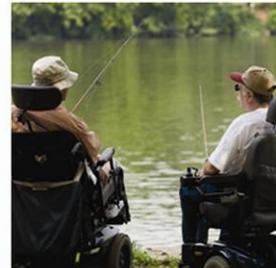


Inglis Community LIFE

Health, Independence, Engagement
And Sustainability

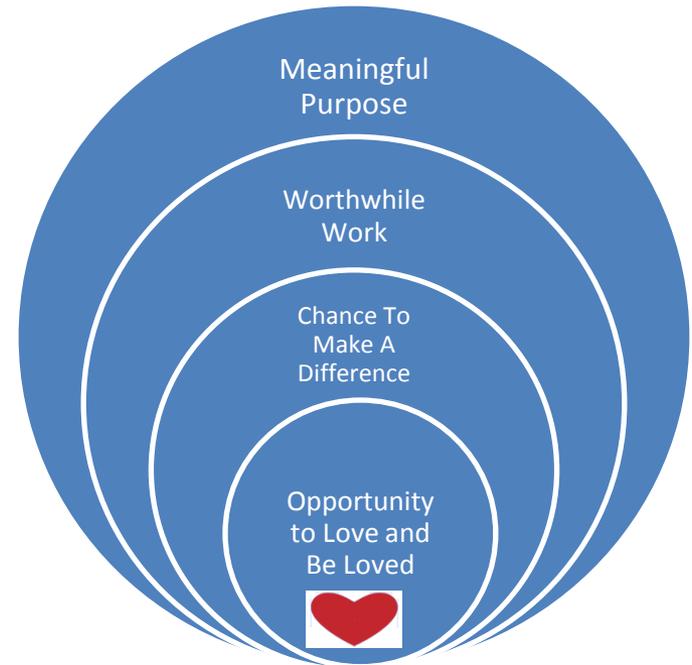
Long Term Living Commission
June 6, 2014



We serve nearly 1,000 people who, like you and me, have healthy minds but - due to bad genes, bad luck or a bad accident - have broken bodies.

We employ over 650 people, many of whom are nearly as vulnerable as those who they care for.

Our job is to help all of them achieve their goals and live life to the fullest in a financially sustainable way.



Health --- Housing --- Security



Congress, the Administration and CMS are Pushing for New Solutions

“The country faces a fundamental disconnect between the services the people expect the government to provide ... and the tax revenues that people are willing to send to the government to finance those services. That fundamental disconnect will have to be addressed in some way if the budget is to be placed on a sustainable course.”

- Douglas Elmendorf, Director of U.S. Congressional Budget Office

Gaps In Service Increase NH Use

← Coordinated Care →
← Interdependent Living →

Stakeholder Needs	24 Hour Care	Community LIFE	Supported Living	Family Living	Independent Living
Housing	●	○	●	○	●
Supports Coordination and Attendant Care	●	○	○	○	○
Employment and Financial Health	○	○	○	○	○
Transportation	○	○	○	○	○
Physical and Emotional Health	●	○	○	○	○
Adapted Computing and Technologies	●	○	○	○	○
Education and Social Engagement	○	○	○	○	○

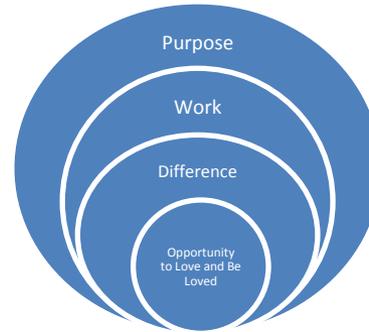




Our current model of care for people living with significant physical disabilities is neither ideal nor sustainable – for the government, for Inglis or our consumers.



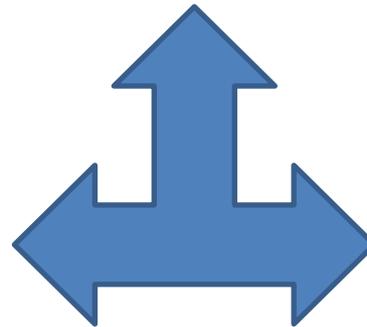
Consumers



Health --- Housing --- Security

Commonwealth

- Person Centered – Aligned with Health PA
- Substantial Medicaid Savings
- Risk Mitigation
- Rebalancing
- CMS Support
- Low Implementation Costs
- Sustainable LT Administration



Inglis

- Person Centered Mission
- Enhanced Services & Coordination
- Reduce Losses
- Reduce Inglis House Beds
- Leverage Inglis Capabilities With Partners
- Risk Management
- Revenue Diversification



Target Population SRF, Independence & OBRA

As of April 1, 2014, of the 1,290 patients, 691 would be 55 years of age or older and 599 would be under 55 years of age. The distribution of those patients in the catchment area is provided in the following Table 1.

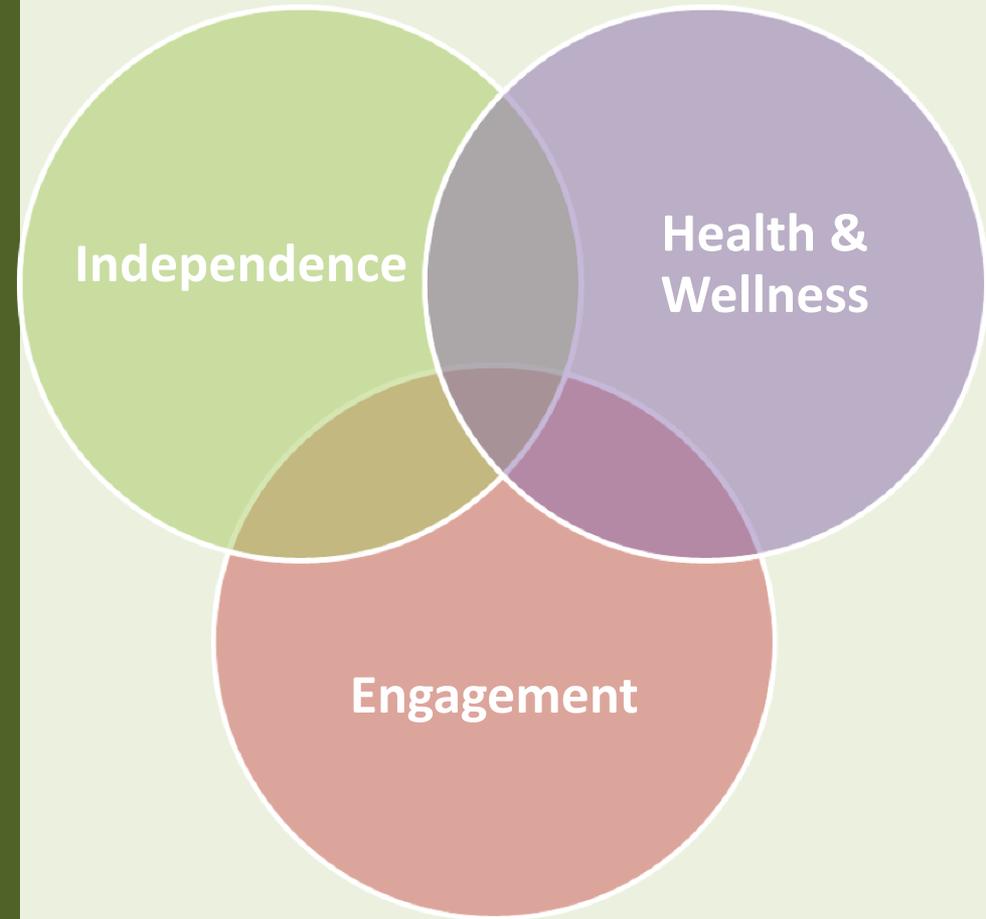
Table 1 2009 PA Significantly Physically Disabled Population Residing in Inglis Catchment Area			
Age Range As of 4/1/14	Original Population	Catchment Population	Catchment %
20 – 40	688	183	14.2%
41 – 50	982	247	19.1%
51	121	28	2.2%
52	144	46	3.6%
53	174	50	3.9%
54	178	45	3.5%
55	180	49	3.8%
56 – 60	1,083	318	24.7%
61 – 70	1,054	324	25.1%
71 – 80	89	36	2.8%
81 – 105	33	13	1.0%
Total	4,656	1,290	100%

Source: Medicaid Data – 2007-2009
Milliman Actuarial Analysis

Inglis Community LIFE*

A PACE-Like Approach

* Living Independently
For Everyone





**Inglis
Community LIFE:
Fostering
Independence With
A PACE-Like
Approach**

- **Integrated health and wellness services** delivered through an in-home oriented primary care medical home and a network of specialists committed to caring for people living with disabilities.
- **24 hour consumer driven attendant support** delivered through a continuous service team and backed up by Inglis.
- **Active engagement** through adapted computing, social networking, employment and day services.
- Enabled through **consumer directed assistive technologies** to ensure independence, engagement and coordination of services & supports across the continuous care Team.
- **Orchestrated by a LIFE Coach.**

LIFE Coach

- ✓ Consumer Support
- ✓ Care Coordinator
- ✓ Care Team Leader

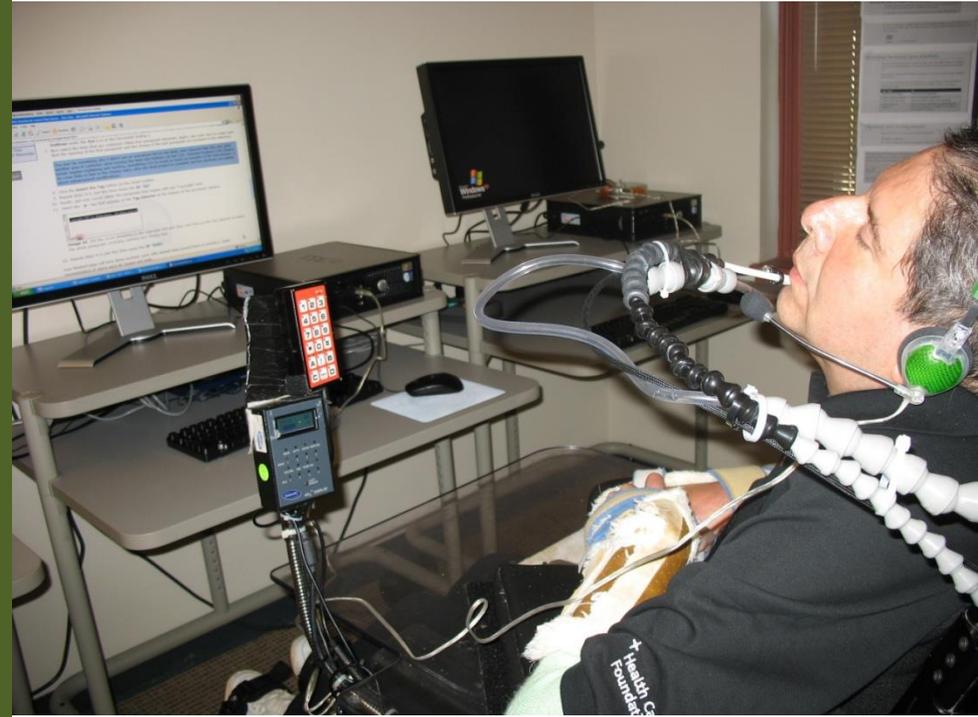


LIFE Coach Accountabilities

- Consumer Intake, Life Planning and Goal Setting
- Care Team Orchestration and Project Management
- Medical Case Management
- Behavioral Health Referral
- Social Services and Supports
- Consumer Engagement

Technology for Independence

Amazing Tools for Achieving Goals and Living Life to the Fullest



Technologies for:

- Mobility
- Adapted Computing
- Independent Living & Housing
- Medical Care
- Tele-Care
- Social Engagement

None Of This Matters If It Does Not Save Money!



“...the underlying healthcare cost dilemma requires

- business process restructuring and*
- realigned incentives.”*



Inglis Community LIFE Will Save the Commonwealth Money

- Capitation approach shifts government's risk to Inglis. Creates predictable budgeting.
- Risk incentivizes Inglis to maximize health and well-being in order to eliminate unnecessary utilization and cost.
- Lower utilization delivers improved quality of life, greater independence and enhanced engagement.
- Actuarially appropriate rates that save Medicaid and Medicare money while ensuring Inglis Community LIFE is sustainable now and into the future.



Inglis LIFE Delivers Substantial Annual and Lifetime Savings

Source: Medicaid Data – 2007-2009
Mercer Actuarial Analysis

Savings To Medicaid

- Estimated annual savings per Inglis LIFE member: **\$50,000**
- Estimated annual savings for 300 members: **\$15 M**
- Estimated lifetime savings per LIFE member: **\$1.2-2.2 M**

PLUS:

**Dramatic Additional Savings
For Medicare**

Alternative Models

Criteria	LIFE Expansion	DSNP + Capitated Medicaid w/ C Waiver	PACE + DSNP + FFS + Waivers
Consumers			
• Person Centered LIFE Plan & Implementation	RRR	RRR	R
• <i>Prevention & Support</i>	RRR	RRR	RR
• <i>Accessibility</i>	RRR	RRR	RR
• <i>Service Coordination</i>	RRR	RRR	R
• Engagement	RRR	RR	R
Commonwealth			
• <i>Quality Outcomes & Measurement</i>	RRR	RRR	RR
• Accessibility	RRR	RR	R
• Risk Mitigation & Savings	RRR	RR	R
• Rebalancing	RRR	RR	R
• ST Implementation	Legislative	R	RRR
• LT Administration	RRR	RR	R

Critical Transition Issue: Sufficient Safe, Accessible and Affordable Housing



Goals:

- Create 60 accessible, affordable apartments within a larger community on the Carlene property next to Inglis. Invest in 40 additional apartments throughout the region
- Utilize 30-50 units for individuals currently living at Inglis House who could live successfully in a more independent setting with support from Inglis Community LIFE
- Provide 24 hour supports through a combination of:
 - Technologies to enable greater independence and safety
 - Inglis health and wellness model
 - “Neighborhood Watch” with back up support through Inglis House call center and staff

Possible Solutions:

Tax Credits + Social Impact Bonds

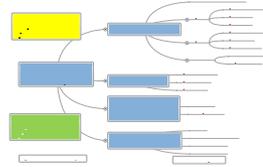
Critical Regulatory Challenge: HCBS Regulations

Settings that are not home
and community-based:

- Nursing facility;
- Institution for mental disease (16+ beds)
- ICF/IDD;
- Hospital
- Any setting co-located with, on the grounds of, or immediately adjacent to, an inpatient institution;
- Any other location that has the effect of isolating individuals from the broader community.

**Possible Solution:
CCRC or Grandfathering**

Critical Financial Challenge Cumulative Investment



Possible Solution: Social Impact Bonds

Inglis Community LIFE – Next Steps

Inglis Community LIFE approval and implementation:

- ✓ Complete analysis for Inglis House residents and for individuals living in the community
- ✓ Complete financial feasibility study with National PACE Association
- ⇒ Gain DPW and OLTL approval and support
- ⇒ Gain CMS approval and support
- ⇒ Design and develop Inglis LIFE program and space
 - Continue building provider network – medical home, specialty care network, attendant care partners, integrated care team
 - Complete applications and inspections

Housing approval, financing and development:

- ✓ Gain approval and support from HUD, PHFA and PHA for Section 8 Vouchers
- ✓ Continue to explore innovative development strategies and partnerships
- ✓ Continue to explore alternative housing arrangements
 - Inglis House residents transition into community
 - Inglis House closes 50 beds initially, up to 100 over 5 years

Capital and project funding support:

- ⇒ Develop foundation support – PEW, Robert Wood Johnson, Independence, Hess, Weinberg, Barra and others
- ⇒ Explore state capital investments from PHFA, Social Impact Bonds, Economic Development, RCAP
- ⇒ Develop private donor support
- ⇒ Explore future CMS innovation grants



Implementation Timeline

2014

√ DPW Concept Approval
√ CMS Concept Approval
Final Proposal Approval

Conceptual Design And Validation
Detailed Design With Stakeholder Charette
Refined Financial Models and Funding



2015

Rate Negotiations, Contracts and Budgeting
PA Department of Health
City of Philadelphia

Property Selection, Design and Build Out
Provider Network Development
Operating Systems, Policies, Technologies



2016

Fully Operational January 1, 2016
50 Inglis House Beds Eliminated

Community Outreach and Member Enrollment
Quality Improvement and Reporting

Appendices



Enhanced Primary Care Medical Home to Maximize Health and Wellness

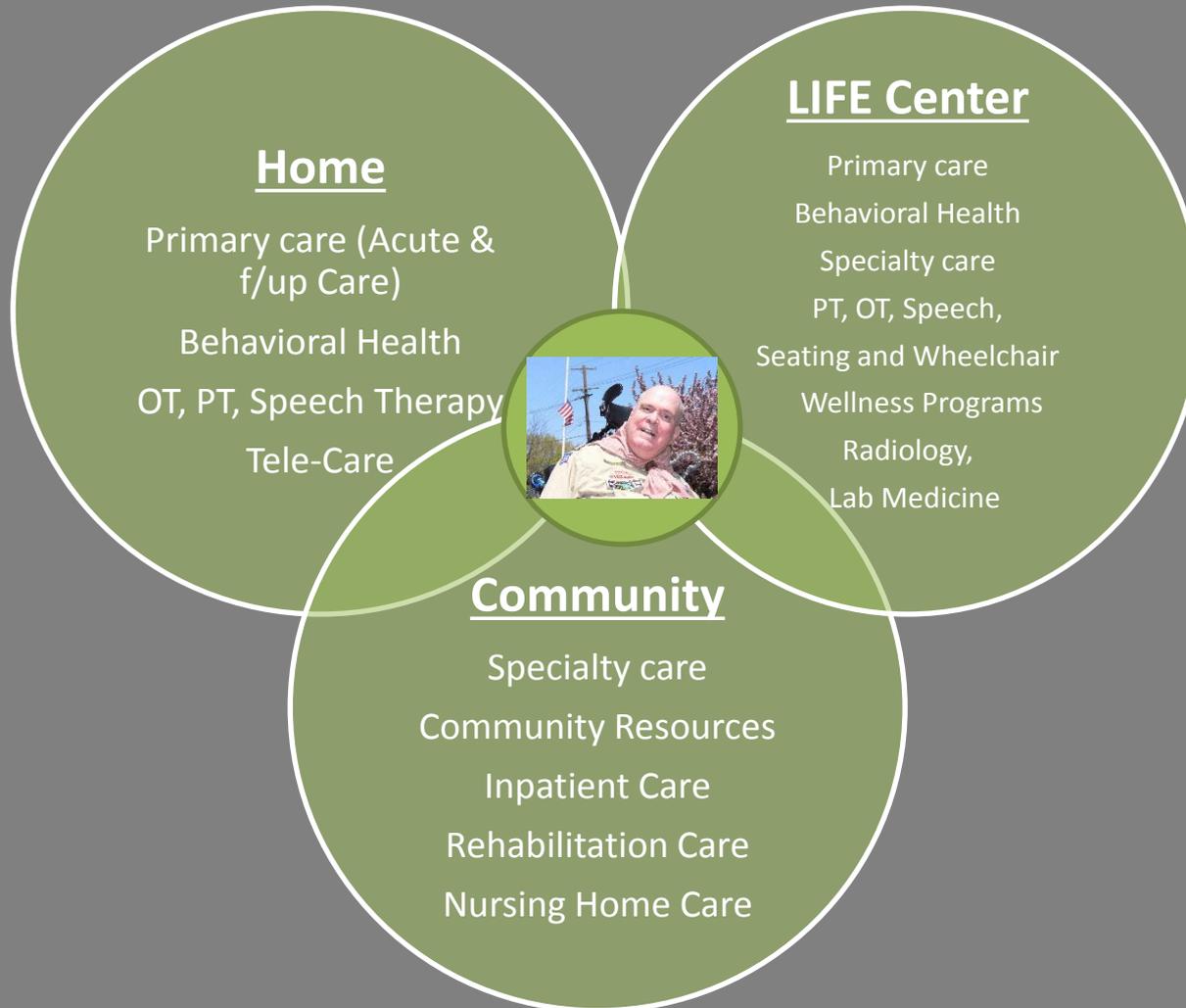
“The Mayo Clinic For People Living
With Disabilities”

Integrated health and wellness services delivered through an in-home oriented primary care medical home and a network of specialists committed to caring for people living with disabilities.

Key Strategies

- **Person-centered medical home** built upon a partnership between consumer and a multidisciplinary team made up of disability competent primary care, specialists, behavioral health, therapists, social services, and peer support.
- **Comprehensive medical management** using evidence-based chronic disease and preventive care guidelines.
- **Timely access and continuity of care** with in-home oriented delivery, personal relationship with primary care physician, disciplined care planning, extensive use of EMR/PHR.
- **Emphasis on education and linkage to community resources**, healthy behaviors, wellness programs, and family involvement.
- **Coordinated care** with aggressive transition planning and follow-up, test and consultation tracking, portable EMR/PHR.

Person Centered Care Delivery At Home, At LIFE Center, In The Community





Integrated Care Team Providing Personal Care to Maximize Independence

Increase independence through 24 hour consumer driven attendant support delivered through a continuous service team and backed up by Inglis.

Personal Care Attendants

- Attendants provide an **expanded range of services beyond assistance with ADL's** including clinical and behavioral support and monitoring.
- **Attendants are integral members multidisciplinary care team** supporting activities of daily living, enabling implementation of care plan, and providing a conduit for information between the consumer and care team. Our “early warning” resource.
- **Attendants assist care team** through early identification of issues, tele-care tools and engagement.
- **Careful selection and extensive training** of attendants improves quality of care and quality of caring. Compassion, critical thinking skills and team oriented behaviors are essential.
- **800 Help Line and Staffing Pool** ensure 24 hour coverage and emergency response for consumers.
- **Employee Ownership** improves retention and continuity of care.



Integrated Care Team Providing Personal Care to Maximize Independence

Durable Medical Equipment

- **Wheelchair purchasing**, fitting, seating, and maintenance services
- **Enhanced independence** via medically, functionally necessary equipment and technology and adapted computing

Creative Strategies to Maintain Independence

- **Flexibility to use alternatives** to traditional home-based supports.
- **Technologies** to enhance safety and independence.
- ***Deep respect for the dignity of risk and informed decision-making while eliminating the bias toward nursing home care.***



Reduce isolation, depression and mental health issues through integrated behavioral health supports and engagement of members.

Key Strategies:

- **Physical and virtual day program** provide rich opportunities for community engagement and activity. “I’d definitely come if it were more like Starbucks.”
- **Programmatic structure** designed around the unique needs of consumers and that engages them in meaningful and intentional services such as education, job readiness, adapted computing and more.
- **Technology enhanced social enrichment** programming designed to minimize isolation and heighten emotional well-being.
- **Behavioral health fully integrated** into medical home, attendant care and engagement programs
- **LIFE Coach and Peer Mentors** who provide guidance and assistance to consumers in a supportive and nurturing environment.

**Innovative Social
Enrichment to
Maximize
Engagement and
Mental Health**