

American Rescue Plan Comments

I am writing to you on behalf of ProVantaCare, a group of 83 HCBS Community-Based Organizations (CBOs) serving over 200,000 participants/consumers and employing over 50,000 direct care workers and direct service professionals in Pennsylvania. We see the potential investments and grants opportunities available through the American Rescue Plan (ARP) as a significant opportunity for the Department of Human Services (DHS) to achieve many of its stated goals through a partnership with ProVantaCare and by supporting the directions we are mapping out in this document.

Our network of providers was established in 2014 for the purpose of contracting and collaborating with Managed Care Organizations (MCOs) to achieve increased access and improve quality of behavioral health (BH) services for children and adults, long-term services and supports (LTSS) for individuals with physical and/or intellectual/developmental disabilities and autism (ID/A), and older individuals. Since its inception, ProVantaCare has worked closely with MCOs to advance the leverage of Value-Based Payments (VBP) and alternative payments based on quality and improved outcomes.

ProVantaCare supports the initiatives to increase the rates across the spectrum of services. While the priorities outline pay increases in specific service areas, we encourage the Commonwealth to consider the sustainability of these rates, recognizing the critical challenges of workforce development, recruiting, and retention. We would also acknowledge the credentialing opportunities for direct care workers and direct support professionals; however, we would want to assure essential workers' privacy and protections to voluntarily organize, rather than to be required to join union, as some of the registries could require them to do so.

In reviewing the list of priorities outlined by DHS, we see several areas where ProVantaCare can be the catalyst for achieving the desired results. Historically, Pennsylvania has achieved systems change with major conversions; the availability of funds through the ARP provides the opportunity to test and pilot alternatives on a smaller and manageable scale, before they are rolled out broadly. Our unique network can provide the ideal incubator for such pilots and can cut across the systems and departments:

1. **Leveraging Information Exchanges and Technology** - The priorities provided by the Commonwealth indicate the opportunity to fund consultants who would guide the use of technologies. We would urge the work with organized networks and trade associations, who are in the front lines with providers to demonstrate the effectiveness of these technologies. Specifically:
 - a. **Demonstration of a HCBS CBO Partnership with Health Information Exchange** – ProVantaCare has already begun a conversation with the Health Information Exchange in Philadelphia, with a direction to leverage the Encounter Notification System to be shared with our network of providers. The value of this level of care coordination cannot be overstated across the spectrum of BH, LTSS, and ID/A

services. The ability to fund this demonstration would allow the Commonwealth to identify key obstacles associated with building this level of information exchange, develop consistent and streamlined processes, and provide the foundation of a quantitative approach to VBP programs and incentives for avoidance of higher levels of care.

- b. **Telehealth in the LTSS and ID/A services** – ProVantaCare can provide evidence- and outcome-based trackable programs in these areas. ProVantaCare’s relationship with a national leader in telepsychiatry provides the ability to develop a variety of tests in this arena and to demonstrate the benefits and related cost savings associated with the addition of these services. We are poised to prepare proposals and to facilitate, conduct, and report on these efforts in a prompt manner.
- c. **Remote Patient Monitoring and Chronic Care Management in LTSS services** – ProVantaCare has established relationships with national providers of these technologies, and our network is uniquely positioned to demonstrate the effectiveness and efficiency of utilizing these tools as part of person-centered service plans and to advance the alignment of physical health indicators in a controlled environment. ProVantaCare could approach individual MCOs in Community HealthChoices (CHC) to conduct such pilots, but also see the opportunity for the Commonwealth to guide the MCOs in this direction to create consistency and breadth of the leverage of these tools.

2. Incentivizing the Use of VBP

- a. **Advance the use of VBP in the delivery of services to consumers with complex needs like Brain Injury (BI).** The path to advancing VBP in the services to this population would involve the development of levels of acuity, measurement tools, and incentives driving towards ultimate sharing of risk. These concepts have been shared with the Office of Long-Term Living and the CHC MCOs; however, one of the main obstacles to moving forward is the investment needed to validate the hypotheses, deliver the data, and reach a level of consistency across the system. The ProVantaCare Network represents all CARF accredited BI providers in Pennsylvania and can effectively implement this advancement, with supportive grant funding from the Commonwealth and/or the CHC MCOs.
- b. **Support the development of VBP programs to promote service bundling in CHC.** The breadth of services in CHC still reside in silos of individual service providers. Providing the incentives for collaboration across providers of such services as personal assistance, adult day programs, transportation, community integration, home delivered meals, and employment services would promote the use of whole person care, as well as support independence in the community for consumers.

ProVantaCare has the systems and experience in working with providers in a broad spectrum of these services and can be the change agent to facilitate and implement these pilots.

- c. **Support the expansion of VBP in BH services.** Finding universal applications of VBP in BH has been challenging. ProVantaCare has over 40 of the leading BH services providers in Pennsylvania and can support the piloting of a range of VBP programs, while also providing the technical support and systems infrastructure to assure consistency and appropriate documentation of such pilots.

3. Support the needs of underserved consumer groups

- a. **Develop a clear understanding of the needs of consumers with intellectual and developmental disabilities in CHC.** This growing segment of the Nursing Facility Clinically Eligible consumers with IDD are not able to access the right services they need. ProVantaCare has over 45 providers of IDD services and 15 CHC providers who could be part of the pilot to demonstrate the mix of services they require.
- b. **Develop a Pilot for Individuals with Autism transitioning to adulthood.** The broad range of services available through ProVantaCare's 45+ services providers can be the ultimate incubator to address this growing need in Pennsylvania. We would work with the leadership of DHS and the Office of Developmental Programs to customize the pilot to validate these programs.

The areas of support and pilots proposed in this document reflect some of the most urgent needs in our communities. ProVantaCare's leadership and staff stand ready to collaborate with the Commonwealth, DHS, and MCOs as a partner and would be eager to expand on these broad concepts to help the achieve the desired goals expressed for the use of the ARP funds.

Onward!



Fady Sahhar

COO

ProVantaCare