



OLTL Updates Long-Term Care Council

June 4, 2020

Agenda

- COVID-19 Updates
- Educational Support and Clinical Coaching Program (ESCCP)

COVID-19 Updates

Red, Yellow, and Green Phase Transitions

- Moving from the red phase to the yellow phase does not change any guidance that has been issued by OLTL or the CHC-MCOs.
- OLTL will be issuing guidance to address extensions and changes to the Appendix K provisions for the CHC and OBRA waivers when counties transition to the green phase.
- OLTL will also be issuing guidance if counties later move from green back to a red or yellow phase.

HB 2510

- HB 2510 appropriates \$632 million in CARES Act funding to long-term living programs.
- The funding will be distributed as follows:
 - Regional Response Health Collaboratives
 - \$175 million distributed among the health collaboratives in the Commonwealth.
 - Nursing Facilities: \$245 million
 - \$196 million to be allocated based on Medical Assistance days of care for the third quarter of CY2019.
 - \$49 million to be allocated based on licensed beds for all facilities as of March 31, 2020.

– Ventilator Services

- \$8 million to be allocated proportionally based on the number of Medical Assistance recipients for the third quarter of CY2019.
- Eligible facilities are required to have 10 or more Medical Assistance patients and at least 17% of the Medical Assistance patients receiving ventilator or tracheostomy services in December 2019.

– Assisted Living and Personal Care Homes: \$50 million

- \$45 million to be allocated proportionally based on occupancy based on the most recent inspections on or before April 1, 2020.
- \$5 million to be allocated proportionally based on the number of SSI residents in March 2020.

- Personal Assistance Services - \$140 million
 - \$112 million to be allocated proportionally based on the Medical Assistance units billed (excluding overtime) by the home care agency during the third quarter of CY 2019.
 - \$28 million to be allocated proportionally to each Direct Care Worker, employed through the participant directed employer model, based on the units billed (excluding overtime) during the third quarter of CY 2019.

- Residential Habilitation
 - \$1 million to be allocated proportionally based on total Medical Assistance Fee-For-Service and Community HealthChoices payments for the third quarter of CY2019.

- Adult Day Services
 - \$13 million to be allocated proportionally based on total Medical Assistance Fee-For-Service and Community HealthChoices payments for the third quarter of CY2019.

- Community HealthChoices
 - \$50 million to be distributed proportionally based on Medical Assistance participants as of March 31, 2020.

- LIFE Program
 - \$10 million to be distributed through the base program according to reimbursements for the first quarter of 2020.

Educational Support and Clinical Coaching Program (ESCCP)

June 4, 2020

**Wilmarie González, Director
Bureau of Quality Assurance & Program Analytics**

- PCHs/ALs Increase Need for Clinical and Educational Support
- Leverage COVID-19 Guidance by CDC and DOH
- Leverage Existing Relationships and Local Supports by Health Systems (HS)
 - Internal Teams: internal medicine faculty physicians, resident physicians, geriatric nurse practitioner, internal medicine, family resident medicine, LPN, RNs, infectious control expertise
- Establish a Learning Network with centralized national and state resource hub

Health Systems

1. UPMC
2. Geisinger
3. Penn State Health—Hershey Medical Center
4. The Wright Center for Community Health
5. Temple Health
6. University of Pennsylvania Health System
7. Allegheny Health System

Learning Network

- Jewish Healthcare Foundation
- Project ECHO, Penn State College of Medicine

What does ESCCP Provide?



- Clinical consultation by HS Infection Control Practitioners to prepare PCH/ALs on current and future pandemic(s)
- Assessment and strategic planning for safe patient management, policy development and infection mitigation
- Assessment of proper PPE needs for staff and resident safety, education to facility staff for proper PPE donning/doffing, escalation of critical PPE needs to DOH and DHS
- Access to testing and real time testing results for facility staff and residents

- Real-time support – telehealth clinical consultation
- Support and intervention to Facility leadership for the management of staffing issues related to mental and physical illness
- Multi-Health System, State-wide collaborative efforts to reduce widespread infection, increase education and awareness, and future infection preparedness



- Tracking Tool, centralized data submission to DOH (SNFs) and DHS (PCH/ALs) for follow-ups on concerns, PPE, testing, and staffing level issues
- Learning Network by Jewish Healthcare Foundation (2x week)
- Frequent calls with ESCCP Team (HS and DHS) sharing updates on progress with outbound calls to LTC facilities and areas of concerns (webinars)

PCH/ALs (1,200)

**75% Response Rate
24% Further Follow-up**

SNFs (344)

79% Response Rate

**Target: COVID-19
NEGATIVE FACILITIES**

Learning Network

**14 Webinars
Over 2,000 Participants**

- Monitor/reinforcement guidance by CDC to maintain facility COVID-19 safety precautions i.e., no congregate activities, no visitors, staff/residents wear masks when not in rooms
- Using CDC's COVID-19 Infection Control Assessment and Response (ICAR) tool developed to help SNFs prepare for COVID-19:
 - a) Familiarize advisor with facility layout and current set up of critical areas related to both residents and staff (units, congregate areas, staff break rooms)
 - b) Observation of adherence and quality of donning/doffing PPE, hand hygiene, cleaning practices of staff and issues related to resident compliance with isolation and masks.
 - c) Create action plan based on assessment with timely routine follow up on action items

- **Western Region** —build collaborations among HS to allow coordination of services across the different stakeholders including DHS, DOH, local DOH and other HS
- **Southeast Region** —build collaborations to include local DOH, and City to deploy response teams into facilities to provide hands-on assistance
- **Northeast/Central** — make available 24/7 hotline staffed by RNs with physician back-up, providing testing of staff and residents, PPE instruction, PPE, regular video education with SNFs and clinicians

- Recognize communication and language differentials
- Time, technology and human capacity
- Provide continue support in the current A culture of fear, perceived low performance, and distrust, escalated by COVID-19 pandemic
- Staffing, PPE, testing and physical facility constraints
- Intensified responsibilities to patients, families and hospital partners
- Fragmented care delivery systems and lack of wide scale health information interoperability

- Providers would benefit receiving further rapid response support -- on-site COVID-19 preparedness, prevention, education, testing and management
- Further expand understanding on how to use telemedicine, social support and primary care
- Continue **coordination** between outreach stakeholders

- **Public Education** about the understandable challenges LTC facilities face in this crisis (they are not set up to be hospitals), combined with messages about the ESCCP work, could be beneficial to everyone.
- **Simplify** information exchange
- Develop capabilities for **onsite assessment** at facilities, particularly those with COVID-19
- Assist providers on **onsite testing at facilities** - mostly not available to PCH/ALFs and frequently not available to NFs

Questions?

