

Testimony before the
Pennsylvania House Aging and Older Adult Services Committee
and
Pennsylvania Senate Aging and Youth Committee

Aging Waiver Enrollment Issues Informational Hearing

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Introduction

Good morning. My name is Kathy Cubit and I represent the Center for Advocacy for the Rights and Interests of the Elderly (CARIE). Thank you for sponsoring this important hearing and for the opportunity to present testimony today.

Founded in 1977, CARIE is a nonprofit organization dedicated to improving the quality of life for frail older adults. CARIE's focus of concern spans the long term care continuum from those who live at home to those who are living in facilities. Older adults with physical or psychological impairments are often a silent group and are not able to advocate for their needs. CARIE works to protect their rights and promote awareness of their special needs and concerns.

Aging Waiver Enrollment

The Medicaid Aging Waiver is an essential program that allows older Pennsylvanians to live in the community as an alternative to a nursing home. On April 1, 2016, a major change to the application process for Aging Waiver services was implemented making it extremely difficult for older adults in need of Medicaid home and community-based services to access the program. For those who have been successful enrolling, the process has taken months and took great persistence to get around the obstacles. The common thread in all of our conversations is "frustration." It is important to mention that problems with Aging Waiver enrollment did not begin on April 1 with the transition to Maximus as the Independent Enrollment Broker (IEB); but, the enrollment process for consumers did indeed become exponentially worse. Quite frankly, it would take more than a few minutes to detail the current crisis with enrollment. However, the problems can be grouped into three areas. First, Maximus is not meeting performance standards and seems to lack the capacity to facilitate the eligibility and enrollment process for Aging Waiver applicants. Second, the current design of the enrollment process is flawed so even if Maximus makes all needed improvements, consumers will still experience problems. Third, the financial component of the application process needs to be streamlined as the complexities of understanding what is needed to get services and gathering the needed documentation has always been a problem.

Maximus

While Maximus has made some improvements since April 1, there are still significant problems with its capacity and the structure in place to determine eligibility and complete enrollments. For example, OLTL recently reported that as of August 31, 2016, 80% of the applications Maximus sent to

people over 60 were not returned. Maximus has hired more staff and seem to be trying to improve training but the following are some of the problems that still seem to be occurring:

- Losing documents – Family members and community social workers have reported frustration with submitting paperwork to Maximus when upon follow-up they learn that Maximus has no record of the information. This is a common problem with the Level of Care Determinations (LCDs) completed by the AAAs. After learning there is no record, social workers report calling the AAA to get the dates of when the LCDs were sent and then having to call Maximus back with this information with the hope the LCD can be found. Maximus also loses physician certification forms or doesn't record the receipt in a timely way. Some community social workers are now requesting the physician fax the form to them so they can fax it to Maximus and get a confirmation receipt to use to help Maximus find the form after claiming it was not received.
- Missing or incorrect information on referral form – There have been reports of Maximus misspelling the consumer's name, recording the wrong date of birth, and wrong phone number among other errors. Having the wrong name and/or wrong date of birth makes tracking the case impossible until rectified.
- No troubleshooter or designated supervisor identified for problematic situations - There should be a point person identified to help troubleshoot ongoing problems with a particular case. Generally speaking, when someone calls to follow-up about a problem, they must speak with whomever answers the phone. Whenever the staff person cannot resolve the problem, the call should escalate to someone who can help to avoid further delays and frustrations. Now, at least, Maximus seems more willing to transfer to a supervisor than when they first started. But, the caller has to request this option and still no Maximus contact information is given other than the general number.
- Long delays - One case example, started application in early May, Maximus didn't make its visit to the consumer's home until mid-July. The consumer received approval in early August but services still haven't started. When the family calls, they are told that the service coordination agency still hasn't received written confirmation to visit to initiate a service plan.
- No follow-up – Making the long delays worse, many consumers have been waiting for months and have had no follow-up information provided by Maximus. One social worker commented that while the Maximus staff have been friendly there is absolutely no follow-

up and she was told by a Maximus staff person that they are not supposed to do any follow-up.

Flawed Application Process

The current application process is very burdensome for consumers. Since there are many community partners and family members trying to fill the gap of assisting clients through this application process, OLTL should create webinars, tutorials, and other information about the process to help guide people through the process. The following describes some of the current problems with the design of the application process.

- **No in-person application assistors** - It seems that OLTL is planning to try to address the most fatal flaw of the current application process. Significantly, there is no in-person assistance provided at the beginning of the application process to help consumers to complete the necessary forms; something that the AAAs had provided. Even though we have concerns about the three proposed plans, we are pleased to see strategies to try to remedy this problem. Our concern with using Maximus is related to whether they can assume even more responsibility when so many other performance issues remain. The use of ADRCs and person-centered counselors are a very creative solution but there doesn't seem to be enough trained staff to meet the need. One overall concern is whether consumers who don't speak English will be able to access in-person assistance. The department has not responded to requests for languages in which materials have been translated so we are not clear as to whether or not those with language problems are even getting materials in their language. Once finalized, the referral process should be made public and included on the IEB's website. Consumers should be offered this assistance multiple times if it is apparent that the application is not being completed.
- **Application start** - Application for non-MA applicants doesn't technically start until the 600L is received by Maximus. If an individual is not already on MA, the case is not even tracked as an application until the completed application has been mailed back or completed online on COMPASS.
- **60-day timeframe for enrollment is a misnomer** - In addition to when the clock officially starts, there are many potential suspensions along the way to a successful enrollment. For example, referrals are suspended 30 days after the application packet is mailed if no other information is received from the applicant. Another common example of when an application is suspended occurs when the physician certification form is not submitted within 30 days. The application is supposed to start-up again once the information is received.

- Outbound dialers – The use of outbound dialers are very similar to robo calls in that consumers hear a recorded message. This is not an effective way to communicate with older adults, especially since older adults are trained to hang-up when receiving these types of calls to avoid being scammed. Even family members find these calls off-putting. People hang-up thinking they are solicitation or unwanted calls. One family reported that the calls would say they heard that someone was interested in applying for services and to call back to discuss this. “I had already applied and had spoken with Maximus and was on hold for 45 minutes so I had no idea what this call was about.” Only one attempt is made by a real person before an initial referral is suspended.
- No paper service coordination agency list - CARIE has been advocating for consumers to receive a paper copy of service coordination agencies. The current procedure is for Maximus to flash a lengthy list on a laptop screen and ask the consumer to pick one agency and two alternatives. Consumers are informed that they can change their choice at any time but again, they are not given a list. Unfortunately, many consumers are not familiar with the concept and don't understand what they are choosing. No quality or performance data is available on these providers. One Maximus worker said there were over 200 names on the list and that Maximus periodically shuffles them. CARIE has heard complaints that consumers are shown agencies that aren't even in their service area. One Maximus worker mentioned to a community social worker that clients without an advocate have no idea as to what agency to choose and often ask him for advice which he is not allowed to give and some agencies don't even know how to follow through to start service.
- Additional delays - After enrollment, the service coordinator schedules a home visit, completes the service plan and then must submit the service plan to OLTL for review. This step further delays the start of service.
- Lack of an expedited enrollment process – Years ago, there was an expedited enrollment process that worked well to help consumers avoid imminent nursing home placement or to leave facilities in a more timely way. Hospital social workers could even patch together a service plan knowing that Aging Waiver services would soon start. This concept should be revisited.

Financial Application Process

While Pennsylvania must comply with federal requirements, the Office of Income Maintenance (OIM) should work to streamline the application process by using more electronic verification versus

having the consumer produce all the needed documents. Particularly since MA recipients' income and resources do not tend to change much from year to year, OIM should also modify the annual redetermination process for the benefit of consumers and to free-up CAO staff time that could be diverted to be able to process applications more quickly.

Conclusion

OLTL should require Maximus to collect monthly data as to why enrollments are not completed, how long each step in the process takes from the time of the consumer's initial contact to when services actually start, along with other performance measures such as how many consumers were successfully enrolled. The report should be made public to help monitor the effectiveness of Maximus and help identify areas that need improvement.

Finally, given Maximus' current poor performance and the fact that when they began enrollment for the under 60 Waivers in Pennsylvania, the disability community successfully sued as a result of Maximus poor performance, we are concerned about the plans to expand the emergency procurement with Maximus to include additional responsibilities under Community HealthChoices (CHC). Since Maximus has not been effective in helping applicants enroll in OLTL waivers in a timely way, other alternatives should be explored for CHC enrollment.

A community-based social worker summed the situation best, "While I am becoming comfortable with the system, it is taking up much more of my time than the previous process. I have electronic and hand-written reminders everywhere to ensure I can keep the process moving along. I believe that unless an applicant has an extremely savvy family member or a professional advocating for them, there is no way they'll ever make it through the process to approval. Even a savvy family member could get lost, as they don't have the advantage that I do, of doing this repeatedly and developing "work arounds" to make sure that things don't fall through the cracks, deadlines get missed, and the case gets closed."

We would be pleased to work along with you to improve the Aging Waiver enrollment process. Thank you again for the opportunity to comment and for sponsoring today's hearing.