



SENIOR HEALTH NEWS

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Consumer Workgroup Formed for Integrated Care Initiative

An Integrated Care Consumer Workgroup has been created to provide input and feedback to the Department of Public Welfare, Office of Long Term Living (OLTL) as it develops its Integrated Care Initiative. As we reported in the December 2008 *Senior Health News*, the Integrated Care Initiative (ICI) would provide dual eligibles with all their Medicare and Medicaid healthcare services (including long term care) through one managed care entity known as Medicare Advantage Special Needs Plans. OLTL's goal for ICI is seamless, coordinated, and improved care.

The Consumer Workgroup is open to any interested consumer or consumer advocate affected by the initiative. The group will meet bi-weekly in Harrisburg, but there will be call-in options for interested individuals who can not attend the meetings in person. The state also plans to establish videoconferencing. The meetings are currently scheduled for Wednesdays. The first meeting was held April 22 and the next few are scheduled for May 6, May 20, June 3, and June 17th. The state will continue to hold stakeholder conference calls in addition to the workgroup meetings. Additionally, OLTL plans to host statewide public hearings to hear from consumers and advocates unable to attend the gatherings described above.

Based on feedback from consumers and their advocates, the state delayed the implementation of ICI from January 1, 2010 to July 1, 2010. Dual eligible individuals (people with both Medicare and Medicaid) who are over 60 years old and not receiving Medicaid funded long-term care services could choose to join an integrated Medicare Advantage Special Needs Plan when the ICI starts in July 2010. Dual eligibles who are in a Medicaid waiver program or who receive Medicaid coverage of their nursing home care will not be included in the initial phase of ICI. These individuals will be phased into ICI at a future date, as will dual eligible individuals **under** 60 years old.

The state has also confirmed that Medicaid behavioral health services will be "carved out" and not included in the initial phases of ICI. Thus, dual eligible individuals will continue to receive behavioral health services through their HealthChoices BH-MCO (or through MA-FFS). At a later date the state will determine whether behavioral health services will also be integrated.

The Consumer Workgroup will continue to discuss these and other issues related to the development of ICI. Anyone interested in participating in the Workgroup should contact OLTL via their

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e-mail address at RA-IntegratedCareComments@state.pa.us. Individuals can also check OLTL's ICI website for updates at www.dpw.state.pa.us/About/OLTL/SNP.

PHLP has been asked to provide technical assistance to OLTL to increase its understanding of the obstacles our clients have had in accessing care through SNPs to date and to recommend plan design features that would address these concerns in the Integrated Care Initiative. We will continue to update you about this initiative in future editions of the *Senior Health News*.

LIFE Program Growing- Now Serving over 40 Counties!

Since 2000, the LIFE (Living Independence for the Elderly) Program in Pennsylvania has grown from four programs serving three counties to 16 programs today serving over 40 counties across the state. Many programs have multiple LIFE centers and serve multiple counties. Some counties have more than one LIFE Program available (such as Philadelphia and Allegheny). More LIFE centers are in various stages of development as the Program continues to grow and expand.

LIFE in Pennsylvania is a model of integrated care focused around an Adult Day Care Center for persons age 55 and older. This program is called PACE (Program of All-inclusive Care for the Elderly) in many other states. Consumers maintain a home in the community and are transported to the LIFE Center several times a week to obtain primary care, therapies, meals, socialization, and other services as needed.

Currently, there are LIFE centers in the following cities across the state: Aliquippa, Bethlehem, Butler, Chambersburg, Kulpmont, Johnstown, Philadelphia, Pittsburgh, Scranton, Sharon Hill, and Williamsport. LIFE programs are underway in Bucks, Montgomery, Fayette, Greene, York, and Dauphin counties and enrollments for these programs are projected to start in late 2009 and throughout 2010.

In order to qualify for LIFE, individuals need to be:

- Age 55 or older (some sites require age 60 or older);
- Nursing Facility Clinically Eligible;
- Living in the geographic area served by the LIFE center; and
- Eligible for Medicare and Medicaid (or have the ability to private pay)

Consumers or advocates can contact their local Area Agency on Aging or the LIFE Program in their county directly for more information. A listing of the LIFE Programs currently available in PA along with contact information can be found on the Department of Public Welfare's website at <http://www.dpw.state.pa.us/ServicesPrograms/MedicalAssistance/SuppServWaivers/003671635.htm>

PACE-like Benefit Available for Adults on SSDI in Medicare Waiting Period

As a result of a recent lawsuit settlement between the PA Attorney General's office and two pharmacy benefit management companies (Caremark and Express Scripts), more than \$1.6 million are now available to provide affordable prescription drug coverage for individuals who receive Social Security Disability Income (SSDI) but who are not yet eligible for Medicare coverage. Generally, individuals who qualify for SSDI are not eligible for Medicare coverage until they've received SSDI cash benefits for 24 months.

The benefit resulting from these settlement funds, which will provide eligible individuals with prescription drug coverage for up to one year, is being administered by the state's PACE prescription assistance program. As with PACE, eligible individuals will not have to pay for the coverage but will have prescription co-pays of \$6 for generic medications and \$9 for brand name medications.

Although there is no income limit for this program, it will be especially valuable to adults on SSDI in the waiting period for Medicare who have limited income but who are not eligible for Medicaid. These individuals often find themselves without health insurance or affordable access to prescription drugs. Now, thanks to the \$1.6 million settlement funds, Pennsylvanians on SSDI in the two-year waiting period for Medicare can get low-cost drug coverage for up to one year!

Consumers are urged to register for this prescription drug benefit as soon as possible since enrollment is limited to approximately 500 individuals. Any interested individuals should contact the Pennsylvania Pharmaceutical Assistance Clearinghouse at 1-800-955-0989 to start the application process.

Do you currently get the Senior Health Law News through the mail? Please consider switching to e-mail!!

Contact staff@phlp.org to change the way you get the Senior Health News!

Bill Introduced to Create Department of Aging and Long Term Living

In March, Representative Phyllis Mundy introduced House Bill 1152 which creates a new PA Department of Aging and Long Term Living (ALTL) by merging the Office of Long Term Living with the PA Department of Aging. We previously reported on Governor Rendell's plan for this merger in our February 2009 *Senior Health News (SHN)*. The proposed legislation was referred to the House Committee on Aging & Older Adult Services on March 31, 2009 and a Hearing was held before the Committee on April 2nd.

It is still not clear what role, if any, existing consumer stakeholder groups will play when the new Department is created. The proposed legislation does not mention the stakeholder groups that currently advise the Department of Public Welfare and/or the Office of Long Term Living such as the Consumer Subcommittee of the Medical Assistance Advisory Committee (MAAC) and the Long Term Care Subcommittee of the MAAC. HB 1152 does create an ALTL Council, whose members would be nominated by the Governor and subject to Senate approval, to advise the new Department on policy development and program administration, among other powers. As proposed, the council includes older adults, persons with disabilities, consumers of long-term living services, and providers.

No bill had been introduced in the Senate at the time of *SHN* publication. Stay tuned to future Newsletters and to our website (www.phlp.org) for more information on this pending legislation.

To view H.B. 1152, go to www.legis.state.pa.us and enter the bill number in the "Find Legislation By" box at the top of the screen.

Still Waiting for Release of Interim Assisted Living Regulations

An interim draft of Assisted Living Regulations, expected to be released by the end of March, has been delayed again. We reported about the anticipated release of the interim regulations in our last edition of the *Senior Health News*. However, the Office of Long Term Living (OLTL) needs additional time to review all the comments they received after the draft regulations were initially released in August 2008. Secretary of Aging Michael Hall is facilitating negotiations between PA Assisted Living Consumer Alliance (PALCA) advocates and three provider groups to see if any agreements can be reached in areas of the regulations where the two sides have differed. Ideally, OLTL would incorporate any agreed-upon changes into the interim draft regulations. Stay tuned to future Newsletters or check the PA Assisted Living Consumer Alliance (PALCA) website for updates about the release of the interim draft of the Assisted Living Regulations-
www.paassistedlivingconsumeralliance.org.

PALCA now has a FACEBOOK page--<http://www.facebook.com/home.php#/pages/Pennsylvania-Assisted-Living-Consumer-Alliance/58059466165?ref=ts>. Become a fan and stay updated on the latest Assisted Living news and events in PA!



“Services My Way” to start July 1st in Selected Counties

“Services My Way” is what Pennsylvania calls its Cash & Counseling Pilot Project for individuals receiving services through the Attendant Care and the Aging Waivers. When the state sought approval from the Center for Medicare & Medicaid Services (CMS) to renew these 2 waiver programs last year, it amended the waivers to add a Services My Way pilot. The waivers (and the pilot) were ultimately approved by CMS.

Services My Way is a program that gives consumers in the Aging Waiver and the Attendant Care Waiver the option to manage a flexible budget and to decide the mix of goods and services will best meet their personal care needs. The current consumer-directed model available to recipients of the Aging and Attendant Care Waivers primarily allows consumers to hire and manage the workers who provide them with certain services. By contrast, Services My Way gives consumers more choice, flexibility and control around designing and receiving the services they need. Services My Way includes:

- **Participant-Directed Community Supports** (these include personal assistance services, home support, companion, supervision, transportation and respite-type services)
- **Participant-Directed Goods and Services** (this service allows the consumer to purchase services, equipment, supplies or goods not otherwise provided by the Waiver, Medical Assistance or other third-party payers)
- **Financial Management Services** (these services assure that waiver funds in the person’s budget are managed and paid appropriately and include financial, payroll, bill-payer services, orientation and skills training for consumers).

Once Services My Way is implemented in a county, consumers participating in the Attendant Care Waiver or the Aging Waiver will be able to choose between 3 models of service delivery. These are:

- **an Agency Directed Model** where a provider agency hires, trains, schedules and supervises the workers who provide the services in the consumer’s Individual Service Plan (or care plan) and the service coordinator or care manager controls the budget;
- **a Consumer Directed Model** where the consumer (or their representative) hires, trains, schedules and supervises their own workers for certain services but uses a Fiscal Employer Agency to pay the workers and for other financial management services. Under this model, the service coordinator or care manager controls the budget; or
- **Services My Way** where the consumer manages their budget and develops their own mix of services to best meet their needs. Their services can vary month to month (unlike a typical waiver service plan that is developed for a set period of time, usually a year, and can only be changed when the individual’s condition or needs change).

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**Please support PHLP by making a donation through the
United Way of Southeastern PA. Go to www.uwsepa.org and select
Donor Choice number 10277.**

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Services My Way is being piloted in 21 counties across Pennsylvania starting July 1, 2009. Beaver, Bradford, Cumberland, Fayette, Greene, Sullivan, Susquehanna, Tioga, and Washington counties will be the first ones to start offering Services My Way to their consumers in the Attendant Care Waiver and the Aging Waivers. The state has already begun outreach and trainings to different stakeholders in these counties.

By December 2009, Services My Way will be phased into the other remaining counties involved in the pilot: Blair, Cameron, Clinton, Delaware, Elk, Erie, Indiana, Lycoming, McKean, Philadelphia, Somerset, and Venango counties. Attendant Care and Aging Waiver recipients who live in the pilot counties and who are interested in learning more about Services My Way should contact their waiver service coordinator or care manager.

Keystone 65 Complete Disenrolling Certain Dual Eligibles from their Special Needs Plan

Approximately 2100 individuals who had been enrolled in the Keystone 65 Complete Medicare Special Needs Plan (SNP) for dual eligibles (people with both Medicare and full Medical Assistance) were disenrolled effective March 1, 2009. Notices were sent out to affected members initially in December and final notices were sent mid-March. Although these disenrollments have already occurred, Keystone will continue to disenroll members who no longer qualify for their SNP. It is important for advocates and providers to understand this issue because they may work with consumers impacted by a disenrollment from Keystone 65 Complete in the past or at some point in the future.

Keystone 65 Complete is a Medicare SNP for dual eligibles-however it does not take all dual eligibles. According to their contract with CMS, to be eligible for Keystone 65 Complete someone must be a Qualified Medicare Beneficiary (QMB) which the federal government defines as a person having full Medical Assistance (MA) **and** having income under 100% FPL. This primarily includes people on MA because they get SSI benefits and those who qualify for full MA under the Healthy Horizons category. Individuals who get MAWD and/or individuals enrolled in Home and Community Based Service Waiver programs are not in QMB categories and are therefore being disenrolled from Keystone 65 Complete. Individuals are also being disenrolled if they either no longer qualify for MA at all or now only get help paying their Part B premium.

On behalf of consumers who contacted our Helpline, PHLP filed complaints with CMS and with Keystone 65 Complete regarding the many problems consumers encountered during the recent disenrollments. As a result, Keystone 65 Complete agreed to retrain their customer service staff to assure that they provide accurate and useful information to disenrolled members. Also, Keystone began conducting phone outreach to affected members. This will continue for future disenrollments*. Finally, the plan agreed to revise the notices it sends to disenrolled individuals to inform them of the availability of the back-up Wellpoint system to cover prescriptions for Low-Income Subsidy recipients who find themselves without any Medicare Part D coverage.

**Individuals may receive disenrollment notices going forward because the plan must review its membership every month to determine whether members continue to qualify for the SNP plan. If someone is identified as no longer being a*

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QMB, the plan will take action to disenroll them within 90 days and send prior written notice.

As a reminder: when a full dual eligible individual is disenrolled from his/her current Part D plan, he/she should be auto-enrolled by Medicare into a different stand-alone Prescription Drug Plan under Part D for ongoing drug coverage; however, there may be a significant delay between when someone is disenrolled from the SNP and when he/she is auto-enrolled into a Part D plan by Medicare.

Individuals with a Low Income Subsidy (all dual eligibles and others who have applied and been determined eligible for the LIS through SSA) can ask their pharmacy to bill Wellpoint using the following information if they have no Part D coverage on file after being disenrolled from Keystone 65 Complete.

Member ID: Medicare Health Insurance Claim Number (from Red, White, and Blue Card)—
Must include the letter at the end of the Medicare HICN for this to work!

Group ID: Medicaid Recipient Identification Number from ACCESS card (leave blank if someone gets LIS but does not have Medicaid)

BIN: 610575

PCN: CMSDUAL01

Pharmacies can call the Wellpoint Helpdesk if they need further assistance at 1-800-957-5147.

Please call our HELPLINE (1-800-274-3258) if you or individuals you work with need assistance accessing prescriptions or health care coverage as a result of being disenrolled from Keystone 65 Complete.

Are you an advocate or provider working with dual eligible clients over 60 years old in Southeastern PA who wants to stay up to date on Part D developments? Join the PHLP e-mail list serve! To join, e-mail staff@phlp.org with subject "join Part D list serve".

PHLP staff are also available in SE PA to conduct trainings on Part D related issues to help social service agencies and their dual eligible clients navigate their healthcare coverage. Trainings focus on eligibility for Medicare Savings Programs and the Low-Income Subsidy, healthcare access for dual eligibles, rights of dual eligibles under Part D, and the appeals and grievance processes. Contact the PHLP Helpline to schedule a training at 1-800-274-3258 or 1-866-236-6310/TTY.

QI-1 Medicare Savings Program Extended Through 2010

The American Recovery and Reinvestment Act of 2009 (ARRA) signed by President Obama in February extends the Qualified Individual (QI) program through December 2010. The QI-1 program helps low-income persons with Medicare by paying their monthly Part B premiums for them. To qualify for this program, individuals must have income under 135% FPL (\$1,219/month for a single person and \$1,640/month for a married couple in 2009) and must have resources below \$4,000 for single person and \$6,000 for a married couple.

The QI-1 program initially expired in 2002. Since then, it has been extended for short periods of time, usually one year. In addition to extending the QI-1 program through December 2010, the ARRA also adds significant additional funding to cover the program's costs. Specifically, it adds \$572.5 million for calendar year 2010 which represents an increase of \$72.5 million over the calendar year 2009 appropriation and \$172.5 million over appropriations for previous years.



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