

Lords Valley, PA

June 20, 2014 9:00 am - 12:00 noon Pike
County Training Center, 135 Pike
County Boulevard



June 20, 2014

Dear Members of the Pennsylvania Long-term Care Commission:

Jean who is a 78 year- old widow lost the use of her right hand after she suffered a stroke. After 45 days in the hospital she returned to her home of 48 years, recognizing that she could no longer prepare meals safely. She turned to her local Meals On Wheels (MOW) program for nutritious home-delivered meals so that she could maintain her health and independence. Jean will tell you: "I couldn't manage by myself. If I didn't get Meals On Wheels, I don't know where I would be...maybe living in a nursing home."

For over forty years, Meals On Wheels(MOW) providers in Pennsylvania have been providing home-delivered meals to our elders and disabled so that they can remain living independently in their homes. This invaluable program has made it possible for our home-bound seniors and disabled to receive nutritious meals and a daily check on their well-being by a friendly volunteer.

According to a 2011 National Survey of Older Americans Act Program Participants conducted for the U.S. Administration on Aging:

- 83% of meal recipients say MOW helps them eat healthier
- 87% say MOW helps improve their health
- 90% say MOW helps them feel more secure
- 92% say MOW means they can continue to live in their own home
- 88% rate MOW service as good to excellent

15.27% of Pennsylvania's seniors face the threat of hunger. A 2013 report entitled "Spotlight On Senior Health: Adverse Health Outcomes of Food Insecure Older Americans " by Feeding America and the National Foundation to End Senior Hunger found that food insecurity among individuals aged 60 and older living in the United States has a negative impact on seniors' health, nutrition, and overall well-being. Food insecure seniors are more likely to have lower nutrient intakes and higher risk for chronic health conditions and depression than their food secure counterparts.

~~Without Meals On Wheels, many of our seniors would be forced to move in to long-term care or assisted living facilities.~~ In Pennsylvania, the average annual cost of delivering two meals per day

to a senior is \$3,600; average cost of assisted living facility is \$39,360; average cost of nursing home is

\$99,000; average cost of home-maker/home-health care services is \$45,000; average cost of Adult Day Care is \$15,000.

There is an unrecognized but substantial return on investment. ~~Meals on Wheels and congregate programs, which help keep seniors independent in their communities and able to live in their own homes for as long as possible, avert far more costly alternatives such as hospital and nursing home care.~~ This, in turn, reduces Medicare and Medicaid expenses. The Center for Effective Government recently found that for every \$1 invested in Meals on Wheels programs, there is up to a \$50 return in Medicaid savings alone. And we can feed a senior through Meals on Wheels for an entire year for about the same cost for that senior to be in the hospital for one day, or a nursing home for six days.

Contributing to the business case, Brown University conducted a recent study that found that by investing more in home-delivered meals, we can keep more seniors out of nursing homes. Specifically, the research found that for every additional \$25 a state spends on home-delivered meals each year per person over 65, the low-care nursing home population—seniors who are nursing home eligible but could remain in their homes with only a little outside support—decreases by a percentage point. In terms of Medicaid spending, one percentage point can translate to billions of dollars in savings.

The need for home-delivered meals is severe and the demand is increasing. Meals On Wheels programs are a crucial part of the long-term care plan in Pennsylvania. This program is cost-effective and provides good nutrition to improve health and well-being and enables consumers to remain living independently in their homes for as long as possible.

Thank you.

Sincerely,



JoAnn Nenow, President
Meals On Wheels Association of Pennsylvania

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PA LONG TERM CARE COMMISSION
TESTIMONY SUBMITTED BY KEITH WILLIAMS

JUNE 20, 2014

My name is Keith Williams, and I'm presenting testimony from the perspectives of a consumer and advocate. I have Arthrogryposis, a congenital physical disability, and have been participating in the Act 150 program since 1987. In addition, I was one of the first people in Lackawanna County to enroll in the consumer model and continue to employ my own attendants. I also use the combination model for two mornings per week.

There are three points which I'd like to address. First is the need to ~~expand the Act 150 program~~. Pennsylvania has a significant population of people with disabilities who are ineligible for Medical Assistance, but who could benefit from home and community based services. This program enables me to maintain employment at the Center for Independent Living in Scranton, where I've been working since 1987 and am the Director of Advocacy. It also assists me to be active in the community and enjoy everyday activities. It is important to note that my story is not unique. Other Act 150 participants are either working and contributing to tax revenues, or volunteer in various capacities to better our communities.

~~Second, Pennsylvania must implement the Community First Choice Option (CFCO), which would significantly increase the availability of home and community based services.~~ Nearly 81,000 people with disabilities and those who are elderly are currently unnecessarily warehoused in nursing homes and other facilities. Many are people who want to relocate to their own homes. A staggering **\$100.7 million** would be saved in year one from enacting the CFCO. If Pennsylvania moved to provide 50% of its long-term care in a community based setting instead of costly nursing homes over the course of four years, the savings would exceed **\$1.5 billion**.

Finally, consumer control has been the hallmark of Pennsylvania's programs since their inception. However, people with disabilities enrolled in the agency model are not empowered to fully direct their attendants to perform certain tasks. This problem would be eliminated by ~~amending the Nurse Practices Act to create Nurse Delegation~~. Under this program, a nurse would sign off on health maintenance activities which could be performed by non-licensed attendants.

Many people have been forced into nursing homes merely because a nurse is required to perform relatively simple tasks. These include cutting nails, bowel/bladder programs, wound irrigation, and tube feeding. Medical professionals who make these ill-informed decisions are using risk and safety as smokescreens which prevent independence.

Expansion of the Act 150 program, the Community First Choice option, and creating Nurse Delegation are concrete steps the Departments of Aging and Public Welfare should implement to further the independence of people with disabilities. We can not afford to become complacent and stagnate in the progress we've achieved this far. June 22 will mark the 15th anniversary of the U.S. Supreme Court's Olmstead decision, upholding the Americans with Disabilities Act's regulation that *"public entity shall administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities."*

I urge you to make transform regulation into a fully realized goal.

Handwritten initials and a circled number 6.

Good Morning. My name is Ken Stewart and I'm the owner of At-Home Quality Care. Thank you making time to hear my statement. We are a private duty in-home care agency providing licensed homecare services to the elderly.

My statement is directed toward three programs that Pennsylvania may be looking to help solve its LTC issues but all three have integrity problems. The three programs are Pennsylvania's Consumer Directed PAS program, Private Pay Registries, and Pennsylvania's Block Grant Moneys for Options consumers.

But before I start, I would like to say that Pennsylvania seniors do not understand the difference between homecare and home health. We need clear language in our state so that everyone knows what services fall under homecare.

1. PA should phase out the Consumer Directed PAS program and transfer all clients and caregivers to local, licensed homecare agencies.

a. Consumer Directed PAS is ripe for fraud with inadequate caregiver accountability, supervision and competence. (My personal suspicion is consumers and caregivers are working together to split fees).

i. There is no way to prove that caregivers worked the hours reported, and,

ii. While Pennsylvania appropriately makes Consumers the employer, not all consumers have the ability to manage their staff and care.

b. Quality outcomes are unpredictable. Consumer PAS caregivers should be required to meet screening and competency requirements of local homecare agencies before going back into homes of family members. Agencies should be responsible for Accountability, Supervision and Competence.

c. Consumer PAS competes with Agencies and removes clients and caregivers from the marketplace. Removing caregiver assets from the marketplace is a detriment to our industry and future. With increasing Federal & State funding focused on increasing homecare utilization, we need our government to support policies that will strengthen homecare agencies and increase homecare capacity.

d. Consumer PAS interferes with Agency hiring by paying caregivers in excess of market rates. Pennsylvania should not be interfering with the caregiver labor market through fiscal mgmt nor funding competing homecare initiatives. Pennsylvania needs one viable homecare solution that works. Let's make the Agency model work.

2. Private Pay Homecare Registries are exposing Pennsylvania seniors to financial risk.

a. Homecare registries are tactically maneuvering consumers to evade paying employer taxes, insurances and workers compensation. Registry Consumers actually think it is appropriate to pay caregivers under the table and then pay registries a separate fee for maintaining backup care options. We have been told by aged Consumers that they were completely unaware of their employer risks.

b. Caregivers cannot be independent contractors. Even Pennsylvania's Consumer PAS Program requires Consumers to be the employer of record. Registries place consumers at risk of paying fines, penalties and back payments. Why would we permit this abuse of our seniors?

c. The internet is loaded with sites that use registries to circumvent regulatory supervision. The Government and Industry need to take a firm position against registry behaviors to protect consumers from unknowingly violating Federal and State employment and tax laws.

d. If no action is taken, registries will overrun the private pay marketplace.

Handwritten star symbol.

3. Block Grant Moneys are being used to fund Area Agency on Aging Options programs. AAA's are requiring agencies to perform one hour visits to consumers knowing that there is no way the agency can afford the visit.
 - a. ~~If short and/or one hour visits are going to continue to be used & required, then caregiver travel time and mileage should be paid to agencies out of Block Grant Moneys.~~ i.e. If a caregiver travels only 4 miles to their next shift, without taking personal time, Caregivers are owed roughly \$2.00 for mileage. If it takes 20 minutes to travel, Caregivers are owed roughly \$4.00 in travel time. This equals \$6.00 off Options Hourly Rate of \$18.50, netting the agency only \$12.50 for all other expenses, including labor, which is well below our cost.
 - b. ~~We are being told by caregivers that they are not being paid for travel time and mileage by other companies but are still being required to meet the AAA orders for providing care.~~
 - c. This should not be an accepted as an appropriate way of doing business.

In summary, if these program integrity issues are left unaddressed they will limit the ability of homecare agencies to provide a solution for Pennsylvania's long term care needs.

Thank you.

Kenneth Stewart

President

Good morning. My name is Kristi Brant, and I represent Home Health Care Management, Inc., a nonprofit 501c3 organization that manages the independent nonprofit agencies Berks Visiting Nurse Association, Visiting Nurse Association of Pottstown & Vicinity, and Advantage Home Care. We serve seven counties in southeastern Pennsylvania. Our agencies have been providing home health care for 104 years, and private duty caregiver services since 1987.

One of the questions this commission seeks to understand is "What is the capacity of the health care system to meet the growing number and needs within long-term care?" I am here to tell you that home health agencies and private duty agencies are working diligently to meet current and emerging needs. We are innovating with concepts like Advantage Care Cottages, which I will discuss momentarily. The difficulty, in our opinion, is not in provider capacity. The difficulty lies in the inherent, systemic disadvantages for Pennsylvanians who wish to remain in Home and Community-Based settings instead of in nursing facilities.

In 2013, Advantage Home Care, in partnership with Berks and Pottstown VNAs, launched a long-term residential program called Advantage Care Cottages. Advantage Care Cottages are private residences shared by three seniors, and staffed with caregiver support 24 hours a day. These nursing home alternatives allow eligible seniors to live in real neighborhoods and participate in everyday activities that we all take for granted, like watching children ride their bikes, visiting with neighbors, and sharing your mom's iced tea recipe. As you might imagine, the idea is greeted with enthusiasm whenever it is presented.

The Care Cottages, though, provide a stark example of the difficulties seniors face when they choose to age in the community rather than in a nursing home. Today, Pennsylvania's Long Term Care system is designed to funnel individuals to institutions, putting up barriers related to time and funding that make Home and Community Based Care difficult, if not impossible, to obtain.

I'd like you to consider two independent seniors – Jane and John – both of whom have had a stroke that has impaired their cognition and mobility to the point that they are unable to live safely in their homes. Jane would like to use the PA Waiver for Home and Community Based Services in an Advantage Care Cottage. First, she learns that she has to fill out a Medical Assistance application. But because of changes to state payment mechanisms for service coordination, the burden to collect and provide all necessary documentation for the MA application falls on Jane herself. With her cognitive and physical limitations, completing the MA application is virtually an impossible task.

John takes advantage of presumptive eligibility and moves from the hospital directly into a skilled nursing facility. There, the social worker assists him with his MA application. Although John owns his home, the nursing facility is confident that it can recoup its expenses with retroactive payments after the home is sold.

Jane also owns her home. But she and her family learn that home ownership "counts against her", as there is no presumptive eligibility or retroactive payment mechanism for home and community-based care.

John and Jane have both worked for much of their adult lives, and both receive supplemental Veterans benefits, with incomes totaling approximately \$2,500 per month. John and his family quickly learn his MA application is approved, and his nursing home care continues.

But because there is a lower income threshold for MA eligibility for Home and Community Based services, Jane learns, after months to get her MA application approved, that her \$2500 monthly income is too high – it disqualifies her from the Home and Community Based Waiver program.

Let's assume, for a moment, that Jane is not a Veteran and that her income falls below the \$2,130 limit for Home and Community Based Service. Even after MA approval, Jane has to undergo a variety of assessments and approvals from the Area Agency on Aging and Office of Long Term Living to qualify for support in the community. Navigating the requirements and timetables in this process is complex and time-consuming for social service professional, and nearly impossible for seniors and their families. Our experience tells us that this approval process can take, conservatively, 3-9 months, which can be an eternity for an individual and family trying to manage at home. Most families simply cannot make it that long, no matter how much they want to avoid nursing home living.

Finally, let's compare the cost to provide care for Jane and John. At an average MA daily rate of \$200 in a skilled nursing facility, John's care costs \$73,000 per year. Once Jane's care plan is finally approved and she moves in to her new Care Cottage, the cost of her care is \$51,000 per year.

As I speak to groups throughout our service area, I ask "Who wants to live in a nursing home?" I never see a hand raised. Home and Community Based care is what we all want for our loved ones and ourselves. It's time that we have parity in eligibility requirements so that more people can take advantage of these services, and more money can be saved by the Commonwealth. Thank you.

Public Comment of Kathryn Mikels, Executive Director

Monroe County Meals on Wheels

June 20, 2014

Thank you for allowing me to speak on behalf of my agency, Monroe County Meals on Wheels, Inc. We have been providing meals to Monroe County residents who are homebound and unable to shop for or prepare meals for themselves since 1972 and are currently serving approximately 200 clients a day. According to the Monroe County website and the 2010 census we are the second fastest growing county in Pennsylvania. Between 2000 and 2010 there was a 22% increase in the total population of the county but a 27% increase in the population age 65 and older.

This population growth occurred when thousands of people moved to the Poconos because the cost of living was less than in New York and New Jersey, but this influx put a strain on local infrastructure and human services because many brought extended families with them. The homeowners commuted East on I-80 to work but left children and elderly parents home by themselves, isolated, without transportation.

~~Meals on Wheels is vital to the health of our communities.~~ Home-delivered meal programs improve recipients' lives by providing nutrition which increases food security, helps avoid hunger, and helps minimize medical treatments. Growing evidence indicates that some medical treatments are ineffective without adequate nutritional support while others could be avoided entirely with proper nutrition. People who have poor nutrition have longer hospital stays and longer recuperation periods than those who have good nutrition.

While Monroe County Meals on Wheels delivers two nutritious and often therapeutic meals (1 hot and 1 cold) a day, the daily visit from the volunteers is equally as important as the meals. For some clients our volunteers are the only people they see each day and many clients look forward to the visit even more than the meal. Our volunteers are the ones who find the client who is in insulin shock or who has had a stroke, or has no heat or air-conditioning, or is dehydrated and needs hospitalization. Just this past Tuesday our volunteers found a woman who had fallen from her bed during the night and was wedged between the bed and a chair. She knew that the MOW volunteers would be there mid-morning to help her. The volunteers report

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developing problems to our office and we are able to contact the families or the Monroe County Area Agency on Aging or other responsible agency.

Like many meal programs, we survey our clients each year. In our December 2013 survey only 17% of respondents believed that they could find another way of getting nutritious meals if they did not receive Meals on Wheels; 57% reported a positive weight change; and 88% felt that their well-being was maintained or improved since receiving Meals on Wheels.

Kris, the daughter of one of our clients expressed her gratitude: *I wanted to thank you so much for all you do for my father. He looks forward to seeing you daily and the wonderful meals you bring him. He always tells me how nice everyone is! Also thank you for going the "extra mile" during this difficult winter. We appreciate you getting his paper for him on those cold-icy days. He hates giving up his independence including those daily walks to get his paper, but we worried about him falling. You are all amazing! It truly is a wonderful service you do. Thank you.*

The support of, in our case hundreds, and nationally, hundreds of thousands, of volunteers makes Meals on Wheels one of the most cost-effective ways to enable homebound elderly and disabled people to remain in their homes, where they want to be and where it is less costly than an institution. The Meals on Wheels Association of America indicates that for every dollar invested in Meals on Wheels, we can save up to \$50 in Medicaid spending, so it only makes sense—for clients and taxpayers—that Meals on Wheels programs should be an integral part of a long-term care plan for Pennsylvania residents.

A final note from Joyce, a client: *I would like to start off by thanking you very much for thinking of me on my birthday and for the lovely gift [it was a bottle of skin lotion]. Secondly, I'm truly grateful for the Meals on Wheels program. It has changed my life significantly.*

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TESTIMONY
GOVERNOR'S LONG-TERM CARE COMMISSION
Lords Valley, PA
June 20, 2014

Vince Phillips
Contract Lobbyist
PA Association of Health Underwriters

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Thank you for affording the Pennsylvania Association of Health Underwriters (PAHU) this opportunity to testify. Our members are licensed insurance professionals who specialize in health insurance and employee benefits. An important segment of our membership specialize in meeting the needs of Pennsylvania's senior population through long-term care insurance.

Cutting to the chase, PAHU presents these specific recommendations for your review. Adopting these who ~~remove obstacles that now exist to the placing of private sector long-term care insurance~~. Every private sector policy means reduced reliance on Medicaid taxpayers dollars. I would be pleased to follow up in more detail with these recommendations and should you find it helpful, to have you meet informally with agents specializing in this area to discuss options for enhancing coverage to seniors.

LONG TERM CARE CAN DO LIST

Pennsylvania General Assembly should enact legislation establishing a State Long-Term Care Council along the lines of legislation already proposed in the legislature. (House Bill 252 sponsored by Rep. RoseMarie Swanger) and Senate Bill 1123 sponsored by Sen. Mike Folmer (R-Lebanon).

Rationale

- The work of the Governor's long-Term Care Task Force is just the start. It may set forth a foundation but to follow through means that a permanent entity must be created to continue to make progress in serving the long-term care needs of senior Pennsylvanians. *
- Both House and senate bills are bipartisan in sponsorship and House Bill 252 passed the House 199-0.

The Governor should advocate passage of legislation allowing for a PIT deduction for purchase of an individual long-term care insurance policy if 65 or over.

Rationale

- The proposed tax incentive would be limited to those 65 and over because PA Constitution prohibits special tax treatment except for age, income and disability. This proposal meets the constitutional test. Ideally, this tax credit should apply to younger purchasers of long-term care insurance as well since it's less expensive the younger you are but constitutional compliance is an issue with the more inclusive tax credit. ✓

Pennsylvania General Assembly should pass a resolution asking Congress to make a LTC insurance premium a line-item deduction on the 1040 (move it from Schedule A and give it its own place on the tax form).

Rationale

- Congressional action would make long-term care insurance more visible to the taxpayer and would permit a federal tax incentive to be more effective. This visibility would remind citizens of the importance of financial planning for the future. ✓
- The Affordable Care Act (ACA) increased the threshold for deduction of medical expenses from 7.5% of AGI to 10% in 2013. This reduces the federal tax incentive for long-term care insurance premiums to almost nothing since most people will never reach the higher threshold. A visible line item on Form 1040 would reinstate the value of this tax incentive.

The Governor, Department of Aging and Insurance Department should petition Centers for Medicare and Medicaid Services (CMS) to waive the requirement that an agent may only talk about one insurance product at a time instead of being able to fully discuss the client's needs.

Rationale

- A huge impediment to more people buying long-term care insurance is that fewer agents will sell this complex product. While the desire to help seniors is there, agents must jump through a myriad of Centers for Medicare Medicaid Services compliance hurdles. If a client says "Talk to me about a Medicare Supplement policy, the agent cannot legally do so. He/she must make a separate appointment 24 hours later to do so.

The General Assembly should enact a legislative amendment to Act 40 of 2007 which now requires a mandated inflation protection provision in the LTC Insurance Qualified Partnership policy.

Rationale

- Act 40 established the Partnership Program in PA which is intended to help the middle class purchase a private sector long-term care insurance policy instead of having Medicaid pay for it. Qualified Long-Term Care Partnership policies thus allow taxpayer dollars to go farther.
- The mandated inflation protection increases the cost of a policy to make it unaffordable to the middle class and thus works against its own purpose, to encourage the middle class to purchase private sector coverage instead of going into Medicaid.
- At a minimum, research should be done with other states to see how they have framed inflation protection requirements to see if PA could soften current requirements to make the Partnership product more affordable. PAHU's understanding is that several states are already looking at this approach to make the Partnerships more affordable.

The Insurance Department should update its Rule on Act 40 to require that long-term care insurance training for agents selling this product be obtained from an approved continuing education provider and requiring that carriers recognize long-term care insurance continuing education completed by an agent from one source as meeting the basic training requirement required by statute. This would in no way prevent a carrier from requiring instruction on its specific long-term care insurance policies for their appointed agents..

Rationale

- Current rules require training in long-term care and the Qualified Partnership policies for agents selling this coverage. Requiring that the training be formalized Continuing Education under Insurance Department rules governing course content means that product knowledge content will be supervised. This would address anecdotal reports of some training not being substantive enough or being an informercial.
- Removing duplicative training makes agents entry into this market more attractive since it is always better if an agent can compare carriers' products without having to go through an anti-competitive impediment.

Require that an Area Agency on Aging recruit a volunteer insurance agent who will instruct APPRISE volunteers to better understand long-term care insurance as well as PA law education governing restrictions on unlicensed individuals "soliciting, selling, or negotiating" long-term care insurance contracts. (Act 147 of 2002)

Rationale

- Anecdotally, agents report that well-intentioned APPRISE volunteers are providing inaccurate information to senior consumers about long-term care insurance. Utilizing agents for training will improve the quality of information provided.
- The Insurance Department and Department of Aging can remind APPRISE volunteers about insurance licensing law's prohibition about recommending one insurance policy over another. This could be done by issuing a joint memo and distributing it to the Area agencies on Aging and other entities which provide insurance information to seniors.
- Area Agencies on Aging" use of a volunteer insurance agent who is qualified to inform APPRISE volunteers about the significant risk assumption seniors do make when signing onto a Medicare Advantage Plan. For some seniors, network restrictions can, and have, cost senior tens of thousands of dollars that would have otherwise been covered by Original Medicare. Too many seniors confuse Advantage Plans with supplemental coverage and anecdotally, there are numerous stories of seniors reporting that APPRISE volunteers referred to Medicare Advantage Plans as "supplements" to Medicare. Only a Medigap plan is Medicare Supplement Insurance.

Other Suggestions

- ~ Convene a symposium that focuses only on the and risk management of long-term care and how to pay for it
- ~ Recommend to the relevant House and Senate committees that they convene hearings on alternative ways to reduce the costs connected with traditional long-term care insurance including options such as allowing group long-term care insurance premiums to be deducted from payroll on a pre-tax basis and/or included in a section 125 plan. In addition, there is increasing interest in Hybrid Life/LTC policies along with Life policies with accelerated death benefits.
- ~ Present a long-term employer-offered long-term care insurance program as a voluntary employee benefit option through the Commonwealth for its employees similar to the plan offered by the Federal Government to federal employees and their families
- ~ Explore the feasibility of providing tax incentives (credit towards insurance premium tax) for new insurance companies choosing to offer long-term care insurance to Pennsylvania consumers. One problem facing the market is a reduced number of carriers offering this product

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I'm Ellen Craven, Administrator of Linwood Nursing and Rehab Center and Vice President of the Northeast PA Long Term Care Association. Our group has over 40 members representing over 5,000 skilled nursing beds. We provide a full array of services from short-term rehab to long-term residential stays. sn A 14

In addition, I serve on the PHCA/CALM Board of Directors, and when I received an update on the Commission's discussions so far from Dr. Stuart Shapiro, PHCA/CALM President & CEO and a member of this Commission, I felt it critical to carve out the time to attend today's meeting and offer my thoughts.

I'm not going to spend time sharing data or studies on profit margins, losses per patient day on Medicaid, or the regulatory burdens we face. While those are all significant challenges, I'll leave that to Stuart and his team of policy experts.

It is unfortunate that the policy discussions often turn into 'anyplace BUT a nursing facility' discussions. All of us want our loved ones to receive the very best when they're no longer able to live on their own and require the care only available through a nursing facility.

~~I wholeheartedly support community based services for those who can be managed at home. But I feel that is not the population that nursing facilities serve. For those who truly need 24 hour care, skilled nursing is a critical component of the continuum of care. And for those who do not have additional family support, the only viable option. It is also the more economical option. You couldn't pay someone \$9.00 an hour to provide care 24 hours per day which equates to our daily MA rate.~~

People often forget a very important deterrent for the health and mental well-being of the elderly living alone – social isolation. Studies have shown that married couples and those with good social contacts are happier and live longer.

Let me tell you about my Aunt Margaret. She was in her 90's and could no longer live alone. I suggested she go to a personal care facility but she didn't want to "go into a home". She tried living with one relative, then another. She managed but struggled every day—crawling up the steps then going down on her buttocks. When she progressed to needing the wheelchair at all times, she came to my nursing facility where she thrived with the socialization of her peers and facility staff. She told me "I'm sorry I didn't listen to you years ago". Her home was the always family gathering place, a pie or cookies always in the oven and she loved being the hostess. She didn't realize that it was socialization that she had been missing.

But that was back in the 1990's and Aunt Margaret is not the typical nursing home resident today. I have been in long term care for over 30 years and have seen many changes. Skilled nursing facilities are now caring for medically complex residents that used to be cared for in hospitals: TPN, wound vacs, IV's, respiratory therapy, and ventilators in some facilities.

Just last week, we admitted a resident from home being cared for by Waiver services, Hospice and his wife. He was a paraplegic who developed multiple Stage III and IV pressure ulcers. We also admitted his wife for short term therapy who had become so debilitated under the burden of caring for her husband. This is a prime example of community based programs not being able to provide adequate assistance. This is the care that skilled nursing facilities provide.

~~I believe policymakers should research additional funding for personal care homes. The majority of our group have residents in their facilities that could be served better in a lesser level of care with lesser costs but don't have the resources to afford personal care. The personal care home supplement is grossly inadequate.~~

Before you make your final recommendations to the Governor, I would love to arrange a tour for the Commission at any one of our member facilities to see the level of care our residents need day in and day out. I could also work with PHCA to arrange a tour closer to Harrisburg if that is more convenient.