

Community HealthChoices

Pennsylvania's MLTSS Program Results from Implementation Evaluation

2020 Virtual Home and Community-Based Services Conference

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pennsylvania
DEPARTMENT OF HUMAN SERVICES

Pennsylvania's MLTSS Program since 2018

WHO IS PART OF CHC?

- Individuals who are 21 years of age or older and dually eligible for Medicare and Medicaid.
- Individuals who are 21 years of age or older and eligible for Medicaid (LTSS) because they need the level of care provided by a NF.
 - ✓ This care may be provided in the home, community, or nursing facility.
 - ✓ Individuals currently enrolled in the PACE (LIFE) Program will not be enrolled in CHC unless they expressly select to transition from LIFE to a CHC managed care organization (MCO).
- Behavioral Health and Physical Health Services—*carved out*.

Strengthening Coordination (**Goal 2**) will have positive impacts on the remaining CHC goals.

GOAL 1

Enhance opportunities for community-based living.

GOAL 2

Strengthen coordination of LTSS and other types of health care, including all Medicare and Medicaid services for dual eligibles.

GOAL 3

Enhance quality and accountability.

GOAL 4

Advance program innovation.

GOAL 5

Increase efficiency and effectiveness.

Annual CHC Statewide Population

15%

66,561

Duals in Waivers

63%

285,018

NFI Duals

20%

IN WAIVERS

17%

IN NURSING FACILITIES

454,045

CHC POPULATION

93%

DUAL-ELIGIBLE

15%

69,036

Duals in Nursing
Facilities

6%

26,293

Non-duals in
Waivers

2%

7,137

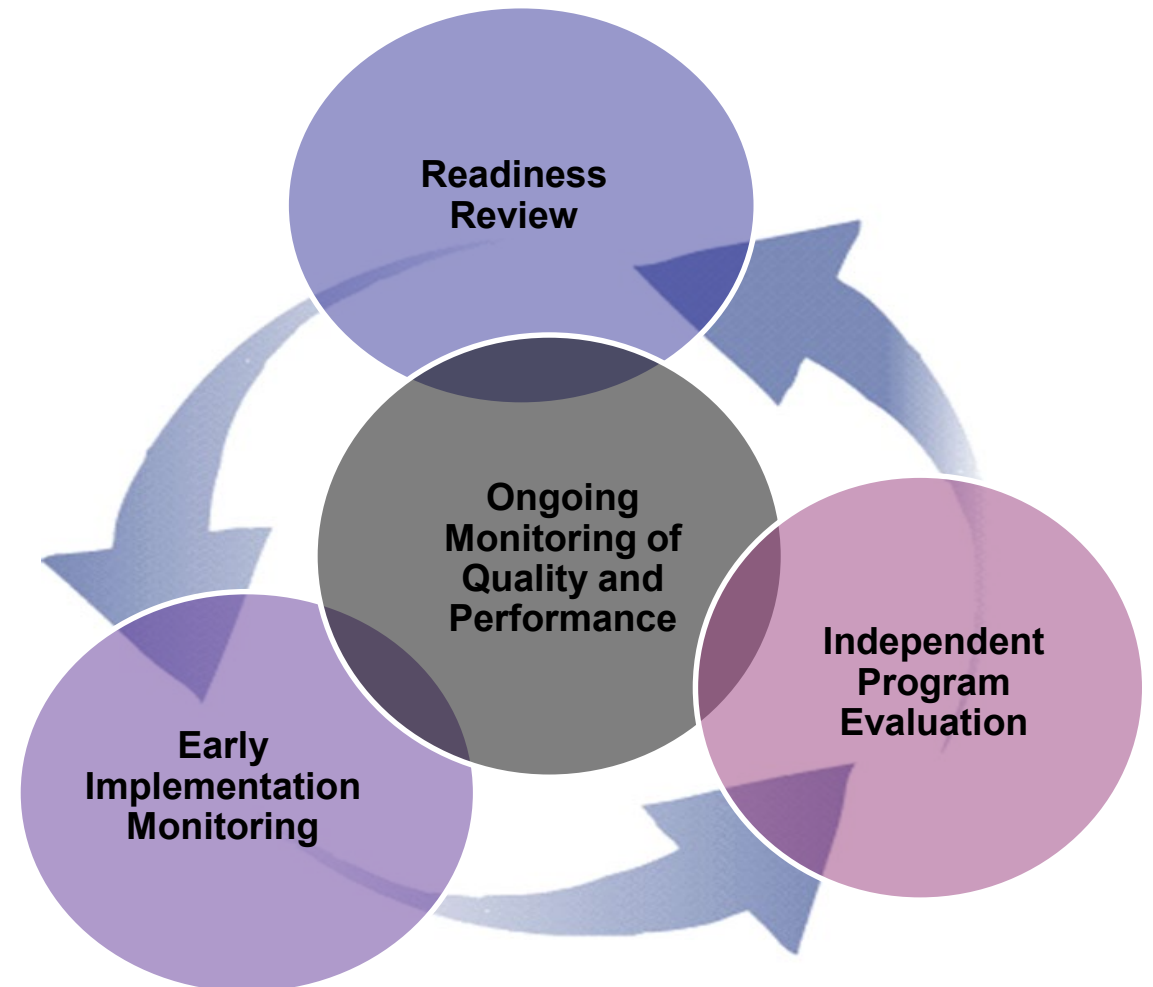
Non-duals in
Nursing Facilities

Data Impacted on PA's MLTSS Program

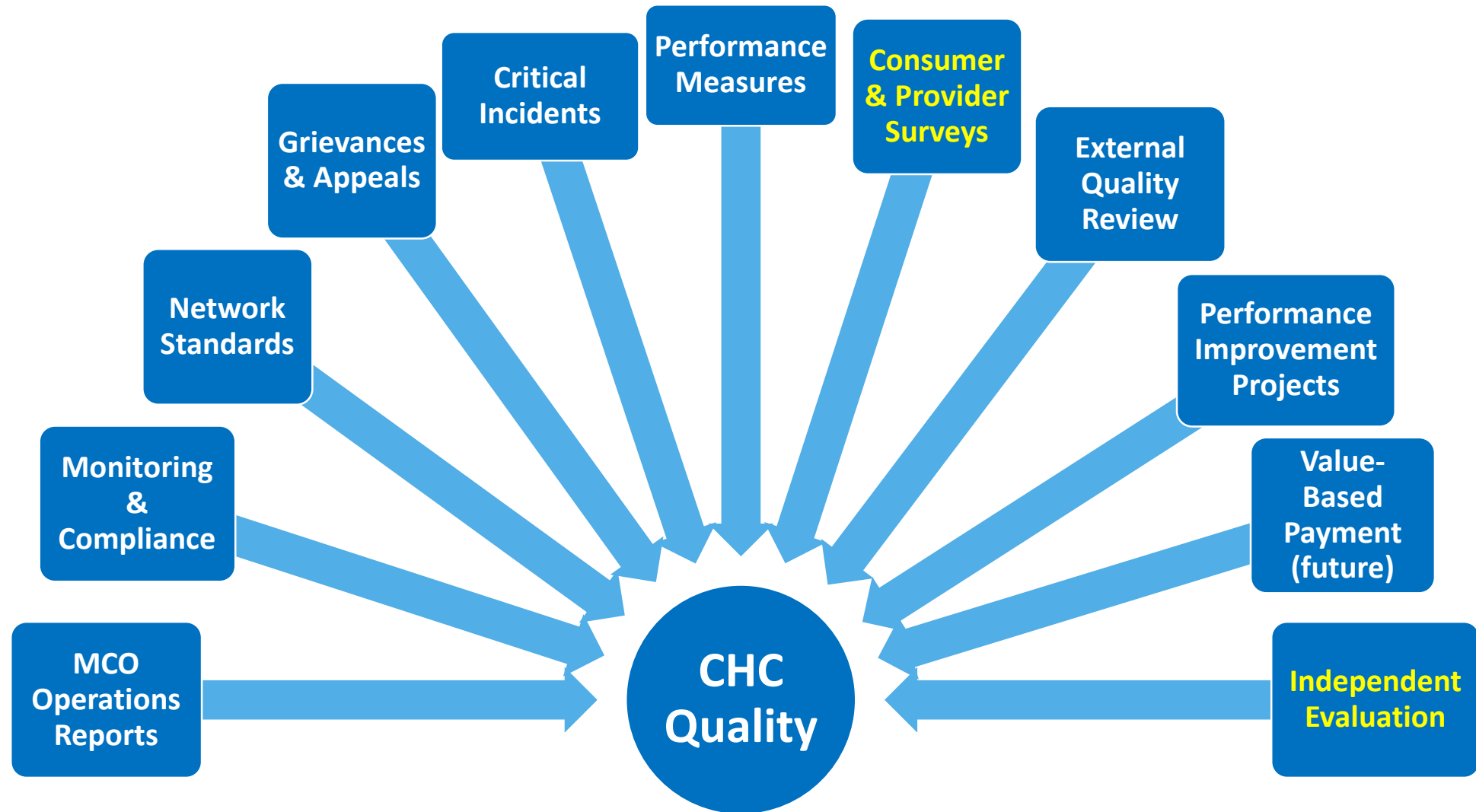
Continuous Program Improvement

Quality Approach

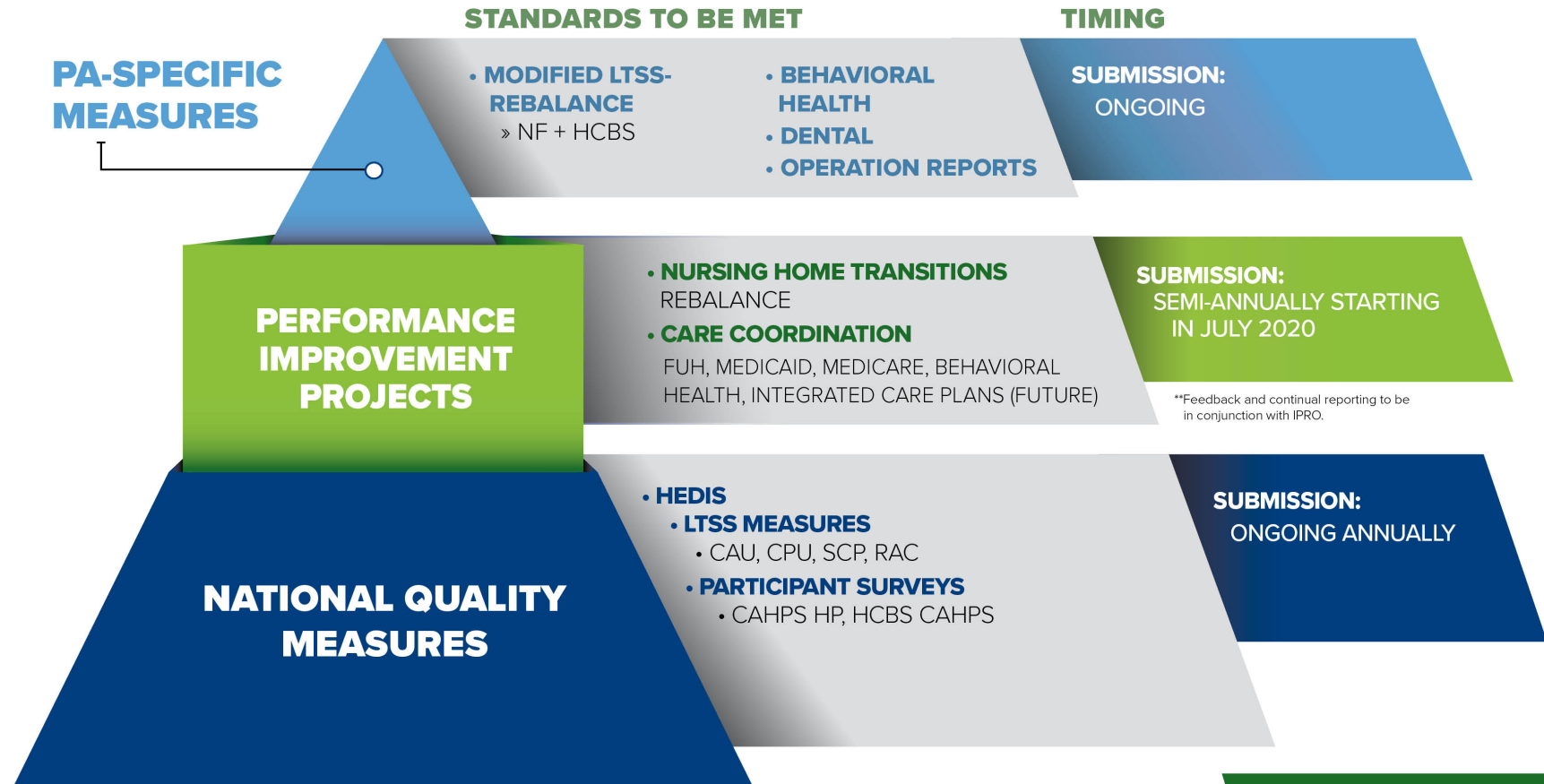
- Medicaid Quality Strategy
- MCO Operation Reports
- Key Performance Measures
- HEDIS measures
- PA Performance Measures



CHC—Quality Components



QUALITY MEASURES SUBMITTED BY MCOS



Pennsylvania's Community HealthChoices: Early Findings from a Mixed Methods Evaluation

Howard Degenholtz, PhD

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Medicaid Research Center

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December 3, 2020

Overview

The Medicaid Research Center is conducting a 7-yr. evaluation of CHC

- Independent assessment of program implementation and impact

Multiple methods from a wide range of data sources

High priority on participant voice

- Augments what we learn from administrative data
- Focus groups and surveys

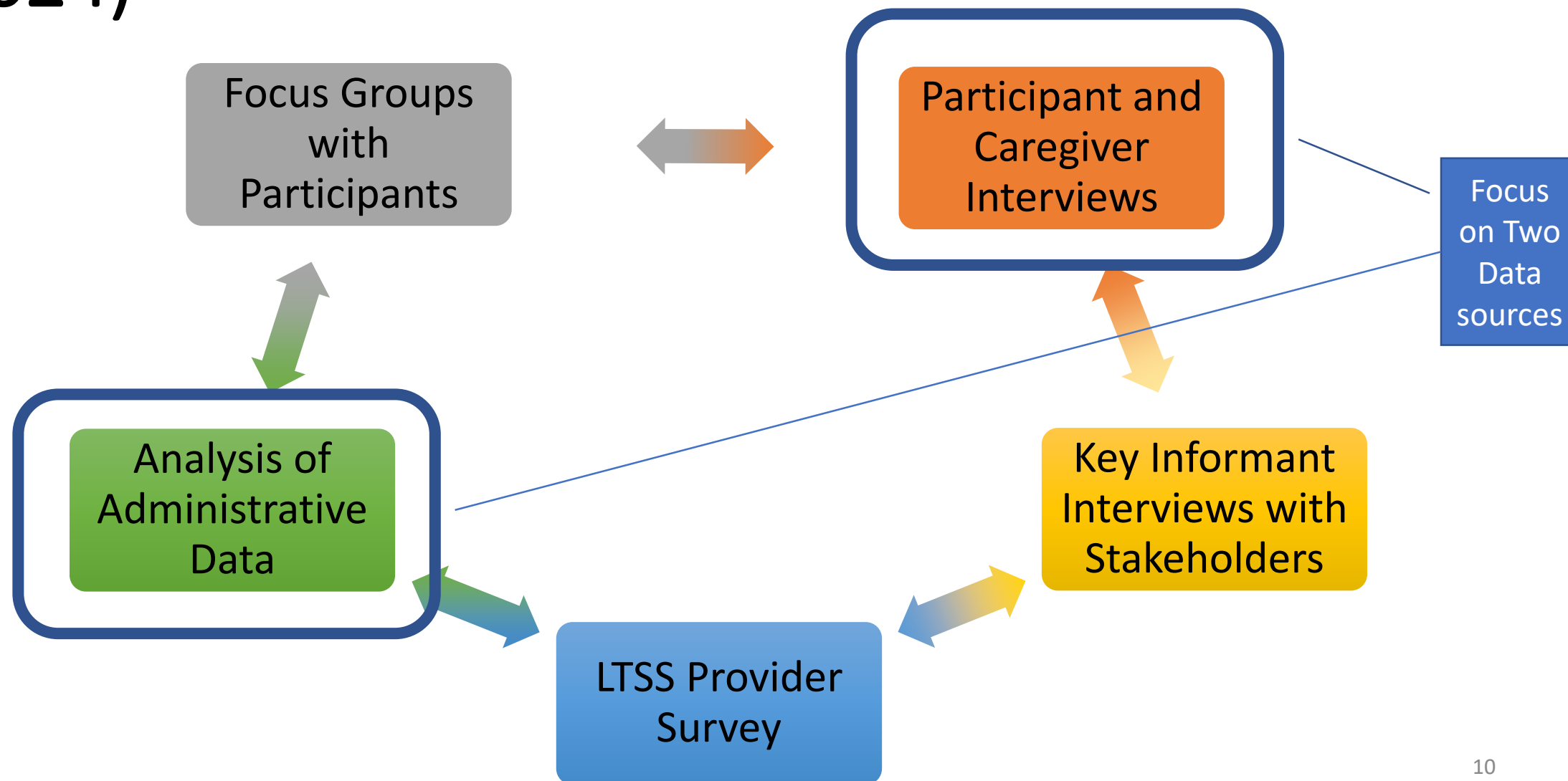
Regular contact with OLTL on findings

- Independent data helps verify and validate anecdotal reports OLTL hears from other sources
- Aid decision making in real time

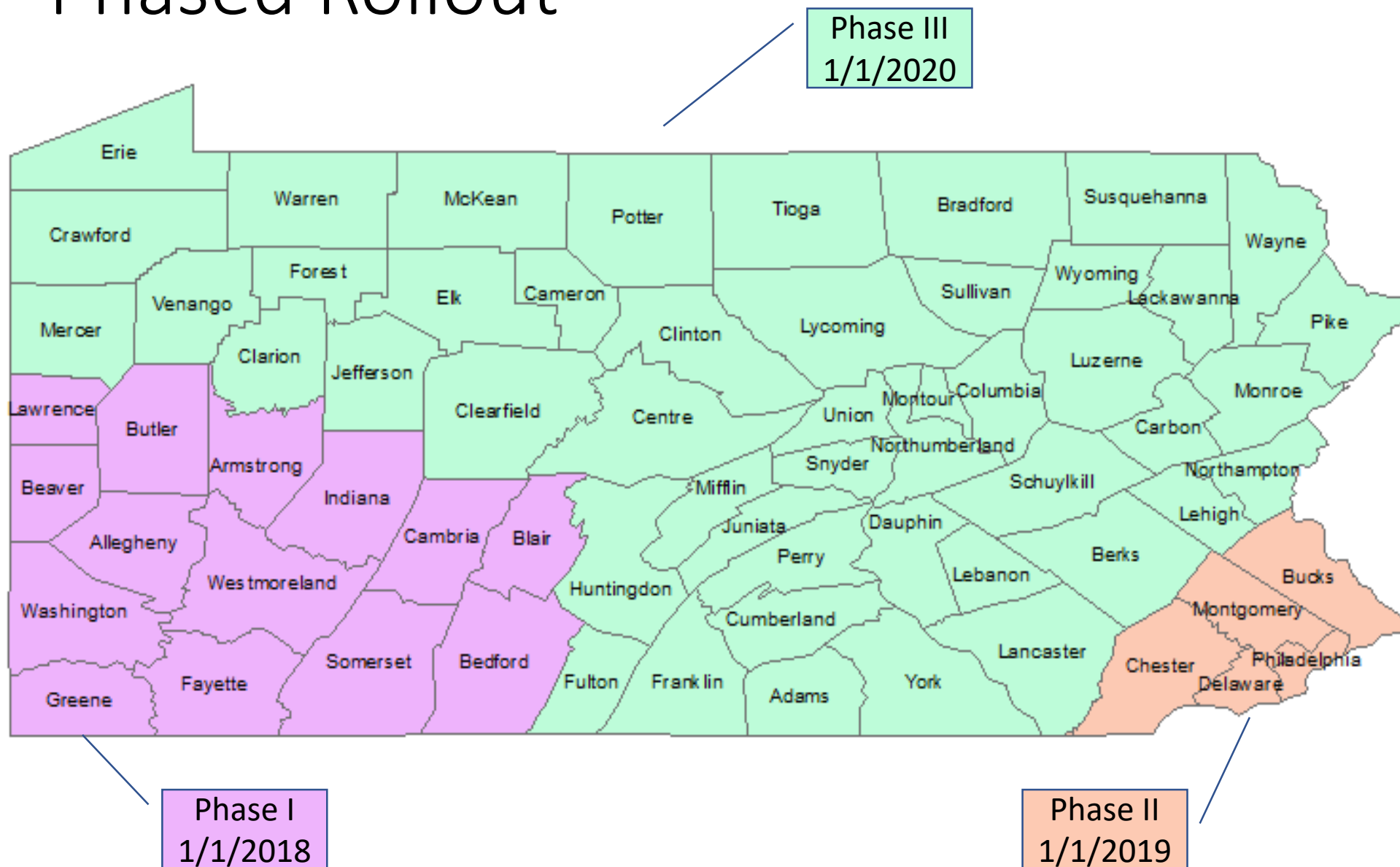
Findings in this presentation:

- Participant well-being and satisfaction
 - Self-reported health status
 - Psychological well-being
 - CAHPS-HCBS
- HCBS Use
 - Rebalancing
 - Personal Attendant Services
 - Adult Day Care
 - Home Delivered Meals

7-Yr. Multi-Method Evaluation (2017-2024)



Phased Rollout

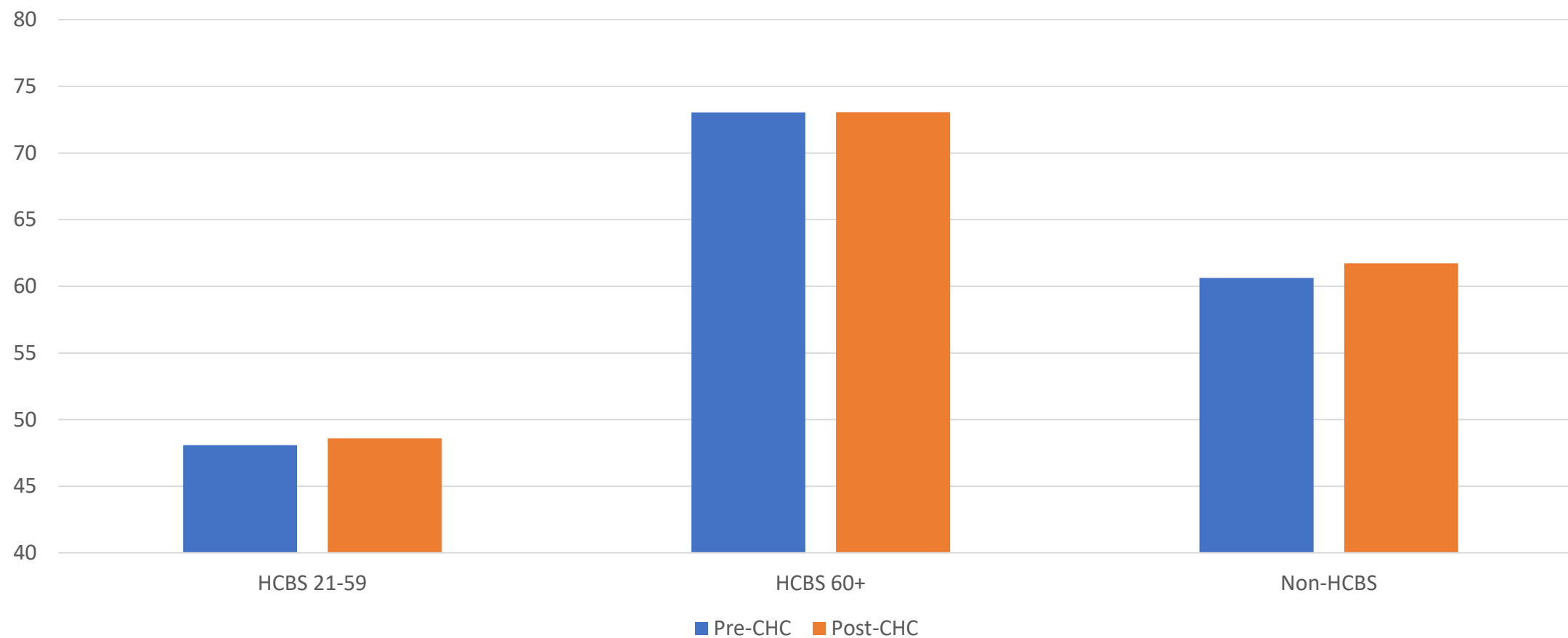


- 6-Month transition period in each phase
- No changes to service plans or provider networks
- Nursing homes have extended transition period

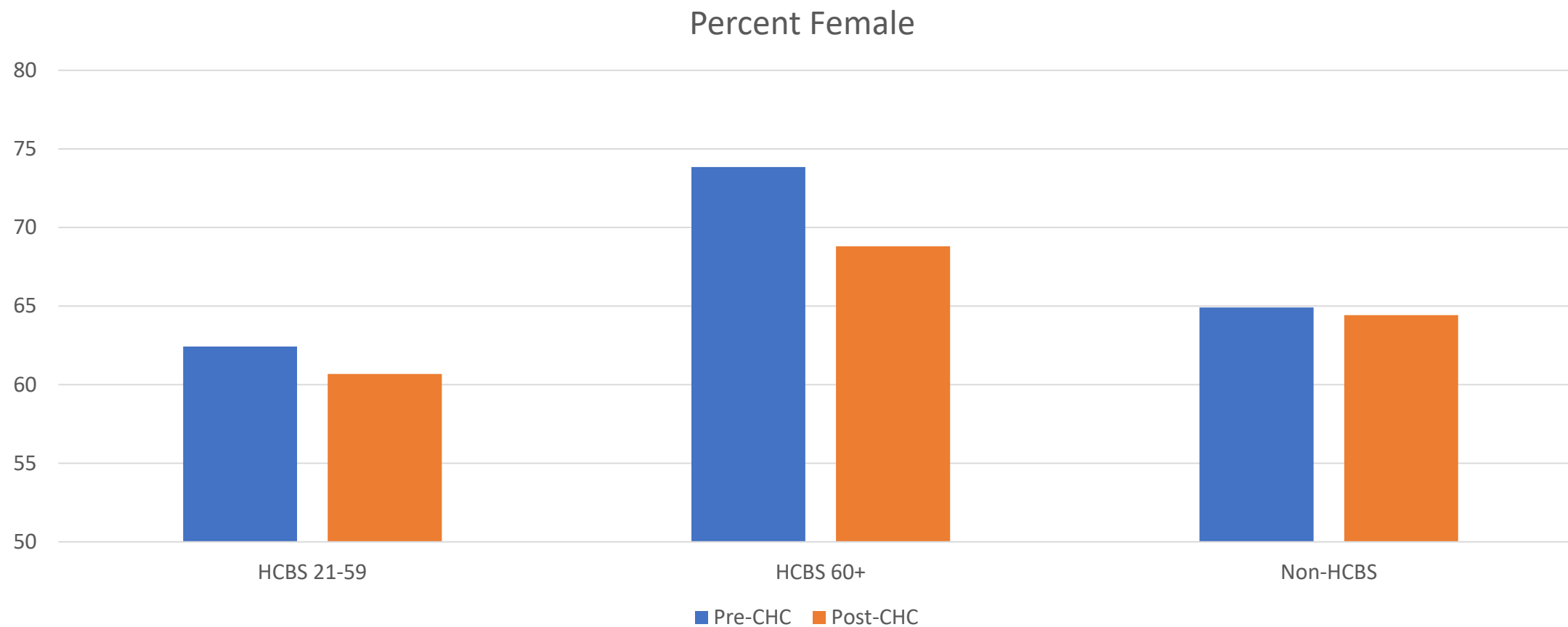
Participant Experience Interviews

- Telephone interviews with stratified random sample of people eligible for CHC
 - Focus on the Phase I Implementation in SW Region (1/1/2018)
 - HCBS Participants:
 - Age 21-59
 - Age 60+
 - Non-HCBS
 - Full-benefit dual eligible
 - Divided between urban and rural
- Timing:
 - Pre-Implementation Interviews: Late 2017
 - Post-Implementation Interviews: Mid-2019 (7/1/2019)
 - Allows for 12 months after the 6-Month Transition Period (1/1/2018 to 6/30/2018)
- Major topics:
 - Demographics and health status
 - Engagement in Preferred Activities
 - Care Coordination
 - Self-Reported Health Status
 - Psychological Well-Being
 - Experience with HCBS (CAHPS-HCBS)

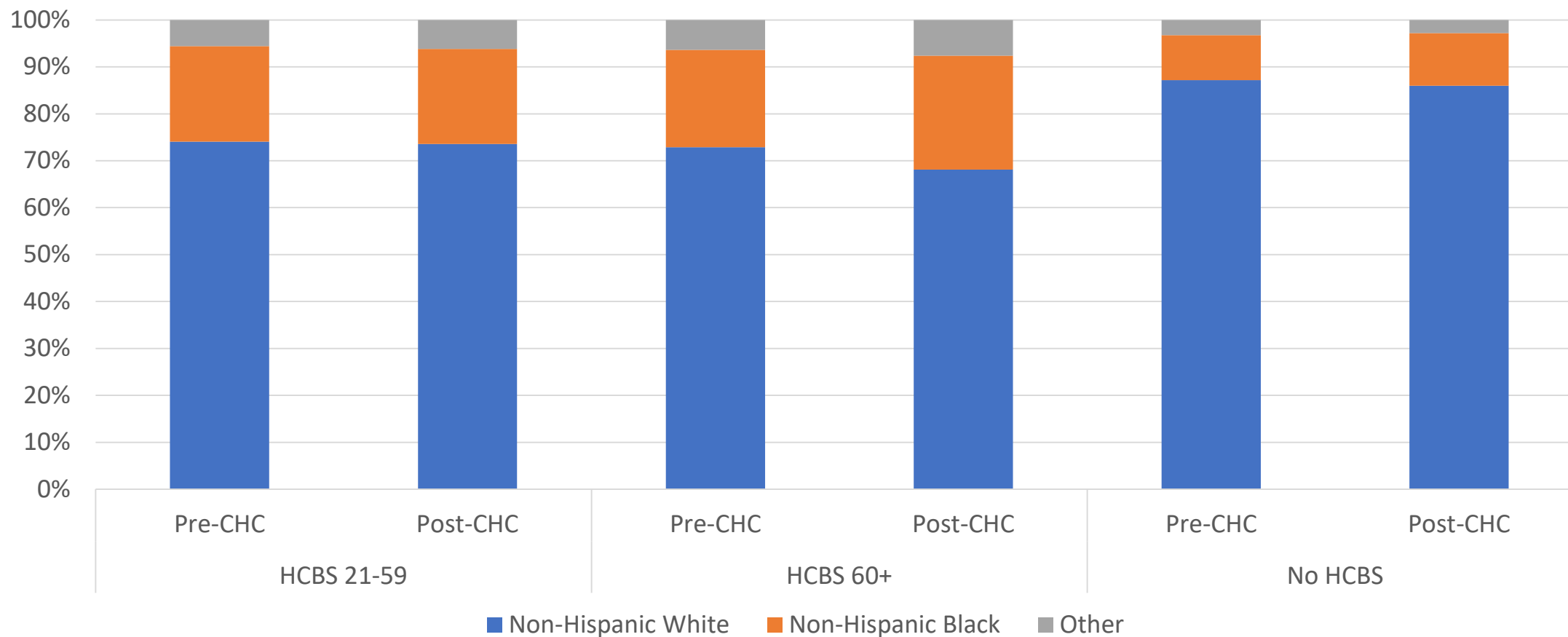
Participant Demographics: Age



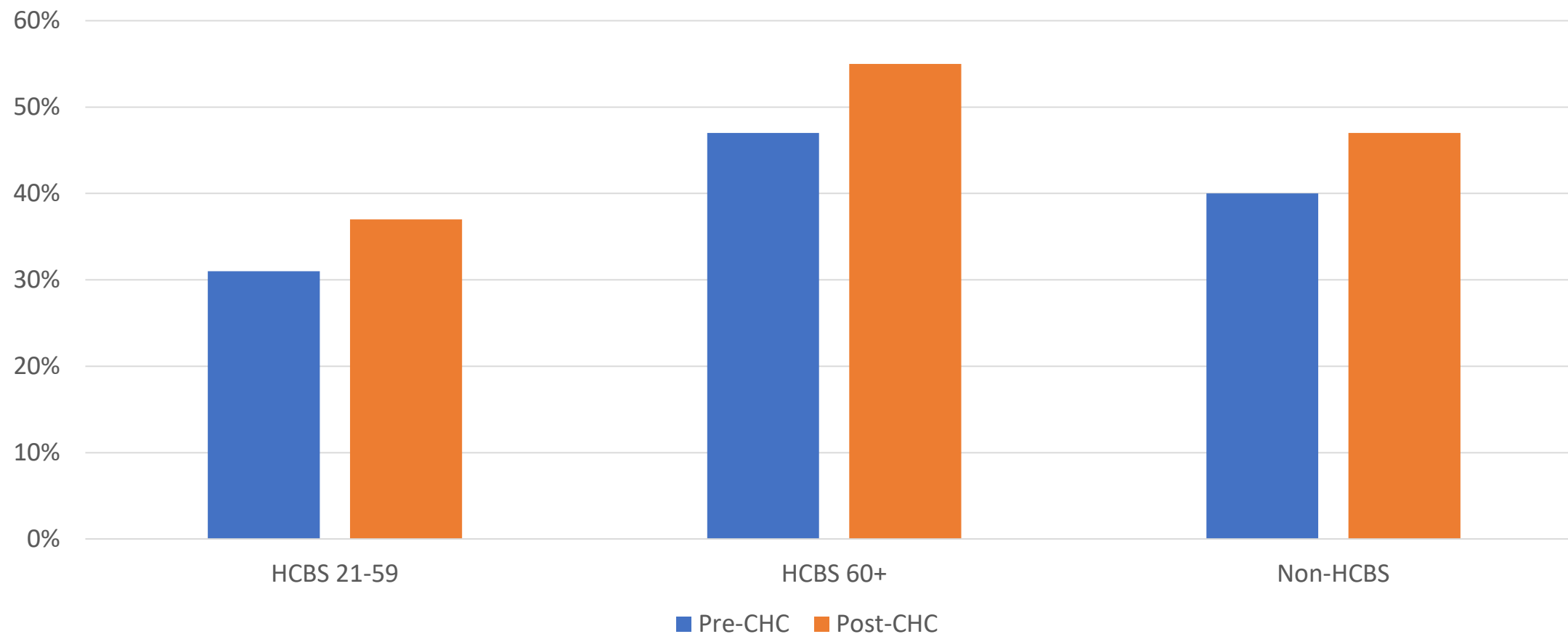
Participant Demographics: Gender



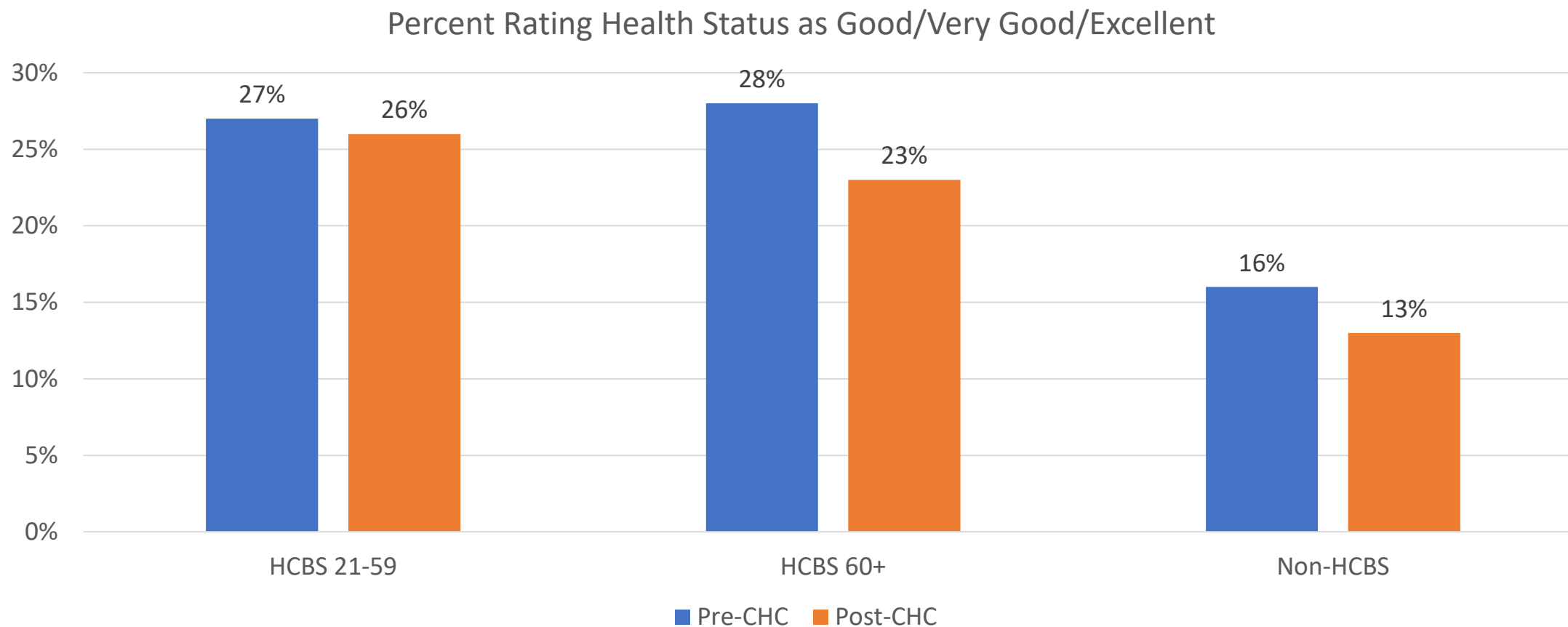
Participant Demographics: Race



Participant Demographics: Living Alone

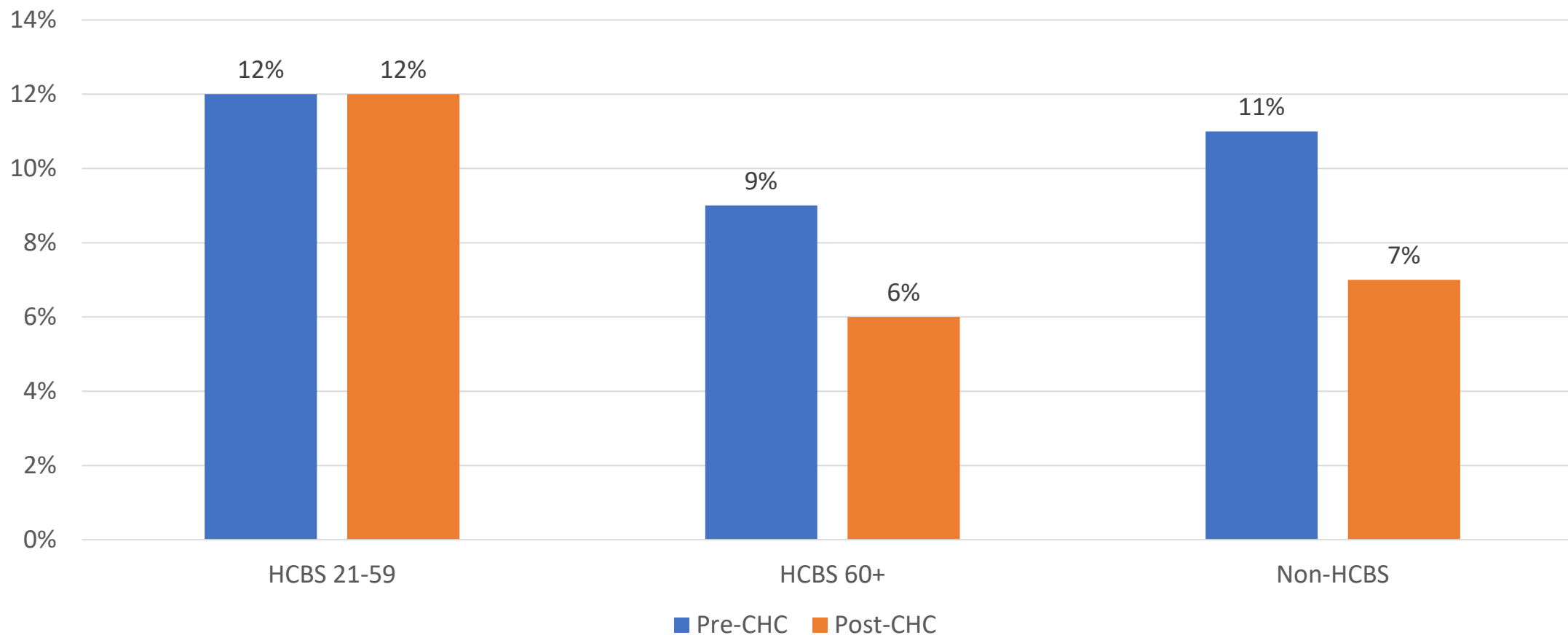


Participant Well-Being: Self-Rated Health Status



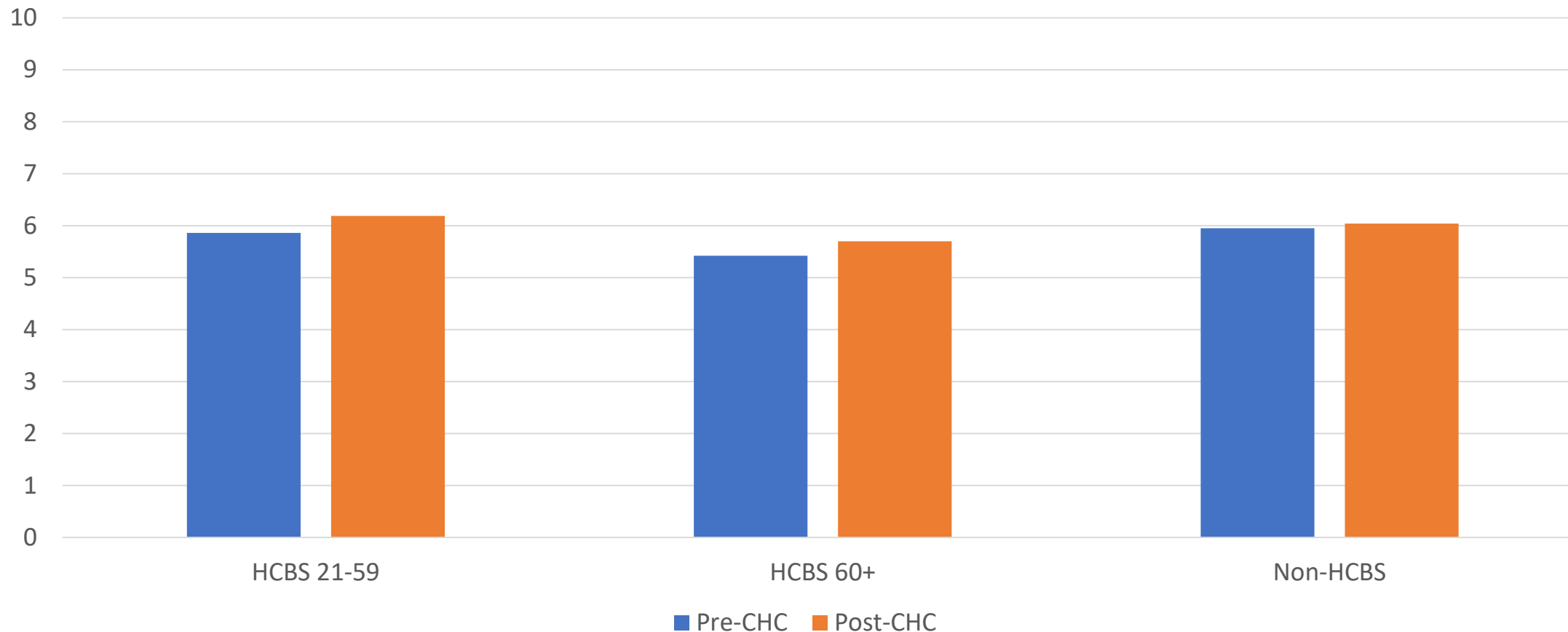
Note: Single item Excellent/Very Good/Good/Fair/Poor

Participant Well-Being: Moderate to Severe Depression



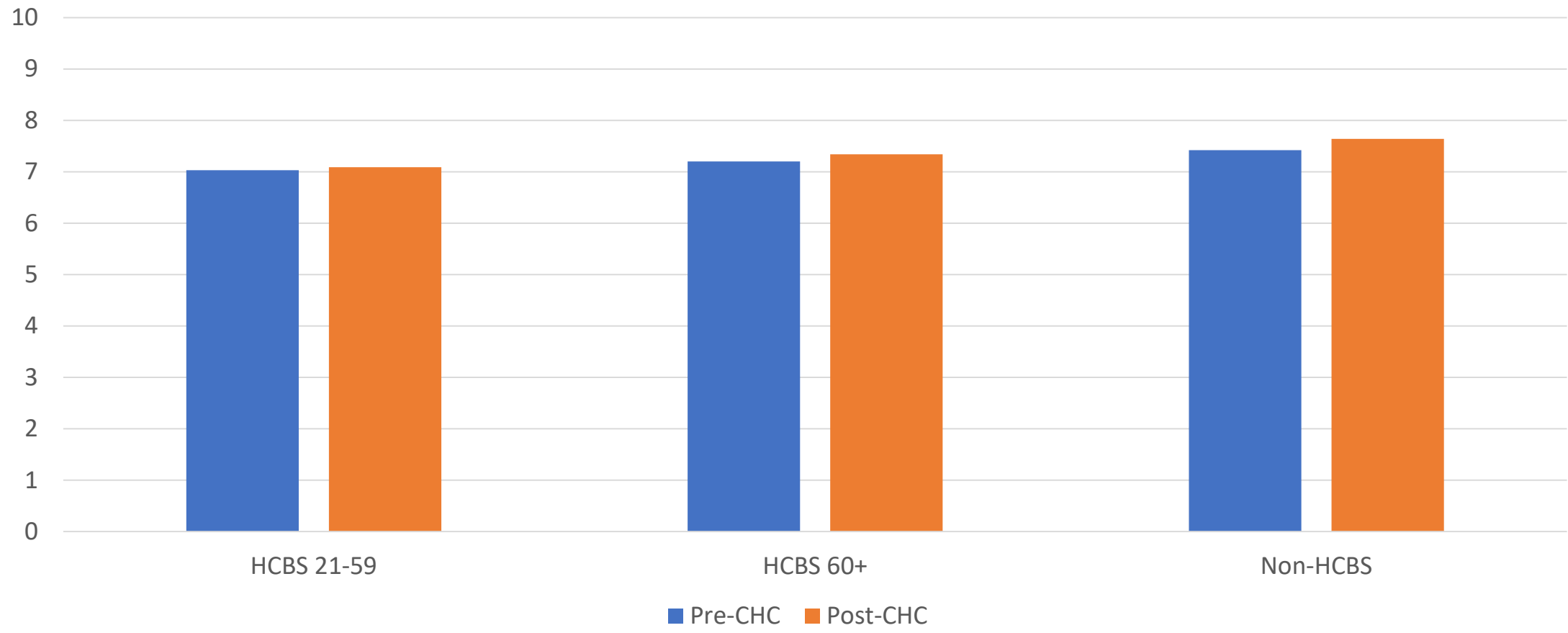
Note: PHQ-9 Score of 10 or higher implies need for evaluation.

Participant Well-Being: Preferred Activities and Control Over Life



Note: 0-10 score based on visiting friends and family, attending religious services, clubs, classes or other organized activities, and entertainment (going out to dinner, movies, gambling, hearing music or going to a play). The score also includes two items on choice and control over your life.

Participant Well-Being: Psychological Well-Being



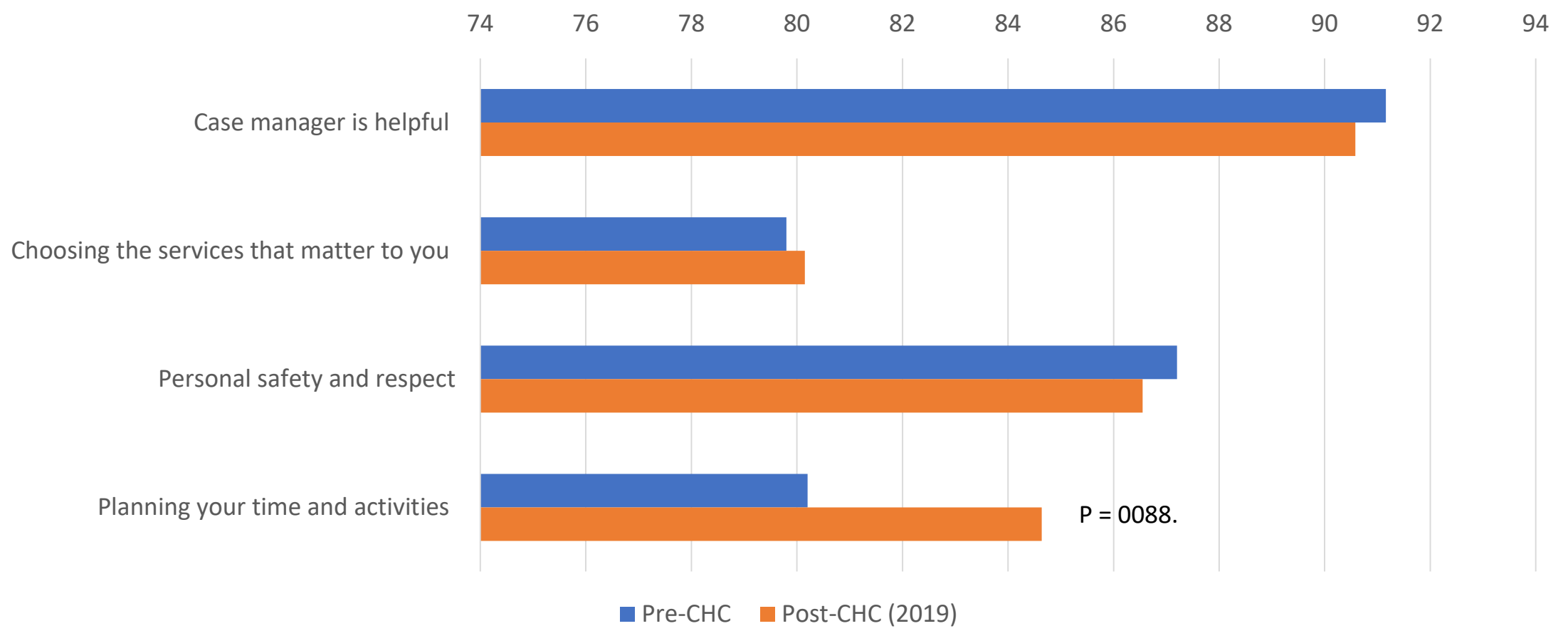
Note: 1-10 score based mood, meaning and control

Participant Experience: CAHPS-Home and Community Based Services Service Coordination Composites

Measure	Item
Case Manager is Helpful	<ul style="list-style-type: none">• Able to contact• Help with equipment• Made changes to services
Choosing the Services that Matter to you	<ul style="list-style-type: none">• Service plan included important items• Staff know your service plan
Personal Safety and Respect	<ul style="list-style-type: none">• Person to talk to if hurt
Planning Your Time and Activities	<ul style="list-style-type: none">• Take part in deciding what to do with time• Take part in deciding when to do things

Note: Selected items used to construct composites to reduce respondent burden.

Participant Experience: Service Coordination Scores



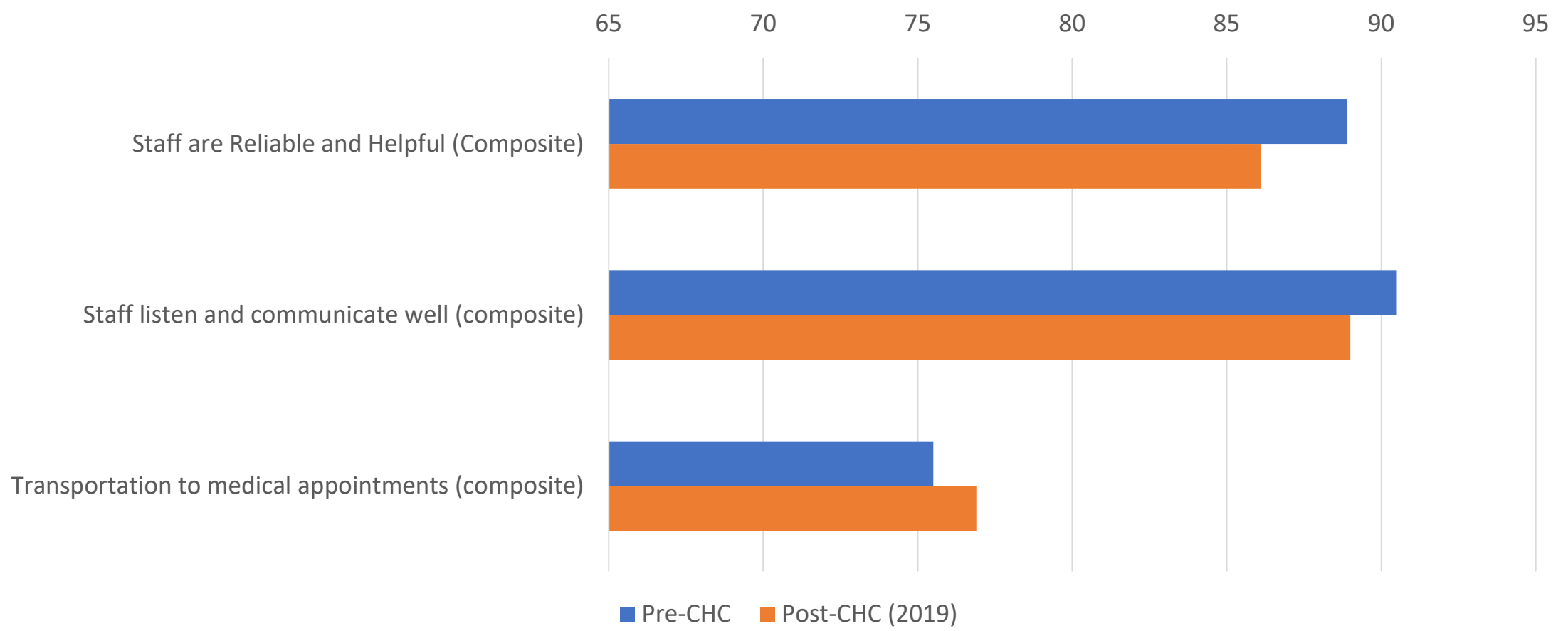
Note: Service Coordination Composite Measures; Percent rating '9 or 10' out of 10.

Participant Experience: CAHPS-Home and Community Based Services Service Delivery Composites

Measure	Item
Staff are Reliable and Helpful	<ul style="list-style-type: none">• Come to work on time• Stayed as long as supposed to• Substitute when called off• Personal privacy
Staff Listen and Communicate Well	<ul style="list-style-type: none">• Courtesy and respect• Explanations hard to understand• Treated you the way you wanted• Explained things• Listened carefully• Knew what you needed
Transportation to Medical Appointments	<ul style="list-style-type: none">• Able to get to appointments• Able to get in/out of ride• Ride was on time

Note: Selected items used to construct composites to reduce respondent burden.

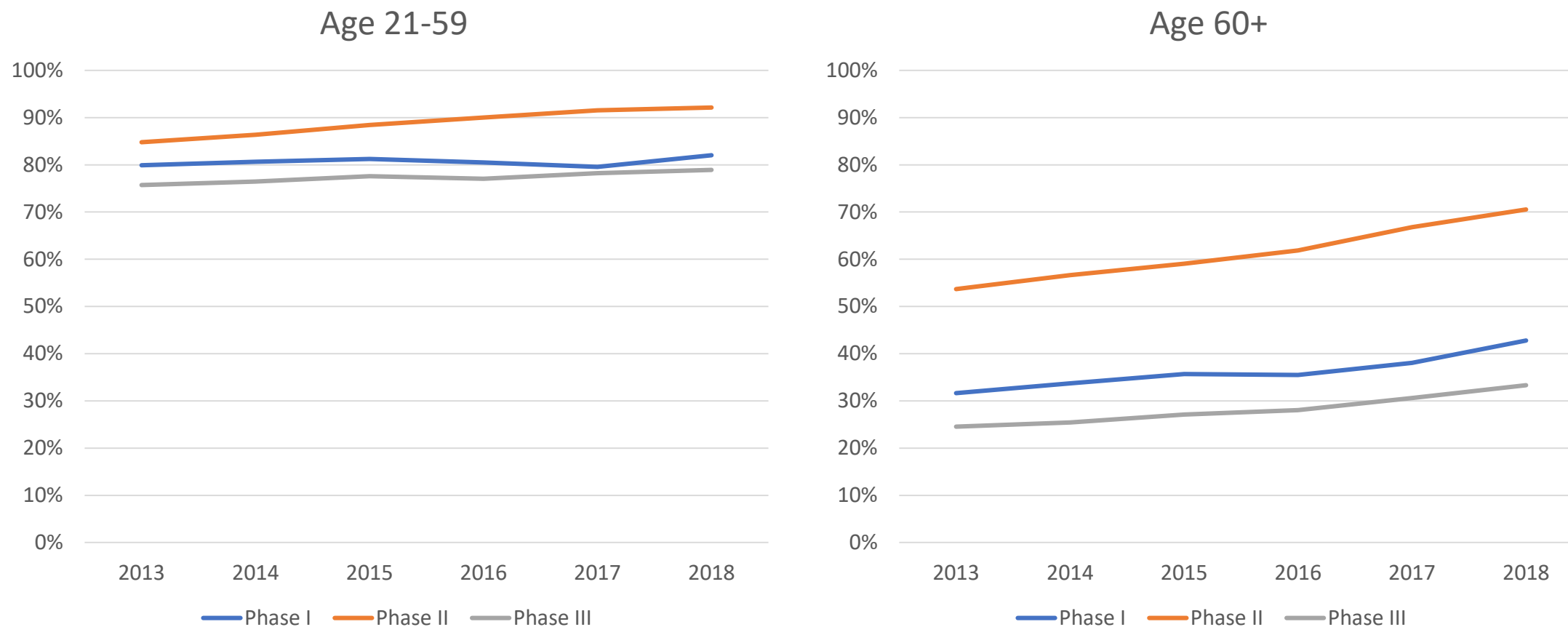
Participant Experience: Service Delivery Composite Scores



Quantitative Analysis: Medicaid Administrative Data

- Medicaid enrollment data for full state from 2016 to 2018
- Claims for HCBS use:
 - Personal attendant services (PAS)
 - Adult Day Care
 - Home Delivered Meals
- Constructed Measures:
 - Rebalancing
 - Service Use by type of service

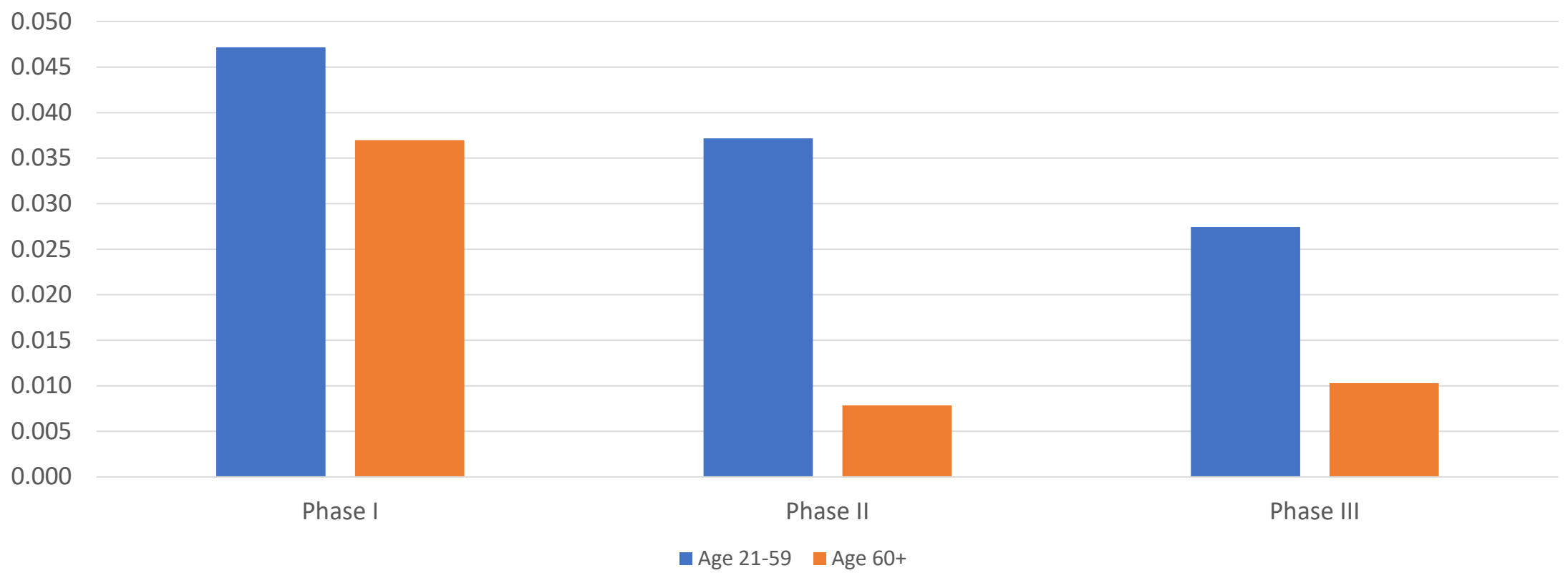
Quantitative Findings: Percent of LTSS Participants in HCBS (2013-2018)



Note: Estimates based on December of each year.
Source: Medicaid enrollment data 2013 to 2018.

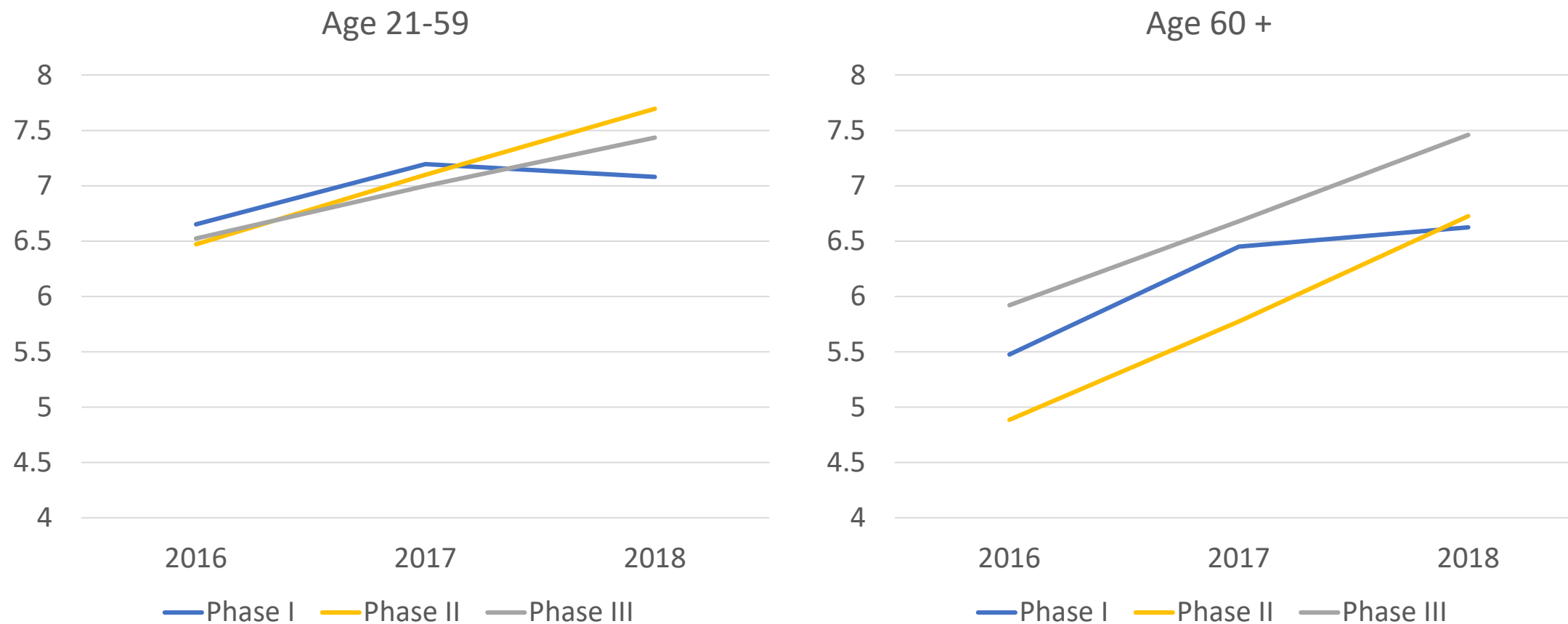
Quantitative Findings: Increased Community Living for people with LTSS Needs

Change in Percentage of HCBS Participants from 2017 to 2018



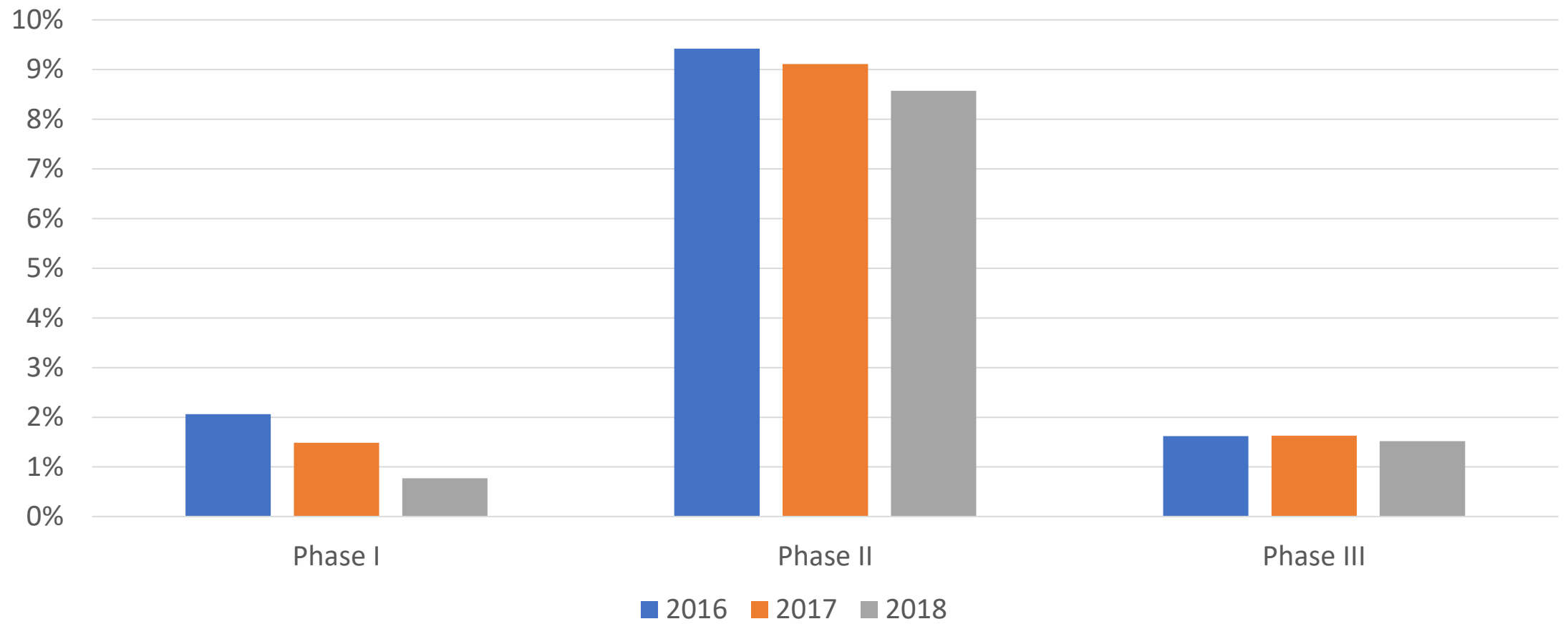
Note: Estimates based on December of each year.

Quantitative Findings: Personal Attendant Service Hours Per Person Per Day



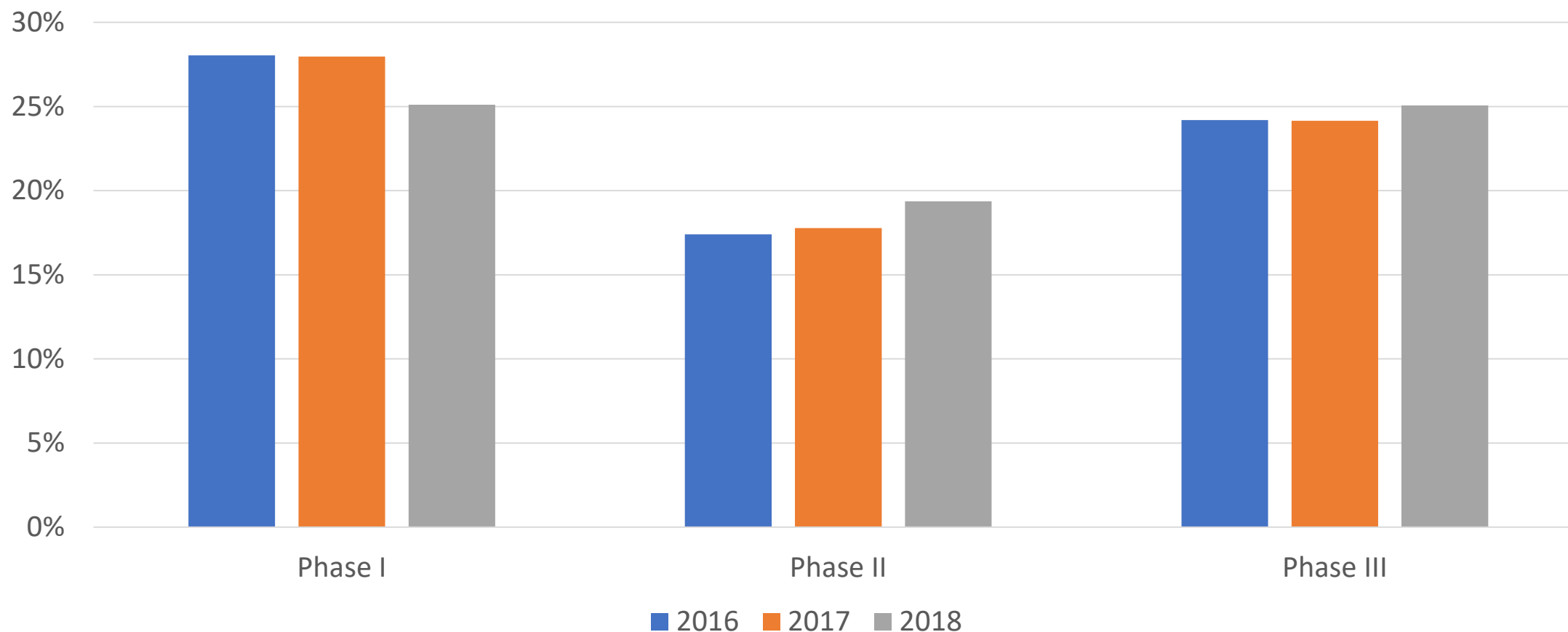
Source: Medicaid enrollment and claims data 2013 to 2018.

Quantitative Findings: Adult Day Care Use Among HCBS Users Age 60+



Note: Any Adult Day Care Use per Person per Month
Source: Medicaid enrollment and claims data.

Quantitative Findings: HCBS Use Home Delivered Meal Use Among HCBS Users Age 60+



Note: Any Meal Use per Person per Month
Source: Medicaid enrollment and claims data.

Summary

- HCBS utilization in 2018 shows MLTSS controlled growth in PAS hours, drops in other service categories
 - Access to activities is stable
- However, satisfaction remains high and shows improvement from 2017 to 2018
- Participant well-being is stable or improving
 - Self-rated health stable or slight declines
 - Moderate to severe depressive symptoms decline
 - Overall well-being is stable
- Future analysis:
 - Medical utilization
 - Focus on Fee-for-Service Dual Eligible
 - Nursing home placement
 - Analysis of PAS use with adjustment for physical and cognitive function
- Other reports:
 - Focus groups
 - Qualitative Interviews with Key Informants
 - Provider Surveys

What have we learned so far?

Improvements

- Increase communication to Participants, Providers, MCOs and Stakeholders
- Increase engagement with all Stakeholders (Participant and Provider Listening Sessions, MLTSS Subcommittee)

Manage Care Organization Engagement

- Quarterly Quality Review Meetings / Quarterly Dual-Special Needs Plans
- Individual Weekly Meet with Contract Managers
- Jointly Present Data on Progress and Identify Opportunities for Improvements

Medicaid/Medicare Data Integration

- Understanding utilization and outcomes for the CHC population which is 93% dual requires using both data sources
- NCQA Medicaid and Medicare Benchmarks (comparison)
- Better health outcomes for CHC Participants

Resource and Contact Information

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POLICY
INSTITUTE

**MEDICAID
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CHC Evaluation Plan:

<http://www.healthchoices.pa.gov/info/resources/publications/community/evaluation-plan/index.htm>