

## **RCPA RESPONSE TO COMMUNITY HEALTHCHOICES REQUEST FOR INFORMATION**

The recommendations in this response are informed primarily by RCPA members who serve older adults and individuals with physical disabilities participating in Community HealthChoices. RCPA will provide separate comments on Brain Injury services to ensure that those unique service-delivery considerations receive focused attention during the procurement process.

### **3.3.1 Program Requirements**

#### **Service Coordination, Authorizations, and Person-Centered Planning**

Community HealthChoices was designed to support participant choice, independence, and community living through coordinated, person-centered services. Nearly a decade into implementation, service coordination remains one of the most important components of the program and an area where participants and providers continue to experience significant inconsistency.

RCPA members regularly report substantial variation among CHC-MCOs regarding assessments, reassessments, service authorization requirements, care planning processes, and communication practices. These differences create confusion for participants and providers, increase administrative burden, and often delay access to critical services. While participants may have similar needs, the process for obtaining services can vary considerably depending upon the managed care organization involved.

Providers frequently serve as the first line of observation when participants' needs change. Home care staff, service coordinators, therapists, and other community-based professionals are often the first to identify changes in health status, caregiver availability, housing stability, functional limitations, or social support needs. Yet provider input is not always incorporated consistently into service planning and authorization decisions. When provider expertise is excluded from care-planning discussions, opportunities to prevent crises, avoid hospitalizations, and preserve participants' independence can be missed.

RCPA recommends greater standardization across CHC-MCOs related to assessments, reassessments, authorization requirements, and care planning expectations. Greater provider participation in person-centered planning would improve communication, reduce delays, and strengthen participant outcomes. The next procurement presents an opportunity to reinforce the principle that person-centered planning is not simply a documentation requirement. Still, a collaborative process focused on preserving participant independence, supporting family caregivers, and helping individuals remain successfully engaged in community life.

The Commonwealth has invested considerable resources in helping individuals remain in their homes and communities. Achieving that goal requires service coordination systems that are responsive, consistent, and focused on timely access to services. Participants should not experience delays or disruptions in care because of administrative variation among managed care organizations.

#### **Housing, Home Modifications, Assistive Technology, and Community Supports**

Participant independence often depends upon factors that extend beyond traditional healthcare services. Housing stability, home accessibility, caregiver supports, assistive technology, and community-based resources often determine whether an individual can continue to live safely at home.

RCPA members consistently observe that relatively modest investments in home modifications, environmental adaptations, assistive technology, and housing-related supports often yield significant gains in participants' independence and quality of life. A wheelchair ramp, bathroom modification, communication device, medication management technology, remote monitoring system, or adaptive equipment can be the difference between remaining at home and requiring a higher level of care.

Despite their importance, providers frequently encounter delays associated with authorization requirements, documentation standards, and inconsistent approval processes. These delays can increase caregiver burden, create safety concerns, and undermine participant independence. Delays in obtaining a home modification or adaptive technology often result in far greater long-term costs through increased service utilization, caregiver strain, or avoidable institutional placement.

The next CHC agreement presents an opportunity to strengthen access to enabling technologies, home modifications, and innovative community-based supports that help participants remain independent. Continued investment in these areas aligns directly with the Commonwealth's goals related to community integration, participant choice, and cost-effective service delivery.

Housing stability also deserves increased attention within the CHC program. Providers increasingly encounter participants whose ability to remain in the community is threatened by inaccessible housing, rising housing costs, limited affordable housing options, and other housing-related barriers. Greater collaboration among CHC-MCOs, providers, housing organizations, and community partners would strengthen participant outcomes and support successful community living.

### **Self-Direction, Employment, and Complex Participant Needs**

RCPA supports preserving participant choice across the full continuum of service delivery options available within Community HealthChoices. Pennsylvania has long recognized participant-directed services as an important option for individuals who wish to exercise greater control over the recruitment, management, and direction of their workforce.

At the same time, the continued growth of agency-delivered services over the past decade demonstrates that many participants and families actively choose traditional provider-supported models when given the opportunity. The expansion of home- and community-based services since 2012 has been accompanied by significant growth in agency-based service delivery, reflecting participant demand for services such as workforce recruitment, training, supervision, scheduling, quality oversight, and administrative support.

RCPA encourages DHS to maintain a balanced approach that recognizes the value of both participant-directed and agency-delivered services. Consumer choice is best preserved when individuals have access to multiple service delivery models and can select the option that best aligns with their needs, preferences, support systems, and personal circumstances.

Agency-delivered services provide important participant protections and safeguards for program integrity. Agency providers operate under comprehensive requirements that include employee screening, training, supervision, quality management programs, incident management processes, compliance systems, and ongoing oversight. Agency providers also maintain backup staffing capacity that helps ensure continuity of care when caregivers are unavailable.

In addition to supporting service continuity and quality outcomes, the agency model provides significant safeguards against fraud, waste, and abuse. Structured oversight, documentation requirements, supervision standards, and quality management activities help protect participants while supporting appropriate stewardship of public resources.

Employment remains an important pathway to independence and community engagement for many participants. Continued collaboration among CHC, vocational rehabilitation programs, employers, and community providers can help expand opportunities for competitive integrated employment.

As participant needs become increasingly complex, additional focus is warranted on individuals with physical disabilities, dementia, and other age-related cognitive impairments, behavioral health conditions, intellectual disabilities, autism, and co-occurring social needs. Greater integration among physical health, behavioral health, housing, and community support systems would improve outcomes while reducing fragmentation and service duplication. Strengthening coordination across these systems will become increasingly important as participant acuity and service complexity continue to grow.

### **3.3.1.2 Appendix B – Financial Requirements**

#### **Provider Sustainability and Workforce Capacity**

Provider sustainability represents one of the most significant issues facing Community HealthChoices today and one of the most important determinants of participant access to services.

Across Pennsylvania, providers continue to face workforce shortages, rising labor costs, increasing regulatory requirements, growing participant acuity, and expanding administrative responsibilities. These challenges affect organizations of all sizes and increasingly limit provider capacity to accept referrals, expand services, and meet participant demand.

The direct care workforce, nurses, therapists, service coordinators, and other frontline professionals are the foundation upon which Community HealthChoices is built. Every vacant position reduces participant choice. Every provider that limits admissions due to workforce shortages reduces access to services. Every provider that exists in a service area diminishes the Commonwealth's ability to achieve its goals related to community integration and participant independence.

Workforce stability should therefore be viewed as a participant outcome measure rather than solely a provider concern. Without a sufficient workforce, participants cannot access services regardless of the benefits available through the CHC program. Network adequacy is not simply a matter of

signed provider contracts; it is a question of whether participants can obtain services when and where they need them.

RCPA recommends greater transparency in CHC-MCO reimbursement methodologies, stronger oversight of provider network sustainability, and increased accountability to ensure reimbursement supports workforce recruitment and retention. The procurement also presents an opportunity to establish meaningful measures related to provider capacity, workforce stability, referral acceptance rates, and service availability.

Pennsylvania's success in promoting community living depends upon maintaining a provider network that is adequately funded, operationally sustainable, and capable of meeting participant needs throughout the Commonwealth.

### **Value-Based Purchasing**

RCPA supports value-based purchasing arrangements that improve participant outcomes, encourage innovation, and reward quality performance. Future value-based models should recognize participant complexity, support workforce investment, and focus on outcomes that providers can meaningfully influence.

Successful value-based purchasing arrangements require collaboration among providers, CHC-MCOs, and the Commonwealth. Models that strengthen participant independence, support community-based outcomes, and encourage long-term investments in workforce and infrastructure are most likely to generate sustainable improvements in quality and efficiency.

#### **3.3.1.3 Appendix C – Reporting Requirements and Administrative Simplification**

Administrative burden remains one of the most significant operational challenges facing providers participating in Community HealthChoices. Providers routinely report variations in reporting requirements, documentation standards, credentialing processes, authorization systems, provider manuals, and provider communications across CHC-MCOs.

While each requirement may appear manageable, the cumulative impact is substantial. Administrative complexity diverts resources away from participant services, contributes to workforce burnout, increases operating costs, and reduces provider capacity. In many cases, providers are required to submit similar information across multiple systems and formats, depending on the managed care organization involved.

RCPA recommends greater standardization across CHC-MCOs related to reporting requirements, provider credentialing, authorization processes, and provider communications. Expanded use of automated data exchange, common reporting formats, and streamlined documentation requirements would improve efficiency and allow providers to devote more resources toward participant care, workforce development, and quality improvement activities.

Reducing administrative burden is not simply a provider issue. It directly affects participant access, service availability, workforce stability, and the overall efficiency of the CHC program.

### **3.3.2 Program Logistics**

Participant choice remains one of the defining strengths of Community HealthChoices. RCPA supports maintaining and expanding meaningful participant choice while recognizing opportunities to improve consistency and efficiency across managed care organizations.

As DHS evaluates the future structure of the CHC program, RCPA supports considering additional qualified managed care organizations when doing so increases participant choice, promotes innovation, strengthens accountability, and improves access to services. Competition among plans can encourage investment in care coordination, provider partnerships, participant experience, and innovative community-based supports.

At the same time, significant operational variation among CHC-MCOs creates administrative complexity that ultimately affects providers and participants alike. Greater consistency in credentialing, authorization processes, reporting requirements, provider communications, and operational expectations would improve efficiency while preserving participant choice and competition.

RCPA also encourages DHS to evaluate whether regional procurement strategies could better support participant needs, provider access, and the Commonwealth's long-term integration objectives. Regionalization may create opportunities for stronger alignment between Medicaid managed care and Medicare products, allow plans to develop deeper provider relationships within local markets, and support more targeted responses to regional workforce and access challenges.

Any regional approach should maintain adequate participant choice, preserve continuity of care, and avoid unnecessary disruption to providers. The primary objective should be to improve participant outcomes and strengthen community-based supports, rather than simply restructuring plan participation.

RCPA also supports longer contract terms accompanied by strong accountability and performance oversight. Greater stability promotes long-term investment in workforce development, technology, quality improvement, and provider-MCO partnerships while reducing disruption for participants and providers.

### **3.3.3 Medicare and Medicaid Integration**

RCPA supports continued efforts to strengthen integration between Medicare and Medicaid services for dual-eligible individuals. Better alignment across systems has the potential to improve participant experiences, reduce fragmentation, strengthen care coordination, and support more effective management of both healthcare and long-term services and supports.

Future integration efforts should focus on improving participant outcomes and simplifying access to services rather than solely pursuing administrative alignment. Participants and caregivers often struggle to navigate multiple systems, benefit structures, and care coordination requirements. Greater integration can reduce confusion and improve continuity of care when implemented thoughtfully.

As DHS considers the next phase of Community HealthChoices, RCPA encourages the Department to evaluate procurement structures that support stronger alignment between CHC-MCOs and Medicare products, including D-SNP offerings. Opportunities may exist to create greater integration

through regional procurement strategies, aligned service areas, or other approaches that encourage plans to coordinate care across both Medicare and Medicaid programs.

The Commonwealth should also consider whether future procurement models can incentivize plans to develop more integrated care management structures, unified participant engagement strategies, and stronger collaboration with community-based providers.

At the same time, preserving participant choice and maintaining provider relationships remain critical considerations. Integration strategies should be evaluated based on their ability to improve outcomes, strengthen participant experiences, support community living, and reduce fragmentation without creating unnecessary disruptions.

#### **3.3.4 Program Recommendations**

As DHS prepares for the next phase of Community HealthChoices, RCPA encourages the Department to view participant independence and provider sustainability as mutually dependent objectives.

The Commonwealth has made significant progress in helping individuals live in their homes and communities rather than institutional settings. Maintaining that progress will require continued investment in the provider infrastructure that supports those outcomes. Workforce shortages, reimbursement pressures, administrative burden, authorization delays, and service access challenges directly affect participant independence and should be viewed as core program issues.

The next procurement presents an opportunity to strengthen service coordination, improve consistency across CHC-MCOs, reduce administrative complexity, support workforce stability, expand access to home and community-based supports, advance Medicare-Medicaid integration, and improve provider sustainability.

RCPA also encourages DHS to consider procurement structures that promote participant choice, encourage innovation, strengthen accountability, and support greater integration across Medicare and Medicaid delivery systems. Procurement decisions should support continuity of care, preserve provider relationships, and create opportunities for plans to invest in long-term partnerships that improve participant outcomes.

By focusing on these priorities, Pennsylvania can continue to build a Community HealthChoices program that supports participant choice, promotes independence, and maintains a strong provider network capable of meeting participants' needs throughout the Commonwealth.

RCPA looks forward to continuing its partnership with DHS and will provide additional recommendations regarding Brain Injury services through a separate submission focused on the unique needs of that population.

#### **3.3.5 Artificial Intelligence**

RCPA supports the thoughtful use of artificial intelligence and related technologies to improve administrative efficiency, identify service gaps, support care coordination activities, and reduce unnecessary paperwork.

The use of AI within Community HealthChoices must remain grounded in transparency, accountability, and human oversight. Decisions affecting service access, medical necessity, appeals, and participant rights require individualized review and professional judgment. Technology can strengthen service delivery and expand workforce capacity, but participant care decisions should remain person-centered and guided by human expertise.