Pennsylvania’s MLTSS Program
Results from Implementation Evaluation

2020 Virtual Home and Community-Based Services Services Conference

December 3, 2020

Wilmarie González, Bureau Director
Quality Assurance & Program Analytics
Email: wigonzalez@pa.gov
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.

Pennsylvania’s MLTSS Program since 2018
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

- 93% Dual-Eligible
  - 15% Duals in Waivers
  - 63% NFI Duals
  - 20% in Waivers
  - 17% in Nursing Facilities

- 6% Non-duals in Waivers
  - 2% Non-duals in Nursing Facilities

Total CHC Population: 454,045

- 15% Duals in Nursing Facilities: 69,036
- 6% Non-duals in Waivers: 26,293
- 2% Non-duals in Nursing Facilities: 7,137
Data Impacted on PA’s MLTSS Program

Quality Approach

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

- Critical Incidents
- Performance Measures
- Consumer & Provider Surveys
- External Quality Review
- Performance Improvement Projects
- Value-Based Payment (future)
- Independent Evaluation

- Network Standards
- Monitoring & Compliance
- Grievances & Appeals
- MCO Operations Reports
- Consumer & Provider Surveys
- External Quality Review
- Performance Improvement Projects
- Value-Based Payment (future)
- Independent Evaluation

- CHC Quality

- Network Standards
- Monitoring & Compliance
- Grievances & Appeals
- MCO Operations Reports
- CHC Quality

- Critical Incidents
- Performance Measures
- Consumer & Provider Surveys
- External Quality Review
- Performance Improvement Projects
- Value-Based Payment (future)
- Independent Evaluation

- CHC Quality
QUALITY MEASURES SUBMITTED BY MCOS

STANDARDS TO BE MET
- MODIFIED LTSS-REBALANCE
  » NF + HCBS
- BEHAVIORAL HEALTH
- DENTAL
- OPERATION REPORTS

TIMING
- SUBMISSION: ONGOING
- SUBMISSION: SEMI-ANNUALLY STARTING IN JULY 2020

PA-SPECIFIC MEASURES

PERFORMANCE IMPROVEMENT PROJECTS
- NURSING HOME TRANSITIONS REBALANCE
- CARE COORDINATION
  » FH, MEDICAID, MEDICARE, BEHAVIORAL HEALTH, INTEGRATED CARE PLANS (FUTURE)

NATIONAL QUALITY MEASURES
- HEDIS
- LTSS MEASURES
  » CAU, CPU, SCP, RAC
- PARTICIPANT SURVEYS
  » CAHPS HF, HCBS CAHPS

**Feedback and continual reporting to be in conjunction with PPD."
Pennsylvania’s Community HealthChoices: Early Findings from a Mixed Methods Evaluation

Howard Degenholtz, PhD
Lead Evaluator

Medicaid Research Center
University of Pittsburgh

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

Focus Groups with Participants

Analysis of Administrative Data

Participant and Caregiver Interviews

Key Informant Interviews with Stakeholders

LTSS Provider Survey

Focus on Two Data sources
Phased Rollout

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

- Phase I: 1/1/2018
- Phase II: 1/1/2019
- Phase III: 1/1/2020
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

Percent Female

<table>
<thead>
<tr>
<th>Group</th>
<th>Pre-CHC</th>
<th>Post-CHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCBS 21-59</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCBS 60+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-HCBS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Participant Demographics: Race

- Pre-CHC
  - HCBS 21-59
  - HCBS 60+
  - No HCBS

- Post-CHC
  - HCBS 21-59
  - HCBS 60+
  - No HCBS

Legend:
- Non-Hispanic White
- Non-Hispanic Black
- Other
Participant Demographics: Living Alone

- HCBS 21-59
- HCBS 60+
- Non-HCBS

Pre-CHC vs Post-CHC
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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Manager is Helpful</td>
<td>• Able to contact</td>
</tr>
<tr>
<td></td>
<td>• Help with equipment</td>
</tr>
<tr>
<td></td>
<td>• Made changes to services</td>
</tr>
<tr>
<td>Choosing the Services that Matter to you</td>
<td>• Service plan included important items</td>
</tr>
<tr>
<td></td>
<td>• Staff know your service plan</td>
</tr>
<tr>
<td>Personal Safety and Respect</td>
<td>• Person to talk to if hurt</td>
</tr>
<tr>
<td>Planning Your Time and Activities</td>
<td>• Take part in deciding what to do with time</td>
</tr>
<tr>
<td></td>
<td>• Take part in deciding when to do things</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff are Reliable and Helpful</td>
<td>• Come to work on time</td>
</tr>
<tr>
<td></td>
<td>• Stayed as long as supposed to</td>
</tr>
<tr>
<td></td>
<td>• Substitute when called off</td>
</tr>
<tr>
<td></td>
<td>• Personal privacy</td>
</tr>
<tr>
<td>Staff Listen and Communicate Well</td>
<td>• Courtesy and respect</td>
</tr>
<tr>
<td></td>
<td>• Explanations hard to understand</td>
</tr>
<tr>
<td></td>
<td>• Treated you the way you wanted</td>
</tr>
<tr>
<td></td>
<td>• Explained things</td>
</tr>
<tr>
<td></td>
<td>• Listened carefully</td>
</tr>
<tr>
<td></td>
<td>• Knew what you needed</td>
</tr>
<tr>
<td>Transportation to Medical Appointments</td>
<td>• Able to get to appointments</td>
</tr>
<tr>
<td></td>
<td>• Able to get in/out of ride</td>
</tr>
<tr>
<td></td>
<td>• Ride was on time</td>
</tr>
</tbody>
</table>

**Note:** Selected items used to construct composites to reduce respondent burden.
Participant Experience: Service Delivery Composite Scores

Staff are Reliable and Helpful (Composite)

Staff listen and communicate well (composite)

Transportation to medical appointments (composite)

Pre-CHC  Post-CHC (2019)
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)

**Age 21-59**

- Phase I
- Phase II
- Phase III

**Age 60+**

- Phase I
- Phase II
- Phase III

*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

Wilmarie González, Bureau Director
Pa Dept. of Human Services
Office of Long-Term Living
Email: wigonzalez@pa.gov
Telephone: (717) 783-7716

Howard B. Degenholtz, PhD, Lead Evaluator
University of Pittsburgh
Department of Health Policy and Management
Graduate School of Public Health
Center for Bioethics and Health Law
Health Policy Institute
Medicaid Research Center
Email: degen@pitt.edu
Telephone: (412) 624-6870

CHC Evaluation Plan: