Catholic Health Strategy Summit: Integrating Services for Seniors

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A Passionate Voice for Compassionate Care

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Problems PPACA Tried to Address:

- Lack of coordination among providers, settings
- Patients' problems navigating medical and social worlds, payers and providers
- Current bias toward institutionalization
- LTC as a welfare program
- Nursing home quality problems
- Workforce problems (turnover, training, insurance status)

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Provisions in PPACA Affecting LTC, Post-Acute and Seniors:

1. Care Coordination
2. Medicaid Options to Expand Home and Community-Based Services (HCBS)
3. CLASS Act
4. Payment Changes
5. Nursing Home Reforms
6. Support for Direct Care Workers

1.Care Coordination

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Care Coordination Provisions

- *Center for Medicare and Medicaid Innovation* – Test new payment and delivery models to decrease cost, and improve/preserve quality

- *Medical homes* – Medicaid option, Medicare demo

- *Federal Coordinated Health Care Office* – Improve coordination for Medicare/Medicaid patients; and between federal and state

1. Care Coordination - Continued CHA

Care Coordination Provisions - Continued

- *Bundling pilots* – Flat rate to hospital/post-acute/OP/MD with shared savings

- *Accountable care organizations* – Providers organized for overall care to Medicare patients

- *Re-hospitalization penalties* – Reduced payments for excess/preventable readmissions to hospitals

2. *Medicaid Options to Expand Home* and Community-Based Services (HCBS) CHA

Medicaid Options to Expand Home and Community- Based Services (HCBS)

- Creates options and incentives, not mandates
- Goal to move from LTCFs to home/community

Medicaid Options to Expand HCBS: Examples

- Expanded 2005 State Option for HCBS

- State Balancing Incentive Program: enhanced FMAP to eligible states that increase percentage of persons at home

- Community First Choice: new state option with increased FMAP for attendant care for persons needing institutional level of care

3. CLASS Act

CLASS Act

- Give middle class access to LTC services and supports

- Break connection between LTC and Medicaid

- Create voluntary public insurance program

4. *Payment Changes*

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Payment Changes

- Reduces market-basket updates for hospitals, home health, SNF, hospice

- Established Independent Payment Advisory Board

- Demos for home health, hospice

- Value-based purchasing

5. *Support for Workforce*

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Workforce

- Grants for career paths – tuition support, must work in LTC/aging
- Training: 6 state demos for personal/home care workers
- Grants to operate Geriatric Education and Training Centers
- Establishes National Health Care Workforce Commission

How will PPACA Affect LTC, Post-Acute Care and Services to Seniors?

Continues Trends Of:

- Fewer LTCF stays, more home and community
- Link between payment and quality
- Public reporting of quality
- Demands for transparency
- Doing more with less, high quality, less cost
- New patient care models

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Next Steps

- Regulations needed

- Implementation from 2010 to 2018

- "Leave no demonstration behind" – Sr. Carol

- Provider strategies: meet challenges, seize opportunities