



Lutheran SeniorLife

TESTIMONY BY:

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Before the Senate Aging & Youth, Senate Appropriations, Senate Health & Human
Services and Senate Intergovernmental Operations Committees

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Good Afternoon Chair Brooks, Chair Haywood, Chair Browne, Chair Hughes, Chair Baker, Chair Schwank, Chair Bartolotta, Chair Williams and members of the joint Senate Committees. Thank you for this opportunity to discuss Governor Wolf's proposal to consolidate four departments into one Department of Health and Human Services.

My name is David Cottington, Business Operations Manager for BeHome Partners, Inc., the homecare company of Lutheran SeniorLife/VNA of Western Pennsylvania. Our company provides services to individuals in six Pennsylvania counties, (Allegheny, Armstrong, Butler, Beaver, Lawrence and Mercer). Last year, our employees provided over 18,000 hours of homecare services to individuals to allow them to remain safely in their home, with the majority of our clients receiving benefits through Waiver, Options or VA homecare programs.

I am also a consumer. My wife and I adopted an Autistic child through the Foster program of Butler County Children and Youth Services. I am also the Chair of Butler County's MH/ID/ EI Advisory Board. So my views on the consolidation come from several shareholder perspectives, Provider, Consumer and Advocate.

After reading Governor Wolf's proposal to consolidate four state departments into one, I was pleased to see that the purpose is to simplify the process to access service, provide a single point of contact, improve service delivery, and to provide the right services to the right citizens at the right time. For the Pennsylvanians we serve this would be wonderful, but will be a difficult task to implement unless there is standardization of rules, regulations and reimbursement with collaboration from all stakeholders.

But there are changes that can be made now without consolidation to improve the process.

An example of a change that can occur without consolidation and one our agency and all members of the Pennsylvania Homecare Association have been advocating for years is allowing for presumptive eligibility for home based care. Currently once an individual is determined to be nursing facility clinically eligible (NFCE), the

CAO's can quickly review their financial information, make a determination that they will likely be Medicaid eligible and can immediately enter a nursing home to receive care.

This same presumption is not afforded to those that choose to receive care at home. Instead they must spend on average three to nine months waiting for the CAO to complete their financial determination based on submitting years of bank statements and financial documents. As they wait they often go without care. There is no reason these individuals should wait to receive care at home since they must meet the same clinical standards as nursing home applicants.

We currently have programs that are overseen by the Office of Long Term Living, others through the OPTIONS program overseen by the Area Agency on Aging, and our licensure is through the Department of Health. Each one of these programs have their own survey procedure, rules and regulations which make our back office less effective, more expensive which impacts our ability to focus on client care. Additionally each one of these programs has their own billing rate and billing procedure codes and different billing regulations. Example, our billing rate for a Waiver client in Allegheny County receiving personal assistant services is \$17.52 per hour. Cross over to Butler County and the rate is \$19.48 per hour. The Pennsylvania Homecare Association and its members believe that having a standardized rate across the state of \$20.58 per hour would allow for agencies to pay a livable wage, and increase our ability to train those that wish to enter this field of work creating more jobs.

This year we will have a license renewal audit from the Department of Health, a QMET audit from the Office of Long Term Living, and an OPTION audit from the Area Agency on Aging. Each has their own requirements, standards and regulations even though we provide the same service to each one of their consumers. An example, Waiver does not require a RN supervisory visit while one of our AAoA contracts requires supervisory visits every 180 days for the same PAS service. These RN supervisory visits are not billable. Under this new consolidation, could we all utilize the same rules, rules that make sense for the services that are being provided and provide the best outcome for the clients we serve?

A concern for our agency is how will the consolidation of the rules and regulations be determined and implemented. Late last year, the Department of Health, Human Services and State jointly developed a Direct Care Worker Policy Clarification. This policy would allow direct care workers working for a homecare agency to provide more assistance to the consumers in their homes. It permitted more leeway in medication assistance and bowel/bladder management. As an agency we were enthusiastic to see this change. All three departments, working together issued the clarification. Unfortunately DOH prevented homecare agencies from taking advantage of this new policy until the department developed further guidance for survey and licensure.

All other providers except homecare were able to begin implementing the new policy right away. Differences between DHS and DOH regulations created challenges for homecare agencies despite the attempt at collaboration. An example of the difficulty consolidation will present.

In conclusion, some of the desired outcomes can be done today without consolidation; Permit presumptive eligibility. It provides the right service to the right citizen at the right time. Setting a state wide rate for waiver services at \$20.58 per hour will improve service delivery by allowing agencies to pay a livable wage and provide training to those individuals wanting to work in our field.

Thank you for this opportunity. I look forward to learning more specifics about this plan to unify aging, health and human services. Our focus must remain on improving services to the populations we serve to allow them to live an abundant life where ever they may call home.

