

Written Remarks on Community HealthChoices: The Delivery of Quality Home Care Services Presented to the House Human Services Committee

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Introduction

Good morning. I appreciate the opportunity to speak to you on this important topic. I am Ginny Rogers, I work for the Center for Independent Living of Central Pennsylvania (CILCP) as the Director of Policy and Compliance. CILCP is a local non-profit, non-residential community agency that acts to improve the lives of people with disabilities in our central PA counties. As a Center for Independent Living, over 51% of our staff and board are people with disabilities. From personal experience we know the importance of effective, quality home care or personal assistance services that mean all the difference between living an independent life in the community, or not. CILCP is a licensed home care agency serving a majority of people with disabilities and older adults that are funded by Medicaid.

CILCP is a member of the PA Home and Community-Based Services Provider Association and I am representing PA HCBS as a board member. PA HCBS is comprised of home and community-based providers of personal assistance, service coordination, durable medical equipment, providers of intellectual disabilities services and more. Our role is to advocate for providers on the various issues they identify to support our missions to serve people in the community. Our primary effort has focused on activities to raise rates for providers by working with local legislators to assist us with these goals.

Services and Quality

Personal assistance – provided by non-medical direct care workers, is a vital service to people who need help to get out of bed, or transfer to a chair, assistance with their daily hygiene, such as bathing and dressing, and other tasks such as making a meal, keeping a household tidy and errands. Community based services are intended to provide opportunities so that people with disabilities can access their communities, based on their own interests and goals. Is it a goal to attend worship services and contribute to your religious community? Do you wish to become employed, go to school, spend time with grandchildren? Take part in community festivals, or access state or local nature parks and activities? Community services are more than just the supports a person needs to get out of bed.

The delivery of quality home care services starts with the relationship that is built between the direct care worker and the person receiving services. Is the worker able to do the job correctly the way that I want and need the job to be done? Is the worker trained on my requirements? Are they on time, do they provide the services that I'm to receive? Does the worker show up consistently, according to the schedule that we've developed? How often is there turnover, or nobody to send me? The answers to these questions and many that can be added can directly influence the quality of home care services.

Issues in the System

Often, direct care workers are employed at multiple agencies or work for several individuals in order to cobble together a schedule that permits them to make enough money to afford their living expenses.

This may mean that workers are on the schedule for far more than eight hours per day or may work six or seven days per week. The necessity of these kinds of schedules is driven by the long-standing problem of wages, available hours to create a weekly 40-hour work schedule, and a lack of opportunity for promotion within the home care industry. These challenges affect the quality of care that people with disabilities and older adults of home care services receive and are not a viable long-term solution for any DCW regarding their own well-being and life satisfaction.

Unfortunately, the Medicaid rates for these services are insufficient to meet the need of agencies to attract, train and retain people who want to do this work, leaving a vast gap in the caregiving infrastructure that supports people to live in their communities. There has been chronic under-funding of these services resulting in people with disabilities not receiving the services they depend on.

Home care agencies are involved in continuous recruiting efforts to attract and retain new direct care workers and it takes a heavy toll on an agency's quality efforts if there is constant churn because they are unable to retain workers. DCWs often will move to other jobs if unable to receive the pay, benefits or hours they need to address their living expenses. Workers in these roles have few opportunities to enhance their skills to elevate their own role as a direct care worker.

Pennsylvania is currently in a crisis regarding in-home supports and we need action now. Many Pennsylvanians with physical disabilities and older adults are going without services due to the lack of direct care workers, a result of the chronically low provider rate. Some agencies are no longer accepting new referrals because they don't have workers. Costs have outstripped Medicaid rates, and the supports to people with disabilities and older adults are now critically unsustainable. Current hourly rates for personal assistance and home and community-based services (HCBS) are not at all competitive with pay rates that employees can easily obtain at Amazon, Sheetz, and other employers.

Resolution

The PA HCBS Provider Association, in concert with other provider agencies of home and community-based services, requires an increase in the Medicaid personal assistance services rate, to ensure that direct care workers have livable wages and that older adults and adults with disabilities have these workers to help them stay at home.

To support the delivery of quality home care services, and correct the history of underfunding, the PA HCBS Provider Association requests the following -

1. Increase the provider rate for personal assistance services to \$32.32 an hour to support livable wages and benefits for direct care workers. This rate is on par with the current DHS Office of Developmental Programs rate for Direct Support Professionals.
2. Support a rate setting methodology and rate refresh schedule, similar to the Office of Developmental Programs (ODP). A comprehensive rate study of personal assistance services (PAS) in the Office of Long-Term Living (OLTL) waivers has not occurred since 2010.
3. Adjust the published Medicaid fee schedule to \$32.32 to ensure increases in rates are paid to the PAS provider to benefit direct care workers.

Conclusion

Thank you for the opportunity to present this information. Please let me know if the PA HCBS Provider Association can provide you with further information. We look forward to your assistance as we work to increase Medicaid PAS rates in this year's state budget to hire and retain quality staff and support people with disabilities to live in their homes.