Testimony by:

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Good Afternoon Chair Baker, Chair Schwank and members of the Senate Health Committee. Thank you for this opportunity to discuss Governor Wolf's proposal to consolidate four departments – three of which play a critical role in the everyday operations of my organization.

My name is Constance Morrison, CEO of Home Health Care Management, the parent company of Berks Visiting Nurse Association, The Visiting Nurse Association of Pottstown and Vicinity and Advantage Home Care.

Our company provides services to Seniors in 7 Pennsylvania counties (Berks, Montgomery, Chester, Lebanon, Lancaster, Schuylkill and Lehigh) and we employ 325 individuals who provide home-based care including skilled medical, personal care and end of life care to more than 7000 people each year.

As I have listened to testimony from Cabinet members and read Governor Wolf's proposal to consolidate four state departments, I was happy to hear that this initiative was not just about saving money, but more about providing easier access to services to improve the experience of Pennsylvania's citizens.

For older Pennsylvanians this is extremely important. According to the information made available, this new unified agency will *"simplify the application process"* for our seniors. However, it seems to be a difficult task. In some counties here in the Commonwealth a client can be authorized to receive services for WAIVER in 30 short days. Here in Berks County, the time frame is typically over 9 MONTHS.

The Administration has not yet made the necessary changes to permit presumptive eligibility for home-based care. There is no need for consolidation to make that happen. Currently even nursing homes are permitted to do just that or to allow a reasonable spend down option for people wanting to remain at home. These are complicated, old, Medicaid rules that came from DHS and can indeed be changed without a new unified department.

Our agency as well as all members of the Pennsylvania Homecare Association have been advocating for these rule changes. While the principles behind this consolidation refer to "no wrong door"—single point of contact, simplified application process, improved service delivery, and right services to the

right citizens at the right time —our seniors have issues that have nothing to do with consolidation. Issues that could be resolved with thoughtful internal oversight changes.

The application process aside, there are other provider services that could be greatly improved by a unified department. I would like to touch on two here:

1. Incident Reporting
2. Licensure and Survey activities.

Incident Reporting: As a licensed homecare agency, I am required to report any incidences that occur in the home. For example, my homecare agency must report incidents to the Department of Health through an internet portal. Additionally we are required to report incidents to the Office of Long Term Living, which uses a different list of reportable events. What's more, when abuse is involved or suspected, we also have to report the incident to the Area Agency on Aging. Each of these three entities uses a different path to report incidents, whether electronic or paper form and each has their own list of what is considered

reportable. Interestingly enough, even their own definition of what constitutes "abuse" is different.

For instance, for DOH a transfer to the hospital is only reportable, when it is the result of an injury or accident that the provider witnessed in the home. Under DHS regulations, any hospitalization is reportable.

While I understand the importance of reporting critical incidents to the state so that they may be investigated or steps may be taken to protect the individual, there is no rationale for three different reporting schemes that do not speak to each other. I believe that a consolidation would relieve this confusion and streamline this process. It would allow the focus to return to the health and safety of the individual consumer/client.

Licensure

As a home-based provider, our organization has 3 separate licenses through the Department of Health to provide:

1. home health care, which is medical skilled care;
2. non-medical care, commonly referred to as personal care
3. Hospice, to provide palliative and end-of-life care.

As you know, each of those licenses comes with its own survey procedure. We have requirements with DHS because we are a Medicaid provider for HealthChoices. We are also a provider for Medicaid home and community-based care. In addition, we provide the same home-based care under the Lottery-funded OPTIONs program, which is overseen by our local Area Agency on Aging.

Could you consider making all agencies under this new consolidation utilize the same regulations? Too many rules for different agencies and each one provides the exact same care, make our back offices less effective and unable to focus on patient /client care and quality

Here is an example: non-medical homecare programs

Some Medicaid waivers are overseen by the Office of Long Term Living, while others fall under the Office of Development Programs. Within these two parts of the same department, there are an array of different services provided to consumers in their homes—each with slightly different service definitions and sometimes very different payment policies.

Under one license, our caregiver may provide personal care services to an OLTL waiver client in the morning and an ODP waiver client in the afternoon. Although the care that is provided is the same, our agency bills that caregiver's time at a different rate, using different procedure codes and following different billing regulations.

Late last year, providers got a glimpse at what an agency consolidation could look like when the Departments of Health, Human Services and State jointly developed a Direct Care Worker Policy Clarification. We were enthusiastic to see the cooperation and consolidation working on our behalf. This new policy allowed direct care workers working for a homecare agency to provide more assistance to

consumers in their homes. It permitted more leeway concerning medication assistance and bowel/bladder management. All three departments in November 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, such as those working with individuals with developmental disabilities, were able to begin implementing the policy right away. Differences between DHS and DOH regulations created challenges for homecare agencies, despite the attempt at collaboration. This experience did not instill confidence for providers in a successful department consolidation.

Another opportunity for improvement is the interplay between state Medicaid regulations and federal Medicare rules for which DOH surveyors monitor provider compliance. For our home health and hospice programs, we must not only follow our state license; we must also follow Medicare regulations, which are at times, very different.

Keep in mind however; we are also an accredited agency, which means that we follow additional Quality guidelines in order to assure our patients/clients the best care possible.

For instance, Medicaid regulations do not permit a podiatrist to order home health, yet Medicare does. Billing rules under Medicare, which is the largest payer of senior home health services, requires a physician to sign any verbal order before an agency submits a claim to Medicare – but our state home health regulations require the physician to sign the order within 7 days. These regulations have been in place for over 3 years and are in need of change.

I would like to now touch on hospice care. Beginning in 1999, Pennsylvania had followed federal regulations for hospice care. Two years ago, the Department of health developed its own state rules. These rules have yet to be finalized, and while the Department has welcomed our comments and input on the draft regulations, there are still differences between the state's draft and the federal regulations.

An example of discrepancy in regulations are how federal rules have no timeframe for volunteer training, but simply require volunteers to receive orientation and training related to the services they will be providing for the agency. The DOH draft would require annual in-service training for volunteers on specific subject areas.

Conclusion

I am very concerned that the consolidation of departments misses the mark when it comes to offering a more simplified Medicaid application process for our seniors. I think it is important for this committee to understand the role the departments play in the everyday business operation of companies like mine. While there have been some improvements, I believe there are still areas that can be addressed to better improve processes and communication.

Thank you for this opportunity. I, like many of you, look forward to learning more specifics about this plan to unify aging, health and human services. Our focus will remain on improving services to older Pennsylvania and individuals with disabilities and ensuring that all Pennsylvanians have the right to remain at home living as independently as possible.