

Understanding the Long-Term Living Support System in Pennsylvania

Presented April 10, 2014

To Members of the Pennsylvania Long-Term Care Commission

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What Should be Covered Today?

- What questions do you have?
- What do you hope will be covered today?

What We've Planned to Cover Today

Aging Services and Programs

- Community Services
- Home and Community Services

Who covers what?

- History of Home and Community-Based Services (HCBS)
- OLTL Programs
- Medicare
- Dual Eligibles

Components of the Enrollment Process

- Assessment through Program Eligibility Determination
- Service Coordination and Service Models

Barriers and Challenges

What We've Planned to Cover Today (cont'd)

Financial Eligibility

- Application Process
- Application Review
- Income
- Resources
- Determination

Medical Assistance Programs

- Medicaid State Plan
- Medicaid Waivers
- Accessing Services (Plan vs. Waiver)
- Healthy Pennsylvania Section 1115 Waiver



*Pennsylvania Department of Aging
Services and Programs*

Community Services

Eligibility

- 65 years of age or older
- Income guidelines
 - \$14,500 for single person
 - \$17,700 for couple
- \$6.00 copayment – generic
- \$9.00 copayment – name brand

Funded by: PA Lottery

Eligibility

- Additional \$2,000 in yearly income
 - \$14,500 to \$23,500 for single person
 - \$17,700 to \$31,500 for couple
- \$40 monthly deductible
- \$8.00 copayment – generic
- \$15.00 copayment – name brand

Funded by: PA Lottery

APPRISE

Free health insurance counseling program for understanding Medicare and Medicaid eligibility benefits available through the county Area Agency on Aging

Funded by: Medicare

Prime Time Health

Provides health information and programs for the elderly at senior centers and other local sites

Topics include:

- Prescription education
- Nutrition
- Exercise
- Coping with life changes
- Stress management

Funded by: OAA, PA Lottery



*Pennsylvania Department of Aging
Services and Programs*

*Senior Community Centers and
Satellite Sites*

Senior Center Services & Activities

- Nutritious meals
- Intergenerational programs
- Health screenings and education
- Art programs
- Volunteer opportunities
- Computer classes
- Exercise classes

Funded by: OAA, PA Lottery

Congregate (Senior Centers/Satellite Sites)

- Afternoon hot meal

Home Delivered Meals

- Hot, frozen, shelf stable meals
- Delivered daily or weekly

Funded by: OAA, PA Lottery

Transportation Services

The Shared Ride Program

- Administered through PENNDOT, Bureau of Public Transportation
- 85% discount to people 65 years of age and over
- All 67 Counties are served by the Shared-Ride Program.

Free Transit Funding

- Any time a fixed route service operates, service is free to people age 65 and over.
- Participating local transportation systems are: public bus, trolley, commuter rail and subway.

Funded by: PA Lottery

Family Caregiver Support

State

- Care receiver 60+

Federal

- Care receiver 60+

Grandparenting

- Caregiver 60+

Disabled

- Care receiver 18-59

Funded by: State and Federal Funding

Eligibility

- Nursing facility clinically eligible *and* nursing facility ineligible
- Age 60 or over
- Service plan is subject to mandatory cost share for those with income from 25% to 300% of current Federal Poverty Level.

Funded by: PA Lottery

Domiciliary Care

- Helps adults age 18+ remain in the community
- Supported living arrangement in a homelike setting
- Providers certified by the AAA
- No more than three adults unrelated to the provider can reside there.

Ombudsman

- Investigate and help resolve complaints made by or for older persons in long-term care facilities
 - Nursing facilities
 - Personal Care Homes
- Over 500 volunteer ombudsmen in the PEER Program in PA

Protective Services

- PDA is responsible for oversight.
- AAAs are responsible for intake, investigation and service provision to individuals who are:
 - PA resident
 - age 60+
 - have no responsible caregiver
 - are at imminent risk of danger to their person or property
 - are incapacitated (unable to perform or obtain services necessary to maintain their physical or mental health)

and who are alleged to be the victim of abuse (physical, emotional, or sexual), neglect (by self or others) or financial exploitation

Funded by: OAA, PA Lottery

▶ Aging and Disability Resource Centers

A collaborative effort of the U.S. Administration on Community Living and the Centers for Medicare & Medicaid Services (CMS).

Promotes coordination of existing aging and disability service systems

Provides objective information, advice, counseling and assistance, empowers people to make informed decisions about their long term supports,

Helps people more easily access public and private long term supports and services programs



History of Home and Community- Based Programs

Home and Community-Based Services

- These federal requirements were established to ensure that a person can be served in the community if they:
 - are qualified for a waiver;
 - choose to receive services in the community;
 - and can be safely served in the community with available services
- The overarching goal is to provide services and supports to individuals in the most integrated, least restrictive setting of their choice.



Office of Long-Term Living Programs

OLTL Programs

- OLTL manages six home and community-based services (HCBS) waivers that allow Pennsylvania to spend federal dollars on HCBS for individuals who would otherwise qualify for Medicaid-funded institutional care. The waivers are primarily 1915(c), with the AIDS Waiver being a concurrent 1915(b) and (c) waiver.

Aging

Attendant Care

HIV/AIDS

OBRA

CommCare

Independence

- OLTL also manages the Living Independence for the Elderly (LIFE), Pennsylvania's version of the national PACE program that provides integrated services through a risk-based capitation model.
- OLTL manages the ACT 150 program, a state-funded program that provides home and community based services to Pennsylvanians who are clinically eligible for nursing facility care but do not meet the financial eligibility test for Medicaid.
- OLTL provides Nursing Home Transition services that allow institutionalized individuals to return to the community with appropriate housing and supports. In 2008, PA implemented the Money Follows the Person (MFP) program to enhance the federal funding available for transitioning those individuals who meet MFP requirements.
- OLTL administers the Nursing Facility Program, certifying facilities for Medicaid participation and managing enrollment, payments and financial and quality audits.

Attendant Care Waiver

Population Served	Eligibility Requirements
<ul style="list-style-type: none"> ▪ Nearly 9,000 individuals enrolled as of December 2013 ▪ Average Cost Per Individual projected to be \$26,601 for state fiscal year 13-14 ▪ Just over 80% of individuals in the program as of December 2013 were under age 60 ▪ Services for individuals over 60 years of age are paid from the PennCare appropriation in the Department of Aging budget 	<ul style="list-style-type: none"> ▪ PA resident age 18-59 ▪ Nursing facility level of care ▪ Income below 300% of the federal poverty level ▪ Countable resources below \$8,000 (excluding primary residence) ▪ Have a medically determinable physical impairment expected to last at least 12 months ▪ Be capable of a) hiring, firing and supervising an attendant care worker(s); b) managing one's own financial affairs; and c) managing one's own legal affairs.
Program Statistics	Federal and State Policies
<p>Personal assistance services accounted for \$160.3M in FY 12-13. This amount represented 95% of all Attendant Care spending.</p> <p>Consumer Directed: \$102.1M</p> <p>Agency Directed: \$58.2M</p>	<ul style="list-style-type: none"> ▪ Waiver originally approved by CMS on July 1, 1995. ▪ The Attendant Care Waiver is authorized under 1915(c). ▪ The current waiver period is 7/1/13 – 6/30/18.
Services	
<ul style="list-style-type: none"> ▪ Personal Assistance ▪ Community Transition ▪ Service Coordination 	<ul style="list-style-type: none"> ▪ Participant-Directed Goods and Services ▪ Personal Emergency Response System (PERS)

Act 150 (Under 60)

<p>Population Served</p> <ul style="list-style-type: none"> ▪ This state-funded program provides services to adults who would not otherwise qualify for Medicaid. ▪ Nearly 1,000 individuals enrolled as of December 2013 ▪ Average Cost Per Individual projected to be just over \$26,600 for state fiscal year 13-14 ▪ Services for individuals over 60 years of age are paid from the PennCare appropriation in the Department of Aging budget 	<p>Eligibility Requirements</p> <ul style="list-style-type: none"> ▪ PA resident age 18-59 ▪ Nursing facility level of care ▪ No income test ▪ Have a medically determinable physical impairment expected to last at least 12 months ▪ Be capable of a) hiring, firing and supervising an attendant care worker(s); b) managing one's own financial affairs; and c) managing one's own legal affairs.
<p>Program Statistics</p> <p>Personal assistance services accounted for \$30.8M in FY 12-13. This amount represented 97% of all Act 150 spending.</p> <p>Consumer Directed: \$17.7M</p> <p>Agency Directed: \$13.1M</p>	<p>Federal and State Policies</p> <ul style="list-style-type: none"> ▪ State-funded program implemented in 1987 based on the Attendant Care Services Act (P.L. No. 150). Services had actually started through budget funding by the legislature in 1984, followed by supporting legislation in 1987. The funding enabled demonstration grants to provide services and to test models of service, including the Consumer Employer Model. ▪ The participant is not required to meet nursing facility level of care requirements, and there is no income test.
<p>Services</p>	
<ul style="list-style-type: none"> ▪ Personal Assistance ▪ Service Coordination ▪ Personal Emergency Response System (PERS) 	

Independence Waiver

Population Served	Eligibility Requirements	
<ul style="list-style-type: none"> ▪ This waiver is for adults with severe physical disabilities affecting three or more major life activities. ▪ Just over 7,500 individuals were enrolled in the Independence Waiver as of December 2013. ▪ The projected average cost per individual receiving services under the Independence Waiver is \$45,500 for FY 13-14. 	<ul style="list-style-type: none"> ▪ PA resident age 18-59 ▪ Nursing facility level of care ▪ Income below 300% of the federal poverty level ▪ Countable resources below \$8,000 (excluding primary residence) ▪ Three or more substantial limitations in major life activities 	
Program Statistics	Federal and State Policies	
<ul style="list-style-type: none"> ▪ Personal assistance services accounted for \$235.3M. This amount represented 80% of Independence Waiver spending in FY 12-13. ▪ Consumer Directed: \$100.4M ▪ Agency Directed: \$135.9M 	<ul style="list-style-type: none"> ▪ Waiver approved by CMS on July 1, 1997, authorized through 1915(c) of the Social Security Act ▪ Current waiver period is 7/1/10 to 6/30/15 	
Services		
<ul style="list-style-type: none"> ▪ Adult Daily Living Services ▪ Accessibility Adaptations ▪ Equipment, Technology and Medical Supplies ▪ Community Transition 	<ul style="list-style-type: none"> ▪ Community Integration ▪ Home Health ▪ Non-Medical Transportation ▪ Personal Assistance ▪ Therapeutic Counseling Services 	<ul style="list-style-type: none"> ▪ PERS ▪ Respite Services ▪ Service Coordination ▪ Supported Employment

COMMCARE Waiver

<p>Population Served</p> <ul style="list-style-type: none"> ▪ This waiver serves individuals with traumatic brain injury. ▪ Nearly 600 individuals were enrolled in Waiver as of December 2013. ▪ The projected average cost per individual receiving services under the Independence Waiver is \$83,000 for FY 13-14. 	<p>Eligibility Requirements</p> <ul style="list-style-type: none"> ▪ PA resident at least 21 years of age ▪ Nursing facility level of care ▪ Income below 300% of the federal poverty level ▪ Countable resources below \$8,000 (excluding primary residence) ▪ Medically determinable diagnosis of traumatic brain injury ▪ Three or more substantial limitations in activities of daily living
<p>Program Statistics</p> <ul style="list-style-type: none"> ▪ Personal assistance services and residential habilitation together accounted for \$19.9M. This amount represented 43% of all Compare Waiver spending in FY 12-13. ▪ Residential Habilitation: \$15.5M ▪ Consumer Directed PAS: \$8.8M ▪ Agency Directed: \$11.1M 	<p>Federal and State Policies</p> <ul style="list-style-type: none"> ▪ Waiver approved by CMS on April 1, 2002, authorized through 1915(c) of the Social Security Act. ▪ Current waiver period is 7/1/10 to 6/30/15.
<p style="text-align: center;">Services</p>	
<p style="text-align: center;">All services covered under the Independence Waiver plus:</p> <ul style="list-style-type: none"> ▪ Prevocational Services ▪ Residential Habilitation Services ▪ Structured Day Services 	

OBRA Waiver

Population Served	Eligibility Requirements
<ul style="list-style-type: none"> ▪ The purpose of this waiver is to prevent inappropriate and unnecessary institutionalization for adults with physical disabilities. ▪ Nearly 1,500 individuals were enrolled in Waiver as of December 2013. ▪ The projected average cost per individual receiving services under the OBRA Waiver is \$57,000 for FY 13-14. 	<ul style="list-style-type: none"> ▪ PA resident age 18-59 ▪ Physical developmental disability assessed as needing an intermediate care facility for people with Other Related Conditions (ICF/ORC) level of care ▪ Income below 300% of the federal poverty level ▪ Countable resources below \$8,000 (excluding primary residence) ▪ Physical disability manifested prior to age 22
Program Statistics	Federal and State Policies
<ul style="list-style-type: none"> ▪ Personal assistance services and residential habilitation together accounted for \$54.3M. This amount represented 69% of OBRA Waiver spending in FY 12-13. ▪ Consumer Directed : \$28.7M ▪ Agency Directed: \$25.6M 	<ul style="list-style-type: none"> ▪ Waiver approved by CMS on April 1, 1992, authorized through 1915(c) of the Social Security Act. ▪ Current waiver period is 7/1/10 to 6/30/15.
Services	
<p style="text-align: center;">All services covered under the Independence Waiver plus:</p> <ul style="list-style-type: none"> ▪ Prevocational Services ▪ Residential Habilitation Services ▪ Structured Day Services 	

Aging Waiver

Population Served	Eligibility Requirements
<ul style="list-style-type: none"> ▪ Provides services for Pennsylvanians age 60 and older to allow them to maintain independence and remain in their community. ▪ Nearly 20,000 individuals were enrolled in Waiver as of December 2013. ▪ The projected average cost per individual receiving services under the Aging Waiver is just over \$23,000 for FY 13-14. 	<ul style="list-style-type: none"> ▪ PA resident age 60 or older ▪ Income below 300% of the federal poverty level ▪ Countable resources below \$8,000 (excluding primary residence) ▪ Nursing facility level of care
Program Statistics	Federal and State Policies
<ul style="list-style-type: none"> ▪ Personal assistance services accounted for \$411.7M. This amount represented 81% of Aging Waiver spending in FY 12-13. ▪ Consumer Directed : \$134.6M ▪ Agency Directed: \$277.1M ▪ For FY 13-14 it is projected that Service Coordination will account for \$73M or 13% of spending for the Aging waiver. Service coordinating was a new waiver service as of July 1, 2012. Prior to that time, AAAs were paid a monthly stipend for “Care Management” through their Title XIX agreement. 	<ul style="list-style-type: none"> ▪ Waiver approved by CMS on July 1, 1995, authorized through 1915(c) of the Social Security Act. ▪ Current waiver period is 7/1/13 to 6/30/18.
	Services
	<ul style="list-style-type: none"> ▪ Various services and supports that allow the individual to remain in the their home/community rather than in a nursing facility.

AIDS Waiver

Population Served	Eligibility Requirements
<ul style="list-style-type: none"> ▪ Serves adult Pennsylvanians living with symptomatic HIV or AIDS; covers additional services (not covered by MA). ▪ Up to 800 individuals can be served in the AIDS waiver during FY 13-14. 	<ul style="list-style-type: none"> ▪ PA resident at least 21 years of age ▪ Countable income below 300% of the federal poverty level ▪ Countable resources below \$8,000 (excluding primary residence) ▪ Have symptomatic HIV disease or AIDS ▪ Skilled Nursing Facility or hospital level of care
Program Statistics	Federal and State Policies
<ul style="list-style-type: none"> ▪ Funding for the AIDS Waiver is provided through MA outpatient appropriations ▪ Individuals receive services directly through their managed care provider 	<ul style="list-style-type: none"> ▪ Waiver approved by CMS on January 1, 1992, authorized through 1915(c) of the Social Security Act ▪ Current waiver period is 1/1/2010 to 12/31/2014
Services	
<ul style="list-style-type: none"> ▪ Home Health Care ▪ Homemaker ▪ Nutritional Counseling ▪ Specialized Medical Equipment and Services 	

Living Independence for the Elderly (LIFE) Program

Population Served	Eligibility Requirements
<ul style="list-style-type: none"> ▪ The program focuses on individuals living independently in their homes and communities for as long as possible. ▪ According to the National PACE Association, the average individual enrolled in the program: <ul style="list-style-type: none"> ▪ Is 80 years old ▪ Takes eight prescription medications ▪ Has three activities of daily living ▪ Individuals who are dual eligible for Medicare and Medicaid can enroll for services through a LIFE Program with no out-of-pocket expenses. 	<ul style="list-style-type: none"> ▪ Age 55 or older ▪ Skilled Nursing Facility or Special Rehabilitation Facility level of care ▪ Meet the financial eligibility requirements determined by the local County Assistance Office or able to private pay ▪ Reside in an area served by a LIFE provider ▪ Be able to be safely served in the community as determined by a LIFE provider
Program Statistics	Federal and State Policies
<ul style="list-style-type: none"> ▪ The LIFE Program serves nearly 4,000 older Pennsylvanians. ▪ There are 18 LIFE providers with programs covering more than 30 counties. 	<ul style="list-style-type: none"> ▪ Nationally, the program is called the Program of All-Inclusive Care for the Elderly (PACE). ▪ Pennsylvania's first LIFE Programs were implemented in 1998.
Services	
<ul style="list-style-type: none"> ▪ The LIFE Program is a long-term care model that fully integrates comprehensive long-term care services and supports, behavioral health, and medical services to Medicaid and Medicare enrollees. 	

Nursing Facility Programs

Population Served	Eligibility Requirements
<ul style="list-style-type: none"> ▪ 49,000 participants as of December 2013 ▪ This population is expected to grow to 52,000 in FY 13-14 	<ul style="list-style-type: none"> ▪ Skilled Nursing Facility level of care ▪ Income: <ul style="list-style-type: none"> ▪ Non-Money Payment (NMP): 300% of Federal Benefit Rate ▪ Medically Needy Only (MNO): \$2,550 less certain medical costs, including 6 months of LTC services ▪ Resource Limits <ul style="list-style-type: none"> ▪ NMP: \$2,000 ▪ MNO: \$2,400 (usually excludes primary residence) ▪ Assessed by local AAA as in need of nursing facility level of care
Program Statistics	Federal and State Policies
<ul style="list-style-type: none"> ▪ The average cost per person in FY 12-13 was \$5,044 per month (\$60,528 per year). ▪ The proposed budget for 13-14 for nursing facility care is over \$3.7B. 	<ul style="list-style-type: none"> ▪ Unlike the Medicaid waiver programs, nursing facility care is defined as an entitlement by the federal government for all individuals who are found eligible for services.

Nursing Home Transition (NHT)

Population Served	Program Statistics
<p>Nursing facility residents who express a desire to relocate from the facility or who have a documented barrier that was overcome through Transition Coordination services.</p>	<ul style="list-style-type: none"> ▪ More than 10,000 Pennsylvanians have been transitioned through the NHT Program since 2006. Of this number, 1,162 were assisted through the Money Follows the Person (MFP) initiative, detailed on the next slide.
Goals and Objectives of the NHT Program	Eligibility Requirements
<ul style="list-style-type: none"> ▪ To help states like Pennsylvania rebalance their long-term living systems so that people have a choice of where they live and receive services. ▪ Enhances opportunities for individuals to move to the community by identifying individuals who wish to return to the community through the Minimum Data Set (MDS) and referrals from family, individuals, social workers, etc. ▪ Empowers individuals so they are involved to the extent possible in planning and directing their own transition from a nursing facility back to a home of their choice in the community. ▪ Develops the necessary infrastructure and supports in the community by removing barriers in the community so that individuals receive services and supports in settings of their choice. ▪ Expands and strengthens collaborations between aging and disability organizations to provide support and expertise to the NHT Program. 	<ul style="list-style-type: none"> ▪ An individual is considered an NHT participant if they: <ol style="list-style-type: none"> 1. are not scheduled to leave the facility through the normal discharge process (including short-term rehabilitative services); 2. have expressed a desire to relocate from the facility; <u>and</u> 3. meet one of the following criteria: <ul style="list-style-type: none"> ▪ S/he has resided in an inpatient facility for a period of 90 consecutive days and is receiving MA services for one day and transition is coordinated through Transition Coordination activities. This individual would be considered an MFP target. <p>OR</p> <ul style="list-style-type: none"> ▪ S/he has a documented barrier that was overcome through Transition Coordination activities regardless of nursing facility payer source. <p><i>NHT Program Alert 10-09-03 issued 9/3/10</i></p>

Money Follows the Person (MFP)

MFP Rebalancing Demonstration	Money Follows the Person (MFP) Eligibility Requirements
<ul style="list-style-type: none"> ▪ MFP is a federal initiative that will provide assistance to people who live in institutions so they can return to their own communities to live independently. ▪ It is an initiative that will bring more federal dollars into the state that can then be used to help additional people return to their communities by providing additional federal dollars for the HCBS waiver programs. ▪ It is the largest single investment in Home and Community Based Long Term Living Services ever offered by CMS. • It is a major source of financial resources for state home and community based programs. The federal government will provide \$4 billion to the states participating in the MFP initiative. 	<ul style="list-style-type: none"> ▪ Have resided in a nursing facility, Intermediate Care Facility for Mental Retardation (ICF/MR) or state hospital for at least 90 days; ▪ Be actively receiving Medical Assistance or Medicaid benefits for at least one day prior to discharge/transition; ▪ Be transitioning to a Qualified Residence, defined by the federal government as: <ul style="list-style-type: none"> ▪ A home owned or leased by the individual or the individual's family member; ▪ An apartment with an individual lease that has lockable doors (inside and out), and which includes living, sleeping, bathing and cooking areas over which the individual or the individual's family has control; ▪ A residence, in a community-based residential setting, in which no more than four unrelated individuals reside. ▪ Meet the eligibility criteria for one of the following Home and Community Based waiver programs: Aging, Independence, COMMCARE, Attendant Care, or OBRA; or the state-funded Act 150 program.
Program Statistics	Population Served
<ul style="list-style-type: none"> ▪ Over 37,000 individuals from the 31 states participating in the MFP initiative are expected to move back to the community as a result of this initiative. ▪ MFP was incorporated into Pennsylvania's existing NHT program in 2008. 	<ul style="list-style-type: none"> ▪ The MFP initiative focuses on a number of different groups of people, including the elderly, individuals with physical disabilities, people with mental retardation or a developmental disability as well as people with mental illness. ▪ To date, Pennsylvania has transitioned 1,162 individuals through the MFP initiative within its Nursing Home Transition Program.



Medicare versus Medicaid

Medicare and Medicaid – The Basics

Medicare		Medicaid
Administration	Federally administered	State administered within broad federal guidelines
Funding	Federally funded	State and federal funding
Coverage	<ul style="list-style-type: none"> ▪ Limited coverage of Nursing Facility Care ▪ Home Health ▪ Hospice 	<p>All states must provide nursing facility care to those who are eligible. States may offer other programs through the use of waivers in their State Plans:</p> <p>1115 – These are demonstration or pilot projects that allow states flexibility to meet the Medicaid program requirements while remaining budget neutral.</p> <p>1915(b) – Managed care programs</p> <p>1915(c) – Home and community based services</p> <p>1915(b)(c) – Simultaneous implementation of both waiver types to provide a continuum of services</p> <p>1915(i) – HCBS as State Plan services</p>
Eligibility	<ul style="list-style-type: none"> ▪ Age ▪ End stage Renal Disease ▪ Social Security Disability 	<ul style="list-style-type: none"> • Financial or categorically eligible • For long-term services and supports (LTSS) functional requirements apply
Operating Structure	<ul style="list-style-type: none"> ▪ Fee-for-service ▪ Managed care 	<ul style="list-style-type: none"> ▪ Fee-for-service ▪ Managed care
Blended Programs	<ul style="list-style-type: none"> ▪ Program of All-Inclusive Care for the Elderly (known as PACE nationally and as LIFE, or Living Independence for the Elderly, in Pennsylvania) uses a capitated risk-based funding method to provide comprehensive, coordinated care to participants through local LIFE providers. Services include primary health care, therapeutic services, adult day services, and long-term supports up to and including nursing facility care. 	

Adapted from: Center for Health Care Strategies, Inc. "Effectively Integrating Care for Dual Eligibles". World Congress – 7th Annual Leadership Summit on Medicaid Managed Care, Washington, DC. Presentation.

Medicare and Medicaid Benefits

Medicare covers:

	Part A	Part B	Part C	Part D
Benefits	<ul style="list-style-type: none"> Inpatient hospital stays Care in a skilled nursing facility (SNF) Hospice Care Home Health 	<ul style="list-style-type: none"> Physician and outpatient services Medical supplies Preventive services 	Medicare Advantage: includes Parts A, B, and D	Prescription drugs

Medicaid covers:

- Nursing facility care
- Other State Plan Services available to all Medical Assistance recipients (Fee-for-Service, Managed Care, Hospice)
- Pennsylvania MA covers:
 - Home and Community-Based Waiver Services
 - LIFE Program
 - Nursing Home Transition

Adapted from: Center for Health Care Strategies, Inc. "Effectively Integrating Care for Dual Eligibles". World Congress – 7th Annual Leadership Summit on Medicaid Managed Care, Washington, DC. Presentation.

Medicare Payment for Skilled Nursing Facility (SNF) Care

Eligibility for Medicare SNF Payment:

Medicare does **not** pay for most nursing facility care, but Medicare Part A (hospital insurance) does cover SNF if the individual meets **all** of the following conditions:

- has Medicare Part A and has days left in their benefit period;
- has a qualifying 3-day hospital stay;
- needs daily skilled care (Daily = 5 or 6 days a week), as long as they need and get the therapy services each day;
- receives these skilled services in a SNF that is certified by Medicare; and
- needs these skilled services for a medical condition that was either:
 - a hospital-related medical condition
 - a condition that started while they were receiving care in the skilled nursing facility for a hospital-related medical condition.

Cost Sharing:

Days 1-20	\$0 for each benefit period
Days 21-100	\$152 coinsurance per day of each benefit period
Days 101 and beyond	All costs

Medicare-Medicaid Enrollees (Dual Eligibles)

- There are just over 393,000* dual eligible individuals in Pennsylvania.
- Pennsylvania's Medicaid expenditures for individuals age 65 and older who are eligible for both Medicaid and Medicare total approximately \$3 billion.
- About half of these individuals are under age 65 and include people with disabilities.
- These individuals are not enrolled in Pennsylvania's managed care program (Health Choices), but instead receive their physical health care benefits through the Medicaid-Fee-for-Services system.
- Many dual eligible individuals receive their Medicare benefits through the Medicare Special Needs Plans (SNPs).

*2009 Beneficiary Annual Summary File (BASF) as provided to us by the Centers for Medicare & Medicaid Services (CMS).
Figure includes both full- and partial-duals.



Components of the Enrollment Process

Components of the Enrollment Process

- Assessment – The local AAA performs a Level of Care Assessment (LOCA) to determine nursing facility clinical eligibility (NFCE) or nursing facility ineligibility (NFI) based on specific activities of daily living for which the person needs support. The LOCA is performed within 15 calendar days of the request and is required for all of the following but not for Private Pay:
 - Domiciliary Care
 - Options/Personal Care Home/Assisted Living (also requires an MA51 form completed by a physician in order to turn on the SSI Supplement. The LOCA must determine the person **is NFI.**)
 - Nursing Facilities (Medicaid)
 - HCBS Waivers
 - Act 150 Program
 - LIFE Program
- Physician's Order
 - Medicare requires a physician's order for short-term rehabilitative services. For Medicare, no LOCA or MA51 is required.
 - MA-51 – A physician must complete this form when the person is requesting MA.
 - Physician's Certification – May be used in place of the MA-51 for HCBS Waiver programs
- Financial Eligibility Determination – The County Assistance Office (CAO) determines the person's financial eligibility.
- Program Eligibility – The Office of Long-Term Living determines the program for which the person is eligible.

What Happens After Someone is Enrolled in a Waiver?

- Service Coordination – The person selects a Service Coordination Agency. The SCA is responsible for developing the Individual Service Plan (ISP) and informing the person of their options for selecting a service model:
 - Agency Directed – The individual selects a provider agency, which supplies the direct-care worker (DCP).
 - Consumer Directed – The individual becomes a Common Law Employer, hiring their direct care provider with the assistance of an FMS (Financial Management System).
- When the ISP is approved, the participant is authorized to receive the services it outlines.

The participant can begin receiving services!

Barriers

- No single point of entry – Confusion on where to start
- System is difficult to navigate, particularly when transitioning between care delivery systems.
 - Lack of coordination between primary, acute, and LTSS organizations
 - Limited coordination between Medicare Special Needs Plans and LTSS organizations
- Consumers show a tendency to under-plan and under-insure for long term care until there is a crisis.
- There is limited availability of long-term care insurance products. Available products limit coverage and are costly.



Financial Eligibility

Financial Eligibility Application Process

Medical Assistance LTC Services Can Be Provided in:

- A skilled nursing or long-term care facility
- In the Community

Application is submitted:

- LTC facility submits application to CAO
- Individual mails application to CAO
- COMPASS
- AAA/Other Agency /IEB submits application to CAO
- CAO office/Interview (Very few of these!)

Signatures on Application:

- Individual
- Spouse/Representative Payee/Guardian
- POA
- LTC Facility/AAA/Other Agency (Signs Provider Section)

Process Times:

- 30 days from date of receipt of Application in CAO, plus 15 days (if necessary)

Financial Eligibility Application Review

A caseworker asks for required financial verification and reviews application for:

- Medical eligibility
 - Level of care assessment
- Financial eligibility
 - Income
 - Resources
 - Asset transfers
- Non-financial eligibility
 - Citizenship Status
 - Resident of PA
 - ID
 - Social Security Number
 - Birth Certificate

Financial Limitations:

- Income – All sources of gross monthly income are counted with a few exceptions.
 - NMP - \$2,163/month (300% FBR) – Gross income limit
 - MNO - \$2,550/6 months – Net semi-annual income limit

Financial Eligibility Application Review – Resources

Resource Limitations:

- NMP - \$2,000 (Plus \$6,000 disregard)
- MNO - \$2,400

Counted Resources:

- Bank Accounts
- Stocks, Bonds, Mutual funds, etc.
- Non-Resident property
- Cash Value of Life insurance policies (If face value exceeds \$1,500; any cash value exceeding \$1,000 is counted as available resource)

Excluded Resources:

- One motor vehicle
- Burial Plot
- Irrevocable Burial reserves subject to established limits
- Resident home IF Intent to return signature is obtained (Individual/Spouse /POA, etc.)

Other Considerations:

- Transfer of Assets
- Spousal Impoverishment
- Estate Recovery

If Eligible:

- MA benefits are authorized
 - Cost of care payment calculated for individuals residing in facilities
 - Notices sent to all appropriate parties

If Not Eligible or Eligible with Penalty Period:

- Notices are sent along with information for:
 - Appeal Process
 - Undue Hardship Waiver Request Process:
 - All requests sent to Harrisburg for review
 - Grant/Deny/Partial grant of penalty period



Medical Assistance Programs

Medical Assistance Programs Overview

- Medicaid State Plan
- Medicaid Waivers
- Accessing Services (*Plan vs. Waiver*)
- *Healthy Pennsylvania Section 1115 Waiver*

Medicaid State Plan

- Required by Federal Statute and Regulations
 - Title XIX of the Social Security Act
 - Federal Regulations 42 CFR, Subchapter C, Subpart B – relating to State Plans
- Comprehensive written document (blueprint) describing the nature and scope of the State's Medicaid Program
 - Identifies the recipients covered under the Medical Assistance Program (Categorically Needy/ Medically Needy)
 - Identifies the services covered under the Medical Assistance Program
 - Identifies the service limits
 - Identifies the payment methods and standards for covered services

Mandatory State Plan Services

- Inpatient Hospital Services
- Outpatient Hospital Services
- Physician Services
- CRNP
- CNM
- RHC/FQHC
- Lab / X-ray
- Nursing Facility Services
- EPSDT (kids < 21)
- Family Planning
- Medical & Surgical Services of a Dentist
- Home Health
- Birthing Centers

Optional State Plan Services

- Podiatrists' Services
- Optometrists Services
- Chiropractic Services
- DME
- Ambulatory Surgical Center (ASC)
- Independent Medical/Clinic Surgical Center
- Psychiatric Clinic
- Psychiatric Partial Hospitalization
- Drug & Alcohol Outpatient Clinic
- Renal Dialysis
- Dentists' Services
- PT/OT/ST
- Prescribed Drugs

Optional State Plan Services (cont'd)

- Rehabilitative Services
- ICF/ID & ICF/ORC
- Medical Surgical Services of a Dentist
- Transportation Services
- Hospice Services
- Home Health Services
- Home & Community Based Waiver Services
- Targeted Case Management
- Inpatient Hospital & Nursing Facility Services for 65+ in an institution for Mental Disease

Medicaid Waivers

- States and Federal government see waivers as a way to
 - Add flexibility to the Medicaid Program
 - Relieve some of the regulatory requirements
 - Have the Medicaid Program better meet the needs of the recipients
- Help states in containing the rate of growth in Medicaid spending
- States are permitted to implement portions of their Medicaid programs without adhering to all Medicaid statutes and regulations
 - Certain statutory and/or regulatory provisions are “waived”

Waiver Authorities

- Certain sections of the Social Security Act authorize waiver and demonstration authorities to allow states flexibility in operating Medicaid Programs

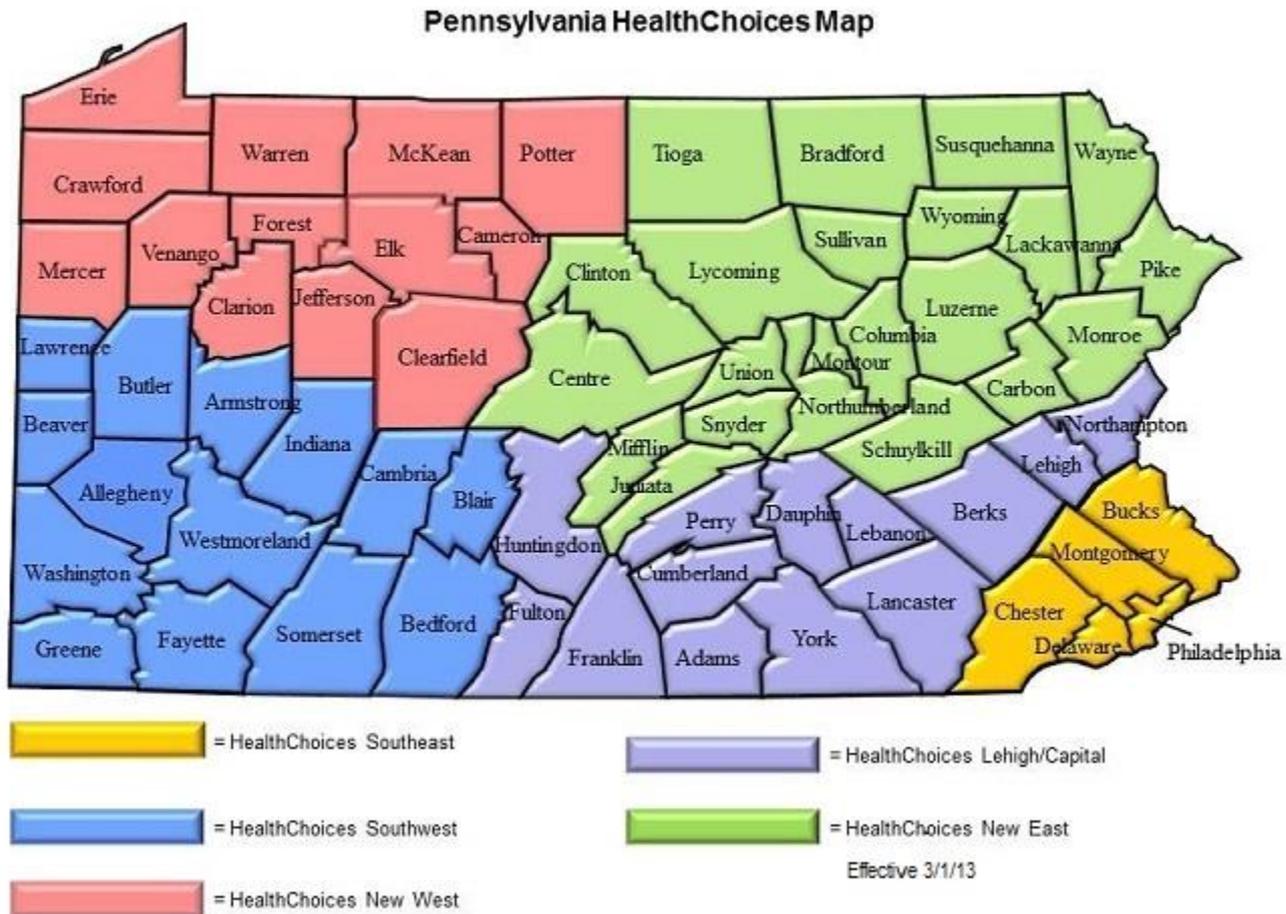
These include:

- Section 1915(b) Managed Care/Freedom of Choice Waivers
- Section 1915(c) Home and Community-Based Services Waivers
- Section 1115 Research and Demonstration Projects

Section 1915(b) Managed Care/ Freedom of Choice Waivers

- PA currently has 1 approved 1915(b) waiver
 - PA 67 Managed Care Waiver
- Health Choices Mandatory Managed Care Program
 - Statewide effective March 1, 2013 –
 - Current waiver period 1/1/12 – 12/31/14
- 1915(b) waiver is managed by BPAP

Pennsylvania Health Choices Map



- Excluded
 - Dual Eligibles
 - Specialty Pharmacy Drug Program
 - Health Insurance Premium Program (HIPP)
 - Out-of-state placement
 - Children in out-of-state foster care placement
 - Residence in a nursing facility > 30 days
 - Long Term Care Capitated Assistance Programs (LTCCAP)
 - Residence in State psychiatric hospital, Juvenile detention centers(JDC), and transitional care homes

1915 (c) Home and Community Based Waivers

- Provides the DHHS Secretary the authority to waive Medicaid provisions in order to allow long-term care services to be delivered in community settings.
- 1915(c) HCBS Waivers are managed by OLTL, OCDEL, and ODP.

State Plan or Waiver?

Section 1115 Research and Demonstration Projects

- Provides the Secretary of Health and Human Services broad authority to approve projects that test policy innovations likely to further the objectives of the Medicaid Program
- Offers most flexibility of the three types of waivers
- Length is usually five years
- No standard format to apply
- Pennsylvania Section 1115 Waivers:
 - SelectPlan for Women
 - *Healthy Pennsylvania*

BPAP Internal Operating Procedures

- Division of Regulatory and Program Development has primary responsibility for assuring the State Plan accurately reflects Pennsylvania's MA Program.
- Primary Staff Contact for State Plan Guidance
 - Dan Sorge – 772-6341; dsorge@pa.gov
 - Eve O'Hara – 772-6341; evohara@pa.gov

Healthy Pennsylvania Medicaid and Private Option Plan



Healthy PA

ACCESS • AFFORDABILITY • QUALITY

Ensure that Pennsylvanians have increased access to quality, affordable health care through three key priorities:

1. Improving Access
2. Ensuring Quality
3. Providing Affordability

Get All Kids Insured

Reform Pennsylvania's
Medicaid Program

Promote Access to
Primary Health Care

Continue to Reform PA's
Medical Liability System

Enhancing Care Delivery
through Technology



Healthy PA

Ensuring Safe &
Appropriate Access to
Prescription Medication

Supporting Older
Pennsylvanians &
Persons with Disabilities

Promote Good Public
Health

Future sustainability for vulnerable Pennsylvanians:

- 2.2 million Pennsylvanians enrolled (1 in 6 Pennsylvanians)
- Medicaid spending totals approximately \$20 billion annually (state and federal funds)
- Medicaid is 27% of the entire Pennsylvania budget
- Annual growth of over \$300-400 million in state dollars for the existing recipients

**Increased health care access for
500,000+ Pennsylvanians**

Improved health outcomes

Benefits match health care needs

Increased personal responsibility

Sustainable Medicaid program

Our Proposal Components



- Realigned benefit plans for adults
- Increase access to health care coverage
- Cost sharing for adults
- Encouraging Employment program

High Risk and Low Risk Benefits



- Tailored for individuals
 - High Risk Plan (complex medical needs)
 - Low Risk Plan (less complex medical needs)
- Benefits for children under 21 years of age will not change

Benefit Categories Covered

Physician services, including primary care

Outpatient services

Emergency room services and emergency transportation (ambulance)

Hospitalization

Maternity and newborn care

Mental health and substance use disorder services and treatments

Lab services, x-rays, imaging (MRI, CT, etc.)

Rehabilitation and habilitation services and devices

Preventive and wellness services

Prescription drugs

Dental services

- Eligibility for private coverage option:
 - 21 years of age or older but under 65
 - Income below 133% of Federal Poverty Level
 - Not eligible for Medicaid
- Will be enrolled into a private coverage plan through the commercial market

Benefit Categories Covered

Physician services, including primary care

Outpatient services

Emergency room services and emergency transportation (ambulance)

Hospitalization

Maternity and newborn care

Mental health and substance use disorder services and treatments

Lab services, x-rays, imaging (MRI, CT, etc.)

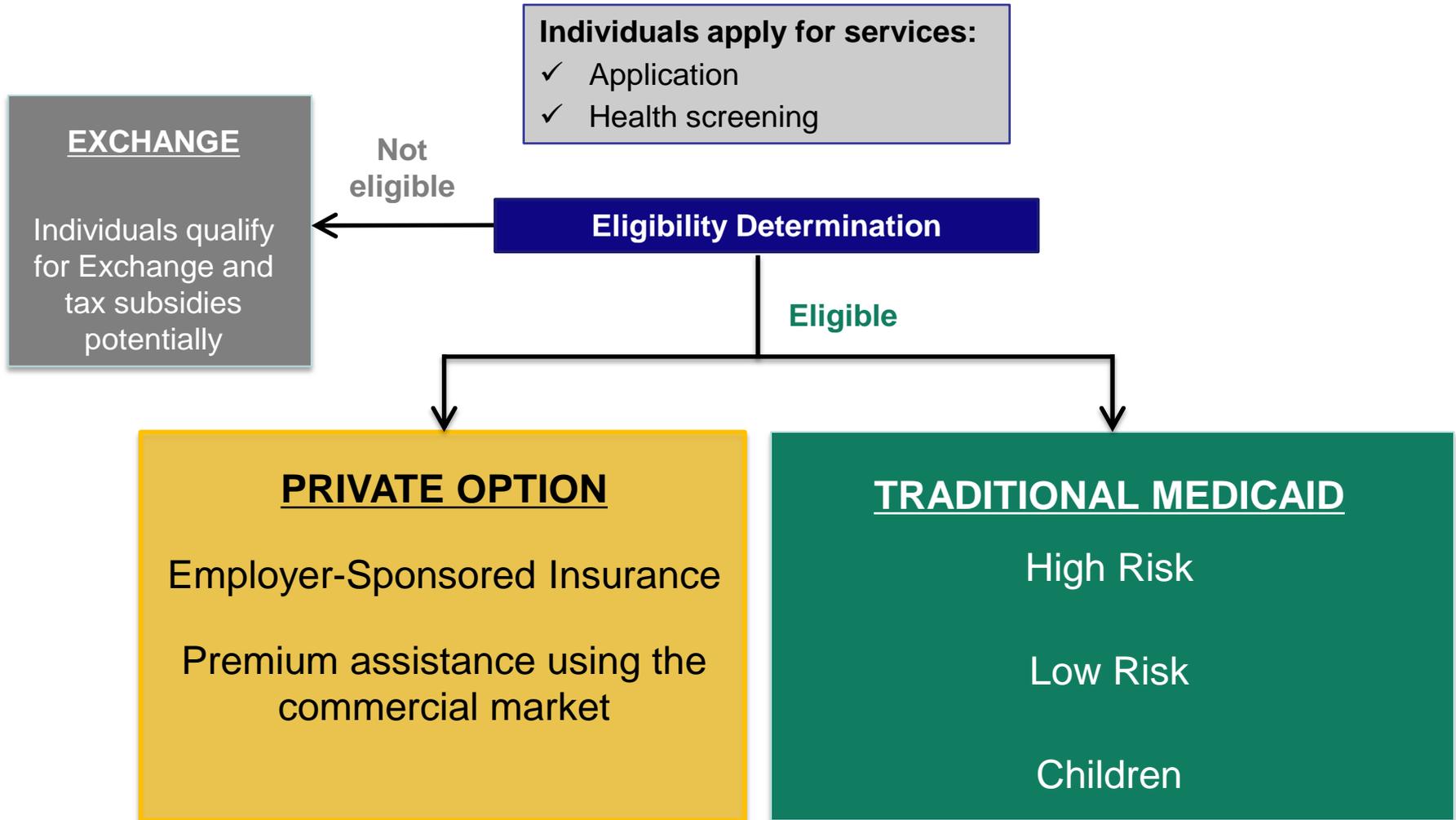
Rehabilitation and habilitation services and devices

Preventive and wellness services

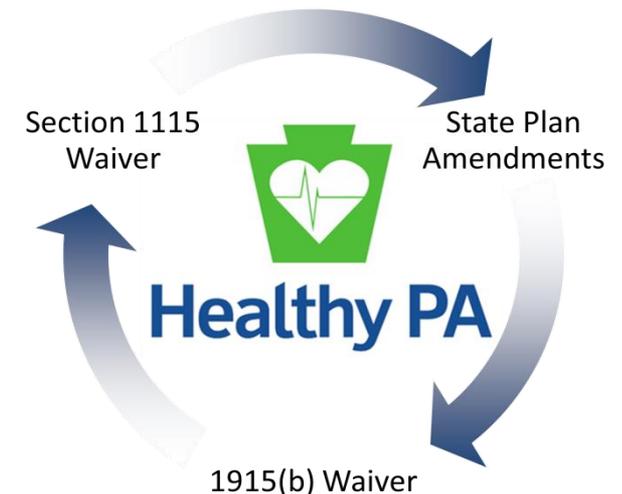
Prescription drugs

- Medically frail individuals will have the option of the High Risk Plan
- Individuals will be determined to be medically frail if they have a condition based upon one or more of the following:
 - A disabling mental disorder
 - An active chronic substance abuse disorder
 - A serious and complex medical condition
 - A physical, intellectual or developmental disability that significantly impairs their functioning
 - A determination of disability based on SSA criteria

How It Will Work



- Next Steps:
 - Final waiver application developed based on the feedback from the public comment period
 - Federal government 30-day public comment period after receiving final application from PA
 - Federal and state government work together for final approval



We Need Your Engagement!



- For more information, go to www.dpw.state.pa.us/healthypa.

Questions?

