

**Oral Testimony Presented to the  
Pennsylvanian Senate Veterans Affairs & Emergency Preparedness  
Committee &  
the Senate Appropriations Subcommittee on Health & Human Services**

Thank you **Chairman's Vulakovich and Costa and Chairwomen Baker** and members of the committees for this invitations and opportunity today to provide testimony on two very important issues our Veterans and their health care needs.

My name is **Donna Brady Raziano MD MBA FACP** and I am Chief Medical Officer Mercy LIFE, Mercy Home Health & Mercy LIFE West Philadelphia and Acting Chief Medical Officer for LIFE St. Mary's. Mercy Health System is the largest Catholic healthcare system serving the Delaware Valley, while St. Mary Medical Center is located in Bucks County; our organizations are a part of Trinity Health, a multi-institutional, Catholic health system sponsored by Catholic Health Ministries.

My credentials include ABIM board certification in Internal Medicine, Geriatric Medicine, and Hospice and Palliative Care as well as a MBA in Health Care Management from The Wharton School of the University of Pennsylvania. I have been passionate about serving indigent community dwelling elders for my entire professional career and have served older adults in LIFE since 2005. I supervise primary care staff at seven adult day centers in Philadelphia county, Delaware county and Bucks county with a current census of 1200 participants.

I am an active with National PACE Association (NPA) since 2005 on various committees, including the Research Committee, Hospital Readmissions Workgroup, and the Preventative Care Guidelines committee. I have lectured for NPA on Utilization, Pain Management, Infection Control, QAPI, Part D Compliance and Opioid Use.

Mercy LIFE operates five centers throughout South Philadelphia, North Philadelphia, Delaware County, and Montgomery County with 751 participants employing over 281 colleagues.

Trinity Health owns the West Philadelphian LIFE Center, which is managed by Mercy Health System, this center has 510 participants and employs 182 colleagues.

LIFE St. Mary is currently authorized to provide service to 60 zip codes in Bucks County and Montgomery County.

Our current census is 240 participants. LIFE St. Mary currently operates out of our main site in Trevoese, Pa where our health center and adult day center are located.

LIFE St. Mary also provides opportunities for socialization at our alternative care site in Warminster, Pa. We are in the process of finalizing a second alternative care site in Bristol, Pa.

**“Living Independence for the Elderly,” or LIFE**, is a Pennsylvania program that provides comprehensive health and support services to seniors who wish to continue living independently in the community. As you might be aware, nationally similar programs are referred to as Program of All-inclusive Care for the Elderly (**PACE**).

LIFE’s exciting and comprehensive features help make it possible for seniors to remain in their homes. For most participants who are eligible for Medicaid or dually eligible for Medicaid and Medicare this means:

- generally no costs for services provided by LIFE
- no costs for prescription drugs
- a LIFE care team dedicated to addressing your health care and social support needs
- comprehensive medical services
- as directed by your LIFE care team, home services such as meals, help with bathing and dressing, light housekeeping, laundry, chores, home modifications, and medical equipment and supplies
- a day center at which members can eat, receive medical care, and participate in activities
- free transportation to doctor appointments, the LIFE day center, and medical destinations outside your home

### **What is the average cost of care for a LIFE program participant?**

The average cost of care for LIFE participant depends on whether they have Medicare and/or Medicaid coverage. If they are Medicaid only or "single cap" the reimbursement from the Veteran Affairs to the LIFE program is a monthly amount of \$4,900. If the veteran has both Medicare and Medicaid and is considered a dual eligible the monthly from the Veteran Affairs program to the LIFE program is the "dual cap" rate or the lesser amount of \$3,717 monthly. This is the more common reimbursement.

### **What Pharmacy services are included for the average LIFE Program participant?**

All pharmacy services are included in the average LIFE participant. Unfortunately for the current VA program they require a Part D waiver to be signed and all meds be provided by the veteran affairs. This causes multiple challenges. The first challenge is an administrative barrier because Medicare automatically includes the Part D drug payment each month to the LIFE program with the Medicare PACE payment. This then requires a Part D withdrawal to occur a month or two after the payment. All LIFE programs prefer to treat participants the same but for the veterans with a part D drug waiver they are unable to access the drug benefit fully. This leads to the second barrier. This refers to access to acute medications or specialty medications. One example would be a frail elder that has bronchitis. The elder is seen by the LIFE primary care provider and requires an antibiotic. In order to obtain the antibiotic the veteran would then also then have to be seen by a VA provider and have that medication prescribed and then that veteran wait in the VA pharmacy line to pick up that medication. In the standard LIFE program there is the ability to be dispensed short term

antibiotic's immediately from the day Center. Another example of a clinical barrier would be access to oral or injectable cancer medications such as Lupron for prostate cancer. The veteran must receive his medications through the VA and therefore must go to the VA provider to have the medication approved as well as being administered. This encourages fragmentation and poor care coordination. Ideally all Veterans in the LIFE program should not sign a Part D waiver but have full access to the comprehensive pharmacy services that has no formulary and immediate access to medications on the same day they are required.

### **What are the protocols should a participant need/request placement in a nursing home or assisted living facility?**

As a nursing home prevention program, Mercy LIFE seeks to ensure that all interventions are put in place to prevent unnecessary nursing home placements. We do this in collaboration with the participant and caregivers through ongoing care planning and evaluation of needs and goals. If a participant's condition appears like they might need a nursing home in the near future or participant/caregiver requests a nursing home, internally they are discussed in our daily morning interdisciplinary team meeting and added to the agenda for a weekly high risk call. All potential nursing home placements are also discussed on a monthly nursing home prevention meeting to ensure that if a nursing home placement is done, it is the least-restrictive environment for that person's level of care and that all other interventions have been considered and offered. When the nursing home placement appears likely or is being recommended by the interdisciplinary team, a nursing home decision tree is completed by the team to document social, medical, community and family interventions that were pursued or considered prior to the placement, and a decision is made regarding whether this service is approved. Social Work is involved with the participant and family to identify an appropriate facility for participants currently residing in the community and they work in conjunction with the RN case managers for participants who are currently hospitalized or in a skilled facility. Admission criteria and processes are unique to the facilities and tours pre-admission by participant and family are encouraged. If nursing home placement is recommended by the team but the decision-maker (whether it is a cognitively intact participant or a caregiver) does not agree, the reasons for the recommendation and discussion of risks of community living are discussed with the decision-maker and a new plan of care developed. If a participant or caregiver desires nursing home placement, but the team determines that their needs can be met in a less restrictive environment, the decision-maker is counseled about options outside of Mercy LIFE if they choose to pursue placement. There are some participants who do require the services unique to a nursing facility, but Mercy is committed to ensuring that all other options are considered first. Less than 5% of our LIFE participants reside in a nursing home facility.

Currently referrals to the LIFE program are farther along in their last trajectory of life at time of their referral and they may have exhausted home and community-based (HCBS) services. For example, the veteran may already be a two-person transfer, a double amputee requiring extensive prosthetic assistance, on or dialysis. Mercy LIFE commits to the Veterans as they would all participants but there are concerns that they may be imminent nursing home placement or closer to nursing home placement at time of the referral. LIFE programs would prefer an open and honest discussion to allow the LIFE programs to commit to these Veterans whom have exhausted home and community-based services, but we are willing to try to make them successful in the community with the additional life services. Veterans prefer to live in the community and we are willing to give it a try but if they need long term care we would prefer the VA assist and cover these services.

## **How may a LIFE Program participant transition from each level of care and how is the continuity of care maintained during this transition?**

As a LIFE program participant ages in place they may transition from different levels of care. It is common for a participant to be hospitalized once a year or go to the emergency room every other year. LIFE employees case managers to closely monitor their inpatient stays to confirm high quality of care upon discharge. All LIFE participants may have a temporary increase in services to cover their needs post discharge such as increased center attendance, increased therapy services and/or increased home care services. Although LIFE does not provide overnight supervision we will utilize skilled facilities if required to transition them back to the community. We are very comfortable with transitions of care for the frail elderly.

## **What Medical Specialty Services are included/excluded by the program?**

What All LIFE programs are Inclusive of all services. The services can occur in the day center such as podiatry or optometry or they may be outside the LIFE center such as pulmonology. All of these services are contracted and paid from the LIFE provider. There are no co-pays or co-insurance. The LIFE participant must live in the zip code service area and we will provide care locally. An example of an exclusion is if the member was to go on vacation in Canada we would not be able to provide or reimburse those services but this extremely uncommon.

## **Medical Specialty Services are contracted out?**

All LIFE programs contract for services that are needed by the veterans. There are a few examples with the VA can provide superior service. Two examples would be the PTSD clinic or the prosthetic clinic. Currently when the veteran enrolls in the LIFE program the LIFE program is expected to cover all services but there are a few exceptions where it would be beneficial to allow the Veteran to continue under continuity of care at the PTSD clinic or the prosthetic clinic at their local VA Hospital. Currently there is no model to reimburse the VA if the veteran attends one of these specialty clinics.

## **What is the case load for a primary care physician who is part of the LIFE Center?**

Currently a caseload for Primary Care Provider would be similar to the way the coverage is at a nursing home. For example, if the nursing home had 200 residents there may be two primary care providers to cover the nursing home. LIFE mimics that model so PCP covers 100 participants. Our current staffing model is quite generous with a combination of primary care nurse practitioners and physicians. We have monthly follow-up visits for every participant to be as well unlimited acute visits. This allows for a Preventative Care model instead of a reactionary model that may increase the overall total cost of care.

## **What is the normal PPD for a skilled nursing care patient who requires assistance with ADLs similar to that provided at an inpatient nursing home facility? What is included in the PPD calculations (i.e. Direct Care or do you include support functions, etc.)?**

Currently the LIFE program bills the Veteran Affairs a daily rate that is the monthly capitation divided by the current days of the month. It is an all-inclusive rate. Therefore the current daily rate is \$124. The average cost for a skilled patient is \$475. The cost of a daily nursing home is \$250. The daily savings is the nursing home right up to \$155 -\$124 equaling \$126 a day. The daily savings of \$126 a day for the participant not to be in a nursing home is a savings of \$46,000 per year. If you consider the cost of savings to the state of Pennsylvania for Mercy LIFE to include all participants of Mercy LIFE, LIFE St. Mary, and Mercy LIFE-West Philadelphia with a total of 1500 participants that would be a savings of \$69 million a year while the participants are getting high quality of care in the community and preventing long-term institutionalization.

### **How does the LIFE Program handle assessment of financial assets/real property when qualifying a resident for the program?**

#### **Level of Care Requirements to be Deemed Nursing Facility Clinically Eligible**

- Mercy LIFE level of care assessments performed by local AAA who certifies individual meets the level of care needed for a skilled nursing facility.
  - ❖ Individual has illness, injury, disability or medical condition diagnosed by a physician **AND:**
  - ❖ As a result of that diagnosed illness, injury, disability or medical condition, the individual requires care & services above the level of room & board **AND:**
  - ❖ A physician certifies that the individual is NFCE **AND:**
  - ❖ The care & services are either:
    - ✓ Skilled nursing or rehab services
    - ✓ Health related care including HCBS. (Home & Community Based Services which includes the LIFE program)

#### **Individuals Unable to be Served by a LIFE Program**

- Need for 24-hour supervision and no support network for coverage at night.
  - ❖ Risk of wandering
  - ❖ Inability to safely evacuate or call for help
  - ❖ Alcohol and/or drug addiction that interferes with self-care
  - ❖ Insufficient informal support
- Imminent nursing facility placement.
- Unsafe home for applicant or LIFE Staff.
  - ❖ Physical condition/integrity of the home itself
  - ❖ Evidence of abuse/neglect by other household members
  - ❖ Evidence of weapons
  - ❖ Evidence of illicit drug activity or other criminal activity
- Mental health concerns involving disruptive or dangerous behavior, which pose a threat to the applicant, other Participants, and/or LIFE staff.

#### **Referring Applicant to a Program Outside of LIFE**

Referral policy if applicant does not qualify for LIFE:

- ❖ Enrollment Specialist will provide contact information or assist applicant in contacting the PA Independent Enrollment Broker (IEB) to obtain services.
- ❖ Enrollment Specialist will document in the EMR via a progress note of the referral to the IEB.
- ❖ Referral policy if IDT denies enrollment to LIFE:
  - ❖ Refer to Mercy LIFE attached Enrollment-Denial Policy & Procedure.

## **Financial Qualification of an Applicant to the Mercy LIFE Program**

Enrollment Specialist Team collects required financials for 5 year look back period for a non-Medicaid applicant to verify:

- ❖ Income is at or below \$2250/month
- ❖ Asset/resource limit is below \$8000.
- ❖ Asset/resource transfers during 5 year look back period
- ❖ Estate recovery issue
- ❖ Senior Enrollment Specialist:
  - ❖ Submits Medicaid application via COMPASS system
  - ❖ Follows MA application to final decision stage
    - ✓ MA approval: emails 162 MA approval to DHS
    - ✓ MA denial: assists consumer in appeal hearing

## **What are the protocols for the State Estate Recovery Program?**

Enrollment Specialist upon determination of an applicant owning property:

- ❖ Verifies if sold or transferred property occurred before the 5 year look back period. (real estate transaction documentation)
- ❖ Provides applicant or designee the PA DHS Estate Recovery handout in the applicant Mercy LIFE intake folder.
- ❖ Encourages applicant to contact the state for questions as per contact numbers on the PA DHS Estate Recovery handout.
- ❖ Mercy LIFE Enrollment Specialist do not serve as estate recovery advisers.

On behalf of Trinity Health, Mercy LIFE and LIFE St. Mary, I want to thank you for your time and interest in our programs and service to the community. Especially the honorable men and women of the United States Armed Forces. We look forward to continued dialogue in addressing services to the military community and the coordination of the LIFE programs here in Pennsylvania.