

Testimony before the
Pennsylvania Senate Aging and Youth Committee,
Pennsylvania Intergovernmental Operations Committee
Pennsylvania Senate Appropriations Health & Human Services Subcommittee,
and
the Senate Philadelphia Delegation

Joint Hearing on Proposed Agency Consolidation
(merging the Departments of Health, Human Services, Aging, and
Drug & Alcohol Programs) in Philadelphia

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Good afternoon, Chairwoman Brooks, Chairman Haywood, Chairwoman Bartolotta, Chairman Williams, Chairman Browne, Chairman Hughes and other distinguished members of the committees and the Philadelphia delegation. My name is Pamela Walz and I am the Co-Director of the Aging and Disabilities Unit at Community Legal Services of Philadelphia.

Community Legal Services provides free legal assistance to address the legal needs of low-income Philadelphia residents in civil matters affecting their families, their health, their jobs, their homes and their incomes. My unit, the Aging and Disabilities Unit, has specialized since the 1980s in representing older adults in matters involving access to quality long term supports and services and eligibility for crucial income maintenance and health care coverage programs that are administered by the Department of Aging (PDA) and the Department of Human Services. I appreciate the opportunity to testify today concerning the proposed agency unification. I'd like to address two main issues.

Exclude the Pennsylvania Department of Aging from the Proposed Unification

Pennsylvania's older adults are fortunate to have a cabinet level agency which is focused specifically on aging issues and programs. It is important, as we consider the proposed elimination of the Department of Aging, to remember the history of its creation. PDA was established in 1978 after a years-long grassroots campaign by older adults who felt that their voices were unheard and their needs unmet as a result of aging services being housed in the Department of Public Welfare, which was then, as now, a very large agency which serves many populations. As a result of that grassroots campaign, the Legislature established the Department of Aging as "a cabinet-level State agency whose jurisdiction, powers, and duties specifically concern and are directed to advancing the well-being of Pennsylvania's older citizens" and intended to "serve as an advocate for adding at all levels of

government.” I urge you to maintain the Department of Aging as an independent agency, and to exclude it from the proposed consolidation.

Including PDA in the unification will result in the loss of a strong, independent and visible cabinet-level voice focused on the issues of older adults. Instead, the highest official on aging issues would be a Deputy Secretary tasked with administering programs both for older adults and for younger people with disabilities. We are concerned that attention to the unique needs of seniors would be lost in such an arrangement. And far from being a visible and independent cabinet level official, this deputy secretary would report to an executive deputy secretary, who in turn would report to the Secretary of DHHS. We believe that merging PDA into a larger agency is a step backwards which would cause a loss of focus on older Pennsylvanians’ needs.

Older adults and aging advocates are also very concerned that the elimination of PDA and the placement of aging programs within the proposed larger agency will accelerate the practice of diverting Lottery funds to pay for Medicaid General Fund obligations. This would threaten the viability of Lottery-funded programs that older Pennsylvanians rely upon to avoid institutionalization. In Philadelphia, there is already a long waiting list for the Options program, which is funded by the Lottery. Seniors who need the assistance provided by Options and other Lottery-funded programs to remain in their homes are counting on PDA to retain this vital funding and protect it from diversion to other programs.

The unification would also create a serious conflict of interest for the Long-Term Care Ombudsman program, if it moved with PDA to a consolidated agency. The new Department would also be responsible for licensing and enforcement in long term care facilities, administering long term supports and services programs, and paying for these services. The ombudsman would be tasked with acting as an advocate for the rights of consumers with other offices within the consolidated agency,

including regulatory offices that may not properly enforce licensing regulations or payment offices that incorrectly deny benefits. Placing all of these functions within one agency has the potential to undermine the independence and effectiveness of the Long Term Care Ombudsman and creates a conflict of interest which appears to violate federal regulations governing the ombudsman program.

There is not a clear advantage to including PDA in the unification which outweighs these disadvantages. State budget savings from including PDA would be minimal, since PDA's funding derives solely from federal and state Lottery dollars and not from the State General Fund.

Moreover, aging issues currently require more, not less, focus and attention from the Commonwealth. Pennsylvania has 2.9 million residents who are 60 or older, the fourth highest percentage in the nation, as well as one of the largest proportions of residents who are 85 or older. The aging of the Baby Boomer generation will result in rapid and continuing growth in the Commonwealth's older adult population, and by 2020 one in four Pennsylvanians will be 60 or older. This is not the time to eliminate an agency which serves as a visible advocate and focal point for the advancement of policies to meet the needs of the Commonwealth's older adults.

EnCOMPASS Redesign

Our second major concern with unification is the planned EnCOMPASS redesign of how Pennsylvanians apply for, and receive, Medical Assistance, SNAP, and other benefits now administered by County Assistance Offices under DHS. The EnCOMPASS redesign, which we understand is an aspect of the unification proposal, is an opportunity to re-envision how benefits are administered, taking advantage of modern technology to improve customer service and create efficiencies. I'd like to describe our vision of how the unified agency could accept applications,

confirm eligibility, handle reported changes, and renew benefits. We recommend the following changes:

- 1. Allow for, and encourage, applications and renewals over the phone.** A major obstacle for seniors and many other low-income Pennsylvanians is completing the paper or online application form. A telephone application system would be easier for these individuals. With “telephonic signature” capacity, use of online databases to confirm eligibility, and caseworkers handling the calls, many applications could be processed on the spot. A system where DHS staff touch a case only once or twice would be far more efficient than the current system of multiple case touches with most communication by mail, resulting in cost savings as well as greatly improved customer service. Pennsylvania currently allows individuals to apply for Medical Assistance by phone, but people cannot apply for other programs that way. By investing in telephonic signature capacity and allowing applications for SNAP, Home and Community Based Services, and other programs such as TANF or LIHEAP over the phone, DHS could greatly improve customer service for seniors and people with limited English proficiency or literacy barriers. Illinois found that telephonic applications for SNAP as well as Medicaid were far more efficient than paper or online applications, because of how much interview-scheduling red tape it cut. Allowing for telephonic applications for waiver services would restore much-needed assistance with this complicated application, which was lost when DHS hired Maximus to simply mail lengthy paper applications to frail seniors to complete.
- 2. Improve the COMPASS online application to make it more user-friendly and provide more status information about cases.** Online applications are more efficient for the Department, requiring less staff time for inputting, but the proportion of applications submitted online has

remained flat. Paper applications take less time to complete, and clients see them as more reliable. To increase the proportion of applications submitted online, DHS should make the COMPASS application simpler, and provide better value from that application. COMPASS applications must be reliable, and provide the ability to track the status of an application or case. Making it simple for assisters submitting Medicaid applications to also submit an application for SNAP without many extra questions would help needy seniors and families to receive 100% federally-funded SNAP benefits.

3. Work toward same-day (or near-same-day) application processing. Through use of electronic verification sources, real-time Medical Assistance eligibility processing (as is now done in a limited number of cases), and especially telephonic applications and renewal, DHS could dramatically reduce its workload and processing times. Currently caseworkers may handle a case four or more times before approving or rejecting it, as the CAO mails checklists and interview scheduling notices to families, who in turn drop off paperwork to be reviewed later. Aggressive use of cold calls for interviews, supplemented by clients' ability to call a customer service line for an interview at their convenience, should enable a SNAP interview to take place quickly, which would in turn quickly identify any remaining obstacles to authorizing benefits. SNAP renewals done over the phone, coupled with ex parte Medicaid renewals, could obviate the need to send renewal packets by mail. These changes should improve the efficiency of the current processing and customer service centers, which generally work well.

4) Maintain the current opportunity for face-to-face interaction with a decision-maker, so individuals with barriers or emergencies can get the help they need. Some people will always

need the possibility of a face-to-face interaction with a caseworker to resolve their case. This group includes seniors, people with cognitive or literacy issues, TANF recipients, people with urgent medical needs, people fleeing domestic violence, and people with limited English proficiency. Currently these people can, if necessary, wait at the CAO to talk to someone who can resolve their case. Although the wait may be hours long, our clients greatly value the opportunity to talk to a decision-maker to explain their circumstances, or get help when they cannot navigate the process on their own.

Conclusion

In conclusion, I join with the many older adults, aging advocacy organizations and aging service providers who urge the preservation the Department of Aging as a strong and independent voice for older Pennsylvanians. Community Legal Services would appreciate the opportunity to work with you and the Departments as the unification and EnCompass redesign progress. Thank you for the opportunity to make these comments at today's hearing.