



## **HealthChoices Consumer Advisory Meeting SouthEast Zone**

Thursday, October 18, 2018

10:00 AM – 12:30 PM

801 Market Street  
7<sup>th</sup> Floor Conference Room  
Philadelphia, PA 19107

### **Meeting Agenda**

#### **1. Introductions**

Ms. McDonnell welcomed all who were in attendance to the SouthEast HealthChoices Advisory Committee Meeting and gave an opportunity for all to introduce themselves.

#### **2. Review/Purpose of the Meeting**

Ms. McDonnell reviewed the purpose of the Advisory Meetings

- These meetings are sponsored by the PA Department of Human Services and led by the Pennsylvania Enrollment Assistance Program (EAP).
- They are held three times each year throughout the Commonwealth of Pennsylvania.
- The meeting goal is to involve and educate Medical Assistance Consumers and the Community about program services.
- This is your opportunity to exchange ideas with HealthChoices providers, community organizations and other consumers in the SouthEast Zone.

#### **3. Enrollment Assistance Program Update**

- a. Data review -- Ms. McDonnell provided data from PA Enrollment Services from January through March and April through June 2018 in a pie chart. Additional data was provided from June 2018 through August 2018 regarding:
  - Enrollments
  - Web Transactions
  - PCP Selection Rates
  - Plan Transfers – Health plans consumers are transferring from
  - Plan Transfers – Health plans consumers are transferring to
  - Top 10 Transfer Reasons – Specific to the Zone, Overall top 10 transfer reasons across the state.
- Committee and Subcommittee Implementation -- Ms. McDonnell shared an update in regards to the existing Consumer Advisory Committees in the NorthWest and SouthWest zones. These committee have met three times each and have had discussions regarding consumer and family attendance to Advisory Meetings, the current email distribution lists for messaging and outreach efforts in the community. The committees feedback has been

shared with the Outreach team at the Pennsylvania Enrollment Assistance Program (PA\_EAP) who is looking at where, when and how consumer engagement is occurring across all zones.

The SouthEast Consumer Advisory Committee has been delayed until 2019. The committee meeting will be rolled into the 2019 meeting format which will be discussed shortly. We will be looking for a minimum of five consumers and or family members to serve on the committee. We will also be looking for a representative from each physical health plan and each behavioral health plan to serve on the committee. For those who have already expressed interest, we will be talking with you after the meeting and be reaching out to you prior to the new year to discuss additional details.

- b. 2018 Webinar Series – Ms. McDonnell referenced webinars are posted on the [www.enrollnow.net](http://www.enrollnow.net) website. There are open webinars that are posted on the website for all to attend.
  - o Tuesday, November 20, 2018 10:00am Pennsylvania Housing: Update on the Five Year Strategy
- c. 2019 Advisory Meetings – The Advisory Meetings will be restructured for 2019. These meetings have become more of an informational session providing education and updates on various topics. We want them to be reciprocal in which attendees are asking questions, sharing ideas, and giving feedback (besides just using the survey form). In 2019, we will be merging the Consumer Advisory Committee and the Advisory Meeting formats together into one meeting. We recognize peoples’ time is valuable and this will be a more efficient use of everyone’s time.

#### 4. Department of Human Services Initiatives & Updates

Ms. Hall from the Department of Human Services gave the following updates:

- o Medical Assistance/HealthChoices: PA Medical Assistance has seen a significant decrease in overall recipients in the last few months. **Last year, MA enrollments averaged 720,000 recipients. The current enrollment is at 698,237 recipients, almost 22,000 less.** No MA programs have been cut or reduced between now and this time last year. We currently have not been given all the figures to know if most of the decline in enrollment has occurred within a certain demographic group or geographic area. The reason for the decline in MA enrollment is not known yet. Current thinking is the decline in MA enrollment is a positive result possibly due to the decline in the unemployment rate. More data still needs to be collected and interpreted before we can say with certainty, DHS will continue to monitor.
- o Community HealthChoices: Department of Human Services (DHS) Deputy Secretary for the Office of Long-Term Living Kevin Hancock provided an update on the implementation of the Community HealthChoices (CHC). CHC launched in southwestern Pennsylvania on January 1, 2018 and is rolling out to the Southeast on January 1, 2019. In preparation for the launch of CHC in the Southeast region, the department has coordinated efforts with the CHC managed care organizations (CHC-MCOs) to host provider information sessions as well as community stakeholder sessions. These community stakeholder sessions offer



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potential CHC eligible community members the opportunity to learn more about CHC, gather resources, and ask questions that will enable an individual to choose a CHC-MCO that will best meet their needs. The rollout in the Southeast will include approximately 128,000 individuals. When fully implemented across the state, CHC will serve 450,000 Pennsylvanians, 94 percent of whom are dually eligible for both Medicaid and Medicare. For more information on the CHC program, visit [www.healthchoices.pa.gov/info/about/community/](http://www.healthchoices.pa.gov/info/about/community/)

- **Opioid Use Disorders (OUD), Centers of Excellence (COEs), Other:** The Wolf Administration has visited several COEs to highlight success of expanding access to treatment for OUD. Prior to these centers, as few as 48 percent of Medicaid patients diagnosed with opioid use disorder were receiving treatment. Of those, only 33 percent remained engaged in treatment for more than 30 days. Today, more than 70 percent receive treatment after being diagnosed with an opioid use disorder and 62 percent remain in treatment for more than 30 days.

The 45 COEs provide treatment that is team-based and whole-person focused, with a goal of integrating substance use disorder treatment, behavioral health, and primary care. Additionally, the centers' care managers work to keep people with OUD in engaged in treatment by coordinating follow-up care and community supports that are vital to for maintaining recovery.

COEs work as a hub-and-spoke network, with the designated center serving as the hub. The spokes can include primary care practices, the criminal justice system, emergency departments, social services providers, and other treatment providers, and other referral sources.

- **Sources and Resources:**
  - HealthChoices Website: <https://www.media.pa.gov/Pages/DHS.aspx>
  - PA Governors News Room: <https://www.governor.pa.gov/topic/human-services/>
  - Open Data: <https://data.pa.gov/>
  - HealthChoices Website: [http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c\\_18824\\_3.pdf](http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c_18824_3.pdf)

### **5. Community Health Choices – SouthEast Zone Rollout Update**

**Slide #1: Community Health Choices Overview**

**Slide #2: What is Community Health Choices (CHC)?**



- A Medicaid managed care program that will include physical health benefits and long-term services and supports (LTSS). The program is referenced to nationally as a managed long-term services and supports program (MLTSS).
  - **WHO IS PART OF CHC?**
    - Individuals who are 21 years of age or older and dually eligible for Medicare and Medicaid.
      - Individuals with intellectual or developmental disabilities who are eligible for services through the Office of Developmental Program will not be enrolled in CHC.
    - Individuals who are 21 years of age or older and eligible for Medicaid (LTSS) because they need the level of care provided by a nursing facility.
      - This care may be provided in the home, community, or nursing facility.
      - Individuals currently enrolled in the LIFE Program will not be enrolled in CHC unless they expressly select to transition from LIFE to a CHC managed care organization (MCO).

**Slide #3: WHO IS NOT PART OF CHC?**

- People receiving long-term services & supports in the OBRA waiver & are not nursing facility clinically eligible (NFCE)
- A person with an intellectual or developmental disability receiving services other than supports coordination through the Department of Human Services' Office of Developmental Programs
- A resident in a state-operated nursing facility, including the state veterans' homes

**Slide #4: How Does CHC Work?**

- Participants
  - Choose their MCO
  - Should consider the provider network and additional services offered by the MCOs
- DHS
  - Pays a per-member, per-month rate (also called a capitated rate) to MCOs
  - Holds the MCOs accountable for quality outcomes, efficiency, and effectiveness
- MCO
  - Coordinates and manages physical health and LTSS for participants
  - Works with Medicare and behavioral health MCOs to ensure coordinated care
  - Develops a robust network of providers

**Slide #5: WHAT ARE THE GOALS OF CHC?**

- Goal 1 – Enhance opportunities for community-based living



- Goal 2 – Strengthen coordination of LTSS and other types of health care, including all Medicare and Medicaid services for dual eligible
- Goal 3 – Advance program innovation
- Goal 4 – Advance program innovation
- Goal 5 – Increase efficiency and effectiveness

**Slide #6: CHC Zone Map**

- Phase 1 – Southwest (January 1, 2018)
- Phase 2 – Southeast (January 1, 2019)
- Phase 3 – Northwest, Northeast, Lehigh/Capital (January 1, 2020)

**Slide #7: CHC STATEWIDE POPULATION**

The CHC Population currently totals 420,618 consumers, in which 94% are Dual-Eligible

- 49,759 are Duals in Waivers (12%)
- 270,114 are Healthy Duals (64%)
- 77,610 are Duals in Nursing Facilities (18%)
- 15,821 are Non-duals in Waivers (4%)
- 7,314 Non-duals in Nursing Facilities (2%)
  - 16% in Waivers
  - 20% in Nursing Facilities

**Slide #8: CHC SOUTHEAST POPULATION**

The CHC Population in the Southeast zone currently totals 127,726 consumers, in which 89% are Dual-Eligible

- 28,887 are Duals in Waivers (23%)
- 72,882 are Healthy Duals (56%)
- 12,456 are Duals in Nursing Facilities (10%)
- 12,136 are Non-duals in Waivers (10%)
- 1,365 Non-duals in Nursing Facilities (1%)
  - 33% in Waivers
  - 11% in Nursing Facilities

**Slide #9: CHC SOUTHEAST POPULATION**

CHC Southeast Population - by county

- Bucks – 9,479 (7.4%)
- Chester – 5,212 (4.1%)
- Delaware – 12,429 (9.8%)
- Montgomery – 12,826 (10.1%)
- Philadelphia – 87,231 (68.5%)

**Slide #10: HEALTHCHOICES TRANSITION POPULATION**



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- Aetna - #50 participants moving to CHC
- Health Partners – 5,543 participants moving to CHC
- Keystone First – 6,061 participants moving to CHC
- United – 1,037 participants moving to CHC
- Total number of HealthChoices MCO participants moving to CHC: 12,991

### **Slide #11: MANAGED CARE ORGANIZATIONS**

- The selected offerors were announced on August 30, 2016.
  - Amerihealth Caritas Pennsylvania | Keystone First [www.amerihealthcaritaschc.com](http://www.amerihealthcaritaschc.com)
  - PA Health & Wellness [www.PAHealthWellness.com](http://www.PAHealthWellness.com)
  - UPMC Community HealthChoices [www.upmchealthplan.com/chc](http://www.upmchealthplan.com/chc)

### **Slide #12: COVERED SERVICES**

#### **FOR ALL PARTICIPANTS:**

- **Physical health services**
  - All participants will receive the Adult Benefit Package, which is the same package they receive today.
  - This includes services such as:
    - Primary care physician
    - Specialist services
    - Please note: Medicare coverage will not change.

### **Slide #13: COVERED SERVICES**

#### **FOR ALL PARTICIPANTS:**

- **Behavioral health services**
  - All participants will receive behavioral health services through the Behavioral Health HealthChoices MCOs.
  - Services available to participants include but are not limited to:
    - Inpatient Psychiatric Hospital
    - Inpatient Drug and Alcohol Detox and Rehabilitation
    - Psychiatric Partial Hospitalization
    - Outpatient Psychiatric Clinic
    - Drug and Alcohol Outpatient Clinic
  - This is new for Aging Waiver participants and nursing facility residents, who receive behavioral health services through fee-for-service

### **Slide #14: COVERED SERVICES**

#### **Transportation Services:**

- All CHC participants have access to emergency and non-emergency medical transportation.
- Participants will continue to use the Medical Assistance Transportation Program (MATP) for non-emergency medical transportation to and from medical appointments.
  - Participants residing in nursing facilities are the exception.



- Nursing facilities will continue to coordinate transportation for their residents.
- Nursing facility clinically eligible (NFCE) participants also have access to non-medical transportation. Non-medical transportation can include:
  - Transportation to community activities, religious services, employment and volunteering, and other activities or LTSS services as specified in the Participant's Person-Centered Service Plan (PCSP).
  - This service is offered in addition to medical transportation services and shall not replace them.
  - These services may include the purchase of tickets or tokens to secure transportation for a participant.

**Slide #15: COVERED SERVICES**

**FOR PARTICIPANTS WHO QUALIFY FOR LTSS:**

- Home and community-based long-term services and supports including:
  - Personal assistance services
  - Home adaptations
  - Pest eradication
- Long-term services and supports in a nursing facility
- Participant-directed services will continue as they exist today.

**Slide #16: CONTINUITY OF CARE**

- MCOs are required to contract with all willing and qualified existing LTSS Medicaid providers for 180 days after CHC implementation.
- Participants may keep their existing LTSS providers for the 180-day continuity of care period after CHC implementation.
- For nursing facility residents, participants will be able to stay in their nursing facility as long as they need this level of care, unless they choose to move.
- The commonwealth will conduct ongoing monitoring to ensure the MCOs maintain provider networks that enable participants choice of provider for needed services.

**Slide #17: IDENTIFYING NEEDS**

**SCREENING, COMPREHENSIVE NEEDS ASSESSMENT AND REASSESSMENT**

- CHC-MCOs must:
  - screen each new participant who are healthy duals within 90 days of the start date
  - conduct a comprehensive needs assessment of every participant who is determined NFCE
  - conduct a comprehensive assessment when the participant makes a request, self-identifies as needing LTSS, or if either the CHC-MCO or the Independent Enrollment Broker (IEB) identifies that the participant has unmet needs, service gaps or a need for service coordination
  - conduct a reassessment at least every 12 months unless a trigger event occurs

**Slide #18: PLANNING**

- **CARE MANAGEMENT PLANS**
  - A care management plan is used to identify and address how the participant's physical, cognitive, and behavioral health care needs will be managed.
- **PERSON-CENTERED SERVICE PLANS (PCSP)**
  - All LTSS participants will have a PCSP. The PCSP includes both the care management plan and the LTSS services plan.
  - PCSPs are developed through the person-centered planning team process, which includes the participant, service coordinator, participant's supports, and participant's providers.

**Slide #19: COORDINATION WITH MEDICARE**

Promoting improved coordination between Medicare and Medicaid is a key goal of CHC. Better coordination between these two payers can improve participant experience and outcomes.

- Dually eligible participants will continue to have all of the Medicare options they have today, including Original Medicare and Medicare Advantage managed care plans. The implementation of CHC will not change the services that are covered by Medicare.
- All CHC-MCOs are required to offer a companion Dual Eligible Special Needs Plans, also known as D-SNPs to its dually eligible participants. D-SNPs are a type of Medicare Advantage plan that coordinates Medicare and Medicaid services.
- Medicare will continue to be the primary payor for any service covered by Medicare. Providers will continue to bill Medicare for eligible services prior to billing Medicaid. All Medicaid bills for participants will be submitted to the participant's CHC-MCO, including bills that are submitted after Medicare has denied or paid part of a claim.
- Participants must have access to Medicare services from the Medicare provider of his or her choice. The CHC-MCO is responsible to pay any Medicare co-insurance and deductible amount, whether or not the Medicare provider is included in the CHC-MCO's provider network.

**Slide #20: SERVICE COORDINATION OBJECTIVES**

- Every participant receiving LTSS will choose a service coordinator.
- The service coordinator will coordinate Medicare, LTSS, physical health services, and behavioral health services.
- They will also assist in accessing, locating and coordinating needed covered services and non-covered services such as social, housing, educational and other services and supports.
- The service coordinator will also facilitate the person-centered planning team.
- Each participant will have a person-centered planning team that includes their doctors, service providers, and natural supports.

**Slide #21: WHERE IS IT NOW?**

**Slide #22: SOUTHWEST IMPLEMENTATION**

- Successfully implemented the southwest on January 1, 2018
- Approximately 79,000 Participants were transitioned to the CHC program



- Lessons Learned (so far)
  - Earlier stakeholder engagement opportunities
  - Enhanced communication materials and training regarding Medicare vs. CHC
  - More education and communication on continuity-of-care
  - MCO Provider Training and outreach to occur earlier and more often
  - Earlier OBRA reassessments
  - Earlier data clean-up in HCSIS and SAMS
  - Earlier pre-transition notices
- Transportation issues

#### **Slide #23: SOUTHEAST IMPLEMENTATION**

- Comprehensive participant communication
- Robust readiness review
- Provider communication and training
- Pre-transition and plan selection for southeast participants
- Incorporation of southwest implementation and launch lessons learned

#### **Slide #24: PRIORITIES THROUGH IMPLEMENTATION** **ESSENTIAL PRIORITIES**

- No interruption in participant services
- No interruption in provider payment

#### **HOW WILL WE ENSURE NO INTERRUPTIONS?**

- The Department of Human Services (Department) is engaged with the MCOs in a rigorous readiness review process that looks at provider network adequacy and IT systems.
- The Department of Health must also review and approve the MCOs to ensure they have adequate networks.

#### **Slide #25: NETWORK ADEQUACY**

##### **PHYSICAL HEALTH**

- CHC-MCOs will be required to meet the existing HealthChoices network adequacy requirements.

##### **LTSS**

- National MLTSS network adequacy standards aren't available.
- The Department worked with consumers to help develop standards.
- The Department gathered information to establish a baseline of the number of full time equivalents (FTEs) that are potentially needed to continue to provide services and meet the needs of the participants.
- The CHC-MCOs are asking providers for this information during a provider's initial enrollment with an MCO and on an ongoing basis.
- DHS will re-evaluate network adequacy at the end of the 180-day continuity of care period to ensure consumers have access to LTSS.



- The commonwealth will conduct ongoing monitoring to ensure the MCOs maintain provider networks that enable participants choice of provider for needed services.

**Slide #26: COMMUNICATIONS**

**Slide #27-#29: WEBSITE SCREENSHOTS**

[www.HealthChoices.pa.gov](http://www.HealthChoices.pa.gov)

**Slide #30: PROVIDERS**

- Bi-weekly email blasts on specific topics
  - Examples: Billing, Service Coordination, Medicare, HealthChoices vs. CHC, Continuity of Care
- Provider narrated training segments
- Provider events in local areas to meet with MCOs and gain information about CHC

**Slide #31: WEBSITE SCREENSHOT**

Community HealthChoices – Location of CHC participant documents

**Slide #32: PARTICIPANTS**

**Slide #33: PARTICIPANTS**  
**AWARENESS FLYER**

- Mailed five months prior to implementation. Southeast: July 2018

**AGING WELL EVENTS**

- Participants will receive invitations for events in their area. Southeast: August 2018

**PRE-TRANSITION NOTICES AND ENROLLMENT PACKET**

- Mailed four months prior to implementation. Southeast: August 2018

**SERVICE COORDINATORS**

- Will reach out to their participants to inform them about CHC. Southeast: September 2018

**NURSING FACILITIES**

- Discussions about CHC will occur with their residents. Southeast: September 2018

**Slide #34: WHAT IS NECECCARY?**

- Select an MCO by the date indicated by the Department.
  - Get information on the different plans by going to [www.enrollCHC.com](http://www.enrollCHC.com).
- Educate yourself.
  - Participate in CHC Third Thursday webinars to learn more about CHC.
  - Participate in stakeholder engagements.
  - Read CHC-related information sent to you by the Department.
  - Participate in upcoming educational sessions hosted by Aging Well.



**Slide #35: RESOURCE INFORMATION**

- CHC LISTSERV // STAY INFORMED: <http://listserv.dpw.state.pa.us/oltl-community-healthchoices.html>
- COMMUNITY HEALTHCHOICES WEBSITE: [www.healthchoices.pa.gov](http://www.healthchoices.pa.gov)
- MLTSS SUBMAAC WEBSITE:  
[www.dhs.pa.gov/communitypartners/informationforadvocatesandstakeholders/mltss/](http://www.dhs.pa.gov/communitypartners/informationforadvocatesandstakeholders/mltss/)
- EMAIL COMMENTS TO: [RA-PWCHC@pa.gov](mailto:RA-PWCHC@pa.gov)
- OLTL PROVIDER LINE: 1-800-932-0939
- OLTL PARTICIPANT LINE: 1-800-757-5042
- INDEPENDENT ENROLLMENT BROKER: 1-844-824-3655 or (TTY 1-833-254-0690)  
or visit [www.enrollchc.com](http://www.enrollchc.com)

**Slide #36: QUESTIONS**

**6. Feature Presentations – The Medical Assistance Transportation Program  
Presenter: Daphne Simeonoff, MATP Program Manager**

**Slide #1: Medical Assistance Transportation Program (MATP) – MATP Basics**

**Slide #2: The MATP in Pennsylvania is governed by:**

- State plan under Title XIX under the Social Security Act
- Public Welfare Code (62 P.S. §§ 202 & 403)
- 55 Pa. Code § 2070, Eligibility for Services Funded Through the Public Assistance Transportation Block Grant
- MATP Standards and Guidelines (S & G)

The Department of Human Services (DHS) as the Medical Assistance Agency, is mandated by the federal government to provide transportation to consumers of Medical Assistance (MA) to and from MA enrolled providers.

DHS provides both emergency (EMT) and non-emergency medical transportation (NEMT). EMT services are funded separately through the MA Outpatient (OP) appropriation. NEMT services are provided through the MATP which is state and federally funded. Today, I will be providing a brief overview of the MATP in Pennsylvania.

In addition to the above mentioned regulations, the program must be administered according to the MATP S & G standards and guidelines which can be found on the MATP website. Additionally, the Grantee has some leeway in the creation and implementation of operational policies, like hours of operations and timeframes for scheduling appointments.

### Slide #3: What is MATP?

Last year across the US, many MA eligible people including children are estimated to have cancelled one or more medical appointments due to the lack of transportation. This is one of the most common barriers to receiving medical care for MA recipients. MATP removes this barrier by providing:

- Access to MA compensable medical and pharmacy services
- Access to ongoing treatment of chronic diseases and care management
- Access to care with individual medical practices excluding the Emergency Room or Urgent Care facilities
- Access to preventative care (equates to fewer and shorter hospital stays)

### Slide #4: Who are the Providers of Transportation?

In Pennsylvania, Providers (or Grantees) are comprised of:

- County Government – who either provide services directly or contract with a local human services or transit agency to do so.
  - For Example: Potter County provides services directly. Another Example is: Carbon & Lehigh Counties contracts with LANTA, Lehigh & Northampton Transit Authority
- Sub-Contracted Entities of County Government
- Transportation Brokerage Agencies – the state contracts to provide services.
  - For example: LogistiCare provides services in Philadelphia
- Local Transit Agencies – the state contracts to provide services.
  - Central Pennsylvania Transit Authority (Rabbit or CPTA) and South Central Transit Authority (SCTA) provide services in 12 counties.

Someone interested in becoming a provider, should contact the MATP agency in the respective county. The contact numbers are listed on the MATP Website which is provided at the end of this presentation.

### Slide #5: Available Modes of Transportation

What are the Available Modes of Transportation? Grantees are required to provide the most cost effective & most appropriate mode of transportation for all consumers. These include:

- Mass Transit (buses, trains, subways etc.)- If necessary, grantees may provide transportation to and from the chosen mass transit if it is determined the most feasible mode.
- Mileage Reimbursement - Consumers who have access to a private vehicle, are reimbursed for fuel, parking and tolls.



- Paratransit (includes multi-modal and taxi) - Paratransit is provided when public transportation is not available, inaccessible, not appropriate, or consumer does not have access to a working vehicle. Because Paratransit is a shared ride mode of transportation, there are certain requirements in order to get all consumers to their appointments in a timely manner.

Pick up Rule – The transportation provider will pick up consumers within a window beginning 15 minutes before and extending to 15 minutes after the scheduled pick-up time. This creates a 30-minute pick-up window (For example, 8:45 to 9:15 for a 9:00 appointment). The transportation provider who arrives before the 30-minute window will wait until the scheduled pick-up time. The transportation provider is not required to wait for a consumer who is not ready at the scheduled pick-up time or within 15 minutes after.

One-Hour Rule - Drivers cannot drop off consumers at the medical service provider's office more than one hour prior to the medical appointment. Drivers cannot pick up consumers more than one hour after the completion of the medical visit unless there is a granted waiver for longer distance grouped trips.

- Volunteers - Volunteers: may drive their own vehicle, that of a county agency or non-profit agency. They are reimbursed for mileage only.

MATP does not provide transportation by ambulance, ambulette or stretcher or exceptional transportation.

Slide #6: Accessing Services:

- To begin the registration process, the consumer should contact the MATP agency in their county in order to determine and complete the following:
  - Eligibility - Eligibility Verification: The Grantee has the means to verify consumer eligibility for both MA and MATP by reviewing the categories of assistance and program status codes in EVS or PROMISE.
    - 75% of all the category/code are eligible for the MATP
    - Consumers 65 years of age, are referred to the Shared Ride 65+ Program
    - Shared Ride pays 85% of the fare
    - MATP pays 15% of the fare
  - Application - The consumer has 30 days to sign the application and can receive services during this time.
  - Needs Assessment - During the transportation needs assessment, the consumer should present specific documentation of any special need, like the need for



paratransit or door to door services. They may need documentation from a physician.

- Determination of Mode - The Grantee will always consider and authorize the most cost effective and most appropriate mode of transportation. If the consumer disagrees with the results of the assessment, they have the right to appeal a decision made by the Grantee.

Slide #7: Covered Services:

- Grantee is required to provide transportation to all MA covered services
- Examples of covered services:
  - Physician's Office,
  - Pharmacy,
  - Methadone Clinic,
  - Dialysis,
  - Behavioral Health,
  - PT, OT, Rehab,
  - Urgent Care trip (although not to a Urgent Care Center)
- Grantee must ensure transportation is only to and from qualified MA-enrolled providers of their choice.

Please note that both Pharmacy and Methadone Clinic services have stipulations of having to choose the closest facility (closest 2 for Pharmacy) to the consumer's residence.

- Exceptions may be granted for Methadone Clinics that isn't the closest to the consumer's residence in the case of:
  - Medical emergency
  - Physical health
  - Safety Issues
  - Lack of availability of a closer clinic

Urgent care is defined as any illness or severe condition that would be diagnosed and treated within a 24 hour period and if left untreated could rapidly become a crisis or emergency situation. Transportation is available only with medical provider verification and when consumer has no other available means of transportation. A hospital discharge is considered urgent care and would be delayed until services are approved. Grantees must have secured transportation within 3 hours of the request but the transportation may not necessarily be provided within that 1st three hours.

Generally, consumers are required to receive medical care in their community when available. The unavailability of qualified MA-enrolled providers sometimes requires transportation outside the consumer's community.

Typically, Grantees accommodate out of county transportation by grouping those trips and providing a regularly scheduled (1-2 times a week for example) paratransit trips or by utilizing mass transit or coordinating trips with a neighboring county.

Slide # 8: Non-Covered Services:

- Examples of non-covered services:
  - Transportation to any service not MA compensable
  - Transportation to non-medical services
  - Transportation for those requiring a stretcher or those who are technologically dependent (Ventilators)
  - Transportation to adult day programs
  - Transportation to urgent care centers

A full list of covered and non-covered services may be found in the MATP S & G, which is also on our website.

Exceptional Transportation is considered non-emergency transportation which is necessary under extraordinary medical circumstances. It includes air travel, lodging, meals.

Both non-emergency medically necessary ambulance and exceptional transportation are referred to the consumer's CAO, CHC or MCO as appropriate.

Slide # 9: The Provision of Services

- If necessary, the grantee must allow one (1) escort to accompany a consumer depending on verifiable medical support, supervision, or translation needs. Occasionally, due to the consumer's age, physical, mental, and/or developmental capacity, an escort is needed to accompany the consumer to the medical appointment.
  - Currently, the only circumstance in which a child may accompany a parent to medical appointments through MATP is if the child is acting as an escort to the parent. The Department of Human Services defines an escort as an individual who must accompany a consumer due to the consumer's age, physical, mental, and/or developmental capacity and the escort's presence is required to ensure that the consumer receives proper medical service/treatment.
  - Similarly, a parent or guardian may accompany an eligible child, under the age of 18, to medical appointments through MATP.



- Depending on the circumstances and known factors, the Grantee must provide an attendant on the trip.
  - The attendant is a paid employee of the Grantee whose sole responsibility is to ensure the safety of all passengers.
- In order to ensure that services are cost efficient and appropriate, the grantee must sometimes request a waiver of a MATP requirement.

#### Slide #10: The Provision of Services

- Any issue brought to the attention of the Grantee by a consumer, guardian, advocate, or agency, for the purpose of assistance or resolution is considered a “complaint”.
- There are times when the Grantee may deny, reduce, or terminate a consumer’s request for transportation.

The process must include the steps outlined in the S & G. There are times when the Grantee may, deny, reduce or terminate a consumer’s request for transportation.

Circumstances warranting a denial, reduction or termination of services include:

- Inappropriate behavior
- Notice from medical provider indicating improved medical condition.
- The availability of an operable vehicle

The Grantee must send to the consumer, the Department’s standard written notice form. The form explains the reason for denial, reduction or termination and informs the consumer of the right to appeal.

#### Slide #11: Community Health Choices Impact on MA Transportation

- With the introduction of CHCs in the Southwest Counties and the upcoming transition to CHCs in the Southeast, there has been coordination between MATP, CHC, and OIM to coordinate services.
- MATP will continue to provide NEMT services to eligible consumers and the application and access procedures will continue as always according to individual county policy.
- CHCs will provide some transportation services which are not within the scope of MATP.
- All exceptional transportation needs will be referred to the CAO or to CHC as appropriate.

Slide # 12: MATP Program Changes:

- The Human Services Fiscal Code that accompanies the state budget was passed on June 25, 2018 and was effective July 1, 2018.
- One of the provisions in the Human Services Fiscal Code is related to the Medical Assistance Transportation Program.
- The Department of Human Services is required to issue a Request for Proposal (RFP) for a statewide OR regional broker to administer MATP services within 180 days of the effective date of the Fiscal Code.
- The Department of Human Services is currently assessing its options to comply with the legislation.
- The Department of Human Services will communicate its plans to counties and other stakeholders in the near future.

We will be announcing information as soon as it is available.

Slide # 13: Program Staff Assignments

- Refer to the Map of territories within the power point presentation and distributed as a separate full size handout.

Slide # 14: Contacts

Here is our contact information along with MATP's website address.

- Tamara Carter, Division Director 717-346-3937 [tacarter@pa.gov](mailto:tacarter@pa.gov)
- Daphne Simeonoff, Program Manager 717-265-7829 [daphsimeon@p.gov](mailto:daphsimeon@p.gov)
- Eira Andrade-Hall, Program Monitor 717-214-1351 [endradeha@pa.gov](mailto:endradeha@pa.gov)
- Ronald Minnich, Program Monitor 717-705-8259 [rominnich@pa.gov](mailto:rominnich@pa.gov)
- Jeffery Stinson, Program Monitor 717-409-3358 [jstinson@pa.gov](mailto:jstinson@pa.gov)
- MATP Website: [www.matp.pa.gov](http://www.matp.pa.gov)

Slide # 15: Thank You

Questions & Answers:

Question: We are a community based organization and we are being told that Delaware County Transportation is telling consumers they do not provide Behavioral Health transportation for treatment?

Answer: We would need more details specifically to answer. Call your regional Program Monitor to discuss further.

Question: What is the complaint process?

Answer: Contact your MATP provider first. They will mediate the complaint. If it can't be mitigated, contact MATP Program Monitor (refer to the power point map). We will get involved.

## **7. Physical Health Managed Care Initiatives, Updates & Upcoming Events**

- a. Aetna Better Health Plan
- b. Health Partners
  - For events around the Philadelphia region, call 215-967-4514
  - 10/21/18 Walk – 5K
  - 11/13/18 Northeast Philadelphia WIC – Information Table
  - 11/14/18 Diabetes Workshop – learn to manage diabetes and healthy eating
- c. Keystone First
  - Temple & Penn Universities – Dental School, Education
  - 11/08/18 Summit
  - EPSDT Outreach team
- d. United HealthCare Community Plan
  - For a complete listing of upcoming events check our website
  - Community Events:
    - Community Baby Shower in Philadelphia,
    - National Drug Take Back Day,
    - Montgomery County – Lego Land
    - Salvation Army – Christmas celebrations, will be occurring in 28 counties

## **8. Behavioral Health Managed Care Updates & Upcoming Events**

- a. Community Behavioral Health
  - For a complete listing of upcoming events check our website
- b. Community Care Behavioral Health
  - CHC Collaboration
  - Website is updated, please check it out [www.ccbh.com](http://www.ccbh.com)
  - Organization color change to purple to align with UPMC colors
- c. Magellan Behavioral Health
  - 10/20/18 Montgomery County - Wellness Fair at Plymouth Meeting Mall
  - 10/26/18 Willow Grove – Member Advisory Work Group



## **pennsylvania** ENROLLMENT SERVICES

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- 11/13/18 Delaware County – MY LIFE Group Meeting at NHS on Chester Pike
- 11/14/18 Montgomery County – MY LIFE Group Meeting at Norristown Public Library
- 11/30/18 Lehigh County – Member Advisory Work Group

### **9. Community Based Organization Updates & Upcoming Events**

- No updates or upcoming events shared

### **10. Open Discussion**

- PA Independent Enrollment Broker shared information on the waiver programs and Community HealthChoices. Nursing facility presentations are occurring in the community and there are webinars being hosted on Tuesday's at 2:00pm. Check the website [www.enrollchc.com](http://www.enrollchc.com) for a list of dates found under the program resources tab.
- Reminder given by Ms. McDonnell from PA EAP to complete the survey in the meeting packet of information. The feedback is valuable and assists with planning future meetings, agenda items, and presentation topics.
- Attendees encouraged to network after the meeting with one another

**Total Number of Attendees: 42**

**Next Meeting:** HealthChoices Consumer Advisory Committee - SouthEast Zone

**Dates:** April 2019

**Time:** TBD

**Location:** TBD