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*Deceased

July 15, 2009

Secretary John Michael Hall, Esq.
Pennsylvania Department of Aging
555 Walnut Street, 5th Floor
Harrisburg, PA 17101

Dear Secretary Hall,

Thank you for the opportunity to participate in the Consumer Workgroup sessions and to provide comments on the draft design overview document. Some of our concerns and recommendations are noted below:

- We recommend that the “Core Principles for Consumers of Integrated Care in Pennsylvania” that begins on page 7 be expanded to include **Consumer Education, Quality Care and Ability to Resolve Disputes**.
 - ♦ While we are pleased to see an independent ombudsman listed as a core principle and discussion about *quality* and *dispute resolution* later in the draft document, these two issues should be considered core principles in the development and implementation of any integrated care initiative.
 - ♦ In addition to information described later in the draft, **quality care** should include a description of how providers will be monitored and how poor performing providers will be sanctioned.
 - ♦ Provisions for marketing standards and penalties for abuse should be identified during the planning process.
 - ♦ The ability to **resolve disputes** should include both a timely, informal internal and a formal external appeal process if the person/surrogate advocate and the managed care system disagree with a decision.
 - ♦ An expedited process should be made available to accommodate emergencies.
 - ♦ A competent **consumer education** program should be included as a core element.
 - ♦ We recommend professionalizing and broadening the scope and funding of the APPRISE program to provide ongoing **consumer education** as well as outreach beginning at least three months prior to the implementation of the program.
 - ♦ **Consumer education** should include explaining and having the capacity to respond to questions related to estate recovery. Consumers should understand all options to make the best choice possible.

- We recommend that “Appropriate Financial Incentives,” of the core principles on page 8, #7, be expanded to include: “Payments also guard against the dangers of excess profits, **high administrative costs**, or unsustainable losses.” Savings must be made by truly “managing care” and not at the expense of the health and well-being of consumers.



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- Referring to page 8, #8, “Independent Ombudsman,” we recommend that the current (with likely modification) long-term care ombudsman program be considered for this role.
 - ♦ We are aware that the current program does not have the capacity or the necessary independence to fulfill this role. However, now there is an opportunity to establish a truly independent ombudsman program for all long-term care consumers.
 - ♦ We have concerns about creating new access points for consumers; if you are in a nursing home you access your advocate in one place and if you are receiving home care via your SNP, you contact a different advocate. This is likely to cause unnecessary confusion for consumers and may result in having less capacity in the existing programs.
 - ♦ As the long term living programs in Pennsylvania and the nation change, this is a program that should be carefully considered to assist in protecting the rights of consumers.

- On page 12, #5, “What will be Included in the Program?” The lack of reliable transportation is often a problem for those who are dually eligible and is likely to create a barrier to the successful integration of care. We recommend that transportation be included in the list of required services.

- On page 13, “Will long term living services be included right away?” It seems that a phase-in of long term care services into an integrated care plan will create confusion and work against the concept of integrating care. We recommend that program start-up be delayed until providers are able to fulfill all obligations to consumers.

- Referring to page 15, “But won’t the Special Needs Plan medicalize long term living services?” In the final sentence on that page, “The experience suggests that health plans understand the value of community long term living services as an alternative to unnecessary medical services.”
 - ♦ Understanding the *value* versus having the *capacity*, *experience*, and *ability* to successfully implement effective long term living services are two different issues.
 - ♦ We recommend that the program be implemented only when it is clear that the Special Needs Plans are prepared to assume all responsibilities for this vulnerable population.
 - ♦ We further recommend that remedies be put in place to quickly respond to both small and systemic problems related to the new approach to minimize any potential negative consequences for consumers.

- On page 15, “What is the relationship to the Aging 60+ Waiver?” What safeguards will be in place to make certain there will be an adequate number of Waiver slots available in future administrations to ensure true choice?
 - ♦ What will prevent future administrations from limiting the number of Waiver slots requiring consumers to opt for an integrated care plan should they need community based long term living services? We recommend that safeguards be created to protect current and future consumers.

- Referring to page 18, “What will be the role of Area Agencies on Aging?” The role of the Area Agencies on Aging seems ambiguous and should be clarified.

- ◆ What will the dynamics of the relationship be as the Special Needs Plans become an option for consumers, resulting in a reduction in AAA involvement in care management?
- ◆ How will the capacity of the AAA's be ensured to allow for participation in this new industry?
- On page 19, "How will it actually work?" We recommend that a chart or related attachment be included that lists the Commonwealth's requirements pertaining to long term living evaluation, planning, and care management as is done for the quality provisions.
 - ◆ This would help those not familiar with these provisions to have a rudimentary understanding of what will be included.
 - ◆ Care management standards must require care managers to have the ability to initiate services in a timely and direct way without requirements that entail navigating multiple levels of approvals.
 - ◆ Care management must include regular and periodic face-to-face contact and not be exclusively done from a remote location.
 - ◆ Care management must be comprehensive, enhancing and connecting consumers to other systems and services, and it must be available long before the person is presenting for a long term care.
- On page 22, "9. How Will People Find Out About and Get Into the Program?"
 - ◆ We recommend that no assumption be made about moving forward with an independent broker concept until after the listening sessions.
 - ◆ It may not be the best approach in that it may further fragment the system and add yet another person with whom consumers need to share their story.
 - ◆ The APPRISE program should be considered to fill this role. To do this, the APPRISE program would require increased resources to be able to operate more professionally.
 - ◆ If the APPRISE program is not considered, there must be a clearer explanation about the role of the independent broker as well as who would potentially fulfill this role including qualifications before seeking consumer input.
- On page 22, "How will existing members of Special Needs Plans enroll?" Even with the most thoughtful plan in place, we know through experience that passive enrollment will lead to numerous dual eligible persons who will not know or understand that this change will occur or has occurred.
 - ◆ Medicaid beneficiaries frequently face a number of barriers that exacerbate problems associated with passive enrollment such as limited education as well as cultural/language and literacy barriers. Some will not realize that a change has occurred until they are denied access to care or services that had previously been provided or they receive bills for care or services rendered that are no longer covered by their plan.
 - ◆ It is important that the design anticipate the consequences of passive enrollment and include provisions that will prevent any consumer from enduring problems as a result of this process.

- ◆ For example, an expedited process should be in place to ensure that consumers receive timely care, medications, or services if there is a disruption or denial as a result of passive enrollment.
 - ◆ Additionally, no consumer should be responsible for bills that normally would have been covered if not for being passively enrolled.
 - ◆ Finally, there is no mention whether current Special Needs Plan products will still be offered or available after the transition. If not, this needs to be explained to consumers and they should be provided with assistance in enrolling in other alternatives, if desired.
- On page 26, “Grievance and Appeal Processes” should add a chart or related attachment that lists the Medicare and Medicaid requirements pertaining to grievances and appeals as is done for the quality provisions. This would help persons not familiar with these provisions to have a rudimentary understanding of what will be included.
 - On page 28, “How will payments encourage greater use of community services?” While we advocate for and appreciate the greater use of community services, there are times that care in a nursing facility is the best option.
 - ◆ The case describing the need for rehabilitation used in the draft is an excellent example. It is important that Special Needs Plan providers not solely or heavily rely upon poor performing nursing facilities as their approved network for care.
 - ◆ Since consumers may opt out of the plan on a monthly basis, it is important not to create a perverse incentive for Special Needs Plans to encourage consumers to disenroll when they need to access a suitable nursing facility. Provisions should be in place to prevent and monitor this potential problem.

We further recommend that other integrated managed care models such as the Wisconsin Family Care should be explored to help identify the best possible model for Pennsylvania. Should you have any questions or need more information, please contact me at menio@carie.org or 267-546-3434. Thanks again for the opportunity to comment.

Sincerely,



Diane A. Menio
Executive Director