

Testimony for Public Hearing
PA House of Representatives
Human Services Committee Hearing
April 16, 2015

Good Morning, my name is Pam Auer, Director of Living Well With A Disability at the Center for Independent Living of Central PA (CILCP). I have been working in the disability community 26 years (since my college days). As a person born with Spina Bifida, I have lived with a disability all of life. The Department of Human Services (DHS) Office of Long Term Living (OLTL) Nursing Home Transition Program is vitally important to me as a person living with a disability and to the disability community, as a whole. As Secretary Dallas mentioned in his Department of Human Services Budget Briefing, a recent poll indicated 95% of individuals asked, stated they would rather live at home than a nursing facility. Since so many people with disabilities of all ages are stuck in Nursing Facilities but wish to live in the community, we need to continue and improve this vital program.

Per the OLTL website “The NHT program was developed to assist and empower consumers who want to move from a nursing facility back to a home of their choice in the community and help the Commonwealth rebalance its long-term living systems so that people have a choice of where they live and receive services. The NHT program provides the opportunity for individuals and their families or caregivers to be fully informed of all long-term living options, including the full range of home and community-based services, and that they receive the guidance and support needed to make an informed choice about their long-term living services.” In carrying out these programs, OLTL contracts with county Area Agencies on Aging and the local under age 60 providers, such as CILCP.

The primary goal is to enhance opportunities for individuals with disabilities and seniors to move to the community by identifying residents who wish to return to the community through state data and referrals from family, individuals, social workers, etc.

Nursing Home Transition Coordinator work to empower individuals so they are involved to the maximum extent possible in planning and directing their own transition from a nursing facility back to a home of their choice in the community.

In 2005, amendments were secured to six waivers administered by the Departments of Public Welfare and Aging, to add transition services as a covered waiver service. Community Transition Services (CTS) are defined

as one-time expenses, up to \$4,000 per consumer. These are “set-up expenses” for individuals who make the transition from an institution to their own home, apartment or family living arrangement.

There are many barriers that each participant has to overcome, and that in and of itself is challenging. The largest barrier to individuals who wish to move back to the community is finding accessible, affordable housing. The wait for low income housing averages 1.5 years in Central PA and a lot longer in other part of the state.

There are many issues consumers deal with that we do not have control over such as difficulty of consumers not getting their checks for Social Security right away after the individual leaves the nursing home to their community home. The program does assist some of the concerns such as the ability to cover first month rent and security deposit as well as purchasing some groceries. But because the nursing facility resident allowance is so low, most people can't afford the fees to pay for a copy of their birth certificate and photo ID needed to apply for housing to go to the community. These fees are not part of the NHT funds.

Another issue of concern in getting individuals into the community is accessing personal assistance under a waiver. Finding housing needs to match up with the waiver services. An individual may have the potential to be eligible for waiver services but if it take longer than 6 month to find housing they need to at least in part restart the waiver application process. CILCP staff have also experienced, that when an individual finds housing and is eligible for waiver services it can be difficult to get a service coordination agency to serve them. Due to changes by OLTL in the last few years there are less service coordination agencies and the ones we do have are picking and choosing which consumers they choose to serve.

Also, individuals don't have the same ability to choose what model of personal assistant services they wish to use when leaving a nursing facility. They for the most part need to get services from a homecare provider agency, then they can leave in a timely manner. If a nursing home transition coordinator is working with a consumer who wishes to hire a direct care worker, as a Consumer Employed attendant there will be a longer wait of over 3 weeks to get approval from Public Partnership Limited (PPL), the statewide contracted fiscal agency, because there is always a delay in getting approval of the employer/employee paperwork.

There are other concerns with the Nursing Home Transition Program that focuses on Providers. These are:

1. When OLTL make major changes to the NHT program and waivers, these changes are not adequately being filtered down to providers. Directions are not clear for example, when it is a nursing home transition responsibility or a service coordinator responsibility.
2. NHT providers are required to provide upfront money for needed furnishings to establish an apartment and/or for home modifications. There are two ways that the state funds NHT which includes, Community Transition Services (CTS) which are waiver funds or Special Nursing Home Transition (SNHT) which are state funds. If we get home mods done for someone going into the waiver, we must get prior approval before HCSIS plan is approved and pay contractor. It could be months before we get reimbursed. CILCP's last Home Modification cost in excess of \$30,000. We have to rely on the SC agency to put us in HCSIS correctly, then let us know when the plan was submitted to HCSIS and when it was approved in HCSIS so we can bill PROMISE (a whole separate state billing process) in a timely manner. The providers for the most part are small non-profit organizations which do not have that kind of upfront money to put forward and wait months and months to get the money back.
3. Also, CILCP fiscal staff are having issues stemming from:
 - a lack of documentation with payment to let provider know what is and is not being paid. The Department did start creating reports on errors but this does not come with a reimbursement statement.
 - Difficulty determining reasons for non-payment (lack of reports) There is a strain due to the length of time it takes to get payment after submitting monthly billing.

I thank you again for the opportunity to discuss these issues. I will be available for questions.

Respectfully Submitted by:
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