Department of Human Services
Office of Long Term Living
Program Updates

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pennsylvania
DEPARTMENT OF HUMAN SERVICES

AGENDA

- Community HealthChoices (CHC) (J Vovakes)
- The Role of the CHC MCO Service Coordinator and Coordinating Care (J Vovakes)
- Learning Network Survey Results and PADONA Specific Questions (J Vovakes)
- Quality Incentive Program (L Appel)
  - Overview/Goals
  - Background, Process, Data Sources and How it is Calculated
  - Results from 2022/2023- including Payouts
  - Pending 2024 Results Status
- OLTL Women's Health Initiatives (L Appel)
- Updates from the Jewish Healthcare Foundation (S Bonenberger)

WHAT IS COMMUNITY HEALTHCHOICES (CHC)?

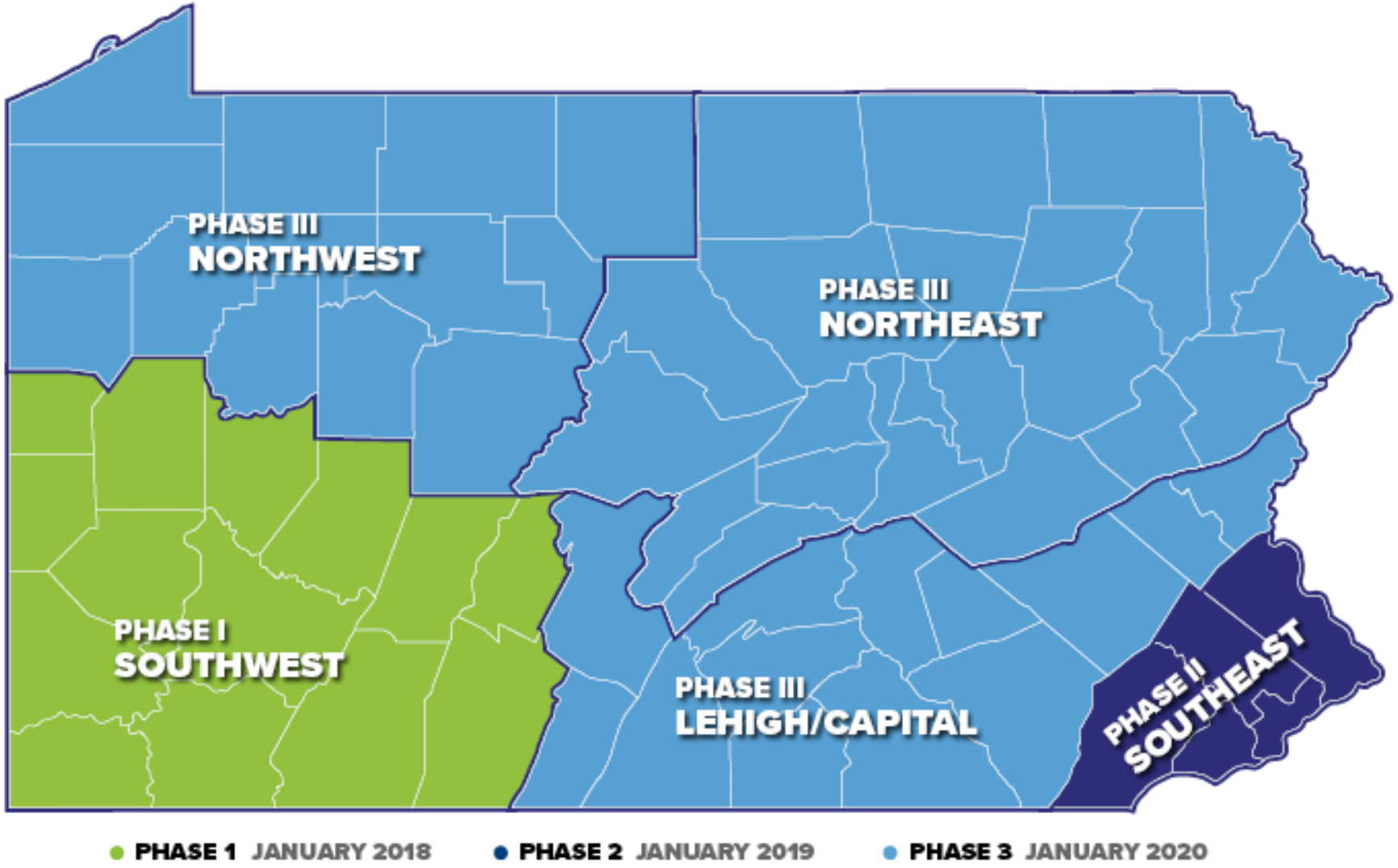
A Medicaid managed care program that will include physical health benefits and long-term services and supports (LTSS). The program is referenced to nationally as a managed long-term services and supports program (MLTSS).

WHO IS PART OF CHC?

- Individuals who are 21 years of age or older and dually eligible for Medicare and Medicaid.
- Individuals who are 21 years of age or older and eligible for Medicaid (LTSS) because they need the level of care provided by a nursing facility.
  - ✓ This care may be provided in the home, community, or nursing facility.
  - ✓ Individuals currently enrolled in the LIFE Program will not be enrolled in CHC unless they expressly select to transition from LIFE to a CHC managed care organization (MCO).

WHO IS NOT PART OF CHC?

- People receiving long-term services & supports in the OBRA waiver & are not nursing facility clinically eligible (NFCE)
- A person with an intellectual or developmental disability receiving services beyond supports coordination through the Department of Human Services' Office of Developmental Programs
- A resident in a state-operated nursing facility, including the state veterans' homes



Community HealthChoices

WHAT ARE THE GOALS OF CHC?

GOAL 1

Enhance opportunities for community-based living.

GOAL 2

Strengthen coordination of LTSS and other types of health care, including all Medicare and Medicaid services for dual eligibles.

GOAL 3

Enhance quality and accountability.

GOAL 4

Advance program innovation.

GOAL 5

Increase efficiency and effectiveness.

COVERED SERVICES

FOR ALL PARTICIPANTS:

Physical health services

All participants will receive the Adult Benefit Package, which is the same package they receive today.

This includes services such as:

- Primary care physician
- Specialist services
- Please note: Medicare coverage will not change.

COVERED SERVICES

FOR ALL PARTICIPANTS:

Behavioral health services

- All participants will receive behavioral health services through the Behavioral Health HealthChoices MCOs.
- This was new for Aging Waiver participants and nursing facility residents, who received behavioral health services through fee-for-service.

- Services available to participants include but are not limited to:
  - Inpatient Psychiatric Hospital
  - Inpatient Drug and Alcohol Detox and Rehabilitation
  - Psychiatric Partial Hospitalization
  - Outpatient Psychiatric Clinic
  - Drug and Alcohol Outpatient Clinic

COVERED SERVICES

FOR PARTICIPANTS WHO QUALIFY FOR LTSS:

- Home and community-based long-term services and supports including:
  - ✓Adult Daily Living
  - ✓Assistive Technology
  - ✓Behavior Therapy
  - ✓Benefits Counseling
  - ✓Career Assessment
  - ✓Cognitive Rehabilitation Therapy
  - ✓Community Integration
  - ✓Community Transition Services
  - ✓Counseling Services
  - ✓Employment Skills Development
  - ✓Financial Management Services
  - ✓Home Adaptations
  - ✓Home Health Aid Services
  - ✓Home Delivered Meals
  - ✓Non-Medical Transportation
  - ✓Nursing
  - ✓Nutritional Consultation
  - ✓Occupational Therapy
  - ✓Personal Assistance Services
  - ✓Personal Emergency Response System (PERS)
  - ✓Pest Eradication
  - ✓Physical Therapy
  - ✓Job Coaching
  - ✓Job Finding
  - ✓Residential Habilitation
  - ✓Respite
  - ✓Specialized Medical Equipment and Supplies
  - ✓Speech and Language Therapy
  - ✓Telecare
  - ✓Vehicle Modifications
- Long-term services and supports in a nursing facility
- Participant-directed services will continue as they exist today.

COVERED SERVICES

TRANSPORTATION SERVICES:

- All CHC participants have access to emergency and non-emergency medical transportation.
- Participants will continue to use the Medical Assistance Transportation Program (MATP) for non-emergency medical transportation to and from medical appointments.
  - Participants residing in nursing facilities are the exception.
  - Nursing facilities will continue to coordinate transportation for their residents.
- Nursing facility clinically eligible (NFCE) participants also have access to non-medical transportation. Non-medical transportation can include:
  - Transportation to community activities, religious services, employment and volunteering, and other activities or LTSS services as specified in the Participant's Person-Centered Service Plan (PCSP).
  - This service is offered in addition to medical transportation services and shall not replace them.
  - These services may include the purchase of tickets or tokens to secure transportation for a participant.

IDENTIFYING NEEDS

SCREENING, COMPREHENSIVE NEEDS ASSESSMENT AND REASSESSMENT

- CHC-MCOs must:
  - screen each new participant who are community well duals within 90 days of the start date
  - conduct a comprehensive needs assessment of every participant who is determined NFCE
  - conduct a comprehensive assessment when the participant makes a request, self-identifies as needing LTSS, or if either the CHC-MCO or the Independent Enrollment Broker (IEB) identifies that the participant has unmet needs, service gaps or a need for service coordination
  - conduct a reassessment at least every 12 months unless a trigger event occurs

SERVICE COORDINATION

- Every participant receiving LTSS will choose a service coordinator.
- The service coordinator will coordinate Medicare, LTSS, physical health services, and behavioral health services.
- They will also assist in accessing, locating and coordinating needed covered services and non-covered services such as social, housing, educational and other services and supports.
- The service coordinator will also facilitate the person-centered planning team.
- Each participant will have a person-centered planning team that includes their doctors, service providers, and natural supports.
- Service coordination is an administrative function of the CHC-MCO.

COORDINATION WITH MEDICARE

Promoting improved coordination between Medicare and Medicaid is a key goal of CHC. Better coordination between these two payers can improve participant experience and outcomes.

- Dually eligible participants will continue to have all of the Medicare options they have today, including Original Medicare and Medicare Advantage managed care plans. The implementation of CHC will not change the services that are covered by Medicare.

- All CHC-MCOs are required to offer a companion Dual Eligible Special Needs Plans, also known as D-SNPs to its dually eligible participants. D-SNPs are a type of Medicare Advantage plan that coordinates Medicare and Medicaid services.

COORDINATION WITH MEDICARE

- Medicare will continue to be the primary payor for any service covered by Medicare. Providers will continue to bill Medicare for eligible services prior to billing Medicaid. All Medicaid bills for participants will be submitted to the participant's CHC-MCO, including bills that are submitted after Medicare has denied or paid part of a claim.
- Participants must have access to Medicare services from the Medicare provider of his or her choice. Participants will be able to keep their Medicare PCP even if they are not enrolled with the CHC-MCO. The CHC-MCO is responsible to pay any Medicare co-insurance and deductible amount, whether or not the Medicare provider is included in the CHC-MCO's provider network.
- Providers cannot bill dually eligible participants for Medicare cost- sharing when Medicare or Medicaid do not cover the entire amount billed for a service delivered.
- Providers should still check EVS to confirm participant eligibility, their CHC MCO, and any other coverage a participant might have

MANAGED CARE ORGANIZATIONS

AmeriHealth Caritas Pennsylvania

- www.AmerihealthCaritasCHC.com

pa health & wellness

- www.PAHealthWellness.com

UPMC Community HealthChoices

- www.upmchealthplan.com/chc

Community HealthChoices

RESOURCE INFORMATION

CHC LISTSERV // STAY INFORMED: http://listserv.dpw.state.pa.us/oltl-community-healthchoices.html

COMMUNITY HEALTHCHOICES WEBSITE: www.healthchoices.pa.gov

MLTSS SUBMAAC WEBSITE:
www.dhs.pa.gov/communitypartners/informationforadvocatesandstakeholders/mltss

EMAIL COMMENTS TO: RA-PWCHC@pa.gov

OLTL PROVIDER LINE: 1-800-932-0939

OLTL PARTICIPANT LINE: 1-800-757-5042

INDEPENDENT ENROLLMENT BROKER: 1-844-824-3655 or (TTY 1-833-254-0690)
or visit www.enrollchc.com

Community HealthChoices

Updates on CHC MCO Service Coordinators and Coordinating Care

Jill I Vovakes

Service Coordinator in Nursing Facilities

- Brief Definition of Service Coordinator
- Role of Service Coordinators in Nursing Facilities
- Learning Network “CHC MCO Service Coordinator Communication & Collaboration Survey” Results
- PADONA Specific Questions- Additional Responses and Information from MCOs

Service Coordinator Brief Description

- Service Coordinator works for/with a Health Plan ; Identifies the Services that the participant needs
- Understands what services are available, and which providers offer these services.
- Develops an overall service plan and ensures the participants receipt of services
- Service Coordinators must assist Participants who need LTSS in obtaining the services that they need. Service Coordinators lead the PCSP process and oversee the implementation of PCSPs.
- Qualifications of a Service Coordinators: (1) be a Registered Nurse (RN); or (2) have a Bachelor's degree in Social Work, Psychology, or other related fields; or (3) have at least three (3) or more years of experience in a social service or a healthcare related setting.

Role of Service Coordinator in Nursing Facilities

- Develop Service Plans based on Participants' individual needs and desires in directing their own care while in the LTC facility
- Partners with facility staff to assist Participants and advocate to ensure high quality care
- Identify Participants with a personal goal of transition back to the community
- Referrals for Behavioral Health, specialty physicians, DME, facility transfers

Pennsylvania Long-Term Care LEARNING NETWORK

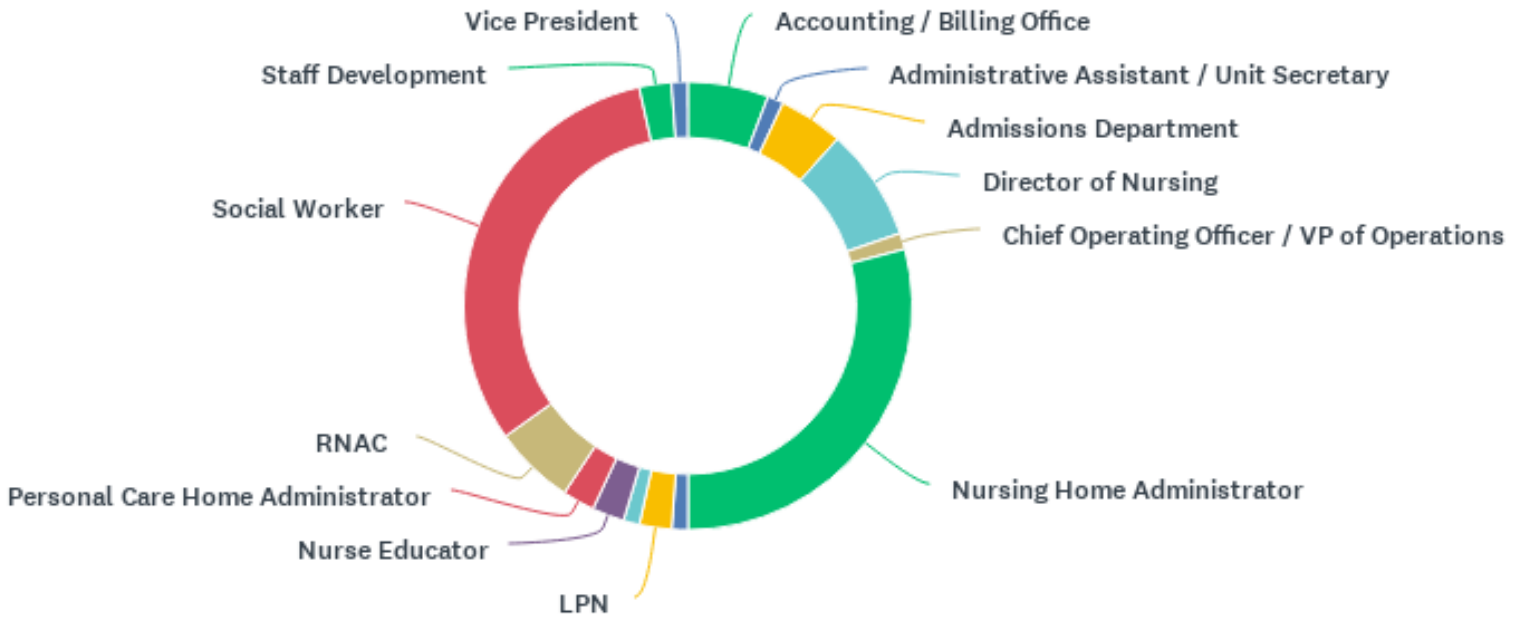
CHC MCO Service Coordinator Communication & Collaboration Survey

Collection dates: 3/10/26- 3/20/26

86 responses to date

Data to be used for PADONA Annual Conference

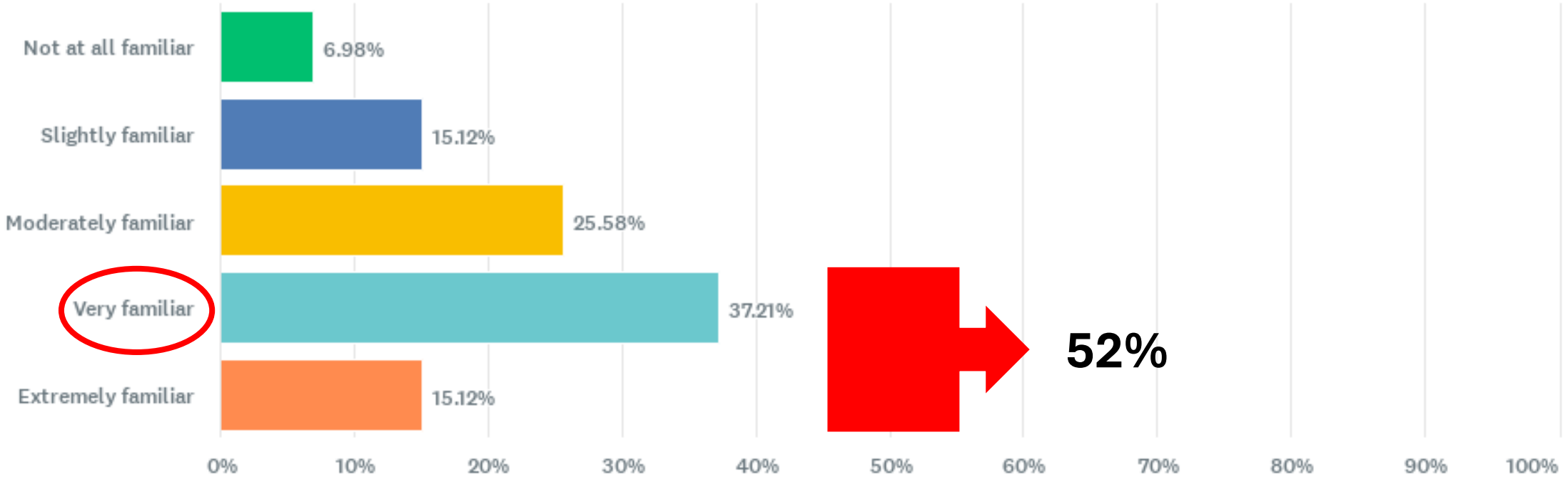
Q1 What is your title/role at your organization? Please select from the list below the job title most applicable to the work you do in the nursing facility.



Majority of responses from Social Services (31%) & NHAs (29%)

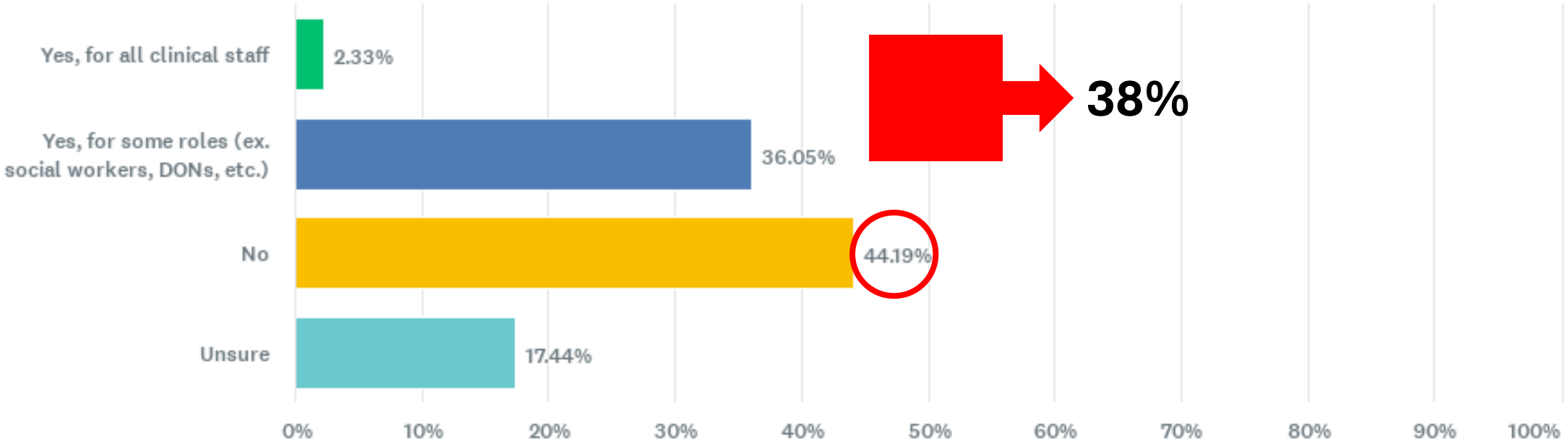
DONs make up a small portion of respondents (8%)

Q2 How familiar are you with the role of CHC MCO Service Coordinators in supporting residents?



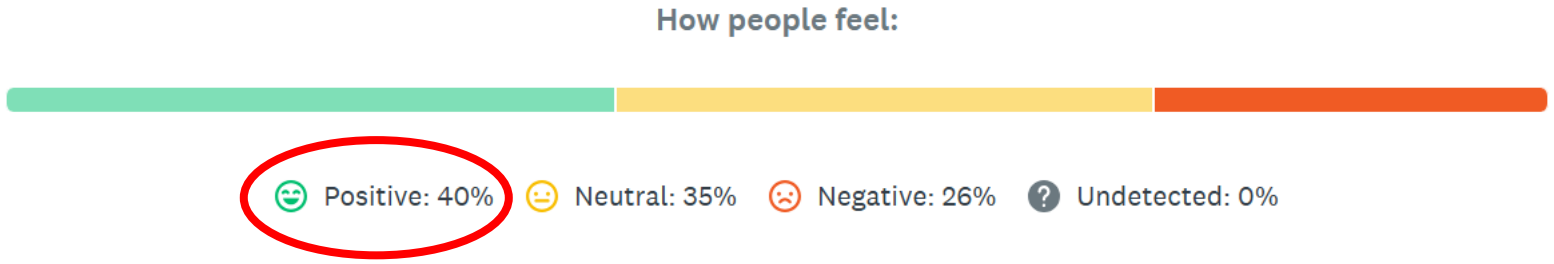
Majority of respondents are familiar with Service Coordinator role- 52%

Q3 Does your nursing facility's orientation or additional training include education about CHC and the role of the Service Coordinator?



Majority of respondents do NOT provide training on CHC role- 44%

Q4 How beneficial do you find the information shared by CHC MCO Service Coordinators regarding resident services and discharge planning? Please explain.



They are a great asset to assist social services for services and discharge planning. Would like more assistance of programs and housing.

It is helpful to collaborate with the service coordinator as they are able to provide a better insight to what the residents prior living situation may have entailed.

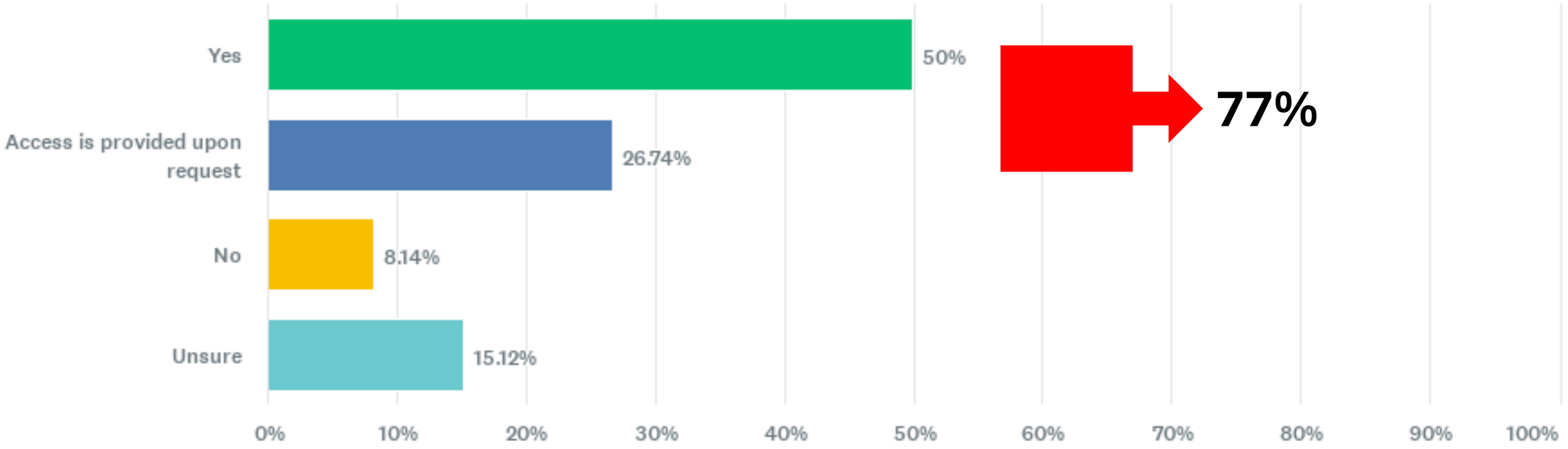
It is beneficial for discharge planning, but not for "specialized services."

Somewhat beneficial, sometimes communication is lacking

MCOs are, at times, tight lipped about the availability of services and supports available to participants. There have been times where it has also seemed that they have promoted options that were borderline unsafe for participants in order to save money.

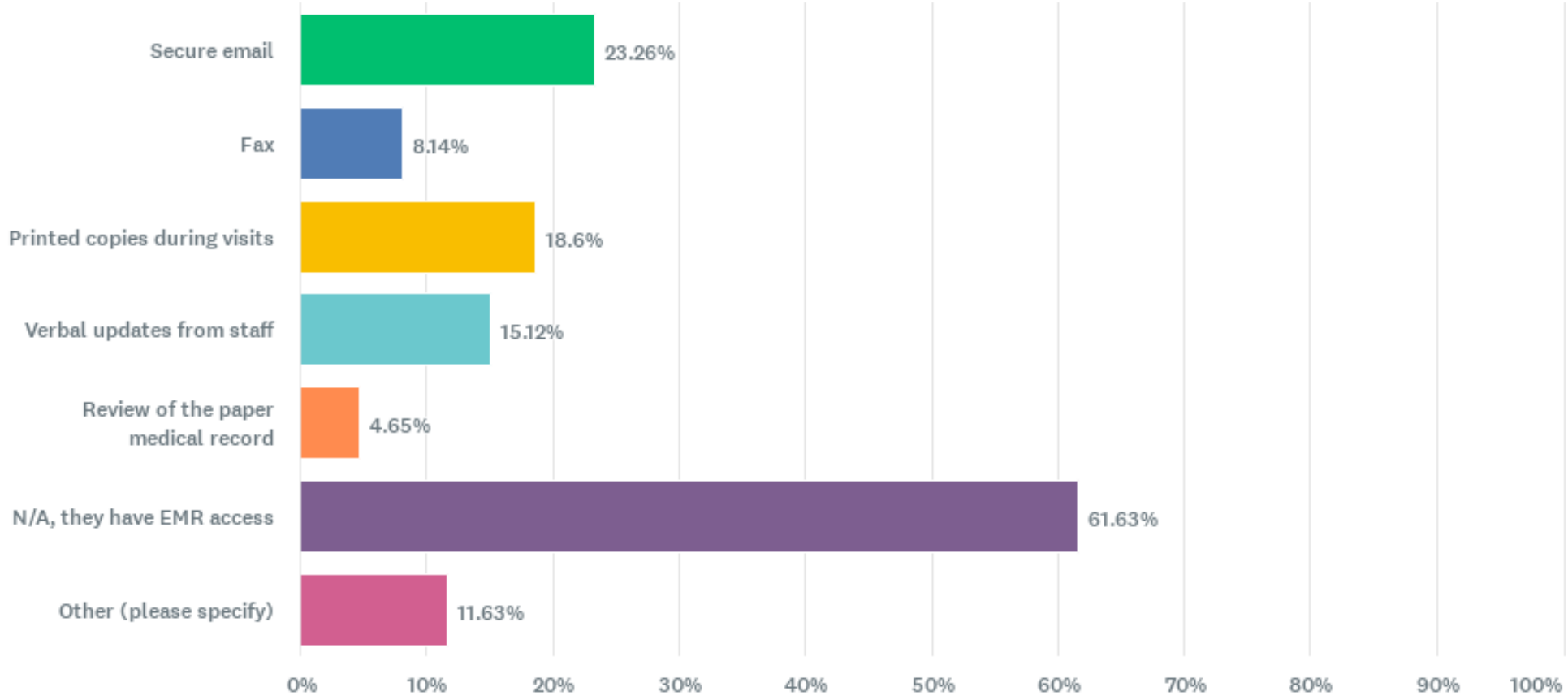
Not beneficial at all, they tend to use the facility care plan as their documentation. They do not offer much to our residents.

Q5 Does your nursing facility provide EMR access to CHC MCO Service Coordinators?



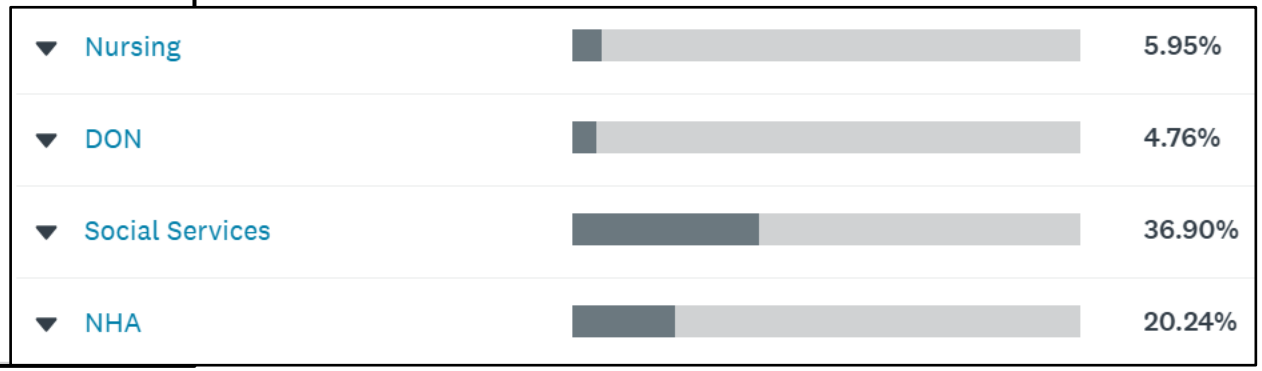
Majority of respondents report providing EMR access- 77%

Q6 If your nursing facility does NOT provide EMR access, how do Service Coordinators obtain the records they require? Select all that apply.



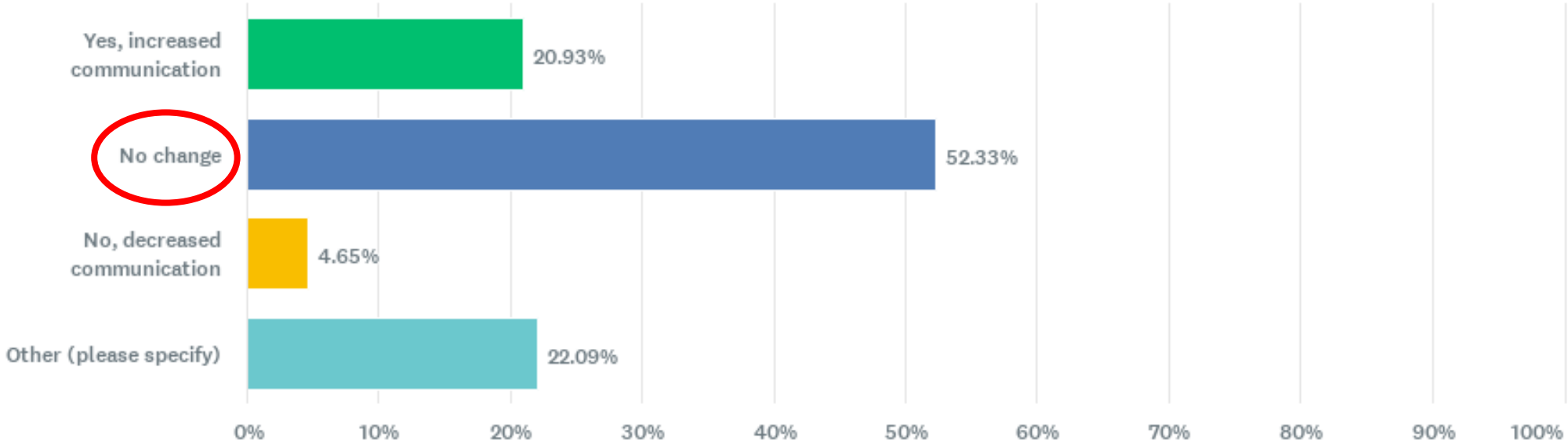
Majority of respondents report communication by email is most common without access to EMR (23%).

Q7 Who is the point of contact at your nursing facility when there is an issue or disruption with Service Coordinator EMR access?



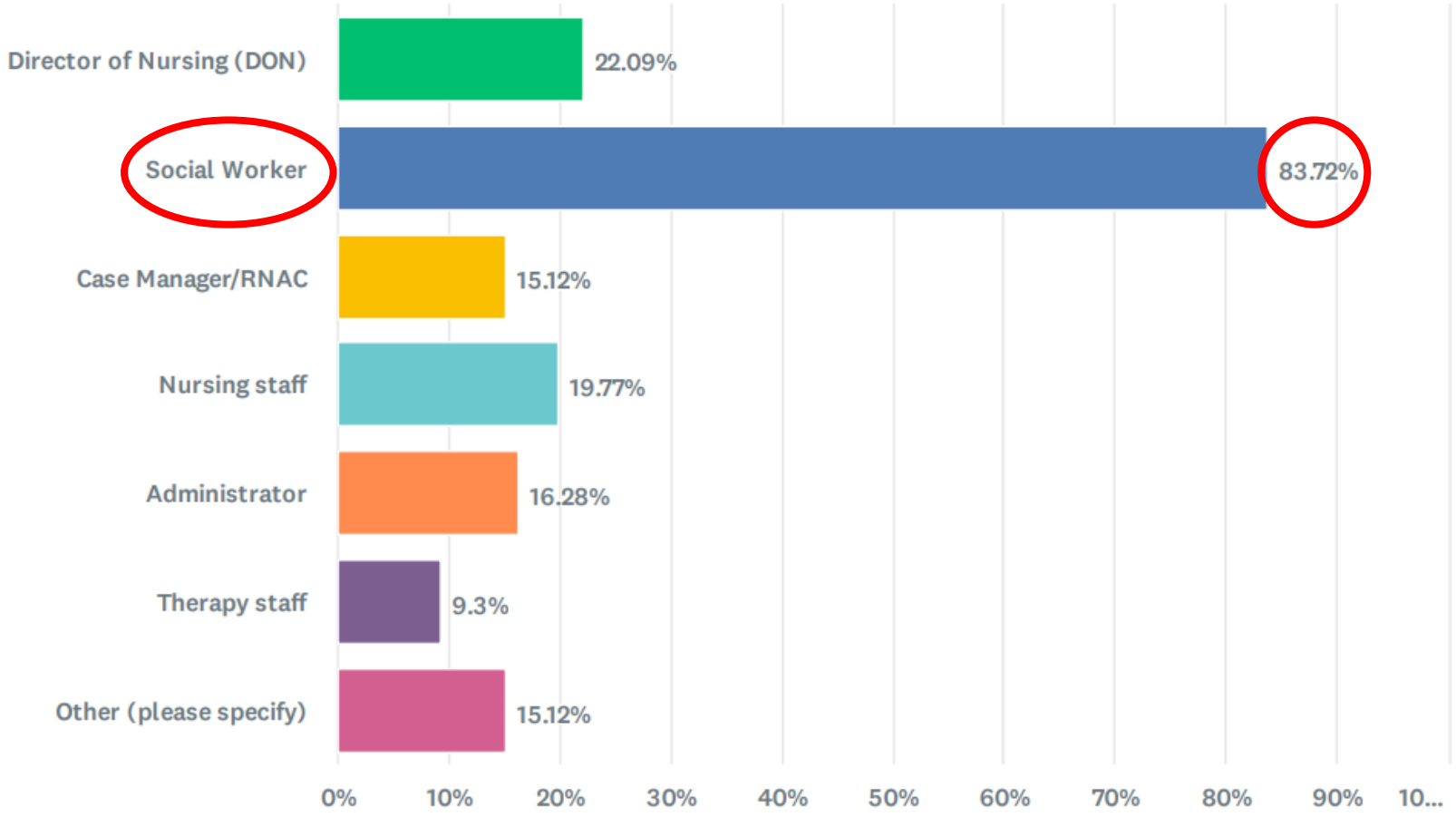
As the Word Cloud indicates, Social Services is the point of contact with EMR disruption- 36%

Q8 Have you experienced changes in communication between CHC MCO Service Coordinators and nursing facility team members over the last year?



Q9 Who do CHC MCO Service Coordinators typically communicate with when at your nursing facility? Select all that apply.

Answered: 86 Skipped: 0



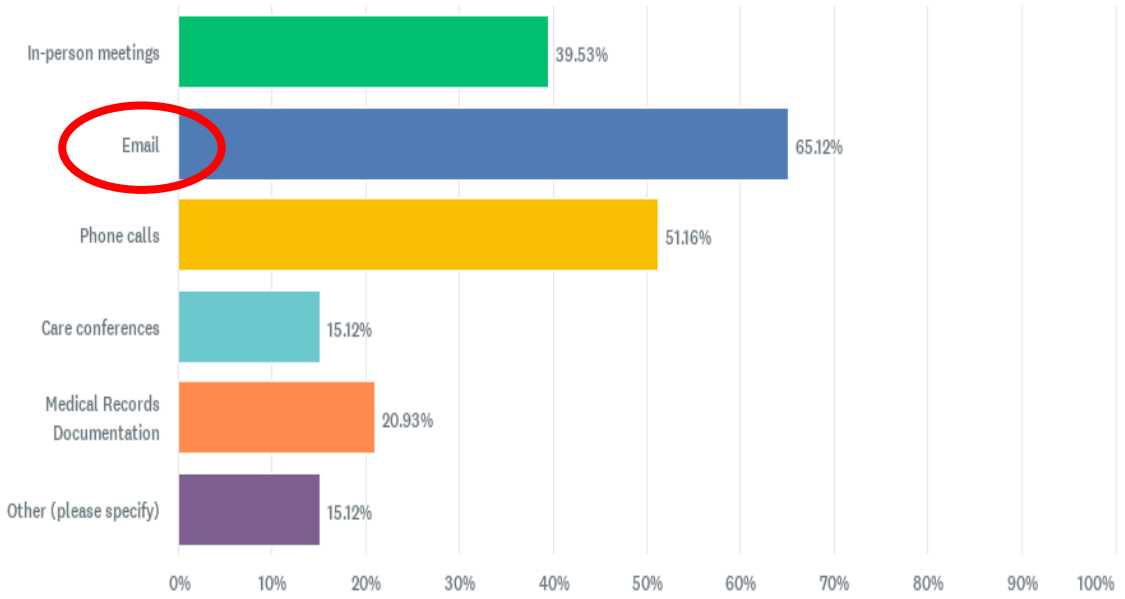
Social Services may be the best group to survey for satisfaction in the future.

Q10 Who is the primary contact person at your nursing facility for CHC MCO Service Coordinators?

As the Word Cloud indicates, Social Services is the primary point of contact-64%

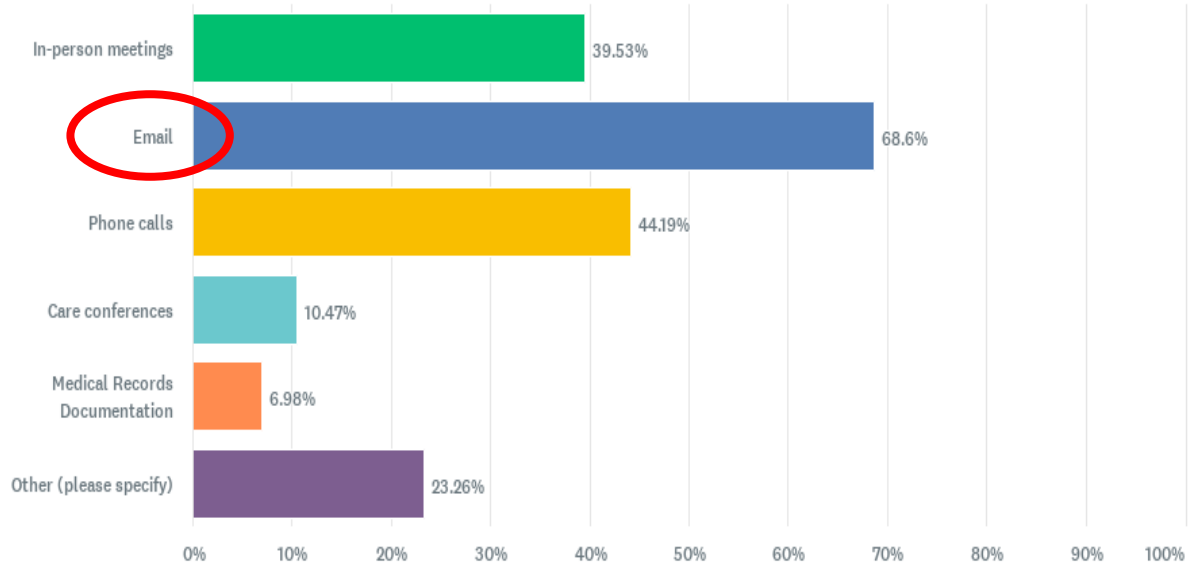
Nursing Facility TO Service Coordinators

Q11 How do nursing facility team members typically provide updates to CHC MCO Service Coordinators?

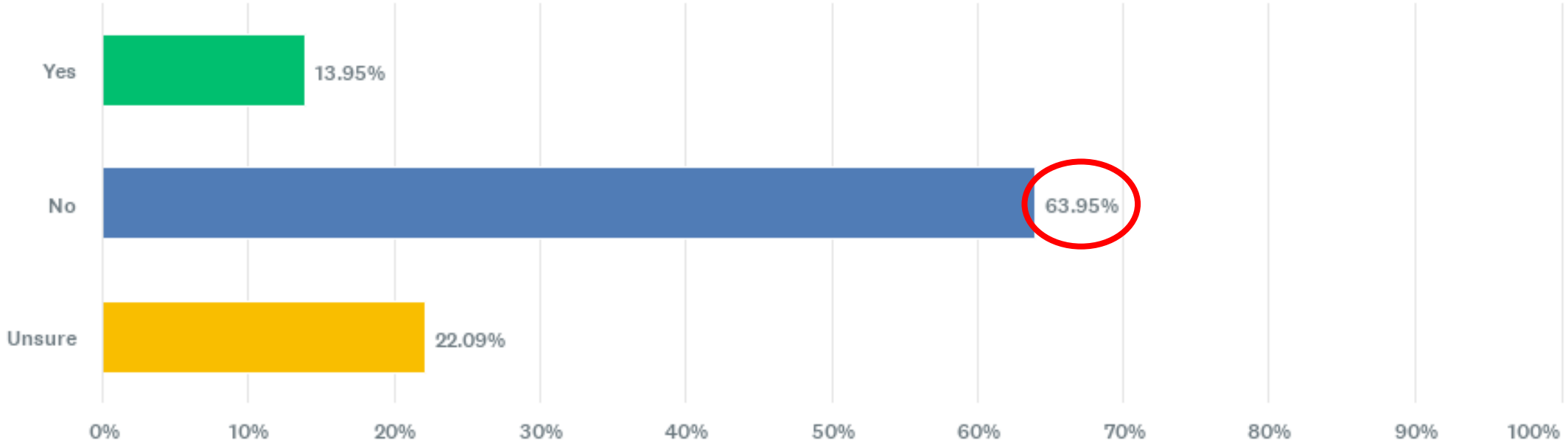


Service Coordinators TO Nursing Facility

Q12 How do CHC MCO Service Coordinators typically provide updates to nursing facility team members ?

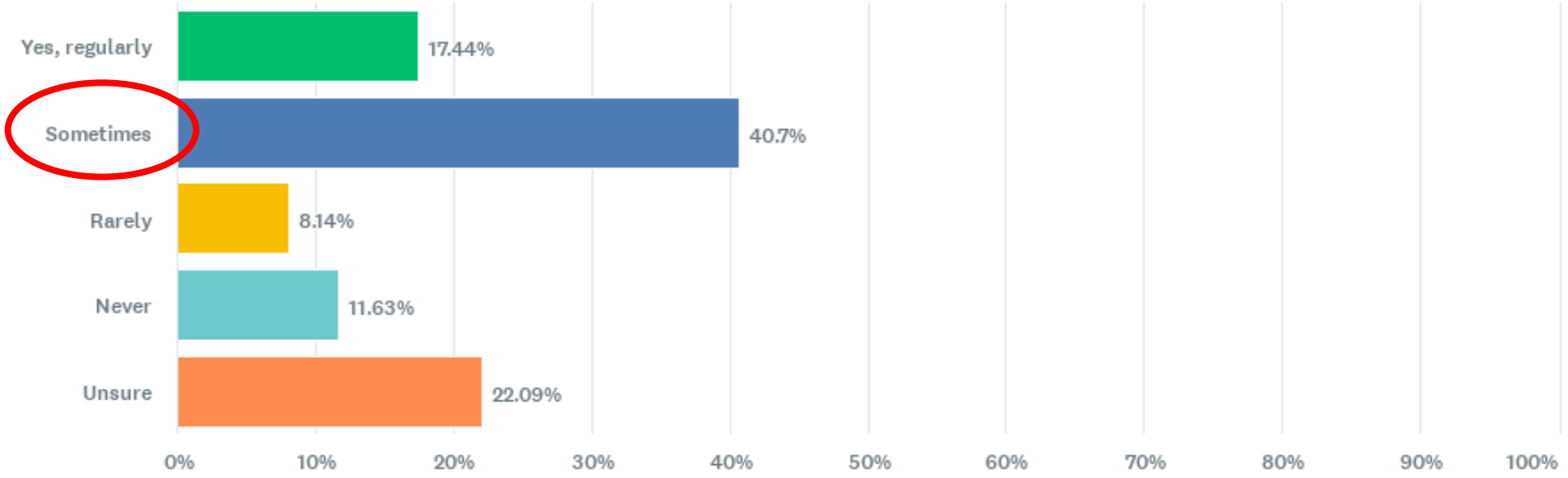


Q13 Have CHC MCO Service Coordinators requested to attend care planning conferences at your nursing facility?



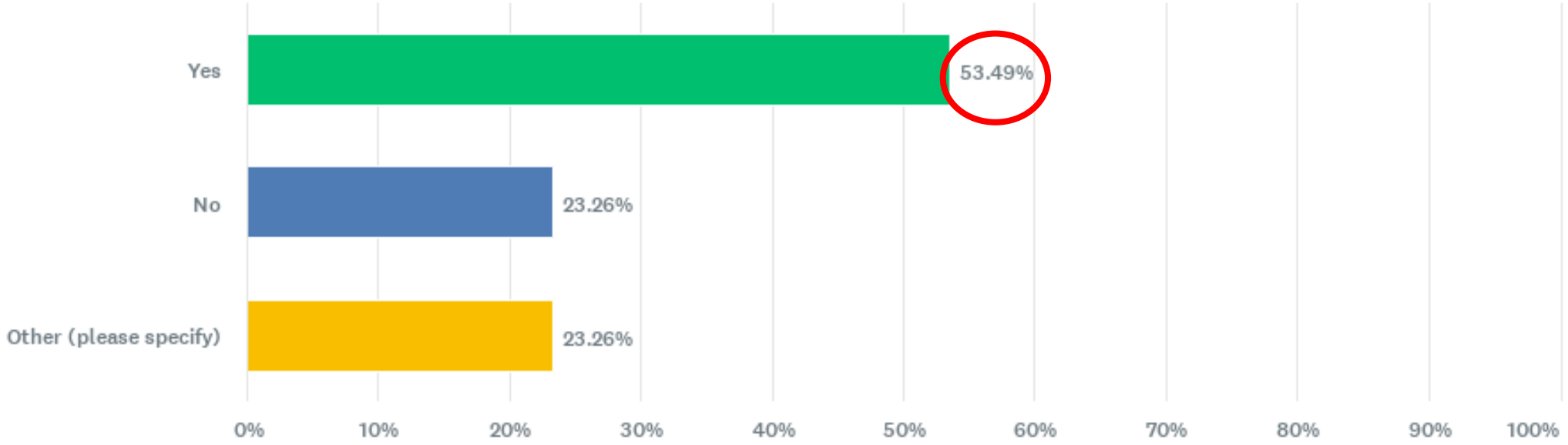
Majority of respondents report Service Coordinators have not requested to attend care planning conferences- 64%

Q14 Does your nursing facility schedule time with CHC MCO Service Coordinators when they are on-site?



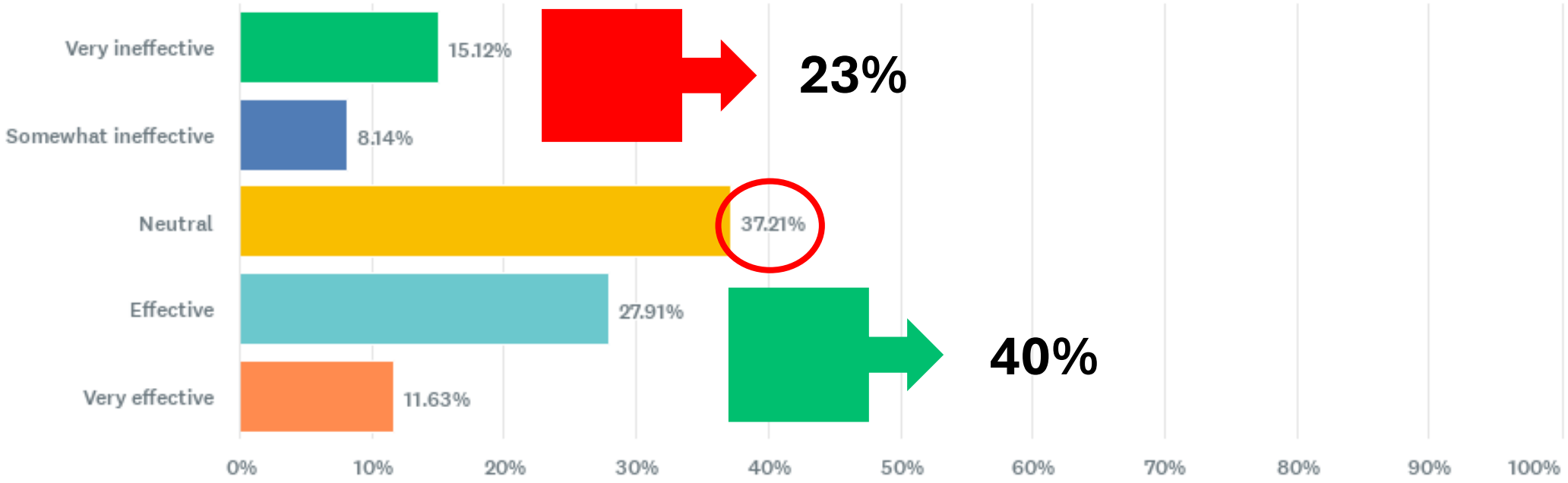
Majority of respondents report sometimes they schedule time with the Service Coordinator on-site- 40%

Q15 Have CHC MCO Service Coordinators communicated with nursing facility team members regarding discharge planning for residents?



Majority of respondents report Service Coordinators have communicated regarding discharge planning- 53%

Q16 Overall, how would you rate the effectiveness of communication and collaboration between your nursing facility and CHC MCO Service Coordinators?



Q17 Please share any additional ways CHC MCO Service Coordinators could support your nursing facility team members or residents that are not currently being utilized.

Many suggested improvements in communication practices, such as more frequent updates, advance notice of visits, and clearer information about available services. Some respondents highlighted the need for greater involvement in care planning, regular meeting attendance, and coordination of specialized services.

More communication. Information on previous services received.

More education so we understand how the process works

Some respondents highlighted the need for greater involvement in care planning, regular meeting attendance, and coordination of specialized services.

I think newer CHC Service Coordinators need to be trained better on what Specialized Care Plans look like for Level II Residents, as I have found myself explaining it to them

They could support with "specialized services" with not totally relying on psych services for anything.

Overall, feedback emphasized clearer, more proactive collaboration and communication.

Q18 Please provide any additional comments or feedback about your nursing facility's experience working with CHC MCO Service Coordinators?

Feedback on nursing facilities' experiences with CHC MCO Service Coordinators is mixed; highlighting inconsistent engagement and communication, noting both positive interactions and significant gaps.

Personally, I have no issues. Each service coordinator comes to my office and checks in, and we discuss the residents that they are in the building to see. If they have a new resident they either e mail me prior to visit or I give access at that time. All the coordinators I meet with have in my building work well with myself and our staff.

We need a way to have list or a general MCO site to look up residents and know who SC is and how to contact them

Some facilities expressed frustration with slow nursing home transitions and insufficient follow-up on specialized services. A few mentioned concerns about program instability and coordinator staffing levels.

The SW themselves are lovely - the program is what is a problem. Also, the constant changes and the instability of the CHC program is an issue. The one duty your help would be useful for is Level 2 PASRR specialized services, but the CHC organizations DO NOT FOLLOW-UP and DO NOT provide these REQUIRED services. Also, the Nursing Home Transitions - HORRIBLY SLOW. It should not take so long - over a year? WHY??? It is criminal how misused the funds for the CHC programs are.

Overall, experiences vary, with communication and responsiveness as key concerns.

QUESTIONS FROM ATTENDEES

- Would you please explain the PA state quality incentive program and how a facility gets the money? Dr. Appel will be covering this in a moment.

- How is the dollar amount determined for the PA state quality incentive program? Dr. Appel will be covering this in a moment.

- Our therapist work in other states and they have said that their state quality incentive program is very effective – have you seen that with the PA program? We have seen improvements in most areas of our incentive program. This is covered in Dr. Appel's presentation. The two areas for continued needed improvement are also included.

- Is the quality incentive program in PA focused only in the quality measures and not the actual 5 star rating? The five star rating is a CMS measure. It is not the same as the PA CHC Nursing Facility Quality Incentive Program.

- What is our 5 star rating decreases but our quality measures improve do we still receive an incentive from the state? The five star rating system is a federal measurement and rating system. The NFQI is a state incentive program. The rating system does not impact the NFQI and the NFQI does not impact the five star rating system.

QUESTIONS FROM ATTENDEES (Continued)

- Is there a list of the items that the service coordinators can assist us to obtain for our long term care Medicaid beneficiaries? Like glasses and dentures to start with.
  - Service Coordinators assist and support participants based on each individual's identified needs; however, there is no standardized list of specific items (such as eyeglasses or dentures) that can be provided. Coverage determinations are based on the participant's individual medical plan. Service Coordinators are responsible for identifying participant needs and facilitating access to Long-Term Services and Supports (LTSS), covered services, and, when appropriate non-covered medical, social, housing, educational, and other supportive services.
  - Many residents are dual eligible , and typically their Medicare Plan is the first resource on these items

- Should the DON have the contact information for the service coordinators from each of the Medicaid payors? Service Coordinators' contact information is shared with nursing facility staff through business cards and is also documented in the plan of care provided to the facility for each participant.

QUESTIONS FROM ATTENDEES (Continued)

- Is there a report that addresses how many CHC service coordinator visits take place and how often and where and what or impact is expected from these visits?
  - A presentation was developed collaboratively with all three CHC MCOs, which provides an overview of Service Coordination requirements and responsibilities. This was presented at a Learning Network Webinar. This information is intended to offer context on expected Service Coordinator activities and their role in supporting participants. We can share it here and on Tomorrow's Healthcare.
  - MCOs do have some internal reports that address some of this, but they are proprietary as they address strengths and weaknesses of each SC, etc. However, if there is specific info that is uniformly requested, the MCOs may be able to collectively create a report for facilities.
- Can or should the service coordinators attend resident care plan conferences – either remotely or in person – to learn more about our residents and how they can help?
  - Service Coordinators have expressed a willingness to attend resident care plan conferences to better understand residents' needs and identify ways they can provide support. Some Service Coordinators have reported that certain facilities are open to their participation in care team meetings, while others are not open to their attendance.
  - This is strongly encouraged. To the point where if a SC is invited to a resident plan conference, MCO states that they will do whatever they can in terms of changing schedules, etc, to ensure that the SC is present at a care plan conference.

DHS|OLTL RESOURCE ACCOUNT RA-PWNFLNATTEST@pa.gov

CHC MCO QUICK REFERENCES

Normal business hours: • UPMC: 1-833-804-0479 • PHW: 1-844-626-6813 • AmeriHealth/Keystone: 1-855-235-5115	After Hours Hotline: • UPMC: 1-844-833-0523 • PHW: 1-844-626-6813 • AmeriHealth/Keystone: 1-855-235-5115

MCO CONTACT INFORMATION

AmeriHealth Caritas Community Health Choices Provider Services 1-800-521-6007 Provider.communications@amerihealthcaritaspa.com Provider.communications@keystonefirstpa.com	**PA Health & Wellness:** Cynthia Parker Peppers: Cynthia.parkerpeppers@pahealthwellness.com www.pahealthwellness.com Network questions: phwproviderrelations@pahealthwellness.com

UPMC Community HealthChoices: PA LTC Learning Network Contact: Tiffany Bloom bloomt@upmc.edu Network Questions: nursingfacilityinfo@upmc.edu

QUESTIONS

Nursing Facility Quality Incentive (NFQI) Program and Goals

Background on Incentive Development and Approval

- The Nursing Facility (NF) Quality Incentive (NFQI) is a pay for performance incentive program required by our Community HealthChoices (CHC) Agreement with the MCOs (see Exhibit DD(2) of the CHC Agreement)

https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/healthchoices/hc-providers/documents/2026-03-12-2026-chc-agreement-pending-approval.pdf

- NFQI is a State Directed Payment for Medicaid Participants Only

- Information on State Directed Payments and CMS Approved State Preprints: https://www.medicaid.gov/medicaid/managed-care/guidance/state-directed-payments/index.html

Nursing Facility Quality Incentive Process

- Nursing Facilities (NFs) earn points for meeting performance requirements for Medicaid services provided during the performance year.

- To be eligible for this incentive, the facility must:
  - Be an open Medicaid facility
  - Achieved a benchmark or incremental improvement on at least one of the measures
  - Attended at least one Learning Network Webinar hosted by the Jewish Healthcare Foundation in the measurement year

- CHC MCOs must have at minimum the NFQI P4P in the agreement, but each have or are developing additional incentives above and beyond the DHS requirements.

ORIGINAL NF QUALITY INCENTIVE PROGRAM GOALS

Impacting Clinical Care (5) and Utilization (1) (national, state)

1. Percentage of short-stay residents who were **re-hospitalized** after a NF admission (Medicare FFS Claims)
2. Percentage of long-stay residents experiencing **one or more falls with major injury** (MDS)*
3. Percentage of long-stay residents with **pressure ulcers** (MDS)*
4. Percentage of long-stay residents assessed and appropriately given the **seasonal influenza vaccine** (MDS)*
5. Percentage of long-stay residents assessed and appropriately given the **pneumococcal vaccine** (MDS)*
6. Percentage of long-stay residents who received an **antipsychotic medication** (MDS)*

*National Quality Forum (NQF) from Minimal Data Set (MDS)

Community HealthChoices

NFQI Data Sources

- DHS used published statewide and national benchmarks in establishing the NFQI benchmarks. The incentive payment will be based on rewarding points for achieving statewide benchmark goals and incremental improvement.

- NFs will be rewarded for incremental improvement for clinical and utilization measures year over year.

- Measures were developed using the statewide 50th percentile and the 75th/25th percentile(Depending, on whether higher or lower is better) from MDS and claims data. Please note that all measures use the total NF population.

NFQI Data Sources

- Performance targets are set based on 2026 statewide NF performance by quartile for clinical and utilization measures. Points are awarded relative to hitting specific targets for each metric. NFs can earn between 0 and 2 points per measure based on their 2026 performance.

- Nursing Facilities can earn payments for each specific quality metric independent on performance of other metrics.

NFQI Calculations

Step #1 –Calculating Each Nursing Facility's CHC MA Occupancy: The CHC MA Occupancy % will be determined by dividing each facility's total CHC MA days in CY 2026 by each facility's total CY 2026 facility days of care.

Step #2 – Calculating the CHC Adjusted Maximum Potential Point Value: Applying the CHC MA Occupancy % to the total incentive points earned will reduce the funding amount spent. As a result, prior to calculation of the point value the total number of points of eligible NFs are multiplied by their CHC MA Occupancy % and then the total adjusted points are divided by the total funding available ($15 million) to determine a point value amount.

Step #3 – Calculating the Total Adjusted Points: This is determined by dividing the total points that each NF received by their CHC MA Occupancy %.

NFQI Calculations (Continued)

Step #4 – Calculating Each Nursing Facility's Maximum Potential Payment: The CHC adjusted maximum potential payment to each NF provider will be determined by multiplying total adjusted points earned for the NF times the CHC adjusted maximum potential value as determined in Step #2.

Step #5 – Calculating Each Nursing Facility's Final Payment:

- The final payment to each facility is determined by multiplying the CHC adjusted maximum potential points by the point value as calculated in Step #4.
- The Department will direct the CHC-MCO to make payments to assigned NFs.
- To limit the payments required under this payment arrangement to CHC Medicaid services on behalf of CHC participants, the Department will make an adjustment to apply a facility-specific CHC Medicaid statistic, the CHC Medicaid Occupancy percentage (CHC MA Occupancy %), when determining the final nursing facility payment amounts.

2024 NFQI Payments

- Payments are still pending CMS approval of amendments due to changes in the Pressure Ulcer Measure.
- Tentative Payments for 2024 range from a high of $100,047 to a low of $2,190
- An average of $31,249 for those that are eligible for payments
- Of the 500 facilities who were eligible for payments all but 11 earned benchmark or incremental improvement points.
- Of the 99 who did not attend a Learning Network webinar all but 1 would have been eligible for payments had they attended a Learning Network Webinar.

2025 NFQI

- The deadline for 2025 Attestation forms was March 13th 2026. With the attestation forms received and from the attendance list that we received from JHF we have verified 499 NFs who attended at least 1 learning network Webinar at this time.
    - This is a decrease of 1 from the 500 verified in 2024.

Questions

Behavioral Health Integration into CHC Women's Health Initiative

Lawrence Appel MD SFHM

Medical Director
Office of Long Term Living
PA Dept of Human Services

Many Parts to a Successful Transition Home

- Social aspects, physical aspects, mental health aspects all combine to create and effective and lasting approach to NF residents staying in the community .

- Post pandemic, among the many aspects of LTC noted, one thing noted was a need for effective HCBS “Prevention” Programs was identified .

- The CHC Women's Health Initiative was created in this setting.

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Women's Health Focus in Seniors

- In the Community Health Choices Program, 59.6% of participants are women!
- Women have a higher life expectancy (81 years) then men (76 years).
- Women have a higher chance of developing health issues in later years.

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Behavioral Health Prevalence in CHC

- **59% of the most recent assessments (late 2023- late 2024) had an affirmative (values of 1, 2, or 3) answer to either the bipolar, depression, or schizophrenia questions for Oct 2023-Oct 2024.**

- **Anxiety Disorder is not included in the above, possible another additional 18%.**

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Key Diseases of Focus Affecting Elderly Women

- Cardiovascular Diseases (Hypertension and Strokes)
- Fracture and Fall Prevention
- Breast Cancer Screening

- *And WE needed to Combine Behavioral Health to These!!*

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Multiple Data Sources – Identify High Risk Participants

- InterRAI Homecare Assessment Tool
- HEDIS Measures
- HCBS CAHPS Surveys
- Assessment and Service Plan Reviews

Women's Health Initiative – Updates – Stroke Prevention

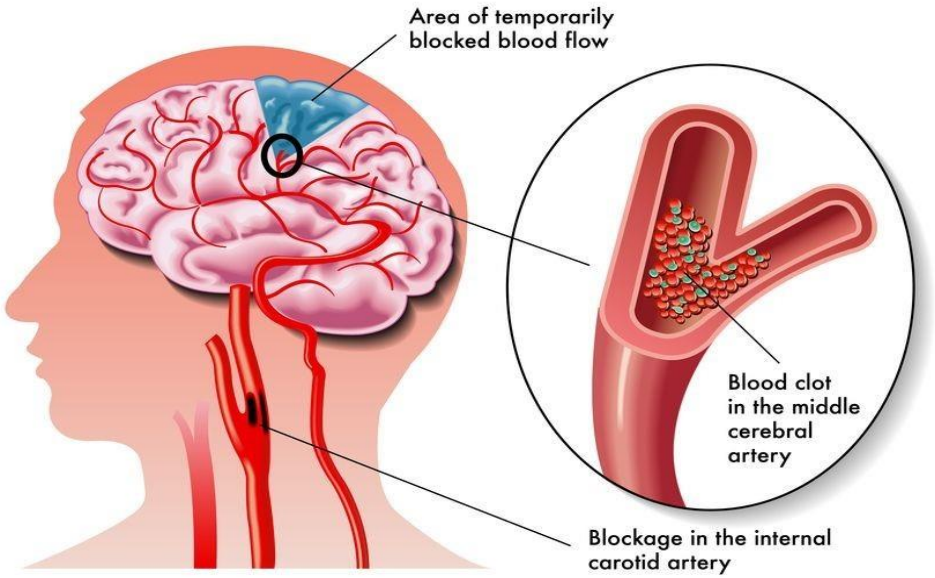
- **As of 2025, 7.8 million Americans have experienced a stroke, about 3.1% of the adult population**

  Every year, more than **795,000 people** in the United States have a stroke.
- About 185,000 strokes—**nearly 1 in 4**—are in people who have had a previous stroke
- Stroke is a leading cause of serious long-term disability.
- Stroke reduces mobility in more than half of stroke survivors age 65 and older.

Hypertension Control : Where Stroke Prevention Begins !!

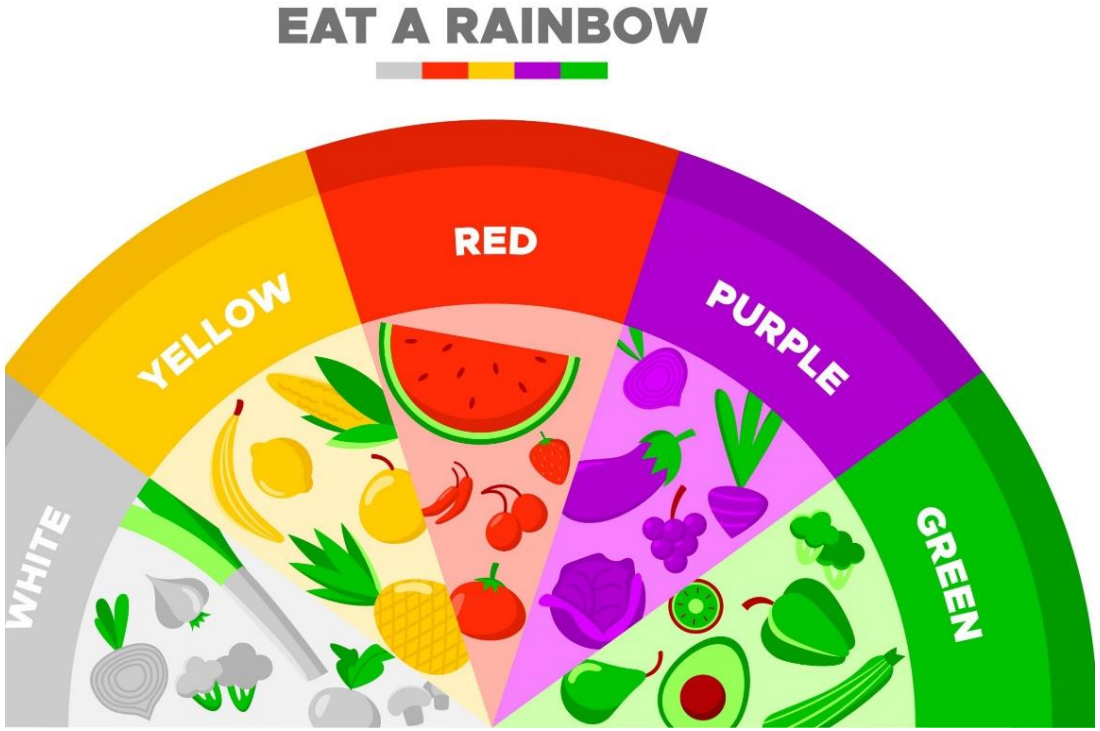
- 51.9% of high blood pressure related deaths are in women.

- Out of all women, 57.6% of Black females have hypertension — more than any other race or ethnicity.



CV Interventions: Diet EAT A RAINBOW

- **Eat a rainbow.** In later life, you still need healthy foods, but fewer calories. Your healthcare provider and the USDA's updated **Choose My Plate for Older Adults** can help you make good choices. You can also get a personal nutrition plan at the USDA.



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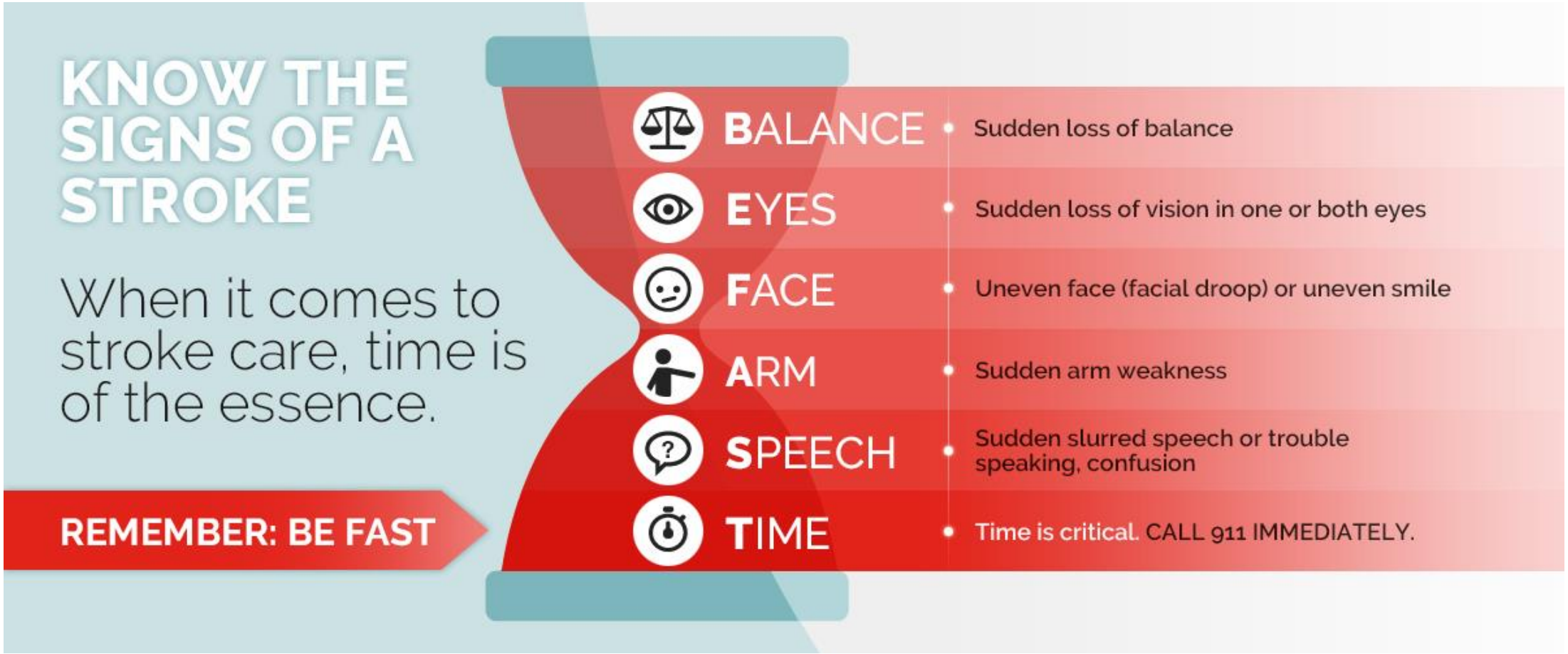
Stroke Education is Key to Saving Lives



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Women's Health Initiative – Updates – Stroke Prevention

Women's Health Initiative : Each Plan Has implemented a solid approach to Stroke Prevention

These approaches involve :

1) Blood pressure checks- giving out blood pressure cuffs- holding clinics

2) Nutrition Education and Diet Assistance for High risk participants

3) Smoking Cessation / Tobacco Recovery efforts

4) Stroke Education Initiatives and Mailings

5) Reinforcing Clinician Education on the importance of timeliness of Stroke Education

•

Behavioral Health Aspects for Stroke Prevention

- A comprehensive meta-analysis found that people with a history of **Serious Mental Illness had an approximately 34% higher risk of developing a stroke**, even after accounting for known confounding factors.
- One large study showed that participants with **multiple depressive symptoms were 54% more likely** to experience a stroke than those reporting no symptoms
- Currently – MCO Interventions aimed at this include:

a) coordinated face to face appointments with PH and BH providers

b) Specific Projects to combat Loneliness

c) Tobacco Recovery Efforts

Fall Prevention

Falls are the leading cause of hospitalization in every age group

Falls Cause:

- 85% of seniors' injury-related hospitalizations
- 95% of all hip fractures
- $2 billion/year in healthcare costs

KW REHABILITATION

Fall Prevention Month- Fact Bank
www.publichealth.gc.ca/seniors

Women's Health Initiative Fall Prevention

- Each year, millions of older people—those 65 and older—fall. In fact, more than one out of four older people falls each year, but less than half tell their doctor. ***Falling once doubles your chances of falling again***

- In 2019, 83% percent of hip fracture deaths and 88% of emergency department visits and hospitalizations for hip fractures were caused by falls

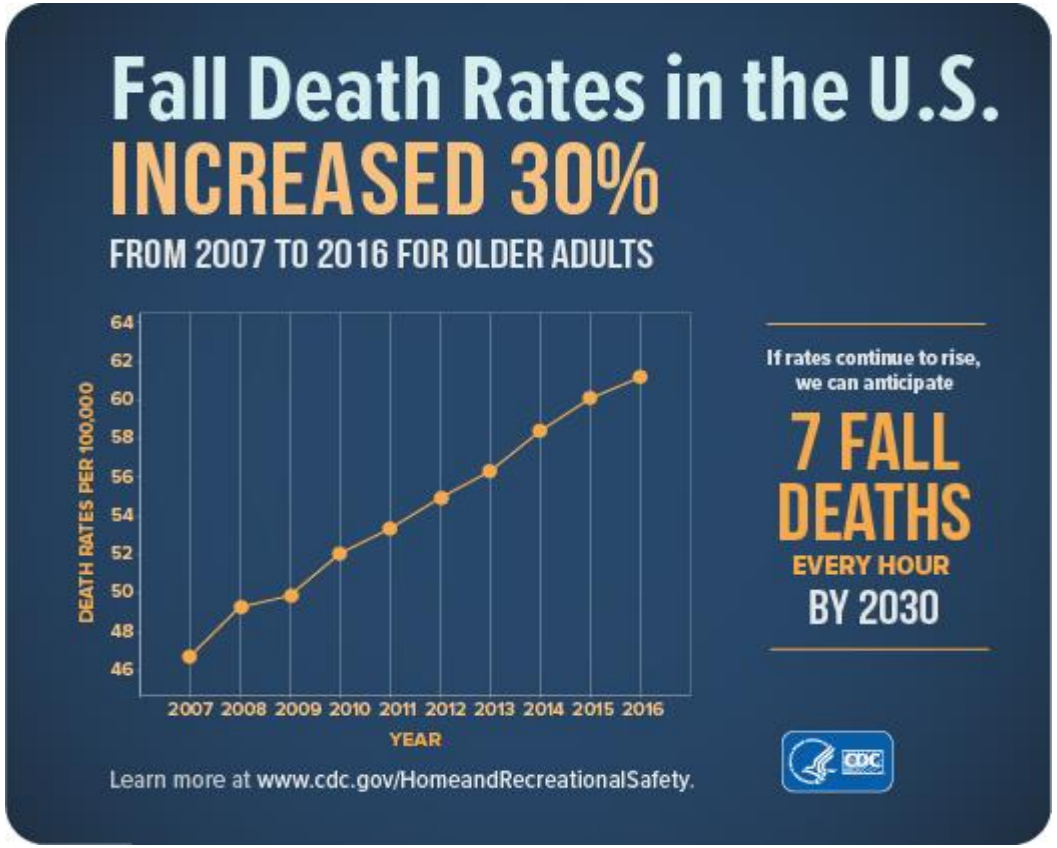
- Falls are the most common cause of traumatic brain injuries (TBI).

Background

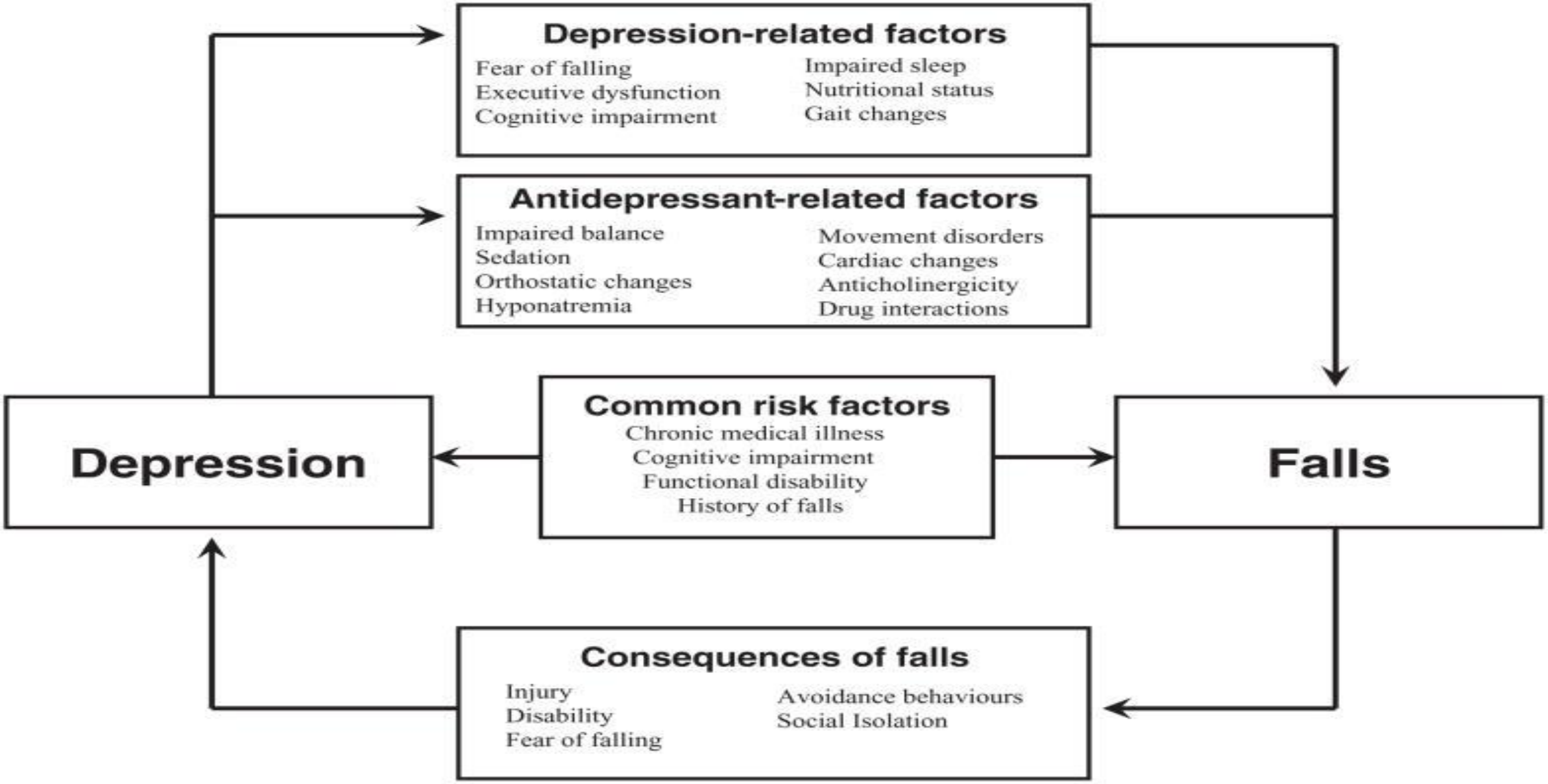
Research Findings: Potential Impact of Evidence-Based Interventions for Falls

Overall health impact of effective fall prevention and reduction interventions nationally:

- Pennsylvania had 27.9% percent, or 616,159 of older adults fell and presented to an ER in 2020
- a 25% decrease in rates of falls (# falls per 100 people) results in:
- 2.5 Million fewer injuries
- 1.25 Million fewer ED visits
- 250,000 fewer hospitalizations
- 8,500 fewer deaths per year



Inter-Relationship between Depression and FAlls



WOMEN's Health Initiative - Updates –Fall Prevention

Women's Health Initiative Fall Prevention:

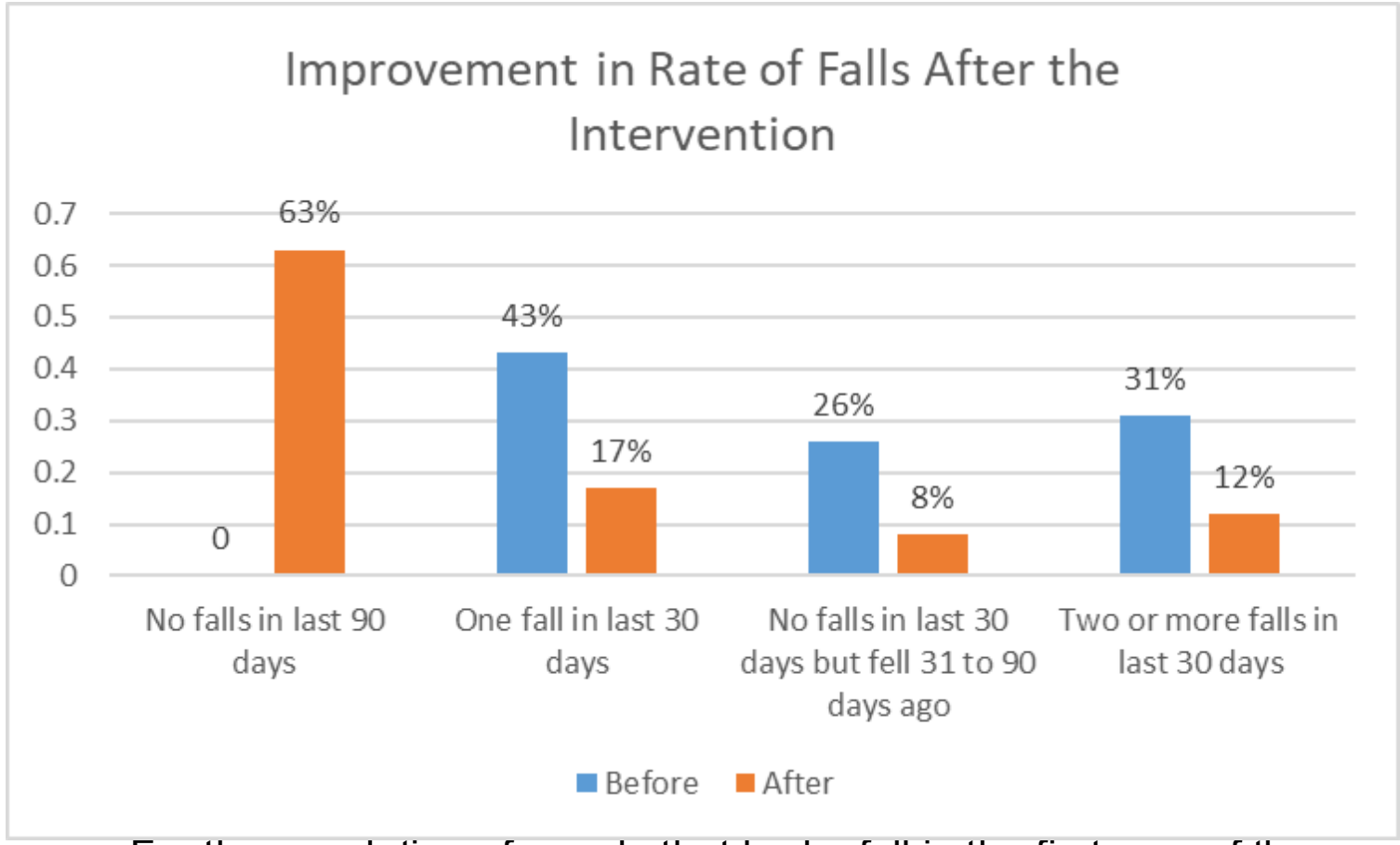
Each CHC Plan has implemented a multi – faceted comprehensive approach to fall prevention :

CHC Plan Approaches Include :

- ***Aggressively Screen for Depression and Treat with Multiple Modalities***
- Medication reconciliation and avoidance efforts,
- Home Modifications
- Participant Education
- PT and OT evals
- All of the above

CHC Fall Risk Initiative

Comparison of Rate of Participants with Falls Before and After the Intervention*



* For the population of people that had a fall in the first year of the program.

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WOMEN's Health Initiative - Updates –Fall Prevention

Women's Health Initiative Fall Prevention:

- For 2023- 2024- *fall prevention efforts noted declines in the Rate of Falls up to 30%!*

For 2024- 2025

- Overall Fall rate is ***down another 1.5%*** and:
- Percent of HCBS participants with 2 or more falls in the last 30 days – ***is down 5%***

Pennsylvania
Department of Human Services

Community HealthChoices

Gets Stuff Done

5% reduction in strokes
since launch of Women's Health Initiative

33% reduction in falls
since launch of Women's Health Initiative

★★★★★

Womens Health Initiative – Updates – Breast Cancer

- IN 2026 : it is predicted in the US:

321,910 new cases of invasive breast cancer (This includes new cases of primary breast cancer, but not breast cancer recurrences.)

60,730 new cases of ductal carcinoma in situ (DCIS), a non-invasive breast cancer

Nearly one in every four people diagnosed with breast cancer experience depression,

-

Women's Health Initiative: Breast Cancer Prevention

Mammograms and Self Breast Exams are noted to be Very effective Early Detection Modalities to Prevent Significant Mortality

Follow up of Biopsy Results is also Critical

In 2025 Nationally :

- Percent of women age 40–49 who had a mammogram within the past 2 years: 62.1%
- Percent of women age 50–74 who had a mammogram within the past 2 years: 80.0%

Womens Health Initiative– Breast Cancer Screening

- Women's Health Initiative : Each Plan Has implemented a solid approach to Breast Cancer Screening

Approaches Include:

1) Educational materials for participants

2) Gaining an understanding of who doesn't follow up on Biopsies

3) Provider Incentives for Mammogram rates

4) Identifying those with Diagnoses of Breast CA and screening for Depression/ other SMI

Womens Health Initiative– Breast Cancer Screening

- Women's Health Initiative : Breast Cancer

Good Work!

Mammogram Rates in the HCBS Population :

2023- 2024: Unchanged

2024- 2025 : ***Increased rate by 1%***

Women's Health Initiative– Summary

- The Diseases we are focusing on in the Women's Health Initiative have major impacts on our Participants Lives!

All 3 MCO's have done Great Work identifying their members at high risk ,and implementing intervention strategies !

- The Reductions in Falls and Strokes have been tremendous over the past 2 years
- We all need to perhaps consider more focus on Breast Cancer Prevention Efforts
- We are excited to continue efforts at incorporating Behavioral Health into the Initiative

- THANK YOU ALL FOR YOUR CONTINUED EFFORTS!!!

QUESTIONS

2026 Annual PADONA Conference

Pennsylvania Long-Term Care Learning Network

Stacie Bonenberger, MOT, OTR/L
Program Manager, Aging Initiatives
Jewish Healthcare Foundation

PADONA
PENNSYLVANIA ASSOCIATION OF DIRECTORS OF NURSING ADMINISTRATION

Pennsylvania Long-Term Care LEARNING NETWORK

Jewish Healthcare Foundation

Launched in 2022

Pennsylvania Long-Term Care LEARNING NETWORK

Supporting the Commonwealth's Nursing Facility Quality Incentive Program

A Virtual Learning Network for all Nursing Facilities and Service Coordinators

On-line Educational Platform – Tomorrow's HealthCare

Community HealthChoices | AmeriHealth Caritas Pennsylvania | pa health & wellness | UPMC Community HealthChoices | Jewish Healthcare Foundation | pennsylvania DEPARTMENT OF HUMAN SERVICES

Funding through the MCOs and PA Department of Human Services

Prioritizing Educational Offerings

- Nursing facility input and promising practices
- Operation / Education committee
- Data driven

Monthly Op/Ed Committee Meeting

Topic identification

Subject Matters Expert Identification

Dissemination through partners (MCOs, provider associations, DHS|OLTL, DOH)

Learning Network

Pennsylvania Long-Term Care LEARNING NETWORK

Education Components

Webinar Schedule

Specific Roles were encouraged to attend depending on the topic

EVENT SCHEDULE PLANNER

PROJECT | PENNSYLVANIA LONG-TERM CARE LEARNING NETWORK | 2026

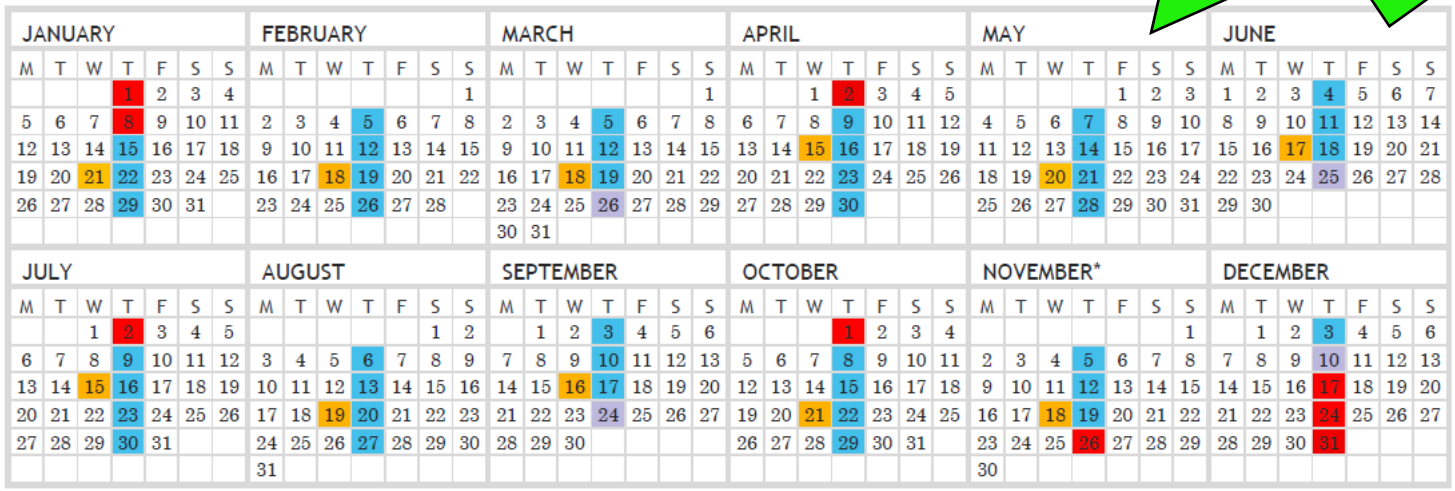
PROJECT COMPONENTS

NURSING HOME WEBINAR

OP/ED MEETING

QUARTERLY LEARNING COLLABORATIVE / ANNUAL MEETING IN DECEMBER

NO WEBINAR - HOLIDAY OR THURSDAY AFTER THE QUARTERLY LEARNING COLLABORATIVE



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DECEMBER						
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All TEAM MEMBERS ARE INVITED

MARK YOUR CALENDAR

Weekly Webinars = 1 hour

Thursdays 2:00 pm – 3:00 pm

MARK YOUR CALENDAR

Quarterly Learning Collaborative = 1.5 hour

Thursdays 2:00 pm – 3:30 pm

Quarter 1 = March 26

Quarter 2 = June 25

Quarter 3 = September 24

Quarter 4 = December 10

Invites are sent out 2 weeks ahead

- Unique Registration Links
- Register with your NPI

To request to be added to the invite list email:

bonenberger@jhf.org

Pennsylvania Long-Term Care LEARNING NETWORK

HAPPY NEW YEAR!!!

On behalf of the Pennsylvania Long-Term Care Learning Network, the Jewish Healthcare Foundation invites you to join the **2026** webinar series. The Learning Network is part of the Department of Human Services | Office of Long-Term Living's Quality Strategy for Nursing Facilities, offered in collaboration with the Community HealthChoices Managed Care Organizations. During the first quarter of **2026** we will be focusing on Transforming Nursing Home Care through the 4Ms of Age-Friendly Health Systems. CLICK HERE for additional information about the 4Ms. Below is the registration information for the first two webinars of **2026**.

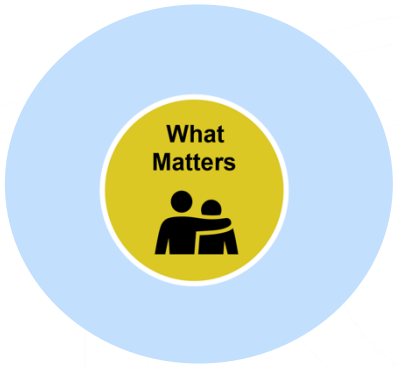
All team members are invited:

Webinar 1: Thursday, January 15, 2026 - 2:00 pm - 3:00 pm
Introduction to the 2026 Quality Incentive Program and the Learning Network
CLICK HERE to register for **Webinar 1**

Webinar 2: Thursday, January 22, 2026- 2:00 pm - 3:00 pm
Introduction to the 4Ms of Age-Friendly Health Systems for Nursing Facilities
CLICK HERE to register for **Webinar 2**

2026 Quarterly Themes

4 Quarterly Learning Collaboratives



Q1: AGE-FRIENDLY HEALTH SYSTEMS

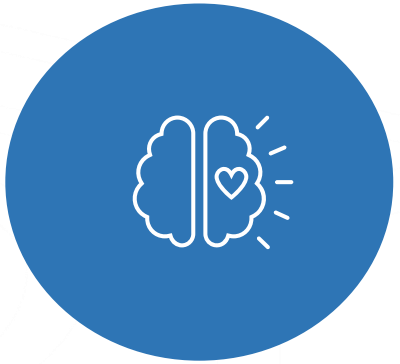
10 Webinars

Q2: SKILLS FOR THE WORKFORCE

11 Webinars

Q3: REGULATIONS AND BEYOND

11 Webinars



Q4: BEHAVIORAL HEALTH

8 Webinars

2026 Areas of Focus

- Percentage of long-stay residents who received an antipsychotic medication
- Percentage of short-stay residents who were re-hospitalized after a NF admission
- Percentage of long-stay residents who lose too much weight

Self-paced Learning and Resources

Web-based Platform: Tomorrow's Healthcare

- Foster action among professionals
- Provide a platform to learn, communicate, collaborate, and engage

Welcome Home

Access Your Homepage

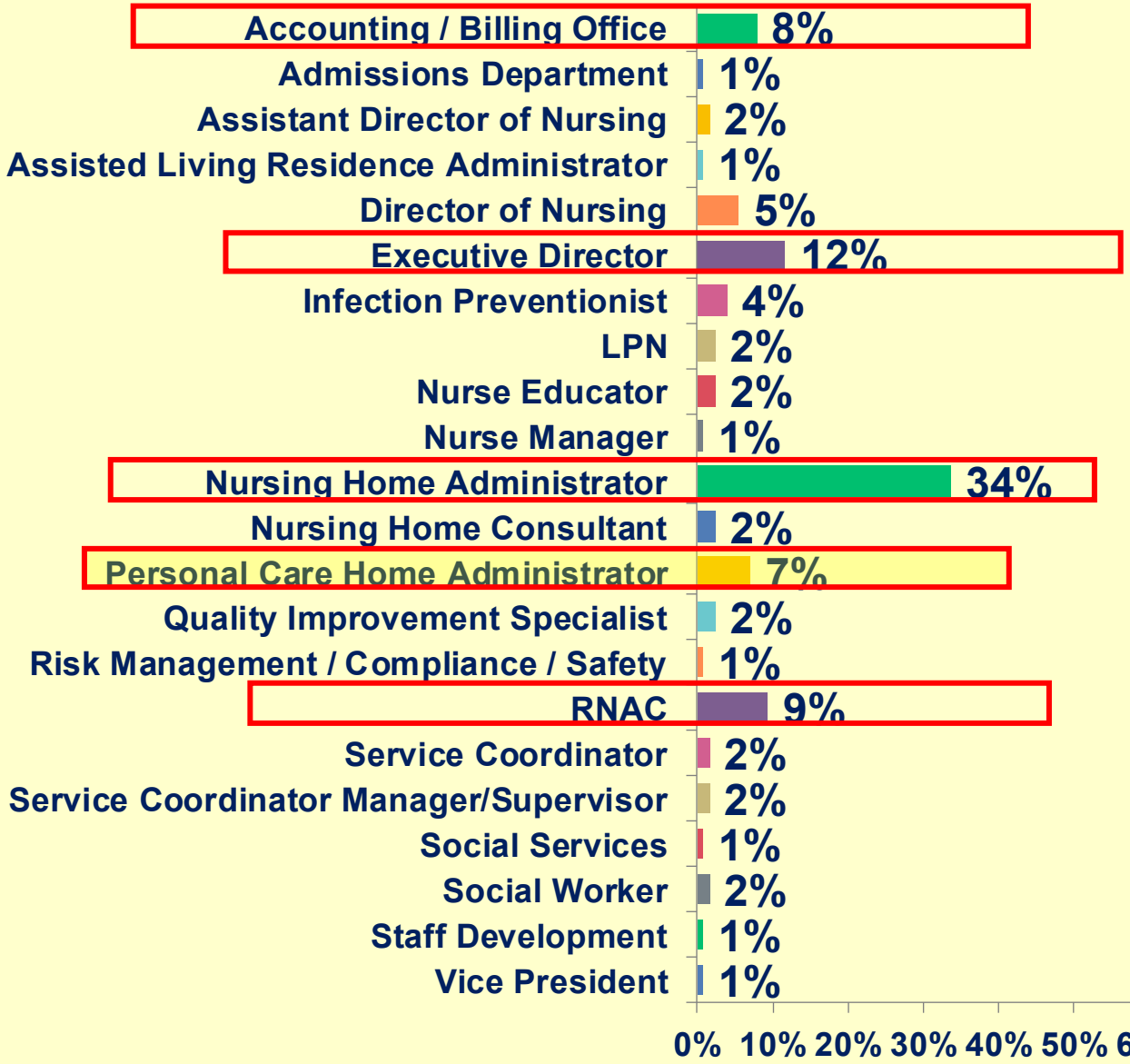
Quarter 2: Skills for the Workforce

DATE	TOPIC	TIME
April 2	**NO WEBINAR**	
April 9	**POLST** Judy Black, MD, MHA; Alex Nesbitt, MD	2:00 pm – 3:00 pm
April 16	**Guardianship** Libby Moore, PhD	
April 23	**Reducing rehospitalizations from the nursing home** Rollin M. Wright, MD, MS, MPH	
April 30	**Medication Reconciliation** PA Health & Wellness Colleagues	
May 7	**Importance of nutrition and unplanned weight loss** Matt Tully, MBA, RDN, CDN	
May 14	**Caring for residents with obesity** John A. Harris, MD, MSc	
May 21	**Infection prevention best practices** Project First Line	
May 28	**ICD-10** Mary Ann P. Leonard, RHIA, CRM, RAC-CT	
June 4	**Reducing antipsychotic medication** Candace Fraser D.O.	
June 11	**Fall prevention** Ayesha Ahmad, MD	
June 18	**Wound care and pressure ulcers** Curana Health	
June 25	Quarterly Learning Collaborative	2:00 pm – 3:30 pm

Winter 2025 Survey

8/1/25 – 12/31/25

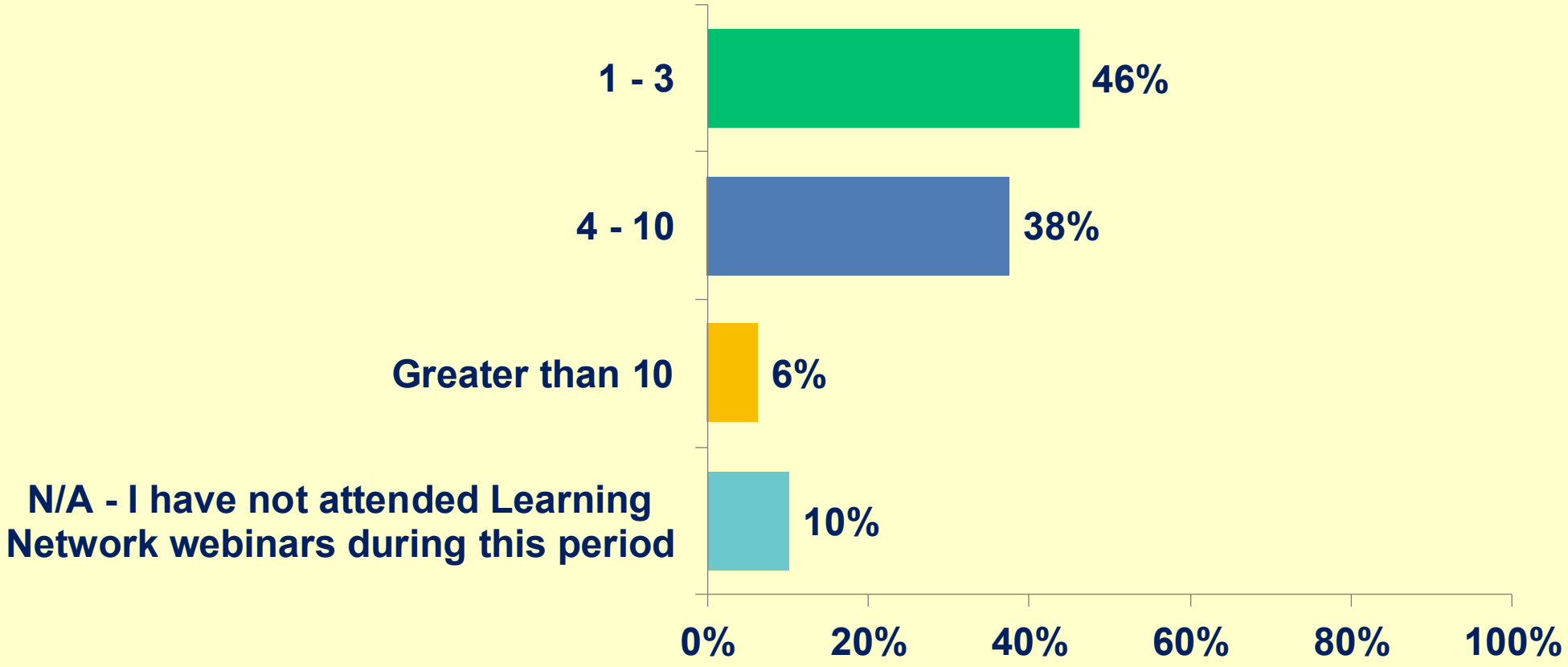
128 Respondents



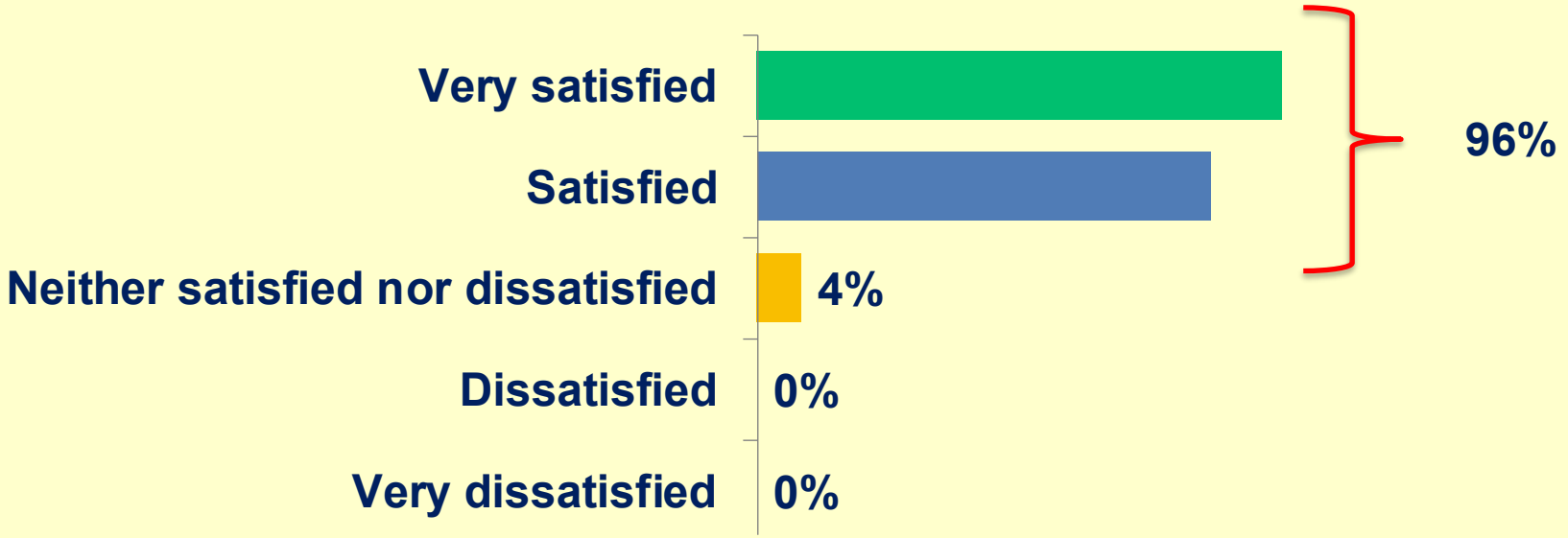
Roles with 0% attendance:

- Administrative Assistant / Unit Secretary
- **CNAs**
- COTA
- COO / VP of Operations
- Dietary
- Environmental Services
- LTC Ombudsman
- **Medical Director**
- OT
- PT
- PTA
- President / CEO
- **QAPI Specialist**
- Recreational Therapist
- **RN – frontline**
- SLP

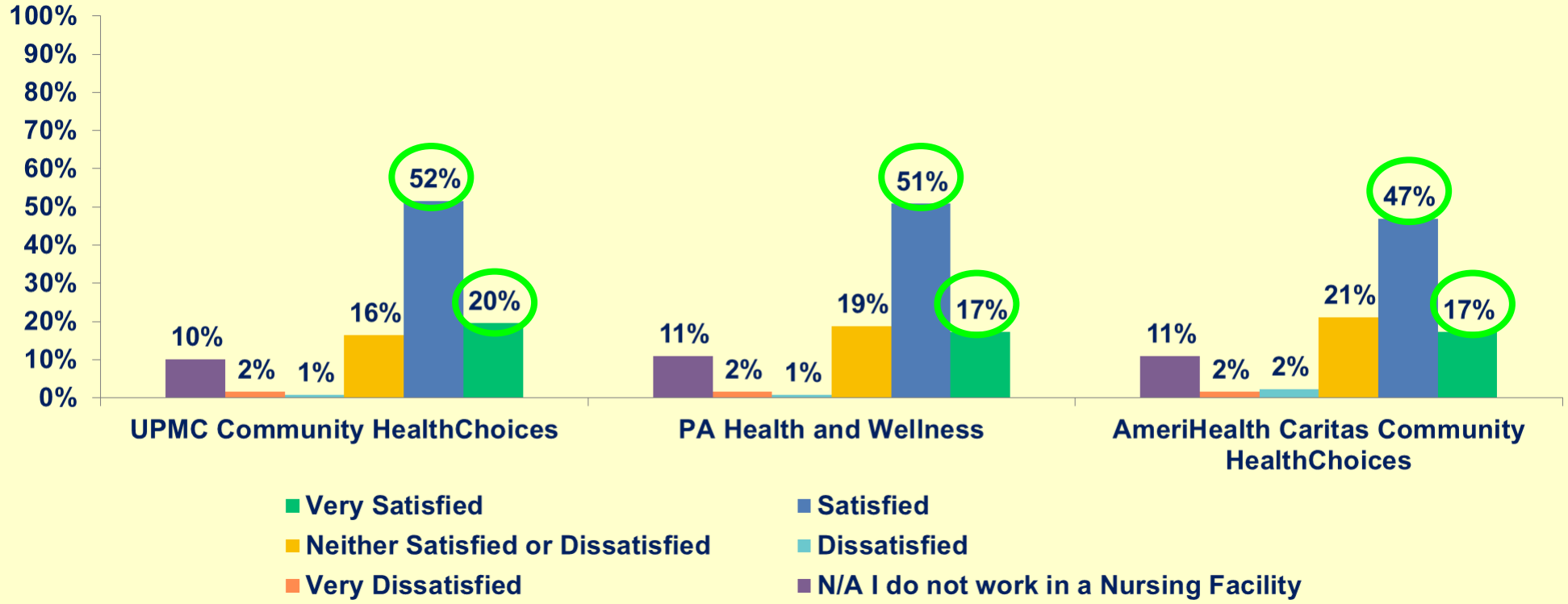
How many webinars have you attended?



Satisfaction with the webinar content



Satisfaction with your level of understanding of the Service Coordinator's role in your facility



Effective use of your time?

How can we make webinars more effective?

Provide links to recordings

Handouts / one-paged flyers / summaries

Timing: different days, times, shorter

Clear takeaway including tools that can be implemented

Education for specific roles*

Offer CEUs for NHAs, or certificates for attendance

Time for Q & A

Concise, practical, real-life examples

More current updated topics

Access power points before meetings

Community HealthChoices | AmeriHealth Caritas Pennsylvania
Coverage by AmeriHealth First.

pa health & wellness | UPMC Community HealthChoices

Jewish Healthcare Foundation

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Thank you to the partners, the Operation/Education Committee and for all the nursing facilities across PA