Emails Submitted to

ra-LTCCommission@pa.gov

in

April

April 1, 2014

Thank you for taking the time to talk with us about home care reimbursement rates in Pennsylvania. As a home care agency, we provide care to adults with disabilities or illnesses allowing them to remain independent and in their own homes. Our services are vital to the Commonwealth as we save taxpayers millions of dollars by keeping consumers out of nursing homes. We also provide tens of thousands of jobs to Pennsylvanians today with that number expected to increase by 70% within the next 7 years! Aides in home care, home health care and hospice care also generate more than $35.5 million in gasoline sales resulting in substantial tax revenue for the Commonwealth's roads driving to care for their consumers.

Gov. Tom Corbett has called for increased access to home and community-based services and improved care coordination in his Healthy PA plan. This is welcome news to those wishing to remain at home. However, along with increased access to home and community based services, we need an increase in reimbursement rates to be able to meet this demand. Governor Corbett's proposed budget does not include any rate increase for home and community based services. There are so many barriers to providing quality, dependable home care. A rate increase is vital to the survival of agencies so that we can increase our pay rates to staff and retain quality employees and attract new qualified staff.

Every piece of legislation and regulation propagated by the Commonwealth to ensure access to and quality home and community based service undermines an agency's ability to provide access and quality. Our rate for services rendered has not changed in 10 years. Our MA waiver rates were cut by more than 10% approximately 2 years ago even though the cost of living (and doing business) has increased 3.6% in 2012, 1.7% in 2013 and 1.5% this year. We cannot survive and continue to provide quality services to the elderly and disabled without an increase in our reimbursement rate this year. We have already cut all discretionary spending, advertising, office supplies, staff education, we lowered our travel time allowance, we lowered the temperature in our office, we cut administrative/supervisory staff hours, we cut wages of new staff and lowered wages of existing staff. There is nothing left to cut but the bills continue to rise.

Issues created by the Commonwealth leading to decreased stability in the home care workforce:

LOW REIMBURSEMENT RATES MANDATE LOW PAY RATES FOR OUR STAFF AND NO BENEFITS! The Commonwealth is causing poverty and increasing the cost of entitlement programs by not paying a fair rate to home care agency's for home and community based services.

Already low reimbursement rates do not allow us to pay for vacation, sick days, snow days, mileage between consumers, training time or show up time. We also cannot pay family supporting wages for workers with children—the majority of our staff. The low rates force our staff to seek welfare benefits through the Commonwealth in the form of medical assistance, TANF, SNAP, subsidized day care, subsidized housing, free Iphones with data plans and more all while limiting their availability to work so that they qualify for increased assistance. It is more beneficial to limit work hours as they earn more on welfare than they would if they worked.

A new issue related to low reimbursement rates is that most new applicants and many of our present employees are giving up their vehicles as gas costs and insurance are too high. This is a huge problem in a primarily rural community without decent public transportation. Should this trend continue the elderly and disabled that we serve in Schuylkill County will not be able to receive services through home and community based services as there will not be adequate staff to fill these cases. This is a direct result of the low reimbursement rate for the past 2 years all while the cost of living is increasing.

Workers Compensation law does not address pre-existing injuries or the employee's responsibility to work safely. The latest agency buys it all! Agencies cannot be held accountable for a health issue of an employee that results in an injury (Aide had a drop in her blood sugar causing her to pass out at work. In her fall she cut her forehead resulting in 4 stitches and a $10000 settlement from our workers comp company!) Workers Compensation rates are astronomical!

Unemployment tax: employers are charged for the first $8750 of each employee's wages. With low wages, part time hours and high turnover, the employer tax is paid on the vast majority of all wages paid for the entire year. This high tax plus the fact that we cannot hire enough workers (due to the mandate to" seek" suitable work but no mandate to actually accept suitable work) is killing us. I spend a tremendous amount of time filing out unemployment forms and fighting unemployment claims all while spending a tremendous amount of time and expense trying to hire enough workers only to have them file against us. It is an expensive and vicious cycle for home care agencies. Home care is unlike any "regular" job. Our hours fluctuate due to the needs of each individual consumer per the mandates of participation in the MA waiver programs. Our staff all verify in writing that they understand this and will be flexible to meet the consumer's needs. Unemployment does not have any understanding of the type of work we do and the regulations that govern us. Job jumping costs agencies money and costs the Commonwealth's unemployment fund money. Job jumpers need to be addressed in the unemployment system. Continued employment needs to be encouraged.

The consumer hire programs allow care dependent individuals to hire their own attendant at a higher rate of pay than allowed by reimbursements to agencies and allows them to practice medicine without a license, training or supervision. Agencies on the other hand are required to pay the Commonwealth $150 per year just to help a consumer with a glucometer! The practice of consumer hire is unsafe in many situations and undermines what agencies are allowed to do with a registered nurse supervising and training staff! Consumers often pay their attendant for time not worked in violation of the MA Waiver program mandates—because they can! Agencies cannot do this as it is fraud and our regulatory agencies (DPW, OLTL, PDA, OSS, SAM, or other administrative entity) audit us constantly to make sure we are not paying for work not provided and that care plans are followed.

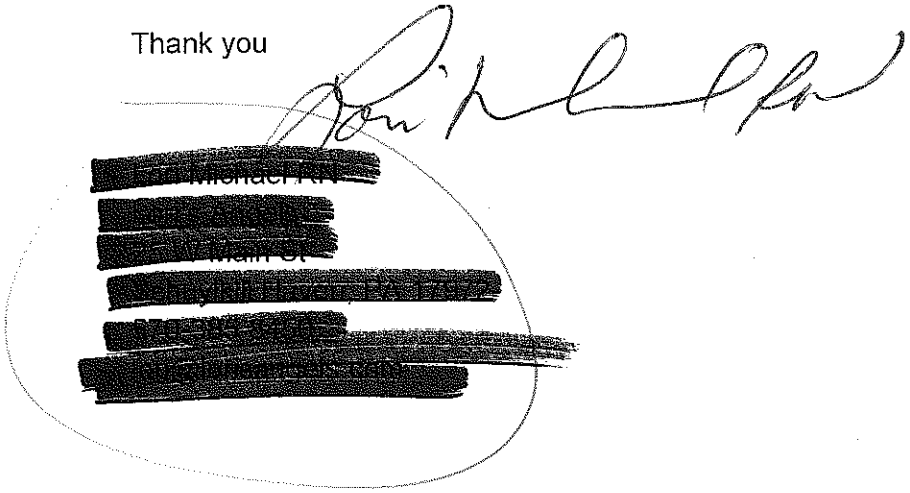
Mandatory audits by so many state/local entities cost agencies thousands of dollars in lost administrative staff time and in copying costs for online documents for the auditors to review. DPW, OLTL, PDA, OSS, SAM, DoH and others all come to our office, spend hours

or days with our charts, handbooks, policies, etc to find (or make up) rules that we must change or develop. None of the new documentation is necessary as it is all a condition of participation not necessarily a "policy" that we must write. It costs us so much lost revenue that otherwise could have helped to provide better care. **Joining these entities into one (as was proposed by Gov. Rendell with the creation of OLTL) would save the Commonwealth millions of dollars that could be invested in improving wages for our low income workers and improving the quality of services we can then provide to our consumers.**

In short, something has to give. The Commonwealth has made the positions our agencies have to offer to the workforce very undesirable. Regulation and compliance has become more intricate which has forced our agency to reallocate resources cut vital agency programs to the bone and pay poverty level wages. Without an increase in reimbursements for home care, agencies will not be able to attract staff to care for our elderly and disabled. We will not meet their needs to remain at home resulting in an increase in costly nursing home admissions or worse—consumers will remain at home unsafely without their needs being met. Without an increase in reimbursements, agencies will continue to pay poverty level wages causing working people to demand government assistance through welfare programs to make ends meet.

Increasing reimbursements to a level that will allow family sustaining wages will save the Commonwealth money in welfare costs for working poor. Help us make our staff self sufficient and stable and save the Commonwealth money! Please vote to increase reimbursements for home and community based services.

Thank you



Homecare agencies lack adequate funding

Published: April 14, 2014

To the Editor:

Critical in-home care for more than 50,000 senior citizens, adults with disabilities and children with complex medical conditions is in danger because of inadequate Medicaid reimbursement rates that severely limit the ability of providers like Lori's Angels to provide livable wages and other employee benefits.

I recently visited the state Capitol with other homecare providers and the Pennsylvania Homecare Association to advocate for fair reimbursement rates, and I hope our message was heard loud and clear! Without rate increases for personal assistance services and pediatric shift nursing in next year's state budget, Pennsylvania could face a potential collapse of its home and community-based services programs.

Homecare agencies that provide personal assistance services have not received a significant rate increase in 10 years. In fact, rates in Schuylkill and many surrounding counties were decreased by more than 10 percent two years ago. Our rates are at the rock-bottom of a payment range recommended by an outside consultant to the state.

At the other end of the life spectrum, the current reimbursement rate for pediatric private duty shift nursing is $40 per hour, which does not cover the actual costs to provide this highly specialized care.

At a time like this when our entire health care delivery system is being redesigned with a focus on quality and cost containment - including Pennsylvania's decision to implement the federal Balancing Incentive Program to serve more people in the community rather than in institutions - we must invest in a strong, consumer-focused system. There is truly no place like home, surrounded by friends and family. I urge the Legislature to hear our voices on behalf of the people of ALL ages served by homecare providers in Pennsylvania.

Lori Michael

Executive Director

Lori's Angels

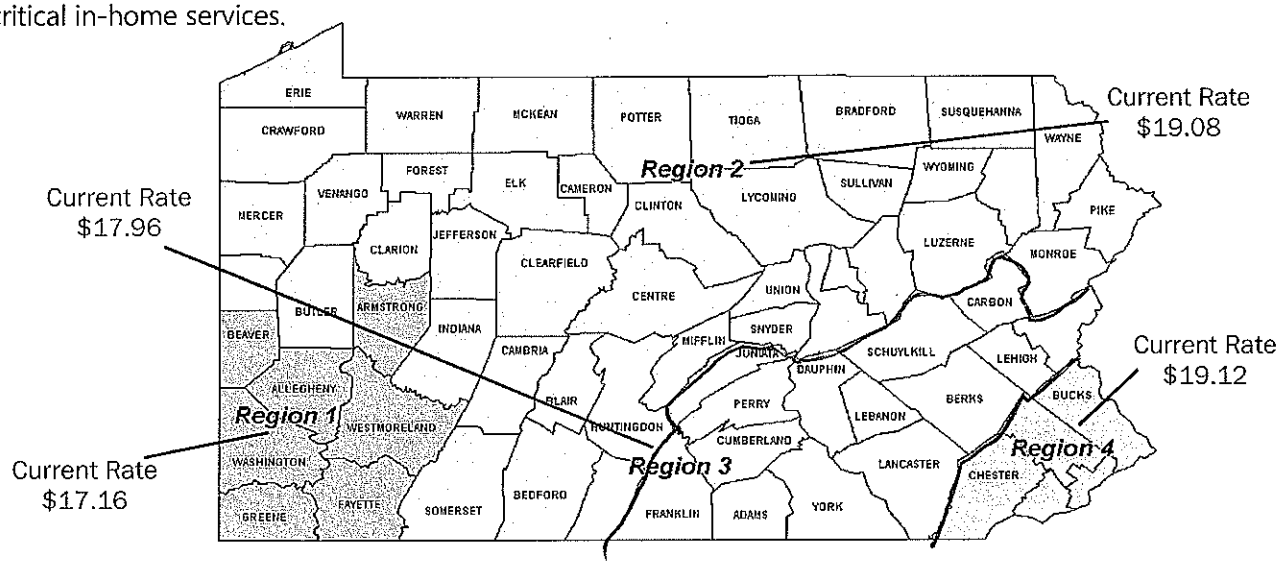
Schuylkill Haven

PHA
Pennsylvania Homecare Association

ISSUE BRIEF

INCREASE RATES FOR MEDICAID HCBS WAIVERS

Homecare agencies that provide personal assistance services (PAS) under the Home and Community-Based Services (HCBS) waiver programs have not received a significant rate increase in 10 years. To make matters worse, in June 2012, Act 22 standardized HCBS rates by geographic regions, which resulted in severe reductions in some parts of the state - **sometimes as high as $4 an hour less!** - while other areas received minimal increases. Overall, PAS rates statewide are insufficient. These inadequate rates have severely limited agencies' efforts to provide livable wages and other employee benefits, which could lead to a potential collapse of the care infrastructure, limiting access to critical in-home services.



Under Act 22, agencies providing personal assistance services in the homes of more than 44,000 seniors and adults with disabilities have been at ROCK BOTTOM of the "payment range" recommended by Mercer, the consultant hired by the Department of Public Welfare to develop a standardized payment methodology. Even Mercer had concerns about the process (*see excerpt at right*), and even with a 5% rate increase, HCBS rates will barely skim the middle of the range for these services. On the other hand, the rate for the consumer-directed homecare model is already at the middle of the range. **Why the disparity?**

Mercer Letter to OLTL (1/24/12)

"Due to OLTL's deadline...there was a very limited timeframe provided for this rate development project....For purposes of completing this project, Mercer assumed an effective period for the new provider rates of April 1, 2012 through June 30, 2013. Subsequent to June 30, 2013, the Commonwealth will have to determine how to most appropriate update the applicable fee schedule...

Mercer recommends that OLTL consider a phase in of the new rates/fees to facilitate the transition of providers to the new payment levels."

ACT NOW!

PHA is urging members of the General Assembly to include a 5% Medicaid rate increase for personal assistance services. This will help improve access to valuable services to keep people where they want to be – at home, in their communities and out of the hospital and other more costly facilities.

At a time when our entire healthcare delivery system is being redesigned with a focus on quality and cost containment – including Pennsylvania's recent decision to implement the federal Balancing Incentive Program (BIP) to serve more people in the community – we must invest in a strong, consumer-focused long-term services and supports (LTSS) system. Providing care at home is preferred AND cost-effective. Homecare providers can care for THREE people in the community at the same cost of just ONE person in a nursing home.

Indirect Costs

Indirect Costs include administrative expenses such as management, office supplies and equipment, recruitment, information technology, human resources, billing, finance and accounting, legal and other indirect costs necessary for program operations. Consistent with OLTL regulations, an indirect cost load factor of 10% of the total rate was included for administrative/overhead reimbursement for each service, Personal Assistance – Consumer Directed excepted.

Fee Schedule Rate Range Summary

The resulting fee schedule rate ranges are represented in the attached exhibits, and provided in a rate summary below.

HCBS Fee Schedule Rate Range Summary

Service	Unit	Region 1	Region 2	Region 3	Region 4
Personal Assistance Services – Agency & In-Home Respite	15 Minutes	$4.29 – $5.34	$4.77 – $5.68	$4.49 – $5.59	$4.78 – $6.71
Personal Assistance Services – Consumer Directed	15 Minutes	$2.98 – $3.78	$2.92 – $3.62	$3.11 – $3.93	$3.31 – $4.75
Adult Daily Living Services – Basic	Half Day	$25.79 – $35.16	$26.56 – $34.88	$26.80 – $36.41	$25.64 – $37.56
Adult Daily Living Services – Basic	Full Day	$51.58 – $70.31	$53.12 – $69.75	$53.60 – $72.81	$51.28 – $75.12
Community Integration Services	15 Minutes	$5.40 – $7.55	$5.62 – $7.56	$5.70 – $8.34	$5.60 – $7.71
Prevocational Services	Hourly	$7.24 – $10.60	$7.76 – $10.30	$7.30 – $11.66	$7.41 – $10.11
Supported Employment Services	Hourly	$34.53 – $51.21	$36.70 – $49.26	$34.83 – $56.47	$35.37 – $48.77

Limitations and Caveats

Mercer developed the attached rate ranges using a standardized rate-setting process. As historical rates for these services have not been based on a standardized methodology, applying a standardized approach will likely result in significantly different rates for certain providers for certain services. Consistent with previous discussions, Mercer recommends that OLTL consider a phase in of the new rates/fees to facilitate the transition of providers to the new payment levels.

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Living Wage Calculation for Schuylkill County, Pennsylvania

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The living wage shown is the hourly rate that an individual must earn to support their family, if they are the sole provider and are working full-time (2080 hours per year). The state minimum wage is the same for all individuals, regardless of how many dependents they may have. The poverty rate is typically quoted as gross annual income. We have converted it to an hourly wage for the sake of comparison. Wages that are less than the living wage are shown in red.

Hourly Wages	1 Adult	1 Adult, 1 Child	1 Adult, 2 Children	1 Adult, 3 Children	2 Adults	2 Adults, 1 Child	2 Adults, 2 Children	2 Adults, 3 Children
Living Wage	$7.05	$15.90	$20.99	$26.93	$11.90	$14.48	$15.87	$18.38
Poverty Wage	$5.21	$7.00	$8.80	$10.60	$7.00	$8.80	$10.60	$12.40
Minimum Wage	$7.25	$7.25	$7.25	$7.25	$7.25	$7.25	$7.25	$7.25

Typical Expenses

These figures show the individual expenses that went into the living wage estimate. Their values vary by family size, composition, and the current location.

Monthly Expenses	1 Adult	1 Adult, 1 Child	1 Adult, 2 Children	1 Adult, 3 Children	2 Adults	2 Adults, 1 Child	2 Adults, 2 Children	2 Adults, 3 Children
Food	$242	$357	$536	$749	$444	$553	$713	$904
Child Care	$0	$475	$904	$1,333	$0	$0	$0	$0
Medical	$105	$309	$327	$316	$212	$304	$289	$296
Housing	$386	$579	$579	$723	$503	$579	$579	$723
Transportation	$262	$509	$587	$629	$509	$587	$629	$640
Other	$59	$146	$203	$272	$109	$140	$160	$183
Required monthly income after taxes	$1,054	$2,375	$3,136	$4,022	$1,777	$2,163	$2,370	$2,746
Required annual income after taxes	$12,648	$28,500	$37,632	$48,264	$21,324	$25,956	$28,440	$32,952
Annual taxes	$2,023	$4,572	$6,035	$7,746	$3,423	$4,154	$4,574	$5,278
Required annual income before taxes	$14,671	$33,072	$43,667	$56,010	$24,747	$30,110	$33,014	$38,230

Typical Hourly Wages

These are the typical hourly rates for various professions in this location. Wages that are below the living wage for one adult supporting one child are marked in red.

Occupational Area	Typical Hourly Wage
Management	$42.95
Business and Financial Operations	$28.46
Computer and Mathematical	$33.65
Architecture and Engineering	$31.62
Life, Physical and social Science	$27.94
Community and Social Services	$17.26
Legal	$37.21
Education, Training and Library	$23.83
Arts, Design, Entertainment, Sports and Media	$18.91

Occupational Area	Typical Hourly Wage
Healthcare Practitioner and Technical	$27.03
Healthcare Support	$12.21
Protective Service	$18.50
Food Preparation and Serving Related	$9.25
Building and Grounds Cleaning and maintenance	$11.40
Personal care and Services	$10.01
Sales and Related	$11.75
Office and Administrative Support	$14.70
Farming, Fishing and Forestry	$12.08
Construction and Extraction	$19.39
Installation, Maintenance and Repair	$19.01
Production	$15.84
Transportation and Material Moving	$14.33

1 (2)

S.n.

ACQUIRED BRAIN INJURY NETWORK OF PENNSYLVANIA, INC.

[redacted]

info@abin-pa.org www.abin-pa.org

April 9, 2014

ra-LTCCommission@pa.gov
Attn: OLTL POLICY
P.O. Box 2675
Harrisburg, PA 17105

COMMENTS: Pennsylvania's Long Term Care System

1. NEED SPECIALIZED BRAIN INJURY UNITS IN NURSING HOMES: Pennsylvania's nursing homes are not a stepping stone for brain injury recovery. Failure to provide adequate rehabilitation (leading to atrophy), failure to provide scheduled medication (resulting in seizures), failure to feed due to lack of staff (causing the loss of 30 pounds in two cases), failure to allow movement (tied to a chair for "dementia"), failure to develop or use a communication system (mind intact, speech lacking), failure to manage the noise level (hiding in corners, throwing televisions through windows), and failure to provide quiet time for sleeping (screaming from other residents) are some of the problems that have been reported to us. It is quite clear that specialized nursing homes or wings within nursing homes are needed for patients with brain injury until they are ready to return home or transferred to post-acute brain injury rehabilitation facilities. Lacking the option for appropriate care, some families remove their loved one from the nursing home and one member gives up employment to care for the disabled person. The home program often does not meet the rehabilitation needs of the disabled person and the caretaker often declines physically and emotionally. This situation increases the number of permanently disabled people.

2. LACK OF CONSISTENT WAIVER ADMISSION POLICIES: Through an inconsistent application of admission criteria, people have been denied access to the Independence Waiver - then never contacted when admission criteria was corrected. The error was that, despite COMMCARE being part of the list of physical disability waivers, those applying to the Independence Waiver were told they did not have a physical disability. Some were denied because they did not have a mobility impairment, but mobility impairment is only one of the three out of five criteria for eligibility. Brain injury is a physical disability that may or may not involve a mobility problem, but persons who require coaching and cueing due to brain injury will not be performing the activities of daily living without help. As late as July 2013, an individual was denied access to the Independence Waiver for lack of a mobility impairment. Those who were incorrectly denied have not been contacted.

3. LACK OF ADEQUATE REVIEW: One could suggest filing appeal for a denial, but errors in assessment or eligibility criteria are not being corrected on review by persons unfamiliar with brain injury. On

filing for reconsideration, the requirement of a decision within 60 days has always been ignored, with routine times of six months, and outlying times of one year, before a decision is communicated.

4. LACK OF REFERRAL FROM INDEPENDENCE TO COMMCARE: The reason why COMMCARE is so important is that neither Medical Assistance nor the Independence Waiver provide brain injury rehabilitation or supervised living/day programs for adults who cannot live alone. During the time that COMMCARE was frozen, several hundred left that waiver but no one entered from the waiting list. Applicants were placed on a waiting list and those who did not require supervised living were directed into the Independence Waiver. We have received reports that, upon re-opening, no one was transferred from the Independence Waiver to COMMCARE, thus denying rehabilitation and supervised living/day programs to those most likely to regain their independence. This increases the number of permanently disabled people.

5. LACK OF SERVICES FOR NON-TRAUMATIC BRAIN INJURY: If you have a traumatic brain injury or TBI, you can get one year of rehabilitation through the PA DOH Head Injury Program and apply to the COMMCARE Waiver for further rehabilitation, support, and supervised living. If your brain injury was not caused by an outside physical force, the only rehabilitation or supervised living available to you is a nursing home or a mental health personal care home because the Independence Waiver does not include these benefits. This increases the number of permanently disabled people.

6. COUNTY MENTAL HEALTH DIAGNOSIS TO ALLOW SERVICES: Persons with only brain injury are being admitted to state hospitals by incorrectly attributing the symptoms of brain injury to mental illness. Since counties have no services for those with brain injury, the typical complaints of anxiety, depression, and mood swings that accompany a brain injury are used as proof of mental illness, opening up case management and other services. There is a feeling that something must be done but, unfortunately, symptoms that are due to brain injury do not respond well to mental health treatment. Multiple diagnoses, multiple medications, and poor results follow inappropriate medications, inappropriate dosing, incorrect counseling, incorrect expectations (week to week improvement) and incorrect advice to families. Some incorrect advice to families includes stop enabling, let the person make their own decisions, don't assist with life tasks, and Tough Love. There is evidence-based treatment for cognitive recovery after brain injury. As the brain repairs, unwelcome behavioral symptoms disappear much as the tantrums of the "terrible two's" are necessary but fade with maturity. Instead, mental health treatment focuses on the behavioral symptoms in a way that interferes with brain repair. Unfortunately, a mental health label has far reaching consequences and also disqualifies someone from the COMMCARE Waiver. Those in state hospitals should also be screened for brain injury since they may have been taken in from a sense of compassion that prevents evidence-based care.

7. AGING OUT OF INDEPENDENCE RATHER THAN REMAINING IN COMMCARE: COMMCARE applicants who were diverted into the Independence Waiver from 2010 through 2013 will age out instead of remaining in the COMMCARE Waiver. If they had been transferred into COMMCARE when it re-opened, they would remain in COMMCARE for life. There has been no effort to identify these people and give them a choice. Some who thought they were put on the COMMCARE waiting list were not. Unfortunately, we are being told that everyone with brain injury on the Independence Waiver is having their needs met, but they have no access to rehabilitation or supervised living as they age.

Seniors with a prior brain injury often deteriorate with age in ways that are not anticipated within the aging system, and their care will not be evidence-based.

8. FAILURE TO ACCEPT ADMISSIONS TO OBRA: Heavy family participation is being used to refuse transfers from Independence to the OBRA Waiver. During the OBRA freeze from 2009-2013, some were admitted into Independence as an alternative to OBRA and are now being denied transfer into OBRA because "their current needs are being met" through heavy family participation although they lack rehabilitation and supervised living. This decision to only admit those with heavy needs artificially inflates the average cost for the OBRA waiver, at the same time denying the need for rehabilitation and supervised living. The opportunity for rehabilitation becomes more important as this waiver ends at age 59 with transfer into the Aging Waiver which has fewer services.

9. AAA FAILURE TO REFER SENIORS TO PHIP AND COMMCARE: Those over 75 are in one of the peaks for traumatic brain injury (TBI) and of course are also subject to non-traumatic brain injury. Seniors with TBI could apply for rehabilitation through the PA DOH Head Injury Program (no upper age limit) but rarely learn of this possibility. Also, seniors can apply for the COMMCARE Waiver (no upper age limit) but those advising seniors are not aware of either of these opportunities. Instead of focusing on recovery, seniors are more likely to be diagnosed with dementia and given treatment that does not promote and may actually prevent recovery. There is no upper age limit in these programs, so AAA's should be trained to refer seniors with traumatic brain injury to PHIP and COMMCARE.

10. YOUTH IN JUVENILE JUSTICE AUTOMATICALLY GETTING MENTAL HEALTH LABEL: In Montgomery County, youth involved in the juvenile justice system are automatically mandated for behavioral health care, despite 60% of youth in detention having a brain injury, and the lack of brain injury expertise in the mental health system. This causes inappropriate treatment and medication, multiple diagnoses, every changing medications, improper counseling, improper expectations, and inappropriate advice to families. This label does not lead to recovery and will prevent these children from applying for the COMMCARE Waiver as they turn 21.

11. IQ UNDER 70 BEFORE AGE 22 BLOCKS REHABILITATION AND ACCESS TO PHIP, OBRA, and COMMCARE: Intellectual Disability (ID) is an administrative status category not a medical diagnosis. Qualifying as a person with ID means that certain services are available but the condition is considered permanent, requiring training for conformance. Meeting the criteria for ID turns the focus away from rehabilitation with the goal of recovery. If a brain injury occurred at age 21 or later, improvement and possible recovery would be expected through either the PA Head Injury Program or the COMMCARE Waiver. Those with the label of Intellectual Disability may have varying diagnoses, some of which are only permanent in the absence of rehabilitation. Intellectual Disability is a system that arose before evidence-based rehabilitation for cognitive recovery after brain injury (Cognitive Rehabilitation Therapy, CPT 97532). It was a blessing to have services for those with genetic neurodevelopmental disorders, inherited low IQ, and brain injury because all of these conditions were regarded as permanent. Now, brain injury is not regarded as permanent. Children returning to school after a brain injury have access to teacher support through the BrainSTEPS program in 66 counties. There is a protocol for return to sports and for return to the classroom, because cognitive and physical rest are recognized as crucial for decreasing long term disability following brain injury. What would be the impact on the long term care system if those with brain

injury were rehabilitated rather than placed for life in Intellectual Disability Waivers? On intake, ODP would screen for brain injury and provide rehabilitation through Medical Assistance (MA) with the goal of recovery. MA pays for Occupational Therapists to provide Cognitive Rehabilitation Therapy (CPT 97532) to children under 21 and this is considered the evidence-based treatment to restore function after brain injury. Then, at age 21, ODP should be assessing which children will benefit from transition into the PA Head Injury Program or the COMMCARE Waiver so that their recovery can continue. Fully 85% of those with an IQ below 70 have an IQ from 50 to 70 and are very unlikely to have a genetic neurodevelopmental disorder. In contract, those with an IQ from 0 to 30 are very likely to have a genetic neurodevelopmental disorder so they are unlikely to be candidates for brain injury rehabilitation. Less than 10% of those categorized as ID actually have a genetic neurodevelopmental disorder, but the ID system is based on serving them with no expectation of recovery. This increases the number of individuals with permanent disabilities.

In conclusion, brain injury is a treatable disability that all systems should address to promote recovery.

It is not unacceptable to withhold treatment for a broken leg but increase services for persons with crooked legs due to a previous break, or to treat everyone with a parasite as if they all had Lyme disease, or to treat everyone with a fever without looking for the cause. It should no longer be acceptable to attach labels based on some of the symptoms of brain injury and then funnel people into systems that are not set up for rehabilitation and recovery.

Evidence-based treatment is now the standard and should be implemented in nursing homes, assured through proper waiver placement, incorporated into behavioral health services, introduced into the intellectual disability system, and offered throughout justice involved services for children. Access to Cognitive Rehabilitation Therapy (CPT 97532) is essential to reduce disability following brain injury and promote independence.

Please contact me with any questions.

Best regards,

Barbara A. Dively
Executive Director

Alexander, David A

From: [redacted]
Sent: Monday, April 14, 2014 12:03 PM
To: AI, LTC-Commission
Subject: Comments and Feedback

I looked at the impressive resume's of the Commission members and they are certainly a very impressive group with demonstrated leadership and executive skills. Unless I am missing something, I do not see any "Senior Citizens" on the Commission, who are the beneficiaries and current residents of long term care facilities. Just taking testimony from this segment is not enough. I believe you need not only the providers, regulators, Representatives and others on this Commission, but it is certainly suspect when the aging population is boycotted.
I am a volunteer Ombudsman in Franklin County and visit all of the nursing homes and Personal Care homes in the County. Many residents have much feedback regarding their lives and their stories needs to be heard as well.

Respectfully,
Sheldon Schwartz