

Mercer, PA

May 8, 2014

9:00 am - 12:00 noon

Mercer County Career Center, 776
Greenville Road

Good morning,

My name is Iris Champion. I am a home care worker, and a member of United Home Care Workers of Pennsylvania. I am the president of our chapter at DON Services, which is one of the Centers for Independent Living that is part of the Consumer Workforce Council, with whom we have a collective bargaining agreement.

One of the guiding principles in our agreement with the CWC states "history has demonstrated that, through chronic under funding, the workers in the home and community based personal assistance system have received inadequate wages and benefits including limited access to healthcare coverage, and the parties in this agreement are committed to pursuing justice, a living wage and benefits for those workers."

Over the winter, I had the opportunity to visit with dozens of attendants in their homes, and listened to their stories. we talked about how important our work is. They shared how proud they were that their care allowed their consumers to live at home- and as independently as possible. Many said how much they loved their work. Despite this, we struggle because of low pay.

We need a living wage because some of us are single parents or there is only one income in the home. We live paycheck to paycheck having to choose food over bills each week, then we fall behind and can't get caught up. The cost of living is too high and we don't make enough to live the way we should be able to.

I have to work seven days a week in order to pay bills, I don't mind because I take care of my mother. She was told she has 3 weeks to 3 years to live. I'm glad I'm a home care worker because I get to take care of her, instead of her ending up in a nursing home.

I'm tired of barely surviving, having to live from paycheck to paycheck. By the time payday comes around I'm lucky if I have 20 dollars left in my account.

~~As we've said, home care is chronically underfunded in Pennsylvania.~~ This doesn't have to continue! Other states- including Washington, Oregon, and Illinois- have made real progress toward providing home care workers with a living wage. Attendants in these states are being paid between \$13-\$15 per hour.

~~I am here to call on you to support and recommend changes in the rates in Pennsylvania to provide the funds to make it possible for home care workers to be paid a living wage.~~

✓ Rita Clemente, Director of Colony Living and Community Outreach, St. Paul's

Bridging the Gap!

The gap is between services provided by a Home Health Care Agency (skilled nursing, therapy, mental health) and a Home Care Agency (personal care, assistance with IADLs, companionship services, respite care, and specialized care).

I represent St. Paul's Without Walls – a licensed Home Care Agency that is part of a St. Paul's – A Continuing Care Retirement Community in northern Mercer County.

Home Care is defined as *“direct care workers to provide home care services to individuals in their homes or other independent living environment.”*

A Technical Advisory from The Department of Health dated May 3, 2013 stated that *“A licensed practical nurse or registered nurse employed by a home care agency or home care registry to provide home care services within the scope of her/her license; however, the nurse may not delegate nursing functions to an unlicensed direct care worker or train or supervise the direct care working in the performance of a nursing function. For example, a direct care worker may not do tube feedings or provide wound care.” See attached*

My case in point involves an 86 year old male, a resident of St. Paul's independent living. He is currently receiving skilled nursing services from a HHC Agency for a Pleural Effusion. This weekly service has been provided by the Home Health Care Agency and billed to Medicare since the fall of 2013. The cost to Medicare for a weekly visit estimates \$150 each week.

A nurse visits him weekly to manage his Pleurx Catheter including the use of a vacuum container to eliminate excess fluid from around his lung, applying fresh bandages following the procedure, and checking his vital signs. His need is long term with no end in sight. Currently, because he no longer meets the homebound criteria for home health, the Home Health Care Agency is seeking a family member or caregiver who is willing, able, and available to be responsible for his care; in his case, to train him/her to manage his Pleurx Catheter each week. His

options are to identify a family member or a personally paid care giver to learn and apply the process. ~~Under DOH regulations, and as interpreted by a DOH representative, he does not have the option to hire a direct care worker through our Home Care Agency and pay privately, even though the direct care worker may be a registered nurse or licensed practical nurse trained to provide such a service.~~

Given the current circumstances, since family is not willing, able or available learn the management of his Pleurx Catheter, his option is to hire a private caregiver who will likely be someone who is uninsured, without a criminal background check, and without any training related to direct care or nursing. And today, for him, there is still no one available to fill this capacity. So Medicare continues to pay for a service that could easily be removed from Medicare's payment system.

Our recommendation, to stand by your May 3, 2013 Technical Advisory, and allow RN's and LPNs to provide Specialized Care functioning within the scope of their ~~training under a Home Care Agency and paid for by the consumer~~ – private pay (when a consumer is being discharged from Home Health Care Agency due to a long term need where the consumer no longer meets the criteria of homebound).

This is one example representing many that involve a client under Home Health Care services where the HHC Agency is trying to discharge them having trained someone in the home to manage their long-term needs. Given the opportunity for private duty nurses functioning under a Home Care Agency license, many of these long term needs including wound care, IVs, medication management, Pleurx and Catheters could be managed more efficiently by TRAINED personnel and more cost effectively by removing them from Medicare payment system sooner. These TRAINED personnel would also be under the direction of a licensed Home Care Agency where policies and procedures apply, Criminal Background Checks are required, and the Agency is insured.

These particular kinds of long term services would also aid in the effort of reducing hospitalizations by routine checks given by private duty nurses who could clearly communicate health status to the consumer's PCP.

Lastly, from the consumer's perspective, in most cases the consumer does not want the responsibility of hiring a private caregiver then having to deal with all of the risks potentially associated with their relationship – failure to report to work, abuse, neglect, and more.

We have an opportunity to do what is right for consumers – allowing them to stay in their home, remain more independent, receive high quality care at reasonable prices, and reducing hospitalizations. I hope you consider what appears to us to be an easy fix to this and countless similar situations. It's good use of your time and Medicare dollars.

Thank you for your time and the opportunity to provide testimony today.

Trudi Flynn

Hello, thank you for allowing me to share my thoughts and opinions with you. I think that most of us here will agree that the Community First Choice Option is the best solution for people with disabilities and for the Commonwealth of Pennsylvania. Some of us fear that that means managed care is in our future. We understand that ~~managed care means everyone who has a specific diagnosis will be assigned a predetermined number of hours, regardless of their individual needs.~~ Two people with the same diagnosis will be given a specific number of hours based ONLY on their diagnosis, not on their individual needs. Even though two people have the same diagnosis they will not have the same needs. With a preset number of hours determined by a specific diagnosis rather than the individual, one person may require less than the hours assigned to them, while another person may require more than the hours assigned to them.

I am not sure that ~~managed care is a totally bad thing,~~ but I fear that it will take ~~some rights away from people with disabilities,~~ including myself. The rights that I fear losing are:

- Self-Determination.
- Live Where I want to live.
- Control of the TYPE of assistance I need to remain in my own home within my community.
- Control of the AMOUNT of assistance I need to remain in my own home within my community.
- Control of WHO comes into my home to provide the assistance to live in my home within my community.

In other words, my biggest fear if and when ~~managed care does take effect,~~ is that I will lose control over the most important parts of my life, my individuality, my safety, my security and most of all MY CHOICE!

~~Community First Choice Option will be good for the Commonwealth for the following reasons:~~

- The cost to maintain one person in a nursing home will maintain 3 people in their own homes.
- A person who remains in their own home is happier, healthier, and therefore makes fewer trips to the emergency room.
- A person who LIVES in the community may also WORK in their community, thereby increasing the tax base for the Commonwealth and their local municipalities.

Thank you for your time.

Good morning. Thank you for allowing me the opportunity to provide comments this morning. My name is Krista Geer; I am the Executive Director for Active Aging, Inc. Crawford County's Area Agency on Aging. I have been fortunate enough to spend my entire career involved in aging services in various capacities and that experience is what brings me here today.

Currently in the Commonwealth of PA an older adult who is no longer able to care for themselves and cannot afford to pay for their own care is entitled to be cared for in a LTC facility. And through presumptive eligibility they can be placed in that facility very quickly, often within the same day.

Please understand that it is not my goal to diminish the value of LTC facilities or the services they provide. Many older adults need the level of care and oversight offered in that therapeutic environment.

However, in my entire professional career I have never met an older adult who wanted to live in a LTC facility or who planned long in advance what they would do if they should ever find themselves in the position to need that care. The desire of most older adults is to remain in their own homes, surrounded by family and loved ones as long as possible.

And it is possible for many older adults to do just that. Through the Aging Waiver. This waiver allows older adults who would normally be in a LTC facility to receive services in their own home coupled with other formal and informal supports. It is a wonderful program that gives options to those who would normally have no other options. Sounds fantastic, doesn't it? It is, but in reality a serious barrier to these services exists in the entitlement & eligibility arena.

Waiver is not an entitlement.....LTC facility care is.

Eligibility for LTC facilities is presumptive, meaning facility staff can review clinical and financial information and make an educated determination that the older adult is eligible. And they can provide that care immediately!

Waiver eligibility determination is a long, drawn out process that can take several months, even though eligibility requirements are the same for both services. Older adults often are forced to enter LTC facilities because they & their families cannot wait months to be determined eligible for waiver services.

So, to bring the point home.....if your 60 year old mother had a stroke & needed LTC immediately, her only true choice would be to enter a LTC facility. Even if you & your siblings were able to create a schedule to be with her around work schedules and outside obligations, leaving you with only a handful of hours a day that cannot be covered, it would take months for waiver services to start to fill the gap. Once she is released from the hospital, you don't have months to wait. She needs care now. You need to keep your job. Mom ends up in the nursing home. There is no choice in that scenario and sadly, it happens every day!

As our older adult population expands with the aging of the boomer population we need to consider the long term costs of continuing this practice. To say that waiver services are less expensive than LTC facility services is true, but it is also not an apples to apples comparison. LTC facilities are a necessary and vital component of our LTC system; however ~~a rebalancing of the spending within this system is crucial!~~ Waiver is the most desired, cost effective, non-institutional preference of older adults and their loved ones. We must make it a true option for families as they maneuver the LTC system. We must level the playing field and operate under the same enrollment process.

Finally, I would like to implore you to ~~continue to protect the lottery fund.~~ Fight to guarantee that lottery revenues remain fully dedicated to senior programs and services while pursuing reasonable efforts to generate additional revenue to support expanded home & community based care. Your Area Agencies on Aging are your "boots on the ground" so to speak, we are here at the table and we are ready to work with you to improve the LTC system.

Thank you

Tammy Lininger, Administrator, The Villas at St. Paul's.

My comments address issues related to ensuring consumers have access to the appropriate level of care and services. I represent The Villas at St. Paul's, which offers 192 skilled nursing beds all of which are dually certified for both Medicaid and Medicare. As a continuum of care, St. Paul's also offers 2 licensed personal care residences with 120 apartments, independent living with ___ homes and apartments and a home care agency known as St. Paul's Without Walls.

My case in point involves a 94 year old female who was admitted to the skilled nursing facility (The Villas) for rehabilitation following a hospital stay. Prior to her hospitalization, she lived independently in a home next door to her daughter. This home had been her home until approximately 7 years ago when it was transferred to her son per the family. The OPTIONS process was initiated at the hospital prior to her discharge. It was not until she was admitted to St. Paul's that the caseworker completed the assessment where she was determined to be "Long Term". The decision to assess someone Long Term or Short Term is often dependent upon what the physician indicates on their medical evaluation. This physician is likely a hospitalist, no longer a primary care provider who may have had a long-term relationship with the individual.

Approximately one month after admission, this resident was determined to be ready for discharge as she had made significant progress in meeting her rehabilitation goals. She too was expressing a desire to go home. Her daughter however, expressed the desire for her mother to stay in the nursing facility. The resident was influenced greatly by the preferences of her family as she didn't want to be a burden.

Presently there is no process/procedure for the Mercer County Area Agency on Aging to reassess a resident in a SNF. They referred me to Utilization Management Review (UMR) stating it was up to them. UMR states they do not reassess. Ultimately we were told that it was up to the SNF and to complete a "Form 103" indicating a change in status from long-term to short term.

We communicated to the family that she was able to go home or to a lesser level of care. They disagreed stating the home was no longer available, and then stating the home was not suitable. They were initially unwilling to consider personal care and had limited resources to pay for it. They were unaware of benefits that may be available through the Veterans Administration Aid and Attendance program and realistically this process takes at least 10 months to complete and is onerous!

What role does the Area Agency on Aging play in this case? Should she be assessed for the nursing home waiver program? What services can the AAA offer an individual in this situation? The responsibility has been placed on the nursing facility to make a determination on appropriate level of care. There are many challenges with transitioning someone to a lesser level of care: (1) residents and families become "settled". They do not want to make another change; (2) Families often don't have to worry about providing direct care and services to their loved one and if Medicaid is involved, they don't have to worry about financial matters anymore; (3) There often isn't a home to return to, they may no longer have furnishings or possessions to equip an apartment or it may not be possible

to live with a family member; (4) If the individual is already on Medicaid with multiple benefits, there is an automatic disincentive for a resident or family to want to move out because they risk losing valuable medical benefits; (5) residents may not have money to pay privately for personal care or HCBS and families are unable or unwilling to pay; (6) and in some cases, residents are successful in the nursing home where as they were unsuccessful in a lower level of care only because of the structure and medical oversight they receive.

This resident, not unlike many others, is projected to have a low case mix index (CMI) in the nursing home. This results in a loss of reimbursement to the SNF. At this moment, there are at least 8 residents with an average CMI of .56 whom we feel confident could be adequately cared for in an alternative environment/lesser level of care. Of these 8, 7 have been in the SNF at least 2 years, some as many as 4 years.

Potential solutions include: (1) Educate county AAA to option conservatively resulting in more determinations of ~~short term eligibility initially if rehab potential is uncertain~~. This would allow the nursing home ~~greater flexibility and a stronger ability to assert the case for discharge to residents and families~~. It is much harder to make the case to discharge someone if they were determined long-term eligible and they are already Medicaid approved; (2) ~~create a process of reassessment by the AAA if the nursing home feels that nursing home placement is no longer necessary~~; (3) make waiver dollars available for nursing home eligible residents to live in Personal Care. Assisted Living regulations are too burdensome and costly; (4) conduct education to hospital discharge planners and physicians on care options available in the community and the impact of their determinations when completing forms.

Thank you for your time and opportunity to provide testimony today.

PA Long-Term Care Commission Public Input Sessions

Mercer, PA May 8, 2014

Matthew Trott, Deputy Director Area Agency on Aging in Erie County which is operated by the Greater Erie Community Action Committee (GECAC).....like all AAAs we exist to provide a network of supports to seniors.....today's topic Long Term Care...

'Let me first share a scenario that I know you are familiar with but one that I have unfortunately seen play out over and over, time and time again with many of the thousands of families we serve at GECAC

It all begins with "the call",

"Mom has fallen..... she needs care...."

Families are then thrust into an emotional whirlwind of having to make vital decisions....while in a crisis mode....

- legal,
- financial
- caregiving/healthcare
and
- end of life

Each one of these alone are very lifechanging, private, personal, spiritual and very difficult choices decisions to me made, let alone thrust them upon a family at a very emotional time after a fall, or other incident that forces a person into long term care

So what are the solutions?....

**PREVENTION,
KNOWLEDGE/ AWARENESS AND
ASSISTANCE**

First and foremost "PREVENTION"...this is where the Area Agencies on Aging have a 40-year history of powerfully impactful programs ...

Also KNOWLEDGE and Information / awareness to help families understand the ever-changing choices and the services and supports that currently exists....not just at certain levels of care but across the spectrum

- senior community centers to prevent isolation by keeping people socially active
- volunteering opportunities
- Apprise and options counseling to know your choices
- Preventative services afforded to Pennsylvanians by the PDA/ through state lottery earnings....services provided earlier in the home , to delaying that crisis fall /event from home delivered meals, to personal and health care in the home, to emergency response buttons, to delay and keep seniors safe today for a healthier tomorrow.
- a network of these exist for every Pennsylvanian through the AAAs and CILs who work with local providers of services

....

Then ASSISTANCE in the home, on the phone and in the community to sustain the Long Term Services and Supports (LTSS) and adjust timely as needs change and so must the Individual Service Plans change including respite, short term placement into institution and acute care episodes.

if families/seniors need more assistance then they can support using their own financial and caregiving resources, then AAAs provide the initial home visit to assess Level of Care and determine needsleading to the eligibility for the ever changing programs and services available....

Again the key is PREVENTION BEFORE the CALL or an incident happens and PLANNING...to know what the choices are BEFORE they have to made in crisis mode.

Those that have been through it know that pre-planning is key....

#1. PUBLIC EDUCATION through ADRC LINKS to help people Know their choices and options for long term supports..no wrong door

#2. Encourage pre-planning and discussion to Know their legal rights and prepare legal issues like POA , health care proxy, etc..

#3. Discuss and inform a trusted person to Know their financial ability to pay for nearly \$100,000 year for the last couple decades of life...

#4. Know that when your financial nest egg runs out, you will have to rely upon the only long term care benefit that exists (its not medicare, like many mistakenly believe), its MedicAID..its welfare ...know what choices and consequences come with that like estate recovery and asset limitation caps....

#5 Know who will be the dedicated caregiver friend, family member neighbors....and are they able to put their work and other obligations aside to devote to caregiving...plan for this it happens more and more frequently without the luxury of planning for it.

#6 Know that the health care and long term systems are trying to make historic and significant changes to the systems of support and payment and know how that impacts the choices you or family if you are blessed enough to have that support as too many are isolated....

#7 Know and provide advocacy for the difficult funding decisions being made by legislators and state employees..as the US Joint Commission on Long Term Care concluded in the fall 2013:

“Americans are not adequately prepared for the magnitude of LTSS costs or cognitive impairment. Nor are Americans, as taxpayers, ready to support the public cost of LTSS that will be exacerbated in coming decades by a growing aging they

could face as a result of their own aging or an extended period of physical and disability population, increased costs of care, and other factors.

Those who do not have a person in their life who can be called to that vocation of end of life caregiving, must rely upon the professionals in the existing long term care system that many times involves drudgery, especially with cognitive diseases like Alzheimer's and the like....

Quote: The true test of dedication to a task vocation is the love of the drudgery it involves.....

Long Term Care and Caregiving really is a vocation..it involves a lot of drudgery....

we are here today to discuss...long term care...which is actually a misnomer for end of life care, for the length of that care is usually short and definitely is limited...

Support the existing networks AAA, know that this is not a zero sum game, that funding will have to be provided and that it affects us all

LTSS cannot be a beauruacracy, too many people have no informal supports and no nest egg of financial resources.

~~The high cost of care drains nearly everyone's nest egg including the state & federal government supports and the most expensive side of the equation is currently the easiest to obtain....~~

#1. Make changes to allow home community based services to be the easiest to obtain and let the limited number of institutionalized beds be used by those who are truly in need of 24 hour nursing care .

#2: ~~Provide supports to those who are serving in the community with prevention:~~ Sr CENETRS AND Home& Community Based services, Area Agencies on Aging , CAREGIVER SUPPORT PROGRAMS and set up systems to provide the ounce of prevention not the pound of cure, for that makes financial sense to support caregivers who put their life on hold to provide care, it involves the golden rule of support our

fellow man. It needs to be one of those inalienable rights for people, not a "taxpayer funded program subject to cuts..." but a basic right .

AAAs/ CILS, LIFE PACE, Waivers are not in this alone....Support all EXISTING programs, providers of services...they will all be needed to serve the increase in the next couple decades...those that see "competition" in this market are short-sighted, there will be need for all and every current provider caregiver and system and then some...to meet the need...all home community base systems (LIFE, Aging Waiver ,MCOs, Vet, NORCs, Asst living, PCBH all will equally share the burden and should be supported ...do not decide which to fund, but decide how ALL area made available for consumers to decide the one that best fits their individual situation....by encouraging support and working cohesively and together. Provide ~~home and community based systems a presumptive eligibility to allow for expedited service delivery that is needed immediately, not after a 2 month period and avoid the former system that put hurdles in place and does not match reality of seniors filling complex applications but allow systems that worked locally (such as community Choice first) to operate without a one-size fits all state or federal edict.~~

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My name is Farley Wright and I'm the Director of Experience Incorporated, the Warren/forest Area Agency on Aging. Thank you for allowing me to offer some comments. I provide my testimony today as an AAA Director, a senior citizen, and a caregiver. I had the opportunity to first work in the AAA system early in my career as the Commonwealth created its new Department of Aging and appointed Gorham Black as it's first Secretary. I had the opportunity to return to the network in 2008. I've had the opportunity and good fortune to live long enough to become a senior citizen, and I've had the opportunity and privilege to help care for my mother in law as she enters the final chapter of her life. Through these opportunities I've learned some things I hope to share today.

- As the need to justify expense during times of fiscal austerity increases, there is a natural tendency to focus on documentation. We understand documentation is important, but we must be mindful that documentation should be the result of quality service delivery. The pursuit of documentation cannot drive or condition services; the priority focus must always be the consumer.
- If it ain't broke don't fix it. Know what's working and help it to work better. Understand the value of what is in place...avoid the temptation to change it simply because someone claims to be able to do it better or for less. As we make changes to our system of care, we must never presume to know at a time when we need to know.
- Change becomes more difficult with age, and our elderly continue on a path of decline as the years go by. We must understand that small changes at the top of the system often create turbulence for the consumer at the bottom. It is important to understand the value of a trusted ally and the need for simple and seamless access to services. To insure seamless access and the ability to traverse through a continuum of care, eligibility and enrollment needs to be as universal as possible. In the case of waiver services, presumptive eligibility needs to be applied to all services, not just institutional care.
- We absolutely support the notion of consumer choice, but we also understand the capacity to deal with making those choices diminishes as we age. We must be mindful that simply providing an array of choices but not insuring the choices made are informed is contra-productive and self-defeating.
- Policy driven exclusively or primarily by cost is inherently flawed. While we must be cost conscious, we must be mindful of our duty to provide quality care. Services must be designed to allow simple and efficient access for those that are entitled to them; particularly as the numbers in need increase dramatically. They must be both consumer centered and consumer friendly. They cannot be focused on the relatively small percentage of people that might abuse the system. Complicated and redundant processes that deter abusers unfortunately serve to delay or deny services to those legitimately entitled.
- There is a basic cost of doing business...there is a far, far greater cost in not taking care of business. Mistakes we make today will have a compound effect in

the future.

- *The clinical and social work professions must thrive in a mutually supportive and collaborative environment; not in an environment where limited funding becomes a focus of competition for dollars and influence.*
- *Senior residents of the Commonwealth enjoy a plethora of services and choices. Navigating the continuum and having an adequate understanding of those is challenging. It speaks volumes that in providing services, we have to provide assistance to people in order to access them.*
- *All those involved in establishing and/or implementing policy and regulation would do well to shadow a caregiver and those working directly with the consumer. At the consumer level what's important is not the number of forms filled out and submitted, it's that the person interviewing them takes the time to look in their eyes, speak and listen, and care.*
- *In the same fashion that we are migrating from a predominantly institutional care model to home-based care, we need to provide for a Mobile Medical unit to insure adequate and accessible medical care for the homebound. The continued transitioning to wireless communications can enhance the capacity to provide home-based medical care.*
- *We need to provide comprehensive restorative services following acute care...not just physical therapy and/or occupational therapy, but also activities exploration/therapy. Activities have immense value with regard to the person's overall well-being and to prevent them from relying on the TV as their sole source of entertainment. Otherwise we are contributing to their more rapid deterioration.*
- *We cannot afford to view caregiving solely from a cost standpoint. Caregivers are assets to the continuum of care; and we need to invest in them. It is shortsighted to deal with them simply as a cost item. Those caregivers that lack support and suffer premature deteriorated health due to caregiving responsibilities will quickly become a part of a huge future liability.*

Fred Hess

Prevention and caregiver support: What services, supports and
 > other activities are currently available or should be provided to
 > consumers and their caregivers to improve health and well-being,
 > prevent or delay nursing facility admissions and enable consumers to
 > remain in their own homes as long as possible?

~~Very few services are available to caregivers for their health and well being.~~
 One thing would be to make insurance available for the attendants. Now as
 you well know the DPW would have to provide the extra funding to the CILs
 so they can get them on an insurance plan of some sort.

~~The nurse practitioners act that prevents attendants from giving medicine-~~
 checking tests for blood sugar and giving insulin shots nail trimming and
 various other restrictions are not a cost effective thing. If attendants were
 allowed to do these minor things it would save the state a large amount of
 money which could then be used to get the attendants the insurance that
 they so desperately need. A healthy work force is a necessity for the health
 and well being of the consumer if an attendant is sick or in poor health they
 would not be able to work or because many of them are right at the poverty
 level they would have to work even if they are sick just to cover their bills
 and that would put the consumer at risk of catching whatever the attendant
 has. As you well know there are no sick days available to attendant's so
 many will have no choice but to go into work. Some of the attendants live
 with their consumers so they put them at risk right away being in the home
 together that's why health care for them is such a necessity. Not only would
 health care benefit the attendant in this way it also benefits the consumer.
 Education is a key component to keeping both the attendant and consumer
 healthy with that thought in mind classes in health care and medical
 prevention of diosis are paramount to keeping everyone healthy the more
 we know about preventing the spread of germs the better off we will be. By
 making decisions about health and welfare without the proper knowledge
 can be devastating to one's health when that happens consumers have a
 higher chance of having to go into a nursing home and that is something
 we all would like not to happen I as an individual with a disability am loath
 to go into a nursing home so personally anything that keeps me healthy is
 going to be a benefit. And for the state you have a financial reason to keep
 me out of one also as the cost difference between a nursing facility and
 living in the community at home are a huge difference. It costs 2 to 3 times
 more for an individual to be in a nursing home then it does to be in their
 own home.

So to sum it up to save the state money there are 3 key things

1. Health coverage
2. Education
3. And prevention of nursing home admissions

Thank you very much for your time.

Catherine Holl



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MAY 14 2014
BUREAU OF POLICY

Dear Sir/Madam Commissioner,

On Thursday May, 8, 2014, I, attended the public hearing in Mercer, PA and while there I was asked to submit a written copy of my testimony, below you will find a summary of what I said.

At first, I addressed everyone present, with "hi and good morning," then, I said, 'my name is Catherine Holl, a stake holder and a consumer.'" I continued by saying that as I was sitting in the audience listening, I started to get very upset because the presenters or speakers although they were all excellent speakers and stated their positions clearly, in my opinion, no one had mentioned where it is necessary to begin any discussion. So, I told myself that I needed to share my point of view.

I believe we need to ~~advertise our options in order to inform people that services exit.~~ To my knowledge, the Office of Long Term Living paid Link to do this. I believe Link had failed because the people I talk to don't know anything about the assistance they can get from places like Area Agency on Aging (AAA), Centers for Independent (CILs), other Health Care Providers and the Waiver Program in particular. If people don't know about the assistance offered by these institutions how can they take advantage of the programs they offer. Therefore, I believe the commission needs to know where their advertising dollar is going. The Office of Long Term Living needs to know what happening.

~~People friendly language is important when addressing everybody.~~ I used Bonnie Rose as an example and I said if I addressed Bonnie Rose, whom I've known for several years as

Belinda, she might get upset with me and as a result, she might not listen to what I have to say. Then, I used Kathleen Kleiman, a very intelligent and well spoken lady who happens to use a wheel chair. I said that her wheel chair is something she is not bound to but something that she uses to get from point A to point B because her legs don't work well. I also used Shona Eakin as an example and said that she is an intellegent and well spoken lady who like me sits in the same kind of chair as I do. But she is not bound to or attached to her wheel chair, she uses it to get from point A to point B. Wheel chairs are propts, assistive devises and aids that help people to do whatever is necessary. Then, I used a lady sitting in the front row as another proof of how important it is to use the right word. This lady wears glasses because she needs them to see. She has a vision disability. I do not know what her problem or reason is, all I know is she needs glassses to see. She is not attached to her glasses, she demonstrated this by taking off and then putting her glasses back on. She uses them.

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I believe it is necessary to approach people first all by remembering their humanity, by giving them the respect they deserve and need. We all need to be respected, both the non disabled person and the disabled person.

Thank you,

Catherine Holl

J.D.D.D.

Good morning,

My name is Iris Champion. I am a home care worker, and a member of United Home Care Workers of Pennsylvania. I am the president of our chapter at DON Services, which is one of the Centers for Independent Living that is part of the Consumer Workforce Council, with whom we have a collective bargaining agreement.

One of the guiding principles in our agreement with the CWC states "history has demonstrated that , through chronic under funding, the workers in the home and community based personal assistance system have received inadequate wages and benefits including limited access to healthcare coverage, and the parties in this agreement are committed to pursuing justice, a living wage and benefits for those workers."

Over the winter, I had the opportunity to visit with dozens of attendants in their homes, and listened to their stories. we talked about how important our work is. They shared how proud they were that their care allowed their consumers to live at home- and as independently as possible. Many said how much they loved their work. Despite this, we struggle because of low pay.

~~We need a living wage because some of us are single parents or there is only one income in the home.~~ We live paycheck to paycheck having to choose food over bills each week, then we fall behind and can't get caught up. The cost of living is too high and we don't make enough to live the way we should be able to.

I have to work seven days a week in order to pay bills, I don't mind because I take care of my mother. She was told she has 3 weeks to 3 years to live. I'm glad I'm a home care worker because I get to take care of her, instead of her ending up in a nursing home.

I'm tired of barely surviving, having to live from paycheck to paycheck. By the time payday comes around I'm lucky if I have 20 dollars left in my account.

As we've said, home care is chronically underfunded in Pennsylvania. This doesn't have to continue! Other states- including Washington, Oregon, and Illinois- have made real progress toward providing home care workers with a living wage. Attendants in these states are being paid between \$13-\$15 per hour.

I am here to call on you to support and recommend changes in the rates in Pennsylvania to provide the funds to make it possible for home care workers to be paid a living wage.