Philadelphia, PA

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Comments of

Paul McGuire

Chair-Elect, Pennsylvania Health Care Association/Center for Assisted Living Management

And

Regional Vice President of Operations

Genesis HealthCare

To the

Governor's Long-Term Care Commission

July 11, 2014
City Hall—Council Chambers—Philadelphia, PA

Secretary Duke, Secretary Mackereth, and distinguished members of the Commission,

Good morning and thank you for allowing me to share some thoughts with you today.

I'm Paul McGuire, Chairman-Elect of the Pennsylvania Health Care Association and the Center for Assisted Living Management.

I also have the honor of serving as Secretary of the Board of Directors for Pennsylvania's e-Health Partnership Authority, and am chairman-elect at the Pennsylvania Health Care Association and Center for Assisted Living Management. Dr. Stuart Shapiro, a member of this commission and the president and CEO of the health care association, invited me to testify here today.

I'm glad to offer the insights I have as you study the challenges facing our long-term care delivery system. My insights are based on the 27 years of experience I have in long-term care including my current position as a Regional Vice President of Operations for Genesis HealthCare with a corporate headquarters in Kennett Square, Pennsylvania.

Before I get to the main issues I'll be addressing this morning, I would like to thank Secretary Mackereth, Brendan Harris, Heather Hallman, and the leadership from the DPW Office of Income Maintenance for their work to date in addressing one of the most immediate and pressing needs facing Medicaid providers across the continuum—the delays and backlogs in the Medicaid eligibility determination process in the County Assistance Offices.

At Genesis HealthCare, we estimate the value of our 'MA pending claims' across Pennsylvania to be almost $5.5 million. This is a very real number, with a very real cost to Genesis and the seniors we serve. Every dollar that the Medicaid program has yet to approve is a dollar that we don't have available to invest in the care for our residents, and in support of the dedicated staff who care for our residents daily. We appreciate the work you've done to date to make the process more efficient, and look forward to additional discussions as we work on broader-reaching, systemic changes to streamline Pennsylvania's Medicaid eligibility process.

I have highlighted three critical issues in my written testimony today—the need to maximize scarce state dollars allocated to long-term care, the need for a single core assessment to allow the state to compare acuity and costs across settings, and the need for additional investment in health information technology for providers of long-term and post-acute care. My recommendations on the single assessment and health information technology are attached to the end of this testimony and can be reviewed by the Commission at a later date.

I will spend the remainder of my time today sharing my perspective as a provider of high quality, 24/7 skilled nursing care, which offers Pennsylvania's taxpayers and consumers a unique combination of cost efficiency and quality. Many of the presentations before this Commission have stated that not only do people prefer to receive care at home or in another community setting, but that community-based care is also much less expensive than care provided in a skilled nursing center. No one would argue the consumer preference side, as we all want the ability to stay in our own homes for as long as possible.

And if we're paying privately, we have the ability to stay at home for as long as we can afford it and it is safe to do so.

However, when it comes to publicly funded long-term services, we believe that it is in the best interests of the Commonwealth's taxpayers and consumers to maximize the scarce funds available by using cost efficiency as one of the criteria when assessing where a consumer's care and service needs can best be met.

Simply stated, when a consumer relies on public funding, I believe that their care should be provided in the lowest cost setting appropriate to their care needs.

Currently, there are consumers on Pennsylvania's Medicaid waivers who are receiving care and service packages that far exceed the annual cost of care in a nursing facility. This is possible because Pennsylvania has selected an 'aggregate spending cap' under the Medicaid waivers, allowing them to spend more than the cost of care in a nursing facility on an individual basis as long as the **aggregate** spending is less than if all waiver enrollees were cared for in a nursing home. Many here today consider it the most appropriate public policy.

The unfortunate reality is this--there isn't enough money in the state budget to meet the needs of the frailest, sickest elders in skilled nursing centers ***AND*** to expand opportunities for less frail, less sick seniors to receive care through home and community-based waivers.

So every time the state pays more than the annual Medicaid rate in a nursing home under one of the Medicaid waivers, dollars that could be used to serve additional consumers are kept off the table.

I'm sure some are listening to my remarks and thinking, "This gentleman is terribly misinformed, it's ***ALWAYS*** less costly to care for someone in the community rather than a nursing home".

Actually, in many instances, a day of skilled care in a nursing home is the ***most cost effective option*** for a consumer.

Where else can you spend less than $9 an hour for round the clock care? Using the annual Long-Term Care cost data for Pennsylvania published by Genworth (www.genworth.com), the average hourly costs for true 'community-based' options range from $28.00 an hour in adult day care (High Care Need), to $20.00 an hour for home health aides, and $19.25 an hour for homemaker services. That contrasts with an average of $8.11 an hour that Medicaid paid for care in a nursing home in Pennsylvania during Fiscal Year 2013-2014.

This shows that if a consumer needs the average of 6 to 8 hours of care per day indicated in the Genworth study, then the state can, *and should*, efficiently use our tax dollars by caring for them in a home or community setting.

However, if the consumer's care needs exceed that number of hours a day, or if a lack of 24/7 care puts them at high risk for a trip to the emergency room, a ***nursing home stay offers taxpayers the most cost effective option more fully meeting the consumer's care needs***.

Pennsylvania's Medicaid program paid nursing facilities an average of $195 per day during the last fiscal year. For that amount, our residents received around-the-clock access to skilled direct care providers in RNs, LPNs, and nurse aides; access to routine evaluation by a physician; physical, occupational, and speech therapy; social services; three meals a day; resident activities designed to maximize resident independence and quality of life; personal hygiene and grooming; laundry and housekeeping services; the medical supplies necessary to care for the residents; and a number of other costs associated with operating a highly regulated skilled care facility, all for less than $9 an hour.

When you compare that to the hourly rates shown above, the answer is clear. I believe the state should move to an 'individual cap' on Pennsylvania's Medicaid funded home and community-based waivers. It will directly benefit those consumers who cannot access care due to an insufficient number of Medicaid waiver slots, and it will free up additional dollars to allow the state to come closer to covering the costs of care for those whose care is being underfunded in a nursing home.

Thank you for the opportunity to share my thoughts with you today. The work of this commission is critical to older Pennsylvanians and those who provide their care.

ADDITIONAL ISSUES FOR CONSIDERATION OF THE COMMISSION

Single Core Assessment

I understand that the initial 'Level of Care Assessment' or LOCA used by the Area Agencies on Aging (AAA's) has recently been re-tooled and training has been provided to ensure a more uniform initial assessment across Pennsylvania. While that is a welcome first step, we still lack the ability to make a true 'apples to apples' comparison of care need and the costs of a consumer's care plan across settings. As an example, in nursing facilities we use the Minimum Data Set (MDS) to assess resident acuity and care need. Genesis HealthCare also has a certified Home Health Agency which uses the OASIS system to assess residents. These two systems do not talk to each other and leave us with no way to compare the relative acuity—or care costs—of consumers across our service areas. Pennsylvania's long-term services and supports system is no different, and as a result, decisions are made subjectively based on 'wants' and 'preference', not 'cost effectiveness' and 'optimal outcomes'.

I urge the Commission to recommend the development of such a tool in your final report to the Governor. It makes policy sense and is long past due, as Act 56 of 2007—Pennsylvania's Assisted Living Licensure Act—mandated DPW to develop such a tool.

HEALTH INFORMATION TECHNOLOGY

I sought a seat on the e-health partnership authority to ensure that the voice of long-term and post-acute care providers were heard as it relates to technology. Whether it's a formal arrangement under the Affordable Care Act, a local health care collaborative effort, or other measures aimed at creating additional efficiencies to stretch scarce health care dollars further, health information technology is a critical piece of the solution. Health Information Exchange (known as HIE) is frequently cited as a key to efficiency and savings, and is one of our goals at the e-health partnership authority. The 'product' that will allow information to be shared via health information exchange or HIE is an Electronic Health Record or an Electronic Medical Record (you'll hear them referred to as EHR or EMR). A number of provider networks and initiatives across the Commonwealth have made great strides in that area, while others—including most long-term care, post-acute care, and home care providers, remain on the outside looking in lacking the capital to invest in systems infrastructure and development. As of July 2014, almost 5,300 Pennsylvania Hospitals, Physicians, Pharmacies, and Clinics had received incentive grants under the federal HiTech provisions under the ARRA of 2009, totaling almost $290 million to date. Long-Term and Post-Acute providers, as well as Home and Community-Based Providers, continue to be ***ineligible*** for these incentive grant funds, putting them significantly behind in the move to enact the systems and platforms necessary to share EHR or EMR with other providers. We need to find a way to enable that investment, be it through advocacy at the federal level or identification of other funding solutions, to allow our sector to make the necessary investments in HIT.

(2)

PA Coalition of
Medical Assistance MCOs

Testimony to the Governor's Commission on Long Term Care
Pennsylvania Coalition of Managed Care Organizations

July 14, 2014

Submitted on Behalf of:

AmeriHealth Caritas Pennsylvania
Aetna Better Health
Coventry Cares from HealthAmerica
Gateway Health Plan*
Geisinger Health Plan
Health Partners Plans
Keystone First
UnitedHealthcare Community Plan
UPMC for You

Attachment A – Transcript of Testimony

Attachment B – Road Map for Implementing Medicaid Managed Long-Term Services and Supports in Pennsylvania

Attachment C – Stakeholder Input Listing

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* Gateway Health Plan, which is not a member of the Coalition, is joining in this testimony.

ATTACHMENT A

Testimony to the Governor's Commission on Long Term Care
Pennsylvania Coalition of Managed Care Organizations

Hello. I'm Jeff Bechtel speaking on behalf of Pennsylvania's Medicaid Managed Care Organizations. Our MCOs provide HealthChoices physical-health Managed Care to over 1.6 million Medicaid consumers, as well as CHIP and Medicare coverage. I am here to provide testimony on the role that the MCOs can play in reforming and improving the quality of the Long-Term Care delivery system in Pennsylvania.

During today's testimony, I will:

1) Provide a brief snapshot of LTC reforms by other States;
2) Reiterate the current issues faced by Pennsylvania's long term care delivery system; and
3) Review specific MCO recommendations for reform.

We are also submitting an MCO paper titled "A Road Map for Implementing Medicaid Long-Term Services and Supports in Pennsylvania"

1) Reforms Being Undertaken By Other States

The Commission has heard testimony from a number of national experts relating to reforms being undertaken by other states. The primary message is simple: states are increasingly adopting managed long term care to increase access to community services, better coordinate care, improve outcomes and contain costs.

By the end of this calendar year, 24 states will have implemented capitated managed long term care programs that will collectively serve over 1 million

enrollees. We believe that Pennsylvania should join these 24 states and adopt a managed care model to better meet the needs of our consumers and taxpayers.

2) Challenges with Current System

You have also heard testimony regarding the challenges with the existing system:

- Care is fragmented in a patchwork of nursing facilities and waivers.
- The elderly and disabled represent only 38% of our Medicaid population but account for 73% of expenditures.
- Pennsylvania is the fourth "oldest" state in the nation, with nearly 2.7 million citizens aged 60 and older and more than 300,000 aged 85 and older. By 2030, more than 3.6 million Pennsylvanians will be 60 and older.
- Pennsylvania relies primarily on nursing facility rather than community based care, a 60/40 ratio. Forty other states provide a greater portion of their long-term care through community based alternatives.
- Our state spends significantly more per capita on Medicaid Long Term Care than the national average – not surprising since nursing facility care is double the cost of community based.

Demand for long term care is growing. Costs are escalating. Yet, Pennsylvania has enormous opportunities to better use cost effective community based care. While Pennsylvania has made improvements over the last several years, the current system cannot reach its potential – regardless of the effort, dedication and investment of the LTC community – without fundamental system reform through the adoption of a managed care approach.

3) MCO Recommendations/ Roadmap

Pennsylvania's MCOs have long been working to advance the adoption of a Managed Long Term Services and Supports model, built on the existing

HealthChoices platform. HealthChoices, a Pennsylvania success story, provides high quality, accessible coordinated care to members, many with serious and complex medical needs. While saving the Commonwealth billions, our MCOs rank among the best in the nation.

We recommend that a managed model include these key elements:

- Dual eligibles should be re-enrolled in HealthChoices in 2014. This is an essential first step to more longitudinal solutions to managing care preventively.

- The HealthChoices contracts should be amended to require at-risk MCOs to be responsible for the full range of long-term institutional, community based, pharmaceutical, and acute care.

- Improved quality and use of community based services through diversion/transition from institutional settings.

- Improved accountability, with MCOs having clinical, financial and administrative responsibility for all aspects of delivery and financing.

- Mandatory enrollment of older adults (60+) and people with physical disabilities.

- A Medicaid only model, to ensure the most rapid results. This model could save nearly a billion dollars over five-years. A Medicaid-only model could be a first step to more integrated solution.

All of these recommendations are outlined in detail in our formal *Roadmap* document.

It is also important to note that the MCOs have been meeting regularly with stakeholder groups to share our "Roadmap," exchange ideas, and help alleviate some of the anxiety regarding this new program model. We believe that there is a growing consensus that a managed care model can increase consumer choice and direction, increase the availability of community based services, enhance coordination and outcomes, and contain costs.

In closing, we urge the Commission to join PAMCO and many other long-term care stakeholders in endorsing a Medicaid Managed Long Term Services and Supports model for the Commonwealth. Not only will a Managed model put Pennsylvania back on the cutting edge of Medicaid program design, it will have very real benefits for consumers and taxpayers: increased quality; increased emphasis on nursing home diversion and community based care; and Medicaid cost savings for taxpayers. As our population rapidly ages, we cannot afford to wait.

ATTACHMENT B

A copy of the MCO's "Road Map for Implementing Medicaid Managed Long-Term Services and Supports in Pennsylvania" can be found at the following link: http://www.pamco.org/publication_files/mltss-program-recommendations---10-11-13.pdf

ATTACHMENT C

Stakeholder Meeting Summary

- Pennsylvania Association of Area Agencies on Aging (P4A)
- LeadingAge PA
- Pennsylvania Health Care Association (PHCA)
- Pennsylvania Homecare Association (PHA)
- Pennsylvania LIFE Provider Alliance (PALPA)
- Pennsylvania Assisted Living Association (PALA)
- Community Living and Support Services (CLASS)
- Pennsylvania Health Law Project (PHLP)
- Pennsylvania Council on Independent Living (PCIL)
- American Association of Retired Persons (AARP) Pennsylvania,
- Center for Advocacy for the Rights and Interests of the Elderly (CARIE)
- Community Legal Services (CLS)
- LTC "Collaborative"
- Pennsylvania Providers Coalition Association (PCA)
- Pennsylvania Adult Day Services Association (PADSA)

#111 (6)

Pennsylvania Long Term Care Commission

Public Hearing

July 14, 2014

Philadelphia Corporation for Aging

I want to thank the Pennsylvania Long Term Care Commission, Secretary Duke and Secretary Mackereth for the opportunity to present my testimony. I am Louis Colbert, Vice President of Operations at the Philadelphia Corporation for Aging. In addition to the testimony presented on June 8th by PCA President and CEO, Holly Lange. I would like to offer the following additional comments.

Prevention and Caregiver Support –

1. We support the recommended 7 goals identified in the Pennsylvania State Plan for Alzheimer's Disease and Related Disorders. We believe the Commonwealth should do everything in its power to implement all 7 goals. As a former caregiver, I know first hand the potential positive impact these goals can have on the lives of many caregivers throughout the commonwealth. The planned course of action is commendable.
2. I feel it is important to emphasize the need to create a supportive and caring workforce in order to fully support caregivers so seniors can remain in their homes. Many of the direct care workers in the industry are single mothers with families and unfortunately they have poverty level wages with little or no benefits. The hands on workers are a key component to the success of long term care. This must be addressed in future planning.
3. Technology is changing the world so fast, that it is sometimes difficult to keep up. Looking to innovations that connect family caregivers to the health care industry, is another way we can support caregivers. Research shows the important role that technology plays in senior care. According to PEW, 72% of caregivers gather health information on line and 52% participate on online social activity related to health. Searching for health information on medical problems, treatments and drugs is a way to understand more about a loved one's issues. I feel we must do everything we can to bring technology resources/information to all families to ease the tremendous burden they carry. A part of the long term care discussion must include how to address low income families who do not

have access to technology. Simply put, without technology they lose out and their loved ones loose also.

Accessibility

1. Any and all changes to the long term care system should ensure that consumers will retain the right of choice in the least restrictive setting as long possible and the long term care system shall be build upon the success and experience of the present AAA home and community based service structure. Integrated care makes sense but it must be accomplished with respect to the long standing AAA network that has been in place for over 30 years.

2. As the local entity responsible for serving those 60+ in our communities, it is imperative that all legible consumers have equal access. Limited English speakers families, caregivers and elders are sometimes at a disadvantage due to language barriers. The state should consider adopting an aggressive consumer directed culturally sensitive personal care model that is respectful of the culture and the needs of the non English elders. In many cases the agency directed model does not have culturally diverse staff that is sometimes needed to meet consumer needs. In today's times, there continues to be elders who are not comfortable accessing services from established main stream organizations because of perceived language barrier issues. This approach could also be adopted for the No Wrong Door approach with the ADRC and Rebalancing Incentives Program.

Provision of Service

1. Most of the AAA's in PA have been in existence for over 35 years. We have established a distinguished record of service, from the many volunteer's service hours, to senior community centers, to vital home delivered meals and the array of long term care services. The key to our success remains the same. We are consistent, respected and trusted gatekeepers in our communities. Referral sources, community institutions, and caregivers respect our assessment, care management and procurement process. The future long term care system should build upon the success and experience of the present home and community based service structure.
2. We believe the recently commissioned Mercer report may have a significant impact on the service delivery system and therefore we are respectfully asking that this report be released as soon as possible.
3. As the Commonwealth begins to implement the Rebalancing Incentive Program, we hope the Community Choice program is reintroduced into the AAA's long term care services offered Consumers and families need this option.

In conclusion, the Lottery in PA is unique in that it is dedicated to older adults, especially those who do not qualify for Medical Assistance. I feel it is important for lottery to remain dedicated to meeting the service and support needs of the Commonwealth's older adults. I would add that the present lottery commercials are excellent. They should continue so the public is educated to tremendous benefit the PA lottery provides to seniors on a daily basis, especially services available to them for long term care.

Thank for the opportunity to offer my testimony.

(12)

Testimony before the Pennsylvania Long-Term Care Commission

Philadelphia Public Meeting

July 14, 2014

CENTER FOR ADVOCACY
CARIE
FOR THE RIGHTS AND INTERESTS OF THE ELDERLY

Kathy Cubit, Director of Advocacy Initiatives
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Introduction

Good morning. My name is Kathy Cubit and I represent the Center for Advocacy for the Rights and Interests of the Elderly (CARIE). Thank you for the opportunity to present testimony and for traveling across the state to gather stakeholder input on the vital issue of how to improve the provision of long term services and supports (LTSS) in Pennsylvania.

Founded in 1977, CARIE is a nonprofit organization dedicated to improving the quality of life for frail older adults. CARIE's focus of concern spans the long term care continuum from those who live at home to those who are living in facilities. Older adults with physical or psychological impairments are often a silent group with difficulty advocating for their needs. CARIE works to protect their rights and promote awareness of their special needs and concerns. CARIE provides a range of advocacy services to help older adults and their caregivers. Services provided include options counseling for older adults in need of long term care, problem resolution for consumers experiencing a myriad of difficulties such as with housing and transportation, and insurance and entitlement counseling. In addition, we provide extensive outreach and educational programming. We serve as the long term care ombudsman for part of Philadelphia and assist residents of nursing facilities, personal care homes, and domiciliary care as well as participants of LIFE and adult day programs with issues related to their rights and quality of care.

Overview

The Commission has a challenging task in creating a report that will lead to concrete actions Pennsylvania can take to implement real change to the current system. Ideally, Pennsylvania's long term system would provide access to affordable, high quality long term services and supports that respects consumers' choices and ensures their DIGNITY. In the case of older adults who depend on others for care, the loss of functioning is often coupled with a loss of dignity. It's important to ensure a consumer's dignity and avoid funneling people through routine processes and systems. Older adults deserve to age with dignity and independence in their own homes and communities. Pennsylvania ranked 37th in a national survey measuring support for home and community-based programs serving older adults. Pennsylvania can do better and should continue rebalancing efforts.

Aging is idiosyncratic and public policies should accommodate individual differences. Experiences are different because of individual health conditions, physical limitations, sensory impairments, the time of onset of illness or impairment, social supports and economic circumstances. Even though consumers and caregivers often need assistance with the challenges they encounter, there should always be a focus on autonomy and the empowerment of consumers to maximize their control and choices. In addition, public policy and planning typically overlook the fact that many older adults do not initially qualify financially for Medicaid but are not able to finance their long term care needs without eventually needing Medicaid. It is important to remember this group in the planning process. The state can save money by helping individuals avoid or delay nursing home care. This includes developing policies that support consumers who are not eligible for Medicaid.

Through CARIE's work, we understand the importance of the following key values and principles that should be an integral part in the provision of LTSS:

- Ensure older adults and people with disabilities maintain their well-being and maximize their functioning so they can live with DIGNITY and remain in their homes as long as possible, if this is what they choose.

- Ensure access to high quality services and supports.
- Promote self-determination, choice, and respect to empower consumers and improve their quality of life.
- Provide culturally competent services that empowers a consumer regardless of race, gender identity, religion, ethnicity, or sexual orientation.
- Provide respite care and support for family caregivers so they can better care for their loved ones and themselves.
- Protect older adults from abuse and financial exploitation.
- Ensure a well-trained, stable workforce.

Recommendations

As the Long-Term Care Commission completes its final report, we hope you will consider the following recommendations:

1. Prevention and Caregiver Support:

Without the support of informal caregivers, our long term care system would not be able to meet the needs of all those who need assistance. The overwhelming majority of older adults who need long term services and supports do not live in facilities. They live in their own homes. Family members, neighbors and loved ones usually provide the care and services that keep them safe and supported. When consumers are being assessed for services, the needs of their caregivers should be assessed and the care plan should address their needs as well, whenever possible. Caregivers should be provided with basic information and training to provide care. As with older adults, caregivers should be treated with respect and dignity. The Commission's recommendations should acknowledge and support caregivers in their vital role.

The Commission should incorporate the recommendations, goals, and strategies of the Pennsylvania State Plan for Alzheimer's Disease and Related Disorders (ADRD) to the greatest extent possible in its final report. According to the plan, "Over 400,000 Pennsylvanians are likely afflicted with ADRD, and the toll of the disease extends beyond those affected to their families, friends, and communities. All told, one in 12 Pennsylvania families is affected by ADRD." This epidemic cannot and should not be ignored. There are multiple challenges in educating the public as well as professionals. There are few "places of excellence" outside major cities to get a comprehensive assessment, pathways to treatment and options for care. It would be helpful to implement an accreditation process for assessment centers that can address what consumers and families need when confronting these illnesses. Special accreditation could also apply to providers such as adult day centers so families would know that they were equipped and trained to respond to the needs of consumers with dementia. All intake and assessment staff should be trained to understand that people in the early stages of dementia might appear to be highly functional but may actually need and benefit from services.

Many older adults do not initially qualify financially for Medicaid but are not able to finance their LTSS needs without eventually needing Medicaid. Providing lottery funded services to those who need LTSS but who are not eligible for Medicaid could help prevent or delay the need for more costly nursing facility care or Waiver services. It is important to adequately fund these programs before funds are moved out of the Lottery Fund. When people look for help for themselves or a family member, they may end up using more expensive or intensive services than is needed. Educational materials/resources should be available for all consumers so people are aware of alternatives to nursing home care and can spend their private resources

wisely. Pennsylvania should create incentives or develop a private-public partnership with home care agencies to make it financially viable to provide private home care on a limited basis. When a consumer or family member needs to hire a private aide, they typically must hire the aide for a four hour minimum even if only an hour or two is needed. From a business point of view, it is understandable why home care agencies have this policy. It would be helpful if a home care agency could provide less time for private pay cases in locations where they are already providing services for Waiver or Options consumers. Ideally, a consumer or caregiver could call a statewide number to identify a provider participating in this type of partnership in their area that may be able to serve them. This could help preserve a consumer's resources before having to rely upon Medicaid.

Pennsylvania should help veterans and their spouses access Veteran's benefits particularly the Aid & Attendance benefit that could ultimately help consumers meet their LTSS needs while saving state funds. CARIE recommends expanding educational awareness and support around Veterans benefits. Many veterans in need of long term services and supports are not aware of Veterans benefits, such as the Aid and Attendance pension, that could help finance their care or help them learn how to access these benefits. It would be helpful if Pennsylvania could develop an educational campaign and provide targeted outreach and assistance to help veterans and their spouses get the benefits they are entitled to receive. Increasing the participation of eligible veterans in these benefits could help meet their needs and reduce costs to the state.

2. Improve **Access** to Home and Community Based Services (HCBS):

Consumers in need of LTSS should be able to access HCBS as easily as nursing home care. The application, eligibility determination, and care planning process for waiver services, particularly Aging Waiver services, needs to be streamlined so eligible consumers do not have to wait months for services even in the absence of a waiting list. We recommend that the current policy of reviewing every individual service plan (ISP) be discontinued as it creates a backlog and inordinate wait times. It is our understanding that most ISP's are approved. We would favor a process of quality control or monitoring using random sampling to review ISP's.

An expedited enrollment process for the Waiver or any other future LTSS models should be created. CARIE recommends reviewing the Community Choice model for strategies to shorten the time needed for consumers at high risk of nursing home placement, such as those in hospital settings, or those at high risk of a loss to functional ability without services, to enroll and receive services so they may access HCBS services as quickly as they can receive services from a long term care facility. For example, allow the use of presumptive eligibility during the application process. An expedited enrollment process is needed now more than ever given how long it takes to apply and receive services.

Pennsylvania should complete an assessment to identify where there are gaps in services and a lack of qualified providers, and implement a plan to ensure that consumers can access needed services regardless of where they live. For example, not all consumers have access to an Adult Day program. Extermination services should be made available to Waiver consumers as this can be a barrier to LTSS and lead to premature institutionalization.

Pennsylvania should allow spend-down when a consumer's income is over the $2,163 monthly Waiver income limit. Pennsylvania supports a nursing home bias by not allowing consumer's in need of Waiver or LIFE services to spend-down their income using health and home care expenses. Changing this policy would save the state some Medicaid expenditures and help

support a consumer's choice of where they want to receive services. Those who exceed the income limit often have no choice but to spend-down in a facility even if they could be cared for through the Waiver or LIFE program.

Pennsylvania should ensure a strong LTSS infrastructure. Low reimbursement rates make it difficult to recruit and retain professional caregivers which can impact access to care. It is important to support a qualified, stable workforce. Thirteen Area Agencies on Aging (AAAs) have dropped out of providing service coordination for the Aging Waiver. More will be forced out if rates are not increased. The AAA network has been a vital resource for older adults and caregivers, and their role should not be diminished. We are pleased to see the modest 2% increase in the personal assistance services (PAS) rate under the HCBS waiver programs in the recently approved state budget. It is important that provider reimbursement rates are set at an amount that ensures consumer access to quality service providers.

Lesbian, gay, bisexual and transgender (LGBT) community and people living with HIV/AIDS often feel unwelcome at health or human services organizations and more needs to be done to ensure their inclusion and access to care.

3. Improve **Quality** Care and Accountability:

All consumers of LTSS and future LTSS models of care should have access to an ombudsman to help resolve problems and complaints as do residents in long term care settings and adult day programs. Ombudsman services are an essential component to ensure accountability and quality of care. Pennsylvania has long mandated the provision of an ombudsman for older consumers receiving home and community based care. However, even with this mandate, the program has not been funded or fully implemented. While having access to a care manager and the utilization of consumer satisfaction surveys are important components to a quality assurance system, more needs to be done to assist consumers who are having problems or complaints with their services. Many consumers of home and community-based care are by definition as clinically needy as those in facilities but they are often more isolated. Consumers may transition among the various long term care alternatives and do not always have access to an ombudsman should the need arise. Residents of Continuing Care Retirement Communities (CCRCs) particularly need an advocate as they typically invest their life savings and then have little control over where they receive their services. To help empower consumers to remain in the setting of their choice, the need for a community ombudsman to advocate for and with consumers is critical. We therefore recommend that consumers have access to an independent ombudsman. Whether an appeal needs to be filed or an inappropriate discharge from services needs to be prevented, an advocate can make a real difference to ensure a successful outcome to the problem.

As Pennsylvania has worked to expand providers so consumers can have "choice," it has created a problem for consumers in terms of distinguishing which provider could best meet their needs. For example, consumers are given a list of service coordination agencies with phone numbers. There is no quality or background information given to help a consumer sort through the list of names. Pennsylvania should collect and provide background and quality related information so consumers can make a real choice versus a random selection from a list of names. This information should also be posted on a website so consumers, families, and professionals who help older adults can access the information. In addition, particularly with the proliferation of service coordination agencies, Pennsylvania should be vigilant in monitoring how

agencies market and enroll consumers as well as the quality of care provided. Providers should be penalized when they violate standards established by the state.

Protecting the most vulnerable among us should be a top priority. Increasing attention to preventing and identifying elder abuse and financial exploitation, and responding to allegations in a timely way, would help older adults preserve their resources and ensure their well-being. These resources should be used for their daily or long term care needs and not to benefit criminals. Fighting elder abuse requires a multidisciplinary approach but unfortunately, systems are not adequate to address all the needs. Informing the public about how to prevent elder abuse in their lives and families is a good first step. We must not let our loved ones live in isolation and we must encourage older adults and their families to talk and plan for the potential of incapacity. Older adults should be taught how to be good consumers and to reach out for help when needed. Whenever possible, we must also try to better incorporate abuse awareness into the aging, law enforcement, legal rights, mental health, and disability rights networks. We all must work to balance autonomy, privacy, and safety of older adults when confronting elder abuse.

It is important to improve the Department of Health's enforcement of nursing home residents' rights and quality of care. The Department of Health is particularly lax in enforcing regulations that prohibit inappropriate discharges from nursing facilities. They are failing to cite facilities who are discharging consumers as soon as their Medicare coverage ends without regard to whether the consumer needs additional care at the facility.

Conclusion

CARIE hopes Pennsylvania will create a system that promotes independence and dignity across the long term care continuum by empowering consumers to control and choose their services and how those services are delivered. Informal caregivers should be valued and supported in their role and a well-trained, stable work force should be supported. Ideally, consumers should be able to easily access high quality services that meet their needs when they need them.

We hope that regardless of the Commission's recommendations, that the Administration will have a transparent process that includes stakeholder input and discussion before formalizing or implementing any recommendation or plan to change the delivery of LTSS in Pennsylvania.

Thank you again for the opportunity to comment and for sponsoring today's hearing.

(14)

Goodmorning Everyone,

I want to thank commission for holding this hearing in Philadelphia. Thus, allowing us of the disability community to express their concerns about the LTCC in PA. Thank You.

I'm Tameka Blackwell: C4 Quadriplegia. Every waking aspect of my livelihood depends on others (home health aids/attendants, family, and friend) anything from eating, drinking, bathing, getting me up and dressed for work at 5am, and undressed and in bed for the night.

I'm also fulltime Employee at LRI as an IL Specialist, Temple U. Honors Alumni, Author, Home Owner, sister, auntie, and friend.

The past 31 yrs as High Level Quad would have been possible with the Long-Term Services & Support (Community First Choice Options). Allowing me/us the option to choose how and by whom we want to assist us in maintaining a full life despite our physical limitation.

In 1983 when I was injured SCI specialist inform my family that my life expectancy was approximately
10 yrs. The excellent family support, Long-Terms Services & Support (Home Comm Based Services) has allow me and others of the disable community continue live full lives despite their limitations.

I plead for myself and behalf of disable community to please endorse the Community First Choice Act and Medicaid Expansion. In order for us choices; live in the community as oppose to instance placement in an institution. Thus allowing us the option of choice as a human and American Citizen.

Tameka Blackwell
Liberty Resources Inc.

(15)

Long-Term Care Commission Speech
Pam Mammarella, Vice President of Marketing and Government Affairs
NewCourtland Senior Services
July 14, 2014

Good Morning,

My name is Pam Mammarella, and I am the Vice President of Marketing and Government Affairs for NewCourtland Senior Services, a Philadelphia-based, non-profit provider of community services, affordable housing, and skilled nursing care. I also serve as the Board Chair for the Pennsylvania LIFE Providers Alliance (also known as PALPA), and I am an advisory committee member for Pennsylvania's Joint State Government Commission on Long-Term Care Services and Supports.

There is so much I would like to say to this distinguished committee but in consideration of the time allotted, I have chosen two important items that will assist the state in reducing the cost while raising the quality associated with long-term care services and supports for low-income seniors who are nursing facility eligible.

1. The benefits of growing and expanding the LIFE program statewide
2. The overwhelming need for more affordable senior housing in discrete areas of Pennsylvania

I am aware that this Commission has heard previous testimony regarding the LIFE model, so I won't introduce those details here today. But I would like to take a second to highlight three LIFE-related points that bear repeating:

1. LIFE saves the state money. Approximately $28,000 per year for each member who would otherwise be in a nursing home.
2. LIFE reduces nursing home utilization. There is a 15% reduction in utilization in counties with a LIFE program.
3. LIFE does not create a "woodworking effect" where Medicaid utilization is increased.

With this in mind, I strongly urge the Commission to encourage the legislature in Harrisburg to increase funding for the LIFE program, so that it can continue to grow and expand across the state.

In regards to my second discussion topic, the point that I would like for you to walk away with is this...

The lack of available affordable senior housing is the number one factor that causes Medicaid recipients to enter – and *stay* – in nursing homes, a fact that is supported by a significant amount of national, statewide, and local research. In response to this need, my employer – NewCourtland Senior Services – sold 6 of its 7 nursing homes to focus attention on a new model that combines affordable housing with integrated supportive services, in our case the LIFE program. Yet, even though our work is filling a dire need, waiting lists for affordable senior housing in our city and across the state remain far too large.

\\Pennsylvania's Nursing Home Transitions program is a step in the right direction in combating this issue. Just this year alone, NewCourtland Senior Services successfully transitioned 23 seniors out of nursing homes and back into the community. Of the nearly 100 seniors we have transitioned over the years, less than 3% have moved back into a nursing home. And since Philadelphia's nursing facility occupancy rate is only 92%, there is no fear of backfilling the bed vacated by one of these NHT participants. This is a direct saving to the state.

Again, while these steps are encouraging **we need to do more...and we need the funding to do it**.

Considering the positive effect that affordable housing with integrated supportive services has on reducing costly institutionalization, I believe it is imperative that the state adopts the following recommendations:

1. Nursing Home Transition teams, AAA's and the Pennsylvania Housing Finance Agencie's service coordinators must inform their respective departments of the type and scope of affordable housing needed in each area of the state they represent. This function must be assigned to individuals as part of their job function.
2. Department of Aging, Department of Public Welfare and Pennsylvania Housing Finance Agency staff should regularly meet to identify areas with the greatest need for affordable senior housing with supportive services and make recommendations to their respective PHFA board members to help inform their decisions about the allocation approval and funding of projects.

Thank you for the opportunity to present this testimony.

Long Term Care Commission (LTCC) Public Hearing
July 14, 2014, City Council Chambers, Philadelphia, PA 19102

Testimony: Thomas Earle, CEO Liberty Resources, Inc. (LRI) & Chairperson of the Philadelphia Commission on Human Relations

1) Community First Choice Option- prior testimony on June 6, 2014 at Montgomery County Community College demonstrated the financial resources available to help the Commonwealth advance its rebalancing of the long term care (LTC) system with cost –saving Home and Community Based Services (HCBS). The Fiscal Impact Report provided to the LTCC showed that over a 4 year period, Pennsylvania could save $1.5 billion. My testimony today will focus on the civil rights aspect of LTC.

2) Olmstead U.S. Supreme Court Decision- Interpreting the Community Integration mandate of the Americans with Disabilities Act of 1990 (ADA), the U.S. Supreme Court ruled in the 1999 Olmstead case that "unnecessary isolation and institutionalization is discrimination"[1]. By continuing to use the majority of federal Medicaid dollars in nursing facilities and other institutional settings, the Department of Public Welfare (DPW) and the Commonwealth are perpetuating this discrimination in violation of the ADA. Local to Philadelphia, we see continued placement of many people with disabilites (PWD) at Philadelphia Nursing Home, a large, city owned & operated nursing facility on Girard Avenue.

   Accordingly, LRI and the Philadelphia Commission on Human Relations requests that the LTCC include in its final report to Governor Corbett the design and implementation of an Olmstead that will end the "institutional bias" in Pennsylvania's long term care system by achieving a shift to cost saving Home and Community Based Services to 50% HCBS and 50% nursing/institutional care by 2018.

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[1] Olmstead vs. L.C. et al., 527 U.S. 581 (1999)

Please end the historical discrimination of nursing facility placement in Pennsylvania and save tax payers over $1.5 billion of desperately needed revenue over the next 4 years.

Lastly, as we continue to expand HCBS, please ensure that hard working home care workers are paid fair living wages and healthcare benefits equal to their counterparts working in institutional settings.

Dear Commission,
Let me first thank you for your interest in the betterment of long term care in Pennsylvania. Your work is long overdue. My name is Bobby Spears Jr and I am a second generation provider of personal care. In my 20 years in the personal care home business I have learned that this business is unlike any other and the providers are the same. We are not simply business people dotting I's and crossing t's counting our widgets. We passionately labor 24 hours a day 7 days a week sometimes spending holidays at work. And we love it. We love our residents. We love our buildings. We love our staff. We love the feeling we get when we help a family that has nowhere else to turn, no one to help them understand or deal with the diagnosis and care of their loved one. We are many times a place of last resort for families because we provide care and direction for the most vulnerable amongst us, the poor, the mentally and physically disabled, and the elderly. That is why it pains us so to be treated as an afterthought by the state of Pennsylvania with regard to our compensation. As many providers will quote you we are paid just 35 dollars per day to provide all the necessary services to this needy population. Sometimes when I say that number I am amazed that we are able to do it but I fear soon we will no longer be able to continue and the state will face an explosion of homelessness like which occurred when the state psychiatric hospitals were shut down.

To put our compensation into perspective it costs:
$95/day to house prisoners
over $200/day if they are on death row
it costs $50/day to board a dog in a kennel
and again we are paid $35/day

we are unable to bill insurance companies and medicare for our services so we are solely dependent on the ssi and supplement system. With our rising costs, regulatory requirements and the fact that ssi was frozen from 2008 to 2012 it is getting increasingly difficult to provide services. I implore you to look into raising the payment to reflect the vital services we provide and end this embarrassing situation in the state of Pennsylvania.

Thank you for your time.

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Pennsylvania Long-Term Care Commission; Notice of Public Input Meeting:
TOPICS:

- ***Prevention and caregiver support:*** What services, supports and other activities are currently available or should be provided to consumers and their caregivers to improve health and well-being, prevent or delay nursing facility admissions and enable consumers to remain in their own homes as long as possible?

- ***Accessibility:*** How do consumers currently obtain privately and publically funded long-term services and supports and how could the process, including intake and assessment, be improved to provide better access to individuals and families who need those services and supports? What is the capacity of the health care system to meet the growing number and needs within long-term care?

- ***Provision of service:*** What should be done to improve coordination of social, medical and long-term care services within the long-term care continuum? What are best practices in care coordination? What changes should be made to promote a person-centered system for the delivery of long-term care services?

- ***Quality outcomes and measurement:*** What measures are currently being taken or should be adopted, to monitor the quality and cost-effectiveness of long-term care services and supports? What information and data is, or should be, collected and used to measure quality of care and to promote and improve health outcomes for consumers?

ANSWER: TO ALL 4 QUESTIONS:

Currently, I am the Program Director: of a Non Medical Homecare Agency:

I have heard CONSUMER & CAREGIVERS, expressed that "The Lack of NO SERVICES OR SUPPORT PROVIDED, in general. Consumers have told me after almost a 10 month wait, ESPECIALLY within THE AGING WAIVER. They are just learning about support, however one BIG CONCERN IS THE TERM "CONSUMER CHOICE/CONSUMER DRIVEN" concept.

HOW DO WE EXPECT A CONSUMER (who is aging/disabled to make a choice or expect them to be able make a decision without persuasion?)

Honestly, we have allowed Supports Coordination Entities to assist a consumer, what a mistake. The SCE, either Has a Home Health Care or Homecare Agency they directly or indirectly are working with.
EXAMPLES: As a Program Director I am invited to met a private owned SCE, while explaining who the company I am working for is; I FIND OUT I CAN RECEIVE A REFERRAL, IF I PAY FOR IT. Clearly, asking for money for consumer referrals AKA: KICKBACK.

In my previous positions as a Social Worker/Care Manager speaking as a educated Professional, with over 10 years in the Healthcare Industry, from a Social Worker in a Long Term Care Community, Nursing Home & Skilled Level Rehab. As a Care Manager in local Hospitals. I have seen the "caretaker (primarily the children of the growing aging population) come to me in tears, do to the lack of support in the community. ASKING DIRECTLY FOR MY RECOMMENDATION/REFERRAL FOR Home Healthcare, Short-term rehabs, Nursing Home, Homecare, Etc.
With all do respect, as a professional I CANNOT refer a patient/consumer. As I believe in Ethics, however I would educated these folk's example, by providing them with a book called LIFESTYLES. My only recommendation was to visit facilities, make direct calls to Homecare, Home Health Care Originations. I encouraged families & patients to speak with their physician's.

We must Educate Doctor's, INSURANCE COMPANIES, COMMUNITY LEADERS, and RUN COMMERICALS (without using "one" particular Home Health Care/Homecare Agency name) PROMOTE THE USE OF "OMBUDSMAN PROGRAMS".

Please look at the past. Investigate these Private owned Home Care, Home Health Care, Adult Daycare, Continue Care Retirement Communities CCRC's, (AKA: Lifecare Program's), Supports Coordination/Care Management Facilities.
All I can say is if we do not look at the past, we are going to FAIL.
PLEASE CORRECT THE TERM "Consumer Choice/Consumer Driven". It is not consumer choice, when your told choice this one company or community.
LAST BUT NOT LEAST, DOCUMENTATION.
My favorite saying is "If you do not document something it was never done".
Has anyone ever considered that, documentation can be all lies?
Hence, it holds up in the court of law. It's a joke.
Speak to consumers:
Ask questions: DIRECT QUESTIONS TO THESE Consumer's/Caregiver's

1) Did the supports coordinator provided choice?
2) Did your supports coordinator/case worker tell you to chose "one particular company"
3) Express the importance that there is "NO REPERCUSSION" if you do not choose one company over the other.
4) Narrow Down the lengthily of list provide list.

5) Re-assess the past
6) PLEASE EDCATED BIAS PEOPLE.
7) Cut out enrollment Broker process & SCE completely
8) Enrollment needs to be completed with-in a reasonable time & by one main office regardless of age/program.
9) Please advice person making referral with proper requirements, AT THIS TIME (i.e.) financials information, any & all forms needed by potential candidate's doctor.
10) ALSO PLEASE CLARIFY: DURING INTAKE CALL, WHO CAN & WHO CAN NOT PRIMARY & secondary CONTACT. PLEASE BE SPECIFIC WITH ALL PERSONS CALLING IN A REFERRAL.

PLEASE PAY SPECIAL ATTENTION TO ALL Individual's:
Who are making referrals?
As there seems to be some confusion to people making referrals & some conflict of interest, regarding this process.
PAY CLOSE ATTENTION.

Respectfully,

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As to the question of accessibility the supports coordination process need to be more closely supervised as more and more private owned companies are opening, the question continues to arise as to there personal education, qualifications and there education of the system(s), resources and programs available Also as to what measures they have to go through to open a privately owned supports coordination company.
The timing between approvals, processing, assessment and placement seems to be getting worse as companies concentrate more on how many and how fast can they get people processed and their total number of clients so to become a profitable organization and build there portfolio instead of a thorough assessment, placement and final care.

The number of clients a SC organization manages severely needs to be more closely monitored to see that the company is not ending up overloaded with referrals that can not possibly be handled in a timely fashion in this case the ultimate level of care the people end up with suffers in the end.
If the state of supports coordination as it is now remains then the process will continue to falter in its timing and quality of care. The lack of follow up and the loss of patient and coordinator relations ultimately will lead to patients bouncing from company to company and possibly never finding the correct care and the resources that are afforded to them when a company cannot possibly give there time to there clients due to the workload and amount of people they are responsible for. If a SC coordinator and or one of its employees is responsible for 100+ clients the quality of care is no doubt going to be effected.

Lastly and most importantly the coercion between SC companies and home care/ Home health care is running rampant and is not giving the people the freedom of choice, rather there choices are being made for them with out them even knowing it is going on. The public and elderly do not always understand the system(s) and programs available and do not know or are never told that they have choice and they just some what go along with the program and what there told because they may feel the person(s) they are dealing with are qualified to place them where they need to be and never question the process. I wish I had the answer on how to fix this but somehow it really needs to be more closely looked into. I almost feel like the state knows it is happening but not enough people are speaking up about it so it is going massively over looked or slipping between the government run organizations that are supposed to be monitoring this.

Respectfully,

Justin Kuttler
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