, Community Action Agencies, Children Advocates	Staff and leadership	Webinar	72
12/5/23	Income Maintenance Advisory Committee (IMAC)	Committee members, General public	Webinar	36
12/6/23	Pennsylvania Reentry Council (PRC)	Council members	Webinar	77
12/6/23	MAAC Consumer Subcommittee	Committee members, General public	Webinar	110
12/7/23	MAAC	Committee members, General public	Webinar	148
12/7/23	Pennsylvania Health Equity Action Team (PA HEAT)	Action team members, General public	Webinar	131
12/8/23	Homes within Reach Conference	General public	In-person Conference	275 (estimated)
12/11/23	1115 Medicaid Program Public Input Sessions 1	General public	Webinar	306
12/12/23	1115 Medicaid Program Public Input Session 2	General public	Webinar	71
12/12/23	Information Sharing and Advisory Committee (ISAC)	Committee members, General public	Webinar	105
12/12/23	811 Project Rental Assistance (PRA) Quarterly Call	Committee members	Webinar	30
12/14/23	Pennsylvania Housing Finance Agency Board Meeting (PHFA)	Board members, General public	Webinar and in-person	45
12/15/23	1115 Medicaid Program Public Input Session 3	General public	Webinar	273
12/20/23	Emergency Rental Assistance Program	County and Provider partners	Webinar	65
Total Attendees				1889

Table 8-1: Public Hearings Held during Public Comment Period

8.6 Summary of Public Comment Submissions

In the period from December 2, 2023, through January 2, 2024, Pennsylvania received 266 comments and 221 questions through sessions and written submissions. For a breakdown of comments received by source, please see Table 8.2 below.

Group/Source	Total Comments Received
Public Hearings (3 total meetings)	35
Advisory Committee and Stakeholder Engagement Meetings (11 total meetings)	24
Written Comments via Email and Mail	35
Online Comment Form	160
Total	254

Table 8-2: Public Comments Received through Each Source

One hundred fifty-one of the 254 comments on the draft Keystones of Health application were supportive of the application. Many commenters expressed support for continuous coverage for children under age six, reentry housing supports, food and nutrition, and the ability of community-based organizations (CBOs) to help people sign up for other programs like Supplemental Nutrition Assistance Program (SNAP), and rental assistance within the housing supports. Support included citing statistics about the importance and efficacy of similar programs, noting the need for these services in Pennsylvania, and general support. Some organizations, MCOs, and counties stated their eagerness to support the Keystones of Health Demonstration. A much smaller number of comments (14 comments) were opposed to Keystones of Health broadly or, specifically, to the inclusion of reentry supports. The remaining comments did not express specific support or opposition; they shared feedback, suggestions, personal stories, or general comments not directly related to the application. Many of these comments called for expanding Keystones of Health services or populations. DHS acknowledged, reviewed, and considered all comments received during the public comment process.

One hundred thirty-six of the 254 comments specifically asked for a certain population or service to be added to the application or to be further defined. DHS plans to clarify definitions through the implementation planning process. Individuals also made requests for modifications or clarifications of current demonstration proposals (121 comments). For instance, clarification was requested for implementation plans, the role of MCOs, CBOs, and how delivery of services will occur. Additional comments covered a range of themes. These themes and DHS' responses are summarized in the Public Comment Themes and DHS' Responses section.

8.7 Public Questions

Throughout the public input sessions, participants asked questions. DHS addressed these questions as time allowed, fostering an open and transparent dialogue. Eighty-four of the questions received related to the services and populations proposed in the application. Participants asked about the inclusion of populations such as individuals required to register as sex offenders due to conviction, individuals with ASD, individuals with intellectual and/or developmental disabilities (I/DD), older adults, people with physical disabilities, and juveniles leaving correctional facilities. Substantial support was given for the services as proposed, and many participants asked about details planned for development in the implementation plan post-submission. These often sought more information about specific definitions, or clarification on other intentionally broad language from the application. Access to services was another topic of particular interest, with a number of questions seeking clarification about education, outreach, and transportation.

8.8 Edits Following Public Comment

In response to comments requesting the inclusion of individuals eligible for Medicaid through 1915(c) waivers, DHS updated language in Section 2.1 to clarify these individuals are included as eligible when they meet the clinical and social criteria for services and are not eligible for similar supports through the 1915(c) waiver. DHS also corrected an error in Table 2-1 in that section.

In response to comments requesting the inclusion of individuals with ASD, especially for reentry supports, DHS added ASD as a high-risk criteria for reentry supports. This impacted multiple sections.

Separately from responses to comments, DHS also updated the Food and Nutrition Support, grocery delivery/food boxes service. Previously, this service was listed for only six months and included only children under 18 who reside in the same household. In response to the CMS guidance, *Coverage of Health-Related Social Needs (HRSN) Services in Medicaid and the Children's Health Insurance Program (CHIP)*, released November 2023, DHS is updating this service to be for up to the duration of pregnancy and two months postpartum and referring to household instead of only children under 18 so that it aligns with the Pennsylvania SNAP definition and includes spouses and children age 21 or younger as mandatory household members¹³.

8.9 Public Comment Themes and DHS' Responses

The following section summarizes comments received thematically and notes DHS' response.

¹³ *SNAP Handbook*. 510.2 household members. (n.d.).

http://services.dpw.state.pa.us/oimpolicymanuals/snap/510_Households/510_2_Household_Members.htm#510.2.2_Mandatory_Household_Members

8.9.1 Covered Populations

Commenters requested clarity or additional information for populations in the application. Some comments requested that DHS consider the addition of other populations.

DHS appreciates the support for the populations included in the Keystones of Health application. DHS would like to note that subsets of the suggested additional populations are eligible for Keystones of Health services if they receive Medicaid and meet the social and clinical criteria outlined in the application. DHS updated the eligibility section of the application to more clearly include individuals receiving Medicaid services through 1915(c) waivers.

Additional detail on comments and DHS responses follows.

Covered Populations Comment Topics	Responses
<p>Individuals required to register as sex offenders due to conviction</p> <ul style="list-style-type: none"> It is difficult for these individuals and others with a record to find reliable, affordable, and stable housing. Many individuals remain in correctional facilities and institutions because they cannot find housing in order to be released from a correctional facility. 	<p>DHS recognizes the need for case management that anticipates additional challenges to accessing community supports for this population.</p>
<p>Juvenile Reentry Population</p> <ul style="list-style-type: none"> Including youth reentering from juvenile correctional facilities can help support this population enough to avoid recidivism. 	<p>Keystones of Health reentry supports are only for adults. However, DHS is developing reentry supports for juveniles to meet the requirements of the Consolidated Appropriations Act of 2023.</p>
<p>People with ASD and/or I/DD</p> <ul style="list-style-type: none"> Many adults with ASD and/or I/DD rely heavily on Medical Assistance to receive services to promote health and safety, behavioral needs, and building independence. Adding support for ASD and I/DD will enhance quality, improve lives of both the parents and adult children, and reduce the overall cost of their care. Expand eligible beneficiaries for reentry supports to include those with ASD and/or I/DD so that these individuals are not detained beyond their release date due to lack of supports. Include individuals with a dual diagnosis of behavioral health and I/DD, especially for reentry. 	<p>Individuals eligible at release or already receiving I/DD supports through 1915(c) waiver programs are already included in reentry supports. In response to comments, DHS added ASD as one of the high-risk criteria for reentry.</p> <p>Individuals with a dual diagnosis of behavioral health and I/DD are included in Keystones of Health supports under both categories without additional updates to the language. DHS will consider the specific needs of this population during implementation planning.</p> <p>DHS acknowledges the importance of addressing the other HRSN of individuals</p>

Covered Populations Comment Topics	Responses
	with ASD and/or I/DD. As DHS refines the implementation process, eligible individuals, including those with ASD and I/DD, will be considered for food and nutrition and housing supports, recognizing the need to collaborate with existing services.
<p>Older Adults and people with physical disabilities</p> <ul style="list-style-type: none"> • Older adults need affordable, reliable, and stable housing. • Housing supports are needed for older adults with chronic conditions and those at risk for homelessness. • Older adults have difficulty keeping housing when Social Security or SNAP benefit adjustments are made unexpectedly. • Many older adults with disabilities could live independently if they had access to affordable housing placement and home care. • Provisions for housing for people with physical disabilities who require accessible housing is needed. 	<p>Comments referenced the need for ongoing supports, and we welcome additional federal guidance from CMS on providing long-term HRSN supports, especially to older adults and people with physical disabilities. However, Keystones of Health is limited to short-term supports connected to specific clinical and social needs.</p> <p>DHS will coordinate with the aging and disability networks to determine how best to support eligible beneficiaries in these population groups, while leveraging existing supports.</p>
<p>Children with lead poisoning</p> <ul style="list-style-type: none"> • Children with lead poisoning may require short-term housing support while awaiting remediation for lead-related issues. • Add lead remediation as a service to prevent further exposure. 	DHS appreciates these suggestions and will identify specific chronic conditions during implementation planning.
<p>People with eating disorders</p> <ul style="list-style-type: none"> • Eating disorders are a chronic condition and should be considered a diet-sensitive condition. 	
<p>People with HIV/AIDs</p> <ul style="list-style-type: none"> • People with HIV/AIDS should be included as a population for all services. • Consider including HIV testing as part of reentry services. 	<p>DHS appreciates these suggestions and will identify specific chronic conditions during implementation planning.</p> <p>During implementation planning, DHS will develop the reentry screening process and will consider the potential inclusion of HIV testing.</p>
<p>Reentry from state institutions outside of correctional facilities</p>	DHS plans to work with partners to include screening for Keystones of Health services as part of discharge from state

Covered Populations Comment Topics	Responses
<ul style="list-style-type: none"> Consider adding people who are reentering the community after leaving state institutions like state hospitals or behavioral health facilities. Discharge transitions can be challenging and many in this population are left without housing, medication, case management, or access to follow-up care. This sets this population up for failure and the increased risk of return. 	institutions. This will then connect beneficiaries to the HRSN supports for which they are eligible. Keystones of Health will not offer specific reentry supports for these institutions.
<p>Immigrants</p> <ul style="list-style-type: none"> California and Illinois have expanded access to individuals who do not have Social Security numbers. With the number of immigrants in Pennsylvania, expanded access for this population is a growing need. 	This is beyond the scope of Keystones of Health.
<p>Beneficiaries at risk of experiencing homelessness</p> <ul style="list-style-type: none"> Consider including individuals who are at imminent risk of experiencing homelessness and meet other eligibility criteria. Individuals can be trapped in dangerous housing situations when they do not have resources to move. 	At this time, given limited resources, DHS is focusing on beneficiaries already experiencing homelessness. By definition, this may include beneficiaries who recently became unhoused and are currently in temporary or unstable housing.
<p>Veterans who are dually eligible for Medicaid</p> <ul style="list-style-type: none"> Suggest including universal screening for veteran status as veteran status can indicate additional risk factors related to the focus areas and many veterans utilize Medicaid. 	DHS will consider this when developing Keystones of Health screening tools to best support connections to existing resources.
<p>Children enrolled in CHIP</p> <ul style="list-style-type: none"> Expand continuous coverage for children under age 6 to also apply to children under age 6 enrolled in CHIP. 	Children enrolled in CHIP are outside the populations eligible for Keystones of Health.

Table 8-3: Covered Populations

8.9.2 Covered Services

Commenters requested clarity or additional information for services in the application. They also requested that DHS consider adding or expanding Medicaid services as noted below.

DHS values the support for the services outlined in the application, will consider implementation-related suggestions during planning, and appreciates suggestions on new additions.

Covered Services Comment Topics	Responses
Behavioral Health	Keystones of Health includes individuals with behavioral health conditions as a focus population for many services, and

Covered Services Comment Topics	Responses
<ul style="list-style-type: none"> • Mental health services for children, older adults, and individuals with serious mental illness are important. • Some individuals with mental health challenges experience difficulty finding housing, with some staying in hospitals and jails for lack of alternatives. As a result, addressing mental health-related housing challenges could reduce hospitalizations. • Individuals may require support in the form of representation with landlords and others in conflict resolution and related capacities. • There is substantial overlap between mental health care and reentry services. It is important to address co-occurring conditions and disorders. • Add services such as residential support for individuals in need of regular support, family therapy, the provision of development-related specialist care for children, and specialized education and awareness protocols. • Experiencing homelessness can contribute to trauma-related behavioral health needs that need additional support. 	<p>DHS will consider implementation-focused comments during planning.</p> <p>Broader expansion of behavioral health supports (including mental health services) are not included in the demonstration since they would be beyond the demonstration’s focus areas.</p>
<p>Transportation</p> <ul style="list-style-type: none"> • Transportation barriers affect all aspects of daily life and some services cannot be accessed without transportation. • Interested in direct or indirect support to help ensure reliable and accessible transportation for health services, such as ride share investment. • Food and meal deliveries in the program are an effective workaround for transportation issues affecting the ability to access food. • Consider adding supports to help fund home visits within MCO programs. 	<p>DHS recognizes the challenges associated with obtaining and providing transportation for medical needs. Transportation is taken into consideration when it fits into the supports, for example providing food and nutrition delivery. Additional transportation support may be secured through case management services and can include transportation programs for people leaving correctional facilities.</p>
<p>Employment Supports</p> <ul style="list-style-type: none"> • Life skills and workforce development programming can help individuals become self-sustaining. • Concern about the Medicaid eligibility cut-off for medical assistance. 	<p>Gainful employment is a foundational need for most individuals and key to safe and stable living arrangements. HRSN can influence an individual’s ability to gain and hold employment, and employment, in turn, impacts HRSN. Case management will connect individuals to existing employment supports programs, as relevant.</p>

Covered Services Comment Topics	Responses
<p>Medication for youth aging out of foster care</p> <ul style="list-style-type: none"> Former foster youth still need medication after age 18, and maybe that can be provided through the demonstration. 	<p>Former foster youth who remain eligible for Medicaid are eligible to receive medication through their existing Medicaid coverage without Keystones of Health.</p>
<p>Reentry services</p> <ul style="list-style-type: none"> Provide more than a 30-day supply of prescriptions upon release since provider shortages can lead to long gaps before seeing providers. Include additional reentry supports and populations that CMS approved in other states' 1115 Demonstrations. 	<p>DHS is keeping the 30-day supply in alignment with CMS guidelines. Case management will support beneficiaries to schedule appointments prior to release so they can see providers within those 30 days and establish care in the community.</p> <p>CMS has approved a range of reentry and HRSN supports. To create a program that is feasible to implement and uses public funds responsibly, DHS selected and prioritized a smaller list of services and populations. The Demonstration evaluation will measure outcomes, costs, and savings. Based on these findings, DHS may seek to expand Keystones of Health with additional services and populations.</p>
<p>Investment in housing</p> <ul style="list-style-type: none"> Families with younger children often express interest in rental assistance when screened for HRSN. There is a supply shortage for affordable housing that cannot be addressed through existing programs. Include support for aspiring first-time homeowners. Include home repair components. Include medical respite services for individuals experiencing homelessness. 	<p>The demonstration will create new housing services and encourage connections to existing ones, but it will not provide new funding for investment in the creation or acquisition of housing units.</p> <p>Keystones of Health does not include a specific medical respite service, but rental assistance could potentially be used to provide housing following a hospital stay for eligible beneficiaries.</p>
<p>Produce Prescriptions</p> <ul style="list-style-type: none"> Individuals may have enough to eat but are not getting their nutritional needs met – complicating screening for food insecurity. Support for including produce prescriptions as an evidence-based and affordable option. 	<p>Produce prescriptions are a specialized form of grocery delivery and food boxes. DHS may include them, where appropriate, in the implementation of this service.</p>

Covered Services Comment Topics	Responses
<ul style="list-style-type: none"> Suggested delivery mechanisms included food boxes and produce vouchers. 	
<p>Grocery Delivery/Medically tailored meals</p> <ul style="list-style-type: none"> Providing medically tailored meals for high-risk pregnancies as well as general nutritional support. Requested clarification on whether the provision of medically tailored meals would apply to the household. Include logistical supports for food and nutrition, such as refrigeration. Expressed support for meal delivery. Include high-risk pregnancy as a diet-sensitive condition for medically tailored meals eligibility. If an adult receives medically tailored meals, also provide meals to children in the household. Community-based food providers also provide periodic contact and engagement which support health management and identifying issues. Noted importance of culturally appropriate meals. 	<p>The demonstration framework under development centers on addressing diet sensitive health conditions, primarily targeting individuals with existing chronic conditions. DHS will consider high-risk pregnancy when identifying conditions.</p> <p>Medically tailored meals are specific to individuals based on their medical needs and would not be appropriate for other household members. DHS will encourage beneficiaries to utilize the nutrition assistance navigation and application support which will connect them to other resources for their household.</p> <p>DHS will consider operational suggestions during implementation planning.</p>
<p>Adverse Childhood Experiences (ACEs)</p> <ul style="list-style-type: none"> Determine the connections between trauma and ACEs, adverse health outcomes, and the focal areas of Keystones of Health. Requested that the demonstration provide trauma-informed engagement, suggesting that this could include training on the subject or inclusion in the proposed programs. Suggested that screening, evaluation, and supports services should be available to help individuals with literacy needs, which can be tied to dyslexia and other conditions and begin in childhood. 	<p>DHS acknowledges the importance of addressing ACEs within this comprehensive framework and the application's overarching approach embraces whole-person care. DHS will consider the need for trauma-informed care and maintain its commitment to accessibility during the implementation of Keystones of Health.</p>
<p>Service timeframes and limitations</p> <ul style="list-style-type: none"> Extend the timeframe of services, such as providing more than six months of housing support. Place clear lifetime limitations on use of Keystones of Health services. Alignment with PA Navigate and other organizations will be crucial to support beneficiaries to transition to other existing supports at the end of Keystones of Health service timeframes. 	<p>Keystones of Health aligns to CMS guidelines on appropriate maximum timeframes for providing HRSN supports through Medicaid funding. During implementation planning, DHS will provide clearer guidance on lifetime limitations, as appropriate.</p>

Covered Services Comment Topics	Responses
<p>Comments against proposed services</p> <ul style="list-style-type: none"> • DHS should prioritize support to populations like older adults or beneficiaries with I/DD instead of spending limited funds on reentry supports. • Existing services are adequate. • Budgetary concerns. • Expanding services for low-income individuals could incentivize people to rely on public services instead of seeking employment. • Changes to eligibility during the continuous coverage unwinding period could create confusion. 	<p>DHS designed Keystones of Health with aims of improving healthcare outcomes and controlling drivers of rising health care costs. The included populations and services align with current federal guidance on appropriate use of Medicaid funding and those areas most likely to see positive results. They also align to areas noted by stakeholders as high need or having gaps in current programs. The evaluation will measure outcomes, costs, and savings, and will inform which elements of the program to potentially discontinue, continue, or expand.</p>
<p>Length of Public Comment Period</p> <ul style="list-style-type: none"> • Thanking DHS for the opportunity to ask questions and provide input • The 31 day public comment period was inadequate, especially since it took place in December, a month many people take time off work 	<p>As noted above, the public hearings, advisory committee meetings, and stakeholder meetings were well attended. DHS received meaningful input through the 252 comments received. DHS has also been noting the Federal Public Comment period during sessions which provides additional opportunity for formal comment. DHS is also continuing to take comments during planning and designing phases and looks forward to continued stakeholder engagement.</p>

Table 8-4: Covered Services

8.9.3 Implementation

Commenters requested clarity or additional information for many topics that apply to the implementation phase of the program. DHS shares the enthusiasm of the community and providers to begin the implementation of these services and will consider these suggestions during implementation planning in coordination with partners.

DHS notes the application includes infrastructure investments. These dollars will be critical for addressing many of the implementation-related comments received and summarized below.

Implementation Comment Topics	Responses
<p>Multi-Year Continuous Coverage for Children Under 6 Years of Age</p> <ul style="list-style-type: none"> • Consider automatically extending the 12-month renewal periods for children under age 6 during 	<p>As of January 1, 2024, DHS currently has 12-month renewal periods for all children. Additionally, DHS is focusing on a rapid implementation of continuous coverage for children under 6 years of</p>

Implementation Comment Topics	Responses
<p>2024 or until the continuous eligibility is approved by CMS.</p> <ul style="list-style-type: none"> Continuous coverage, once approved, should apply to children under 6, who currently have coverage but may be no longer eligible at implementation. 	<p>age. This will require beginning preparation for systems changes while continuing negotiations with CMS.</p>
<p>Definitions</p> <ul style="list-style-type: none"> Clarification is requested on the definition of Serious Mental Illness (SMI) and clarification on whether the definition would include households of children with the covered conditions. Request for clarification on the definition of experiencing homelessness under the demonstration and additional detail on specific housing services. Request for clarification on the definition of Chronic Conditions under the demonstration 	<p>Detailed definitions for populations will be determined during negotiations with CMS and as part of implementation planning. These include the definitions of SMI, chronic conditions, and homelessness.</p>
<p>Integration of demonstration services into existing delivery system</p> <ul style="list-style-type: none"> Pennsylvania has a robust ecosystem of existing programs, and the demonstration will need to leverage existing capabilities and build new capacity. Individuals with one unmet HRSN are likely to need supports with other HRSNs available through different delivery systems. Some services, such as the provision of medication upon release from correctional facilities, will improve on existing, localized programs. New services, such as rental assistance, may require the development of new infrastructure and capabilities. Housing is multi-faceted and there are many needed forms of support. Some beneficiaries who may receive services under the 1115 demonstration may already be eligible for or receiving services under 1915(c) waivers. The provision of new services will be a learning opportunity for many providers and organizations, and monitoring will be key to learning what works. A functioning emergency and crisis response system is a critical part of providing behavioral health services. 	<p>The services introduced through the demonstration and related funding are intended to be supplemental and may not supplant current work and funding sources. DHS will work closely with sister agencies and other partners to implement Keystones of Health so that services complement and expand existing supports rather than duplicate or replace them. In particular, Demonstration case management will connect participating beneficiaries to existing resources available locally.</p>

Implementation Comment Topics	Responses
<p>Partnerships & Roles</p> <ul style="list-style-type: none"> • The demonstration may require CBOs, MCOs, and other organizations to adapt their roles, change existing relationships, and develop new ones to provide services. • Provide clarity on the roles existing providers, such as CBOs and MCOs, will fill in the delivery of demonstration services. • An efficient flow of funds and clear lines of responsibility will facilitate collaboration. • Consider partnering with CBOs, MCOs, non-profit organizations, and case managers in development of the implementation plan. • This is a great opportunity for collaboration between providers and beneficiaries, but it needs to be seamless. Find a way to develop a plan that focuses on the collaboration of all. • Provide case managers for those leaving correctional facilities, especially those with physical or mental illnesses. The case managers would support all the reentry services. • Include the Aging Network as a coordinating and providing entity for Keystones of Health services. • Changes to the delivery system and engagement of a wide range of partners will require intentional and measurable alignment across the various systems. • Counties have experience addressing HRSN and established support networks and must play a key role in managing the Demonstration. • Minimize barriers to participation for CBOs. 	<p>DHS understands the importance of collaboration, partnerships, and communication for Keystones of Health. DHS is already coordinating with PA Navigate and others and will seek to build additional partnerships during implementation planning. DHS plans to gather input from partners, including counties, MCOs, and CBOs, during the development of the implementation plan.</p>
<p>Data</p> <ul style="list-style-type: none"> • The challenge of managing numerous data pieces including the data integration process for integrating partners needs to be addressed. • There are multiple levels of incarceration with short and long sentences. The information and data flow from DOC to MCOs may not currently be sufficient to support the demonstration. • Request to require entry into the Homeless Management Information System (HMIS) for individuals receiving housing supports. 	<p>As DHS moves forward, we are committed to providing clarity on data, capacity building, infrastructure, and assessments because these are crucial elements for Keystones of Health. The input received in public comment will contribute to refining the implementation strategy.</p>

Implementation Comment Topics	Responses
<ul style="list-style-type: none"> • Request to require HIPAA-compliant data integration with Medicaid Management Information Systems and HMIS. • CBOs currently participate in substantial data sharing programs. Services are entered into multiple state databases and data is not shared back with the CBOs. Building the application programming interfaces (APIs) between these databases to limit data entry and integrate systems to minimize time spent is recommended. • High quality and timely data will underpin effective provision of demonstration services. • Data will need to be collected on individuals who receive these short-term services to understand if the services are working. 	
<p>Capacity Building</p> <ul style="list-style-type: none"> • Strategic partnership building with existing service providers to enhance capacity is needed throughout all services. • Consider collaborative efforts to maximize resources and avoid duplicating services, and to create an efficient and comprehensive approach for supporting the populations outlined in the application. • Capacity building within the Medicaid program should seek information on strategies to support extended coverage for children. • There are existing resource constraints that could be exacerbated by the need to provide new services unless additional resources, including staff, are developed. 	<p>As DHS moves forward, we are committed to providing clarity on data, capacity building, infrastructure, and assessments because these are crucial elements for Keystones of Health. The input received in public comment will contribute to refining the implementation strategy.</p>
<p>Workforce</p> <ul style="list-style-type: none"> • There are ongoing issues with access tied to workforce shortages. • Housing providers are short-staffed and therefore do not have enough time to apply for funding to support and expand their housing programs. • Many providers within the housing support system are facing a lack of capacity to meet demand currently. • Mental Health services are suffering from a serious staff shortage. 	<p>Workforce availability is known to be a critical factor and DHS recognizes its significance to the implementation of Keystones of Health. Workforce considerations are integral to our ongoing planning efforts, especially related to case management and service delivery.</p>

Implementation Comment Topics	Responses
<ul style="list-style-type: none"> Community partners are resource-constrained, and a lot are funded with grant funding. There are a lot of different people doing different tasks and they are stretched thin trying to reach and support so many individuals. Utilize peer support to provide reentry supports. Use community health workers as part of Keystones of Health implementation. 	
<p>HRSN & Social Determinants of Health (SDOH) Supports</p> <ul style="list-style-type: none"> Consider utilizing the 1115 Demonstration to go beyond checkbox answers related to SDOH. Health promotion activities, evidence-based education, and support for the CBOs doing this work are all needed to help move the needle. The demonstration is an opportunity to address the SDOH that significantly impact the health of individuals and communities. Individuals should be given the opportunity to request demonstration services and resources proactively in addition to the planned connection to those services through case management. Family experience with child welfare suggested as an indicator for inclusion in the HRSN assessment. 	<p>Like many of the commenters, DHS also anticipates Keystones of Health will positively impact community health and safety by addressing HRSN.</p>
<p>Infrastructure</p> <ul style="list-style-type: none"> PA Navigate and a closed-loop referral system for HRSN systems is foundational to the demonstration; however, additional infrastructure not discussed at length in the application will be necessary. Providers that are not experienced with billing in Medicaid may require assistance that includes training and technical assistance. The closed-loop referral process will also require sufficient human capital to facilitate both communication and service provision. 	<p>As DHS moves forward, we are committed to providing clarity on data, capacity building, infrastructure, and assessments because these are crucial elements for Keystones of Health. The input received in public comment will contribute to refining the implementation strategy. DHS has already begun discussions with PA Navigate and looks forward to coordinating with other partners.</p>
<p>Assessments</p> <ul style="list-style-type: none"> Clarification is needed on the criteria surrounding the assessment, and whether the costs of all assessments will be covered by the demonstrations or limited to those beneficiaries ultimately deemed eligible. There is room for potential conflicts of interest if MCOs are conducting HRSN assessments, and a 	<p>DHS plans to develop a core HRSN assessment based on existing assessments in use in Pennsylvania. The assessment will support identification of those most in need of HRSN supports and those who may benefit most. DHS will coordinate with stakeholders to make the assessment widely available and</p>

Implementation Comment Topics	Responses
<p>third-party administrator model may be more appropriate.</p> <ul style="list-style-type: none"> • Consider prioritizing access to evaluations for those in correctional facilities. • Avoid requirements for medical necessity referrals and forms that could create barriers to accessing demonstration services. 	<p>accessible to Medicaid beneficiaries, while minimizing conflicts of interest.</p>

Table 8-5: Implementation

8.9.4 Education for Sustainability

Commenters requested more ways to support populations with sustainability through education in reentry, housing, and food and nutrition services, along with a request for financial education.

DHS would like to thank commentors for their support of the application and comments noting education as a key element of sustainability. Additional detail on comments and DHS’ responses follows.

Education for Sustainability Comment Topics	Responses
<p>Education for Sustainability</p> <ul style="list-style-type: none"> • Education delivered alongside the time-limited services will support self-sufficiency and effective, long-term impact. • Learning how to find stable housing, understand rental agreements, and eviction education will be important to help people find and stay in stable housing. • Nutritional counseling is important for long-term health alongside immediate assistance with food. Learning how to cook, shop, and develop a menu will significantly decrease health risks. • Financial education programming has the ability to support and expand the effectiveness of support for the services being offered in the application. • Employment supports and education, especially for people receiving reentry supports, can help people become self-sustaining rather than needing assistance. 	<p>DHS acknowledges the importance of education and will work to include education strategies as a component of the Keystones of Health implementation strategy, within case management or as part of the tenancy sustaining services.</p> <p>Reentry case management will connect beneficiaries to existing employment supports and education, but they are not provided directly through the Demonstration.</p>

Table 8-6: Education for Sustainability

While DHS’ official public comment period on this application has closed, DHS remains committed to engaging and collaborating with its partners and the public throughout the ongoing discussions and implementation of the Keystones of Health application. DHS will continue to seek external input and coordinate with stakeholders. Additionally, DHS recognizes the importance of communication and transparency. Therefore, DHS will continue to provide updates on the official website and via the Keystones of Health Listserv.

9 Demonstration administration

Information for Pennsylvania's point of contact for Keystones of Health.

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11 Appendix

This appendix includes a summary of the information provided in Section VIII of the application, which details how DHS solicited public comment during the development of the application in accordance with the requirements under 42 CFR 431.408.

11.1 Public Comment Checklist

	Item from 1115 Template	Confirmation
1.	Start and end dates of the state's public comment period	Start: December 2, 2023 End: January 2, 2024
2.	Certification that the state provided public notice of the application, along with a link to the state's web site and a notice in the state's Administrative Record or newspaper of widest circulation 30 days prior to submitting the application to CMS	DHS certifies that public notice of the application, the application, a suitable website, and a notice in Pennsylvania's Public Bulletin, were circulated more than 30 days prior to submitting the application to CMS. Links: Website - Keystones of Health (pa.gov) Public Notice - Keystones of Health (pa.gov) Administrative Record - Pennsylvania Bulletin (pacodeandbulletin.gov) Application - Bridges to Success: Keystones of Health for Pennsylvania Medicaid Section 1115 Demonstration (pa.gov)
3.	Certification that the state convened at least 2 public hearings, of which one hearing included teleconferencing and/or web capability, 20 days prior to submitting the application to CMS, including dates and a brief description of the hearings conducted	DHS certifies that the state convened three public hearings, as well as a number of other stakeholder and advisory committee meetings, including meetings with the MAAC. Additional information is available in Section 8.5.
4.	Certification that the state used an electronic mailing list or similar mechanism to notify the public.	DHS certifies that it distributed this information through the PA Bulletin, press release, electronic mailing lists, partner networks, and the Keystones of Health webpage on the state website. DHS used mailing lists including: the Keystones of Health specific listserv, press release distribution, Office of Developmental Programs listservs, Office of Long-Term Living listservs, Office of Medical Assistance listservs, Office of Mental Health and Substance Abuse Services listservs, and Advisory Committee mailing lists totaling over 31,000 individuals.

<p>5. Comments received by the state during the 30-day public notice period</p>	<p>For a summary of the comments received during the public notice period, see Section 8.9.</p>
<p>6. Summary of the state’s responses to submitted comments, and whether or how the state incorporated them into the final application</p>	<p>For a summary of DHS responses to comments received during the public notice period, see Section 8.9.</p>
<p>7. Certification that the state conducted tribal consultation in accordance with the consultation process outlined in the state’s approved Medicaid State plan</p>	<p>There are no Federally recognized tribes in Pennsylvania, and tribal consultation was not necessary for this Demonstration.</p>

11.2 Public Comment Form

Bridges to Success:

Keystones of Health for Pennsylvania

The public comment period opens 12/2/2023 and closes 1/2/2024.

Thank you for taking the time to comment on the **Bridges to Success: Keystones of Health for Pennsylvania**. The Pennsylvania Department of Human Services (DHS) welcomes public review and input on the draft application and informational materials (<https://www.dhs.pa.gov/Keystones-of-Health>). Please provide your comments and information in the form below:

If you would like to receive further updates on **Bridges to Success: Keystones of Health for Pennsylvania**, please subscribe to the listserv at: <https://bit.ly/KoHListServ>

* Required

1. Comment: *

**Note - Comments will not be responded to directly, they will instead be responded to in the application prepared for CMS*

Enter your answer

2. Question *

Please select all that apply.

- Medicaid beneficiary, for example you have a HealthChoices plan
- Someone who was incarcerated
- Someone who is experiencing, or who has experienced, homelessness
- Someone who uses food banks, SNAP, WIC, or who has ever experienced food insecurity
- Medical Provider
- County Government Employee
- State Government Employee
- Employee or contractor at a correctional facility
- Employee of a Managed Care Organization (MCO)
- Employee of a Community Organization

Pennsylvania resident wanting to ensure your voice is heard

Other

Submit