Practice Change Leaders 2017 Cohort
Project Summary

Project Goal & Background

The goal of the SWPA Area Agency on Aging Care Management for Long Term Services and Supports (SWPA AAA CM-LTSS) project is to successfully integrate formerly distinct care management programs into one integrated model for 2017 implementation with contracted MCOs under Pennsylvania's Community-Health Choices for MLTSS. Currently three distinct care management programs are coordinated by SWPA Area Agency on Aging (Aging Waiver, Nursing Home Transitions and Community-based Care Transitions). The project is transformative in nature by integrating care and implementing a performance orientation with rapid cycle improvements across the organization to achieve integrated care objectives and participant outcomes.

Target Population

These programs serve some of the most vulnerable older adults in Southwestern Pennsylvania's primarily rural service area of Washington, Fayette and Greene counties. The target population for MLTSS is approximately 1,100 older adults who are determined clinically eligible for nursing facility level of care and who are either Medicaid eligible or dually eligible for Medicare and Medicaid.

Program Summary & Implementation Milestones

SWPA AAA MLTSS program development was based on by evidence based practices, a strong foundation of experience in core elements, PA Department of Human Services requirements and NCQA CM-LTSS accreditation standards and guidelines. SWPA AAA's MLTSS program will include best practices and lessons learned from our organizations experience in these programs. The essential elements include needs assessment, person-centered service planning, service coordination, closing HEDIS gaps in care, transitions of care and ongoing monitoring, facilitation and the coordination of physical, behavioral health and long term services and supports. Aging Waiver (service coordination) will be gradually scaled to include the essential elements of MLTSS in five incremental stages from readiness to a fully integrated model delivery as described here:

- Stage 1 Readiness (January 1-31, 2017) Submit NCQA CM-LTSS accreditation survey which includes all program policies and procedures, training manuals, documents and reports as evidence of the standards and guidelines.
- Stage 2 (January-March 2017) Train service coordination staff in transitions of care and implement transitions of care into scope of practice. Data systems readiness.
- Stage 3 (April-June 2017) Train staff in closing HEDIS gaps in care, model integration documentation and information systems and implement into scope of practice;
- Stage 4: (July-December 2017) Effective July 1, 2017 integrated MLTSS model goes live for SWPA Community Health Choices MLTSS participants during continuity of care period.
- Stage 5: (July 1, 2017-Dec 31, 2017) Full scale implementation of all elements; routine data collection, monitoring and reporting to inform continuous quality improvement efforts; PDSA model will be used in this period for rapid cycle tests of change and to spread best practices.

Participant-centered service planning will ensure that participants drive the process with their goals, needs and preferences in as many aspects of their care as possible.

Participant Impact & Performance Measures

1. Improve participant experience of care (select CAHPS measures)
2. Improve effectiveness of care (select HEDIS measures)
3. Reduce avoidable readmissions (pre-post 30-day all cause readmissions)
4. Increase community and social support participation (participant survey)
5. Integrate coordination of physical, behavioral and long term services and supports (case reviews of random sample among participants served)