

Candidate Questionnaire

[Southwestern Pennsylvania Partnership for Aging \(SWPPA\)](#) is a 27-year-old, volunteer-led organization with over 300 members who represent over one million older adults across 10 counties of Southwestern Pennsylvania. The 10 counties served are Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington, and Westmoreland. SWPPA's mission is to serve as a catalyst to promote policy, program, and systems change that improves quality of life for older adults.

SWPPA was created as a neutral forum for collaboration, information and best practice sharing, discussion and formulation of aging policy recommendations. We encourage and invite participation across all stakeholders interested in positively impacting older adults.

SWPPA's Policy Committee has identified four (4) areas of importance in relation to issues, policy, services, and supports for those who are aging or disabled in Pennsylvania. To assure our members are making informed voting decisions this year, we respectfully ask you to review each area below and respond to the questions presented. We will share responses with our members. Thank you in advance for your thoughtful replies.

*** 1. Contact Information**

Name:

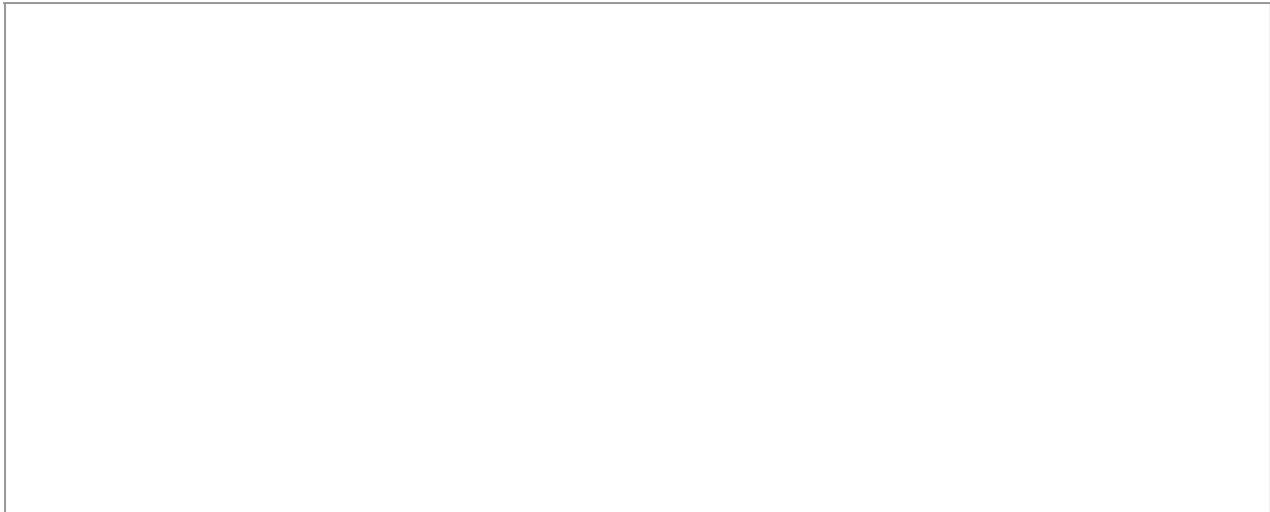
Political Race or
District:

Email Address:

LOTTERY

In 1972, the Legislature established the Pennsylvania Lottery to provide a restricted fund outside of the General Fund to assist low-income elderly residents to be able to remain in their own homes and to avoid institutionalization. The first program was property tax and rent assistance. As the Lottery grew, the Legislature authorized additional programs to include off-peak transportation, pharmaceuticals, and other services through an Options program, administered by Area Agencies on Aging. These services are part of the general term Home and Community Based Services (HCBS) and include such things as home care and adult day services, all of which are designed to assist low-income elderly who do not qualify for similar Medicaid services. Adult protective services, senior community centers and the operation of the Department of Aging also are funded through the Lottery.

2. Several years ago the Legislature began transferring Lottery funds to the General Fund to support Medicaid programs and institutionalization, creating an \$18 million shortage in the Lottery fund for the first time since its inception. What are your thoughts about the practice of shifting lottery funds from HCBS to support institutionalization, and what position would you take in that regard?

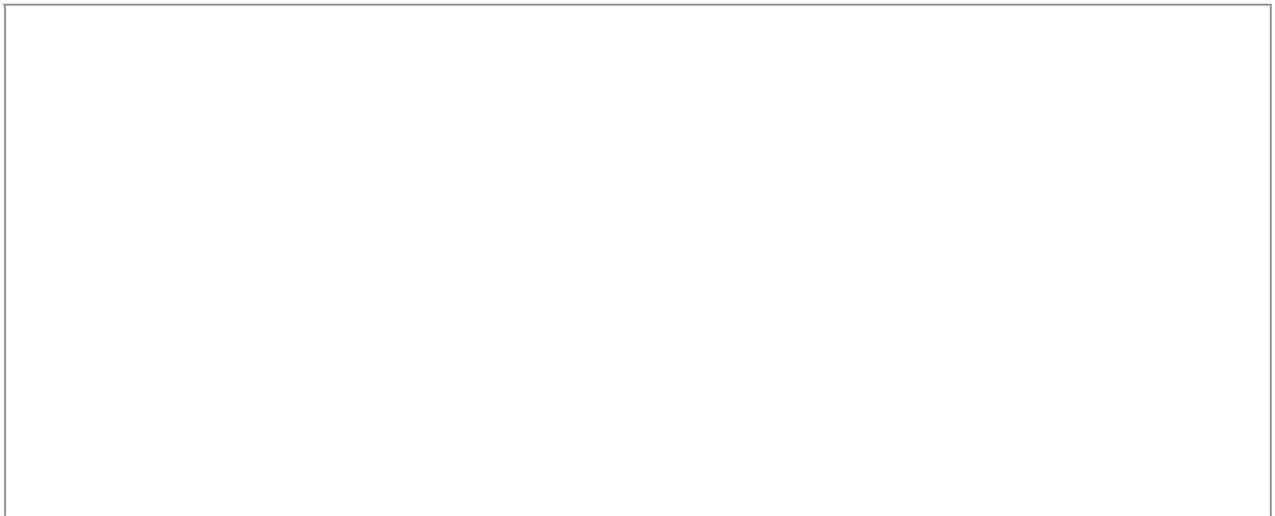


HB684 authorizes a new form of electronic gambling known as E-Tabs for private clubs (such as veteran and sportsman clubs) which Lottery officials estimate will cost the Lottery Fund upwards of \$83 million per year and may lead to video terminal gaming in taverns and private clubs. Presently, the lottery is authorized to utilize certain of those types of gaming, and casinos are permitted other interactive online gaming under new licensing. The Senate defeated this proposal, but it is expected to come to a vote again.

3. Please explain your position on the preservation and use of Lottery revenues to fund services for older Pennsylvanians.



4. Would you support or not support back-filling the transfer of Lottery revenue to Medicaid programs with Lottery revenue gained through the newly authorized online sports betting in PA?



5. What is your position with regard to legislation that may shift revenue from the Lottery fund to private clubs and out of state promoters?



COMMUNITY HEALTH CHOICES – CHC

Community Health Choices is Pennsylvania's new mandatory long-term managed care program for individuals who are dually eligible for Medicaid and Medicare and for individuals with physical disabilities requiring long term services and supports. This program, which became effective January 1, 2018 beginning in the Southwest region of the state, replaces several of the Medicaid Waiver programs previously managed by the state through the Office of Long-Term Living.

CHC has been developed to: (1) enhance access to and improve coordination of medical care and; and (2) create a person-driven, long-term support system in which people have choice, control, and access to a full array of quality services that provide independence, health and quality of life. Long-term services and supports (LTSS) help eligible individuals to perform activities in their home such as bathing, dressing, preparing meals, and administering medications. These services can prevent or delay higher cost, more restrictive levels of care for eligible consumers like nursing homes.

CHC is also about controlling the state's cost for Medicaid funded services as the state pays each of the three selected Managed Care Organizations a capitated amount each month per eligible enrolled member. The three MCO's in PA are: Amerihealth Caritas, PA Health and Wellness, and UPMC.

When fully implemented across the state, CHC will serve 450,000 Pennsylvanians, 94 percent of whom are dually eligible for both Medicaid and Medicare. Each of the three MCO's will have discretion in creating their provider networks and setting reimbursement rates for services. The floor rate for all services will be set at the rate the state was paying for those services as of 12/31/17.

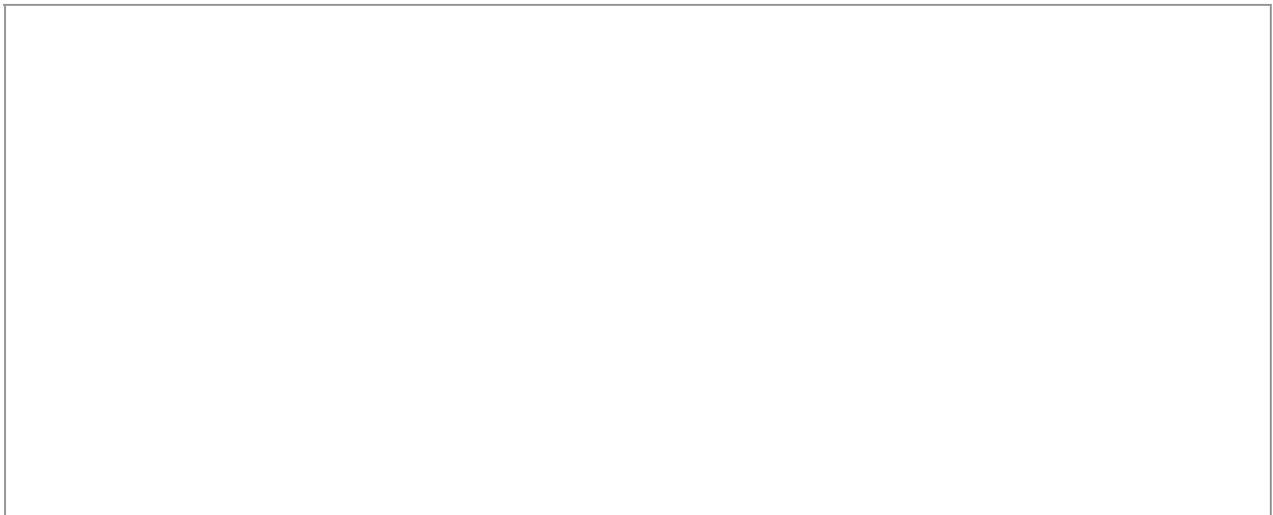
Several areas of greatest concern with the state's shift to a managed long-term care system are:

- Will consumer care plans be reduced or services be denied in an effort to control costs?
- Will MCO's reduce or eliminate providers in their networks which, in turn, will affect consumer choice?
- Will rates for services be adjusted in the Southwest region so that an adequate workforce can be created to meet the projected demand for CHC services?

6. The implementation of CHC began in the Southwestern region of PA in January. How informed are you about CHC and the potential benefits/implications it has for aging Pennsylvanians and the agencies that support them?



7. Moving home and community waiver services to a managed care system does have several potential negative outcomes. It could threaten consumer choice, limit or restrict access to service, and limit actual service levels. How would you assure the state maintains consistent oversight of MCO's and holds them accountable for quality care and positive service outcomes?



8. Reimbursement rates for Medicaid waiver services in the Southwest region are lower than in any other region across the state, and they have been since 2012. This directly impacts the agencies and workers, who are responsible for supporting CHC in our region. What efforts will you make to advocate for fairer reimbursement rates in the Southwest region?



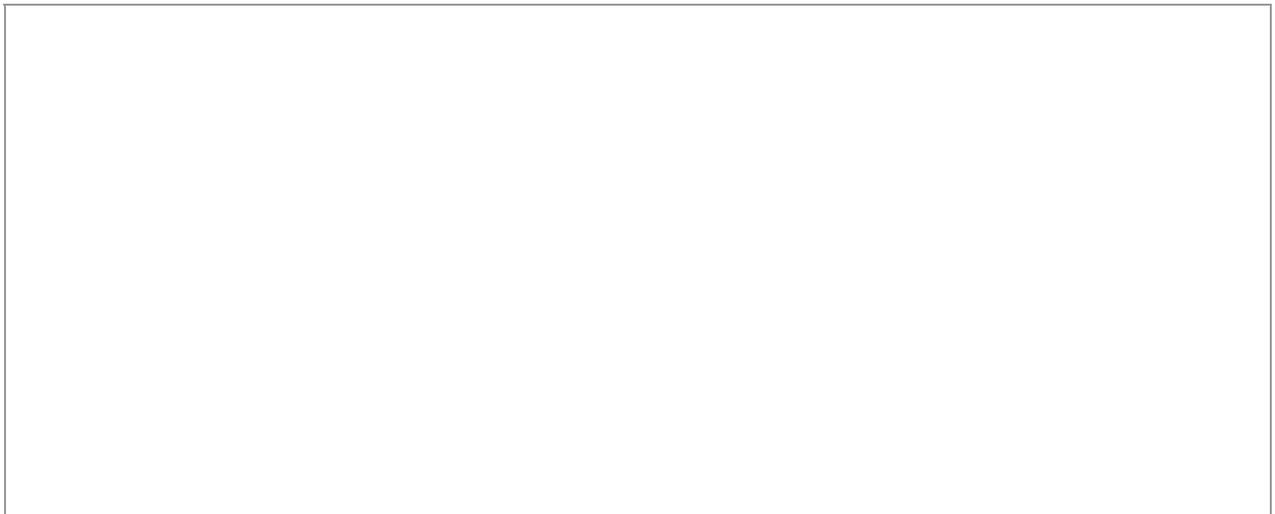
OLDER ADULT PROTECTIVE SERVICES ACT/ADULT PROTECTIVE SERVICES

Older Adult Protective Services (OAPS) have been the long-standing responsibility of several areas of government. This law provides a means to protect vulnerable older adults from abuse, neglect, and exploitation. The Area Agencies on Aging (AAAs) are responsible for assuring their areas have trained, functioning workers and processes who investigate suspected abuse, neglect, and exploitation. Their first goal is always to help the older adult and family to assure safety and meet needs. Police departments and attorney generals/prosecutors may also become involved if the circumstances meet the threshold for being a crime and to protect citizens. Pennsylvania's law outlines who must report suspected abuse, neglect, and exploitation (mandatory reporting). It also limited who is eligible to work with vulnerable older adults in certain care facilities and for certain care providers, such as nursing homes and home health care, based upon criminal history. People with many types of conviction had lifetime bans on employment in the field. This aspect of the law was successfully challenged in Commonwealth Court. A December 2015 decision struck down the ban and has necessitated reconsideration of this law to balance the safety needs of older adults and the rights of citizens to work in aging services. The law created barriers to finding workers in a field that needs to increase its workforce. Additionally, many advocates in the field recognize that the law could better address financial exploitation. HB2549 was introduced by Rep. Hennessy to amend this act. It is not clear that it will pass this legislative cycle and may come up in the next general assembly.

9. What are your thoughts about balancing the need to protect vulnerable older adults and to assure the rights of Pennsylvania workers?



10. Do you have a position on expanding efforts to recognize and address financial exploitation, which will mean including the banking and financial services industries in ways they have not been involved up to this point?



11. It is estimated that the AAA's Adult Protective Services program is underfunded by as much as \$8 million. Based on the implications of HB2549, it is reasonable to expect an increase in protective services reporting. How would you propose to address this funding shortage?

12. As you consider your legislative priorities, where does amending the OAPS act fall?

DIRECT CARE WORKFORCE ISSUES

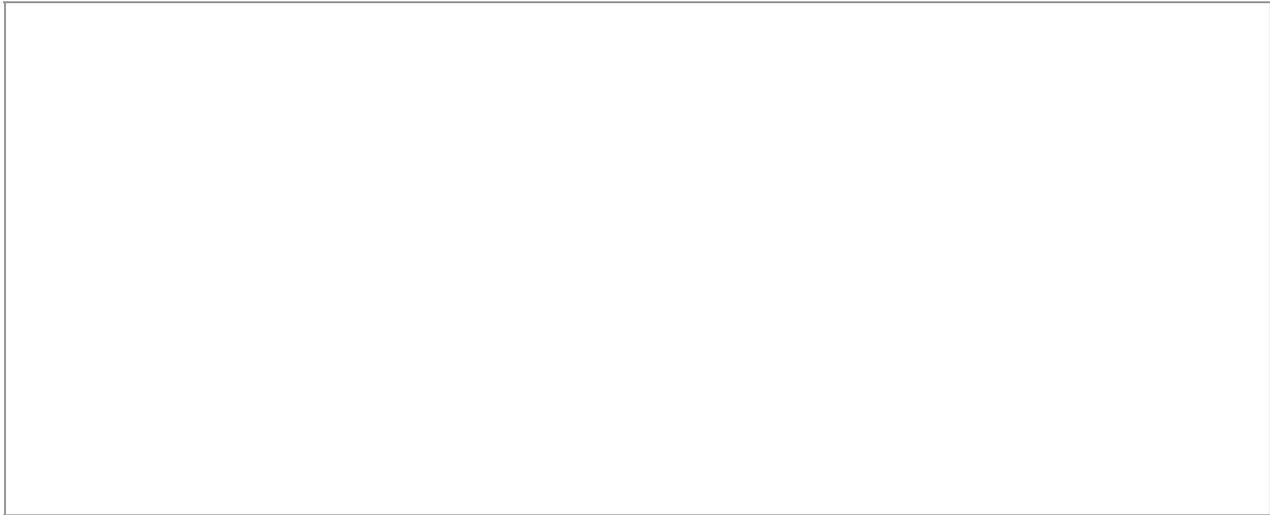
Nationally, we are in the midst of a direct care workforce crisis: as demand for direct care workers in a variety of long-term care settings continues to rise rapidly, the ability for agencies to attract and hire at an equal pace is decreasing.

The U.S. Bureau of Labor Statistics estimates an additional 1.1 million direct care workers will be needed by 2024 — a 26 percent increase over 2014. Yet, the population of potential workers who tend to fill these jobs, overwhelmingly women ages 25 to 64, will increase at a much slower rate. Other factors also impact this potential workforce – a robust economy offers workers more options with greater pay in less physically and emotionally demanding settings and low Medicaid reimbursement rates (Medicaid funds a large portion of long-term services) make it impossible for direct care employers to adequately compete for these workers.

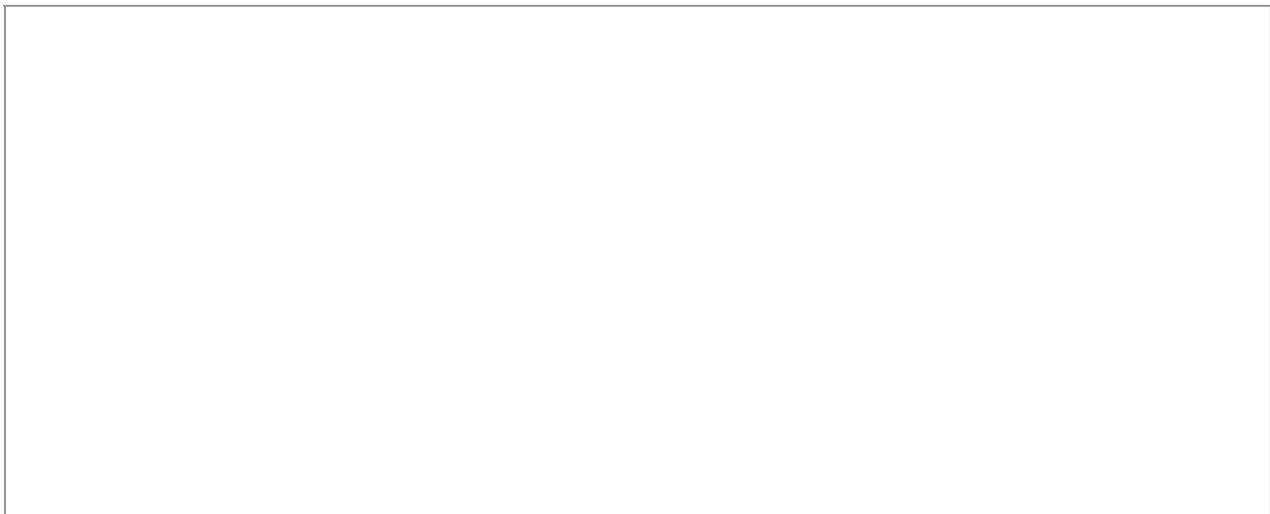
In Pennsylvania, the reality is just as startling. Our senior population is growing 20 times faster than Pennsylvania's overall population. By 2025, 1 in 5 Pennsylvanians will be older than age 65, with those younger than 65 steadily decreasing (based on US Census and PA State Data Center statistics).

In Southwestern PA, Medicaid funded personal assistance services reimburses at a rate of \$17.52/hour. The average hourly wage of a personal care aide is just over \$10/hour. The additional costs for benefits, insurance, training and supervision can easily add another \$5 to \$7/hour to the hourly cost to provide care. In order to remain operational, agencies who provide Medicaid funded services must struggle to keep costs under \$17.52/hour, which means keeping wages low, reducing the benefits offered and limiting quality and oversight activities, which are costly. This reality further challenges providers in their effort to attract and retain a viable workforce.

13. Given Pennsylvania’s aging demographics, the increasing demand for Medicaid waiver funded services, and the current direct care workforce crisis, what recommendations might you make to assure Pennsylvania can create a robust and ready workforce, supported by living wages, able to meet the demand for care?



14. The most cost-effective type of care is care provided in settings of least restriction – most commonly home. Medicaid dollars can provide more care to more consumers over a longer period of time in less expensive settings. Unfortunately, without an adequate workforce to support care in this setting, we will never fully realize the impact of this cost saving approach. The primary obstacle in building a strong direct care workforce is low wages and unstable work conditions, driven largely by low Medicaid reimbursement rates. What measures would you advocate for in changing this and improving our reimbursement rates in Southwest PA?



15. Any Additional Comments:

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