

1. How is data collected for the Nutrition Services program?
  - a. Data on the nutrition services program is collected at the meal distribution location (predominately senior centers). Information is also collected from recipients of home delivered meals.
2. Explain how the caregiver individual reimbursement maximum is \$500 per month but the total average for the coverage area/state is \$300 per month.
  - a. Reimbursements are determined on the basis of need, income and actual expenditures which vary by caregiver and the availability of funding.
3. Explain how rates are set for the Options program
  - a. Rates are negotiated between the Area Agency on Aging and contracted providers.
4. Explain funding for the AAAs.
  - a. Area Agencies on Aging are funded through a combination of Lottery, Medical Assistance and Older Americans Funding. The majority of funding is distributed through an allocation formula.
5. Are there cases [in the Options program] where an individual cannot receive all the benefits for which they are eligible due to funding limitations at the local (AAA) level?
  - a. Yes. The Options program is designed to provide some assistance to as many eligible individuals as possible. The program has a monthly cap on service plan cost.
6. Will Pennsylvania consider expanding its State Plan to include waiver services if recommended by the PA Long-Term Care Commission?
  - a. The commission is tasked with making recommendations, which may include a recommendation to expand the State Plan.
7. What is the capitated rate for LIFE from Medicaid and from Medicare?
  - a. Medicaid pays \$3,644.20 per month for duals and \$4,808.90 for MA only. For Duals, Medicare payments are negotiated between Medicare and the LIFE Provider and range from \$2,700 to \$3,700 per month based on participant acuity.

8. How much does Medicare pay for long-term services and supports (LTSS)?
  - a. This data will be provided to the Commissioners as part the larger data and information dissemination discussed at the April 11th Commission meeting.
  
9. Please provide nursing facility data on Average Length of Stay and Number of Persons under Age 60.
  - a. Average Length of Stay - **197.19** Days (based on MDS data from 7/1/12 through 6/30/13)
  - b. Number of Persons Under 60 - **5,539** (based on Department of Health Long Term Care Facilities Questionnaire for reporting period January 1, 2012 through December 31, 2012)
  
10. What is the percentage (dollars and participants) for Institutional vs. HCBS?

Program	Measure	FY 2012-2013 Dates of Service
<b>Nursing Facility VS Community</b>	% of Expenditures Paid for Nursing Facilities	64.55%
	% of Expenditures Paid for Community Services (Waivers and Act 150)	30.97%
	% of Expenditures Paid for LIFE Services	4.48%
	% of Persons Residing in Nursing Facilities	56.22%
	% of Persons Receiving Community Services (Waivers and Act 150)	39.79%
	% of Persons Receiving LIFE Services	3.99%

*The information above was summarized based on end dates of service and may not be complete for the reporting periods.*

**Source:** DPW Data Warehouse - PROMISe™ Claim Table

**Last Data Extraction:** 4/09/2014

11. How many dual eligibles are aged 60 and older vs. under 60?

a. As of 2010, the total number of Pennsylvania residents who are dually eligible beneficiaries (both partial duals and full duals<sup>1</sup>) is 410,997. Of this number, 246,758 (60.04%) are aged 60 and over and 164,239 (39.96%) are under 60. The source of the data is the 2010 Beneficiary Annual Summary File (BASF) as provided to Pennsylvania by the Centers for Medicare & Medicaid Services (CMS).

b. How are the income limits for MA waivers determined?

The federally mandated limit is 300%. States can use less than 300% federal benefit rate (FBR), but in order for Pennsylvania to change its current percentage of 300%, it would need to get permission from CMS.

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<sup>1</sup> **Full dual eligibles** have Medicare and get full coverage through Medicaid. **Partial dual eligibles** have Medicare but get only limited coverage through Medicaid; for example, Medicaid may pay for the Medicare Part B premium.