

Testimony for Public Hearing on MLTSS

Pennsylvania Department of Aging and Department of Human Services

June 10, 20-15 Erie, PA

Welcome to Erie, PA and thank you for holding these sessions.

The following key points are presented will be discussed in further detail:

- MLTSS should support and build upon already established Local networks that AAA 's have established through years of PA Lottery supported funding.
- Volunteerism (RSVP / FGP / SCSEP)and Senior Center's keep consumers engaged in community to delay MLTSS high cost needs and should also be supported
- The **in home** visits are a key component of truly supporting a senior and others in need and the tasks of connecting the needs seen by a trained and knowledgeable professional with the *local* social support network is critical if not vital.

I applaud this effort of "openness" and planning and getting the feedback from those who have experience and are in the trenches and on the front lines with those in need, because that will be the **only way** the system is developed that will work not "for the people in need", but WITH the people in need and the caregivers who sacrifice so much. I applaud the effort of PA DHS to look at the entire system (inclusive of Behavioral and social supports) because historical efforts to reform one area can dismantle the house of cards and support system and solutions that have worked for years...this entire system of LTSS is INTERCONNECTED and has been LOCALLY DEVELOPED... it cannot be simply redesigned as "one size fits all", up here in Erie we have many needs and concerns that are radically different than those in Philadelphia (you can get to 7 other states and a foreign nation quicker from Erie Pain the time it takes to travel within state all the way to Phila.) Although there are also many needs of the population in need of LTSS that are the same (familiar and trusted caregiver, independence and personal choice of services and providers), only a LOCALLY TAILORED and DEVELOPED System can address those needs in the most effective manner and to what works and makes sense in the community.

Erie must address snow and the impediments it creates most months of the year....that is a local fact of life and a local need that must be overcome for LTSS to be successful....other areas may not have to address snow on the scale that we do....

.....because of the weather, we have a higher incidence of “Snow birds” older adults with the means to relocate to warmer climates in the winter and then they return in the spring thaw...this impacts the available caregivers for this population....it impacts the seasonality of support systems in our area.

Only the local professionals who handle on average a “caseload” of 50 consumers each KNOW how families and individuals have responded to this fact....there is no substitute for this ...there is no one-size fits all for these types of barriers...be they barriers specific to urban, rural, weather, geographical or cultural. Only that which is “casework 101” will work,...only trained Direct Care Workers / SCS, Care Coordinators, whatever name they are called....will be able to address and meet needs not limited “service coordinators” in the current waivers who see the person only 2 times a year....not direct providers who go in and provide one specific fee for service, not the Doctor or Nurse who sees the patient a couple times a year...only a trained **Social Worker** who goes into the home and sees the environment through trained eyes and knows historical fixes and LTSS that works.....someone who has experience handling difficult situations of Rx non compliance, inaccessible multi-level homes, fear and distrust of strangers, depression and other behavioral issues like dependencies, the sacrifices willing to made for pets and other relatives, fiscal hardships, and the impact all of these have on successful ALL of these SOCIAL Barriers IMPACT the Health Outcomes in fundamental and foundational ways, and until they are addressed in a comprehensive system , there will be no success. \$5 Billion dollars a year seems like a lot, but it is woefully inadequate to meet the needs....and if a true comprehensive system was developed it would save our communities by improving the lives of people. Some progress has been made with CDMS, H-EIT, and the expected NO Wrong Door and BIP, along with established AAAs, informal support networks and councils mentioned, HCBS and innovative strategies shared care and LIFE, but this is not a zero sum game, you cannot trade costs for NF beds for HCBS because the need continues to grow and is overwhelming and the \$5 billion won't cut it.

Customer satisfaction will be a key metric and to achieve this the process must be understandable and easier to navigate so that staff can clearly explain the process up front, not respond to immediate demands....with that in mind please, please focus on the entire continuum of care, and not just on the short sighted “fee for services”, but the whole continuum that includes **Senior Centers, volunteer** opportunities and **SCSEP**

jobs that keep people of all ages engaged in the community longer and avoid isolation and the start of debilitating immobility....many have immobility thrust upon them earlier and the whole community and systems must support those needs and be friendly (access, awareness and support).

Align Pennsylvania with federal initiatives...too often in competing directions (over regulated in the name of federal request for oversight impedes the ability of AAAs, LIFE, Act 150, PCBH, Facilities and other vital programs that are providing the valuable service.....at the same time set policies that “weed out” those who are in it for the money versus those who are dedicated and committed to the individuals in need...

This in it for the money will not last as caregiving and LTSS takes commitment and is **not a financially lucrative** venture, but is **rewarding** venture in knowing you are helping people and changed lives. [A quick self evaluation: If you look forward to making your trip to the bank rather than your trip to visit a consumer, then you will not last in this business....] Where does MCO or State find these dedicated and committed entities in local areas??....they already exist they go by names like Council on Aging, Networks, Collaborations, Alliances, LINKS and Teams.....they meet monthly to make each other aware of changes in programs and how they can advocate and support those in need in a true collaboration...**Cross Sector Collaboration** via already established local networks...support and encourage it through any and all means at your disposal.

Other areas of concern are Fraud and abuse (not protective services abuse, but abuse of the payment support mechanisms), as the AAAs are the primary local “policemen” in this area and that is a difficult role.

Also, there are cognitive areas when working with the older adult that are not the same as working with younger populations who, many times, are able to be more independent in the community.

Also, there is a difference in dealing with older adults and the cognitive issues they have so there is not a one size fits all and that is even more evident on a case by case basis. Add some local flexibility into the system, whether that be by a per member per month / capitated carve out for community care management, or multi disciplinary teams. This does work when local entities are open and able to work together for the good of the shared consumer without stifling federal or statewide regulations.

This is how the conversation moves from family caregiving to whole population health and LTSS that include the whole community....

It takes a village, and it will take the whole community to align to the needs and supports to meet the needs that will exist in the near future.

-Matthew Trott,

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