

March 25, 2022

Jamie Buchenauer, Deputy Secretary
Office of Long-Term Living, Pennsylvania Department of Human Services
Via Electronic Mail

Dear Deputy Secretary Buchenauer:

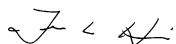
On behalf of the Pennsylvania Homecare Association (PHA) and our nearly 700 member agencies who provide in-home care to seniors and individuals with disabilities, thank you for the opportunity to respond to the Department's request for information (RFI) regarding the proposed Agency with Choice (AWC) model in Community HealthChoices (CHC). As you know PHA member agencies provide, among other services, personal assistance services (PAS) to thousands of individuals in the Community HealthChoices Waiver program across the Commonwealth.

Our members have expressed the following concerns:

- Agency with Choice already exists within the agency model. We are concerned that the Department would invest much-needed funds and resources to duplicate services that are already provided across the Commonwealth, in a way that would harm the current system of care and have the effect of limiting consumer choice.
- A single statewide AWC provider is more likely to limit consumer choice, than to expand it. If the Department establishes a "favored" vendor for family caregivers and AWC, by providing for higher DCW wages or other more favorable terms, it will negatively impact providers and caregivers who are currently providing these services to thousands of consumers across Pennsylvania, resulting in fewer agencies and limiting choice. A robust agency model is necessary to ensure that consumers continue to have a wide range of choices in CHC, to further value-based purchasing in home care, and ensure high quality care in CHC, including agency-supported back-up plans.
- The listed eligibility requirements are specific and restrictive, and most, if not all, current providers or entities in Pennsylvania would not qualify.
- Costs to implement the model are not provided by the Department (beyond the first year), and given the chronic underfunding of the CHC program, providers are very concerned about the diversion of funding and resources to create a duplicative model that could significantly harm the current system of care.
- The RFI itself is confusing, strongly supporting the need to not rush the implementation of this new and system-changing model.

We would welcome the opportunity to answer questions or provide additional information to the Department on our comments. Thank you for your time and consideration of these very important issues impacting home-based care and consumers. I can be reached at thenning@pahomecare.org or (717) 649-6498. Thank you.

Sincerely,



Teri L. Henning, CEO

Your *partner* in
bringing *care home*

PHA Comments on DHS Agency With Choice (AWC) Request for Information (RFI)

DHS has identified the following objectives for AWC in CHC.

Increasing the opportunity for participant choice and self-direction. For the reasons set forth below, AWC seems more likely to have the opposite effect.

Improving the efficiency and consistency of service to participants. It is not clear how AWC would do this differently or better than current model, with significantly increased costs and likely consumer confusion.

Identifying options for quality improvement strategies and process improvement. There is no need for AWC to do this. This is already a primary focus of CHC, with Value-Based Purchasing (VBP) just getting started.

Strengthening the Department's capacity to produce and analyze benchmark statistics to support state and federal monitoring of progress towards the goals of participant choice and self-determination. It is not clear how AWC, as described, would support this. The only way this works in the way it is described is if current consumers working with agencies switch to the AWC Model, which would, necessarily, negatively impact agencies currently working with family/friend caregivers and limit consumer choice.

PHA respectfully suggests that DHS can and should focus funding, efforts and Department support to improve the CHC models that already exist. As mentioned above, VBP is just getting started in CHC. Chronic underfunding has severely impacted the ability of providers to employ a sufficient number of caregivers and provide quality care to all consumers who need it. Electronic Visit Verification (EVV) continues to create challenges for providers across Pennsylvania, and EVV implementation for home health begins on 1/1/23. The provider community needs support, and DHS should not divert time, energy, resources and funding to develop and implement a new model that already exists across Pennsylvania.

Agency with Choice Already Exists

AWC already exists in Pennsylvania. Agencies across Pennsylvania employ individuals who provide care to family members and friends, ensuring regulatory compliance and overseeing the provision of services to consumers. They conduct and pay for background checks, training, health screening, workers' compensation, insurance, PPE, overtime, and more. During the COVID-19 public health emergency, many individuals in the participant-directed model struggled to find back up coverage, and a significant number moved to the agency model for additional support and assistance. The RFI describes a model that would be duplicative and costly, with no clear additional benefits to consumers.

Protecting Consumer Choice

We are concerned that the selection of one statewide AWC vendor will significantly limit consumer choice. The Department states a goal of tracking data for enhanced accountability and quality control, but data tracking and quality are already a focus in

CHC. The development and implementation of value-based purchasing in CHC requires a robust provider community. Identifying a “preferred” provider for the AWC model will necessarily impact other providers who are currently working in this model, limiting consumer choice and potentially negatively impacting the development of VBP in CHC. We are concerned that creating a ‘preferred’ model will increase confusion, limit choice (by negatively impacting current providers), and harm consumers.

ODP Program

As you know, the Office of Developmental Programs (ODP) has implemented an AWC model, but it would not operate similarly in CHC. First, ODP operates in a Fee-For-Service (FFS) model, where the state can more directly control rates, wages, overtime, and more. CHC operates in managed care, where the state cannot control these factors in the same way. ODP’s program also offers consumers multiple agencies (regional) to choose from, not one statewide vendor. The diverse regions of Pennsylvania present unique challenges in the delivery of services, which are best served by a range of agencies.

Vendor Requirements

The eligibility requirements in the RFI are specific and restrictive. Among other requirements, a potential vendor must have ten years of experience in human services, with five in the consumer-directed model, 10,000 payees, and experience in the consumer-directed model in at least two states. Very few, if any, Pennsylvania entities would be eligible to apply for the model, as currently envisioned. Why? It sounds like the Department is describing a specific vendor, which is concerning. At a minimum, the requirements should be broadened to solicit as many qualified vendors as possible.

Program Costs

The Governor is proposing \$280,000 in 2022-23 to implement AWC, but there is no information about ongoing costs of this program. Given state budgetary constraints, chronic underfunding for CHC, massive workforce challenges faced by providers, and the fact that this model already exists, supports and funding should first be allocated to ensuring access to quality care in current programs. Before proceeding, DHS must determine, and make public, the increased costs of this program in future years. We believe they will be substantial.

Administrative Challenges

The RFI is confusing and unclear about the difference between the primary employer, managing employer. Who sets wages and pays overtime? How will background checks be handled, and what will those rules be? How will reimbursement rates compare to the existing consumer-directed and agency models? Rushing into a new program serves no one, least of all consumers who need care. Additional information and discussion is necessary to protect the fragile Medical Assistance system in Pennsylvania and ensure access to quality care for all who need it.