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Office of Long Term Living

Overview

- The Office of Long-Term Living (OLTL) administers Medical Assistance programs that provide long-term services to older Pennsylvanians and adults with physical disabilities.
- Participants must meet both financial and functional eligibility requirements to qualify for services.
- Services are provided across the continuum of care, from services provided in an individual's home to institutional care in nursing facilities.



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Home and Community-Based (HCBS) Waiver Programs

- **The Aging Waiver** is for people who are over the age of 60.
- **The AIDS Waiver** (over 21) – must have symptomatic HIV or AIDS
- **The Attendant Care Waiver** (18-59) - need minimal services; are capable of hiring and firing attendants
- **The CommCare Waiver** (21 and older) – have traumatic brain injury



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▶ HCBS Waiver Programs cont'd

- The Independence Waiver (18-59) – must have substantial limitations; cannot have intellectual disability or major mental health diagnosis
- The OBRA Waiver (18-59) – have a physical developmental disability (such as cerebral palsy) and substantial functional limitations

OLTL also administers a completely state-funded program:

- Act 150 Program (18-59) – the same as the Attendant Care Waiver but for those who meet the clinical requirements of that waiver but who are not MA-eligible.



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LIFE Program

- All-inclusive long-term living program that provides managed care services to MA-eligible participants over the age of 55
- Over 4,000 people receiving services through the LIFE Program
- Individuals who are dual eligible for Medicare and Medicaid can enroll for services through a LIFE Program.
- Designed after the national PACE program
- According to the National PACE Association, the average individual enrolled in the Program:
 - Is 80 years old
 - Takes eight prescription medications
 - Needs assistance with 3 activities of daily living (ADL's)



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Nursing Facilities

- The Department of Health licenses nursing facilities; and through an agreement with DPW, performs Medicaid certification surveys for DPWs OLTL. The certification surveys assure federal requirements are met along with quality of care, quality of life, and residents' rights.
- OLTL oversees the nursing facility rate-setting process, financial monitoring, and develops regulatory and state plan changes when needed.
- The average number of residents served per day in Nursing Facilities for State Fiscal Year (SFY) 2013/2014 is approximately 57,000 residents.
- The average cost for the Medicaid program for nursing facility care for SFY2013-2014 is nearly \$5,000 per resident, per month.



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Funding

Line Item	2013-2014 Available*	2014-2015 Available*	Unduplicated Enrolled Users as of 1/31/14
Nursing Facility Funding	\$3,805,699	\$3,785,943	66,432
HCBS- Aging Waiver	\$587,244	\$639,896	27,957
Long Term Care Managed Care – LIFE	\$188,499	\$225,738	4,479
Services to Persons with Disabilities	\$493,388	\$556,704	11,341
Attendant Care**	\$217,324	\$232,631	9440
TOTAL	\$5,292,104	\$5,440,912	

* Dollars in Thousands

** Not including 2,699 Enrolled Users over Age 60



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Proposed Budgetary Increases (SFY)2014-2015

Line Item	Funding *	Individuals Served
Nursing Facility Funding	\$30,000	n/a
HCBS- Aging Waiver	\$11,600	1,764
Long Term Care Managed Care – LIFE	\$9,4000	200
Services to Persons with Disabilities	\$15,300	1203
Attendant Care**	\$2,700	396
TOTAL	\$69,000	3563

*Dollars in Thousands

▶ Balancing Incentive Program (BIP)

- DPW is applying for funding through the Affordable Care Act's BIP. This federal initiative offers states a higher federal match for implementing certain reforms and reaching a 50/50 balance between institutional and community based funding.
- The BIP applies to OLTL, the Office of Developmental Programs and the Office of Mental Health and Substance Abuse Services.
- Key Components include:
 - Conflict free case management
 - A No Wrong Door system to streamline access to long-term living services
 - A standardized assessment tool to be used for all



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Advisory Group:

- The Long-Term Care Sub-committee of the Medical Assistance Advisory Committee (MAAC) is our advisory group.
- The Sub-MAAC is made up of providers, and consumers of long-term living services and interested parties that represent individuals both over and under the age of 60.



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QUESTIONS



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