

Commissioner Input

Presented May 9, 2014

Pennsylvania Long-Term Care Commission

Additional Reports

Commissioner Shapiro:

- Avalere report on margins in Pennsylvania Nursing Homes in 2007 and 2012.
- ELJAY report on Medicaid shortfalls in PA nursing homes over the last decade.
- Fiscal Analytics report comparing costs of Nursing Homes and HCBS in Virginia.
- PHCA offer to cost of care at varying acuity levels currently living in a nursing home with the cost of providing that same care in a home and community based setting.

Additional Data and Information

Commissioner Shapiro:

- Cost data on the true cost of care in various settings taking into account comparison data on acuity, type, and amount of service, service setting, etc. Costs should be compared in different settings and potential settings on an hourly as well as a 24/7 basis by acuity.
- Comparable data on acuity must be available.

Additional Education

Commissioner Shapiro:

- Studies on the quality and cost savings (if any) from Medicaid long term managed care including various models of delivering care and financing that care.
- Studies on the quality and cost savings (if any) from Medicare and Medicaid combined long term managed care including various models of delivering care and financing that care.
- Studies comparing quantitative data on cost and quality of care in various settings—HCBS, Nursing Homes, Assisted Living Facilities.
- Studies on rate setting and payments to providers in various settings—HCBS, Nursing Homes, and Assisted Living—and how this affects quality and access.
- Studies (if available) on how one can differentiate consumer “wants” vs “needs” and how, with limited resources, “needs” can be prioritized.

Measurable Outcomes

Commissioner Bailey:

Measurable Outcome #1: The Long-Term Care Commission will set up their measurement by each program that is responsible for providing a service. For example, if the program is set up to provide for 2000 disabled individuals and we can look at a report and see how many are receiving the service they are supposed to receive and how many are not receiving the service then we know whether the program provider is meeting his quota in providing the service he is supposed to provide. We will look at all of his service quarterly and see how he is providing this service so we will not have to wait six to nine months to be sure the provider is providing the service they are supposed to provide and the consumer is getting the service they are supposed to receive.

Measurable Outcome #2: All agencies that are providing service for the consumer will have to show that the people who are going to visit the consumer will be able to collect correct information and be able to complete the process so that the consumer will not have to wait to get the service because of a delay in processing and therefore making the consumer suffer. This is something we have seen in other programs where consumers have to suffer because of information they receive and the process is not being done correctly.

Measurable Outcomes

Commissioner Bailey (continued):

Measurable Outcome #3: Making sure there is communication between agencies and they are all working with the same information so that there will not be any confusion in processing the application if all agencies have access to the same information in the beginning of the process. This process will insure the consumer does get a run-around and does not suffer from not having their papers processed correctly between agencies.

Measurable Outcome #4: We should have a system set up once an application has been started with a timeline within which the application is to be completed so the consumer receives the service in a timely manner because programs have shown that if all agencies do not work together and work on time the consumer suffers because of a lack of interface between agencies.

Measurable Outcome #5: Establish a hotline where consumers can call with complaints about the service they are not receiving to make sure that the Long-Term Care Commission is receiving information on how well the program is working or not working. This information will give the Long-Term Care Commission a chance to look into problems quickly to limit the amount of inconvenience to the consumer.

Measurable Outcomes

Commissioner Holladay:

Measurable Outcome #1: Increase percent of citizens served who are receiving home and community based services.

Measurable Outcome #2: Reduction in percentage of the state budget spent on services through innovative approaches to care (i.e. telehealth, incent healthy behaviors (receiving flu shots and other immunizations, getting regular checkups and blood work, filling prescriptions and taking medications, BMI reductions if appropriate)) and strong case management system for care accountability.

Measurable Outcome #3: Development of a standardized assessment tool that all state agencies commit to evaluate citizens needs.

Measurable Outcome #4: Increase percent of funds spent on community health and wellness programs (education) to decrease largest risk factors contributing to poor health and increased medical services: smoking, obesity, alcohol abuse, drug abuse.

Measurable Outcome #5: Decrease number of unnecessary hospitalizations for citizens receiving services.

Measurable Outcomes

Commissioner Shablin:

Area of Focus	Desired Outcome
Participant Access	Individuals have access to HCBS and supports in their community.
Participant-Centered Service Planning and Delivery	Services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his/her life in the community.
Provider Capacity and Capabilities	There are sufficient HCBS providers and they possess and demonstrate the capability to effectively serve participants.
Participant Safeguards	Participants are safe and secure in their home and communities, taking into account their informed and expressed choices.

Measurable Outcomes

Commissioner Shablin (continued):

Area of Focus	Desired Outcome
Participant Rights and Responsibilities	Participants receive support to exercise their rights and in accepting personal responsibilities.
Participant Outcomes and Satisfaction	Participants are satisfied with their services and achieve desired outcomes.
System Performance	The system supports participants efficiently and effectively and constantly strives to improve quality.

Measurable Outcomes

Commissioner Shapiro:

Measurable Outcome #1: Development of sustainable, (perhaps dedicated) funding source or sources that are a blend of private resources and federal and state resources.

Measurable Outcome #2: A uniform clinical assessment that allows the identification and on-going comparison of service/care needs and costs across the system.

Measurable Outcome #3: System should eliminate the disparities in timing of eligibility determinations and service initiation, resource/income limits, payment retroactivity, and reimbursement levels.

Measurable Outcome #4: Care setting should be the lowest-cost setting in which the consumer can be safely cared for to maximize dollars and consumers served.

Measurable Outcome #5: The System should prioritize services to those with the greatest care need before expanding services to those with lower care need.

Vision Statement

- **Commissioner Holladay**

PA Cares: We strive to provide **the right care, at the right time, in the right place** to improve the quality of life for the Pennsylvania citizens we serve.

- **Commissioner Shablin:**

Create an **outcomes-based model** leveraging **coordinated care** to ensure a **person-centered approach to align physical, behavioral, social, and functional care** for Pennsylvanians in need of long-term services and supports or those at risk of needing long-term services and supports. Pennsylvania's model will be developed with **sufficient flexibilities to maximize the strengths of the local delivery system and family and natural supports**. The model will **engage highly qualified organizations to improve access to and integration of community-based care and remove barriers to encourage safe and secure community-based living**.

Vision Statement

- **Commissioner Bailey:**

All older Pennsylvanians and individuals with disabilities will have **access to quality long-term care service** in their community and will **live with dignity, safety, and respect.**

- **Commissioner Shapiro:**

Pennsylvania's Long-Term Care Support and Services system should **optimize the use of limited state and federal tax dollars** by ensuring that our seniors and persons with disabilities are **served in the most cost-efficient setting which can meet their care needs.** The end goal is a system that **maximizes quality and efficiency** based on **objectively identified consumer needs rather than subjective consumer wants,** and thus provides services to the **maximum number of individuals.**

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