

Date, 2023

Juliet Marsala, Deputy Secretary,

Office of Long-Term Living

555 Walnut Street

6th Floor

Harrisburg, PA 17101

Dear Secretary Marsala,

The Coalition For Choice (CFC) wishes to weigh in on important aspects of the reprourement process for the Community HealthChoices (CHC) program, and to share and emphasize opportunities to strengthen and improve the quality of health care and long-term services and supports in the program for the benefit of participants.

The Coalition For Choice (CFC) is a group of organizations that share a common interest. The CFC Mission Statement is as follows:

"To develop and advance self-directed programs of community-based long-term care services and supports for Medicaid eligible people with disabilities and seniors that ensure full participant input, choice, and control in Pennsylvania."

The members include advocacy organizations and providers of various aspects community-based long-term care services and supports in Pennsylvania:

Acumen Fiscal Agent, Alleghenies UCP Service Coordination, Center for Independent Living of Central PA, Liberty Resources, PA Council on Independent Living, PA Association of Home and Community Based Service Providers, PALCO, Rehabilitation and Community Providers Association, Roads to Freedom Center for Independent Living, Service Coordination Unlimited, Inc, TEAM Services Group, Voices For Independence, and XtraGlobex.

The Coalition's interest in the CFC reprourement reflects the strong desire to ensure the adoption of basic principles that should be embedded in all home and community-based programs, including in the design and operation of Community HealthChoices going forward. These principles are paraphrased below from the CFC Guiding Values delineated at <https://coalitionforchoicepa.com/>.

- Embracing **Inclusion** of all stakeholders in all aspects of Community HealthChoices
- Urging **True Choice** in all programs through choice of provider
- Urging **True Control** of services through embracing the principles of independent living
- Supporting **Community Integration** that ensures services are delivered in the most integrated setting, and,
- Championing **Empowerment** through the principle of "Nothing About Us Without Us" so that individuals are at the heart of decisions that affect their lives

The Coalition appreciated the opportunity to respond to the Request For Information issued March 6, 2023. We are pleased that sixty-seven responses were received. We also appreciate the OLTL summary of major themes and the dissemination of the information to stakeholders. We note that no information regarding dispensation of any of the comments has been shared by OLTL to date. We commend OLTL for the recent and current listening sessions enabling the Department to hear from stakeholders about CHC issues. We urge the Department to also summarize the themes heard at these meetings and how OLTL will address them going forward.

The Coalition For Choice wishes to weigh-in specifically in four areas that intersect with the all-important principles of inclusion, true consumer choice and control, community integration, and empowerment. Furthermore, we place a high value on transparency in policies and processes that affect the operation of key services and supports.

1) We believe it is critical that the Department shares a draft of the Request for Application (RFA) with stakeholders in the interest of improving the ultimate offering, as was done prior to the original CFC procurement. As programs mature and evolve from their initial roll-out days, it is essential that both hard data and personal stories are considered to make lasting improvements that achieve the goals of the program. Areas where unintended consequences have occurred must be addressed and remedied. Only through review by stakeholders of proposed changes can there be assurances that this has satisfactorily occurred.

2) We believe the meaningful involvement of all stakeholders in the design and operation of CHC is important and should be strengthened by a participant-led advisory body with true, codified, oversight authority and input into all aspects of the program, including a formal review process with findings that are made public. We urge proactive involvement in program design by individuals with lived experience and subject matter experts to inform the ongoing discussion of solutions and recommendations before policy is developed. This approach would ensure robust stakeholder input and control over services that is more meaningful than the receipt of reports, listening sessions, and the opportunity to comment.

3) We believe the role of Service Coordinators in Community HealthChoices is a key to a successful program. We note that concern over too-high caseload sizes was a theme of the RFI responses by stakeholders. We concur and urge the Department to make necessary changes to the assumptions in this regard. We also urge careful attention to the vicious cycle of high caseloads leading to SC burnout/turnover, which leads to inadequate SC training/knowledge base, which leads to the inability to offer comprehensive and accurate information to the participant to support true choice and control of services, which leads to dissatisfaction.

4) We believe the ability of a CHC participant to exercise true choice and control over their home and community-based services, including in self-directed services, is

Commented [FS1]: Should we strengthen this to state that OLTL should hold CHC RFA specific listening sessions after the release of a draft RFA, and that the MLTSS submaac should have direct input into the draft

Commented [FS2]: Do we reference the emergent CMS rules for transparency

Commented [FS3]: The high case load are resulting in a high turnover rate of SC and also impacting the ability of SC's to provide sufficient information to make informed choices.

paramount and must not be weakened in the name of administrative efficiencies. When a vendor, provider or managed care organization faces no real competition, quality can become stagnant and customer service unresponsive. A participant's option to choose the best quality and the best fit for their needs and preferences results in a better outcome for all involved. Eliminating the opportunity to choose another qualified provider can effectively trap the participant in an unsatisfactory arrangement for getting support to use their chosen self-directed service model. The value of the enhanced control of services in the self-directed models should be matched with choice as well, as is done in other states. The choice of service model alone is not sufficient choice.

Finally, when participants are empowered to make decisions that impact their lives, they can thrive with dignity and autonomy in their community. Exercising choice is empowering. Exercising control over services is empowering.

We thank you for your focus on program quality improvement and we urge consideration of our points for the benefit of Community HealthChoices. We look forward to review of the draft RFA prior to its release.

The Coalition For Choice is an unincorporated group of organizations operating at 1700 Market Street, Suite 1005, Philadelphia, PA, 19103. Points of contact are Joan W. Martin and Ashley Wiggins, both reached at info@xtraglobex.com and 1.703.595.3616.