

COMMONWEALTH OF PENNSYLVANIA  
HOUSE OF REPRESENTATIVES

JOINT SENATE AGING & YOUTH COMMITTEE AND  
HOUSE AGING & OLDER ADULT SERVICES COMMITTEE HEARING

STATE CAPITOL  
8E-B EAST WING  
HARRISBURG, PENNSYLVANIA

TUESDAY, OCTOBER 18, 2016

IN RE: INDEPENDENT ENROLLMENT BROKER (IEB) MAXIMUS

BEFORE:

SENATOR MICHELE BROOKS, MAJORITY CHAIRMAN  
SENATOR ART HAYWOOD, MINORITY CHAIRMAN  
SENATOR LISA BAKER  
SENATOR THOMAS McGARRIGLE  
SENATOR BOB MENSCH  
SENATOR JOHN SABATINA  
SENATOR RANDY VULAKOVICH  
HONORABLE TIM HENNESSEY, MAJORITY CHAIRMAN  
HONORABLE STEVE SAMUELSON, MINORITY CHAIRMAN  
HONORABLE CRIS DUSH  
HONORABLE HAL ENGLISH  
HONORABLE MARK GILLEN  
HONORABLE RICHARD IRVIN  
HONORABLE BARRY JOZWIAK  
HONORABLE KATE ANNE KLUNK  
HONORABLE STEVEN MENTZER  
HONORABLE ERIC NELSON  
HONORABLE MIKE PEIFER  
HONORABLE CRAIG STAATS

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JEAN DAVIS REPORTING  
POST OFFICE BOX 125 • HERSHEY, PA 17033  
Phone (717) 503-6568

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APPEARANCES (cont'd.)

HONORABLE DONNA BULLOCK  
HONORABLE MARY JO DALEY  
HONORABLE PAMELA DeLISSIO  
HONORABLE MICHAEL DRISCOLL  
HONORABLE MARK LONGIETTI  
HONORABLE ADAM RAVENSTAHL  
HONORABLE LYNWOOD SAVAGE

ALSO IN ATTENDANCE:

HONORABLE ROSEMARY BROWN  
HONORABLE LYNDA SCHLEGEL CULVER  
HONORABLE DONNA OBERLANDER  
HONORABLE TINA PICKETT

CHLOE ZITTLE, DIRECTOR, SENATE AGING & YOUTH COMMITTEE,  
REPUBLICAN CAUCUS  
LIANA WALTERS, EXECUTIVE DIRECTOR, SENATE AGING & YOUTH  
COMMITTEE, DEMOCRATIC CAUCUS  
ERIN RAUB, EXECUTIVE DIRECTOR, HOUSE AGING & OLDER ADULT  
SERVICES COMMITTEE, REPUBLICAN CAUCUS  
LAUREN ROONEY, EXECUTIVE DIRECTOR, HOUSE AGING & OLDER  
ADULT SERVICES COMMITTEE, DEMOCRATIC CAUCUS

JEAN M. DAVIS, REPORTER  
NOTARY PUBLIC

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(Check online for submitted written remarks.)

1 P R O C E E D I N G S

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3 SENATE MAJORITY CHAIRWOMAN BROOKS: Good morning,  
4 everyone.

5 Can everyone hear in the back? Yes? All right.

6 I do want to remind members if you have a  
7 question or a comment, please turn your mike on. Please  
8 know that members will be coming and going. There's several  
9 committee hearings this morning, several voting meetings, so  
10 when you see people get up and leave or join us late, it's  
11 just a busy morning here at the Capitol. I just wanted to  
12 let you know there are several conflicts in folks'  
13 schedules.

14 I would like to welcome everyone this morning and  
15 thank Representative Hennessey and other House and Senate  
16 members for joining us today to examine the aging waiver  
17 enrollment process and the new Independent Enrollment Broker  
18 Maximus.

19 I would also like to thank Secretary Dallas,  
20 Secretary Osborne, and also Ms. Burnett, the AAAs, senior  
21 advocacy groups for also being here today.

22 We have three panels of testifiers today. The  
23 first panel testifying will be the secretaries from the  
24 Department of Human Services and Aging; the second panel is  
25 comprised of various AAA directors from across the state;

1 and the third panel is made up of various senior advocacy  
2 groups.

3 After each panel, the members will have an  
4 opportunity to ask questions. I also now would like to  
5 recognize Senator Haywood for a few comments.

6 SENATE MINORITY CHAIRMAN HAYWOOD: Thank you very  
7 much, Senator Brooks, and also thanks to everyone for  
8 attending today.

9 The testimony that has been prepared in advance  
10 was extremely helpful -- in many respects, shocking. So I'm  
11 very concerned about what this process has involved and how  
12 we go forward.

13 Again, I thank everyone for attending. Some  
14 serious concerns have been placed before us. We're ready to  
15 see what we can do to turn this situation around.

16 SENATE MAJORITY CHAIRWOMAN BROOKS: All right.  
17 Representative Hennessey.

18 HOUSE MAJORITY CHAIRMAN HENNESSEY: Thank you,  
19 Madam Chairman.

20 Good morning, everyone, and welcome to this joint  
21 public hearing of the House Aging and the Senate Aging  
22 Committees regarding the issues and concerns that we have  
23 about the current waiver, aging waiver enrollment process.

24 I'll remind everyone that we are on PCN this  
25 morning. We are being broadcast across the state. And also

1 note that we have a large number of witnesses in a short  
2 time window before session starts at 11 o'clock. I'll ask  
3 people to keep their testimonies and their questions and  
4 their answers relatively short and brief so we can cover a  
5 lot of information.

6 For more than a year the Commonwealth, through  
7 the Department of Human Services and the Department of  
8 Aging, have proposed and eventually intend to implement  
9 major revamping of the way we deliver needed services to our  
10 seniors and also to the younger portions of our society  
11 called Community Health Choices.

12 It was proposed to roll out in three stages  
13 across the Commonwealth over time. That has been at least  
14 temporarily delayed. But the implementation of that  
15 Community Health Choices would eventually cover almost  
16 400,000 people.

17 Chairman Baker and I -- Chairman Baker of the  
18 House Health Committee -- have had the concerns about  
19 whether the Departments were moving too fast. So when the  
20 opportunity presented itself for an outside concern to sort  
21 of cut its teeth on a much smaller population -- that is the  
22 over-60 waiver, which affects, instead of 400,000, only  
23 50,000 people, approximately -- we watched it closely.

24 DHS picked Maximus to be the independent  
25 enrollment broker. And I think it's fair to say it's not

1 going well at all, not at the start. And despite many  
2 attempts to fix it, it really is still not working.

3 We've stayed in contact with Secretary Dallas and  
4 Secretary Osborne. And while I know you're both trying to  
5 get these things fixed, our agencies in the field tell us  
6 it's still a mess. We've heard from our contacts and our  
7 constituents about how Maximus lost paperwork repeatedly,  
8 over and over again, how they denied receiving mail even  
9 when the Senators have a valid delivery receipt. We've  
10 heard about robo calls to our seniors -- everybody hates  
11 robo calls, perhaps the seniors more than others -- and  
12 about a three-strike policy that Maximus had in place.

13 I understand that has been changed. But if a  
14 person hung up on a robo call three times, they assumed --  
15 Maximus assumed that they didn't want services, not that  
16 they were irked by getting a robo call, but just that they  
17 didn't want services, a totally mistaken decision on  
18 Maximus's part. As I said, in our conversations with the  
19 Secretaries, we're told that that has changed.

20 We've heard about Maximus failing to provide  
21 assistance to our seniors in filling out these extremely  
22 complex forms and trying to gather the information that is  
23 required not only by your departments but also by CMS in  
24 terms of trying to get somebody through the process.

25 There's been a major problem in terms of a lack

1 of follow-through. Enrollments which used to number in the  
2 hundreds per month slowed to a trickle. And, as an example,  
3 in April Maximus approved zero people. In May they approved  
4 zero people instead of the hundreds that had previously been  
5 approved.

6 And on a conference call recently, Secretary  
7 Dallas said Maximus had gotten somewhat better but then had  
8 regressed. For example, one of the counties reports to us  
9 that of 700 referrals that they've made to Maximus from  
10 April to September, six months, they have been told that 10  
11 people have been enrolled. They haven't gotten any  
12 information one way or the other about 691 people. That's  
13 just one example of the scope of the problems.

14 Mr. Secretary, Madam Secretary, I know you have a  
15 lot on your plate. I know your schedules are busy. But I  
16 hope you will be able to stay and listen to the people we've  
17 assembled here to testify to you and to all of us and  
18 through PCN to the citizens of the Commonwealth. None of us  
19 can fix these problems until we hear about them and  
20 understand them. I urge you to stay and listen to our  
21 testifiers.

22 After speaking with Senator Brooks on several  
23 occasions we thought it best to bring all the interested  
24 stakeholders into the same room so that everybody can try to  
25 find a resolution that will benefit our seniors. They need

1 our help.

2 Thank you all for being here, Madam Secretary,  
3 Mr. Secretary, for agreeing to testify. Thanks to all of  
4 our testifiers. I know I've been a little long-winded here  
5 but I thought it's proper to set the stage so that people  
6 who are watching this across the Commonwealth on PCN have an  
7 idea of the problem and what it is that we're seeking to  
8 address here. We need to change the system. And we need to  
9 do it as quickly as we can for the benefit of our seniors.

10 With that, we can begin the meeting. I'll ask  
11 for the Senate members first to introduce themselves and  
12 then we'll go through the House members.

13 SENATE MAJORITY CHAIRWOMAN BROOKS: Sure. We'd  
14 like to have everyone introduce themselves. If we could  
15 start over here with Liana.

16 LIANA WALTERS: Liana Walters, Executive Director  
17 for the Senate Aging and Youth Committee under Art Haywood.

18 SENATE MINORITY CHAIRMAN HAYWOOD: Art Haywood.

19 SENATOR BAKER: Good morning. Senator Lisa  
20 Baker, the 20th District.

21 REPRESENTATIVE NELSON: Good morning. Eric  
22 Nelson, Representative from the 57th District, Westmoreland  
23 County.

24 REPRESENTATIVE STAATS: Good morning. Craig  
25 Staats, the 145th District in Bucks County.

1                   REPRESENTATIVE IRVIN: Representative Rich Irvin,  
2 representing Huntingdon, part of Centre, and part of Mifflin  
3 Counties.

4                   SENATOR MCGARRIGLE: Good morning. Senator Tom  
5 McGarrigle, representing the 26th District.

6                   REPRESENTATIVE PEIFER: Good morning. Mike  
7 Peifer. I represent the 139th District, which includes  
8 portions of Pike and Wayne Counties.

9                   ERIN RAUB: Erin Raub, Republican Executive  
10 Director of the House Aging Committee.

11                   HOUSE MAJORITY CHAIRMAN HENNESSEY: Steve, do you  
12 want to pick it up over there?

13                   REPRESENTATIVE MENTZER: Sure. Steve Mentzer.

14                   HOUSE MAJORITY CHAIRMAN HENNESSEY: I'm Tim  
15 Hennessey, Republican Chairman of the House Aging Committee  
16 from Chester County down in the southeastern part of  
17 Pennsylvania.

18                   SENATE MAJORITY CHAIRWOMAN BROOKS: Michele  
19 Brooks, Mercer, Crawford, Erie, and Warren Counties, and  
20 Chairman of the Aging & Youth Committee in the Senate.

21                   CHLOE ZITTLE: Chloe Zittle, Executive Director  
22 of the Senate Aging & Youth Committee.

23                   REPRESENTATIVE LONGIETTI: Good morning. Mark  
24 Longietti. I represent the 7th District in Mercer County.

25                   LAUREN ROONEY: Good morning. I'm Lauren Rooney,

1 the Democratic Executive Director for the House Aging  
2 Committee.

3 SENATOR MENSCH: I'm Senator Bob Mensch,  
4 Montgomery, Bucks, and Berks Counties. Good morning.

5 SENATE MAJORITY CHAIRWOMAN BROOKS: Thank you,  
6 everyone.

7 HOUSE MAJORITY CHAIRMAN HENNESSEY: Excuse me.

8 Is Representative Pickett still here? Is  
9 Representative Culver still here? They're there in the  
10 back. Is there anybody else we've missed from the House or  
11 the Senate? Representative Snyder is here. Now, have we  
12 covered everybody? Okay.

13 You're on.

14 SENATE MAJORITY CHAIRWOMAN BROOKS: All right.

15 We have allowed a half hour for each panelist.  
16 Secretary Dallas, Secretary Osborne, and Ms. Burnett, I want  
17 to thank you. You have agreed to stay for the entire  
18 hearing this morning. We talked to them. I just want to  
19 thank you for the -- yesterday we were told you'd be staying  
20 for the entire testimony.

21 SECRETARY TED DALLAS: I'm sorry for any  
22 confusion that may have occurred there.

23 SENATE MAJORITY CHAIRWOMAN BROOKS: Okay. I will  
24 say that is very disappointing. I know you did change your  
25 schedule around to accommodate us today. But we were hoping

1 that you would be joining us for the entire hearing.

2 SECRETARY TED DALLAS: I'll stay absolutely as  
3 long as I can. There were just a couple of things I  
4 couldn't move.

5 SENATE MAJORITY CHAIRWOMAN BROOKS: Okay. Thank  
6 you very much.

7 Let's go ahead and get started.

8 SECRETARY TED DALLAS: Sure. So I'll start off  
9 with -- there's a brief PowerPoint presentation that  
10 Secretary Osborne and I will run through. I'll go through  
11 most of the slides. And Teresa will pick up some of the  
12 steps of what we're still working on at the end of the  
13 presentation.

14 So first, I hope folks all have a copy of the  
15 presentation. First is just the agenda. There are a couple  
16 of questions that we hope to answer as part of the process,  
17 the presentation today.

18 The first is, why did DHS transition to an  
19 independent enrollment broker? which the shorthand for that  
20 is IEB. So when we say IEB today, that just means the  
21 vendor who is providing the independent enrollment broker  
22 services, which is a mouthful, so we say IEB.

23 The next question we would like to answer is  
24 where does the IEB fit into the enrollment process? After  
25 that, talk about where this implementation faltered.

1                   SENATE MAJORITY CHAIRWOMAN BROOKS: Could you  
2 just push your microphone a little closer?

3                   SECRETARY TED DALLAS: Sure. Is that better?

4                   SENATE MAJORITY CHAIRWOMAN BROOKS: Thank you.

5                   SECRETARY TED DALLAS: Okay. Sorry about that.

6                   SENATE MAJORITY CHAIRWOMAN BROOKS: Thank you.

7                   SECRETARY TED DALLAS: Where did the  
8 implementation falter? All implementations have bumps along  
9 the road. What happened with this implementation was more  
10 than that. We're going to get into where I think more than  
11 your normal transition that has issues, what happened here  
12 and why the implementation faltered as much as it did.

13                   Next, what did we do to try to start trying to  
14 fix the problems? Also what the current status of the IEB  
15 is and then what work has to be done.

16                   So that I think the last slide is probably one of  
17 the most important slides, too, which is as we go through a  
18 little bit of history and where we are now, I don't want  
19 anyone to think that we're under the impression that this is  
20 something that has resolved or close to resolved. We all  
21 understand there's work to be done.

22                   But for us, what we want to start with is a  
23 little bit of why we had to do what we did, and then also  
24 where the implementation went wrong, what we're doing to fix  
25 it, and then what we think is left to be done to try to

1 correct the problem.

2 So first, why transition to an IEB? The Centers  
3 for Medicare and Medicaid Services, or CMS, have long had  
4 issues with the way the State of Pennsylvania handles its  
5 enrollment services. This actually goes all the way back to  
6 September 2010.

7 As you can see from the first bullet, there's a  
8 lot of money at stake here. It's about \$907 million for the  
9 Aging Waiver Program. About 472 million comes from the  
10 Federal Government. Starting back in September 2010, the  
11 Federal Government started raising concerns about potential  
12 conflict of interest with the way that Pennsylvania has run  
13 its system. They actually stopped allowing us to claim  
14 Federal match because of the way we were moving.

15 And then starting in May 2015, they actually  
16 started moving to deferrals, which will eventually lead to a  
17 disallowance if we don't change the way we're doing this.  
18 Now, the issue they have is that the process that we had in  
19 place, the folks who were involved in the enrollment process  
20 also in some cases provided supports, coordination, or  
21 provided services. So the Federal Government was concerned  
22 about at least an appearance that folks were getting less  
23 and could potentially not get completely honest advice as a  
24 result of a conflict because those service entities were  
25 also providing services.

1           So they have instructed us to change that and  
2           make that enrollment process independent. Hence, the  
3           independent enrollment broker. So that's where we're  
4           moving. This is something that CMS has been firm about. As  
5           you can see, it's been going on since September 2010. There  
6           is no turning back on that. They have made their position  
7           clear. As a result, we began moving forward on April 1st,  
8           2016, to an independent enrollment broker process.

9           Now, the next two slides are maps that I'm not  
10          going to go into every single piece of. Folks can certainly  
11          ask questions if they'd like. The point of this is that, as  
12          I think Representative Hennessey or Chairman Hennessey was  
13          saying, the process is very complicated. Part of that is  
14          because of the Federal requirements that are there. The  
15          other important part of looking at this flow chart and how  
16          complicated it is is the enrollment broker process is only  
17          one part of the process.

18          There are other things that may slow down an  
19          enrollment process. There are parts the State has to do.  
20          There are parts that other parties have to do. But the IEB  
21          process is just one piece of the puzzle. So while it's a  
22          piece that broke down and one that we're trying to fix,  
23          there are other pieces to the puzzle.

24          We can certainly answer questions about that  
25          process, if you'd like. I wanted to do that just for a

1 graphical representation of where this fits into the system.

2 Next we're looking at where the implementation  
3 faltered. As Chairman Hennessey was talking about, when  
4 that situation -- when the implementation began, both Teresa  
5 and I began receiving complaints pretty soon thereafter of a  
6 transition. Every implementation has bumps along the road.  
7 What happened here is more than that. The process did not  
8 go well. The process that originally was set up was not  
9 sustainable and we needed to start taking action to change  
10 that.

11 Now, when you look at it, the first thing I also  
12 think is when you're trying to fix a problem is figure out  
13 what's causing it. And I think there are two pieces that  
14 have caused this problem. There are a lot more probably,  
15 but I'll say two major issues.

16 The first one is -- and this is our fault here at  
17 DHS. We underestimated how long the time per applicant  
18 would take. That's our fault. We accept responsibility for  
19 that. We're trying to fix that. I'm not going to try to  
20 sugarcoat this in any other way other than to say that we  
21 made a mistake and now we're trying to fix it.

22 In addition, the process was complicated. And  
23 some of that is required by the Federal Government. Some of  
24 that is just the normal bureaucracy that sometimes attaches  
25 to state government. But I think as much as we try to

1 communicate those changes, I think that more communication  
2 needs to be done.

3 And something as complicated as this probably  
4 needs ongoing communication with folks. It's necessarily a  
5 complicated system. It's a benefit that the Federal  
6 Government requires a lot of information. And I think we  
7 needed to do more communication. I think we need to  
8 continue to do more communication on that.

9 When we became aware of the problem, we moved as  
10 quickly as we could to try to address that problem. The  
11 first thing that we did was required our IEB vendor to  
12 increase staffing and improve their call center technology.  
13 They have done that. We'll get to some charts in a little  
14 bit that will show some improvements in technology.

15 In addition, they now have an overflow call  
16 center during busy times so that when the call volume gets  
17 to a certain level, there is a rollover call center that  
18 will help take some of those calls.

19 We also worked with the folks at the ground level  
20 with the Department of Aging, the AAAs, the CILs, the  
21 nursing home transition agencies to improve training and  
22 communications. And that's going to be a common theme of  
23 things that we need to continue to do. We also worked with  
24 some community stakeholders to support the enrollment  
25 process.

1 I think generally when you're looking at this,  
2 there are a couple of pieces of trying to get this back on  
3 track or trying to fix it. The first is making sure that  
4 the IEB vendor has got appropriate resources for the process  
5 that's there, that's increasing staffing, that's better  
6 technology.

7 And the second is working with the folks on the  
8 ground to make sure that, A, we have done an adequate job of  
9 explaining the process, and, B, that we have a good feedback  
10 loop and are listening to the people on the ground who can  
11 tell us what the problems are that we might not be able to  
12 see here in Harrisburg.

13 Now those changes have started to have success.  
14 We've had weekly calls. We've had a lot of outreach to  
15 folks throughout the community. We've had many, many  
16 conversations with our vendor. Some of those conversations  
17 have started to bear fruit.

18 Now, if you look on the next couple slides, this  
19 will just help paint a picture of where we are now and where  
20 we were even maybe a month ago. Now, I can tell you that  
21 you can see on these charts that things are better than they  
22 were a month ago. But again, it's not any implication that  
23 we think things are where they need to be. If you look at  
24 the first slide here. This is the call center that the  
25 vendor is operating, the IEB call center. And as you can

1 see, these are some normal matrix that you use for a call  
2 center.

3 Back in September, around mid-September, the  
4 abandonment rate had reached an unacceptable 10.7 percent.  
5 And the speed to answer calls was averaging about 114  
6 seconds. Both of those are signs of a process that isn't  
7 working and a process that needs to be fixed.

8 Some of the steps that I talked about beforehand  
9 drove that number down. So you can see this chart goes  
10 through I think October 7th. The numbers are similar going  
11 forward. It's just that at the time we put these charts  
12 together, you can see that the abandon rate is now down to  
13 2.6 percent, which is within the target of 5 percent that we  
14 have in the contract. And the speed to answer is just under  
15 30 seconds, which is much more acceptable for a call center.

16 In addition, there are certain documents that  
17 need to be processed. Those need to be done in two days.  
18 As you can see in early September, the volume of documents  
19 and referrals that were not being processed in two days was  
20 sky high. It was unacceptable. Some of the additional  
21 staffing and some of the work we've done with our vendor has  
22 also dropped that number down to almost zero. We can see  
23 there were a couple times where those document processing  
24 volumes go above two days. But overall this number has  
25 gotten down much more into an acceptable range.

1                   This next slide here talks about the number of  
2                   enrollments that we had. Now this slide is a little  
3                   different. Instead of just being the recent past, this is  
4                   over time. There was some discussion about the number of  
5                   enrollments. As you can see, I think there are sort of two  
6                   takeaways from this slide. Well, actually I'll say three.

7                   Over time the number of enrollments is going up.  
8                   That's no surprise to anybody on this committee or probably  
9                   in the General Assembly. As Pennsylvania ages and getting a  
10                  little grayer, the need for these services will continue to  
11                  rise.

12                  The other piece is, the second thing I would note  
13                  is there's a seasonality to this. It's not always an even.  
14                  And you can see there's cycles in the number of enrollments  
15                  that get processed even going back to January 2014.

16                  And then last but not least, I'll ask you to  
17                  focus on the last piece there. Chairman Hennessey, you  
18                  talked about the number of enrollments. And there you can  
19                  see the impact where the implementation faltered and where  
20                  it didn't work the way we wanted it to. You can see the  
21                  tremendous drop in the number of enrollments about June  
22                  16th. You can see that number fall down to a much lower  
23                  level, particularly when you see the increase over time.

24                  That's the part that I think is a good deal of  
25                  the part that caused us all to be here today. You can also

1 see that as the volume of processing and the abandonment  
2 rate for the call center, as those things have started to  
3 move in the right direction, that number has started to  
4 change. You can see the number of enrollments is now going  
5 back up. It's not where we want it to be. If you look at  
6 the trendline. But it is starting to move in that  
7 direction.

8 Now, that's the current status of where we are.  
9 Now, that can't be where we stop. That has got to be just a  
10 step in the right direction. We all know there's more work  
11 to do. We have some things that we're doing that we think  
12 will further improve performance and get us where we want to  
13 be.

14 The first is working with AAAs and creating  
15 agency liaisons. Now we started with some of the  
16 high-volume AAAs. It's not that we have a preference over  
17 one or the other. It's just that those high-volume AAAs  
18 were taking an inordinate amount of resources and making it  
19 harder for some of the smaller AAAs to even get through to  
20 the call center.

21 So the first step in that process is to try to  
22 hit some of the high-volume AAAs and work with them and then  
23 eventually I think move to other counties. But we just  
24 started with the larger ones just because that's where a lot  
25 of the issue was.

1           As you can see from that bullet, it was  
2 Philadelphia, Delaware, Allegheny, Lebanon, Erie, and will  
3 eventually move to other counties. But we wanted to get  
4 there to make sure that we were getting in control of the  
5 place that was driving a lot of the volume and also causing  
6 a lot of the backup that has brought us here today.

7           In addition, all cases are not equal. There are  
8 some cases that are more complex, require a lot more  
9 resources and a lot more time to work on. So these complex  
10 cases, the approach we're taking is creating a separate unit  
11 for them so that those complex cases can be dealt with  
12 through another process and that they don't wind up slowing  
13 down more straightforward enrollments and that that  
14 day-to-day work can move forward and that those complex  
15 cases can be dealt with folks with a little more expertise  
16 and also make sure that it's a little more efficient the way  
17 we handle those.

18           Then before I hand it over to Secretary Osborne,  
19 the last one is a theme that I've said a couple of times.  
20 We need to do more training and we need to do more webinars.  
21 We need to let folks know what the process is out there. As  
22 much as we thought we did, it clearly wasn't enough. We're  
23 going to continue that process.

24           I think that as I've talked to Jen some more, I  
25 think it's really -- we had looked at it as here's the

1 training and the webinars and the things we need to do for  
2 the process. But I think what we really know now is it  
3 really has to be an ongoing process.

4 There are new people coming to this process all  
5 the time. There's reinforcement we have to make. I think  
6 it's one of those things that needs to be a continual  
7 process as we move forward.

8 With that, I'll turn it over to Secretary  
9 Osborne.

10 SECRETARY TERESA OSBORNE: Thank you, Secretary  
11 Dallas.

12 Good morning.

13 SENATE MAJORITY CHAIRWOMAN BROOKS: Secretary  
14 Osborne, before you start, there's a few other members that  
15 have joined us.

16 SECRETARY TERESA OSBORNE: Okay.

17 SENATE MAJORITY CHAIRWOMAN BROOKS: Senator  
18 Sabatina.

19 HOUSE MAJORITY CHAIRMAN HENNESSEY: And  
20 Representative Barry Jozwiak of Berks County; Rosemary Brown  
21 of Pike and Monroe Counties; and Representative Mike  
22 Driscoll from Philadelphia County.

23 Thank you.

24 SENATE MAJORITY CHAIRWOMAN BROOKS: Thank you  
25 members, for joining us.

1 I think for the panel, I think the members, the  
2 number of members and folks that have joined us today,  
3 demonstrates the seriousness and the concern and the  
4 interest in what's occurring.

5 Go ahead.

6 SECRETARY TERESA OSBORNE: Thank you. Thanks,  
7 Senator.

8 As Secretary Dallas just led us to this  
9 particular slide of work still to be done, to be certain the  
10 Department of Aging shares co-responsibility with the  
11 Department of Human Services to ensure that folks desiring  
12 to navigate through the system for any waiver program and,  
13 in particular, for our purposes today, the Aging Waiver  
14 Program has that assistance.

15 To give you a little bit of context of what this  
16 particular bullet point from our lens at the Department of  
17 Aging means and working in concert with the Department of  
18 Human Services is that I think it's important for you to  
19 know that nationally the Aging and Disability Resource  
20 Center is an initiative. It's an initiative of a  
21 collaborative effort.

22 It's led by the Administration for Community  
23 Living. The Administration for Community Living is the  
24 Federal branch of oversight for State units on aging, such  
25 as the Pennsylvania Department of Aging. And it's also a

1 collaborative initiative with ACL, as its known, as well as  
2 CMS, the other acronym that Secretary Dallas mentioned in  
3 terms of the Center for Medicaid and Medicare services.  
4 It's an initiative led by both of those two Federal  
5 industries. I just want to point that out to you.

6 And this initiative seeks to do one very  
7 important thing. And that's to ensure that there's a  
8 streamline of access to long-term services and supports for  
9 older adults, for persons, all persons with disabilities,  
10 for family caregivers, for our veterans, and for long-term  
11 services and supports providers. So it's a heavy lift to  
12 help all those bodies underneath it.

13 Currently, across the country there are 52 states  
14 and territories that are operating or are in the process of  
15 operating an Aging and Disability Resource Center, commonly  
16 called, you might hear the acronym -- yet another acronym to  
17 add to your list for today -- ADRC. In Pennsylvania, the  
18 ADRC, since its inception a few years ago, is known here as  
19 the PA Link. That might be something that you're familiar  
20 with in your particular Legislative Districts.

21 The PA Link since 2012 in Pennsylvania has worked  
22 with a whole array of community partners in all 67 counties  
23 to build upon the strengths that already exist in those  
24 communities, such as the Centers for Independent Living,  
25 such as the Area Agencies on Aging, and a whole host of

1 other partners that provide a more -- strive to provide a  
2 more coordinated effort and a system of information and  
3 access to long-term services and supports for folks that are  
4 seeking them.

5 It's supposed to minimize confusion and enhance  
6 individual choice and support informed decisions. Through  
7 our PA Link, partners are trained to provide what's called  
8 Options Counseling. A little confusing for us at times  
9 because our Lottery-funded services are also referred to as  
10 Options Counseling.

11 This Federal initiative provides person-centered  
12 planning or Options Counseling in order to provide  
13 assistance for folks who need help with accessing public  
14 benefits such as long-term services and supports and making  
15 that application process a little bit more confusing and  
16 much more enhanced, seamless -- more seamless for  
17 individuals in order to navigate through that system.

18 Many states, such as here in Pennsylvania, have  
19 leveraged the work of the ADRC or, in our particular state,  
20 the PA Link in order to make what we're responsible for  
21 under the Older Americans Act, what Secretary Dallas is  
22 responsible for under Medicaid services, and the melting of  
23 those two types of services so that folks can have choice,  
24 as they navigate through the system in terms of what  
25 service, what program is going to help them as they desire

1 to age in place in their homes and in their communities.

2 It also isn't just for an Aging Waiver Program  
3 process to navigate through or an under-60 waiver process to  
4 navigate through. It's also to help folks apply for other  
5 benefits such as LIHEAP as we approach the heating season,  
6 such as SNAP, such as PACE. They are to help with any  
7 public benefit that individuals are striving to access for.

8 We do see opportunity for this PA Link to be  
9 better positioned as we transition to an independent  
10 enrollment broker. We did fail to do that early enough in  
11 the process. But it's something that our partners pointed  
12 out to us that we can enhance the opportunity under the PA  
13 Link in order to ensure that folks have the assistance that  
14 they need.

15 And first and foremost, the complaint that we've  
16 been hearing the most is that application assistance with  
17 filling out the PA 600 so that one can indeed become  
18 eligible for a waiver service such as the Aging Waiver  
19 Program. So that's under that particular bullet of our  
20 opportunity to better leverage our PA Link partners to  
21 expand the coverage base for them and to ensure that folks  
22 have access to an option counselor in order to ensure that  
23 their person-centeredness is respected through the process  
24 as they desire again to age in place.

25 The last bullet that I have is the utilization of

1 referral tracking system. There's a lot of words that  
2 follow after that. But I'll let you know what the  
3 underpinnings of that are.

4 As Secretary Dallas alluded to a few slides ago,  
5 not long after April 1st we had, both of our offices as well  
6 as all of yours, started to receive calls of concerns from  
7 lots of constituents, from lots of stakeholders, from lots  
8 of family members, from the CILs, from the Area Agencies on  
9 Aging, a whole host of folks that I probably didn't mention,  
10 but you can think in your own mind, as I'm sure right now,  
11 of who has been calling your particular legislative office  
12 reaching out for assistance as folks desire to navigate  
13 through this process with a little bit more support than  
14 perhaps would have been offered to them.

15 So as Secretary Dallas and I and our staffs  
16 started talking about that, we realized that we needed to  
17 better track referrals. What does that mean? As folks are  
18 navigating through the system, as the Area Agency on Aging,  
19 for example, conducts a level-of-care assessment, what do we  
20 then do after that, after referring to the independent  
21 enrollment broker? Is there a process that we can use the  
22 resources available to us in order to ensure that there is  
23 even a call back to that person so they're just not worried  
24 about what might be happening or what isn't happening as we  
25 navigate through that process?

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So in conversations with the Department of Human Services and, in particular, its Office of Long-Term Living and the Aging network, we decided to better utilize the resources available to us to better track these referrals through what we already have available.

You might have heard the word from your AAA folks, in particular, SAMS. SAMS is the Social Assistance Management System. It's the infrastructure, the IT infrastructure, that Aging has been using for quite some period of time. And we know that utilization and capacity that we could expand in order to ensure that no one is falling underneath the seams of that social safety net that we are supposed to be responsible to create so that folks can navigate through that system seamlessly.

So we have worked with the Aging network, worked with the Office of Long-Term Living, in order to use that SAMS platform to create actions within the SAMS platform as well so that we can track the completion of the assessment, when that referral was made to the independent enrollment broker and then, after an appropriate period of time, trigger within the system that a call is then made to the consumer or their family member to say, hey, did you receive your packet? Do you know what to do with it? Do you need assistance with completing the PA 600L? And if they do to link them with the appropriate resources that are available

1 within their particular community.

2 Our goal is to ensure that folks don't fall  
3 beneath the safety net, that we are there to engage them.  
4 We do trust that that communication will also ensure that  
5 folks who are navigating through the application process,  
6 not all of them are going to be found eligible for that  
7 particular service, such as the aging waiver. Not all of  
8 them might be found medically -- they may not all be found  
9 financially eligible for Medical Assistance in terms of the  
10 financial eligibility side.

11 So then what happens if the individual still  
12 needs support and services in order to age in place? Well,  
13 we have the blessing of the Lottery Fund that provides  
14 options, services under Lottery-funded services, home- and  
15 community-based services, so that folks can continue to age  
16 in place at home.

17 That's our goal, that there's that soft touch  
18 back to the local Area Agency on Aging in order to ensure  
19 that they can continue to receive supports within their  
20 homes and communities. Maybe a few months or a few years  
21 down the road, they might need the services available  
22 through the Aging Waiver Program. But it's a seamless  
23 continuum of services and supports so that folks can  
24 continue to age in place at home.

25 We feel this opportunity will ensure that those

1 individuals aren't falling between the cracks of no  
2 communication from the time the referral was made, the time  
3 the assessment was done to the referral being made, to then  
4 the individual receiving assistance in their home.

5 So they are the resources that we are assisting  
6 in this effort in order to ensure that we have an  
7 opportunity for folks to access aging waiver services here  
8 in the Commonwealth of Pennsylvania.

9 I think with that, Secretary Dallas and I, our  
10 particular presentation is over. We know that there's  
11 probably questions for folks before you get to other  
12 presenters so we're available for questions for you.

13 HOUSE MAJORITY CHAIRMAN HENNESSEY: Thank you.

14 We've been joined by Representative Pam DeLissio  
15 from Philadelphia County and Representative Katie Klunk from  
16 York County.

17 SENATE MAJORITY CHAIRWOMAN BROOKS: Thank you,  
18 Secretary Dallas, Secretary Osborne.

19 I have several questions but I will stick to one  
20 right now and then I'll ask the members for their questions.

21 First, how will DHS and the Office of Long-Term  
22 Living work to ensure that the problems that we've  
23 experienced with the waiver not be repeated in selecting the  
24 IEB for community health choices?

25 SECRETARY TED DALLAS: Shall I go first?

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SECRETARY TERESA OSBORNE: Absolutely.

SECRETARY TED DALLAS: Sure.

I think that there are some things that we learned along the way in this process. I think that that's one of the reasons that we tried to move some of these things as best we can when we're complying with Federal mandates into a phased approach.

I think that as you do this, there's some things that we certainly wouldn't do over again if we had to do this or had a chance to do this over again. I think those things we learned along the way will make us better as we move forward.

I think Jen can fill that in.

MS. JEN BURNETT: Jen Burnett with the Office of Long-Term Living.

We are planning to issue the IEB procurement, the actual document, the request for proposal, to the public in advance so we get public input on the actual procurement. And then we're also going to go through a readiness review process which we did not do in advance of this one.

So we believe that the readiness review process will give us much more accurate information about how ready the new vendor will be.

SENATE MAJORITY CHAIRWOMAN BROOKS: I would like to recognize Senator Vulakovich for joining us and also

1 Representative Eric Nelson.

2 On that note though, I also wanted to follow up  
3 with when is the tipping point that Maximus would be removed  
4 from that process if this isn't changed or corrected?

5 SECRETARY TED DALLAS: I think that we continue  
6 to monitor Maximus's performance. I think that right now  
7 after some of the stats we've seen here, the performance has  
8 improved. I don't know that I can say date certain this  
9 would be when you'd make a change there. It always remains  
10 an option if we're not getting where we want to be.

11 But I think that given that we're starting to see  
12 some of those services get better, I think the shortest  
13 distance in terms of delivering the services is to continue  
14 down that road. If things were to change, if things were to  
15 degrade again, then it certainly would be an option. But  
16 I'm not sure that I can just say it's by this date we would  
17 make a decision.

18 SENATE MAJORITY CHAIRWOMAN BROOKS: Just  
19 following up with that. What are the penalties going to be  
20 that are built into that next contract?

21 SECRETARY TED DALLAS: So I think that there  
22 needs to be those performance matrix and damages associated  
23 that would need to be built into that contract. I think  
24 that that will be part of the draft that we put together.  
25 Folks will be able to see and certainly folks can comment on

1 that. I'm not sure that as the RFP is being drafted, we  
2 finalize those penalties.

3 SENATE MAJORITY CHAIRWOMAN BROOKS: I think I  
4 speak for everyone in this room that with what we've  
5 experienced with this enrollment where folks have been  
6 waiting on the phone lines for one, two hours, paperwork has  
7 been dropped, it's been lost, people were not enrolled, I  
8 think there's questions on whether people passed away during  
9 this time while waiting to be enrolled.

10 We had a conversation last week. I think there  
11 does need to be penalties built into this. And they need to  
12 be severe penalties. Lives are at stake. This is a very,  
13 very serious process. It's not like calling up and asking,  
14 you know, you need help for your computer printer. People's  
15 lives are at stake.

16 And I personally think there should have been  
17 penalties placed upon Maximus for this fiasco. I'm glad  
18 you've put steps in place to help correct it. Hopefully it  
19 gets corrected sooner than later. But I think moving  
20 forward, we seriously need to think about the penalties put  
21 in place. We have that obligation to our senior citizens.  
22 We have that obligation to the people of Pennsylvania.

23 Thank you.

24 SECRETARY TED DALLAS: No disagreement from me,  
25 Senator.

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SENATE MAJORITY CHAIRWOMAN BROOKS: Thank you.  
Representative Hennessey.

HOUSE MAJORITY CHAIRMAN HENNESSEY: Thank you,  
Madam Chairman.

Let me just mention the fact that Representative  
Mary Jo Daley from Montgomery County has joined us.  
Representative Lynwood Savage from Philadelphia has joined  
us.

I think, you know, as we promised, there would be  
people coming and going because of the other committee  
hearings we have today. But if you take a look at the crowd  
and the number of people who are here, you can get an idea  
of the scope of this problem, how it sort of has grown out  
of control. It's grown like top seed.

I know you're taking steps to get it fixed, but,  
you know, it's still a problem. It's still a major problem  
or this many people wouldn't show up.

I do have a question. In the Mosley v. Alexander  
case, the Federal class action suit, there were time limits  
put on all the states, I think, in terms of how fast we had  
to respond. I think the number was 90 days we had to make a  
determination.

I understand from what I've been hearing from  
constituents and agencies out there in the field that  
Maximus says that their clock, that 90-day clock, doesn't

1 start until they're satisfied that they have gotten enough  
2 information from the people who are applying.

3 And given the fact that a large part of the  
4 problem is that people can't navigate that application  
5 process, are we in any kind of danger of being penalized by  
6 CMS because of the way Maximus is looking at this? I mean,  
7 I've seen examples from, you know, April 1st, the Maximus  
8 gets the referral sent to them by an outside agency, a AAA,  
9 and it's September or October and they still haven't gotten  
10 a determination.

11 You know, what I hear is that Maximus is saying,  
12 well, we didn't have enough information. At some point in  
13 time that clock has to run. And it's not going to be  
14 Maximus's determination as to when it started to run. It's  
15 going to be CMS or some bureaucrat somewhere telling us that  
16 we're violating that settlement agreement in the Mosley  
17 case.

18 So could you please comment on that? Where are  
19 we? Are we in danger of losing Federal money because of the  
20 way Maximus is seeking or choosing to interpret the time  
21 limit?

22 SECRETARY TED DALLAS: I don't think that we are  
23 right now. Jen might have a little more to add to that.  
24 But I don't think that we are right now. I think it's  
25 something that we're monitoring.

1 My focus right now is getting the process fixed  
2 and getting it so that we have as timely determinations as  
3 we can.

4 MS. JEN BURNETT: We are not in danger in terms  
5 of the CMS issue. However, I will say that we have not been  
6 getting match on enrollments as they were going through the  
7 Area Agencies on Aging, which is one of the challenges.

8 CMS told us back in September of 2015 that we  
9 needed to change the enrollment process. They gave us very  
10 clear guidelines on what conflict of interest meant to them.  
11 We do not get collect -- have not been collecting the match  
12 on the \$95 that we pay the Area Agencies on Aging to do  
13 enrollment in the past.

14 I would just say that we're going into this to  
15 try to fix that problem. We do believe that we should be  
16 collecting match on enrollment. And in our contract with  
17 the independent enrollment broker, we are collecting match.  
18 So that actually is a really positive thing. The CMS sees  
19 this independent -- the word independent is really important  
20 to CMS . And the enrollments are happening in a way that  
21 people get choice of where they get their services.

22 As far as the Mosley settlement goes, we have  
23 been well within that 90 days. And, in fact, the new  
24 emergency procurement that went into place -- or the new  
25 procurement that went into place at the beginning of the

1 year with Maximus has them enrolling people within 60 days.

2 HOUSE MAJORITY CHAIRMAN HENNESSEY: And when does  
3 the clock start, when Maximus says it starts?

4 MS. JEN BURNETT: No, when we say it starts.  
5 When the State says it starts.

6 HOUSE MAJORITY CHAIRMAN HENNESSEY: Okay. I  
7 think if you could get back to us with some more detail on  
8 that, it would be helpful.

9 MS. JEN BURNETT: Sure.

10 HOUSE MAJORITY CHAIRMAN HENNESSEY: You had  
11 mentioned that the State pays the AAAs or has paid \$95 for  
12 an enrollment, a successful enrollment, I think. What do we  
13 pay Maximus for a successful enrollment under today's  
14 guidelines?

15 SECRETARY TED DALLAS: It's a different payment  
16 mechanism so it's a little bit apples to oranges. The way  
17 Maximus gets paid is they get paid a management fee. And  
18 then they get paid a certain amount per enrollment. If you  
19 look at the rate for September, if you take, you know, a  
20 12th of that management fee and you take the number of  
21 enrollments they have there, it gets to about -- it's about  
22 \$240 an enrollment.

23 That number is compared to the 95 for the AAAs.  
24 Now, there are a couple things to break down in that number  
25 as well. This is -- it's a little in the weeds. But this

1 is why it's maybe not 100 percent apples-to-apples  
2 comparison.

3 That number is going to fluctuate depending on  
4 the number of referrals that come through and they complete  
5 each month so that number will move. As the number of  
6 enrollments goes up, the number per will go down because it  
7 will be spread across the management fee. So it's hard to  
8 do it exactly the same way.

9 In addition, there was a call center, the IEB  
10 call center, that's statewide as a result of having to make  
11 the switch that the Federal Government has required of us  
12 that has added additional costs. We didn't have that call  
13 center before. So that additional cost was over and above  
14 what the process was before.

15 And in addition, that's further complicated. I'm  
16 sorry to go through all the detail on this. We're able to  
17 draw down Federal match on these dollars so the impact to  
18 the State is actually less than that amount. So it actually  
19 winds up being about half is paid for State dollars. The  
20 other half is paid for Federal dollars.

21 HOUSE MAJORITY CHAIRMAN HENNESSEY: Okay. Thank  
22 you.

23 It sounds like we've gotten some of the disparity  
24 under control, because the numbers we were hearing several  
25 years ago were considerably different, much higher for

1 Maximus than you're relating to us now.

2 We've been joined by Representative Mark Gillen  
3 of Berks County.

4 Madam Chairman.

5 SENATE MAJORITY CHAIRWOMAN BROOKS: Okay.

6 Senator Baker has a question, followed by  
7 Representative Nelson, Representative Longietti,  
8 Representative Peifer, and then Senator Haywood.

9 SENATOR BAKER: Good morning, Secretaries.

10 SECRETARY TED DALLAS: Good morning, Senator.

11 SENATOR BAKER: I know that at the Appropriations  
12 hearings we've had some discussion in the past about this  
13 particular process. And you've focused so much today on the  
14 process being unacceptable. I have to say, it's not about  
15 the process. This is about people. This is about people  
16 navigating a system.

17 (Applause)

18 SENATOR BAKER: We've had this conversation  
19 before. I went through it with my 99-year-old mother-in-law  
20 who the process never worked. She passed away before the  
21 process worked.

22 So what I have to say very strongly hearing from  
23 my constituents is not only do we need performance measures,  
24 satisfaction surveys, penalties, you name it, we need to  
25 keep in mind this is about not a process but people. And

1 people's health status changes very rapidly when you're an  
2 older citizen.

3 And I guess my question is, what are we going to  
4 do to protect those people who are trying to navigate this  
5 process who find themselves very rapidly deteriorating, who  
6 could very easily be admitted into a nursing home at a  
7 significant cost and not aging in place, Secretary Osborne,  
8 as you said, in the care of the people in their own home?

9 I just have to say that it's been frustrating  
10 what I've heard from my constituents. You'll hear from one  
11 of my Area Agencies on Aging directors. This is about  
12 people we represent. I can't emphasize that more strongly.

13 SECRETARY TED DALLAS: So, Senator, I'd just  
14 start off by saying that in my job, I serve almost 3 million  
15 Pennsylvanians every day. It ranges from children who are  
16 the victims of abuse and neglect, that comes from seniors  
17 who are in nursing homes or living in the community, those  
18 are for folks who need help to find a job. I can tell you  
19 without equivocation that this is about people. This is  
20 what I do every day.

21 The reason I talked about the process here is  
22 that was what I was asked to testify about. If anything I  
23 said led you to believe that I'm not aware of the impact  
24 this has on people's lives, I apologize for that. But I  
25 also think it's important to understand this is what I do

1 every day. There are millions of people literally that we  
2 have to provide services to.

3 My job is every day confronting those human  
4 realities, those human frailties. Every day I know that. I  
5 understand where that's coming from. But my testimony today  
6 was I was asked to provide testimony about the process and  
7 that's what I tried to address.

8 SENATOR BAKER: And I'm not trying to disparage  
9 you in any way. I'm just sharing the frustration that I'm  
10 hearing, that I'm feeling from people in my own communities.  
11 You've mentioned that it's unacceptable. You're taking  
12 steps.

13 You know, at some point we need to move forward  
14 and have a plan that isn't just about we're taking steps,  
15 that concrete action, whether it's cutting this contract,  
16 however you do it with the new approach that you're looking  
17 at, whatever you're doing. I just had to share that  
18 frustration. It's very, very real. And it's very  
19 frustrating for my constituents.

20 SECRETARY TED DALLAS: And I can tell you that I  
21 feel that frustration every day as well. My job is to try  
22 to fix the problem. So that's what I'm focusing on. I hope  
23 none of that makes you think that I don't feel that  
24 frustration every day as well. I feel that as well.

25 SENATOR BAKER: Okay.

1                   SECRETARY TED DALLAS: I think it's something  
2 that I know Jen and Secretary Osborne also feel. We were  
3 trying to focus our testimony on the issues that we think  
4 will help get those services headed where they need to be.

5                   Hopefully, you know, it would have gone without  
6 saying that at the end of the day, the reason why we're here  
7 today and the reason why we care about the process, the  
8 reason why we're providing all these services, is because we  
9 care about the people who need those services.

10                  SENATOR BAKER: Thank you.

11                  SENATE MAJORITY CHAIRWOMAN BROOKS: Thank you,  
12 Senator Baker.

13                  We are running way behind. We have quite a few  
14 questions. So if you could just please keep your questions  
15 pinpointed and maybe not have any followups. I apologize  
16 for that. But we do have the AAAs here that want to testify  
17 as well as some caregivers.

18                  Representative Nelson and then Representative  
19 Longietti.

20                  REPRESENTATIVE NELSON: Thank you.

21                  A very frustrating situation. And in staying  
22 focused on the key aspect of the question, you know,  
23 Secretary Osborne, I appreciate you being here again today.  
24 I know we've had multiple hearings in the past. I think at  
25 times your office's hands may be tied by the Department of

1 Human Services to not necessarily be able to pursue more  
2 aggressive changes within the system.

3 I have to dispute your earlier testimony that the  
4 situation is getting better. And I'd like to submit for the  
5 record for Westmoreland County, the actual -- our Area on  
6 Aging, there seems to be a significant difference between  
7 activity and accomplishment.

8 And in your testimony you talked about the  
9 activities that are happening. But in our area, in our  
10 county, there's an absence of accomplishment. Our seniors  
11 are not getting processed. If we look at 2015, we had 19  
12 seniors processed. In 2016, in July -- this is for the  
13 month of July, we had three. In August we had 21. Now we  
14 have six. In September of 2015, we had 14. Now we have one  
15 case that was actually completed and accomplished. These  
16 numbers are coming from our county. Our county is not alone  
17 in this issue.

18 And in working for several months now, there has  
19 been, from my assessment, an absence of transparency and  
20 dialogue from the Department of Human Services and Maximus.  
21 We can't get answers to these roadblocks.

22 As you were explaining your testimony -- and I  
23 very much appreciate that you're here -- it's frustrating to  
24 see the rolling of the eyes and the scoffing of the face.  
25 But when I'm talking to seniors whose parents pass away

1 waiting for this process, it is unacceptable.

2 It does not seem to me that there is actual  
3 accountability being held to the failures of Maximus. As we  
4 move forward, I also didn't hear -- I understand there was a  
5 conflict or a concern from the Federal level of a conflict  
6 of interest. But has there been efforts and dialogue with  
7 the Federal Government to maybe address the root cause of  
8 the issue of conflict of interest and maybe adopt, similar  
9 to what mental health has done, and created firewalls  
10 between these agencies that would allow a lot of that action  
11 to return to the county level and not have a conflict of  
12 interest?

13 Other areas have implemented an effective and  
14 acceptable measure so that there's not the -- I understand  
15 the concern for the conflict of interest. But are we  
16 addressing in the Department of Human Services the root  
17 cause of this problem and not necessarily call volumes and  
18 wait times?

19 SECRETARY TED DALLAS: So I think if you're  
20 saying have we had conversations with the Federal Government  
21 about the process going forward? Yes. In my testimony I  
22 said those conversations had been going on for six years --  
23 or actually five years before they started disallowing or  
24 deferring Federal money to us.

25 So the answer to your question is, have there

1 been efforts to try to get at what ways we could address the  
2 issue? Of course. It's been going on for five years. It  
3 precedes my time here. Ultimately when the Federal  
4 Government began deferring those payments, that's the next  
5 step to disallowances. So five years -- it was a very long  
6 conversation before we moved to that step.

7 SENATE MAJORITY CHAIRWOMAN BROOKS: Thank you  
8 very much.

9 Representative Adam Ravenstahl from Allegheny  
10 County has also joined us.

11 Representative Longietti followed by  
12 Representative Peifer.

13 REPRESENTATIVE LONGIETTI: Got to keep concise.

14 First of all, thank you for your testimony this  
15 afternoon and your efforts. I appreciate the fact that  
16 you've taken responsibility and tried to solve this problem  
17 moving forward.

18 I guess my general question is, what is the  
19 responsibility of Maximus in all this? And specifically  
20 when I look at your last slide, you indicate two bullet  
21 points about a creation of a research and support unit for  
22 complex cases. Where is that housed? Is that Maximus? Is  
23 that the government?

24 And, No. 2, continuation of webinars and ongoing  
25 training. That training, is that something that Maximus

1 should have done on its own or where does the responsibility  
2 lie there?

3 SECRETARY TED DALLAS: So that I think for us,  
4 the way I look at this, this is the DHS's responsibility  
5 regardless of whether we have Maximus as a vendor or not.  
6 So that's the part that I'm taking responsibility for.

7 And to me, I think the buck stops here with me on  
8 this. Ultimately, at the end of the day, the training, the  
9 complex case unit you asked about, is within Maximus.  
10 That's part of their job there. We worked with them to  
11 create that unit. The training and the webinars, that is a  
12 joint effort between the State and Maximus. So there is  
13 some effort they provide. And there's some that is our  
14 responsibility as well.

15 REPRESENTATIVE LONGIETTI: Thank you.

16 Just a general observation. You know, my tenure  
17 in the Legislature just seems like too many times I've seen  
18 where an outside vendor comes in and does not perform at an  
19 acceptable level.

20 Thank you.

21 SENATE MAJORITY CHAIRWOMAN BROOKS:

22 Representative Peifer.

23 REPRESENTATIVE PEIFER: Thank you, Senator. And  
24 thank you, Chairman, for including all of us today .  
25 Obviously this is an issue across the State. And,

1 Secretaries, thank you both for being here as well.

2 I represent Pike County, a portion of it. My  
3 Executive Director, Robin LoDolce, is here. And I was just  
4 going through her testimony. And in Pike County we have had  
5 40 referrals -- we're talking a rural county -- since April  
6 1st. And to date we've had 4 of the 40 that have been  
7 approved.

8 And I know in your testimony and your  
9 presentation, you've talked about the IEB call center  
10 increasing staff and improving the call center technology.  
11 But at some point it just appears that this IEB really  
12 underestimated the magnitude of this project.

13 With those percentages extrapolated across the  
14 State, I mean, is there a point where we can basically say  
15 we've got to put a new RFP out because even if we increase  
16 staff and increase a little technology and get that  
17 percentage up, say we double it, that's still 20 percent of  
18 the people over a six-month period. I mean, it's just not  
19 adequate. We're not serving people correctly.

20 I mean, at some point when do we fish or cut bait  
21 here and change direction with what we were doing? I mean,  
22 is that a thought in your mind right now?

23 SECRETARY TED DALLAS: So I think when you look  
24 at this and you look at some of the matrix that we put up  
25 there, the enrollments are one of the things that we're

1 flagging. I think you can also see that they're starting to  
2 increase. Any change that we make at this place would  
3 necessarily disrupt the system again.

4           There is an RFP that will be drafted that will be  
5 for the longer-term solution for this that is coming out.  
6 That RFP I think will reflect many of the things that we've  
7 learned along the way there. But that RFP is probably the  
8 next point where it will either be whoever successfully  
9 competes and that RFP will take over the process. That will  
10 be the next step.

11           When is that RFP going to be --

12           MS. JEN BURNETT: We're hoping to issue it, as I  
13 said earlier, in draft sometime later this month.

14           SECRETARY TED DALLAS: And then that RFP process  
15 will be the next step in the process. But for right now  
16 with that RFP on the way and whoever wins that RFP to be the  
17 provider who provides these services, my judgment right now  
18 is that the best way to continue to get enrollments and get  
19 people the services they need is to improve the current  
20 process.

21           If we were to try to switch the folks that we  
22 have now in advance of an RFP, I think that would only cause  
23 further disruption to the system.

24           That being said, that's my judgment right now  
25 based on where we are in terms of performance. If that were

1 to change, then certainly my judgment would change on that.

2 REPRESENTATIVE PEIFER: Thank you, Secretary.

3 Thank you.

4 SENATE MAJORITY CHAIRWOMAN BROOKS: Senator

5 Haywood. And then we're going to move on. I know

6 Representative Dush has a question. For the members that

7 continue to have questions, I would ask the Secretary if we

8 submit them to you, you'll get the replies back to our

9 office and we'll get them out to the members.

10 SECRETARY TED DALLAS: Of course.

11 SENATE MAJORITY CHAIRWOMAN BROOKS: Senator

12 Haywood.

13 SENATE MINORITY CHAIRMAN HAYWOOD: Thank you so

14 much, Madam Chairman.

15 I have a question. There was a slide that had

16 some progress. This is the shift in enrollment. Can you

17 give us any sense of PACE? I see the direction has changed.

18 We're going down. Now we're going up.

19 Of course, our concern here is given the backlog

20 that is existing as well as people who want to get enrolled

21 today. What's your projection on PACE?

22 SECRETARY TED DALLAS: I think it's increasing.

23 The rate of change is increasing. One of the earlier slides

24 you saw just a short while ago, mid-September, which is not

25 that long ago at all, the numbers were completely

1 unacceptable. They were in 10 percent abandonment rate and  
2 so on. And within a relatively short period of time, they  
3 got down to a more acceptable rate.

4 There are a whole bunch of things that need to  
5 occur now that some of that has been stabilized that gets to  
6 the quality, the knowledge, the training of the folks who  
7 are dealing in the process, which, of course, was  
8 exacerbated by the fact that they were not ready to handle  
9 the volume of calls coming in. Some of those things I think  
10 will continue.

11 I think you see the rate on that chart that  
12 showed the number of enrollments that showed those  
13 increasing. Those are continuing to increase at a high  
14 rate. I think as some of the backlog in the system, some of  
15 the work in the system that wasn't getting done, gets done,  
16 I think you should continue to see that increase over the  
17 next month or so. The rate I mean.

18 SENATE MINORITY CHAIRMAN HAYWOOD: Thank you.

19 SENATE MAJORITY CHAIRWOMAN BROOKS: Secretary  
20 Dallas, I think that you hear the concern from the General  
21 Assembly. Each of the members that have had questions have  
22 come from different regions. So it's not just focused in  
23 one region. It's across the State.

24 SECRETARY TED DALLAS: Yes.

25 SENATE MAJORITY CHAIRWOMAN BROOKS: I think you

1 understand the seriousness of the situation. I think the  
2 concern you're hearing from us is perhaps that things aren't  
3 being put in place fast enough and that there does need to  
4 be consequences. And we need to learn from the mistakes  
5 moving forward with community health choices.

6 Representative Dush, if you could just very  
7 quickly ask your question. And then we need to move on.

8 REPRESENTATIVE DUSH: Thank you, Madam Chair.

9 Mine is a very quick question.

10 Secretary, you said it's costing about \$200 per  
11 enrollment. Even at a 50/50 match, if we're paying \$95 for  
12 our AAAs to actually take care of it and the people have a  
13 history of actually taking care of their people, why don't  
14 we just tell the Federal Government they can keep it because  
15 it's going to cost us less money just to manage the system  
16 with the AAAs and then maybe take that time to find  
17 something that will actually work.

18 SECRETARY TED DALLAS: I think there's a couple  
19 reasons that we probably can't do that. The first is that  
20 it's not necessarily just about the Federal match. There  
21 are deferrals that are going to lead to disallowances that  
22 will be much larger than anything that we're talking about  
23 in terms of those costs.

24 The first one was for \$650,000. That number can  
25 grow. The Federal Government gives us over \$400 million

1 each year as part of this. And there's a lot of money at  
2 stake there. So it's the details there. There's a lot more  
3 money at stake than that.

4 And second, there are also inconsistencies and  
5 issues that we had with the existing system. While many of  
6 the AAAs did a great job, there were some that we had some  
7 issues with. And there was folks who weren't getting the  
8 level of service they needed there as well.

9 Part of this is also about getting to a  
10 consistent level of service that we do not have under the  
11 current system, too.

12 MS. JEN BURNETT: I also would like to add, Ted,  
13 that in '15-'16, we served 28,878 people in the Aging  
14 Waiver. If we didn't have the Federal match, we could have  
15 only served 15,000 people. So the Federal match is a really  
16 big thing for us to be able to serve people.

17 REPRESENTATIVE DUSH: We need to find something  
18 because people who have been contributing their entire lives  
19 are dying waiting for this thing. We need take a look at  
20 other states that are doing best management principals  
21 certainly a heck of a lot better than what we're doing here.

22 Thank you.

23 SENATE MAJORITY CHAIRWOMAN BROOKS: Secretary  
24 Dallas, Secretary Osborne, thank you very much for your  
25 time. Ms. Burnett, thank you very much.

1                   Jen, will you be staying for the entire hearing?  
2                   And, Secretary Osborne, you'll be staying as well?

3                   SECRETARY TERESA OSBORNE:   Yes.

4                   SENATE MAJORITY CHAIRWOMAN BROOKS:   Thank you  
5                   very much.

6                   There are other members that have questions for  
7                   Secretary Dallas.  They are going to be submitted.  And then  
8                   you'll reply to them, Secretary Dallas, get them to our  
9                   office and we'll disperse them.

10                  SECRETARY TED DALLAS:   Of course.

11                  SENATE MAJORITY CHAIRWOMAN BROOKS:   Thank you.

12                  I do want to recognize Secretary Dallas was due  
13                  to be in Erie, PA, today.  He did change his schedule to  
14                  join us.  So thank you very much.

15                  SECRETARY TED DALLAS:   Certainly.

16                  SENATE MAJORITY CHAIRWOMAN BROOKS:   We're now  
17                  going to bring up the Area Agencies on Aging.

18                  HOUSE MAJORITY CHAIRMAN HENNESSEY:   Thank you,  
19                  Madam Chairman.

20                  Our next panel is comprised of some of our local  
21                  Area Agencies on Aging.  There are 52 AAAs across  
22                  Pennsylvania, which cover all 67 counties in our  
23                  Commonwealth.

24                  Today we're going to hear from four of them.

25                  We'll hear from Holly Lange, the President and CEO of the

1 Philadelphia Corporation on Aging, which covers Philadelphia  
2 County essentially. We'll also hear from Krista Geer, the  
3 Executive Director of the Crawford County AAA. She has the  
4 benefit of also being the constituent of Senator Brooks.  
5 We'll hear from Robin LoDolce, Executive Director of the  
6 Pike County AAA, and from Holly Kyle, the Executive Director  
7 of the Union-Snyder Area Agency on Aging.

8 Is Barbara Culp with you? Okay. We'll also hear  
9 from Barbara Culp, who was a caregiver for her mother.  
10 She'll tell us a little about her experience with the waiver  
11 enrollment process.

12 Begin whenever you're ready. Holly, will you  
13 kick off and begin whenever you're ready. Thank you.

14 MS. HOLLY LANGE: Thank you, Chairman.

15 Good morning, Chairman Hennessey, Chairwoman  
16 Brooks, Chairman Haywood, other distinguished members.  
17 Thank you for attending and listening to our stories today.  
18 As the Representative said, these are stories about people.  
19 They are not just numbers.

20 My name is Holly Lange. I'm the President of the  
21 Philadelphia Corporation for Aging, which serves  
22 Philadelphia County. We've been providing waiver services  
23 since 1995. We support 12,000 waiver individuals in  
24 Philadelphia who otherwise would go to a nursing home and  
25 cost the Commonwealth a lot of money.

1 I appreciate the opportunity to speak to all of  
2 you today. And again, we're going to talk about stories as  
3 well as about numbers.

4 I'd like to lead off by telling you that before  
5 April 1st, when the independent enrollment broker was  
6 contracted with, Philadelphia Corporation for Aging enrolled  
7 300 consumers every month, 300 every month. Despite the  
8 fact that these are frail, older people, despite the fact  
9 that some don't have families, we were able to, with our  
10 trained social work staff, go to their homes, talk to them,  
11 figure out how to fill out the forms. And when the older  
12 person, Mrs. Jones, Mrs. Schwartz, Mrs. Smith,  
13 Mr. Hennessey, had all of their papers on the dining room  
14 table, we were able to help them sort through those papers  
15 on their dining room table because that's what we do at the  
16 Area Agencies on Aging across the Commonwealth.

17 On the average, Philadelphia Corporation for  
18 Aging provides 2,000 new assessments per month. As we know,  
19 assessment used to be combined with enrollment. We  
20 understand there's a conflict. Again, we'd like to continue  
21 to be part of the solution with the Department of Aging and  
22 with the Department of Human Services. We do understand  
23 that there is a conflict. We'd like to continue to be a  
24 part of that.

25 Although Philadelphia Corporation for Aging and

1 the other Area Agencies on Aging are no longer part of the  
2 enrollment process, we still continue, as you might imagine,  
3 being the Office of Aging in the community, get hundreds of  
4 calls a day.

5 And I am embarrassed to tell you -- Secretary  
6 Dallas's abandonment rate for the IEB calls has gone down --  
7 unfortunately, our abandonment rate has gone up because of  
8 the numbers of phone calls we get with frustrating comments  
9 with family members, with consumers, with providers, very  
10 large providers, hospitals, where's my person? What's  
11 happening with my person? And we're not getting paid for  
12 this. Again, it's not about the money. We're there to help  
13 people.

14 But to the extent we do not have the resources to  
15 answer the phone or to care for people with additional  
16 Lottery dollars, that just isn't there. So a lot of our  
17 callers, our consumers, have actually quit their jobs in  
18 order to take care of their older person while they're  
19 waiting for this process to take place.

20 We understand that changes occur. We've been  
21 through many, many changes. My colleagues and I have been  
22 around with the Offices of Aging for over 40 years.

23 Prior to this particular change, the Area  
24 Agencies on Aging met the enrollment requirements, supported  
25 the consumers, supported the caregivers. And the number of

1 people becoming enrolled, as you have heard this morning,  
2 has decreased dramatically.

3 We'd like to continue to be part of the solution.  
4 We represent all of the seniors all over the Commonwealth.  
5 I am the current President of the Pennsylvania Association  
6 of Area Agencies on Aging. So in addition to representing  
7 Philadelphia, I also represent the older people throughout  
8 this Commonwealth and my colleagues from the other offices  
9 of aging.

10 If one of the solutions is what Secretary Osborne  
11 proposed, we appreciate that. However, the staffing and the  
12 funding and the resources for that aging and disability  
13 resource center would need to be increased. Right now  
14 there's no funding as I am aware of for travel or  
15 translations.

16 Those people sit on the phone and that's a good  
17 thing. But in order to help consumers, they have to  
18 actually go to their homes. Not everybody can process  
19 paperwork over the phone. As we have seen, these are frail  
20 older people. Some have families. Some who have families  
21 still get overwhelmed with the paperwork, with the bank  
22 papers, with the doctors, with the nurses, and the whole  
23 health care system.

24 So in closing, when -- when we help solve this  
25 problem, we would like reports from Maximus so that we know

1       how many applicants per month have been enrolled, how many  
2       have not been enrolled, what is the reason for them not  
3       being enrolled. We'd like to have these reports provided to  
4       the Legislature, to the Department of Human Services,  
5       Department of Aging, and AAAs.

6                   And we'd like to work with the Legislature as  
7       well as with the Department of Human Services and the  
8       Department of Aging. Since April, Philadelphia has  
9       submitted 5,700 names to be enrolled; 1,160 have been  
10      enrolled from April 1st to the end of September. So that's  
11      about 20 percent. That's not too good.

12                   Thank you very much for listening.

13                   HOUSE MAJORITY CHAIRMAN HENNESSEY: Thank you.

14                   Krista, before you begin, let me just announce  
15      we've been joined by Chairman Steve Samuelson, the  
16      Democratic Chair of the House Aging Committee. I know he  
17      was tied up in traffic. We're happy to have him here.

18                   I'd also like to tell the House members who are  
19      still here, we've asked -- given the importance of this  
20      discussion, we've asked the Speaker to allow us to continue  
21      despite the House rule that tells us we have to stop once  
22      the House is in session. That's scheduled to start at 11  
23      o'clock. Hopefully they will allow us to continue this  
24      hearing.

25                   Thank you.

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Krista, begin whenever you're ready.

MS. KRISTA GEER: Thank you, Chairman Hennessey. Chairman Samuelson, Chairwoman Brooks, Chairman Haywood, and other distinguished members of the Committee, my name is Krista Geer. I'm the Executive Director for Active Aging. And we are the Area Agency on Aging for Crawford County.

I'm thankful for the opportunity to speak to you all today about the people who are negatively being affected across our Commonwealth by this current process.

The first part of my testimony today is going to be about numbers. Before I dive headfirst into those numbers, I'd like you to consider that Crawford County is a relatively small Area Agency on Aging. But I want you to also keep in mind that every county is experiencing these same problems. We're mid-sized as far as waiver is concerned. We had about 220 consumers prior to the enrollment change. We now have 180.

I want to start with the number of referrals our agency has made to Maximus since this process began. And that number is 62. Next is the number of consumers who have been enrolled since Maximus took over April 1st. Seven. In six months, seven people have been enrolled in Crawford County.

In the same six-month time frame last year,

1 Active Aging successfully enrolled 22 people. Sadly those  
2 numbers are just the beginning. I have others. For  
3 example, the number 3. That's the number of people who  
4 decided it was easier to stay in a nursing home than it was  
5 to try to continue through this process. Or the number 4,  
6 which is the number of people who went to a nursing home  
7 because they couldn't wait any longer for services they need  
8 to survive.

9 The number 14 is the number of senior citizens  
10 who have just given up. They just have had enough. And the  
11 last number is probably the saddest number of all. And  
12 that's the number 5. And that's the number of people who  
13 died waiting for help that never came. I have one final  
14 number for you. \$9,006.76. And that's what it costs Active  
15 Aging in staff time alone from July 1st to October 1st to do  
16 the work that Maximus was hired to do.

17 While I believe those numbers are very  
18 significant and they are impactful, neither you nor I are in  
19 the position of representing numbers. We represent people.  
20 Numbers are neat and tidy and they fit very well on the  
21 spreadsheet but they don't tell you the whole picture of who  
22 we're here to talk about.

23 These people are struggling. They come to us  
24 during the time of a health crisis. The daily activities  
25 that they have always done independently are simply

1 impossible for them to continue to do. They can't bathe  
2 themselves. They can't get to the bathroom on their own.  
3 And they can't cook their own meals.

4 The second part of my testimony is meant to give  
5 you a glimpse of who those people are and who we represent.  
6 Let me introduce you to Gene. Gene is 82 years old. And as  
7 you can tell by his hat, he's a veteran of the Korean War.  
8 He's afflicted with a very progressive and aggressive form  
9 of arthritis that affects his spine. And that was initially  
10 discovered two years ago when he fell, breaking both his  
11 back and his neck.

12 In the two years since this fall, his abilities  
13 have deteriorated significantly and he can barely walk and  
14 he can barely get out of his own chair. His condition is so  
15 bad that his 87-year-old neighbor took it upon herself to  
16 become his primary caregiver when she realized he had no  
17 family and no other way to obtain help.

18 She reached out to us in March to ask for  
19 assistance because her health was declining as well. April  
20 1st we had to turn over Gene's case to Maximus to complete  
21 the enrollment process.

22 Between April and June we waited patiently to see  
23 how this process was going to function with Maximus at the  
24 helm. And by July 1st we knew that it simply wasn't  
25 functioning at all. Frankly, I had had enough. I was done

1 sitting back waiting for Maximus to do their job so we began  
2 to do it for them. In July our staff began contacting every  
3 person that we had referred to Maximus and determining what  
4 we could do to help them.

5 You may remember that Gene was referred on April  
6 1st when they took over the enrollment function. When we  
7 called Gene the first week of July, he had never heard from  
8 them. Not a phone call, not a letter. We called Maximus  
9 and we worked with Gene to get his PA 600 completed. We  
10 submitted all of that to Maximus on July 19th.

11 Maximus finally made it to see Gene on August  
12 18th. And his services finally began the first week of  
13 October. Six months to get the care he needs to do the  
14 things that we can do for ourselves without ever even  
15 thinking about it.

16 Now I'd like to introduce you to George. George  
17 is a 68-year-old man who has endured several heart attacks,  
18 has COPD, three stents in his heart, and he's on oxygen  
19 24/7. Do you see the recliner that he's sitting in there?  
20 That recliner is George's entire life. He sleeps there. He  
21 eats there. He can't get to the second floor of his home  
22 where his bathroom is so his potty chair and his urinal are  
23 right next to him there.

24 We received our first call about George on May  
25 2nd. We sent our nurse to his home on May 5th to do the

1 assessment. The assessment was completed and sent to  
2 Maximus on May 9th. On June 16th we received a request from  
3 Maximus for that same assessment. We sent the assessment  
4 that we did on May 5th and on May 9th again. On June 23rd  
5 we were contacted by George's daughter who had been informed  
6 that Maximus said that they didn't have that assessment.

7 So for the third time we sent it. And we  
8 followed up with a phone call to make sure that they got it.  
9 At that time we were told that George had two open cases and  
10 that they would combine the two and they would call George  
11 to schedule a visit.

12 We called Maximus again on July 21st to inquire  
13 on the status of George's case and were told that everything  
14 had been sent to the County Assistance Office. We called  
15 the County Assistance Office and they had nothing. So we  
16 called Maximus again and asked them to send it.

17 George's approval for Maximus finally came on  
18 September 8th. And while George's trek through the system  
19 only took four months and while it's different from what  
20 Gene had encountered, it's a very good indication of clearly  
21 a different problem. At least 40 percent of the documents  
22 that we send to Maximus are reportedly never received. That  
23 happens with no other agency that we work with.

24 I don't know the medical history of everybody in  
25 this room. However, I'm guessing that none of us are

1 currently experiencing the type of health problems that Gene  
2 and George are. We don't currently require assistance to go  
3 to the bathroom, to get out of bed, or to get dressed, but  
4 someday we might.

5 Take just a minute to imagine what that must be  
6 like. Imagine waking in the morning and not even knowing if  
7 you can make it to the bathroom on your own. Imagine  
8 wanting a shower but being unable to get into it. Imagine  
9 sitting in a house all alone, no family to call, no means to  
10 help yourself, and wondering if those who are being paid to  
11 help you ever really will. I hope and pray that none of you  
12 ever suffer that indignity.

13 And my final comments are meant to dispel several  
14 myths that have been perpetuated since this process began.  
15 Some will have you believe that the Area Agencies on Aging  
16 are unhappy about being taken out of the enrollment process.  
17 That is categorically false. Not one Area Agency on Aging  
18 argued to keep that. Let me repeat that. Not one.

19 We did suggest that the rollout should be moved  
20 back, but that was our only comment on that change. Some  
21 will have you believe that the Area Agencies on Aging are  
22 clogging the phone lines to Maximus. That is categorically  
23 false. We make phone calls when it's necessary to help the  
24 people we're charged with helping through the process and to  
25 see where they are.

1           The recent reports from Maximus show that not one  
2     AAA is in the top 10 number of repeat callers. Some will  
3     have believe that the Area Agencies on Aging did not make  
4     anyone aware of the level of assistance that is needed to  
5     enroll someone over the age of 60 in the Waiver Program.  
6     And that is also categorically false.

7           We very clearly shared that many of our seniors  
8     don't have access to computers or the funds to pay for  
9     Internet service when it was asserted that they could enroll  
10    electronically. We very clearly shared that our seniors  
11    lack the family support needed to gather the financial  
12    records and determinations that they need and that they come  
13    to us during what is typically a health crisis.

14           Sharing only matters if someone is listening.  
15    Some will have you believe that the Area Agencies on Aging  
16    always complain when something changes. Always is a pretty  
17    strong word. But I can tell you that I will always complain  
18    when those I'm charged with serving aren't getting the care  
19    they need. I will always say something when our seniors are  
20    suffering. And I will always advocate for change that will  
21    end that suffering. Always.

22           In closing, I hope you understand that my message  
23    and my deliver come from both my passion and my compassion  
24    for those I represent today. The Genes and Georges across  
25    our Commonwealth. Please know that I'll gladly offer that

1 same passion and compassion to being part of the solution to  
2 this problem. I am ready, willing, and able to roll up my  
3 sleeves and do what needs to be done to solve this problem.  
4 But make no mistake, it is still a problem.

5 Thank you.

6 HOUSE MAJORITY CHAIRMAN HENNESSEY: Krista, thank  
7 you very much for your testimony.

8 Robin.

9 MS. ROBIN LoDOLCE: Good morning, Chairman.

10 Good morning, Senator Brooks, Chairman Hennessey.  
11 I'm very happy to be here from Pike County today. And I'm  
12 very pleased to see Senator Baker and Representative Peifer,  
13 very good advocates for our seniors.

14 Pike County is probably one of the smaller  
15 counties in the State. But for a number of reasons, we have  
16 done our due diligence for the seniors and we have had a  
17 very successful PDA Waiver Program. For those of you who  
18 have never been to Pike County, we border New Jersey and New  
19 York, so we have a lot of different nuances. But our  
20 seniors, nonetheless, suffer the same maladies as my  
21 constituents are talking about today.

22 We have many different living arrangements where  
23 the developments are separated. There's not really one  
24 epicenter in the county. So when home health care providers  
25 go from one home to the other, it's a day trip. So when we

1 have to go out and look for services for some of our  
2 seniors, it's very difficult to arrive at one provider or  
3 two providers where you contract with a dozen different  
4 providers to try to cover all of our different geographic  
5 beautiful nuances in the county.

6 With the advent of the PAS Program, the  
7 attendance care program, where they were able to use their  
8 neighbor, their granddaughter, something like that, it  
9 worked very well. There was some concerns for that program  
10 with the PDA Waiver. We had guidelines and it rolled out.  
11 We had consumers able to get the services they wanted in  
12 their home but also the person that they wanted, all about  
13 person-centered. It was working very well.

14 As the process went, the consumer would be given  
15 the waiver packet. And if they were clinically eligible and  
16 chose to enroll in the MA Program, our office always  
17 supported them. So we were able to help them go through  
18 those financial documents. We were helping them find out  
19 where the bank papers were if there was no family people  
20 around. There maybe were numerous trips to the house, but  
21 that was what our care managers would do to get them through  
22 the process.

23 Our CAO -- and again, it's a rural county. But  
24 we were able to call them up, ask if they received  
25 something. They would call us up, an anomaly, and ask us

1 for paperwork. We worked through the system together to get  
2 the people the services that they needed.

3 As my testimony says, the long-term care changed.  
4 We were faced with lots of different growth and how  
5 Pennsylvania, like the other states, was going to handle  
6 services for seniors. So with that we had to answer the  
7 questions that they were calling us for. So if we had  
8 people who needed help, we would help them with their  
9 heating emergency program. They were calling for their  
10 benefits. Even though we weren't the CAO, we were also able  
11 to answer questions, provide them with that assistance that  
12 they needed.

13 As the growth happened, more web-based programs,  
14 the Compass site, became the way people are to get their  
15 benefits. Again, we knew that some of our seniors, most of  
16 our seniors, were not able navigate the websites. And  
17 again, we were there to help them through the application  
18 process.

19 Some of our seniors are disabled, some of them  
20 very disabled. And when they get mail, they get phone  
21 calls, there's an inability to follow through and get the  
22 answers that they need. They can't always interpret the  
23 paperwork. And they don't always have family members nearby  
24 or home health people that can help them navigate.

25 If you do any direct marketing or any kind of

1 marketing for your campaigns, you'll know that seniors  
2 probably get more of your direct marketing than any other  
3 demographic because that's just how they deal. They don't  
4 answer web polls. They answer things that come in the mail  
5 or if you go door to door.

6 When all the seniors, the aging seniors, were  
7 coming at us and everything had to change with the way we  
8 handled it, the enrollment function, as we were talking  
9 about earlier, had to change. The PDA Waiver Program was  
10 changing. In April 2016, the IEB was going to be called  
11 Maximus.

12 So we told our staff there's a new change in  
13 town. We need to do things a little bit differently so the  
14 intake process would have to be restructured and then those  
15 who are looking for services would have to go a different  
16 route. At that time, Pike County had 107 active waiver  
17 consumers.

18 I'm going to address a little bit of the process  
19 as a AAA how we were to deal with this. So we had the  
20 initial webinar February 26th to review the new process.  
21 Again, it started April 1st. On March 23rd we had a little  
22 bit further clarification provided to us with a 14-page  
23 PowerPoint.

24 The new enrollment entity was to take over the  
25 collection of the pertinent documents and provide this to

1 the County Assistance Office, so again taking us out of that  
2 part of the component. While this was a change for our  
3 network and everyone was a little uneasy on how this was  
4 going to happen, because they knew the hands-on that we were  
5 always doing with the seniors, it was something that was  
6 going to have to happen. So we went through the process.

7 There was clarifications from DHS on application  
8 dates. There were clarifications from our network on status  
9 updates. There was clarifications on where the financial  
10 information was supposed to flow. Then we had dates of  
11 medical certifications and who was to get them. So as you  
12 can hear, the process, as it was rolling out, was a little  
13 bit bumpy.

14 All of these items needed to be in line before  
15 any further steps were made in this new process. So in the  
16 subsequent months, we would ask questions and they would  
17 provide answers. There was additional webinars. We devised  
18 tracking sheets. They never seemed to go anywhere because  
19 there was no data feedback. And that was very frustrating  
20 for our network because we were afraid of losing these  
21 people in the process. So we would end up calling.

22 I know different counties that did it in  
23 different ways. But when you would call these families --  
24 as Krista said, they had not heard -- we were instructed  
25 that there was two-day followup and this many day followup.

1 That was not the case. It was increasing frustration on our  
2 part.

3 As the mechanism for the referrals changed,  
4 again, we graduated from a phone to a fax to a phone call to  
5 a secure e-mail, which I understand today one of my  
6 constituents said that they tried to send something to the  
7 secure e-mail today and they got feedback on this day that  
8 the security mail was full and was not accepting any more  
9 referrals. So the program is not working like it is.

10 HOUSE MAJORITY CHAIRMAN HENNESSEY: Robin, excuse  
11 me. Before you continue, let me just announce for our House  
12 members who are here, the Speaker has agreed to -- what?

13 Oh, there's not going to be an extension of time.

14 (Conversation off the record.)

15 HOUSE MAJORITY CHAIRMAN HENNESSEY: They're going  
16 to delay the opening of the House session until 11:15. For  
17 those of you who need to leave to be up -- there's 200  
18 people upstairs waiting for session to begin. I understand  
19 the time pressures that the Speaker is facing. I put myself  
20 on leave. If any of you want to put yourself on leave and  
21 stay here, I'll stay for the Senate portion of this Joint  
22 Hearing. And then I'll join the session when we finish up  
23 here.

24 We are running late. So if you guys can trim  
25 your questions, it would be helpful. Thank you.

1 Robin, I'm sorry for the interruption.

2 MS. ROBIN LoDOLCE: Okay. All right.

3 We've always helped the consumers through the  
4 process. Our biggest concern was the feedback from the IEB  
5 and the organized communication. And I know, Secretary  
6 Dallas did mention more communication and a feedback group,  
7 which is positive. And as Krista said, we are looking to  
8 work through what Secretary Osborne described as our  
9 person-centered counseling with the ADRCs.

10 We can work with any process that will help this  
11 broken process work to help our consumers. And just to  
12 bring it back to the local level, we have two long-term care  
13 facilities in our county. And right now we have a waiting  
14 list. So therein lies where these people are ending up. We  
15 haven't had a waiting list in our skilled nursing facilities  
16 in years. And this is where the consumers who are on our  
17 waiting list are ending up.

18 So again, I wanted to thank you all for your  
19 attention to this. But every story we're telling is not  
20 just a number or a story or a name. It's somebody's life.  
21 So I appreciate your attention to this. It's very much a  
22 concern.

23 HOUSE MAJORITY CHAIRMAN HENNESSEY: Robin, thank  
24 you very much for your testimony.

25 Thank you, all.

1           Holly.

2           MS. HOLLY KYLE: Good morning, Chairman  
3 Hennessey, Chairman Samuelson, Chairwoman Brooks, Chairman  
4 Haywood, and other distinguished Members of the Committee.

5           My name is Holly Kyle. I would like to thank you  
6 for the opportunity to speak to you here today.

7           I am testifying today as the Executive Director  
8 for the Union-Snyder Agency on Aging and also as a  
9 representative of the Enrollment Work Group for the  
10 Pennsylvania Association of Area Agencies on Aging.

11           The Enrollment Work Group has been working on a  
12 regular and consistent basis with representatives from the  
13 Department of Human Services, the Department of Aging, the  
14 Office of Long-Term Living, and Maximus. We have been  
15 meeting on a biweekly and weekly basis and on any other time  
16 that we are called to meet.

17           While it would be easy for me to sit here and  
18 point fingers and belabor again all of the ills of this  
19 process, I will focus my remarks on the applicant  
20 experience, how seniors and their families are experiencing  
21 the enrollment process as currently administered by Maximus.

22           While I do this, I would like you to imagine  
23 these gentlemen as previously introduced by Ms. Geer as  
24 representing the seniors in this Commonwealth. And then I  
25 want you to imagine that either is your father or your

1 brother or someone else that you love and that you are the  
2 family member who is trying to best help your loved one  
3 navigate the enrollment process currently operated by  
4 Maximus.

5 The enrollment experience for our seniors and  
6 their families since the Department of Human Services  
7 contracted with Maximus to provide these services has shown  
8 that referrals made by the local AAA staff to the Maximus  
9 Call Center repeatedly go missing for reasons that no one at  
10 Maximus is able to explain or understand, resulting in  
11 repeated attempts to get consumers to the very first step of  
12 the application process.

13 Supporting documents necessary for enrollment  
14 have to be sent to Maximus multiple times because Maximus  
15 claims that they have, quote, not been received. And most  
16 seriously Maximus does not conduct followup to ensure the  
17 consumer or the physician ever receive the necessary  
18 documents for enrollment, nor do they ask, why have the  
19 documents not been returned?

20 Unbelievably this failure to follow up on the  
21 part of Maximus results most often in consumers being denied  
22 services. In my small rural agency, the picture of this  
23 failed system looks like this: 74 individuals have been  
24 referred by my staff to Maximus for the enrollment period of  
25 April 1st through October 12th. Of those 74 referrals, 13

1 consumers have actually been enrolled. Nine have refused to  
2 continue in the process because they needed help in a timely  
3 fashion and it was not available; 4 consumers had to enter a  
4 nursing home while they waited for care; and 5 died waiting  
5 to receive approval.

6 The remaining 39 seniors are in what my office  
7 calls the suspend mode. By that we mean these 39 consumers  
8 are folks that my staff will continue to track until a  
9 disposition has eventually been issued.

10 Larger AAAs would not be able to do this type of  
11 followup because we're presently not being reimbursed for  
12 the Commonwealth for this service. As you know, enrollment  
13 tasks were previously performed by the AAAs; however, due to  
14 the switch on April 1st, many local aging offices had to  
15 eliminate enrollment staff. Therefore, they simply don't  
16 have the staff resources to provide enrollment support to  
17 consumers and their families.

18 When we know there are 11,366 applications across  
19 all ages applying for waiver in Pennsylvania and that the  
20 result is 8,621, or 76 percent, are never returned -- of  
21 that 76 percent, 80 percent are persons 60 and older -- we  
22 have more than sufficient reason to be concerned and say we  
23 have a problem.

24 We have a problem when, depending on the day, you  
25 may talk to someone at the Maximus Call Center who cannot

1 identify the difference between an MA51 and a physician  
2 cert, they can't actually tell you the status of a  
3 consumer's application and they can't tell you what they're  
4 waiting for to finish that application. Mistakes are being  
5 made. Papers are being lost. Calls from consumers are not  
6 being returned. And consumers' applications are being  
7 denied and/or closed in error.

8 We have the right to expect that a company  
9 performing contracted services for the Commonwealth employ  
10 competently trained staff who are able to perform the work  
11 required of them. And despite the perpetrated improvement  
12 in call response time, there has been little to no  
13 improvement in the assistance provided to older adults in  
14 the application process.

15 The fact of the matter is that a very low  
16 percentage of applicants are actually being enrolled. With  
17 the 76 percent no-return rate and then of those who do  
18 return their application, DHS has reported that 50 percent  
19 of them are determined ineligible by the County Assistance  
20 Office, it would arguably be estimated that only 10 to 15  
21 percent of the original applicants are ultimately enrolled.  
22 So it could also be argued that Maximus is getting paid a  
23 lot of money to mail applications to citizens.

24 Each of these issues connects back to a person, a  
25 person turning to us for services and assistance: your

1 mother, your father, or your loved one.

2 While I can't sit here and tell you exactly how  
3 to fix this failure, I think you can see that the applicant  
4 experience as provided thus far by Maximus has not been  
5 acceptable. The overwhelming majority of seniors and their  
6 families need help to navigate this process. Assistance  
7 with enrollment must occur at the front end as part of the  
8 enrollment process.

9 Maximus is not providing this assistance and  
10 local AAAs no longer have the financial or staff resources  
11 to make up for Maximus's failures. Our seniors and  
12 consumers need and want someone to meet them at the front  
13 door. They want someone to look them in the eye and help  
14 them get the services they need.

15 They don't want the robotic phone calls from  
16 Maximus that as advocates we tell them not to answer anyway.  
17 The enrollment process must meet the consumers where they  
18 are and not at the end of a telephone line. I believe we  
19 have a duty and a responsibility to expect, on seniors'  
20 behalf, a process that works.

21 Though some in the room may disagree with me, we  
22 had a process that worked when local AAA staff provided  
23 enrollment services. While the Center for Medicare and  
24 Medicaid Services may have required a change in the role, my  
25 colleagues and I are absolutely positive that CMS did not

1 want a change that would result in the kind of chaos and  
2 failure to provide needed services that has resulted from  
3 DHS's contract with Maximus.

4 Our Commonwealth's seniors; we, as service  
5 providers; you, as legislators administering the dollars  
6 that are being spent on Maximus's failed system; and all of  
7 us as family members have the right to expect excellence  
8 from a company being paid to provide critical services to  
9 our most vulnerable citizens.

10 While we cannot go back and undue what has been  
11 done, I would implore you to demand on behalf of the seniors  
12 of this Commonwealth a process that works. My colleagues  
13 and I stand ready to assist you in any way making the  
14 enrollment process work so that all of us can be sure that  
15 our seniors are getting the help that they need. Our  
16 seniors are depending on you and in some cases it's  
17 literally a matter of life or death.

18 While my time to remark today has ended, I would  
19 appreciate it if you would read in my written remarks one  
20 lady's applicant experience from my planning and service  
21 area. She regretfully passed away four days ago, having  
22 waited six months to receive services that never came.

23 In my mind, this is not a process that works.

24 Thank you.

25 HOUSE MAJORITY CHAIRMAN HENNESSEY: Thank you,

1 Holly. Thank you for the passion you bring to your  
2 testimony and all of our testifiers.

3 We're going to hear from Barbara Culp, a  
4 caregiver for her mother.

5 MS. BARBARA CULP: Good morning.

6 Thank you for allowing me to speak here before  
7 you today. It's truly an honor. I am not a public speaker.

8 SENATE MAJORITY CHAIRWOMAN BROOKS: Barbara,  
9 could you pull the microphone a little closer and make sure  
10 it's on.

11 MS. BARBARA CULP: Sorry about that. I'm not a  
12 public speaker. And as a matter of fact, this is the first  
13 time for me. I am here today for my mother, my family, and,  
14 most importantly, the thousands of Pennsylvania elderly.

15 My story started last August when my mother,  
16 otherwise healthy, experienced what appeared to be a  
17 gallbladder attack to find out that she was in Stage 4 liver  
18 cancer. I will never forget that day in the doctor's office  
19 standing by my mother's side, both of us in shock and  
20 disbelief.

21 On that day, I made one of two promises that I  
22 would make over the very trying year. The first promise was  
23 to be by her side to help her fight this awful disease that  
24 unfortunately was not the first time our family had to do  
25 this. I was able to keep that promise.

1           The second promise is being fulfilled here today,  
2           to speak out, to be the voice of her and the elderly. The  
3           year for us was filled with countless appointments, for  
4           treatment, sometimes five a week, visits to the emergency  
5           room, good appointments, bad appointments, even learning how  
6           to give her shots, drain fluid from her stomach. I would  
7           joke that soon I would be a physician's assistant and she  
8           would agree.

9           I still had to work a full-time job. So you can  
10          imagine my days were filled and sometimes very overwhelming.  
11          On June 1st, 2016, I contacted the Area of Aging because I  
12          could see my mother would soon require someone to be with  
13          her 24 hours a day.

14          About two weeks later a young lady met with me to  
15          evaluate her. She informed me that there were changes in  
16          the system and that there would be a private group  
17          contacting me by the name of Maximus. She stated that I  
18          needed to make sure that I answered the phone when they  
19          called because if I missed their call two to three times  
20          they would close the case. Therefore, I was prisoner to my  
21          phone.

22          She told me they would be contacting me in a  
23          couple of days. That didn't happen. She said it would take  
24          some time, that this process was slow. She told me of a  
25          story that had happened a couple days prior. She said that

1 there was an elderly lady that passed away one day after  
2 receiving the news that she would get help. Little did I  
3 know at that time it would be our story as well. And that  
4 was the first of many evaluations, phone calls, forms filled  
5 out and signed, online paperwork to be filed, etc.

6 My mother and I would be visited over the next  
7 month by Area of Aging staff and nursing at least four  
8 separate times. On each visit I would ask two things.  
9 First, how much longer until we can expect help? And can we  
10 please get meals here to help during the day while I was at  
11 work?

12 I can clearly remember being told by at least two  
13 of the visitors that it could take several more months. And  
14 each time my response was, we don't have several months. We  
15 need help now. After a month of not hearing from the  
16 independent agency, I contacted Lynda Schlegel Culver's  
17 office and spoke to her assistant. He told me that he had  
18 heard quite a few complaints and that he would look into it  
19 for me.

20 In the meantime my family hired help, waiting on  
21 Maximus to finalize the process. My mother passed away on  
22 August 18th, 2016, and was never able to receive the help.

23 My heart bleeds for the countless Pennsylvanians  
24 who do not have the support of family to help them. There  
25 is no way that they could ever be able to go through the

1       countless forms and the red tape now required. It was  
2       almost impossible for me. There are elderly out there that  
3       need help. And then there are the critically elderly people  
4       that need help now immediately.

5               Each case should be handled differently. I am  
6       here to tell you today that the change to hire the private  
7       company Maximus is broken. The elderly do not have the time  
8       nor resources to wait for this private agency for help. The  
9       elderly and the young are the most vulnerable and need our  
10      support.

11             Let me leave here with this last thought. In  
12      2015, 17 percent of Pennsylvanians were 65 years or older.  
13      The latest U.S. census data shows Pennsylvania's population  
14      is aging much faster than the rest of the country. In 2030,  
15      27.5 Pennsylvanians will be 60 years or older. I hope by me  
16      being here today I can invoke change for all the families,  
17      maybe one of yours, in the near future.

18             Thank you.

19             HOUSE MAJORITY CHAIRMAN HENNESSEY: Barbara,  
20      thank you very much for your testimony. We are certainly  
21      sorry for the loss of your mother back in August.

22             Thank all of you, Holly and Holly and Robin and  
23      Krista, for your testimony. Thanks for being willing to  
24      step up and speak publicly about this problem. We know it's  
25      been very, very difficult. This is like a bureaucracy gone

1 amok. You know, in this case, the perceived problem is, I  
2 think, largely imaginary on the part of some bureaucrats or  
3 a group of bureaucrats in Baltimore and CMS. But the  
4 problems they've created for Pennsylvania as a state are  
5 very, very real and our elderly are suffering.

6 We've been trying and we'll continue to try to  
7 get this thing fixed. We have another panel.

8 I'll turn this back to our Chairwoman, Senator  
9 Brooks.

10 Thank you for being here.

11 SENATE MAJORITY CHAIRWOMAN BROOKS: Thank you,  
12 Barbara, for your testimony. I want to thank the AAAs.  
13 Nothing ever prepares us for the death of a parent. It's  
14 most certainly heartbreaking.

15 Senator Haywood actually has a question for the  
16 panel very quickly.

17 SENATE MINORITY CHAIRMAN HAYWOOD: Thank you.

18 Two quick questions. One, what was the time  
19 frame, how long did it take for someone to go from  
20 application to enrollment before Maximus? How many days?  
21 How many months would it have taken before Maximus?

22 MS. HOLLY KYLE: That's an excellent question.  
23 And it's one that I actually had asked the Pennsylvania  
24 Department of Aging, because, of course, we mostly only  
25 speak for our local areas. But I believe the statewide

1 average for the period prior to the Maximus agreement was 61  
2 days from date of referral to date of enrollment. When I  
3 say referral, that is the date a phone call is received by  
4 an agency, not the date a PA 600 appears on someone's desk.

5 SENATE MINORITY CHAIRMAN HAYWOOD: Thank you.  
6 Thank you so much.

7 And my second brief question is -- let me put it  
8 like this. There's some individuals who are going to be  
9 able to manage the existing enrollment process with more  
10 staff. And there's another set who are not. They're going  
11 to need somebody to come to their door, right?

12 MS. HOLLY KYLE: Yes.

13 SENATE MINORITY CHAIRMAN HAYWOOD: So I'm trying  
14 to get a sense of how to understand those two levels. Let  
15 me take one more step back. So they had a slide earlier to  
16 show the number going up in terms of enrollment. And what  
17 I'm wondering is, the number going up for enrollment in the  
18 last two or three weeks, is that related to possibly the  
19 number of people who can manage more of the phone call  
20 approach? And then we've got another set of people who  
21 can't manage the phone call and they need someone to go out  
22 to visit them.

23 Have you all seen any numbers going up?

24 MS. HOLLY LANGE: We have not seen the numbers  
25 going up.

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SENATE MINORITY CHAIRMAN HAYWOOD: Okay.

MS. HOLLY LANGE: I would not dispute the slides. I'm sure that those slides are correct. But we, in our local communities, have not seen the numbers going up. As I said, only 20 percent of people in Philadelphia have been enrolled since April 1st to the end of September. So we have not seen the numbers going up.

SENATE MINORITY CHAIRMAN HAYWOOD: Okay. You don't have -- the same for other counties?

MS. ROBIN LoDOLCE: Yes. I'm quite certain that the reason that it has gone up is because of our involvement.

SENATE MINORITY CHAIRMAN HAYWOOD: Okay.

MS. ROBIN LoDOLCE: Because we have been doing the legwork.

SENATE MINORITY CHAIRMAN HAYWOOD: I understand. Your county as well?

MS. HOLLY KYLE: Same. We're less than 20 percent.

SENATE MINORITY CHAIRMAN HAYWOOD: Thank you.

SENATE MAJORITY CHAIRWOMAN BROOKS: Thank you. Representative Samuelson.

HOUSE MINORITY CHAIRMAN SAMUELSON: Thank you, Chairman Brooks.

Question. I'm following up on something in Holly

1 Kyle's testimony. You had some statewide statistics about  
2 400 people being enrolled but perhaps 11,000 packets being  
3 mailed out. I know earlier in the day Secretary Dallas  
4 testified that Maximus gets \$240 per case.

5 Do you know -- and then there's some kind of  
6 management fee. Do you know if Maximus gets paid for only  
7 people that are successfully enrolled or are they paid for  
8 the number of cases that are initiated?

9 MS. HOLLY KYLE: They are regardless of  
10 application enrollment. So they get paid at the front end.

11 HOUSE MINORITY CHAIRMAN SAMUELSON: So if 11,000  
12 packets are mailed out and 8,600 are not even returned, do  
13 they get paid for those 8,600 that are not returned?

14 MS. HOLLY KYLE: I believe they do.

15 HOUSE MINORITY CHAIRMAN SAMUELSON: Okay.

16 That's something I think we should follow up on.  
17 I did the math. If they were paid for cases where somebody  
18 was successfully enrolled, they would have received \$96,000  
19 this year, \$96,000.

20 If they're paid for cases where they put a packet  
21 in the mail, they would have been paid \$2.7 million this  
22 year. That's a big difference between 96,000 for people who  
23 are successfully enrolled or 2.7 million if they are getting  
24 paid.

25 Now, I have to follow up to make sure if that's

1 the case. But that doesn't seem like a workable system. I  
2 mean, just imagine, they don't have to spend that much in  
3 postage. They don't have to spend \$240 in postage. A  
4 packet, you know, you might have to spend two or three  
5 dollars from the U.S. Postal Service.

6 So I think I need to follow up Secretary Dallas a  
7 little bit more about how much the total payments to Maximus  
8 between April 1st and today have been and whether they're  
9 more like 96,000 or 2.7 million. That's my question.

10 MS. HOLLY KYLE: We would like to know that  
11 information, too. In fact, we have been told that the  
12 contract is under sanction, that they have been --  
13 Department of Human Services has been withholding money.  
14 But we're not privy to, you know, the finances. So we don't  
15 know how much they have been paid and how much is being  
16 withheld. So that would be good information to have.

17 Thank you.

18 HOUSE MINORITY CHAIRMAN SAMUELSON: And I don't  
19 think we've been told they're under sanction either.

20 SENATE MAJORITY CHAIRWOMAN BROOKS: I'm happy to  
21 say that Jen Burnett is still here.

22 Jen, do you mind answering this question? Do you  
23 have information pertaining to these questions?

24 MS. HOLLY KYLE: I can tell you under the prior  
25 arrangement when the AAAs were responsible for enrollment,

1 we were reimbursed \$95 per successful enrollment. So an  
2 enrollment that did not -- well, an applicant that didn't  
3 result in an enrollment, we were not paid for.

4 MS. JEN BURNETT: Yes. The answer is that they  
5 are under sanction. They have been under sanction and they  
6 are under a corrective action plan right now.

7 But I will tell you, as Secretary Dallas said,  
8 it's really apples to oranges in the comparison of what  
9 Holly just described, which is the successful enrollment and  
10 what we are paying Maximus for.

11 They are doing a lot of things besides sending  
12 out the processing of referrals. They mail application  
13 packets, as you mentioned. They do follow-up phone calls.  
14 They do application processing. They do requesting of  
15 assessments and physician certifications. They transfer the  
16 1768 to the County Assistance Offices. They do in-home  
17 visits. They do program enrollment. And they do final  
18 notifications.

19 So they do -- there's a lot more. And what's not  
20 mentioned there is the funding that they get, the \$240 that  
21 Secretary Dallas mentioned, also includes the Call Center.  
22 And the Call Center staff had to be more than doubled since  
23 this process started. So it includes a lot more than just  
24 the enrollment that's being described by the AAAs.

25 HOUSE MINORITY CHAIRMAN SAMUELSON: Do we know

1 where the Call Center is located?

2 MS. JEN BURNETT: Out on 22.

3 HOUSE MINORITY CHAIRMAN SAMUELSON: Okay.

4 MS. JEN BURNETT: In Harrisburg.

5 HOUSE MINORITY CHAIRMAN SAMUELSON: And do we  
6 know the total that Maximus has been paid since April 1st  
7 until today?

8 MS. JEN BURNETT: I don't think very much at all.  
9 Kevin, do you know?

10 HOUSE MAJORITY CHAIRMAN HENNESSEY: If I can just  
11 make a comment and follow up.

12 Jen, before you leave -- I mean, I hear what you  
13 say about all these duties and responsibilities that Maximus  
14 has. But you've heard repeatedly today that they are not  
15 doing them. It's one thing to say this is what we're going  
16 to do on paper and another one to actually deliver on that.  
17 And they are not delivering. They may handle some of the  
18 applications well. But they certainly don't seem to be  
19 handling the vast majority of the applications well.

20 And when you say there are sanctions in place and  
21 there's a corrective plan, have we stopped paying the money?  
22 Because I can go back a couple months ago now when I bumped  
23 into Secretary Dallas in the hallway. He said they were  
24 implementing a sanction plan that Chairman Baker and I had  
25 suggested to him to stop paying them if they're not

1 performing. And he said that things were getting better.

2 But I don't know whether or not implementing a  
3 sanction plan is a threat that we're going to withhold your  
4 money or are we actually withholding money from Maximus for  
5 not performing? You've heard repeatedly today -- sometimes  
6 to draw applause from the audience -- that Maximus isn't  
7 doing its job.

8 MS. JEN BURNETT: I'm going to ask Kevin Hancock,  
9 our Chief of Staff Office at Long-Term Living, who is much  
10 more in the weeds on the corrective action plan.

11 MR. KEVIN HANCOCK: Thank you, Representative  
12 Hennessey.

13 The corrective action plan was actually put in  
14 place in June 2016. And part of that required the  
15 contractor Maximus to be able to meet performance standards  
16 until they would be paid. So we did withhold payments.  
17 They actually met the terms of the corrective action plan  
18 that ended in July. So we actually were withholding  
19 payments throughout.

20 It's my understanding at this point that we have  
21 not processed that much in terms of any payment from Maximus  
22 since they took over the Aging Waiver enrollment on April  
23 1st. We can respond back to you for how much has been  
24 specifically paid. But there hasn't been that much, as  
25 Janet said.

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HOUSE MAJORITY CHAIRMAN HENNESSEY: Okay.

SENATE MAJORITY CHAIRWOMAN BROOKS: I have a question.

What was the total amount of the contract awarded to Maximus? That might be an easier way and then work back. So what was the total dollar amount that was awarded to Maximus?

MR. KEVIN HANCOCK: It would be easier if I described it in appropriation, if that's all right with you.

SENATE MAJORITY CHAIRWOMAN BROOKS: Actually the total dollar amount of the contract.

MR. KEVIN HANCOCK: The total amount that we have set aside for the contract in 2016-2017 is \$4.5 million.

SENATE MAJORITY CHAIRWOMAN BROOKS: \$4.5 million?

MR. KEVIN HANCOCK: That's correct.

SENATE MAJORITY CHAIRWOMAN BROOKS: Okay.

As far as sanctions, it's my understanding that payments were withheld but they are going to be sent to Maximus, that there really is no consequence or penalty for them not doing their job; is that accurate?

MR. KEVIN HANCOCK: That's correct.

SENATE MAJORITY CHAIRWOMAN BROOKS: So they are going to be paid retroactively?

MR. KEVIN HANCOCK: That is correct.

SENATE MAJORITY CHAIRWOMAN BROOKS: Okay.

1           When you had said they met their benchmarks, it's  
2 somewhat troublesome that the testimony that we've heard  
3 from all over the State says otherwise.

4           And just going back, I want to stress to you that  
5 members in the Senate, members in the House from every  
6 region in Pennsylvania are very, very concerned about this.  
7 People are passing away. This is about people, not numbers  
8 on a paper and not a process. And there has to be real  
9 consequences to the provider that the State of Pennsylvania  
10 selected. And moving forward with Community Health Choices,  
11 there has to be a serious question whether they should be  
12 involved.

13           So thank you very much, Jen. I do want to thank  
14 you for being here.

15           Representative Samuelson, I just wanted to make  
16 sure he was finished. Okay. He'll be back.

17           But, Jen, thank you. I know that you're well  
18 intentioned and you're trying. I just want to thank you for  
19 staying for the entire hearing.

20           MS. JEN BURNETT: Sure. Thank you for having us.  
21 I just want to say that all of us at the Office of Long-Term  
22 Living are very passionate about the people that we serve.  
23 Everyone on my staff are extremely passionate. They  
24 wouldn't be in this work, doing this work, if they weren't.  
25 So I just wanted to reinforce that. We certainly know. We

1 deal with people every day.

2 SENATE MAJORITY CHAIRWOMAN BROOKS: Thank you.

3 HOUSE MAJORITY CHAIRMAN HENNESSEY: And while  
4 we're thanking Jen for staying and hearing from Kevin from  
5 DHS, Secretary Teresa Osborne from the Department of Aging  
6 has been with us throughout and hopefully will stay. I  
7 think she's going to stay. So she's hearing this and she  
8 can convey it back to the Administration.

9 I'm stunned, Kevin, when you say that we've ended  
10 sanctions at the end of July for Maximus, because all we've  
11 heard is a litany of complaints and criticisms about Maximus  
12 still not getting the job done. And we're here toward the  
13 end of October.

14 How in the name of God those sanctions were ended  
15 the end of July is beyond me. Maybe you guys could respond  
16 to the Committee in writing to explain that.

17 Thank you.

18 SENATE MAJORITY CHAIRWOMAN BROOKS: But again, as  
19 we talk about sanctions, payments were made retroactively.  
20 So although the payments were held up, they're still being  
21 made.

22 Next we have an advocacy panel. If everyone  
23 could move forward. We thank you for waiting. I know we're  
24 running late. First we have Cathy Cubit, Director of  
25 Advocacy Initiatives at the Center for the Rights and

1 Interests of the Elderly; secondly, we have Michelle  
2 Rockwell, Marketing Coordinator at the TRIPIL; third, we  
3 have Pamela Walz, Aging and Disabilities Unit of Community  
4 Legal Services, Inc.; and, fourthly, Pam Auer, Director of  
5 Living Well with a Disability at the Center for Independent  
6 Living of Central Pennsylvania.

7 Thank you, everyone, for joining us today.

8 Kathy, do you want to start?

9 MS. KATHY CUBIT: Thank you.

10 SENATE MAJORITY CHAIRWOMAN BROOKS: And again, I  
11 would just like to remind you if you could bring the  
12 microphone close and just make sure that it's on.

13 Thank you.

14 MS. KATHY CUBIT: Good morning.

15 My name is Kathy Cubit. I'm from the Center for  
16 Advocacy for the Rights and Interests of the Elderly. I  
17 want to thank you for holding this hearing today and shining  
18 light on this current crisis.

19 I did want to start by saying enrolling in the  
20 Aging Waiver was always a problem. It was always difficult.  
21 But we've clearly gone from bad to essentially worse. And I  
22 tried in my testimony to break things down in different  
23 buckets, if you will, about where a lot of the problems lie  
24 that need to be addressed.

25 We've certainly heard a lot about Maximus today.

1 I just would reiterate we've always heard from folks about  
2 the problems with losing documents, the level of care  
3 determinations from the AAAs, the physician certifications.  
4 We've heard problems about missing or incorrect information,  
5 everything from the name being spelled wrong, wrong birth  
6 dates, all that kind of data, either being recorded wrong or  
7 just absent.

8 Another problem that really hasn't been raised  
9 today, there's no troubleshooter or supervisor identified  
10 for either a caregiver -- or we'd hear a lot from other  
11 community social workers outside of the AAAs when they're  
12 trying to resolve a problem. You call the main Call Center  
13 number, you get the person who is looking at whatever  
14 screen, and it can be a circular problem.

15 Initially they would not transfer a call to a  
16 supervisor. Now I'm hearing they are. But they're still  
17 not -- Maximus is still not forthcoming by saying, okay,  
18 here's my number to call me back again. And the social  
19 worker is like, why are these phone numbers such a secretive  
20 issue? Why can't I get someone's phone number to help me  
21 resolve this problem?

22 The other issue we've heard a lot about today is  
23 long delays. One example I have in my testimony not only  
24 highlights the other delays that we've heard, but here's a  
25 case that started in early May. Maximus came out to the

1 consumer's home in mid-July. And consumers received  
2 approval in early August, but services still have not  
3 started. Every time the family calls they're told that the  
4 service coordination agency hasn't received written  
5 confirmation to make the visit to initiate the service plan.

6 So even after people are successfully enrolled,  
7 there still seems to be a large delay in terms of when  
8 services actually get started. I think that needs to be  
9 mentioned as well.

10 We've heard -- and we've always heard a lot of  
11 problems that there's no followup. So this makes the long  
12 delays much worse for consumers and their family.

13 I'll move on now to different aspects of the  
14 actual application process that's very challenging. We've  
15 heard about the no in-person application assistance. And  
16 that, I think, was the biggest fatal flaw of this whole  
17 transition, not having someone at the beginning of the  
18 process to help people understand and get through this  
19 process.

20 You've heard enough testimony today of the  
21 importance of having that personal in-person touch to help  
22 people get through that. And absent that, we're not going  
23 to see, I think, much improvement. So we're happy to see  
24 some of the strategies the Office of Long-Term Living and  
25 Department of Aging want to implement. We still have some

1 concerns about whether that really is going to fully address  
2 the problem. But we're glad to see they're being  
3 implemented.

4 We've heard today, as even Chairman Hennessey has  
5 mentioned, you know, the application start doesn't -- their  
6 clock doesn't start until they actually get assigned 600 --  
7 PA 600L if the person is not already on Medicaid. The point  
8 is, from the point of the consumer, it's when they call.  
9 That's when this process actually starts for them.

10 And again, this whole 60-day time frame, Maximus  
11 starts and stops the clock. Well, we didn't get this so  
12 people are getting these letters, we're sorry, you know,  
13 you've been denied. And they're thinking, well, I'm still  
14 in the middle of this process. That kind of stopping and  
15 starting gets very confusing for people.

16 We've heard about the problems today about the  
17 dialers. And we also can testify that that's been a problem  
18 in terms of really actually facilitating successful  
19 enrollments. Another problem that we haven't heard about  
20 today is that when Maximus actually goes out to do a visit,  
21 one of their roles is to have the consumer select a service  
22 coordination agency. And right now that process is -- we  
23 hear there's over 200 names on the list, although we haven't  
24 seen the list. And what they do is they flash a computer  
25 screen or they show a computer screen and tell the consumer,

1 please pick your primary service coordination agency and two  
2 alternatives. And most consumers don't know what this is or  
3 what they're choosing.

4 We feel strongly there should be a paper list,  
5 more explanation about what this important service is. And  
6 we're also hearing that some are being shown names of  
7 service coordination agencies that aren't in their area and  
8 a number of other issues with this.

9 Quite frankly, even one of the Maximus workers we  
10 heard said some of these service coordination agencies don't  
11 even know what to do once they get the paperwork. So that's  
12 another area actually of a barrier to people getting the  
13 services they need.

14 Years ago we had an expedited enrollment process  
15 called community choices. That was a few years ago. And  
16 that was really -- it wasn't in every county but about half  
17 the state, but it was really important to help people avoid  
18 nursing home placement or to get out of nursing homes in a  
19 much faster way than even the 60 days reported earlier from  
20 what the AAAs were doing.

21 I really think that process needs to be explored  
22 again when we hear about these deaths, people that are  
23 really at imminent risk. There should be a process in place  
24 to somehow expedite all of this paperwork so consumers can  
25 get the help that they need.

1           And lastly, this is something again not really  
2       discussed today but, you know, one of the reasons this  
3       process and the financials are so complicated is what  
4       Pennsylvania is required to do under Federal law. You have  
5       to go back five years. There's things that the State simply  
6       can't control.

7           But we would encourage the Office of Income  
8       Maintenance to try to look to streamline the application  
9       process, look at more electronic verifications so the onus  
10      isn't on the consumers to come up with all these documents.  
11      And that would certainly cut back on some time.

12          Also, every year these consumers have to go  
13      through an annual redetermination process. If that could  
14      also be looked at because their income and assets don't  
15      really change much from year to year. And that may free up  
16      resources that the County Assistance Office in terms of  
17      processing, you know, these other applications that are  
18      coming through.

19          We too share your concern, Senator Brooks, about  
20      the next phase of moving to Community Health Choices. And  
21      our understanding is about expanding the role of Maximus  
22      playing a role at least initially as an Independent  
23      Enrollment Broker under Community Health Choices. And we  
24      would hope, you know, given their performance, that that  
25      would be looked at more closely and other options looked at.

1                   Lastly, I'll conclude that, you know, we hear a  
2 lot from other social workers in the community. Those that  
3 are in housing, senior housing, those that are faith-based  
4 organizations. They're trying to pick up a lot of the  
5 slack, too. They could use some support as well as some  
6 families that maybe if they had more information about the  
7 process that could be, you know, either webinars or  
8 tutorials online to help people better understand this  
9 complicated process. That may also free up some resources  
10 and help people get through the process.

11                   But thank you for the opportunity to testify.

12                   HOUSE MAJORITY CHAIRMAN HENNESSEY: Thank you,  
13 Kathy.

14                   SENATE MAJORITY CHAIRWOMAN BROOKS: Michelle.

15                   MS. MICHELLE ROCKWELL: Good morning.

16                   Thank you for the opportunity to speak here  
17 today. I am going to condense my testimony just in the  
18 matter of time.

19                   My name is Michelle Rockwell. And I work for  
20 TRIPIIL Services. We are a Center for Independent Living in  
21 the far southwest part of the State. That position is part  
22 time. And I also work part time as the PA Link lead  
23 coordinator for Service Area 3, which would include the  
24 counties of Allegheny, Beaver, Fayette, Greene, and  
25 Washington Counties.

1           In TRIPIL Services, I work to increase the  
2 awareness of our services, which includes both the personal  
3 assistant services, nursing home transition, and accessible  
4 dreams, which assists with home modifications for people  
5 within the waiver.

6           TRIPIL Services, our PAS Department, provides  
7 services to both individuals with disabilities between the  
8 ages of 18 to 59 and older adults over the age of 60. We  
9 currently have 706 consumers in the six counties in the far  
10 southwest part of the State.

11           Since the development of the IEB becoming Maximus  
12 as of April 1st, a lot of our staff who didn't necessarily  
13 serve as advocates have begun to advocate and assist  
14 consumers. We've been bombarded by telephone calls for  
15 people who want assistance in the services with our nursing  
16 home transition coordinators.

17           I've included some stories here if you could  
18 please read over them in your time. We had people both  
19 under the age of 60 and over the age of 60 who are in the  
20 community looking for and waiting for months for services in  
21 addition to a lot of our nursing home transitioning  
22 consumers who are in our nursing homes. On average TRIPIL  
23 Services transitions probably 80 to 100 people per year out  
24 of nursing homes in those six counties in the far southwest.

25           In the past housing has been the most difficult

1 part, finding housing in our area. Now, as you can see with  
2 a lot of these timelines, it's been the enrollment broker  
3 being Maximus. And people are having apartments ready.  
4 There are State dollars being paid for the security deposit,  
5 maybe one or two months. Families are coming in and  
6 assisting because we can't continually ask for State dollars  
7 to hold the apartments because we're waiting for Maximus and  
8 the enrollment broker to approve the services to be  
9 transitioned home.

10 I also included a timeline just to show you the  
11 amount of time our staff is working under documentation.  
12 There's a compilation of Mr. H's transition. And that's a  
13 transition from the nursing home to the community. It has  
14 just been so much time for our staff to take care of that  
15 also. Our goal as a provider agency is to provide quality  
16 services in the community for our consumers in both PAS and  
17 nursing home transition.

18 With the consumers under the age of 60, the  
19 process with Maximus as the IEB prior to April 1st had a lot  
20 of additional time for our staff prior to adding the over 60  
21 to the Independent Enrollment Broker.

22 As I said, since April 1st with Maximus, it has  
23 proven to be very time-consuming for all our staff. We have  
24 so many consumers either staying in the nursing home,  
25 passing away prior to services, or just giving up on the

1 process.

2 In closing, these stories are only several of  
3 those that were sent to us with regards to the IEB. Please  
4 keep in mind our staff works as advocates to assist these  
5 consumers in receiving services.

6 We've heard so many stories that were brought to  
7 you today. Think of those that don't have a caregiver,  
8 don't have a nursing home transition coordinator, or don't  
9 have a community advocate to work on their behalf, and  
10 they're not being represented in here. It's thousands of  
11 people that aren't getting the services they need. Many  
12 other individuals in the community are being lost in a very  
13 difficult enrollment process with the IEB.

14 Thank you for your time and the opportunity to  
15 give our consumers a voice today.

16 Thank you so much.

17 SENATE MAJORITY CHAIRWOMAN BROOKS: Thank you,  
18 Michelle.

19 MS. MICHELLE ROCKWELL: You're welcome.

20 HOUSE MAJORITY CHAIRMAN HENNESSEY: Thank you.

21 MS. MICHELLE ROCKWELL: Sure.

22 HOUSE MAJORITY CHAIRMAN HENNESSEY: We appreciate  
23 you being here.

24 SENATE MAJORITY CHAIRWOMAN BROOKS: Pamela.

25 MS. PAMELA WALZ: Good morning.

1 Thank you for the opportunity to speak to the  
2 Committee today. My name is Pamela Walz. I'm the  
3 Codirector of the Aging and Disabilities Unit at Community  
4 Legal Services.

5 Community Legal Services provides free legal  
6 services to address the legal needs of low-income  
7 Philadelphia residents in civil matters affecting their  
8 families, their health, their jobs, their homes, and their  
9 incomes.

10 The unit that I work in, the Aging and  
11 Disabilities Unit, specializes in assisting older adults and  
12 people with disabilities facing barriers to healthcare  
13 coverage and difficulties in accessing specific health care  
14 services, including the Medicaid waiver cases that we're  
15 talking about this morning.

16 I'd like to focus my comments on just three  
17 points. First, we're glad that the Department is planning  
18 to address the serious problem with the lack of application  
19 assistance by having persons that are counselors from the  
20 Aging and Disability Resource Centers begin to offer  
21 assistance with applications.

22 It wasn't mentioned in the Department's  
23 testimony, but we understand that the plan is also to have  
24 Maximus staff do some of the assistance as well. However,  
25 we remain concerned about the details of how this

1 application assistance will work. It's essential that this  
2 assistance be proactively offered rather than requiring  
3 applicants to request it. Before applicants can see the  
4 paperwork, they may not realize how complicated and  
5 extensive this paperwork is. And some people may be  
6 reluctant to admit that they need help.

7 We're also concerned that if applicants are  
8 required to call another agency to ask for assistance, some  
9 of them are not going to be able to do that or get lost in  
10 the shuffle. Already applicants have to interact with at  
11 least five different entities in order to access waiver  
12 services, including Maximus, the AAA, the County Assistance  
13 Office, the service coordination agency, and then either a  
14 home care agency for consumers using the agency model or the  
15 Fiscal Intermediary Public Partnership, Limited, for those  
16 using the consumer-directed model.

17 Each of those entities has a different function.  
18 And understanding the difference between them and each of  
19 their roles is extremely confusing for consumers, especially  
20 when they're first applying. So instead of requiring  
21 applicants to contact yet another agency for help completing  
22 the application, we urge that applicants be seamlessly  
23 connected to application assisters. And the default  
24 assumption should be to schedule an appointment to assist  
25 with the application.

1           We're also concerned about whether the ADRC has  
2 sufficient capacity to provide the assistance needed. We  
3 understand that some of the counselors are volunteers and  
4 have some concerns about the appropriateness of asking  
5 volunteers to handle these tasks. It's also critically  
6 important, of course, that these services be implemented as  
7 quickly as possible.

8           In addition to helping applicants complete the  
9 Medicaid application, assistance needs to be provided in  
10 helping to gather the verification documents needed, as the  
11 AAAs previously did.

12           One thing that we're very pleased about is that  
13 we understand that the assistance to be provided will  
14 include following up with the applicant's doctors concerning  
15 the physician certification forms, as the AAAs formally did.  
16 This is really important because often doctors don't return  
17 these forms for many reasons.

18           We've heard several times in prior testimony  
19 about the 76 percent of applications that have been mailed  
20 out by Maximus since April that weren't returned, which  
21 represents 8,600 people, 6,858 of whom are 60 and older.

22           The Department should reach out to these  
23 individuals who contacted Maximus but were not able to  
24 apply. It's critically important because these individuals  
25 have been without services or help since April due to the

1 flawed change in the application process.

2 A second issue I'd like to talk about are delays.  
3 We have always received many, many calls and have many  
4 clients who've experienced long delays, as much as six to  
5 seven months, in getting eligibility determinations through  
6 Maximus.

7 But I want to echo what Kathy said. There also  
8 appears to be a problem with delays in starting services  
9 once applicants are found eligible. My client Cynthia Rush  
10 applied for aging waiver services on April 22nd of this year  
11 and received a determination that she was eligible for  
12 waiver services on June 13th, within the 60-day application  
13 time frame for Maximus.

14 At the end of June, a person came to see Ms. Rush  
15 from the service coordination agency that she had chosen and  
16 told her that her services would start in a couple of weeks.  
17 When several weeks went by and she didn't hear from anyone,  
18 she called Maximus, which said to call the service  
19 coordination agency. She did. She called the service  
20 coordination agency repeatedly all summer and was told that  
21 they were waiting for approval of her service plan.

22 Eventually her service coordinator stopped  
23 calling her back. After she had been waiting for two  
24 months, a health care provider finally referred her to our  
25 office and we contacted the Office of Long-Term Living. Her

1 services finally started in October, five and a half months  
2 after she applied and three and a half months after she had  
3 been found eligible.

4 We've begun seeing this problem repeatedly. And  
5 it appears that somewhere in the process between Maximus and  
6 service coordination agencies and the service coordination  
7 agency creating a service plan and putting it into place,  
8 something has gone wrong because we've not seen delays like  
9 this before.

10 Third, I'd like to close by chiming in as others  
11 have noted. The changes we're talking about this morning  
12 are happening in the context of much bigger changes which  
13 are soon to come and carry a real risk of further  
14 disruptions and access. Most significantly, Community  
15 Health Choices is going to shift the entire Medicaid  
16 long-term care population as well as several hundred  
17 thousand dually eligible individuals who receive both  
18 Medicaid and Medicare into private managed care plans  
19 starting as early as next summer in parts of the State.  
20 This is a massively complicated endeavor with many, many  
21 moving parts.

22 In addition, the Department is going to soon be  
23 releasing an RFP for the IEB enrollment function to do both  
24 what Maximus is currently doing and also to provide choice  
25 counseling to assist Community Health Choices participants

1 in choosing managed care plans.

2 At the same time, the Department is also working  
3 on changing its level of care eligibility determination  
4 process also next spring to a new tool which is going to use  
5 an algorithm to decide whether applicants are functionally  
6 eligible. This is going to require careful implementation  
7 to ensure that the algorithm actually works and finds the  
8 right people eligible and also that eligibility notices  
9 provide enough information about the specific reasons for  
10 eligibility decisions to meet due process requirements.

11 We're very worried that with so many changes  
12 happening on a very aggressive timetable there could be more  
13 rollouts which cause disruption in access to waiver  
14 services. We therefore strongly urge caution to ensure that  
15 sufficient planning and extensive readiness review take  
16 place so that frail, older adults and people with  
17 disabilities do not lose access to the services they rely  
18 upon to meet essential daily needs.

19 Thank you.

20 HOUSE MAJORITY CHAIRMAN HENNESSEY: Thank you,  
21 Pamela.

22 SENATE MAJORITY CHAIRWOMAN BROOKS: Pam.

23 MS. PAM AUER: Good morning.

24 We're here on behalf of the Pennsylvania  
25 Statewide Independent Living Council and the network of 18

1 Centers for Independent Living in Pennsylvania.

2 My name is Pam Auer. I'm with the Center for  
3 Independent Living of Central Pennsylvania. With me is Bebe  
4 Evansky from the Center for Independent Living in  
5 Williamsport Roads to Freedom. Our testimony today has been  
6 drafted by not only us but the Statewide Independent Living  
7 Council and Stephanie Quigley, the NHT Director from  
8 Abilities in Motion.

9 We got a lot of people's input on what the issues  
10 are that we're seeing. We were asked to speak about the  
11 individuals over 60. As a Center for Independent Living, as  
12 was stated before, we serve any age, any disability. So we  
13 do get calls from individuals that are over the age of 60 as  
14 well as under 60.

15 We appreciate the opportunity to testify. A lot  
16 of the things that were in our testimony everybody else has  
17 said previously. One of the important things in our  
18 testimony is the fact that the IEB issues didn't start for  
19 people who are under 60 in April 2016. Problems with IEB  
20 and Maximus go back to 2011. We've had these issues for a  
21 long time.

22 We urge you all to check out the Mosley lawsuit,  
23 Mosley v. Gary Alexander, who was then the Secretary of the  
24 Department of Human Services. And when it was settled, this  
25 lawsuit, Federal suit, Maximus had to agree to expedite this

1 process, bring it to 90 days instead of what was taking back  
2 then six to nine months at a time to enroll individuals in  
3 home- and community-based services who were deemed eligible.

4 We had a long pipeline back then, too, people in  
5 the pipeline waiting. That's why we filed suit. For both  
6 populations, then and now, it is fair to state that many  
7 people suffered needlessly. Individuals were forced into  
8 more restrictive and expensive nursing home settings who  
9 didn't wish to be there. This usually involves greater  
10 emotional and physical hardships for everyone involved. And  
11 now we feel bad seniors are put into this and experiencing  
12 the same kinds of things we are.

13 The IEB results have not markedly improved since  
14 the lawsuit. And it's fair to say that a few individuals  
15 died due to the issues that have been noted by all the other  
16 panelists.

17 Our role as Centers for Independent Living, we  
18 get calls. We get e-mails. We're advocates. And we also  
19 have nursing home transition in our Centers for Independent  
20 Living; several do. We work with individual s when they  
21 call, how do I get these services? All they know is call  
22 home care. They ask us.

23 As a Center for Independent Living, we know the  
24 barriers they're going to experience so we walk them through  
25 that process and try to assist them. We make the calls to

1 IEB with the individuals and they're hearing the experience.  
2 I can only imagine the experience people who have no  
3 assistance, no one calling with them, are experiencing  
4 because we're being given misinformation as advocates when  
5 we call with the individual. It's not that they  
6 intentionally give us misinformation.

7 As in our testimony, we state that we feel that  
8 there needs to be more training, better training. And  
9 that's causing a delay as well, how many times individuals  
10 have to call IEB back to get more information, as has been  
11 stated before. And then if you get bad information, that's  
12 when people are giving up.

13 So I ask you to look at the Mosley lawsuit  
14 because things slightly -- it did pretty well improve after  
15 the lawsuit. They had to enact the process that was  
16 discussed. And what that process was originally -- and I'm  
17 not sure if you're all aware -- was that the IEB, you call  
18 the IEB. They ask you a few questions. A broker is sent  
19 out to the home, does all the paperwork for you and actually  
20 coordinates the enrollment, making sure the person has this  
21 paperwork and that paperwork. County Assistance gets  
22 contact by the individual if they need to, the broker.

23 I guess maybe it was February or April when they  
24 changed it and they made it backwards. So the individual  
25 calls. The individual has to get all their own paperwork

1 done. The paperwork is sent to them. They have to get the  
2 other paperwork done for themselves. We have been --  
3 advocates have been saying for a long time that it's not  
4 working. We need the help.

5 I commend the Department for saying they're  
6 getting individuals to help people fill out the paperwork if  
7 necessary. But I agree with the other people who said it  
8 has to be an upfront, do you want this assistance? People  
9 have been told they can call IEB if they want help and are  
10 getting nowhere with filling out the paperwork.

11 The other issues that we have seen for  
12 individuals in nursing homes when we do a transition back to  
13 what other individuals have said with the robo calls,  
14 individuals are not getting those messages. When they're  
15 calling the nursing homes, it's not getting through to the  
16 individual who is trying to apply for services.

17 And if it's three strikes you're out, we, as  
18 advocates when we're doing the transition, call back to find  
19 out where they are in the process. We may find out that  
20 it's been terminated or we need this paperwork and haven't  
21 been able to get ahold of anybody because they're trying to  
22 call the individual. That's one of the situations.

23 They need help completing the paperwork. Even  
24 though they are improving the IEB staff, it's still  
25 difficult to get through. One other thing, if you all try

1 and call the IEB call line -- and I want to make this  
2 recommendation to you. When you call in, you get a whole  
3 lot of information upfront that nobody really needs or  
4 understands. So it gets confusing for some people. They  
5 tell you who to call or you can go online. It's too much  
6 upfront information for individuals who are just trying to  
7 get services. That's all they know that they want.

8 The staff training, I've already said much more  
9 improvement needs to be made, the home visits. And there  
10 needs to be a clear coordination of who is responsible for  
11 what paperwork when it comes to nursing home transition  
12 regarding the PA 600 and the 1768. Individuals are not  
13 leaving nursing homes because there's a mixup with who  
14 submitted their county assistance paperwork, are they  
15 Medicaid eligible, and when did you get out of the nursing  
16 homes?

17 There can be a delay actually in people getting  
18 their Medicaid so people are not getting their prescriptions  
19 on time or in a timely manner. They're not getting to see  
20 their doctor in a timely manner because the paperwork that  
21 needs to go from the IEB to the County Assistance is not  
22 getting there.

23 The last thing I want to mention is that there's  
24 a lack of contract compliance or adherence to guidelines.  
25 We refer back to the Mosley lawsuit. That's initially what

1 it was, it was taking too long and it was out of compliance  
2 with CMS rules. And if people were taking more than 90 days  
3 to be deemed eligible one way or the other, then that's  
4 still out of compliance, as I would see it.

5 The last concern is that at this time  
6 Pennsylvania is in the process of selecting an IEB while  
7 returning to prior practices before 2011. Regarding the IEB  
8 is not doable, it's apparent that the current process is not  
9 working for seniors and people with disabilities under age  
10 60 and we can and must do better.

11 Thank you for the opportunity to testify. I'd be  
12 happy to answer any questions.

13 HOUSE MAJORITY CHAIRMAN HENNESSEY: Thank you.

14 SENATE MAJORITY CHAIRWOMAN BROOKS: Thank you.

15 Questions? Representative Samuelson.

16 HOUSE MINORITY CHAIRMAN SAMUELSON: Thank you for  
17 all of your testimony. I appreciate the depth with which  
18 you've addressed your concerns.

19 I wanted to follow up on something Pamela Walz  
20 said in her testimony about the need to help people because  
21 you get a 55-page packet, which might be a little shorter  
22 now. It might have been streamlined. You get that in the  
23 mail . You call the phone number. There's a lot of other  
24 information that's not directly to your concern.

25 So I think you said there's some improvements in

1 the works that Maximus is going to begin to offer  
2 assistance. Now, I thought they were doing that since April  
3 1st. I thought they had people who visited the homes since  
4 April 1st.

5 MS. PAMELA WALZ: No. Maximus visits the home  
6 leader in the process. In order to get to that point, the  
7 caller, the applicant, has to, on their own, complete the  
8 application packet and mail it back in. After that, there  
9 are a couple more steps. And then after those steps,  
10 Maximus then sends somebody out to the home to determine  
11 which waiver the person might be eligible for and help them  
12 pick a service coordination agency. But that comes much  
13 later in the process.

14 HOUSE MINORITY CHAIRMAN SAMUELSON: So you're  
15 saying there's a need for folks to help people actually do  
16 the application in the first place, the job that Area  
17 Agencies on Aging have been doing for years and years and  
18 years?

19 MS. PAMELA WALZ: Absolutely. I mean the packet  
20 -- I think it has been slimmed down somewhat. But still,  
21 you know, it was 55 pages long. It's so much shorter now.  
22 It's really complicated. And the PA 600 asks a lot of  
23 questions, including questions about any assets transferred  
24 in the past five years.

25 You know, there's information. There are all

1 kinds of forms to complete.

2 HOUSE MINORITY CHAIRMAN SAMUELSON: The Aging and  
3 Disability Resource Center which is also going to be  
4 helping, is that a non-profit statewide?

5 MS. PAMELA WALZ: Yeah. It's called PA Link  
6 here. And it's administered, as I understand it, through,  
7 you know, some of the AAAs, the CILs, and various community  
8 partners. We understand that they have got about 100 people  
9 trained so far. We've got some concerns about whether  
10 that's enough people.

11 HOUSE MINORITY CHAIRMAN SAMUELSON: Are these  
12 volunteers or paid staff members?

13 MS. PAMELA WALZ: Partly paid staff and partly  
14 volunteers is our understanding.

15 MS. ERIN RAUB: That's actually a discretionary  
16 grant through the Administration on Aging from the Federal  
17 Government that is then administered through the Department  
18 of Aging.

19 HOUSE MINORITY CHAIRMAN SAMUELSON: So that  
20 funding is above and beyond the contract, that Maximus has  
21 to help people with enrollment?

22 MS. ERIN RAUB: That's correct. And part of it  
23 is person-centered counseling, which would qualify in this  
24 case of them assisting and going out and doing those home  
25 visits, which is why they're now having the webinars and now

1 starting to do the outreach to the links to do some of the  
2 in-home assistance.

3 HOUSE MINORITY CHAIRMAN SAMUELSON: I realize the  
4 detail you need for some of these forms and the need to  
5 submit things repeatedly. In my own district office we help  
6 with Compass applications, which, as you know, it's a 16-,  
7 17-page application with lots of detail, lots of  
8 documentation. Sometimes we have to submit it a second  
9 time.

10 We do not help with this particular application  
11 so far but people do come seeking assistance in actually  
12 getting through the paperwork. Many of the other State  
13 forms are much shorter, but not that particular one that we  
14 help with.

15 So I guess I'm asking if we're talking about the  
16 extra help for helping people fill out the applications, are  
17 we talking about something above and beyond what the scope  
18 of the original Maximus contract is or is it a job they  
19 should be doing already?

20 MS. PAMELA WALZ: So formerly Maximus actually  
21 provided a lot of this assistance to the people under 60 who  
22 they were doing application processing for before April 1st.  
23 The AAAs were doing it for the over-60 population. And, in  
24 fact, when Maximus responded to the RFP, they noted that  
25 this would be much easier now because they would not have to

1 fill out the application.

2 So we would say that this is something that  
3 always should have been part of the scope of work. It's an  
4 essential part of helping people through the application  
5 process. And so it needs to be built back in. It should  
6 happen. I mean, it needs to happen obviously at the  
7 beginning of the process.

8 Our concern is that if this is structured so that  
9 people are required to identify that they have a need for  
10 help or reach out some other place that people are going to  
11 continue to not get that help. They are not going to reach  
12 the place they need to get to or some people may think, oh,  
13 you know, I'll see if I need help. And then by the time  
14 they get the packet and realize that they need help, they  
15 wouldn't know where to go anymore.

16 So we really think that this needs to happen with  
17 a default assumption that people should get assistance and  
18 that they should be seamlessly connected to that help when  
19 they first apply, when they first call Maximus.

20 HOUSE MINORITY CHAIRMAN SAMUELSON: Okay.

21 HOUSE MAJORITY CHAIRMAN HENNESSEY: If I can just  
22 add to that. It was like pulling teeth trying to get a copy  
23 of the request for proposal that Maximus submitted. It was  
24 very difficult to get it through governmental sources. We  
25 finally got it through your AAA associations statewide.

1           Rebecca got it to us within five minutes of us  
2 asking for it after weeks of waiting for an official  
3 response. But the fact is, if you look at that contract,  
4 that proposal, Maximus extolls its abilities. It talks  
5 about how it's done this in several other states and in  
6 Great Britain, how it's got the staff on hand, they have got  
7 the experience, they have enough personnel, they have  
8 everything they need to hit the ground rolling and with nary  
9 a glitch.

10           It has certainly not rolled out that way. It's  
11 been a disastrous time for a lot of people in this process.  
12 For them to say they need help and that the government  
13 should pay additional monies to additional groups like the  
14 ADRCs to try to help them complete a process that they  
15 basically pitched themselves into by saying how well  
16 equipped they were to handle the problem from the get-go is  
17 just mind-boggling.

18           If you get a chance to look at that RFP, you'd be  
19 surprised, shocked, probably, about how well Maximus is  
20 ready to go. We found quite the opposite.

21           MS. PAMELA WALZ: I was going to say it's very  
22 interesting reading.

23           MS. MICHELLE ROCKWELL: I just wanted to add, as  
24 I said earlier, I am the lead link coordinator for the  
25 counties Allegheny, Beaver, Fayette, Greene, and Washington.

1 So the options counseling and person-centered planning, as  
2 Secretary Osborne spoke about earlier, is a separate  
3 initiative, separate grant funding. I want you to keep in  
4 mind that those 100 staff statewide work within your Area  
5 Agencies on Aging, your Centers for Independent Living, your  
6 service coordination entities that are already working as  
7 advocates.

8 The current reimbursement is \$110 per session.  
9 So per session comes for people who have multiple needs,  
10 whether it be housing and home care. And the reimbursement  
11 doesn't touch upon the expenses that the Area Agencies on  
12 Aging and the Centers for Independent Living already endure  
13 but we do it because we're advocates.

14 So those 100 people statewide -- I'm a trained  
15 options counselor. I also wear five other different hats.  
16 So if we can help get ten people off of that waiting list,  
17 we're all onboard for it. But I don't think it's going to  
18 fix the problem.

19 SENATE MAJORITY CHAIRWOMAN BROOKS: Thank you,  
20 Kathy, Pam, Michelle, and Pamela. We appreciate your time.

21 And thank you to all that have joined us today.

22 I think one of the many things that we have heard  
23 about today is the consequences of decisions made from the  
24 Federal Government and CMS. So I am going to ask my  
25 colleague in joining me to send a letter to CMS talking

1 about the chaos that has ensued with this process and how  
2 many of us believe local is better.

3 Our AAAs, I think, were most certainly efficient  
4 at handling this and doing the job. We most certainly have  
5 not heard these types of stories and testimony before. We  
6 all agree that the AAAs play a very, very vital role in  
7 everything regarding our seniors.

8 But I think it's important for both the Senate  
9 and the House to point out to CMS that sometimes they're  
10 overreaching in the decisions that they put on the states.  
11 Hopefully in the future they will reevaluate some of that.

12 Tim, did you have any other questions?

13 HOUSE MAJORITY CHAIRMAN HENNESSEY: Yes.

14 Thank you, Chairman Brooks.

15 First of all, let me thank you all for the  
16 passion and dedication you bring to your work, for helping  
17 our seniors in need. This has been a very difficult  
18 rollout. It seems to me a bureaucratic solution to a  
19 perceived conflict of interest or potential conflict of  
20 interest has resulted in a really chaotic situation for our  
21 State and perhaps other states across the country.

22 You know, the only analogy I can think of off the  
23 top of my head is like having low pressure in the right rear  
24 tire of your car and then deciding that you need to blow up  
25 your car and go buy a new one because there's a minor

1 problem.

2           Some bureaucrats got together and decided this  
3 had to change. And they've wreaked havoc on our State and  
4 perhaps others. It's mind-boggling. I've already spoken.  
5 We'll be happy to join you with a letter. I've already  
6 spoken to two of my Congressmen down in the Southeast.  
7 They're willing to try to go to battle if we have to with  
8 CMS to get them to change this rule, if we have to,  
9 although, quite frankly, I'm not so sure that we can ever go  
10 back and repair some of the damage that's been caused to our  
11 AAAs. The real sad part about this is we had a functioning  
12 system. And the AAAs have been a fantastic association.  
13 Their agencies across our State have been very, very  
14 reliable. And because of a decision out of Baltimore, we  
15 somehow dismantled them. I'm not so sure we can recreate  
16 them. It's like putting Humpty Dumpty back together. It's  
17 just not an easy thing to do.

18           We will do the best we can to get the system  
19 fixed because it needs to be fixed. And it certainly needs  
20 to be fixed when we talk about trying to implement it for a  
21 much larger population of our citizens in the not too  
22 distant future.

23           Thank you all again for coming. Thank you for  
24 having the courage to come out and tell us publicly what's  
25 wrong. Until we know what's wrong, as I said in the

1 beginning, we can't begin to fix it until we know what's  
2 wrong. You've helped immensely in that process.

3 Thank you.

4 SENATE MAJORITY CHAIRWOMAN BROOKS:

5 Representative Samuelson.

6 HOUSE MINORITY CHAIRMAN SAMUELSON: Yes.

7 I also want to thank everybody who testified  
8 today. Thank you for the detailed information, for the  
9 suggestions on what we should follow up with and other  
10 documents that we should access. I appreciate you coming  
11 out today. Please keep in touch with all of the offices,  
12 Representative Hennessey, Senator Brooks, also Senator  
13 Haywood and myself. We have made sure that all 27 members  
14 of the House Committee have this information and will be  
15 glad to make sure that happens with any kind of follow-up  
16 information you provide.

17 Thank you.

18 SENATE MAJORITY CHAIRWOMAN BROOKS: All right.

19 Thank you.

20 Moving forward, I think we all hope that with the  
21 Community Health Choices, things start to move a little  
22 slower, that we learn from what's happening with the  
23 enrollment, and that we make sure that we get the Community  
24 Health Choices right.

25 With no other comments or questions, this Joint

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Senate and House Aging hearing is now over.

Thank you.

(Whereupon, the hearing concluded.)

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I hereby certify that the proceedings and  
evidence are contained fully and accurately in the notes  
taken by me on the within proceedings and that this is a  
correct transcript of the same.

\_\_\_\_\_  
Jean M. Davis  
Notary Public