CHC Historical Data Summary

This document and its links contain historical information which may be used by Managed Care Organizations (MCOs) to determine estimates for the future of the Community HealthChoices (CHC) program. This data will have methods and sources cited.

Program Narrative

General Overview of Current OLTL Programs

The Department of Human Services (DHS) currently administers Pennsylvania's Medical Assistance (MA) Program, including programs that provide Long-Term Services and Supports (LTSS) to MA eligible older adults and adults with physical disabilities. MA LTSS are provided through home and community-based services (HCBS) waivers, nursing facilities and managed care services (the LIFE Program). Pennsylvania Living Independence For the Elderly (LIFE) is a managed care option that allows the elderly to live independently on their own while receiving services and supports that meet the health and personal needs of the individual. The LIFE program is a Program of All Inclusive Care for the Elderly (PACE) under the State Plan under Title XIX of the Social Security Act Medical Assistance Program (Medicaid).

The Community HealthChoices (CHC) population will include:

- Adults age 21 or older who require MA LTSS (whether in the community or in private or county nursing facilities) because they need the level of care provided by a nursing facility or an intermediate care facility for individuals with other related conditions (ICF/ORC);
- Current participants of DHS Office of Long Term Living (OLTL) waiver programs who are 18 to 21 years old; and
- Dual eligibles age 21 or older whether or not they need or receive LTSS.

Persons included in the CHC population will be required to enroll in CHC or the LIFE Program. However, persons who are currently enrolled into the LIFE program will not be enrolled into CHC unless they specifically ask to be enrolled.

Current HCBS Waivers

The Department operates five MA LTSS waiver programs through the Office of Long-Term Living. The waiver programs are designed to support individuals with LTSS to live more independently in their homes and communities. Eligibility requirements for the waivers include both financial and functional components. Financial eligibility is determined by a DHS's Office of Income Maintenance County Assistance Office. Functional eligibility for each waiver includes both a level of care determination and additional functional requirements for each waiver. Individuals must be assessed at the nursing facility clinically eligible (NFCE) level of care. The exception to this requirement is in the OBRA waiver, which requires an individual to need services at the level of an Intermediate Care Facility for Persons with Other Related Conditions (ICF/ORC). A brief description of functional requirements and links to each approved waiver

application are listed below. Services available in each waiver can be found in Appendix C of each waiver application. Services provided to each individual are based on a standardized needs assessment performed by a service coordination agency.

- The **Aging Waiver** serves individuals age 60 and over who are nursing facility clinically eligible.
  http://www.dhs.pa.gov/citizens/alternativestonursinghomes/agingwaiver/index.htm#.VmCMOa2FMv0

- The **Attendant Care Waiver** serves individuals ages 18-59 who are mentally alert with physical disabilities and who are nursing facility clinically eligible. In addition, individuals must:
  - Be capable of a) hiring, firing, and supervising attendant care worker(s); b) managing their own financial affairs; and c) managing their own legal affairs; and
  - Have a medically determinable physical impairment that is expected to last of a continuous period of not less than twelve (12) calendar months or that may result in death.

  Individuals age 60 and over who meet the eligibility requirements for the Attendant Care Waiver and who were receiving waiver services prior to reaching their 60th birthday may choose to continue to receive services under the Attendant Care Waiver or transition to the Aging Waiver.

  http://www.dhs.pa.gov/citizens/attendantcare/attendantcareact150/index.htm#.VmCNDa2FMv0

- The **COMMCARE Waiver** serves individuals age 21 and over with a medically determinable diagnosis of traumatic brain injury who are nursing facility clinically eligible. Individuals that turn 60 while in the waiver are able to continue to receive services through the COMMCARE Waiver.
  http://www.dhs.pa.gov/citizens/alternativestonursinghomes/commcarewaiver/index.htm#.VmCOHa2FMv0

- The **Independence Waiver** serves individuals age 18 to 60 with a physical disability who are nursing facility clinically eligible. In addition, waiver services are limited to individuals with physical disabilities who meet all of the following conditions:
  - Have a physical disability (but do not have a primary diagnosis of mental retardation or have a major mental illness), likely to continue indefinitely.
  - The disability results in three or more substantial functional limitations in major life activities; self-care, understanding and use of language, learning, mobility, self-direction and/or capacity for independent living.

  Individuals are able to enroll in the waiver up to age 60. Individuals that turn 60 while in the waiver will be able to continue to receive services through the Independence Waiver.
  http://www.dhs.pa.gov/citizens/alternativestonursinghomes/independencewaiver/index.htm#.VmCOiq2FMv0

- The **OBRA Waiver** serves individuals 18 to 59 with a physical developmental disability who meet all of the following conditions:
  - Have a developmental disability (but do not have a primary diagnosis of either mental retardation or a major mental illness), who reside in a nursing facility, the

community or an ICF/ORC, but who have been assessed to require services at the level of an ICF/ORC;
  - The disability manifested prior to the age of 22;
  - The disability is likely to continue indefinitely; and
  - The disability results in three or more substantial functional limitations in major life activities: self-care, understanding and use of language, learning, mobility, self-direction and/or capacity for independent living.

Other related conditions (ORCs) include physical, sensory, or neurological disabilities that manifested before age 22 and are likely to continue indefinitely.

Individuals are able to enroll in the waiver through age 59. Individuals that turn 60 while in the waiver are able to continue to receive services through the OBRA Waiver. http://www.dhs.pa.gov/citizens/alternativestonursinghomes/obrawaiver/index.htm#.VmCOcq2FMv0

Other OLTL Waiver Information:

- The following charts provide a listing of the services in each waiver, the rates associated with each service, and a listing of counties categorized by region:

  OLTL Home and Community Based Waiver Service Rates, Effective July 1, 2014: http://www.dhs.state.pa.us/cs/groups/webcontent/documents/document/c_101249.pdf

  OLTL Rate Regions Chart: http://www.dhs.state.pa.us/cs/groups/webcontent/documents/document/c_101252.pdf

- Current OLTL Waiver Providers:

  https://www.compass.state.pa.us/Compass.Web/EPProviderSearch/pgm/EPWEL.aspx

Nonpublic and County Nursing Facilities enrolled in Pennsylvania's Medical Assistance Program

A nursing facility (referred to as a nonpublic nursing facility) or county nursing facility as defined in 55 Pa. Code § 1187.2 (relating to definitions) may enroll in Pennsylvania's Medical Assistance (MA) Program if they are licensed by the Department of Health (DOH) and approved by the Department of Human Services (DHS), specifically the Office of Long-Term Living (OLTL), to participate under 55 Pa. Code Chapter 1187, Subchapter L (relating to nursing facility participation requirements and review process) in the MA Program. Currently there are 596 nonpublic nursing facilities and 24 county nursing facilities enrolled in the MA Program with a total of 82,773 MA certified beds. Under § 1187.21(2), every bed licensed by the DOH in an MA participating nursing facility shall be certified for MA. In addition, most MA nursing facilities are required to enroll in the Medicare Program under § 1187.21(4).

These facilities must follow state and federal regulations. See § 1187.21(3). In Pennsylvania, the DOH conducts the annual certification/licensing surveys, follow-up surveys and complaint investigations for nursing facilities participating in Medicare or Medicaid on behalf of the Federal Centers for Medicare and Medicaid Services (CMS) and DHS.

Nursing facility services are required to be provided by state Medicaid programs for individuals age 21 or older who need them. States may not limit access to nursing facility service, or make it subject to waiting lists, as they may for Home and Community-Based Services. Currently in Pennsylvania, the level of care determinations to determine is an individual is nursing facility clinically eligible (NFCE) or nursing facility ineligible (NFI), are conducted by the Area Agencies on Aging. Generally, the statewide overall occupancy rate is 95 percent and the MA occupancy rate is 69 percent.

MA participating nonpublic and county nursing facilities are paid a per diem rate for providing nursing facility services to an MA beneficiary. A per diem rate is determined for each nonpublic and county nursing facility. Chapter 1187 (relating to nursing facility services) applies to nonpublic nursing facilities, and to the extent specified in Chapter 1189 (relating to county nursing facility services), to county nursing facilities. These rates are located at http://www.dhs.pa.gov/provider/longtermcarecasemixinformation/rates/. In addition to the per diem rate, a variety of supplemental payments are paid to facilities meeting the qualifying criteria. A brief overview of Medicaid rate setting for Pennsylvania nursing facilities is located below.

The facility may receive payment for providing nursing facility services to an MA resident from one or more sources such as an insurance company (third party liability/TPL), the resident (patient pay) and/or the MA Program. After considering allowable expenses, DHS's Office of Income Maintenance County Assistance Offices determine how much income the resident must contribute towards their nursing facility cost of care (patient pay.) The MA Program is the payer of last resort.

Medicaid Rate Setting for Pennsylvania Nursing Facilities Overview

The MA Program pays for nursing facility services provided to MA eligible recipients by participating nursing facilities at per diem rates that are computed using the case-mix payment system implemented in January 1996. See 55 Pa. Code Chapter 1187. Each nursing facility's per diem rate is comprised of four rate components, one for each of the three net operating "cost centers" ("resident care" costs, "other resident related" costs, and "administrative" costs) and a fourth for the "capital" cost center. Each component is separately computed on an annual basis.

To compute the rate components for each of the three net operating cost centers under the case-mix payment system, the Department groups nursing facilities into "peer groups." For each peer group, the Department calculates a "peer group price" for each of the net operating cost centers. These prices are then used to set the amounts of the respective rate components for the individual nursing facilities. The peer group prices and corresponding rate components are based, in part, upon the three-year rolling average per diem of audited allowable costs set forth in an individual nursing facility's audit reports. Similarly, the amount of a nursing facility's capital cost component is based, in part, upon the amount of its audited allowable costs associated with major movable property and real estate taxes.

Generally, the cost of providing nursing facility services to residents may vary depending on the acuity levels of those residents. Higher acuity residents may require additional (and more

expensive) services which may result in nursing facilities incurring higher costs. To address the variable costs that may relate to resident acuity, the case-mix payment system makes a quarterly adjustment to the resident care rate component of each nursing facility's per diem rate. The adjustment reflects the average acuity of the nursing facility's MA residents as determined on a "picture date."

The Department pays each MA nursing facility for nursing facility services provided to its MA residents during a fiscal quarter using the facility's adjusted quarterly payment rate for that fiscal quarter.

Beginning July 2005 the Department placed a cap on nursing facility rates. The budget adjustment factor (BAF) applied each fiscal year limits the estimated statewide day-weighted average payment rate for that fiscal year so that the average payment rate in effect for that fiscal year is limited to the amount permitted by the funds appropriated by the General Appropriation Acts.

Effective July 1, 2006, the Department instituted a new rate setting methodology for county-owned nursing facilities that are enrolled in the MA Program as providers of nursing facility services (county nursing facilities.) See 55 Pa. Code Chapter 1189. The per diem rate paid to a county nursing facility for a rate year (July 1 – June 30) will be the facility's prior rate year per diem rate multiplied by a budget adjustment factor.

Both nonpublic and county nursing facilities may receive grants, incentives or pass-through payments in addition to the per diem rate to ensure that MA recipients continue to receive access to medically necessary nursing facility services and that those services result in quality care that improves the lives of those who receive them.

Supplemental Payments for Nonpublic and County Nursing Facilities

Information related to the supplemental payments listed below can be found on the Department's website at http://www.dhs.pa.gov/provider/more/index.htm. Scroll down to *Long Term Care Nursing Facility Providers.* The list is arranged in alphabetical order. Tip: If you don't see what you are looking for listed under the header *Long Term Care Nursing Facility Providers*, click on the header.

- County Nursing Facility Medical Assistance Day One Incentive (MDOI) Payments
- Disproportionate Share Incentive Payments
- Healthcare-associated Infections
- Nonpublic Nursing Facility MDOI Payments
- Pay for Performance (P4P) Incentive Payments
- Supplemental Ventilator Care Payments
  Note: Supplemental Ventilator Care Payments were in effect 7/1/2012 – 6/30/2014 and were replaced by the Supplemental Ventilator Care and Tracheostomy Care Payments.
- Supplemental Ventilator Care and Tracheostomy Care Payments

Note: This payment replaced the Supplemental Ventilator Care Payments effective 7/1/2014.

The following supplemental payments are not listed on the website referenced above:

- Exceptional Durable Medical Equipment (DME)
  Note: The most recent public notice related to exceptional DME, *Designated Exceptional Durable Medical Equipment*, was published in the *Pennsylvania Bulletin* at 45 Pa.B. 3780 (July 11, 2015).
  http://www.pabulletin.com/secure/data/vol45/45-28/1286.html
- Supplementation Payment for County Nursing Facilities*
  Note: Currently the only facility receiving the supplementation payment for County NFs is Fair Acres Geriatric Center in Delaware County. Further information including the fiscal impact, can be found in the public notices *Payment for Nursing Facility Services Provided by County Nursing Facilities; County Nursing Facility Supplementation Payment* at 43 Pa.B. 5538 (September 14, 2013) and *Payment for Nursing Facility Services Provided by County Nursing Facilities; County Nursing Facility Supplementation Payment for Fiscal Year 2014-2015* at 44 Pa.B. 5937 (September 13, 2014).
  http://www.pabulletin.com/secure/data/vol43/43-37/1696.html
  http://www.pabulletin.com/secure/data/vol44/44-37/1930.html

- Quarterly Supplemental Payments and Reimbursement of the MA Allowable Assessment Costs
  Note: Further information on these payments can be found in the notice *Payment for Nursing Facility Services; Nonpublic Nursing Facility Supplemental Payment and County Nursing Facility Medical Assistance Day One Incentive Payment* at 42 Pa.B. 3821 (June 30, 2012)
  http://www.pabulletin.com/secure/data/vol42/42-26/1222.html

CHC Population

The information below is also part of the Scope section in the CHC RFP. Supporting data broken down by county, by month can be found in this file:

http://hsavprducm001.DPW.LCL:16200/cs/groups/webcontent/documents/document/c_222136.xlsx

State Fiscal Year	Health Choice Zone	Age Group	NFCE Dual Waiver Eligible	NFCE Dual NF Eligible	NFCE Non Dual Waiver Eligible	NFCE Non Dual NF Eligible	Community Well Duals
2014/2015	Lehigh/Capital	Age < 60	1,861	995	1,165	650	28,606
		Age >= 60	3,674	16,714	416	505	24,881
	New East	Age < 60	1,477	723	893	585	21,002
		Age >= 60	3,820	13,491	247	435	20,064
	New West	Age < 60	1,198	408	766	356	13,290
		Age >= 60	3,069	6,861	276	225	9,260
	Southeast	Age < 60	5,648	1,345	6,738	1,476	36,270
		Age >= 60	19,771	19,020	2,593	1,256	49,215
	Southwest	Age < 60	2,791	1,111	1,871	1,052	35,232
		Age >= 60	6,450	16,942	855	771	32,294
			49,759	**77,610**	**15,820**	**7,311**	**270,114**

- The figures provided reflect MCI and CIS Operational System records for the 2014/2015 State Fiscal Year (SFY). Analysis was completed using data available in the DHS Data Warehouse as of October 2015.
- Each recipient is counted at the location of their last month of CHC Eligibility in the 2014/2015 State Fiscal Year. If a recipient is in multiple CHC population groups during the course of the year they will be counted once in each group.
- Each recipient is counted as of their age on June 1, 2014.

Historical Data by Subject with Method

Historical Claims Data

This report was created by Mercer. It provides historical claims and eligibility data for CHC eligibles. The exhibits include data for the Commonwealth's Fiscal Year (July 1) SFY 2012-13 and SFY 2013-14 and are summarized by zone, population group and category of service.

File:
http://hsavprducm001.dpw.lcl:16200/cs/groups/webcontent/documents/document/c_222137.pdf

LIFE Program Historical Data

This report gives total expenditures (capitation payments) and unduplicated participants by LIFE MCO for SFY 2012-13, SFY 2013-14 and SFY 2014-15. This data was extracted from the DHS Data Warehouse as of October 2015.

File:
http://hsavprducm001.DPW.LCL:16200/cs/groups/webcontent/documents/document/c_222138.xlsx

More information on the LIFE (PACE) Program can be found here:
http://www.dhs.pa.gov/citizens/alternativestonursinghomes/lifelivingindependencefortheelderly/#.Vk9rc62FPmQ

Incidents by County and CHC Zone

This report shows aggregate information for the Aging Waiver and all other OLTL under the age of 60 waiver programs. These aggregate reports were split because they have different data sources. All OLTL waivers except the Aging Waiver incidents were extracted from DHS Data Warehouse, source system Enterprise Incident Management system. The Aging Waiver incidents were extracted from SAMS. All incidents were compiled for SFY2012-13, SFY2013-14 and SFY2014-15 as of October 2015. Incidents were counted by incident number and by participant identifier (Master Client Index).

File:
http://hsavprducm001.DPW.LCL:16200/cs/groups/webcontent/documents/document/c_222139.xlsx

Nursing Facility Occupancy by County and CHC Zone

This data was extracted from the Nursing Facility Assessment Database as of October 2015. These reports were created by Myers and Stauffer LC. These reports include only MA facilities that were active for the whole year (Assessment quarters 34-37 for SFY2011-12; 38-41 for SFY 2012-13; and 42-45 for SFY 2013-14).

File:
http://hsavprducm001.DPW.LCL:16200/cs/groups/webcontent/documents/document/c_222140.xlsx

Nursing Home Transition (NHT) Utilization by County and CHC Zone

This report includes NHT service data for SFY 2011-12 through SFY 2014-15 which was extracted from SAMS as of October 2015.

NHT payments Service Codes

Payment Number and Name	Pay Amount
NHT01 – Service Coordination (15 minutes = 1 unit)	$10 per unit; max 240 units
NHT02 -Transition Complete	$1,000 onetime payment
NHT03 -3 Month In-Community Contact	$250 onetime payment
NHT04 -6 Month In-Community Contact	$500 onetime payment
NHT05 -12 Month In-Community Contact	$750 onetime payment

Basic Definitions of each Service

- NHT01 – Service Coordination (measured in units; 15 minutes = 1 unit)
- NHT02—Transition Complete (payable the day the consumer enters the community / fully discharged)
- NHT03 –3 month in community follow-up after transition
- NHT04 –6 month in community follow-up after transition
- NHT05 –12 month in community follow-up and NHT complete

Please note this reports Transition services listed above only. It does not include other expenses that typically occur during a transition such as Home Modifications and other onetime set up costs.

File:
http://hsavprducm001.DPW.LCL:16200/cs/groups/webcontent/documents/document/c_222141.xlsx

Chronic Conditions Costs and Services by CHC Zone

This reports the chronic conditions costs and services by county and CHC zone for Calendar Years (CY) CY2012 and CY2013. The source for this data is the CMS MMA file. The report displays Chronic Condition Rates per 1,000 Dual Eligible Recipients Receiving Medicare on Fee-For-Service basis.

File:
http://hsavprducm001.DPW.LCL:16200/cs/groups/webcontent/documents/document/c_222142.xlsx