

# Pennsylvania's Transition to Medicaid Managed Long-Term Services and Supports

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# Pennsylvania's Perspective

Wilmarie González

# 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**

**69,036**

Duals in Nursing  
Facilities

**6%**

**26,293**

Non-duals in  
Waivers

**2%**

**7,137**

Non-duals in  
Nursing Facilities

# PA's Value in a Long-Term Evaluation

- Collaborate in the **plan design** with internal and external feedback
- Continuous **exchange of findings and/results** from interviews, focus groups, surveys and analysis of administrative data in real-time
- Helped **improve communication** between participants, providers, MCOs and key stakeholders pre—post—steady state of implementation phases for program
- Identified **opportunities for improvements** impacting participants and providers during implementation
- Demonstrate the **impact** of the overall program

# MLTSS

# Long-Term Evaluation Plan

Howard Degenholtz

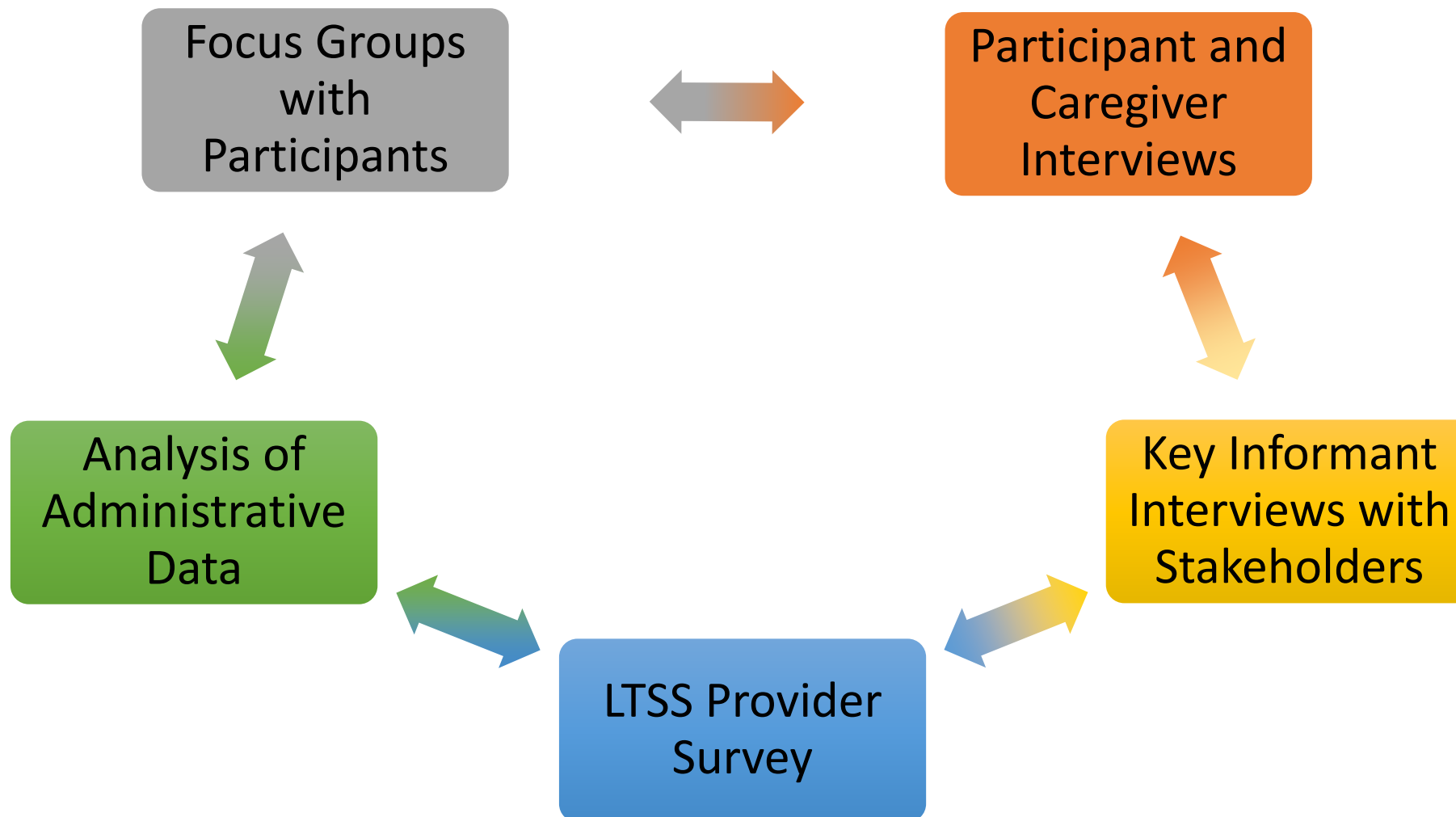
# Study Team

- Keri Kastner – Project Coordinator
- Qualitative Analysts
  - John Yauch, MPH
  - Nora Bridges, PhD
  - Teresa Beigay, DrPH
- Survey Research Center
  - Todd Bear, PhD
- Health Services Research Data Center
  - Atulya Dharmaraj
  - Dan Ricketts
- Quantitative Analysts
  - Jie Li, PhD
  - Lingshu Xue, PhD
  - Michael Sharbaugh, MPH
  - Damian DaCosta, Doctoral Candidate
- Medicaid Research Center
  - Evan Cole, PhD
  - Julie Donohue, PhD

# Overview

- The Medicaid Research Center is conducting a 7-year 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 Experience
    - Enrollment Experience
    - Activities and Well-Being
    - Focus Groups – Phase III Implementation (Winter 2020)
  - Provider Experience
    - Qualitative Interviews
  - Administrative Data:
    - Rebalancing (2016-2018)
    - HCBS Use (2016-2018)
    - Nutritional Assistance (2017-2018)
  - COVID-19
    - Provider Impact

# Evaluation Overview

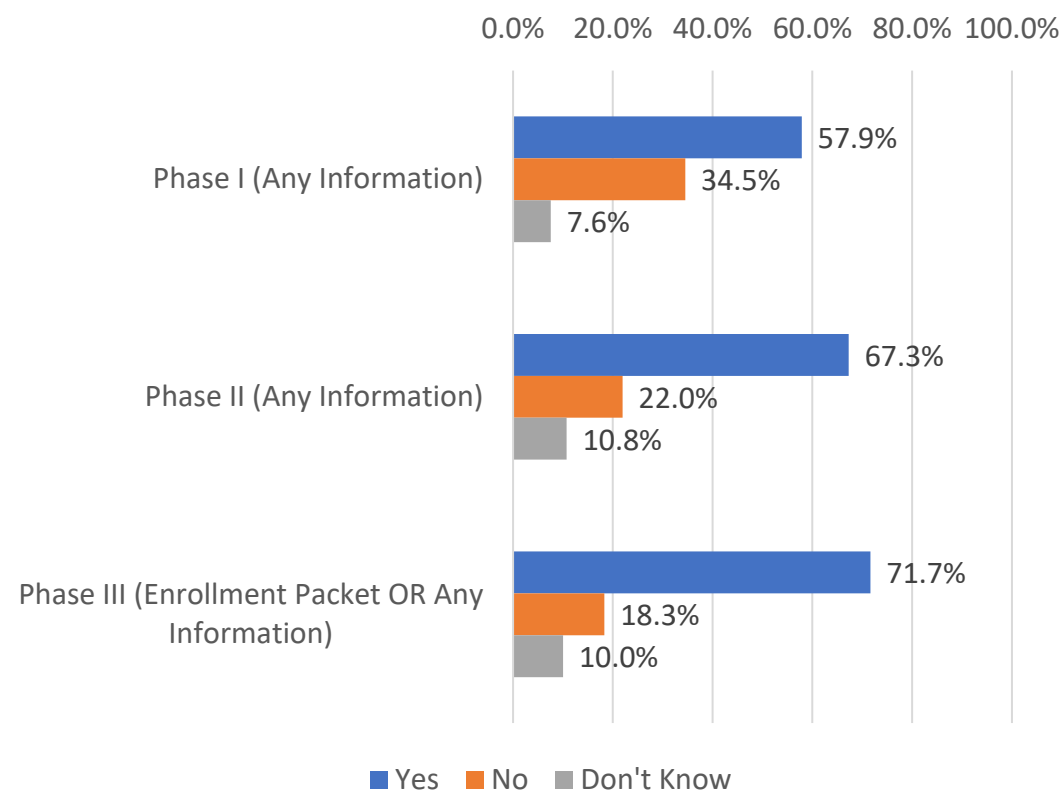




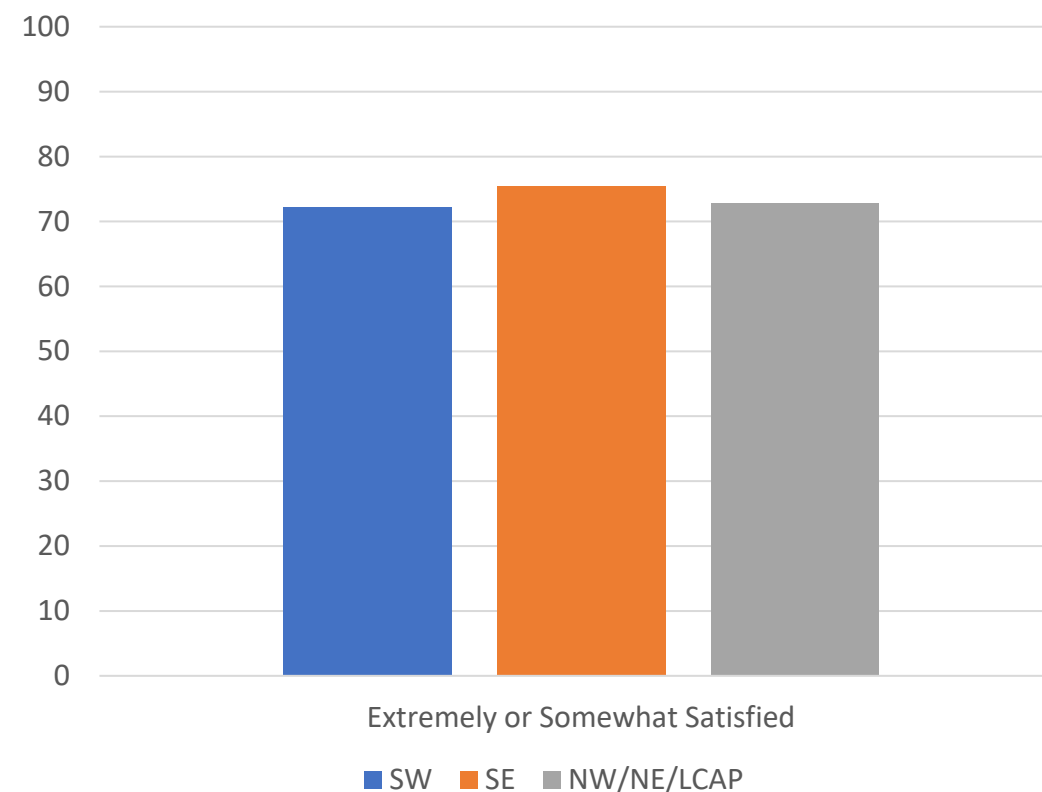
# Participant Experience Telephone Interviews (2017-2020)

# Overall CHC Enrollment Process: Interviews Conducted in January-March 2018/2019/2020

## Did You Receive Information about CHC?



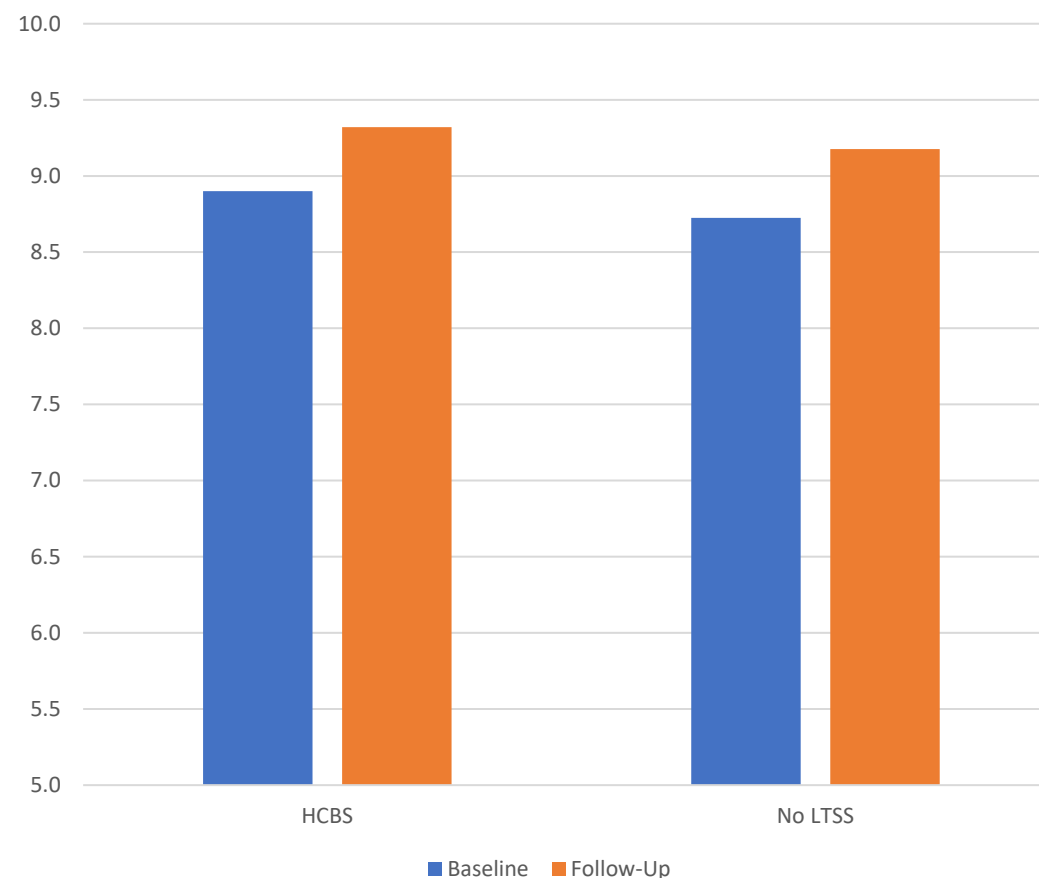
## How Satisfied were you with Information?



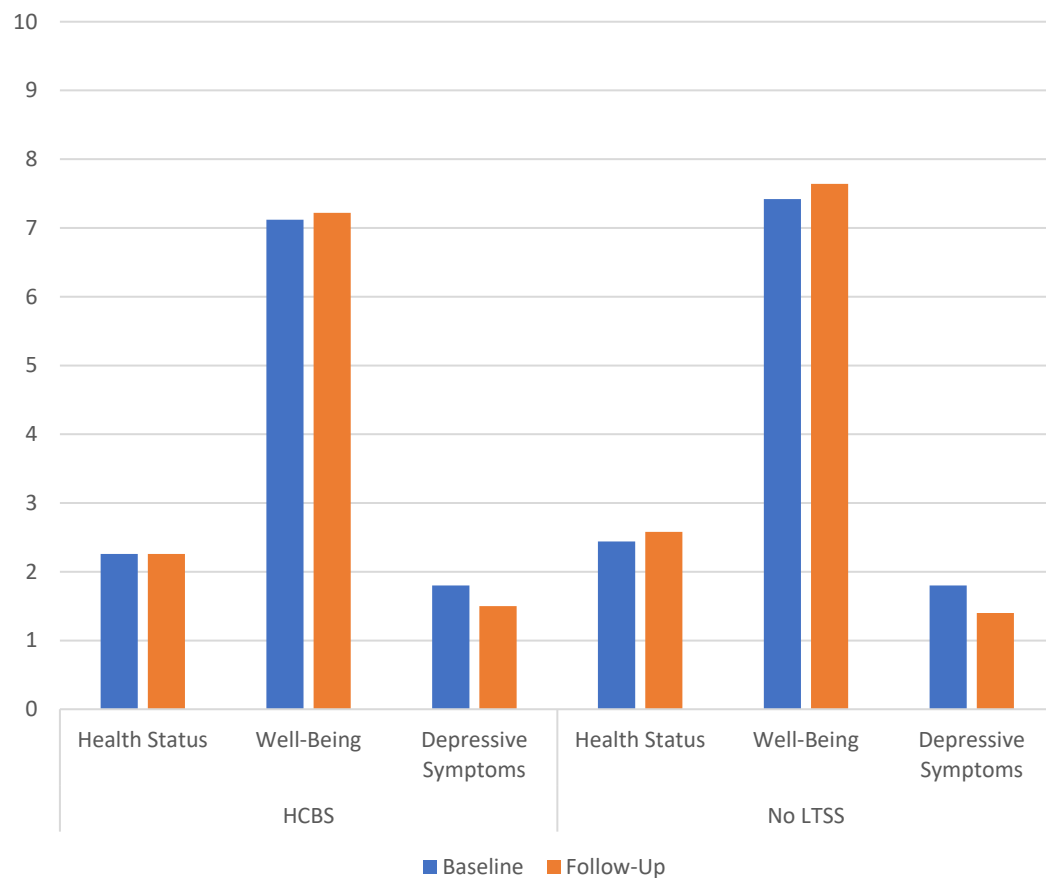
Note: in Phase II and III participants were asked if they had received an enrollment packet. If they said No or Don't Know, they were asked if they had received any information about CHC.

# Participant Experience with Phase I Implementation: Engagement in Preferred Activities

- Phase I Interviews:
  - Baseline: January 2019-March 2018
  - Follow Up: July 2019-October 2019
- Did Participant:
  - Visit friends and family
  - Attending religious services
  - Participate in clubs, classes or other organized activities
  - Entertainment
- Weighted based on the importance placed on each activity
  - not important (1)
  - somewhat important (5)
  - very important (10)

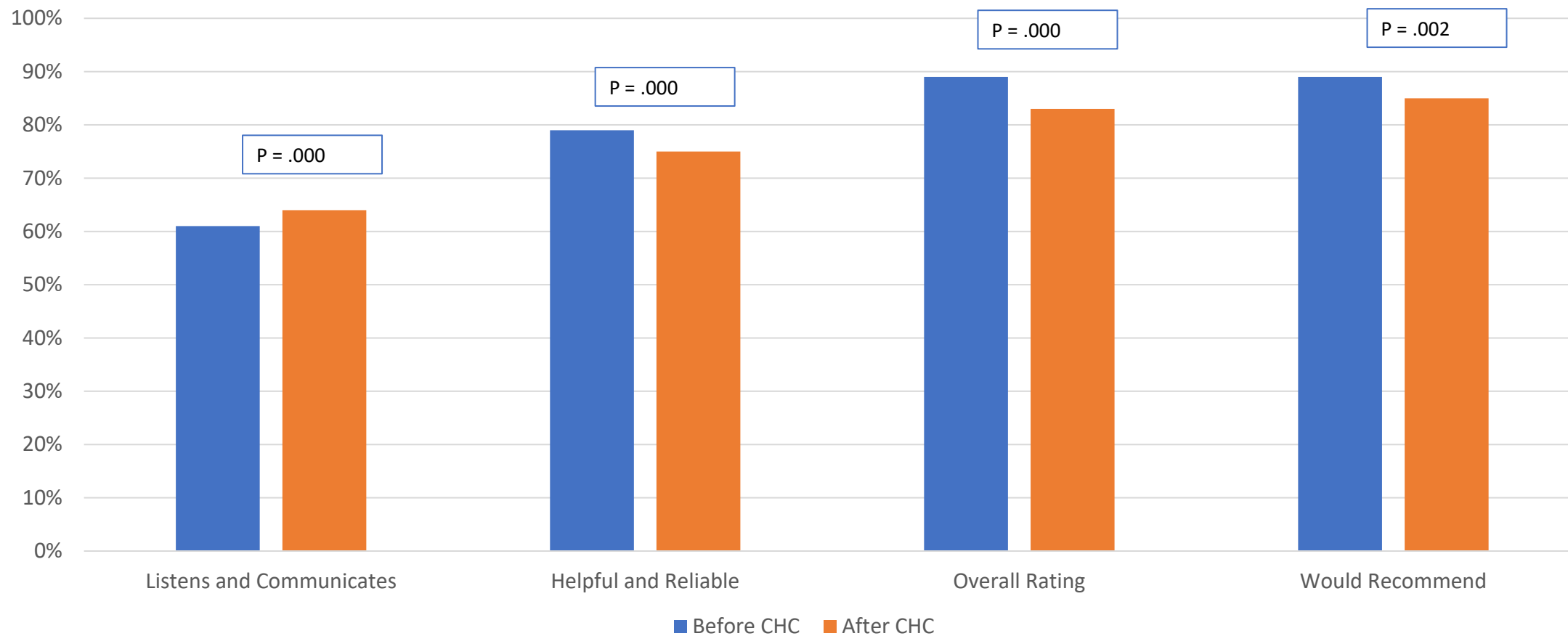


## Participant Experience with SW Implementation (2018): Participant Health Status, Well-Being and Depression



- Health status (1-5)
  - Excellent, very good, good, fair poor
- Psychological Well-being (1-10)
  - mood, meaning, and control
- Depressive symptoms:
  - PHQ-9
  - Percent with probable depression

# Overall Summary: Personal Attendant Services



Note: Models control for race, age, and gender.

**Summary:**

- 1 measure improves
- 3 measures decline

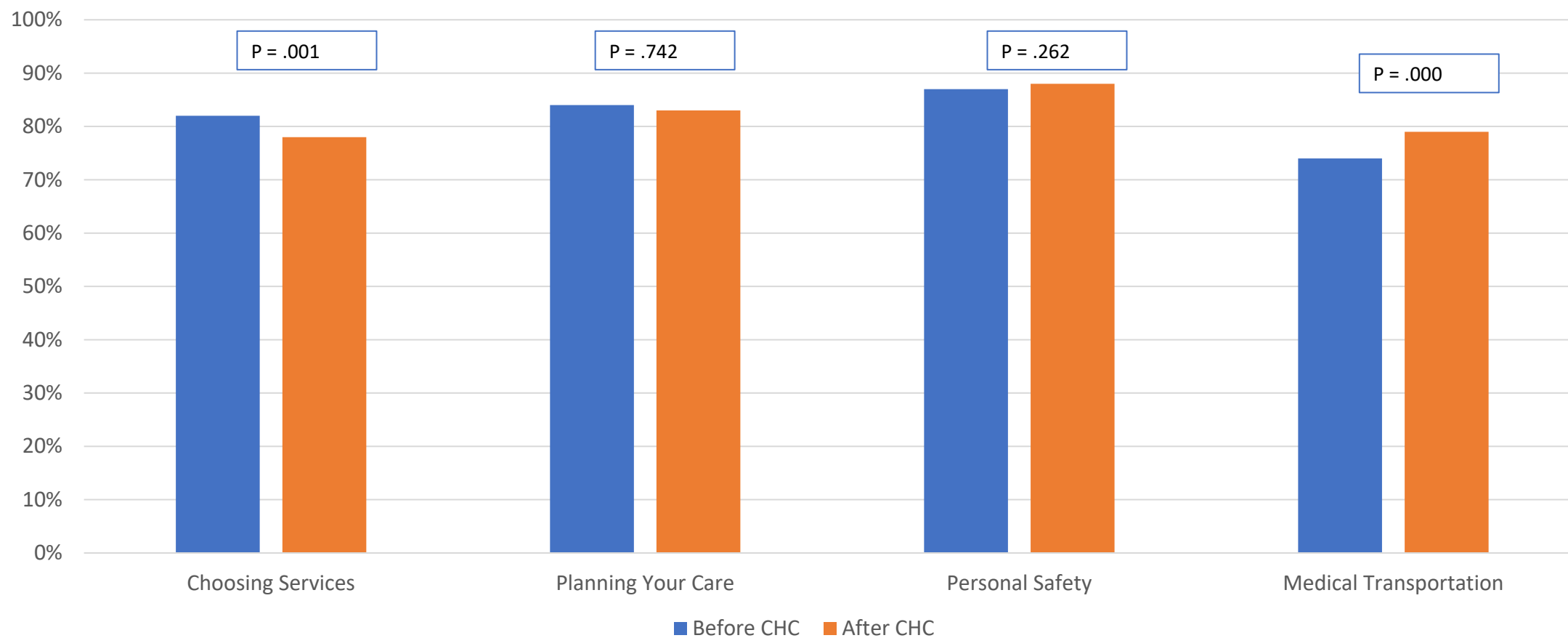
# Overall Summary: Service Coordination

**Summary:**

- 3 measures unchanged

Note: Models control for race, age, and gender.

# Overall Summary: Person Centered Service Planning, Safety, Medical Transportation



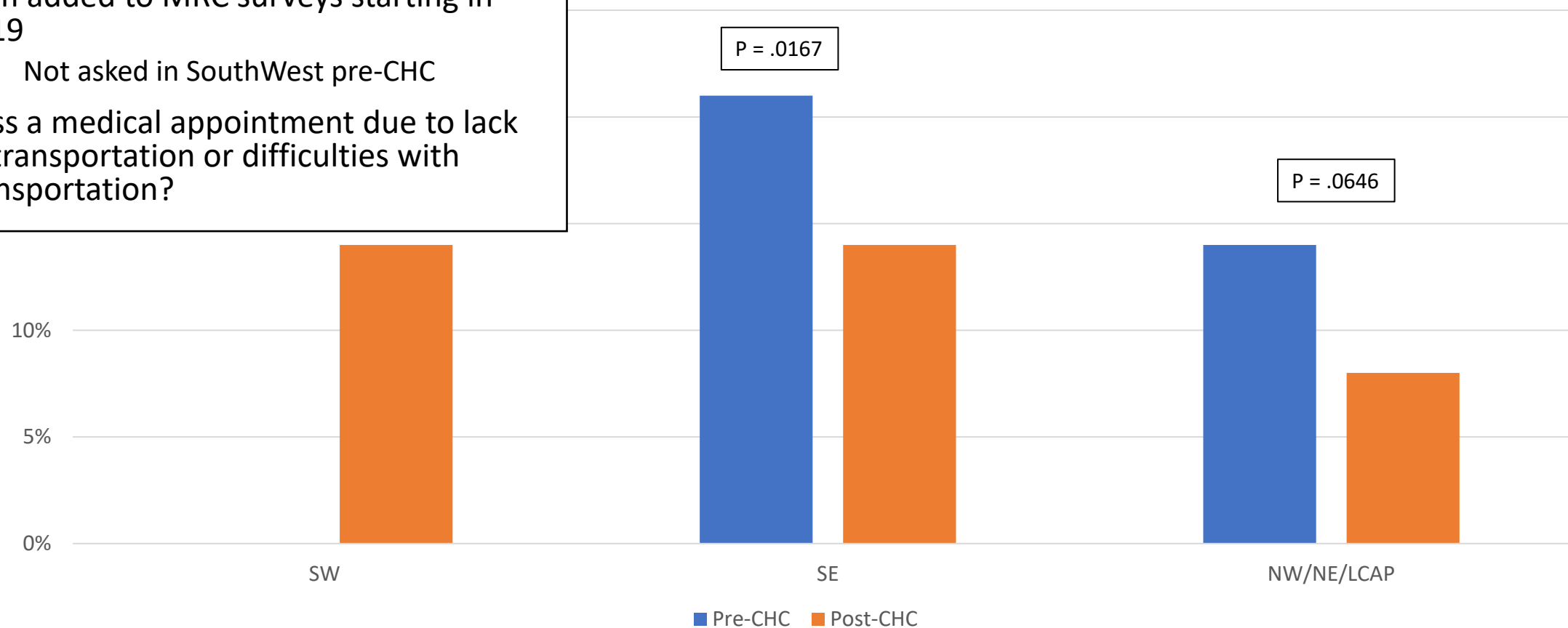
Note: Models control for race, age, and gender.

**Summary:**

- 1 measure improves
- 1 measure declines
- 2 measures unchanged

# Missed Medical Appointments Due to Transportation

- Item added to MRC surveys starting in 2019
  - Not asked in SouthWest pre-CHC
- Miss a medical appointment due to lack of transportation or difficulties with transportation?



Note: Data are from MRC Surveys only. Question was not asked in SW pre-CHC.

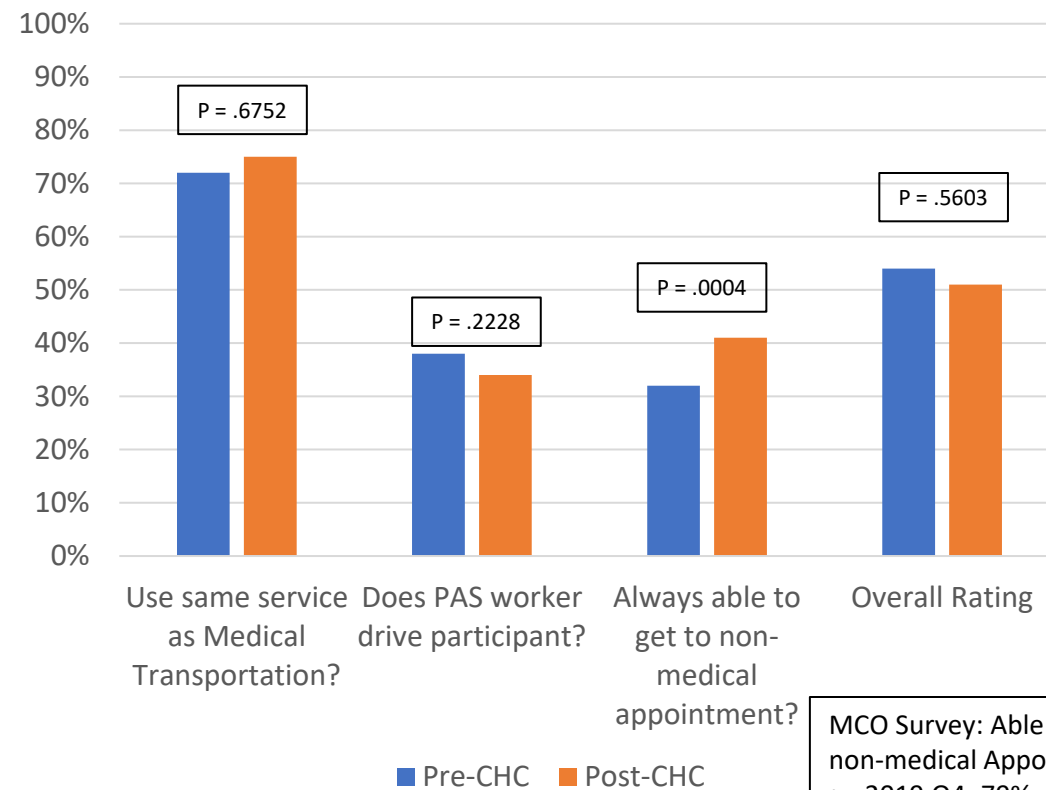


# Non-Medical Transportation

- Questions were added to MRC surveys after 2018 interviews were conducted
  - Pre-post comparisons only possible for SE and NW/NE/LCAP
- Single Question added to MCO data for 2019 and 2020 surveys
  - Wording is different than MRC survey
  - Compare trend, but direct comparison not possible
- Use same service as medical transportation?
- Does PAS worker drive?
- Able to get to non-medical appointments?
- Overall Rating of Transportation
  - 0 = worst / 10 = best

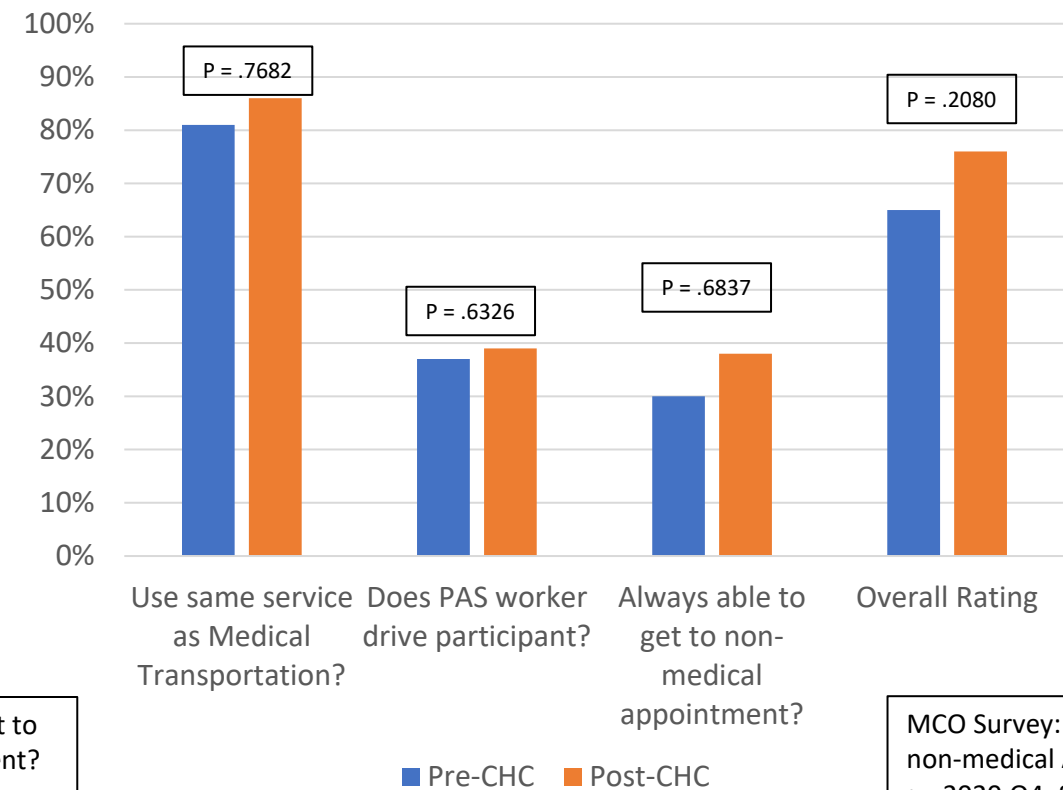
# Non-Medical Transportation

## SouthEast



MCO Survey: Able to get to non-medical Appointment?  
 • 2019 Q4: 79%  
 • 2020 Q4: 84%

## NW/NE/LCAP



MCO Survey: Able to get to non-medical Appointment?  
 • 2020 Q4: 85%

Note: Data are from MRC Surveys only. Questions were not asked in SW pre-CHC.

# Qualitative Interviews with Key Informants (2020 - 2021)

# Impact of CHC on Service Coordination: Interviews with SC Agency Directors

- Background:
  - CHC-MCOs implemented a hybrid model of service coordination
  - Service coordination is an administrative function of the MCOs
  - Hybrid model of internal and external (partner) SCEs
  - CHC-MCOs have discretion to contract with qualified SCEs
- The number of contracted partner SCEs decreased over time
  - By Q4 2020, there were 35 distinct partner SCEs
  - Moving into 2021, there were 17 distinct partner SCEs

Count of SCE Contracts with each MCO in January of Each Year

	MCO		
Year	AmeriHealth Caritas/ Keystone First	PA Health and Wellness	UPMC
2018	45	129	34
2019	39	73	6
2020	29	10	65
2021	11	10	6

# Impact of CHC on Service Coordination: Themes

1. Staff Turnover
  - Many SCEs reported losing staff to the CHC-MCOs
  - *“what was challenging was the significant amount of turnover of staff because of the MCO hiring...at all levels.”*
2. Communication and Training
  - Some SCEs were very positive
    - *“Everybody we've dealt with at (MCO) has been very knowledgeable, very easy to communicate with, very helpful; so you know I've seen it as a positive experience.”*
  - Challenging to learn three systems
  - *“We didn't get a lot of training as far as how to use their documentation systems, so we didn't know what to expect for documentation, but we knew it was going to be different for all three and we knew it was going to be a challenge.”*
3. Personal Assistant Services hours reduced
  - PAS hours have been reduced by the CHC-MCOs
  - *“yeah, there has been a shift toward a decrease in hours.”*
4. Assessments and authorizations
  - Very lengthy assessments and authorizations take too long
  - *“their assessments and process and documentation and authorizations were taking SC's upwards of five hours per participant”*

# Impact of CHC on Nursing Homes: Interviews with Administrators

- Interviews conducted 2020-Q1 2021
- Financial Impact
  - Rate setting- many SNFs interviewed reported that they were being paid based on the 'floor rate' but did not have much opportunity to negotiate
  - Positive and negative
    - "honestly I think its better, I think we're getting payments quicker, I think its coming in a better method."
    - "the financial impact has been negative"
- Staffing Issues
  - More demanding workload for social services staff
- Behavioral Health Coordination
  - Administrators interviewed were not familiar with behavioral health care benefits
- Billing and Eligibility
  - Much improved
    - "We've seen a much quicker turnaround in people's eligibility and payment."
- COVID-19
  - Increased workload, increased costs, staffing issues
- Transportation
  - Message seems to be resonating with the SNFs that transportation is not covered
    - "I'd think we have to pay. We have to absorb that in our budget."
- MCO Communication and Interaction
  - Improved over time
    - "We have a positive relationship with them....I think we get along with them well."
- Nursing Home Transition
  - Not much change since prior to CHC
    - "NHT was supposed to be one of the pushes with CHC. But in all reality, there's nowhere for these residents to go."

# Impact of CHC on Adult Day Centers: Interviews with Agency Directors

- Interviews conducted 2020-Q1 2021
- Underutilized in CHC
  - Not enough education about the concept of adult day services
  - Referrals- low to no volume
- Virtual Services
  - Some are providing virtual services and would like official authorization from the CHC-MCOs
- Service Coordination
  - SCs are changing frequently and no dedicated contact person
- Billing
  - Different systems for billing
  - Quicker payment
  - Some are still owed money for past services provided
- COVID-19
  - Many centers are still closed
  - Many had to furlough staff
  - Vaccinations for staff have commenced

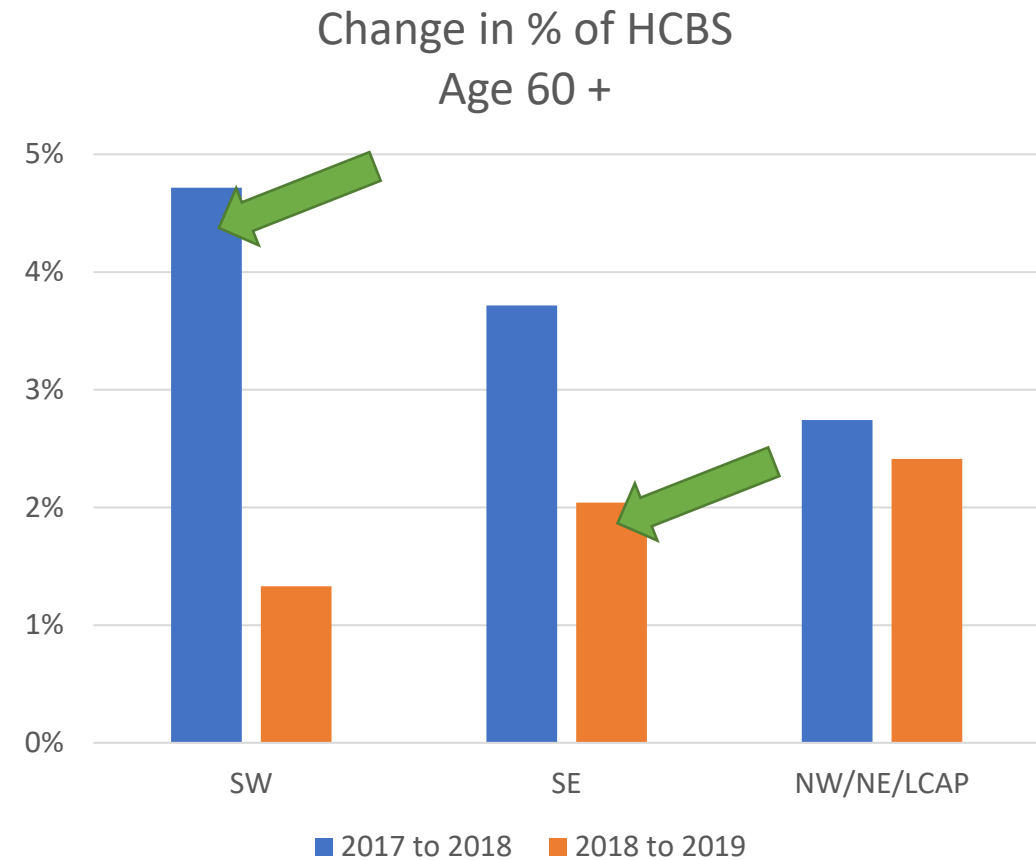
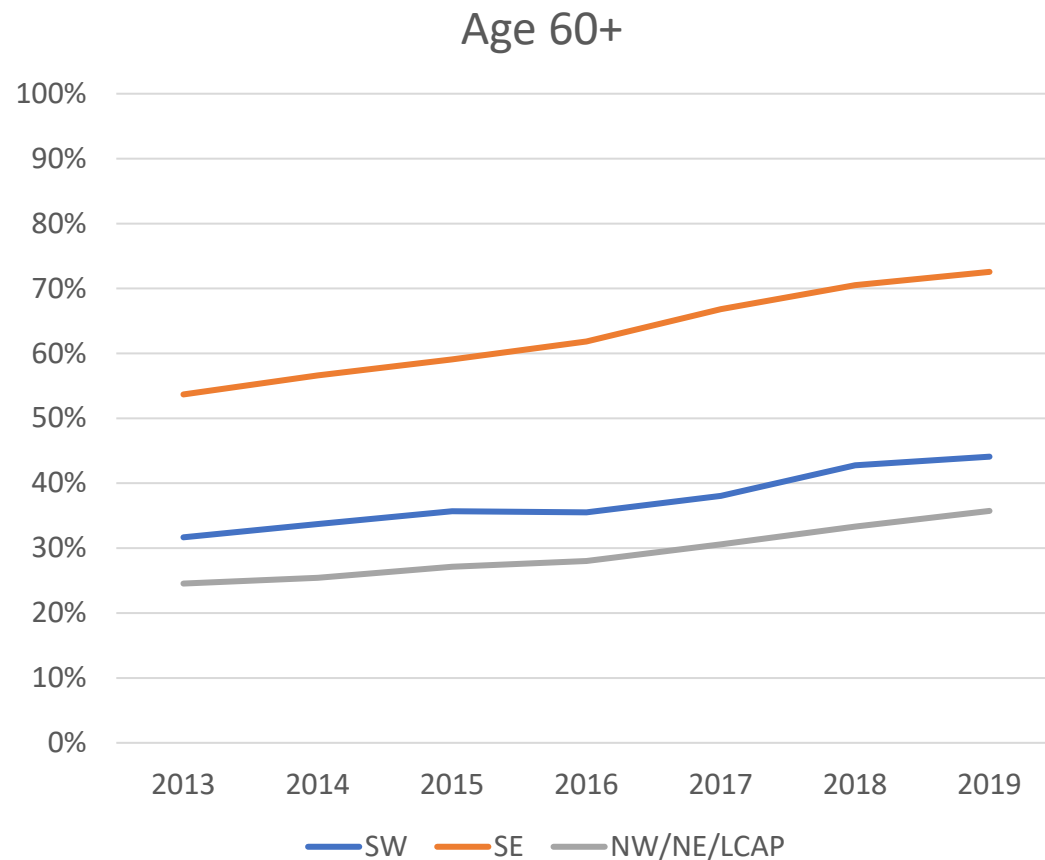
# Impact of CHC on Home Care Agencies (PAS): Interviews with Agency Directors

- Volume of homecare providers entering the market is still increasing
- Staffing Issues
  - COVID-19 has exacerbated those issues
- Still some challenges with billing and authorizations
- COVID-19
  - PPE costs have risen
  - Staff shortages



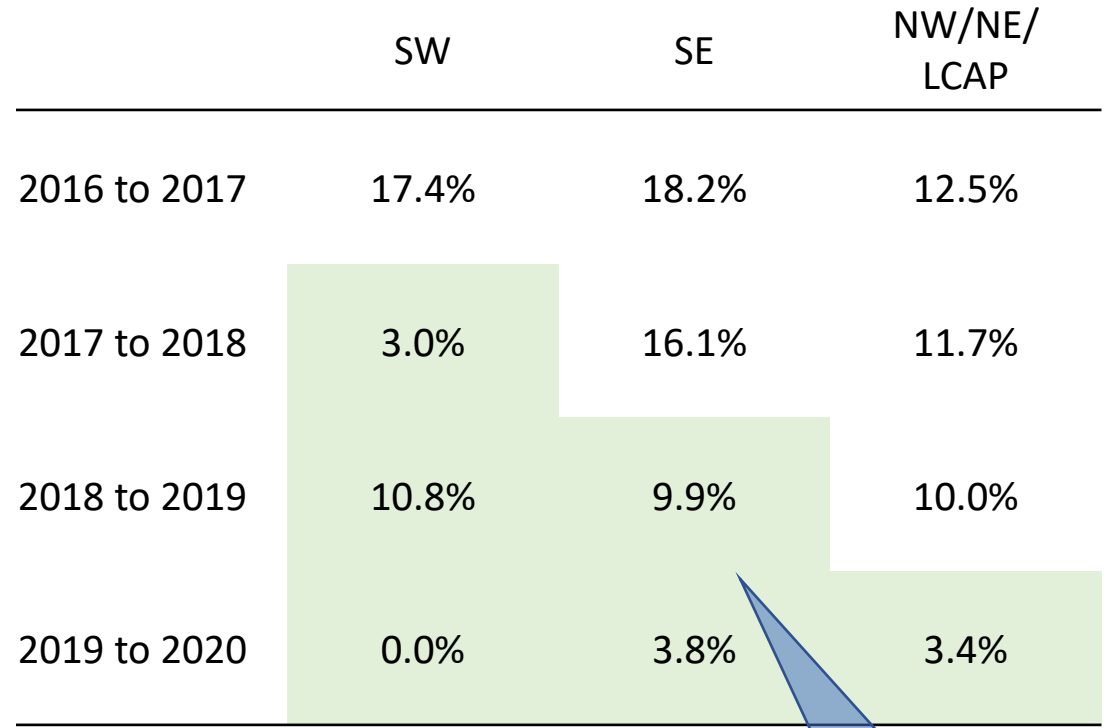
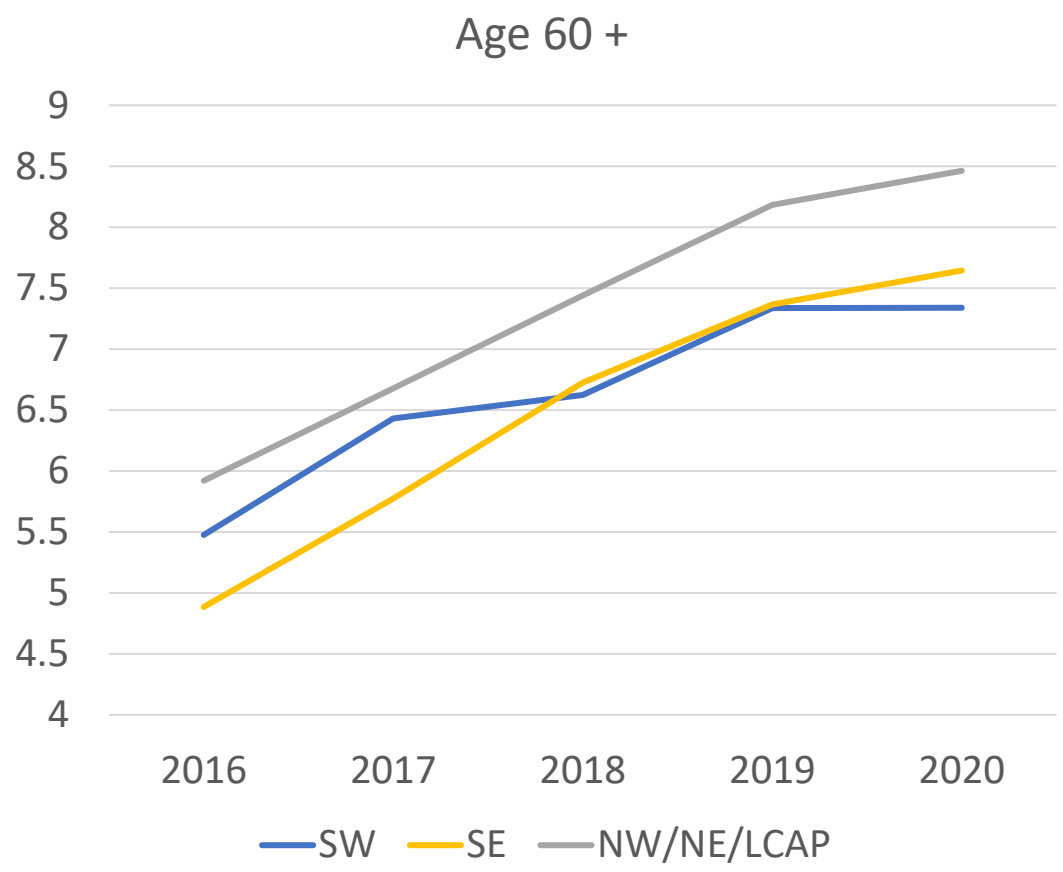
# Quantitative Analysis of Medicaid Claims Data (2016 to 2019)

# 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.

# Average Personal Attendant Service Hours Per Person Per Day (2016 to 2020 Q2)



Note: Pre-CHC Changes re shaded in blue. Post-CHC changes are shaded in green.

Post-CHC increases are smaller than prior to CHC.

Source: Medicaid enrollment and claims data 2016 to 2020.

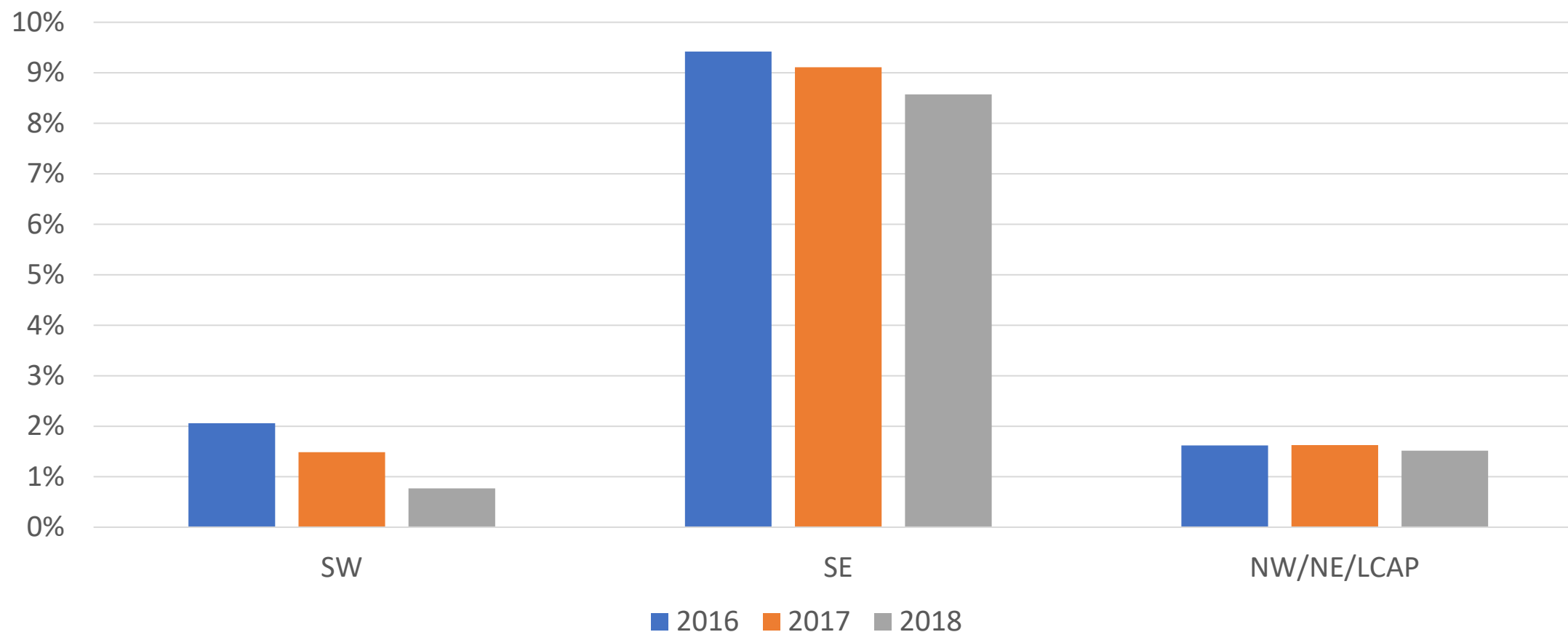
# Percent of Participants Experiencing a Decrease of at Least One Billed Hour Per Day Compared to Prior Year

Slightly more decreases under CHC than in FFS

	2018	2019	2020*
SW	10.38%	6.4%	11.41%
SE	4.28%	6.76%	10.9%
NW/NE/LCAP	6.10%	6.82%	10.69%

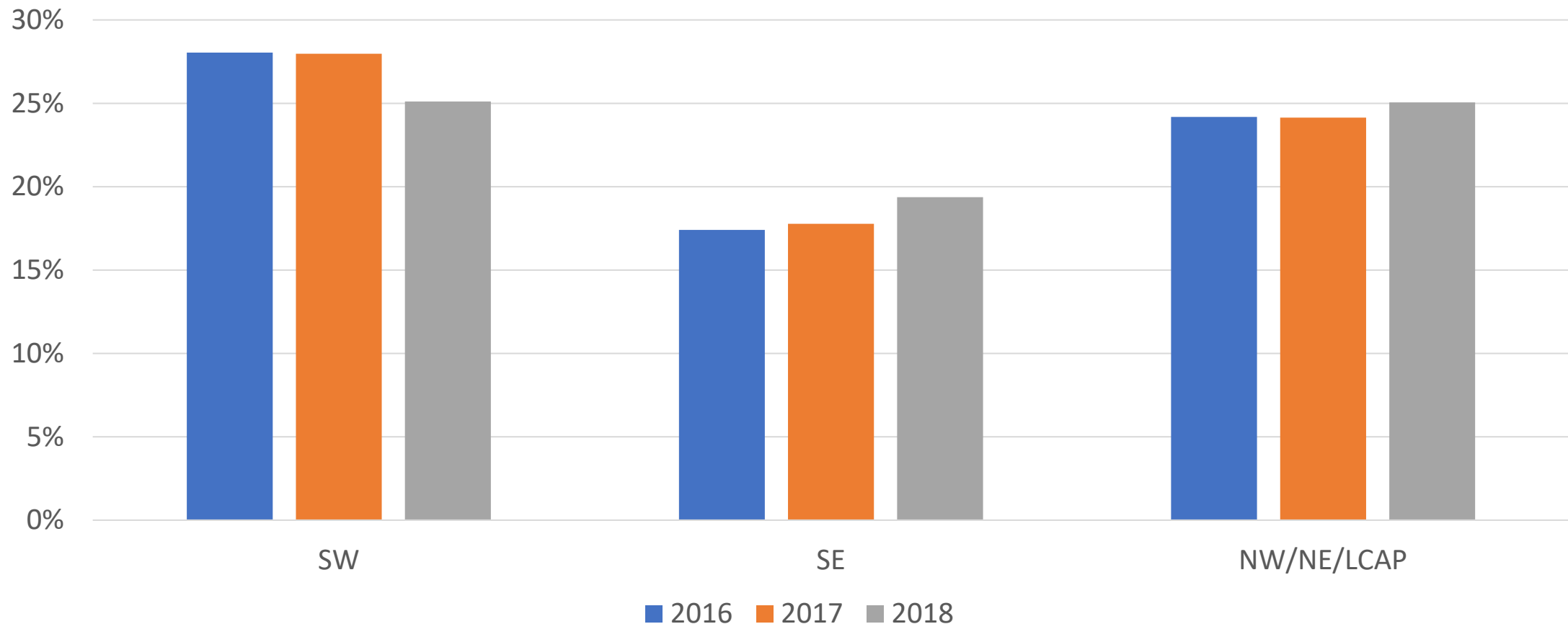
Note: Shaded cells represent CHC Active Regions. \* 2020 represents data through 6/30/2020.

## Quantitative Findings: HCBS Use Adult Day Care Use Among HCBS Users Age 60+ (2016 to 2018)



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

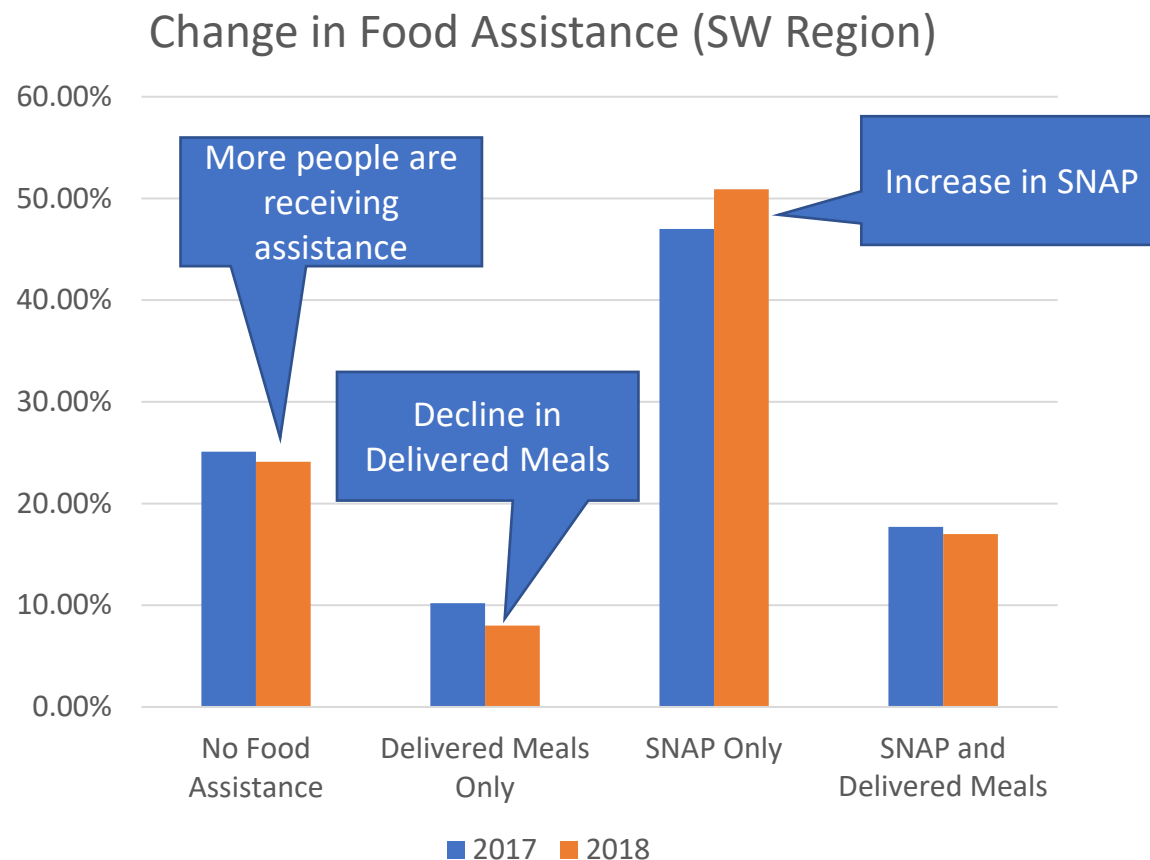
# Quantitative Findings: HCBS Use Home Delivered Meal Use Among HCBS Users Age 60+ (2016 to 2018)



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

# Overall Food Assistance Increased in SW Region (2017-2018)

- Supplementary Nutritional Assistance Program (SNAP) data merged with Medicaid enrollment and claims
- Cross-tabulated receipt of any SNAP in each year with receipt of any delivered meals
- Limited to Age 60+ HCBS Participants
- Different patterns by Phase:
  - Phase II: SNAP is basically unchanged
  - Phase III: SNAP increases smaller than in Phase I



# Summary

- Provided real-time feedback to Commonwealth
  - Contact with providers, stakeholders
  - View of overall population in contrast to complaint/appeal process
- CHC changed the role of the traditional AAA/CIL system
  - AAAs conduct eligibility assessments
  - Most have dropped out of service coordination
- Modest growth in HCBS; difficult to distinguish from trend
  - Decreases in personal care hours, ADC use
- Stability in participant reported outcomes
- Provider experience
  - Improvements in billing
  - Disruptions due to service coordination changes
  - Provider outlook drops at first then recovers over time
- Next steps for evaluation:
  - Spending
  - HCBS use adjusted for function
  - Extend analysis of individual change



# Contact Information

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