

Community HealthChoices

CHC Overview

**Third Thursday Webinar
September 20, 2018**

Kevin Hancock
Deputy Secretary
OFFICE OF LONG-TERM LIVING
DEPARTMENT OF HUMAN SERVICES



pennsylvania
DEPARTMENT OF HUMAN SERVICES



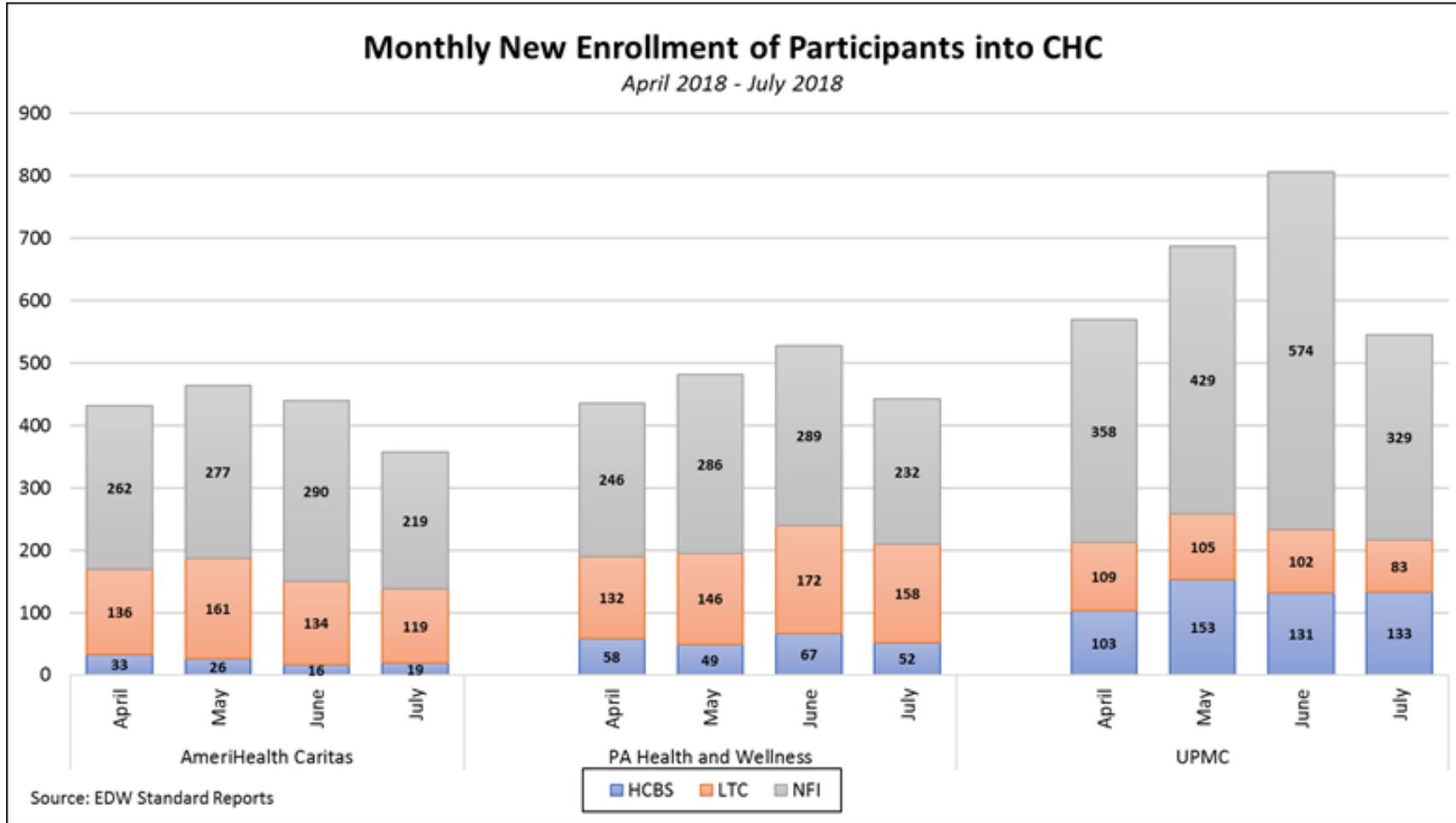
CHC UPDATE

SOUTHWEST ENROLLMENT UPDATES

July SW CHC Enrollment Data by Plan				
Population Group	AHC	PHW	UPMC	Grand Total
CHC-HCBS Duals	1,218	2,257	5,275	8,750
CHC-HCBS Non Duals	393	498	2,069	2,960
CHC-LTC Duals	2,580	3,744	3,941	10,265
CHC-LTC Non Duals	237	314	332	883
CHC-NFI	10,726	14,907	31,427	57,060
Grand Total	15,154	21,720	43,044	79,918

Source: EDW Managed Care Fact
Data Pulled: August 10, 2018

SOUTHWEST ENROLLMENT UPDATES





SOUTHEAST IMPLEMENTATION

CHC SOUTHEAST POPULATION

23%

28,887

Duals in Waivers

56%

72,882

Healthy Duals

33%

IN WAIVERS

11%

IN NURSING FACILITIES

127,726

CHC POPULATION

89%

DUAL-ELIGIBLE

10%

12,456

Duals in Nursing
Facilities

10%

12,136

Non-duals in
Waivers

1%

1,365

Non-duals in
Nursing Facilities

PARTICIPANT COMMUNICATION

AWARENESS FLYER

- Mailed five months prior to implementation. Southeast: July 23, 2018

AGING WELL EVENTS

- 72 participant listening sessions are occurring in the Southeast from August 27-October 19th.
- Information on how to register can be found on the www.healthchoices.gov webpage.

PRE-TRANSITION NOTICES AND ENROLLMENT PACKET

- Pre-Transition Notices have been mailed to all participants. August 20-August 31st.
- Enrollment packets started to go out on September 4th and will continue until October 12th.

SERVICE COORDINATORS

- Will reach out to their participants to inform them about CHC. Southeast: September, 2018

NURSING FACILITIES

- Discussions about CHC will occur with their residents. Southeast: September, 2018



RESOURCES

MANAGED CARE ORGANIZATIONS

- The selected offerors were announced on August 30, 2016.



Keystone First

➤ www.Keystonefirstchc.com



➤ www.PAHealthWellness.com

UPMC Community HealthChoices

➤ www.upmchealthplan.com/chc

RESOURCE INFORMATION

CHC LISTSERV // STAY INFORMED <http://listserv.dpw.state.pa.us/oltl-community-healthchoices.html>

COMMUNITY HEALTHCHOICES WEBSITE www.healthchoices.pa.gov

MLTSS SUBMAAC WEBSITE

www.dhs.pa.gov/communitypartners/informationforadvocatesandstakeholders/mltss/

EMAIL COMMENTS TO: RA-PWCHC@pa.gov

OLTL PROVIDER LINE: 1-800-932-0939

OLTL PARTICIPANT LINE: 1-800-757-5042

INDEPENDENT ENROLLMENT BROKER: 1-844-824-3655 OR (TTY 1-833-254-0690)

(Open Monday through Friday, 8:00 a.m. to 6:00 p.m.)

or visit www.enrollchc.com



QUESTIONS

The Impact of Cognitive Problems on Function and Treatment Planning

Jack Poplar, President/CEO, Acadia, Inc.

Drew Nagele, Executive Director, Beechwood NeuroRehab

Bridget Lowery, Clinical Director, Main Line Rehab Associates



REHABILITATION & COMMUNITY
PROVIDERS ASSOCIATION

September 2018

What Is a Cognitive Impairment?

- Cognitive impairments can include difficulties with a variety of cognitive skill areas like attention, memory, problem solving or decision-making, that can impair a person's ability to perform activities of daily living (ADLs) or function successfully in their home and community
- These impairments can stem from injury, disease, aging or disease related cognitive decline

How Can Cognitive Impairments Manifest?

- Impairments in learning result in difficulties in the process of gaining knowledge and understanding through thought, experience, and the senses
- The thinking process is disrupted by cognitive impairments and can result in inability to:
 - Focus on important information, thoughts, and actions
 - Pay attention to a task or activity for a sustained period of time

What Are Some Typical Problems?

- Predict what may happen, plan, and solve problems
- Take in new information and understand information quickly
- Have a sense of where objects are around you
- Understand and communicate by speaking or writing.
- Learn and remember new information
- Remember things you have the intention to do in the future and doing them at the time you intended

Common Causes of Cognitive Impairments

- Hypothyroidism
- Chronic Alcohol/other drug use, abuse, or overdose
- Brain infections
- Brain tumors
- Dementias
- Seizure disorders
- Brain surgery
- Neurologic diseases like Multiple Sclerosis
- Stroke
- Concussion (mild brain injury)
- Moderate and severe traumatic brain injuries

Acquired Brain Injury

- An acquired brain injury is an injury to the brain, which is not hereditary, congenital, degenerative, or induced by birth trauma – it occurred after birth; a Traumatic Brain Injury (TBI) is defined as an alteration in brain function, or other evidence of brain pathology, caused by an external force
 - Closed brain injury - falls, motor vehicle crashes; results in focal(specific location) & diffuse (widespread areas) damage; no penetration of skull
 - Open brain injury - from bullet wounds, stab wounds, etc.; largely focal damage but effects can be just as serious; skull is penetrated
 - Stroke, cardiac arrest, anoxia, tumor, encephalitis; effects can be focal as well as diffuse

Causes of Traumatic Brain Injury

- Falls are the leading cause of TBI, accounting for 47% of all TBI-related ED visits, hospitalizations, and deaths in the United States
- Falls disproportionately affect the youngest and oldest age groups:
 - More than half (54%) of TBI-related ED visits hospitalizations, and deaths among children 0 to 14 years were caused by falls
 - Nearly 4 in 5 (79%) TBI-related ED visits, hospitalizations, and deaths in adults aged 65 and older were caused by falls
- Being struck by or against an object is the second leading cause of TBI, accounting for about 15% of TBI-related ED visits, hospitalizations, and deaths

Long Term Impact of Brain Injury

- Brain Injury of any type results in damage to brain cells, that causes impairment of abilities, which results in chronic disability or limitations in function
- Brain injury and its related impairments are permanent, but function can be improved and maintained through rehabilitation intervention and by providing a high degree of environmental structure and support services

Unique Characteristics of Cognitive Disability

- No two individuals with a cognitive disability are alike
- Impacts physical, cognitive, behavioral and psychosocial functions
- Often results in chronic disability
- Individuals with cognitive disabilities often have difficulties recognizing their limitations:
 - Individuals may not be aware that they are not aware of their own deficits
 - Individuals may not remember that they don't remember

Functional Impact of Cognitive Impairments

- Often a variety of cognitive functions are impaired that can impact their ability to think, plan, organize, initiate, and follow through with tasks
- This makes managing medical challenges difficult; they may forget that they are non-weight bearing, forget to take their medications, or have special dietary needs (like diabetes) that they neglect
- Many individuals with brain injuries have a high level of vulnerability; they are often easily exploited because of lack of awareness, poor problem solving, impulsivity, poor memory, limitations in communication

Cognitive Functions Include:

- Attention
- Concentration
- Learning & Memory
- Speed of Processing
- Social Perception
- Inhibition
- Decision Making/Judgment
- “Executive functions” (plan/organize, initiate, follow-through)
- Self-awareness

Communication Functions Include:

- Expressive Communication
 - Speaking
 - Writing
 - Pragmatics (social skills)
- Receptive Communication
 - Reading
 - Listening Comprehension
- Aphasia: difficulty comprehending and expressing language
- Dysarthria: difficulty pronouncing words clearly
- Dysphagia: feeding/swallowing difficulty

Social – Emotional Effects

With cognitive impairments:

- Dependent behaviors
- Emotional lability (rapid, exaggerated changes in mood)
- Lack of motivation
- Irritability
- Aggression
- Depression
- Disinhibition(say & do what they feel without regard for the social impact/consequences)
- Denial / lack of awareness
- Egocentricity/ lack of empathy

Challenges of Assessing Functional Abilities/Limitations

- Cognitive changes and their related emotional and behavioral issues are usually more difficult to manage than medical/physical issues
- Participants may be unreliable self reporters because of limited self-awareness, poor memory, impaired thought organization, etc.
- Performance inconsistency – a participant's performance may fluctuate from day to day based on environmental setting, level of structure or familiarity with the task

Evaluating Functional Abilities/Limitations

- Need to obtain corroborative/consistent information about strengths and limitations from another knowledgeable party (family or providers)
- Determine whether participant is capable of functional tasks & whether they actually initiate their performance of these tasks
- Determine if participant is receiving assistance for any part of a task (or needs an initiation cue) for a task that they say they can do

Evaluating Functional Abilities/Limitations

- Ask about “red flag” issues; such as problems with paying bills, remembering to take medications, keeping appointments, making impulsive purchases, excessive spending
- Ask probing questions related to safety awareness, such as how to respond during power outage, when a stranger is at door, or how to get out in the event of a fire
- Ask about at risk behaviors; such as going into unsafe neighborhoods, excessive or unsafe sexual activities, alcohol or drug use, providing personal information over phone or online
- Ask about any difficulties with police, other authority figures, legal problems, aggressive or disruptive

Tips For Interacting With Persons With Cognitive Disabilities

When speaking with an individual with cognitive disability:

- Keep statements and questions short
- Use concrete terminology
- Speak slowly & clearly
- Give adequate time for responses (may be slow to process information)
- Give options rather than telling them what to do

Key Services Designed Specifically To Help Individuals With Cognitive Deficits

- Residential Habilitation
- Structured Day Programs
- NeuroRehab Therapies:
 - Cognitive Rehabilitation Therapy
 - Physical, Occupational, and Speech Therapies
 - Behavior therapy & counseling services specific to individuals with cognitive disabilities
- Services are directed toward developing adaptive/compensatory strategies to manage cognitive deficits, increasing community access, stabilizing psychological and functional status, and

Focus of Treatment

- Services are directed toward developing adaptive/compensatory strategies to manage cognitive deficits, increasing community access, stabilizing psychological and functional status, and prevention of physical and behavioral health regression
- Goals include improving current level of functioning and maintaining the skills that allow them to safely remain in their homes and communities
- Additional focus on education/training of paid and natural supports (e.g., direct care workers, family/caregivers, employers, the bank teller, the grocery store cashier) about the participant's specific

Focus of Treatment

- Increasing independence while decreasing reliance on family and other natural supports
- Services treat the wholistic needs of the person – improve long term psychological, behavioral and medical stability
- Interventions can be targeted at facilitating overall wellness goals and follow through with preventative health measures to ensure improved long-term health outcomes

Cognitive Rehabilitation Therapy (CRT)

- CRT-provides education about cognitive functioning to improve self-awareness and to help individuals understand, accept and manage their strengths and weaknesses
- CRT is *NOT* Cognitive Behavioral Therapy (CBT) which is a type of psychotherapy used to improve mental health

What is Cognitive Rehabilitation Therapy?

- Cognitive Rehabilitation Therapy (CRT) is the process of relearning cognitive skills that have been lost or altered as a result of damage to brain cells/chemistry. If skills cannot be relearned, then new ones have to be taught to enable the person to compensate for their lost cognitive functions.

Society for Cognitive Rehabilitation

Cognitive Rehabilitation Therapy

- CRT - provides the development of skills through direct retraining or practicing the underlying cognitive skills to resolve or better manage the individual's weaknesses
- CRT - provides strategy training involving the use of environmental, internal and external strategies to develop strategies to compensate rather than resolving weaknesses
- CRT – provides for functional activities training. This involves the application of the components above in everyday life to make real life improvements

Resources

- Brain Injury Association of America -
<http://www.biausa.org/>
- Brain Injury Association of Pennsylvania (BIAPA) -
<http://www.biapa.org;>
or phone 866-635-7097

The mission of BIAPA is to foster a community of education, advocacy, support, and research to maximize the quality of life for those with brain injuries and their families

Resources

Alzheimers Association

<https://www.alz.org/delval> 24/7 Helpline: 800.272.3900.

Delaware Valley - Philadelphia, PA

- Southeastern Pennsylvania Regional Office - King of Prussia, PA
- Atlantic County Branch Office - Northfield , NJ
- Delaware Regional Office - Newport, DE
- Georgetown Branch Office - Georgetown, DE
- Berks County Branch Office - Reading , PA
- South Jersey Regional Office - Marlton, NJ
- Lehigh Valley Branch Office - Hellertown, PA
- Philadelphia Regional Office - Philadelphia, PA

Greater Pennsylvania - Harrisburg, PA

- Northeastern Pennsylvania Regional Office - Wilkes-Barre, PA
- South Central Regional Office - Harrisburg - Harrisburg, PA
- Southwestern Pennsylvania Regional Office - Pittsburgh, PA
- State College - State College, PA
- Lancaster Regional Office - Lititz, PA
- Northwestern Pennsylvania - Erie, PA

Resources

- Disability Rights Pennsylvania

The mission of the Disability Rights of Pennsylvania is to advance, protect, and advocate for the human, civil, and legal rights of Pennsylvanians with disabilities

HARRISBURG OFFICE

301 Chestnut Street
Suite 300
Harrisburg, PA 17101
1-800-692-7443 [Voice]
1-877-375-7139 [TDD]
(717) 236-8110 [Voice]
(717) 236-0192 [Fax]

PHILADELPHIA OFFICE

The Philadelphia Building
1315 Walnut Street
Suite 500
Philadelphia, PA 19107-4798
(215) 238-8070 [Voice]
(215) 772-3126 [Fax]
Work Incentives Planning
and Assistance (WIPA) 215-238-8070, ext. 309

PITTSBURGH OFFICE

429 Fourth Avenue
Suite 701
Pittsburgh, PA 15219-1505
(412) 391-5225 [Voice]
(412) 467-8940 [Fax]

Resources

Pennsylvania Health Law Project (PHLP)

- PHLP provides free legal help to Pennsylvanians who are seeking health coverage through publicly funded programs, or have been denied a medically necessary service.
- Some examples of cases include:
 - Denials of *eligibility* for Medicaid (Medical Assistance)
 - Denials of *services* under Medical Assistance (e.g., home health aides, prescription drugs, durable medical equipment)
 - Individuals struggling with their health care costs
 - Individuals struggling with their prescription co-pays under Medicare Part D

Contact PHLP at 1-800-274-3258 or email STAFF@PHLP.ORG



QUESTIONS