

Pennsylvania Long-Term Care Commission Workgroup Guidelines

The Commissioners formed four workgroups to develop recommendations for the Pennsylvania Long-Term Care Commission: prevention and caregiver support, accessibility, provision of services, and quality outcomes and measurement. In order to meet the Governor's December 31, 2014 reporting deadline, the workgroups will require significant effort over the summer to make their recommendations to the Commission.

Each workgroup will determine its own schedule based on need and availability of workgroup members. We suggest the work groups meet twice a month and that members commit to attending a workgroup meeting at least once a month and participate in other meetings by phone/webinar. However, meeting frequency and duration is ultimately set by each work group and their ability to complete the recommendations on time.

In order to ensure consistent rules between workgroups, the following guidelines have been established:

1. Only Commissioners assigned to their respective workgroup will have voting rights in that workgroup.
2. Commission members may assign designees to attend meetings for Commission members but designees do not have voting rights.
3. Workgroup advisors do not have voting rights.
4. A quorum is met if all Commissioners minus one are present. If two Commissioners are unable to participate, the meeting shall be rescheduled.
5. Votes on recommendations require a simple majority (at least 51%) to pass.

Work Group Charge

Governor Corbett's Executive Order 2014-01 charges the Long-Term Care Commission to provide the Governor with recommendations that ensure Pennsylvania's long-term care services and support (LTCSS) delivery system is person-centered, efficient, effective and fiscally accountable. In establishing the Commission the Governor recognized current and future demographic and financial impacts on the LTCSS system. He also identified the following specific areas of opportunities that benefit individual residents and the Commonwealth:

- The current system could benefit from a more coordinated, person-centered approach to delivering services and supports; and
- The need to ensure access to the right level of services, at the right time, that are coordinated with other types of care that address identified medical and social needs; and
- The development of recommendations and supporting care delivery models that focus on creating a sustainable, person-centered approach while increasing quality outcomes and supporting independence, regardless of an individual's physical disability or age; and
- The identification of opportunities and services, which if appropriately delivered, may eliminate, through prevention or delay, the need for more costly care later in life; and
- To meet the needs of older adults and persons with physical disabilities in order to improve the lives of all Pennsylvanians.

To help facilitate development of recommendations to Governor Corbett, the Commission's co-chairs, Secretary of Aging Brian Duke and Secretary of Public Welfare Bev Mackereth, established four work groups to address Prevention/Caregiver Support, Accessibility, Provision of Services, and Quality Outcomes and Measures, to formulate recommendations for consideration by the full Commission for inclusion in the report to the Governor. To assist the workgroups in developing recommendations that are responsive to the Executive Order, the Secretaries are providing additional guidance to help focus workgroup efforts.

The Secretaries ask that the workgroups provide recommendations that are responsive to the specific questions listed for their respective workgroup. The workgroup leaders and department facilitators are tasked with focusing workgroup discussions and recommendations on these areas.

Prevention/Caregiver Support:

- How should preventive services be built into a more coordinated, person-centered LTCSS model?

- What considerations/services should be provided to caregivers in a more coordinated, person-centered LTCSS model?
- What services, supports and other activities should be provided to consumers and their caregivers to improve health and well-being, prevent or delay nursing facility admissions and enable consumers to remain in their own homes as long as possible?

Accessibility:

- How could the process, including intake and assessment, be improved to provide better access to individuals and families who need those services and supports?
- What are the necessary assurances to ensure access in a more coordinated, person centered system including entry into the system and receiving services?
- What provider capacity issues need to be addressed to ensure access in a more coordinated, person centered system?

Provision of service:

- What should be done to improve coordination of social, medical and long-term care services within the long-term care continuum?
- What changes should be made to promote a person-centered system for the delivery of long-term care services?
- How can the current system become more efficient, effective and fiscally accountable?

Quality Outcomes and Measurement:

- What measures should be adopted and what are the supporting information and data needs to ensure the system is providing services in a person-centered manner?
- What measures should be adopted and what are the supporting information and data needs to ensure the system is more coordinated than the current system?
- What measures should be adopted and what are the supporting information and data needs necessary to measure quality of care and to promote and improve health outcomes for consumers?
- What measures should be adopted and what are the supporting information and data needs to monitor the cost-effectiveness of the system?

Discussion Items for Facilitators

Prevention/Caregiver Support:

- Discuss who currently provides various services including unpaid caregivers.
- Discuss who is currently eligible for caregiver support and what formal supports are currently available to unpaid caregivers.
- Discuss how unpaid caregivers get incorporated into a managed care model.
- Discuss how LIFE currently incorporates unpaid caregivers.
- For the set of recommendations you make, please note any variations or additional considerations you think would need to be addressed if services are provided in a fee for service system? A managed fee for service system? A capitated managed care system?"

Accessibility:

- For the set of recommendations you make, please note any variations or additional considerations you think would need to be addressed if services are provided in a fee for service system? A managed fee for service system? A capitated managed care system?"

Provision of service:

- Discuss various options for providing services in a more coordinated, person centered manner and also the Departments desired populations and services to be included.
- For the set of recommendations you make, please note any variations or additional considerations you think would need to be addressed if services are provided in a fee for service system? A managed fee for service system? A capitated managed care system?"

Quality Outcomes and Measurement:

- For the set of recommendations you make, please note any variations or additional considerations you think would need to be addressed if services are provided in a fee for service system? A managed fee for service system? A capitated managed care system?"

SUBMITTED BY:	
PROPOSED RECOMMENDATION STATEMENT:	
GOAL:	
STRATEGIES TO ACHIEVE THIS GOAL:	
RATIONALE:	
PROS:	CONS:
CONCRETE OR MEASURABLE OUTCOMES:	
ANTICIPATED COSTS OR BUDGET IMPACT:	
TIMELINE FOR IMPLEMENTATION:	

NOTES:

Long-Term Care Commission Measurable Outcomes (DRAFT 6-30-14)

Accessibility

- 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.
- 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 not get a run-around and does not suffer from not having their papers processed correctly between agencies.
- 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.
- System should eliminate the disparities in timing of eligibility determinations and service initiation, resource/income limits, payment retroactivity, and reimbursement levels.
- All options of long term services and supports are easily accessed with similar standards for eligibility, enrollment and accountability.

Assessment Tool/Needs

- Development of a standardized assessment tool that all state agencies commit to evaluate citizens' needs.
- A uniform clinical assessment that allows the identification and on-going comparison of service/care needs and costs across the system.
- 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.

Care Coordination/Service Provision

- Long term services and supports, from meals on wheels, senior centers, home health, adult day services, to more critical care by a hospice or a nursing home are provided at the right time in a coordinated and consumer-focused fashion.
- Decrease number of unnecessary hospitalizations for citizens receiving services.
- The system supports participants efficiently and effectively and constantly strives to improve quality.
- Participants are safe and secure in their home and communities, taking into account their informed and expressed choices.
- Participants receive support to exercise their rights and in accepting personal responsibilities.

Funding

- Reduction in percentage of the state budget spent on services through innovative approaches to care (i.e. telehealth, incent healthy behaviors such as 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.
- 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, and drug abuse.
- Development of sustainable (perhaps dedicated) funding source or sources that are a blend of private resources and federal and state resources.
- Governor accepts and acknowledges the Commission's report quickly and includes at least two of our recommendations with appropriate funding in his FY 2015-16 proposed budget.
- Develop a system that uses private pay, current lottery-funded programs and in coordination with Medicaid-funded programs to assist seniors and adults with disabilities to remain at home living as independently as possible.

- Care setting should be the lowest-cost setting in which the consumer can be safely cared for to maximize dollars and consumers served.
- The System should prioritize services to those with the greatest care need before expanding services to those with lower care need.

HCBS

- Increase percent of citizens served who are receiving home and community based services.
- Individuals have access to HCBS and supports in their community.
- There are sufficient HCBS providers and they possess and demonstrate the capability to effectively serve participants.

Quality Improvement/Outcome/Measures

- 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.
- 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.
- Participants are satisfied with their services and achieve desired outcomes.
- Commission's recommendations are each accompanied by implementation steps, a "lead" state agency for implementing the recommendation and a timeframe for each recommendation to be implemented.