

Commonwealth of Pennsylvania

Balancing Incentive Program Application

Submitted by the Pennsylvania Department of Public Welfare and
Department of Aging

April 18, 2014



COMMONWEALTH OF PENNSYLVANIA

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April 18, 2014
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Dear Ms. Burnett:

The commonwealth of Pennsylvania is pleased to submit the enclosed application for participation in the Balancing Incentive Program (BIP). Participation in BIP will allow the commonwealth to build upon current efforts to rebalance the delivery of long-term services and supports (LTSS) by working toward improved and expanded access to home and community-based LTSS. With the continued support and input of our LTSS stakeholders, Pennsylvania will implement the required structural changes under BIP including improved access to services with a No Wrong Door approach, improving consistency across functional assessments, and ensuring conflict-free case management. Pennsylvania will continue to identify improvements to our LTSS eligibility and service delivery processes that will enable LTSS partners to serve consumers as holistically and efficiently as possible.

Pennsylvania estimates that the commonwealth would receive approximately \$94 million through enhanced federal Medicaid matching funds through the BIP grant period. Funding will be used both to implement all BIP requirements and to support Governor Corbett's plans for the continued expansion of home and community-based services in Pennsylvania. The Pennsylvania Department of Public Welfare (DPW) will serve as the lead administrative agency for BIP. Mr. Charles Tyrell will serve as the BIP point of contact, working in close collaboration with the Pennsylvania Department of Aging, and with representatives from the DPW Offices of Long-Term Living, Developmental Programs, Income Maintenance, Medical Assistance Programs and Mental Health and Substance Abuse Services. Please do not hesitate to contact Mr. Tyrell at (717) 346-5446 or by e-mail at: ctyrell@pa.gov

Sincerely,

Brian Duke, Secretary
Department of Aging

Beverly D. Mackereth, Secretary
Department of Public Welfare

Cc: Leesa Allen
Pennsylvania Executive Medicaid Director

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Project Abstract

The Pennsylvania Department of Public Welfare (DPW), in partnership with the Pennsylvania Department of Aging (PDA), seeks approval from the Centers for Medicare and Medicaid Services for participation in the Balancing Incentive Program (BIP). The \$94,260,652 enhanced federal Medicaid matching funds received through BIP would greatly assist the Commonwealth with its ongoing efforts to expand home- and community-based long-term services and supports (HCB-LTSS). The strategies that Pennsylvania is considering to ensure the success of this project are outlined below.

BIP Requirement	Activity Under Consideration
No Wrong Door (NWD) Design	Enhance the ability of existing entry points to work with individuals to assist them in identifying a program that may best be able to address their needs and directly connect them to these programs. This will include information materials and other outreach efforts.
	Hold focus groups across the state to include consumers, advocacy organizations, providers, and county agencies to identify best practices to streamline current eligibility and enrollment processes for those seeking community-based supports.
	Amend COMPASS to include the ability to apply for Medicaid HCB-LTSS waiver programs.
	Build upon an existing hotline operated by Department of Aging as the toll-free hotline for long-term services; update the existing, but out-of-date, "Long-Term Living in PA" website.
Core Standardized Assessments	Develop, with stakeholder input, a web-based Level I LTSS screening tool.
	Examine existing functional assessment instruments for opportunities to assure the core data elements required by CMS are captured and to increase consistency among the tools. Review what options may exist to create a standardized assessment across long term care programs.
Conflict-Free Case Management	All waiver programs are currently conflict-free; we will mitigate conflict in other Medicaid-funded LTSS programs.

The BIP grant funds will be used to further expand access to Pennsylvania's Medicaid-funded HCB-LTSS and to support the structural changes necessary to improve our LTSS delivery system. The No Wrong Door (NWD) system will facilitate a coordinated pathway for consumers to learn about home and community-based services from a variety of sources, regardless of where they first enter the system. By expanding access and reducing fragmentation we can prevent undesired admissions to long-term care institutions for consumers who feel they have no other options. Pennsylvania is committed to implementing BIP structural requirements by the end of September 2015.

Application Narrative

A. Understanding of Balancing Incentive Program Objectives

Pennsylvania is committed to achieving the goals of the Balancing Incentive Program (BIP): to improve Pennsylvania's long-term supports system to better serve persons with long-term care needs in their homes and communities. The Pennsylvania Departments of Public Welfare (DPW) and of Aging (PDA) firmly believe that older persons and persons with disabilities should be provided the opportunity to live in their own homes and communities with necessary supports. With approximately 15 percent of Pennsylvanians over age 65, Pennsylvania is currently the fourth "grayest" state in the United States. Pennsylvania currently ranks third in the nation for Medicaid expenditures on home and community-based long-term supports (\$2.9 billion) but ranks 42nd when looking at the percentage of funding going to community-based services compared to institutional level of services (37% in 2011).^{1,2} More work remains to achieve a well-balanced LTSS system and to ensure that our seniors and persons with disabilities are able to access LTSS in their homes and communities.

Pennsylvania's DPW and PDA are responsible for administering home and community-based LTSS throughout the Commonwealth. The Department of Aging provides critical LTSS to persons in need who are over age 60, such as in-home personal assistance services, transportation and pharmaceutical assistance, protective services, respite services, and more. Many of PDA's services are supported by funding from the Pennsylvania Lottery.

Within DPW, several key offices support the mission to rebalance long-term care in Pennsylvania:

1. The Office of Long Term Living (OLTL) provides supports and services to adults with disabilities and older Pennsylvanians through six Medicaid home- and community-based services (HCBS) waivers. OLTL also administers a state funded attendant care program and the Living Independence for the Elderly Program (LIFE).
2. The Office of Developmental Programs (ODP) provides individuals with intellectual disabilities or autism the services and supports they need to enable them to live in and participate fully in the life of their communities. ODP administers and oversees three 1915(c) Medicaid HCBS waivers and a 1915(a)/(c) waiver called the Adult Community Autism Program (ACAP).
3. The Office of Mental Health and Substance Abuse Services (OMHSAS) provides consumers with the opportunity for growth, recovery, and inclusion in their community, and access to culturally competent services and supports of their choice.
4. The Office of Income Maintenance (OIM) is responsible for determining the eligibility of individuals for the Medicaid program, including the financial eligibility for home and community base waiver programs. In addition, this office also determines eligibility for the

¹ Pennsylvania spent \$2,973,619,847 in fiscal year 2012 on home health and personal care services. Source: <http://kff.org/medicaid/state-indicator/spending-on-long-term-care/>

² Source: Centers for Medicare and Medicaid Services, *Medicaid Expenditures For Long Term Services and Supports in 2011*, Available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Downloads/LTSS-Expenditure-Narr-2011.pdf>

Supplemental Nutritional Assistance Program (SNAP) and the Low Income Energy Assistance Program (LIHEAP)

5. The Office of Medical Assistance Programs (OMAP) oversees the physical health Medicaid Managed Care program, HealthChoices, and the fee for service Medicaid program.

Through BIP, Pennsylvania plans to strengthen the existing “Link to Aging and Disability Resources” and other LTSS entry points to achieve a robust system. In particular, the system will:

- Leverage existing entry points throughout the commonwealth and enhance partnerships among organizations across the aging and disability spectrum;
- Enhance information and referral capabilities so that consumers can identify the appropriate programs and services to meet their needs;
- Improve the eligibility and enrollment processes for LTSS populations throughout the commonwealth so that consumers have a timely experience;
- Ensure the commonwealth collects a core set of functional assessment information for all LTSS consumers;
- Ensure case management activities are conflict-free for all Medicaid-funded community-based programs.

The NWD system will facilitate a pathway for consumers to access HCB-LTSS from a variety of sources, regardless of where they first enter the system. In addition, we will aim to improve current enrollment processes so that consumers do not experience unnecessary delays that could result in an unwanted admission into an institutional setting.

B. Current System’s Strengths and Challenges

Current System’s Strengths

Pennsylvania’s greatest strength is the wide array of Medicaid home and community-based services and other state-funded LTSS programs. Pennsylvania currently operates ten Medicaid-funded HCBS programs that serve individuals with long-term care needs. In total, these programs allow approximately 76,000 Pennsylvanians to live independently in their own homes and communities. Table 1 below describes the array of Medicaid-funded HCBS programs available in Pennsylvania.

Table 1: Medicaid Home- and Community-Based LTSS Programs in Pennsylvania

Program Name	Population	Approximate 2013 Enrollment
Aging Waiver	Seniors, ages 60+	21,685
Attendant Care Waiver	Persons with physical disabilities, ages 18-59	9,023
Independence Waiver	Persons with physical disabilities, ages 18-59	8,745
Living Independence For the Elderly (LIFE)	Seniors, ages 55+	3,877
Consolidated Waiver	Persons with ID, ages 3+	16,508
Person/Family-Directed Support (P/FDS) Waiver	Persons with ID, ages 3+	11,224
OBRA Waiver	Persons with physical developmental disabilities, ages 18-59	1,410
Adult Autism Waiver	Persons with autism, ages 21+	324
CommCare Waiver	Persons with TBI, ages 21+	568
AIDS Waiver	Persons with HIV/AIDS, ages 21+	621

In addition to Medicaid 1915(c) waiver programs, many individuals also receive physical, mental health and substance abuse services through the HealthChoices managed care delivery system. The HealthChoices program is operated under the authority of a 1915(b) waiver and includes a managed care program for physical health and a separate managed care entity for behavioral health. The behavioral health managed care organizations provide the full array of mental health and substance abuse treatments based on the medically necessity of the individual for the level of care authorized. For persons needing mental health or substance abuse services, an interdisciplinary care team typically helps to coordinate each person’s recovery services, which may range from in-patient psychiatric care to community-based peer support services.

The Department also has a Medicaid funded, voluntary capitated LTSS program for adults with autism spectrum disorder that provides physical, behavioral, and community services in certain counties within the state.

In addition to these Medicaid-funded programs, Pennsylvania also has state only funded programs for seniors and persons with physical disabilities:

1. The Department of Aging administers the OPTIONS program which provides assessment, care management, and in-home services for individuals 60 years of age and older. Services

such as adult day care, counseling, personal assistance, home health, personal care, protective services, Personal Emergency Response Systems (PERS), home delivered meals, transportation, respite, home support and other community or in-home services. These services assist older individuals to remain in their homes and preventing and delaying nursing facility placement.

2. The Department of Aging also administers a hospital and care transition program that uses Area Agencies on Aging (AAAs) to transition individuals from a care setting back to home or community. The program goal is to improve hospital discharge planning and support services that would reduce the number of hospital readmissions and improve the health status of older Pennsylvanians.
3. The Office of Long-Term Living (OLTL) administers a state-funded program called ACT 150 for adults with disabilities who do not meet the financial eligibility criteria for Medicaid. Services are similar to those offered through the Attendant Care waiver. Approximately 1,900 adults are currently enrolled in the ACT 150 program.

Pennsylvania has continued to increase the number of individuals served within in its Medicaid community-based LTSS programs by committing additional state funds for these programs. Specifically, Table 2 below shows that over the past three years, there has been a 24% increase in the number of individuals served in the community.

Table 2: Increase in Medicaid HCBS Program Enrollment, 2010 - 2013

HCBS Program	July 2010	September 2013	Percent Change
Consolidated Waiver	15,513	16,451	6.0%
Person/Family Directed Waiver	10,227	11,147	9.0%
Attendant Care Under 60 Waiver	7,149	9,074	26.9%
OBRA Waiver	1,659	1,414	-14.8%
Independence Waiver	4,073	8,709	113.8%
CommCare Waiver	686	570	-16.9%
Aging Waiver	17,045	22,247	30.5%
Adult Autism Waiver	172	325	89.0%
LIFE Program	2,643	3,775	42.8%
AIDS Waiver	774	641	-17.2%
Total	59,941	74,353	24.0%

Governor Corbett continues to recognize the growing demand for Medicaid-funded HCBS LTSS and other state funded programs, and has proposed further funding increases in his SFY 2015 budget for the following programs:

- Expanding Services for Older Pennsylvanians and Individuals with Physical Disabilities:
 - An additional 1,764 older Pennsylvanians will be served through the Medicaid home and community-based Aging waiver;
 - An additional 800 individuals will be served in the LIFE program;
 - An additional 500 individuals will be served in OPTIONS program;
 - An additional 204 individuals who transfer from DPW's Attendant Care Program at age 60; and
 - An additional 1,599 individuals with physical disabilities will be served in community settings.

- Expanding Services for Individuals with Intellectual Disabilities and Autism:
 - 700 young adults who are graduating from the special education system to continue to live independently in the community by receiving home and community base services;
 - 400 individuals who are on the emergency waiting list will be served to keep them in their homes and communities; and
 - 100 adults with autism spectrum disorders will be served in the autism waiver program.

- Moving Individuals from Institutional Care to Community-based Care:
 - Transition an additional 90 individuals from state mental hospitals to progressive mental health treatment in home-like settings; and
 - Transition an additional 50 individuals from state intellectual disability facilities to home and community-based settings.

Existing LTSS Information and Referral, Eligibility Determination, and Case Management Processes

Below is a discussion of the current pathways for enrollment into each Medicaid LTSS program, including information and referral entry points, eligibility determination, and case management processes below.

Adults Ages 60 and Older

DPW's OLTL administers the Aging waiver, a Medicaid home and community based program for individuals 60 years of age or older who are determined to be nursing facility clinically eligible. This program provides services including personal assistance, adult day care, and non-medical transportation. The local AAAs conduct functional eligibility assessments for participants in the Aging waiver and coordinate with local County Assistance Offices (CAO) that process Medicaid applications for financial eligibility determinations.

Once a consumer has been enrolled in the Aging waiver, service planning and ongoing case management are conducted by Service Coordination Entities (SCE). Service Coordinators develop the service plan with the consumer using the Care Management Instrument (CMI).

The Department of Aging administers the OPTIONS program that provides community base supports. The OPTIONS program is provided locally by the AAAs for individuals who experience some degree of frailty in their physical or mental health. They range in functional need from being eligible for a nursing facility to needing basic personal care services such as help around the home. There is no financial eligibility requirement for OPTIONS based services. However, consumers may be required to make a co-payment for services based on income.

Adults with Physical Disabilities, Traumatic Brain Injury, or AIDS

DPW's OLTL administers the Independence and Attendant Care waivers for persons ages 18-59 with physical disabilities, the COMMCARE waiver for persons over age 21 with traumatic brain injury, the OBRA waiver for persons ages 18-59 with physical developmental disabilities, and the AIDS waiver for persons over age 21 who have symptomatic HIV Disease or AIDS. The primary entry point for individuals who are interested in applying for one of these OLTL waivers is through an Independent Enrollment Broker (IEB). Pennsylvania's IEB operates a toll-free hotline consumers can call to begin the application process, as well as one physical office location. IEB employees are able to conduct home visits to initiate and assist with the application process and will forward this information on to the CAO for a final determination of eligibility. Functional assessments for all but the AIDS waiver are conducted by the local AAA and financial assessments are conducted by the DPW's local CAO.

Similar to the Aging waiver, SCEs conduct service planning and ongoing case management. SCEs also conduct annual reassessments using the CMI. Disability organizations such as Centers for Independent Living (CIL) and United Cerebral Palsy (UCP) can enroll as an SCE.

Individuals with Intellectual Disabilities or Autism Spectrum Disorders

DPW's ODP administers waivers for persons with intellectual disabilities or autism spectrum disorders. Individuals who are interested in applying for the Consolidated, or the Person and Family Directed Supports waiver typically begin the process at their county Mental Health/Intellectual Disability (MH/ID) office. These "administrative entities" determine an applicant's functional eligibility, which is based on certification of an intellectual disability diagnosis by a psychologist, psychiatrist, or other physician, and assessment of adaptive functioning by a "Qualified Intellectual Disability Professional." The county MH/ID agency will work with their local CAO on the financial eligibility determination. When a waiver slot becomes available and the individual is enrolled into the program, they are assessed using the Supports

Intensity Scale (SIS) for service planning purposes. Ongoing case management is conducted by one of the 55 Support Coordination agencies in Pennsylvania; they are all conflict-free.

Individuals interested in applying for the Adult Autism waiver or the Adult Community Autism Program (ACAP) may call a toll-free phone number to speak with staff in DPW's Bureau of Autism Services (BAS). Functional assessments are conducted by staff from the BAS. In addition, medical professional must certify that the individual meets the intermediate care facility (ICF) level of care and has an autism spectrum diagnosis. Financial eligibility is determined by DPW's local CAO. Service Coordinators develop service plans with the individual's participation and conduct case management for the Adult Autism waiver in a conflict-free manner.

Adults with Mental Health or Substance Abuse Treatment Needs

Pennsylvania, either directly or in coordination with local county MH/ID entities, contracts with five behavioral health managed care organizations (MCO) as part of its statewide HealthChoices 1915(b) waiver program for mental health and substance abuse services. Individuals who seek access to mental health or substance abuse services can enter the system through one of many entry points—local providers, MH/ID county offices, or one of the MCOs. There is no standardized assessment instrument in use to determine eligibility for mental health or substance abuse treatment. All MA eligible recipients are eligible for mental health services as part of their regular benefit package and treatment need is based on diagnosis, history, and medical necessity for a particular level of care.

HealthChoices

The HealthChoices Program is Pennsylvania's mandatory managed care program for Medical Assistance recipients. Through the *physical* health Managed Care Organizations (MCO), recipients receive quality medical care and timely access to all appropriate physical health services, whether the services are delivered on an inpatient or outpatient basis. Through *behavioral health* MCOs, recipients receive appropriate mental health and/or drug and alcohol treatment services.

With the exception of the AIDs waiver, the physical HealthChoices program does not cover waiver services. Most MCOs have “special needs units” that work with members who have a special health care or social needs, such as a chronic illness, or because of a problem that affects their health, such as homelessness or domestic violence. MCOs conduct regular service planning activities for members with special needs, and if it seems that the member may be functionally eligible for waiver services, a case manager must assist them in applying for the appropriate waiver. Similarly, if a HealthChoices member's health status suddenly changes such that they become at risk of institutionalization, for example, due to a stroke, a MCO case manager must provide them with information about how to apply for waiver services.

COMPASS

Pennsylvania has an online, integrated application process (COMPASS) for individuals seeking assistance with health and human services, including Medicaid. The online application allows individuals to complete an application for public assistance benefits that is automatically sent to local CAO for an eligibility determination. The online application is built to be consumer friendly. DPW also works with its local community partners who can assist applicants to complete the online application. COMPASS allows individuals to track the progress of their application. Beyond Medicaid, individuals can apply for energy assistance (LIHEAP), the Supplemental Nutrition Assistance Program (SNAP), cash assistance and child care subsidies.

Current System's Challenges

Entry into the existing structure of HCB-LTSS programs can be difficult for consumers to navigate, as processes vary across programs. In addition, the intake and eligibility processes can be lengthy, which may hinder one's ability to remain in their homes during a time of crisis. With the assistance of BIP funds, we will explore strategies to effectively divert individuals who want to be served in their homes away from institutional placement.

Beyond the enrollment process, other barriers exist that prevent eligible individuals from receiving supports in their communities. For example, the lack of affordable *and* accessible housing is a barrier for those seeking to remain or return to the community. We will explore these barriers in our local focus groups and obtain recommendations on how best to address these situations.

C. NWD Agency Partners and Roles

Pennsylvania's NWD approach will allow consumers to access LTSS information from a variety of sources, including multiple on-site locations, an LTSS website, and a consumer hotline. Regardless of where they enter the system, consumers will be able to access LTSS information and appropriate referrals. We plan to leverage our existing network of LTSS entry points and enhance their ability to coordinate and share information, which is particularly important for consumers with multiple support needs. Our NWD network will be comprised of the following partners:

- **PA Link to Aging and Disability Resources:** Covering all 67 counties throughout the commonwealth, the PA Link forms the backbone of integrated information, and referral, for older Pennsylvanians and persons with disabilities. PA Link is the designated Aging and Disability Resource Centers (ADRC) in Pennsylvania. The Links work with the following organizations
 - 52 AAAs;
 - 16 Centers for Independent Living (CIL); and
 - Independent Enrollment Brokers (IEB)
- **County Mental Health/Intellectual Disability (MH/ID) offices:** Mental health and intellectual disability services are administered through 48 county offices. The MH/ID offices serve as a referral source for persons with mental health or substance abuse

treatment needs and for persons with intellectual disabilities. The county MH/ID offices determine a person's eligibility for services, assesses their treatment and support needs, and make referrals to appropriate programs and providers.

- **Area Agencies on Aging (AAA):** Pennsylvania's 52 AAAs are the primary information and referral source for the aging services issues and concerns affecting older adults and their caregivers. Specific services at each agency vary throughout the state, but each agency offers a wide array of programs to help older Pennsylvanians and their families access the help and information they need.
- **Centers for Independent Living (CIL):** Pennsylvania's CILs are non-profit agencies that provide information and referral assistance, advocacy, peer mentoring, and independent living skills training.
- **County Assistance Offices (CAO):** Pennsylvania's 93 CAOs conduct eligibility determinations, including financial and non-financial criteria, for Medicaid and many other human service programs. In addition to coordinating with entities that conduct functional assessments for Medicaid waivers, CAOs provide referrals to appropriate NWD partners in cases where consumers initiate their LTSS application at a county office.
- **HealthChoices MCOs:** Medicaid recipients enrolled in the HealthChoices program receive physical and behavioral health care services through contracted MCOs. The HealthChoices MCOs do not cover the Medicaid waiver services. However, the MCO case managers must assist their members who may be functionally eligible for waiver services or other state-funded LTSS in applying for such programs by connecting them with the appropriate entry point—for example, a local AAA and CAO.
- **COMPASS:** The COMPASS website serves as a single access point for Pennsylvanians to apply for many health and human services programs, such as Medicaid, CHIP, SNAP, or cash assistance. We will explore opportunities to electronically coordinate COMPASS with the Level I LTSS screen and Medicaid waiver application processes.
- **New LTSS consumer hotline and website:** The Pennsylvania DPW and PDA will establish a new LTSS consumer hotline, by leveraging an existing consumer help line or by developing a new one. We will update our existing "Long-Term Living in PA" website to serve as the new BIP LTSS website where consumers will be able to complete the Level I screen and find information on available LTSS programs and how to apply.

The new NWD system will work with these existing LTSS entry points to improve their ability to provide standardized information and coordinate referrals. For example, we will strive to strengthen the relationships between Link agencies and MH/ID offices to better assist the mental health/substance abuse and ID populations and improve coordination between the Link agencies and CAOs for coordinating financial eligibility determinations. Furthermore, we will look to strengthen the relationship with the OLTL independent enrollment broker and the other NWD entities. As part of this activity, we will engage our local stakeholders, including those listed above as well as consumers, families, providers and advocates, to identify current best practices and obtain their input on ways to better coordinate across the LTSS system.

See Attachment B for maps of NWD entity locations throughout Pennsylvania.

D. NWD Person Flow

DPW, as the Commonwealth's single state Medicaid agency, will collaborate with PDA to identify all possible opportunities to enhance coordination and collaboration across NWD partners to ensure that LTSS consumers experience a timely and consumer friendly experience. For example, we will identify best practices to streamline the functional assessment and financial eligibility determination processes so that eligible consumers can begin receiving services as quickly as possible. As previously discussed, the current processes can sometimes cause unnecessary delays that could potentially preclude an individual from being able to remain in his or her home. In addition, we plan to enhance cross-training among NWD partners to improve information and referral capabilities at each entry point and better serve consumers across the aging and disability spectrum.

All entry points will have access to the Level I initial screen to determine the range of an individual's LTSS needs. Depending on the outcome of the initial screen, an individual may be interested in applying for one of Pennsylvania's HCBS Medicaid waivers. At that point, the NWD agency, if not an agency that oversees eligibility and enrollment determinations, will help the individual connect with the appropriate entity. Once an individual has been determined functionally and financially eligible, the individual will receive assistance with choosing a service coordinator to develop care plans and conduct ongoing case management.

E. NWD Data Flow

OLTL and ODP waiver data are stored in Pennsylvania's Home and Community Services Information System (HCSIS) and in the Social Assessment Management System (SAMS). HCSIS is a web-based, enterprise-wide application that supports individuals enrolled in Medicaid HCBS waivers and other state-funded home- and community-based programs. HCSIS is also the operating system for the state's 48 county MH/ID programs. The functions of HCSIS include: tracking individuals progression through the system, service plan management, provider registration and payments, budgeting and financial management, and quality management (including critical incident tracking and client satisfaction surveys).

HCSIS interfaces with several other state databases to facilitate the storage and transfer of both financial and functional information for all LTSS consumers. For example, HCSIS interfaces with the following data systems:

- The SAMS database used by AAAs to store results of the Level of Care Assessment (LOCA) for the Aging, Attendant Care, COMMCARE, and Independence waivers. Many AAAs use a PC or tablet entry application that can be uploaded to SAMS, though some agents record the LOCA responses manually and hand-key the data into SAMS separately. A case management file is also opened for all applicants at the time of application (for Aging

waiver applicants, the AAA opens one in SAMS, and for other OLTL waiver applicants, the IEB opens one directly in HCSIS).

- The Client Information System (CIS) used by CAOs to store financial eligibility information
- COMPASS, the Commonwealth's online application system that also collects demographic and financial eligibility information. Anyone with internet access can use COMPASS, whether they are applying for or renewing benefits for themselves or helping someone else. The information collected from the consumer through the website allows CAO case workers to make timely eligibility determination. HCSIS and COMPASS are currently only able to share data for applications for ODP's Consolidated and the P/FDS waivers. DPW will explore the possibility of enhancing COMPASS's capabilities to allow applicants to apply for OLTL waivers online.

DPW and PDA will examine the feasibility of storing the results of the Level I screen and electronically linking them with Level II assessment results. We may also explore options to automate the process that NWD entities use to notify CAOs of newly initiated applications, as case workers currently mail a paper form to the CAO to trigger a financial assessment.

F. Potential Automation of Initial (Level I) Assessment

The Pennsylvania DPW and PDA plan to develop a web-based Level I LTSS screening tool with stakeholder input. The online screening tool will be available on the Commonwealth's new BIP/LTSS website. Interested individuals or their designees will be able to begin the referral and assessment process online by answering a set of screening questions designed to identify their potential support needs, current risks of institutionalization, and program eligibility. The tool may also be incorporated within the COMPASS online application system so that interested individuals may complete an online self-assessment to learn about available HCBS in Pennsylvania. This functionality would allow for COMPASS and the LTSS website both to serve as full entry points in the NWD system. Lastly, counselors at local AAAs and IEBs, as well as other community partners, will be able to verbally conduct a Level I screen for interested individuals.

G. Potential Automation of Core Standardized Assessments (CSA)

Some assessment tools are currently paper-based, and in some cases, responses are hand-keyed into the appropriate database. At this time, Pennsylvania does not intend to automate the Level II functional assessments in use across LTSS populations. However, we will explore opportunities to better leverage the results of the Level II assessments in the care planning process. DPW and PDA will also examine the feasibility of storing the results of the Level I screen and electronically linking them with Level II assessment results.

H. Incorporation of a CSA in the Eligibility Determination Process

Currently, Pennsylvania uses multiple tools to assess consumers' functional eligibility for HCBS waiver programs. A standardized instrument called the Level of Care Assessment (LOCA) is currently used for the aging and physically disabled populations, as well as for those with

traumatic brain injury (TBI). No standard assessments are used to determine functional eligibility for persons with intellectual disabilities, AIDS, or long-term mental health or substance abuse support needs. The table below contains basic information on the assessments used for each population.

Table 3: Functional Assessments for Adult Medicaid LTSS Populations in Pennsylvania

LTSS Population	Waiver or Program	Assessment(s) Used
Aging (60 and older)	Aging Waiver, LIFE program (PACE)	LOCA
Physically Disabled (under age 60)	Attendant Care Waiver, Independence waiver, OBRA Waiver	LOCA
Persons with Intellectual Disabilities	Consolidated Waiver , Person/Family-Directed Support Waiver (P/FDS),	No standardized assessment; ³ the Supports Intensity Scale (SIS) is used for service planning
Persons with Autism	Adult Autism Waiver, Adult Community Autism Program (ACAP)	BAS Functional Assessment Tool
Persons with HIV/AIDS	AIDS Waiver	No standardized assessment; physician certification of diagnosis and level of need.
Persons with Traumatic Brain Injury	COMMCARE Waiver	LOCA
Persons with mental health or substance abuse disorders	State plan services	No standard assessment Psychiatric evaluation and level of care based on Medical Necessity of the individual

Pennsylvania does not intend to develop a single Level II Core Standardized Assessment for all populations by September 2015, but rather, will examine existing tools to identify opportunities to consistently collect common functional domains and elements for all populations. When necessary, we will add additional questions to existing tools to ensure compliance with the BIP core dataset requirement. We may also add questions about each individual’s environment and available informal supports to gain a holistic view of each person’s support needs. DPW and PDA are

³ Functional eligibility for the Consolidated and P/FDS waivers is based on an evaluation by a “Qualified Intellectual Disability Professional” to determine if the individual has limitations in three of six functional areas. For all ODP programs, a medical evaluation must certify that the individual has received a diagnosis of an intellectual disability and meets the ICF level of care.

currently in the process of updating the LOCA, and will ensure that all 27 required domains and topics are included.

We will research during the BIP grant period how we might ultimately move toward a common assessment instrument in the future that could include not just those over 60 years of age and persons with physical disabilities, but also persons with developmental disabilities or long-term mental health/substance abuse treatment needs.

I. Staff Qualifications and Training

DPW and PDA are prepared to develop the necessary trainings to ensure that all NWD entities will be able to assist consumers with the Level I self-assessment and provide information and referrals for a range of LTSS. For those individuals who conduct in-person Level II assessments and evaluations, certain training and qualification requirements are already in place to ensure assessment validity and consistency in results. For example, assessors who conduct the LOCA must have one of the following qualifications:

- One year of experience in public or private social work and a Bachelor's Degree which includes or is supplemented by 12 semester hours credit in sociology, social welfare, psychology, gerontology, or other related social sciences, or
- Two years of case work experience including one year of experience performing assessments of client's functional ability to determine the need for institutional or community-based services and a bachelor's degree which includes or is supplemented by 12 semester hours credit in sociology, social welfare, psychology, gerontology, or other related social sciences, or
- One year assessment experience and a bachelor's degree with social welfare major, or
- Any equivalent combination of experience or training including successful completion of 12 semester credit hours of college level courses in sociology, social welfare, psychology, gerontology, or other related social sciences. One year experience in the AAA system may be substituted for one year assessment experience.

Qualified Intellectual Disability Professionals (QIDP) who evaluate applicants for the ODP waivers must have one of the following:

- A master's degree or higher level of education from an accredited college or university and one year of work experience working directly with persons with intellectual disabilities;
- A bachelor's degree from an accredited college or university and two years of work experience working directly with persons with intellectual disabilities; or
- An associate's degree or 60 credit hours from an accredited college or university and four years of work experience working directly with persons with intellectual disabilities.

J. Location of NWD Agencies

The network of NWD entry points will cover all 67 counties in Pennsylvania, thus 100 percent of the commonwealth's population will live within the catchment area of at least one of the following:

- 52 AAAs ;
- Statewide IEB (one central office, statewide toll-free number, and 35 locally-based field workers);
- 16 Centers for Independent Living (CIL);
- 93 County Assistance Offices (CAO); or
- 48 Mental Health/Intellectual Disability (MH/ID) offices

All AAAs, CILs, and CAOs are required to meet the Americans with Disabilities Act (ADA) standards of accessibility. For individuals who are unable to travel to a physical location, AAAs and IEBs offer counselors who are able to visit consumers in their home or residence. See Appendix C for maps of current AAA, CIL, CAO, and MH/ID catchment areas.

K. Outreach and Advertising

DPW and PDA will collaborate with stakeholders and local county entities on a statewide outreach plan to increase awareness of the new BIP/LTSS website and consumer hotline, the Level I self-assessment, and the NWD entry points. We will collaborate closely with community LTSS partners to develop and disseminate informational brochures and other materials to consumers about the new BIP initiatives. For example, we will work with local hospital discharge planners, home health agencies, and primary care physicians on how they can assist individuals with applying for community-based waiver programs or other LTSS.

In addition, we will leverage various outreach channels and public meetings to engage LTSS stakeholders and collect input regarding the BIP-required structural changes. For example, we will coordinate closely with the Governor's recently established Long-Term Care Commission, Medical Assistance Advisory Committee, and other advisory groups within DPW and PDA. The DPW and PDA will also hold local focus groups across the state to identify barriers that exist for understanding and accessing Medicaid home and community-based programs and obtaining input on solutions to these barriers.

L. Funding Plan

Pennsylvania plans to use funding from the BIP grant award (approximately \$94 million of enhanced FMAP funds from July 1, 2014 through September 30, 2015) and will commit appropriate staff time and resources to achieve all BIP requirements and goals. The majority of funds from the BIP award will go to expanding the numbers of individuals served in our Medicaid-funded home and community-based programs. Expenses to implement the improvements highlighted in this application will include the resources necessary to:

- Streamline the eligibility and enrollment process for LTSS and referrals across NWD entities;
- Develop an automated Level I screening tool;
- Evaluate opportunities to enhance existing Level II assessments to comply with the core dataset requirements;
- Update our existing Long-Term Living in PA website;
- Establish a toll-free LTSS consumer hotline;
- Conduct outreach, advertising and training;
- Potentially conduct pilot studies to research nursing facility diversion strategies

See Attachment C for the proposed budget based on the projected BIP grant award amount.

M. Challenges to Rebalancing

While Pennsylvania's nursing facility (NF) population has been decreasing in recent years, expenditures continue to increase. Most recently, while we have seen a decrease in the number of nursing facility days paid by Medicaid we continue to see an increase in the overall expenditures for nursing homes in the Medicaid program. This discrepancy is due in part to rate increases, as well as increases in the case mix index as we continue to transition lower acuity residents back to their communities.

Another challenge to rebalancing is the length of time it often takes to apply and enroll in Medicaid HCBS programs. In addition to implementing strategies to streamline our waiver enrollment processes and transitioning individuals out of institutional settings, we will continue to develop strategies to divert initial NF placements, particularly immediately following a hospital discharge.

As in much of the United States, the lack of affordable, accessible housing continues to be a significant barrier facing many individuals who wish to live in the community. Given their limited incomes, locating affordable and accessible housing can be a barrier for people wishing to transition into community living. As the issue of rebalancing has become a priority, Pennsylvania's health and housing agencies have developed solid working relationships to administer programs designed to assist the elderly and persons with disabilities with leaving institutions and returning to their community. For example, OLTL partners with the Pennsylvania Housing Finance Agency (PHFA) to administer the Home Modification Initiative to assist individuals with securing the necessary modifications to ensure their homes are safe and accessible. OLTL and PHFA also jointly

administer the Tenant Based Rental Assistance Program, which provides rental assistance to such individuals for up to 24 months through local housing authorities. Unfortunately, due to long or closed waiting lists for housing vouchers in many parts of the commonwealth, particularly rural areas, the program has been minimally used. We will continue to explore opportunities to improve access to affordable housing for LTSS populations through the MFP and Nursing Home Transition programs.

N. NWD's Effect on Rebalancing

The NWD system in Pennsylvania will further our current rebalancing goals by providing a framework to reduce the fragmentation and inefficiencies in the eligibility and enrollment process that exist in our current LTSS system. The NWD system will facilitate a pathway for consumers to access HCB-LTSS from a variety of sources, regardless of where they first enter the system. In addition, the NWD system will aim to streamline current enrollment processes so that consumers do not unnecessarily enter nursing homes while they await their Medicaid waiver application decision. Preventing unnecessary nursing home placements is an important step towards ultimately increasing the public's confidence and reliance on the home and community-based LTSS system in Pennsylvania.

O. Other Balancing Initiatives

Pennsylvania has been engaged in a long-term plan to rebalance our LTSS expenditures for over a decade. As previously discussed, Pennsylvania has been steadily expanding our Medicaid HCBS waiver programs for persons with disabilities and older adults and we plan to continue to do so in the future. Pennsylvania's participation in BIP will be instrumental in the commonwealth's ability to continue to serve all those who rely on Medicaid for their community-based LTSS needs.

Below is a description of the ongoing rebalancing initiatives currently in Pennsylvania.

Nursing Home Transition Program

Pennsylvania's Nursing Home Transition (NHT) program provides the opportunity for NF residents and their families to be fully informed of the full range of home and community-based services. The program helps individuals move out of NFs so they can receive services and supports in the settings of their choice. Approximately 8,500 NF residents have been transitioned back to their homes and communities statewide since 2002. AAAs are charged with providing extensive counseling on community-based long-term living services to newly admitted nursing home residents and identifying possible candidates for the NHT program. AAAs receive biweekly admission reports and are expected to make counseling visits in a timely manner, to prevent loss of community supports and housing.

Money Follows the Person

Pennsylvania has participated in the federal Money Follows the Person (MFP) initiative since 2008. In total, more than 1,000 individuals have transitioned out of nursing facilities, intermediate care facilities for persons with developmental and intellectual disabilities, and from state hospitals into home or community-based settings. The enhanced Medicaid matching funds have been used to assist people transitioning from institutions as well as those who can be diverted from them so that they may remain in their own homes or communities with the supportive services they need. The enhanced funding advances Pennsylvania's current transition programs and allows for an increase in the number of available waiver slots, which serves to further increase the HCBS footprint in Pennsylvania.

Experience in both the NHT and MFP programs have found that delays in obtaining specialized equipment or necessary home modifications can cause transitions to be prolonged or prevented altogether. In response, Pennsylvania added community transition services—defined as one-time expenses of up to \$4,000 for rent, furniture, home modifications, utility bills, and other costs—and pre-transition planning as covered services to five HCBS waivers. The NHT program uses approximately \$3.7 million of state funds to support transition costs each year.

Pennsylvania Long-Term Care Commission

In January 2014, Governor Corbett signed an Executive Order establishing a new Pennsylvania Long-Term Care Commission. The commission will develop recommendations focused on improving the current long-term care system, including identifying effective ways to provide a better coordinated approach to delivering services and supports, and ensuring quality health care for older Pennsylvanians and individuals with physical disabilities. The Commission currently consists of 25 members that include consumers and their families, and representatives from AAAs, the physical disabilities community, the medical community, LTSS providers, managed care organizations, and members of the legislature.

The Pennsylvania State Mental Health Community Based Plan

The Pennsylvania State Mental Health Community Based Plan, first established in 2011, reflects the commonwealth's continued progress toward ending the unnecessary institutionalization of adults who have a serious and persistent mental illness. Since it was first issued, the plan has detailed the specific steps that the commonwealth would take to achieve that goal. Pennsylvania has made significant strides in addressing the issue of unnecessary institutionalization of persons with mental illness.

As elsewhere in the nation, the census of Pennsylvania's state hospital beds has declined dramatically in the last 40 years, from 35,100 in 1966 to fewer than 1,400 civil psychiatric beds in 2013. Approximately 200 beds have closed since 2010. Our progress mirrors the national trend that recognizes that many individuals with serious and persistent mental illnesses can live successfully in the community if they have access to appropriate supports and services. The primary source of funding for these closures has been the Community Hospital Integration Project Program, or "CHIPP." The CHIPP initiative provides funding to counties to develop community supports for

both the state hospital residents and the diversion population. As of March 2013, the Commonwealth has supported the CHIPP initiative with the closure of 3,134 beds in the state hospital system by transferring \$244,194,745 in SFY 2012/13 to counties to fund and support an array of community-based services.

Pennsylvania has made significant progress in developing community alternatives for people with serious mental illness and decreasing reliance on state psychiatric hospitals. Our continued progress depends on the development of a viable integration plan for state hospital residents, those individuals who live in other large congregate settings, and those at risk of institutionalization, including the homeless, people with a criminal history, returning veterans, and others.

Office of Developmental Programs (ODP) Futures Planning

Leaders in the ODP joined with our internal and external stakeholders and planned throughout 2013 to begin *Today's Vision – Tomorrow's Reality*, a collaborative process to move toward a person-centered service system for persons with intellectual disabilities and autism in Pennsylvania. Our focus is on people and those who care for them, working to improve the quality of their lives by improving connections within our system. Long-range goals were established and guided the development of eight near-term objectives and corresponding action plans. In addition to three opportunities for public comment, ODP held listening sessions and focus groups statewide to gather input on the goals, objectives, and action plans. Public comments were incorporated into the following action plans which were chosen by ODP for initial focus in 2014:

- Using a person-centered needs assessment and budget process
- Identifying service needs and gaps
 - Implementing innovative services and supports
 - Creating supports for changing needs in times of crisis and transition
 - Promoting employment first
- Improving provider qualifications
- Ensuring and enhancing quality
- Designing broad system change
 - Creating the best and simplest system of services and supports
 - Designing integrated, coordinated supports

P. Technical Assistance:

While Pennsylvania will have only 15 months to accomplish the goals and requirements of participation in BIP, we will have the advantage of learning from the 17 other states in the BIP program. We anticipate requesting technical assistance from CMS and its contractor, Mission Analytics, and would value the opportunity to connect with officials from other states that have faced similar challenges as we begin implementing the BIP initiatives.

Attachment A: Preliminary Work Plan

(NOTE: The Objectives/Interim Tasks are the required specific activities a state must address and thus are not allowed to be modified)

General NWD/SEP Structure

- All individuals receive standardized information and experience the same eligibility determination and enrollment processes.

Major Objective / Interim Tasks	Suggested Due Date	Lead Person	Status of Task	Deliverables
1.1. Develop standardized informational materials that NWD/SEPs provide to individuals	1/1/15	BIP Team	Not started	Informational materials (<i>with stakeholder input</i>)
1.2. Train all participating agencies/staff on eligibility determination and enrollment processes	6/1/15	BIP Team	Not started	Training agenda and schedule

- A single eligibility coordinator, "case management system," or otherwise coordinated process guides the individual through the entire functional and financial eligibility determination process. Functional and financial assessment data or results are accessible to NWD/SEP staff so that eligibility determination and access to services can occur in a timely fashion. (*The timing below corresponds to a system with an automated Level I screen, an automated Level II assessment and an automated case management system. NWD/SEP systems based on paper processes should require less time to put into place.*)

Major Objective / Interim Tasks	Suggested Due Date	Lead Person	Status of Task	Deliverables
2.1. Design system (initial overview)	10/1/14 (with Work Plan)	BIP Team	In progress	Description of the system
2.2. Design system (final detailed design)	1/1/15	BIP Team	Not started	Detailed technical specifications of system
2.3. Select vendor (if automated)	N/A	N/A	N/A	N/A
2.4. Implement and test system	7/1/15	BIP Team	Not started	Description of pilot roll-out
2.5. System goes live	9/1/15	BIP Team	Not started	Memo indicating system is fully operational

Major Objective / Interim Tasks	Suggested Due Date	Lead Person	Status of Task	Deliverables
2.6. System updates	Semiannual	BIP Team	Not started	Description of successes and challenges

NWD/SEP

3. [State has a network of NWD/SEPs and an Operating Agency; the Medicaid Agency is the Oversight Agency.](#)

Major Objective / Interim Tasks	Suggested Due Date	Lead Person	Status of Task	Deliverables
3.1. Identify the Operating Agency	4/1/14 (with application)	Charles Tyrrell	Complete	Name of Operating Agency: DPW
3.2. Identify the NWD/SEPs	4/1/14 (with application)	Charles Tyrrell	Complete	List of NWD/SEP entities and locations
3.3. Develop and implement a Memorandum of Understanding (MOU) across agencies	1/1/15	BIP Team	Not started	Signed MOU

4. [NWD/SEPs have access points where individuals can inquire about community LTSS and receive comprehensive information, eligibility determinations, community LTSS program options counseling, and enrollment assistance.](#)

Major Objective / Interim Tasks	Suggested Due Date	Lead Person	Status of Task	Deliverables
4.1. Identify service shed coverage of all NWD/SEPs	4/1/14 (with application)	Charles Tyrrell	Complete	Percentage of State population covered by NWD/SEPs
4.2. Ensure NWD/SEPs are accessible to older adults and individuals with disabilities	4/1/14	Charles Tyrrell	Completed with application	Description of NWD/SEP features that promote accessibility

Website

5. [The NWD/SEP system includes an informative community LTSS website; Website lists 1-800 number for NWD/SEP system.](#)

Major Objective / Interim Tasks	Suggested Due Date	Lead Person	Status of Task	Deliverables
5.1. Identify or develop URL	1/1/15	BIP Team	Not started	URL
5.2. Develop and incorporate content	4/1/15	BIP Team	Not started	Working URL with content completed
5.3. Incorporate the Level I screen into the website <i>(recommended, not required)</i>	7/1/15	BIP Team	Not started	Working URL of Level I screen and instructions for completion

1-800 Number

6. [Single 1-800 number where individuals can receive information about community LTSS options in the State, request additional information, and schedule appointments at local NWD/SEPs for assessments.](#)

Major Objective / Interim Tasks	Suggested Due Date	Lead Person	Status of Task	Deliverables
6.1. Contract 1-800 number service	4/1/15	BIP Team	Not started	Phone number
6.2. Train staff on answering phones, providing information, and conducting the Level I screen	7/1/15	BIP Team	Not started	Training materials

Advertising

7. [State advertises the NWD/SEP system to help establish it as the “go to system” for community LTSS](#)

Major Objective / Interim Tasks	Suggested Due Date	Lead Person	Status of Task	Deliverables
7.1. Develop advertising plan	1/1/15	BIP Team	Not started	Advertising plan <i>(with stakeholder input)</i>
7.2. Implement advertising plan	4/1/15	BIP Team	Not started	Materials associated with advertising plan <i>(developed with stakeholder assistance)</i>

CSA/CDS

8. [A CSA, which supports the purposes of determining eligibility, identifying support needs, and informing service planning, is used across the State and across a given population. The assessment is completed in person, with the assistance of a qualified professional. The CSA must capture the CDS \(a Core Data Set of required domains and topics\).](#)

Major Objective / Interim Tasks	Suggested Due Date	Lead Person	Status of Task	Deliverables
8.1. Develop questions for the Level I screen	1/1/15	BIP Team	Not started	Level I screening questions <i>(developed with stakeholder input)</i>
8.2. Fill out CDS crosswalk (see Appendix H in the Manual) to determine if your State’s current assessments include required domains and topics	10/1/14 (with Work Plan)	BIP Team	Not started	Completed crosswalk(s)
8.3. Incorporate additional domains and topics if necessary <i>(stakeholder involvement is highly recommended)</i>	4/1/15	BIP Team	Not started	Final Level II assessment(s); notes from meetings involving stakeholder input
8.4. Train staff members at NWD/SEPs to coordinate the CSA	4/1/15	BIP Team	Not started	Training materials
8.5. Identify qualified personnel to conduct the CSA	4/1/15	BIP Team	Not started	List of entities contracted to conduct the various components of the CSA
8.6. Regular updates	Semiannual after 12 months	BIP Team	Not started	Description of success and challenges

Conflict-Free Case Management

9. [States must establish conflict of interest standards for the Level I screen, the Level II assessment, and plan of care processes. An individual’s plan of care must be created independently from the availability of funding to provide services.](#)

Major Objective / Interim Tasks	Suggested Due Date	Lead Person	Status of Task	Deliverables
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Major Objective / Interim Tasks	Suggested Due Date	Lead Person	Status of Task	Deliverables
9.1. Describe current case management system, including conflict-free policies and areas of potential conflict	4/1/14 (with Work Plan)	BIP Team	Completed with application	Strengths and weaknesses of existing case management system
9.2. Establish protocol for removing conflict of interest	1/1/15	BIP Team	Not started	Protocol for conflict removal; if conflict cannot be removed entirely, explain why and describe mitigation strategies

Data Collection and Reporting

10. [States must report service, outcome, and quality measure data to CMS in an accurate and timely manner.](#)

Major Objective / Interim Tasks	Suggested Due Date	Lead Person	Status of Task	Deliverables
10.1. Identify data collection protocol for <i>service data</i>	10/1/14 (with Work Plan)	BIP Team	Not started	Measures, data collection instruments, and data collection protocol
10.2. Identify data collection protocol for <i>quality data</i>	10/1/14 (with Work Plan)	BIP Team	Not started	Measures, data collection instruments, and data collection protocol
10.3. Identify data collection protocol for <i>outcome measures</i>	10/1/14 (with Work Plan)	BIP Team	Not started	Measures, data collection instruments, and data collection protocol
10.4. Report updates to data collection protocol and instances of <i>service data</i> collection	Semiannual**	BIP Team	Not started	Document describing when data were collected during previous 6-month period, plus updates to protocol

Major Objective / Interim Tasks	Suggested Due Date	Lead Person	Status of Task	Deliverables
10.5. Report updates to data collection protocol and instances of <i>quality data</i> collection	Semiannual**	BIP Team	Not started	Document describing when data were collected during previous 6-month period, plus updates to protocol
10.6. Report updates to data collection protocol and instances of <i>outcomes measures</i> collection	Semiannual**	BIP Team	Not started	Document describing when data were collected during previous 6-month period plus updates to protocol

** If States do not submit satisfactory information regarding data collection protocol, they will be required to submit this information on a quarterly basis.

Sustainability

11. [States should identify funding sources that will allow them to build and maintain the required structural changes.](#)

Major Objective / Interim Tasks	Suggested Due Date	Lead Person	Status of Task	Deliverables
11.1. Identify funding sources to implement the structural changes	4/1/14 (with Work Plan)	Charles Tyrrell	Complete	Description of funding sources
11.2. Develop sustainability plan	4/1/15	BIP Team	Not started	Funding sources and estimated annual budget necessary to maintain structural changes after award period ends

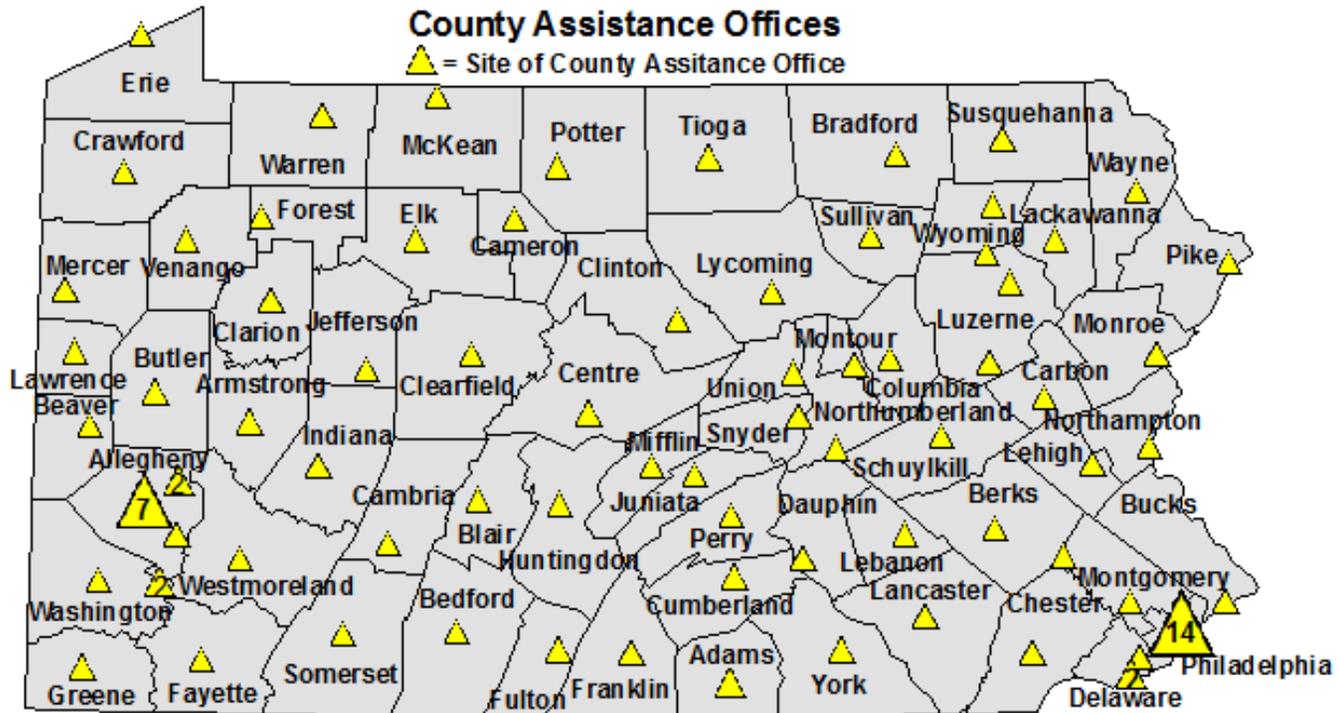
Major Objective / Interim Tasks	Suggested Due Date	Lead Person	Status of Task	Deliverables
11.3. Describe the planned usage for the enhanced funding	10/1/14 (with Work Plan)	BIP Team	Not started	Description of how the State will use the enhanced funding earned through the program. Detail how these planned expenditures: 1. Increase offerings of or access to non-institutional long-term services and supports; 2. Are for the benefit of Medicaid recipients; and 3. Are not a prohibited use of Medicaid funding.

Exchange IT Coordination

12. [States must make an effort to coordinate their NWD/SEP system with the Health Information Exchange IT system.](#)

Major Objective / Interim Tasks	Suggested Due Date	Lead Person	Status of Task	Deliverables
12.1. Describe plans to coordinate the NWD/SEP system with the Health Information Exchange IT system	4/1/15	BIP Team	Not started	Description of plan of coordination
12.2. Provide updates on coordination, including the technological infrastructure	Semiannual	BIP Team	Not started	Description of coordination efforts

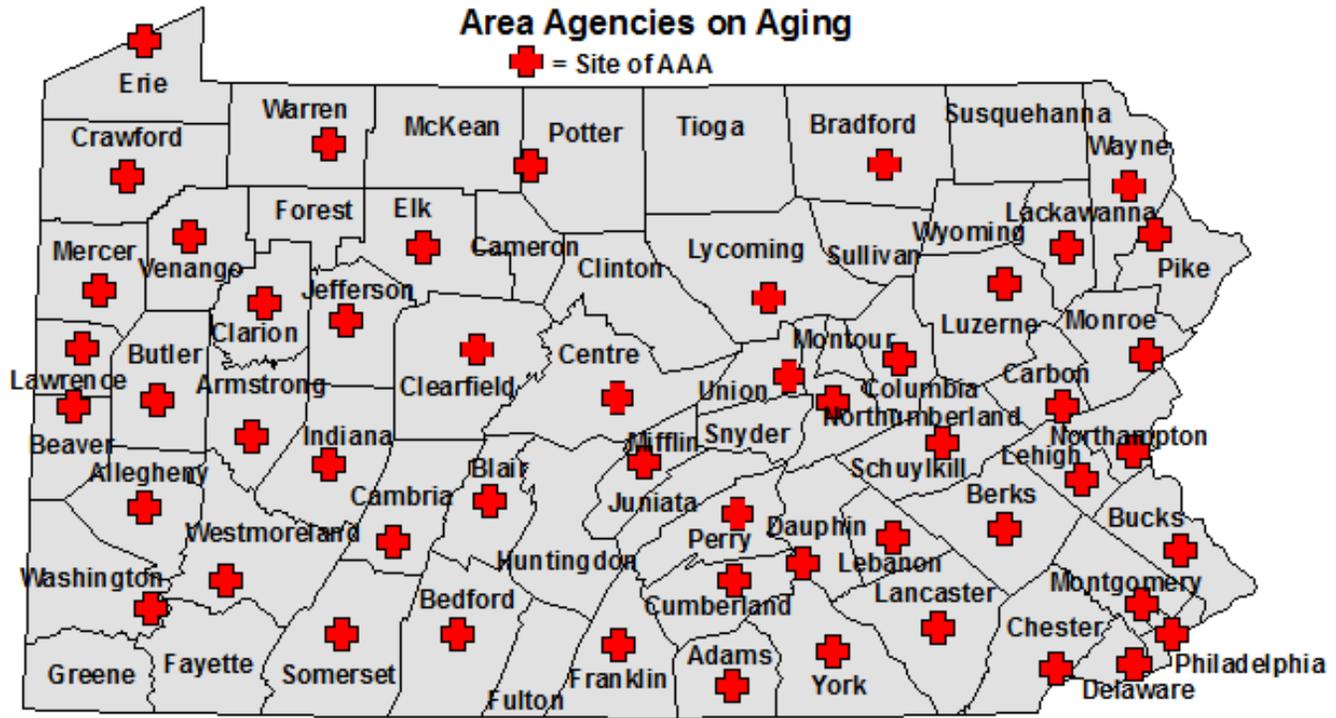
Attachment B: Maps of No Wrong Door Entry Points

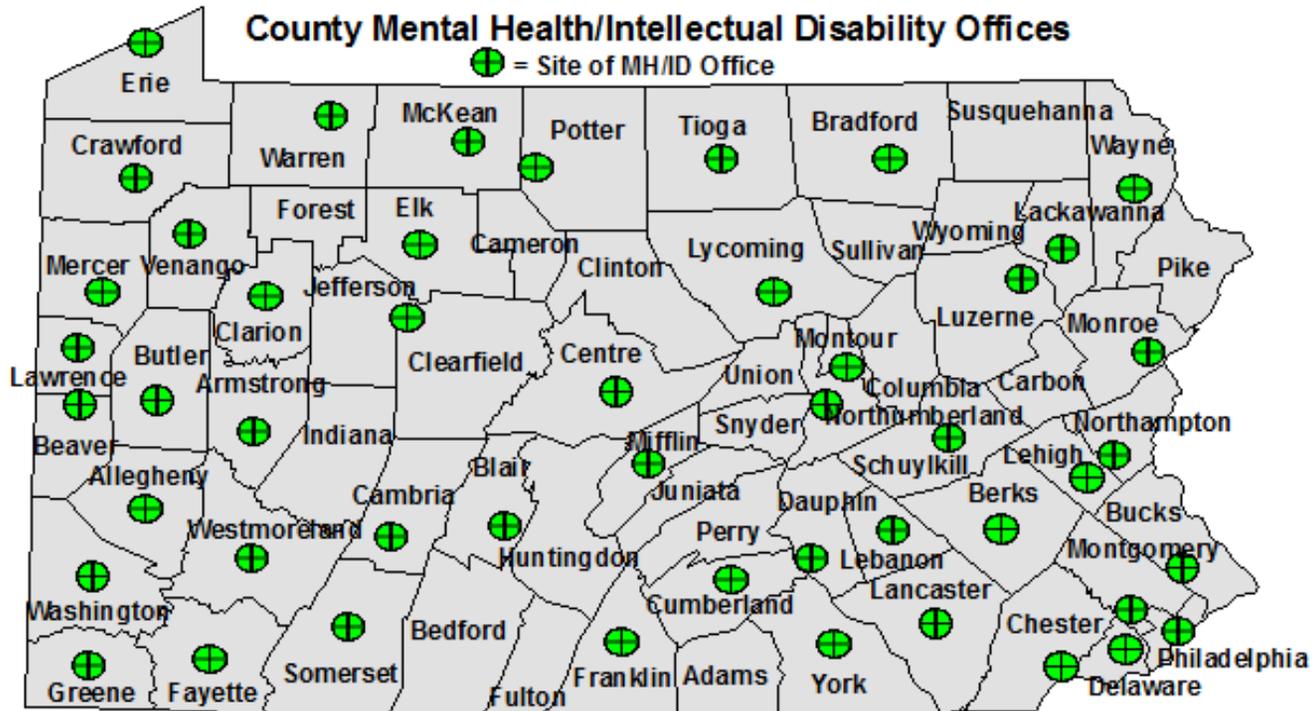


Symbols with Numbers Indicate Cities with Multiple Offices
Westmoreland CAO shares one building with Washington County and one building with Allegheny County

Area Agencies on Aging

✚ = Site of AAA





Attachment C: Proposed Budget

**DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
BALANCING INCENTIVE PAYMENTS PROGRAM (Balancing Incentive Program) BENCHMARK TRACKER
LONG TERM SERVICES AND SUPPORTS**

State	Pennsylvania				State FMAP Rate (FFY 2014)	53.52%		
Agency Name	Department of Public Welfare				State FMAP Rate (FFY 2015)	51.82%		
Quarter Ended					Extra Balancing Incentive Program Portion (2 or 5 %)	2.00%		
Year of Service (1-4)	FFY 2012 - FFY 2015				INSTRUCTIONS: PLEASE COMPLETE ONLY THE NON-SHADED CELLS - BLUE CELLS WILL AUTO-CALCULATE.			
					Projected LTSS Spending			
LTSS	Total Service Expenditures	Regular FEDERAL Portion	Regular STATE Portion	Amount Funded By Balancing Incentive Program (4 year total)	Year 1 FFY 2012	Year 2 FFY 2013	Year 3 FFY 2014	Year 4 FFY 2015
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Home Health Aide								
Total	\$127,951,603	\$66,739,556	\$61,212,047	\$2,559,032	\$ -	\$ -	\$25,590,321	\$102,361,282
Other HCBS Services								
Total	\$4,585,081,001	\$2,391,569,823	\$2,193,511,178	\$91,701,620	\$ -	\$ -	\$916,520,513	\$3,668,560,488
TOTALS	\$4,713,032,604	\$2,458,309,380	\$2,254,723,224	\$ 94,260,652	\$ -	\$ -	\$942,110,834	\$3,770,921,770

Attachment D: Letters of Endorsement

1. Pennsylvania Association of Area Agencies on Aging
2. Center for Advocacy for the Rights and Interests for the Elderly (CARIE)
3. Pennsylvania Health Law Project
4. Pennsylvania Homecare Association
5. Disability Rights Network
6. Hospital & Healthsystem Association of Pennsylvania (HAP)
7. Pennsylvania Association of Community Health Centers
8. Alzheimer's Association – Greater Pennsylvania Chapter
9. United Cerebral Palsy of Pennsylvania
10. Acquired Brain Injury Network of Pennsylvania
11. Pennsylvania Assistive Technology Foundation
12. Vision for Equality
13. LeadingAge PA
14. Pennsylvania Adult/Older Adult Suicide Prevention Coalition
15. Recovery InSight, Inc.
16. Community Living and Support Services
17. Philadelphia Corporation for Aging
18. Northampton County Area Agency on Aging
19. Jefferson County Area Agency on Aging
20. Cumberland County Aging and Community Services
21. Consumer Subcommittee of the Medical Assistance Advisory Committee
22. Emilio Pacheco, Parent
23. Alzheimer's Association -- Delaware Valley Chapter
24. Pennsylvania Association for Psychiatric Rehabilitation Services
25. Kyle Merbach, Consumer, DPW Subcommittee Member



Pennsylvania Association of Area Agencies on Aging, Inc.

525 South 29th Street, Harrisburg, Pennsylvania 17104

Phone: (717) 541-4214 • Fax: (717) 541-4217

February 24, 2014

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

The ***Pennsylvania Association of Area Agencies on Aging, Inc.***, on behalf of our entire membership, is pleased to support Pennsylvania's application for participation in the Federal Balancing Incentive Program (BIP). Strengthening the Commonwealth's system of Home and Community-Based Services (HCBS) is a goal that we wholeheartedly support. The BIP will greatly assist Pennsylvania in its efforts to further rebalance its Long-Term Services and Supports (LTSS) system through the implementation of the three structural changes required by BIP and the increase in access to Home and Community-Based Services throughout the Commonwealth.

We look forward to partnering with the Pennsylvania Departments of Public Welfare and Aging on the implementation of the BIP structural changes and other enhancements that will help improve the system of home and community LTSS throughout our Commonwealth. We believe these important changes will ease consumer access to long-term care services, provide greater transparency, further enhance the health and independence of the Commonwealth's senior population, as well as better manage long-term care expenditures.

Sincerely,

M. Crystal Lowe, Executive Director
PA Association of Area Agencies on Aging

CC: P4A Board of Directors

CARIE

Executive Director
Diane A. Menio, MS

Board of Directors
Carolyn Cristofalo, MSW
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Joan K. Davitt, PhD, MLSP
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Rosalie Kane, PhD
Brian Lindberg, PhD
Karl Pillemer, PhD
Lori Rosenquist Griswold, PhD
Robyn Stone, DrPH

* Deceased

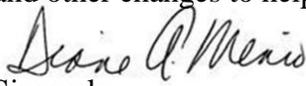
February 26, 2014

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

CARIE, the Center for Advocacy for the Rights and Interests for the Elderly, is writing to support Pennsylvania's application for participation in the federal Balancing Incentive Program (BIP). We are pleased that Pennsylvania is seeking an opportunity to improve the Commonwealth's system of home and community-based services and we fully support this goal. The BIP will help Pennsylvania continue to rebalance its long-term services and supports (LTSS) system and we hope that by implementing changes required by BIP that Pennsylvanians will experience improved access to home and community-based services.

CARIE looks forward to collaborating with the Pennsylvania Departments of Public Welfare and Aging on the implementation of the BIP structural changes and other changes to help improve the LTSS system throughout Pennsylvania.


Sincerely,

Diane A. Menio
Executive Director



Center for Advocacy for the Rights and Interests of the Elderly
100 South Broad Street, 1500 Land Title Building, Philadelphia, PA 19110
Lehigh Valley Office: 35 E. Elizabeth Avenue, Suite LL1, Bethlehem, PA 18018
T: 215.545.5728 | 800.356.3606 W: www.carie.org



PENNSYLVANIA HEALTH LAW PROJECT

415 EAST OHIO ST., SUITE 325
PITTSBURGH, PA 15212
TELEPHONE: (412) 434 - 5779
FAX: (412) 434 - 0128

THE CORN EXCHANGE BUILDING
123 CHESTNUT ST., SUITE 400
PHILADELPHIA, PA 19106
215-625-3990 (ADMIN PHONE)
215-625-3879 (FAX)
HELP LINE: 1-800-274-3258
www.phlp.org

1414 N. CAMERON ST, SUITE B
HARRISBURG, PA 17103
TELEPHONE: (717) 236-6310
FAX: (717) 236-6311

February 24, 2014

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Jennifer:

I hope you are well. I write on behalf of the Pennsylvania Health Law Project (PHLP) to support Pennsylvania's application for participation in the federal Balancing Incentive Program (BIP). Strengthening the Commonwealth's system of home and community based services (HCBS) is a goal we strongly support. BIP will greatly assist Pennsylvania in its efforts to further rebalance its long-term services and supports (LTSS) system through the implementation of the three structural changes required by BIP and the increase in access to home and community-based services throughout the Commonwealth.

PHLP is one of the oldest non-profit law firms of its kind in the county. We were founded to advance access to quality health care for low-income, vulnerable and disenfranchised people and communities. We provide direct, free counseling and representation while working, often in partnership with others, on health policy changes that 1) maximize health coverage and access to care, 2) hold insurers accountable to consumers, and 3) achieve better health outcome goals and reduce health disparities.

PHLP understands that meaningful participation by all stakeholders on all phases of the planning and implementation of BIP's structural changes and other enhancements will maximize the success of this opportunity to improve the system of home and community LTSS throughout our Commonwealth. We look forward to collaborating with the Pennsylvania Departments of Public Welfare and Aging on this important effort.

Please contact me with any questions or concerns.

Very truly yours,

A handwritten signature in purple ink, appearing to read "Laval Miller-Wilson", with a long horizontal flourish extending to the right.

Laval Miller-Wilson
Executive Director



Pennsylvania Homecare Association

February 20, 2014

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

The Pennsylvania Homecare Association, representing more than 500 homecare and hospice agencies, is pleased to support Pennsylvania's application for participation in the federal Balancing Incentive Program (BIP). Strengthening the Commonwealth's system of home and community-based services (HCBS) is a top priority of our association and we fully support Pennsylvania's efforts in this direction. We are especially interested in identifying ways to streamline functional assessments and financial eligibility, and look forward to supporting the work plan.

The BIP will greatly assist Pennsylvania in its efforts to improve our long-term services and supports (LTSS) system especially focusing on the three structural changes required by BIP. Many of our members are HCBS waiver providers and will be excellent resources to the state as we undertake the BIP work plan.

Our members, consisting of homecare and hospice agencies, look forward to collaborating with the Pennsylvania Departments of Public Welfare and Aging on the implementation of the BIP structural changes. We are appreciative of the good work at CMS and here with our state officials as we strive to enhance and improve the system of home and community LTSS for older Pennsylvanians and adults with disabilities.

Sincerely,

A handwritten signature in black ink that reads 'Vicki Hoak'. The signature is written in a cursive, flowing style.

Vicki Hoak, CEO

Your *partner* in
bringing *care home*

600 N. 12th Street, Suite 200 • Lemoyne, PA 17043
Toll-Free (800) 382-1211 • Tel (717) 975-9448 • Fax (717) 975-9456

www.pahomecare.org



1414 N. Cameron St., Second Floor
Harrisburg, PA 17103-1049
(800) 692-7443 (Voice)
(877) 375-7139 (TDD)
www.drnpa.org

March 4, 2014

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

The Disability Rights Network of Pennsylvania (DRN) is pleased to support Pennsylvania's application for participation in the federal Balancing Incentive Program (BIP). Strengthening the Commonwealth's system of home- and community-based services (HCBS) is a goal that we wholeheartedly support. The BIP will greatly assist Pennsylvania in its efforts to further rebalance its long-term services and supports (LTSS) system through the implementation of the three structural changes required by BIP and the increase in access to home- and community-based services throughout the Commonwealth.

We at DRN understand that meaningful participation by stakeholders on all phases of the planning and implementation of the BIP structural changes and other enhancements will maximize the success of this opportunity to improve the system of home and community-based LTSS throughout the Commonwealth. To that end, we look forward to collaborating with the Pennsylvania Departments of Public Welfare and Aging on this important effort.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Judy Banks', written over a horizontal line.

Judy Banks
Acting Chief Executive Officer

Protecting and advancing the rights of people with disabilities

429 Fourth Avenue, Suite 701
Pittsburgh, PA 15219-1505
(412) 391-5225 (Voice)

1315 Walnut St., Suite 500
Philadelphia, PA 19107-4705
(215) 238-8070 (Voice)



THE HOSPITAL & HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA

Andrew W. Carter
President and Chief Executive Officer

February 25, 2014

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

RECEIVED
2014 FEB 26 A 10: 52
OFFICE OF THE SECRETARY
DEPT OF PUBLIC WELFARE
REF: _____

Dear Ms. Burnett:

On behalf of The Hospital & Healthsystem Association of Pennsylvania (HAP), which represents approximately 240 member institutions that comprise 32 health systems across the state, we are pleased to indicate our support for Pennsylvania's application for participation in the federal Balancing Incentive Program (BIP).

Strengthening the commonwealth's system of home and community-based services aligns well with HAP's interest to have health care provided at the right time and in the right place, and is a goal that we wholeheartedly support. The BIP will greatly assist Pennsylvania in its efforts to further rebalance its long-term services and supports (LTSS) system through the implementation of the three structural changes required by BIP and the increase in access to home and community-based services throughout the commonwealth.

HAP and its members look forward to collaborating with the Pennsylvania Departments of Public Welfare and Aging on the implementation of the BIP structural changes and other enhancements that will help improve the system of home and community LTSS throughout our commonwealth, and improve the health and well-being of our citizens.

Sincerely,

Andy Carter
President and Chief Executive Officer

c: Secretary Beverly Mackereth, Secretary, Pennsylvania Department of Public Welfare
Brendan Harris, Deputy Director of Legislative Affairs, Commonwealth of Pennsylvania

4750 Lindle Road
P.O. Box 8600
Harrisburg, PA 17105-8600
717.561.5314 Phone
717.561.5334 Fax
acarter@haponline.org





February 14, 2014

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

As the state primary care association, the Pennsylvania Association of Community Health Centers (PACHC) is pleased to offer this letter of support on behalf of Pennsylvania's application for participation in the federal Balancing Incentive Program (BIP). Strengthening the Commonwealth's system of home- and community-based services (HCBS) is a goal that we wholeheartedly support as it is congruent with our mission and that of the health centers we serve of improving access to health care for all.

Pennsylvania's Community Health Centers  provide comprehensive, high-quality primary medical, dental and behavioral health care for more than 700,000 Pennsylvanians of all ages in more than 250 locations in 48 counties across the Commonwealth, regardless of ability to pay. Ninety-two percent of these patients have incomes at or below 200% of FPL. As community providers, our health centers know how much individuals want to stay in their own communities and how difficult that often is without the necessary supports.

The BIP will greatly assist Pennsylvania in its efforts to further rebalance its long-term services and supports (LTSS) system through the implementation of the three structural changes required by BIP and the increase in access to home- and community-based services throughout the Commonwealth.

PACHC looks forward to collaborating with the Pennsylvania Departments of Public Welfare and Aging on the implementation of the BIP structural changes and other enhancements that will help improve the system of home and community LTSS throughout our Commonwealth.

Sincerely,

A handwritten signature in cursive script that reads "Cheri L. Rinehart". The signature is written in dark ink and is positioned above the typed name and title.

Cheri L. Rinehart
President & CEO



February 14, 2014

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

The Alzheimer's Association Greater Pennsylvania Chapter is pleased to support Pennsylvania's application for participation in the federal Balancing Incentive Program (BIP). Strengthening the Commonwealth's system of home and community based services (HCBS) is a goal that we wholeheartedly support and know will make a difference to our constituents. The BIP will greatly assist Pennsylvania in its efforts to further rebalance its long-term services and supports (LTSS) system through the three structural changes required by BIP and the increase in access to home and community based services for citizens throughout the Commonwealth.

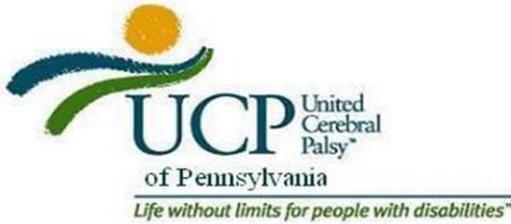
We at the Alzheimer's Association have worked extensively with the Department of Aging over the past year on the first ever Alzheimer's State Plan. We look forward to collaborating with the Pennsylvania Departments of Public Welfare and Aging on enhancements like this that will help improve the system of home and community LTSS throughout our Commonwealth.

If you would like to discuss any of this in more detail, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads "Gail Roddie-Hamlin". The signature is written in a cursive, flowing style.

Gail Roddie-Hamlin
President & CEO



200 North Third Street
Eighth Floor, PO Box 678
Harrisburg, PA 17108-0678

Phone 717-236-5040
Fax 717-231-4463
Toll Free 1-866-761-6129

February 24, 2014
Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

United Cerebral Palsy of Pennsylvania is pleased to support Pennsylvania's application to participate in the ACA Balancing Incentive Program (BIP) through CMS. Improving and expanding Pennsylvania's system of home- and community-based services (HCBS) is a goal that we have strongly supported for many years. The BIP will greatly assist the state to continue efforts to rebalance its long-term services and supports (LTSS) system through the implementation of the three structural changes required by the BIP, as well as much-needed improvements in access to HCBS.

United Cerebral Palsy of Pennsylvania (UCP of PA) is a 501(c)3 organization committed to advocating for the independence, productivity and full citizenship of people with cerebral palsy and other disabilities. Founded in 1952 by parents and committed volunteers who wanted to improve the lives of people with disabilities in Pennsylvania, today it includes advocating for the civil and human rights of individuals with disabilities and for needed services and supports. The member agencies of UCP of PA provide a variety of community based services to thousands of individuals through various public and private funding streams and their own community-raised funds. Member agencies provide services to children, adults and seniors with intellectual or developmental disabilities, autism, physical disabilities, and individuals with dual diagnoses.

The Board and member agencies of UCP of PA look forward to meaningful collaboration with the Pennsylvania Departments of Public Welfare and Aging on the design and implementation of the BIP's structural changes and other enhancements to our HCBS system for the benefit of individuals with disabilities and their families.

Sincerely,

Jeffrey W. Cooper
President

The official registration and financial information for UCP of PA may be obtained from the PA Department of State by calling toll free, within Pennsylvania, 800-732-2299. Registration does not imply endorsement.



ACQUIRED BRAIN INJURY NETWORK OF PENNSYLVANIA, INC.

215-699-2139 or 800-516-8052 Fax: 215-699-5139

2275 Glenview Drive, Lansdale PA 19446-6082

info@abin-pa.org www.abin-pa.org

February 23, 2014

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

The Acquired Brain Injury Network of Pennsylvania, Inc. is pleased to support Pennsylvania's application for participation in the federal Balancing Incentive Program (BIP). Strengthening the Commonwealth's system of home- and community-based services (HCBS) is a goal that we wholeheartedly support. The BIP will greatly assist Pennsylvania in its efforts to further rebalance its long-term services and supports (LTSS) system through the implementation of the three structural changes required by BIP and the increase in access to home- and community-based services throughout the Commonwealth.

We at the Acquired Brain Injury Network of Pennsylvania, Inc. look forward to collaborating with the Pennsylvania Departments of Public Welfare and Aging on the implementation of the BIP structural changes and other enhancements that will help improve the system of home and community LTSS throughout our Commonwealth and increase services to persons disabled by brain injury.

Sincerely,

Barbara A. Dively
Executive Director

The Acquired Brain Injury Network of Pennsylvania, Inc., was founded in 2007 as a 501(c)(3) nonprofit organization. Gifts are tax deductible to the extent allowed by IRS regulations. The official registration and financial information of the Acquired Brain Injury Network of Pennsylvania, Inc., may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1 (800) 732-0999. Registration does not imply endorsement.



help make it affordable

Independence is priceless...we

February 25, 2014

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

The Pennsylvania Assistive Technology Foundation (PATF) is pleased to support Pennsylvania's application to participate in the ACA Balancing Incentive Program (BIP) through CMS. Improving and expanding access to Pennsylvania's home and community-based services (HCBS) is a goal that PATF shares. The BIP will greatly assist the state to continue efforts to rebalance its long-term services and supports (LTSS) system through the implementation of the three structural changes required by the BIP, as well as enhancing the ability to meet individuals' unique needs

The Pennsylvania Assistive Technology Foundation (PATF) was founded in 1998 as a non-profit organization whose mission is to provide financing opportunities for older Pennsylvanians and people with disabilities, helping them to acquire assistive technology devices and services that improve the quality of their lives in the community. PATF uses a network of Funding Assistance Centers across the state to assist prospective borrowers. Our loan and grant programs work in concert with HCBS waivers and other funders.

The PATF looks forward to meaningful collaboration with the Pennsylvania Departments of Public Welfare and Aging on the design and implementation of the BIP's structural changes and enhancements to our HCBS system for the benefit of individuals with disabilities and their families.

Sincerely yours,

Q. Susan Tachau
Executive Director



vision for equality

March 4, 2014

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

Vision for Equality is a non-profit advocacy organization focused on the needs of individuals with intellectual disabilities. We believe that all people deserve quality and satisfaction in their lives as well as equal access to supports and services to live full lives in the community of their choosing.

We champion the needs of individuals with disabilities so that they can receive the supports and services they need to live in the community and avoid institutional placements. We fight to move people out of our State Centers, nursing homes and private ICFs. We advocate for funding to get people off long waiting lists and get the services they need to live in their own homes in the community.

Vision for Equality believes that all people can be supported in the community and no one should be forced into institutions or nursing homes. For this reason, we support Pennsylvania's application to participate in the Balancing Incentive Program. This additional funding will help Pennsylvania's Department of Public Welfare (DPW) invest in the community system and provide new and expanded home and community based services for individuals with disabilities.

We want to have meaningful input into the Department's Balancing Incentive Program plan in order to streamline enrollment processes, simplify the assessment practices and provide conflict free case management across all the systems that support people with intellectual disabilities, autism, physical disabilities and the aging populations. We hope to have the opportunity to work with DPW in the development of the work plan. We need to assure that system reforms are responsive to the stakeholders who will be impacted by the changes and that all funding be allocated for new and enhanced community services.

Thanks for your time and consideration in this matter.

Sincerely,

Audrey Coccia

Maureen A. Devaney

Co-Executive Directors





an association of not-for-profit senior services

1100 Bent Creek Boulevard
Mechanicsburg, PA 17050

717.763.5724 OFFICE
717.763.1057 FAX

www.leadingagepa.org

March 4, 2014

Ms. Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett,

 Thank you for the opportunity to write on behalf of LeadingAge PA in support of the Pennsylvania Department of Public Welfare's application for participation in the Centers for Medicare & Medicaid Services (CMS) Balancing Incentive Program (BIP).

LeadingAge PA is a trade association representing over 360 not-for-profit providers of senior housing, healthcare and community services across the Commonwealth. Our members provide multiple services and levels of care to seniors including: skilled nursing, assisted living, personal care, adult day services, LIFE programs, home health care, home care, hospice, independent living and affordable housing.

The BIP offers Pennsylvania a dynamic opportunity to work on rebalancing the long-term care system for seniors, healthcare providers and long-term care providers across the Commonwealth. Pennsylvania's current long-term care system makes it easy to place seniors in the most expensive setting – skilled nursing facilities – while making it a challenge to place these same individuals in other settings that offer the appropriate level of care at a lower cost. Governor Corbett's commitment to expanding and providing new ways to serve more individuals in home and community-based service (HCBS) settings mirrors the shift our provider members are making to assist and empower seniors to 'age in place'. Like numerous other organizations and associations, we welcome opportunities for increased stakeholder participation in this process and greatly support the creation of additional focus groups to assist the Commonwealth in this large endeavor.

In addition, we have had opportunities to meet with Secretary Duke, Secretary Mackereth and leadership staff from the Governor's Office and they have assured us that the policy interests of LeadingAge PA will be considered in discussions around streamlining the functional assessment and financial eligibility determination processes for the creation of a standardized assessment tool; conflict-free case management; housing issues and other community-related barriers to the expansion of HCBS. We are very pleased with the administration's commitment to working with us and look forward to assisting the Departments in meeting the goals of this Program. Furthermore, we strongly support the

creating the future of aging services for Pennsylvania

principles rooted in the application that assure care is coordinated; services are accessible; and funding is available to produce quality outcomes for all Pennsylvanians.

We are confident that the process and implementation of the Balancing Incentive Program in Pennsylvania truly seeks to transform the long-term care and services system toward more person-centered, home-based, quality community care. We look forward to continuing to work in collaboration with the Secretary Mackereth and Secretary Duke and offer LeadingAge PA as a resource representing senior care and service providers.

Sincerely,



Lawrence M. Clark
Senior Vice President\Chief Policy Officer, LeadingAge PA
717-790-3946 (Direct Line)
larry@leadingagepa.org

February 14, 2014

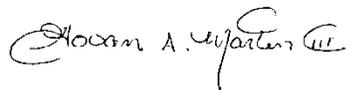
Govan A. Martin, III
Pennsylvania Adult/Older Adult Suicide Prevention Coalition
525 South 29th Street
Harrisburg, PA 17104
www.PreventSuicidePA.org

Dear Ms. Burnett:

The *Pennsylvania Adult/Older Adult Suicide Prevention Coalition* is pleased to support Pennsylvania's application for participation in the federal Balancing Incentive Program (BIP). Strengthening the Commonwealth's system of home and community based services (HCBS) is a goal that we wholeheartedly support. The BIP will greatly assist Pennsylvania in its efforts to further rebalance its long term services and supports (LTSS) system through the implementation of the three structural changes required by BIP and the increase in access to home and community based services throughout the Commonwealth.

We at the *Pennsylvania Adult/Older Adult Suicide Prevention Coalition* look forward to collaborating with the Pennsylvania Departments of Public Welfare and Aging on the implementation of the BIP structural changes and other enhancements that will help improve the system of home and community LTSS throughout our Commonwealth.

Sincerely,

A handwritten signature in cursive script that reads "Govan A. Martin, III".

**Govan A. Martin, III Vice-
Chair**

Pennsylvania Adult/Older Adult Suicide Prevention Coalition



1681 Crown Avenue, Suite 12
Lancaster, PA 17601
P 717.517.8552 F 717.517.8557

February 19, 2014

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

Recovery InSight, Inc. is pleased to support Pennsylvania's application for participation in the federal Balancing Incentive Program (BIP). Strengthening the Commonwealth's system of home- and community-based services(HCBS) is a goal that we wholeheartedly support. The BIP will greatly assist Pennsylvania in its efforts to further rebalance its long-term services and supports (LTSS) system through the implementation of the three structural changes required by BIP and the increase inaccess to home- and community-based services throughout the Commonwealth.

We at Recovery InSight, Inc. look forward to collaborating with the Pennsylvania Departments of Public Welfare and Aging on the implementation of the BIP structural changes and other enhancements that will help improve the system of home and community LTSS throughout our Commonwealth.

Sincerely,

Diana Fullem, CPS
Founder/CEO

Phone: 412.683.7100

Toll-Free: 1.888.956.2424

Oakland Centre
4638 Centre Ave
Pittsburgh, PA 15213-1556

Swissvale Centre
1400 South Braddock Ave
Pittsburgh, PA 15218-1264

Fax: 412.683.4160

TTY: 412.246.2255

www.ucpclass.org



empowering people
Creating Communities

Community Living and Support Services

February 19, 2014

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

Community Living and Support Services is pleased to support Pennsylvania's application for participation in the federal Balancing Incentive Program (BIP). Strengthening the Commonwealth's system of home- and community-based services (HCBS) is a goal that we wholeheartedly support. The BIP will greatly assist Pennsylvania in its efforts to further rebalance long-term services and supports (LTSS) system through the implementation of the three structural changes required by BIP and the increase in access to home- and community-based services throughout the Commonwealth.

We at Community Living and Support Services understand that meaningful participation by all stakeholders on all phases of the planning and implementation of the BIP structural changes and other enhancements will maximize the success of this opportunity to improve the system of home and community LTSS throughout our Commonwealth. To that end, we look forward to collaborating with the Pennsylvania Departments of Public Welfare and Aging on this important effort.

Sincerely,

Al Condeluci, Ph.D.
CEO, Community Living and Support Services



February 19, 2014

Ms. Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

The Philadelphia Corporation for Aging (PCA) is pleased to support Pennsylvania's application for participation in the federal Balancing Incentive Program (BIP). Strengthening the Commonwealth's system of home and community-based services (HCBS) is a goal that PCA wholeheartedly supports. The BIP will also greatly assist Pennsylvania in its efforts to further rebalance its long-term services and supports (LTSS) system through the implementation of the three structural changes required by BIP and the increase in access to home and community-based services throughout the Commonwealth for older adults and people with disabilities.

PCA is very proud of the contribution it has made to the rebalancing effort in Philadelphia. Currently, over 10,000 older adults are receiving long term services and supports under the Aging Waiver program, compared to 7,568 residents of long term care facilities. Pennsylvania's participation in BIP will no doubt contribute to this continued success in Philadelphia and throughout the Commonwealth.

PCA looks forward to collaborating with the Pennsylvania Departments of Public Welfare and Aging on the implementation of the BIP structural changes and other enhancements that will help improve the system of home and community LTSS throughout our Commonwealth.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Holly Lange', with a long, sweeping underline.

HOLLY LANGE
President and CEO

cc: Charles Tyrrell
Department of Public Welfare

HL/rs



COUNTY OF NORTHAMPTON

DEPARTMENT OF HUMAN SERVICES

AREA AGENCY ON AGING

GOVERNOR WOLF BUILDING
45 NORTH SECOND STREET
EASTON, PENNSYLVANIA 18042-7740

610-559-3245

Toll Free 1-800-322-9269

Fax: 610-559-3297

February 20, 2014

JOHN R. MEHLER
Administrator

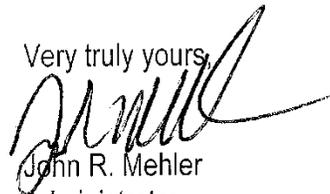
Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-16
Baltimore, MD 21244-1850

Dear Ms. Burnett:

The Northampton County Area Agency on Aging is pleased to support Pennsylvania's application for participation in the federal Balancing Incentive Program (BIP). Strengthening the Commonwealth's system of home- and community-based services (HCBS) is a goal that we wholeheartedly support. The BIP will greatly assist Pennsylvania in its efforts to further rebalance its long-term services and supports (LTSS) system through the implementation/continuation of the three structural changes required by BIP and the increase in access to home- and community-based services throughout the Commonwealth.

The Northampton County Area Agency on Aging looks forward to collaborating with the Pennsylvania Departments of Aging and Public Welfare on the implementation of the BIP structural changes and other enhancements that will help improve the system of home and community LTSS throughout our Commonwealth. Thank you for your consideration of our comments.

Very truly yours,



John R. Mehler
Administrator

JRM6767
JRM/RMM

Northampton County
Area Agency on Aging
Governor Wolf Building
Care Management Unit
FAX: 610-559-3719

Satellite
Office



Northampton County
Area Agency on Aging
87 Bangor Junction Road
Bangor, Pennsylvania 18013
610-588-7200



JEFFERSON COUNTY AREA AGENCY ON AGING

186 Main Street
Brookville, PA 15825

Phone: (814) 849-3096

(800) 852-8036

Fax: (814) 849-4655

February 21, 2014

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

The Jefferson County Area Agency on Aging is pleased to support Pennsylvania's Application for participation in the federal Balancing Incentive Program (BIP). Strengthening the Commonwealth's system of home- and community-based services (HCBS) is a goal that we wholeheartedly support. The BIP will greatly assist Pennsylvania in its efforts to further rebalance its long-term services by BIP and the increase in access to home- and community-based services throughout the Commonwealth.

We at the Jefferson County Area Agency on Aging look forward to collaborating with Pennsylvania Department of Public Welfare and Aging on the implementation of the BIP structural changes and other enhancements that will help improve the system of home and community LTSS throughout our Commonwealth.

Sincerely,

William E Sherman
Executive Director

Honor the past, imagine the future ... a society for all ages.



CUMBERLAND COUNTY AGING & COMMUNITY SERVICES

1100 CLAREMONT RD CARLISLE, PA 17015
(717) 240-6110 OR 1-888-697-0371 EXT 6110
FAX: (717) 240-6118

One Team ... One Mission

February 18, 2014

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Barbara B Cross
Chairman
Jim Hertzler
Vice Chairman
Gary Eichelberger
Secretary
Terry L Barley
Director

Dear Ms. Burnett:

Cumberland County Aging and Community Services is pleased to support Pennsylvania's application for participation in the federal Balancing Incentive Program (BIP). Strengthening the Commonwealth's system of home- and community-based services (HCBS) is a goal that we wholeheartedly support. As you know, Cumberland County Aging and Community Services has long been a provider of service designed to assist both older adults and individuals with disabilities to remain in their home as long as is safely possible. The BIP will greatly assist Pennsylvania in its efforts to further rebalance its long-term services and supports (LTSS) system through the implementation of the three structural changes required by BIP and the increase in access to home- and community-based services throughout the Commonwealth.

Cumberland County Aging and Community Services looks forward to collaborating with the Pennsylvania Departments of Public Welfare and Aging on the implementation of the BIP structural changes and other enhancements that will help improve the system of home and community LTSS throughout our Commonwealth.

Sincerely,

A handwritten signature in black ink, appearing to read "Terry L. Barley".

Terry L. Barley, Director

CONSUMER SUBCOMMITTEE OF THE MEDICAL
ASSISTANCE ADVISORY COMMITTEE OF
PENNSYLVANIA

February 24, 2014

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs
Group 7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-
1850

Re: Support of PA's Application for Federal Balancing Incentive Program

Dear Ms. Burnett,

As Chair of the Consumer Subcommittee of the Medical Assistance Advisory Committee (Consumer Subcommittee), I write to express my support of Pennsylvania's application for participation in the federal Balancing Incentive Program (BIP). Strengthening the Commonwealth's system of home and community based services (HCBS) is a goal we strongly support. BIP will assist Pennsylvania in its efforts to further rebalance its long-term services and supports (LTSS) system.

The mission of the Consumer Subcommittee is to advise the Department of Public Welfare on issues regarding access to service and quality of service. A majority of the Subcommittee's members are current Medicaid recipients and representatives of low-income groups whose membership are primarily medical assistance recipients; aging or elderly consumer groups advocating on health care issues for low-income Pennsylvanians; and, others knowledgeable and interested in matters that come before the Subcommittee.

The Subcommittee has worked with state and federal governments for many years. We know firsthand that that meaningful participation by all consumers on all phases of the planning and implementation of BIP's structural changes and other enhancements will maximize the success of this opportunity to improve the system of home and community LTSS throughout our Commonwealth. We look forward to collaborating with the Pennsylvania Departments of Public Welfare and Aging on this important effort.

Please contact me with any questions or concerns.

Very truly yours,

Yvette Long

Chair, Consumer Subcommittee
Philadelphia Welfare Rights
1231 North Franklin Street
Philadelphia, PA 19122
(215) 684-3600

February 17, 2014

Jennifer Burnett

Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard

Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

As a parent of a wonderful young man with intellectual disability who lives in the community I am pleased to support Pennsylvania's application for participation in the federal Balancing Incentive Program (BIP). Strengthening the Commonwealth's system of home- and community-based services (HCBS) is a goal that we wholeheartedly support. The BIP will greatly assist Pennsylvania in its efforts to further rebalance its long-term services and supports (LTSS) system through the implementation of the three structural changes required by BIP and the increase in access to home- and community-based services throughout the Commonwealth.

I am looking forward to collaborating with the Pennsylvania Departments of Public Welfare and Aging on the implementation of the BIP structural changes and other enhancements that will help improve the system of home and community LTSS throughout our Commonwealth.

Sincerely,

Emilio Pacheco
Parent of Joel Pacheco 215-205-7984
Emiliopacheco95@gmail.com



the compassion to care, the leadership to conquer

February 20, 2014

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

The *Alzheimer's Association Delaware Valley Chapter* is pleased to support Pennsylvania's application for participation in the federal Balancing Incentive Program (BIP). Strengthening the Commonwealth's system of home- and community-based services (HCBS) is a goal that we wholeheartedly support. The BIP will greatly assist Pennsylvania in its efforts to further rebalance its long-term services and supports (LTSS) system through the implementation of the three structural changes required by BIP and the increase in access to home- and community-based services throughout the Commonwealth.

We at the Delaware Valley Chapter which serves the 8 counties of southeastern Pennsylvania look forward to collaborating with the Pennsylvania Departments of Public Welfare and Aging on the implementation of the BIP structural changes and other enhancements that will help improve the system of home and community LTSS throughout our Commonwealth.

Sincerely,

Wendy L. Campbell
President & CEO



PAPRS

PENNSYLVANIA ASSOCIATION FOR PSYCHIATRIC REHABILITATION SERVICES
P.O. Box 62072 • Harrisburg, PA 17106-2072 • 717-655-7662 • Scott.Heller@papr.org

2/17/14

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

The Pennsylvania Association for Psychiatric Rehabilitation Services (PAPRS) is pleased to support Pennsylvania's application for participation in the federal Balancing Incentive Program (BIP). Strengthening the Commonwealth's system of home- and community-based services (HCBS) is a goal that we wholeheartedly support. The BIP will greatly assist Pennsylvania in its efforts to further rebalance its long-term services and supports (LTSS) system through the implementation of the three structural changes required by BIP and the increase in access to home- and community-based services throughout the Commonwealth.

We at PAPRS look forward to collaborating with the Pennsylvania Departments of Public Welfare and Aging on the implementation of the BIP structural changes and other enhancements that will help improve the system of home and community LTSS throughout our Commonwealth.

Sincerely,

Scott T Heller, PsyD, CPRP
Executive Director,
PAPRS

February 23, 2014

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

As a consumer, I support Pennsylvania's application for participation in the federal Balancing Incentive Program (BIP). Strengthening the Commonwealth's system of home- and community-based services (HCBS) is a goal that is wholeheartedly supported. The BIP will greatly assist Pennsylvania in its efforts to further rebalance its long-term services and supports (LTSS) system through the implementation of the three structural changes required by BIP and the increase in access to home- and community-based services throughout the Commonwealth.

As a consumer, I look forward to collaborating with the Pennsylvania Departments of Public Welfare and Aging on the implementation of the BIP structural changes and other enhancements that will help improve the system of home and community LTSS throughout our Commonwealth.

Sincerely,



Kyle Merbach, Pittsburgh Consumer, DPW Subcommittee Member