At Home

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With Mass Home Care

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Al Norman, Editor

Advocates Dodge Snow To Rally At State House

Dodging Boston snowstorms, a group of 250 elder rights activists came to the State House on March 2, 2015 for Elder Lobby Day---a chance to grab the attention of state lawmakers just days before Governor **Charlie Baker** released his first budget for FY16.

The event was sponsored by 11 advocacy groups: AARP Massachusetts, Home Care Aide Council, Home Care Alliance, Jewish Community Relations Council/Boston, Mass Association of Independent Living Centers, Mass Association of Older Americans, Mass Council of Adult Foster Care Providers, Mass Councils On Aging, Mass Home Care, Mass Senior Action Council, 1199 SEIU United Healthcare Workers East

Here are the prepared remarks given to the group by **Dan O'Leary**, President of Mass Home Care:

"Let me tell you a secret. Something truly amazing has been going on in this state about elder care—and very few people know about it: Over the past 14 years, the number of days that Medicaid paid for nursing facilities has fallen by 34%! That's 4 and a half MILLION fewer days that seniors spent in nursing homes last year.

Where have all the seniors gone?

They're not hiding behind a snow bank---they're being cared for AT HOME---by programs like home care, Personal Care Attendants, and Adult Foster Care. That's a savings of $853 million this year alone. No wonder we have 10,000 empty nursing facility beds in this state!

But our work is far from over. We still institutionalize people in Massachusetts at a rate 46% higher than the national average. So we're here today to tell lawmakers: Let the home care movement grow!

Here's what we want:

1. Give "lower middle class" elders a chance to get home care. If you make $1 over the $27,000 income limit---you get nothing. Let's raise the eligibility level for home care!
2. Increase the funds for ASAPs and their frontline workers. Good care managers deserve good pay!
3. Give us "home coaches" to work with high cost patients, to prevent them from bouncing from hospital to home to emergency room and back home again.
4. Let's fund a mental health counseling program for seniors suffering from depression or other mental illness that actually provides counseling where seniors live---at home!

We can do all of this if the General Court gives us some of the millions in new federal funding that's available for community based care. Home care is a smart investment. When we keep an elder at home today, we save money on nursing facilities today. Let's give our seniors the care they want, when they want it and where they want it: at home.

Baker Releases FY 16 Budget

On March 4, 2015, Governor **Charlie Baker** released his first state budget for the year beginning July 1, 2015. According to the Elder Office of Elder Affairs, the main message out of the Governor's budget was that there would be no home care wait list in FY 16 and that the Enhanced Community Options Program, and Home Care Basic programs received sufficient funding to maintain caseloads into FY 16.

The Enhanced Community Options Program (ECOP), which currently keeps 6,300 elders a month out of nursing homes, would receive $7.18 million more than in FY 15 appropriations under the Governor's plan, and the basic home care account , which has a monthly caseload of around 28,250, would receive $3.78 million more than appropriations in the previous year.

The hardest hit line item was the account that pays for all the staffing and operational costs of the 27 Aging Services Access Points (ASAPs) themselves. The Governor cut $866,677 from this line item, compared to the FY 15 appropriation. This represents a cut of -2.44% in the care management account, which supports the work of more than 1,000 care managers on the frontlines of home care work in the community. This account has been frozen at $35.5 million for the past 5 years, and was funded at $39.31 million in 2007. The Governor's figure for the care manager account is 12% lower than this account stood nine years ago.

The home care Case Management Account (9110-1633) is the companion account to 9110-1630. This line item pays for all ASAP workers--among them care managers and RNs who coordinate services provided to clients in the home care program--and for all program operations costs at the 27 Aging Services Access Points (ASAPs). According to the Mass Budfget and Policy Center, in adjusted dollars this account has plummeted -42% since FY 2001. In FY 2009 the Governor recommended $40.37 million for this line item, which in FY 15 stood at $35.54 million. Mass Home Care seeks three significant reforms in the FY 16 care management account:

1. Adjust ASAP staffing to accommodate 7,389 new clients in the program assuming the home care eligibility level is raised from $27,000 a year to $35,000 per year.
2. Increase ASAP personnel and related expenses to keep pace with personnel at competitive agencies
3. Broaden the ASAP clinical team to deal with complex, "super utilizer" clients by adding "Care Transitions Coaching" to work with these high cost cases.

After months of waiting, advocates were hoping for new initiatives in the Governor's budget from the

Community First Trust Fund, but innovative approaches will have to come in the versions submitted by the General Court The CF Trust Fund is new money awarded to the Commonwealth under the "Balancing Incentive Payments" (BIP) program, given to states as an incentive to "rebalance" their spending on long term supports away from institutions, and into community-based care. The Governor's budget uses $53 million in BIP funds in FY 16 to pay for what was initiated by the BIP program in FY 15. No new initiatives are funded. Roughly 80% of these BIP funds are targeted towards non-elderly populations---despite the fact that the worst imbalance of institutional spending is in the elder services accounts.

For example, according to state figures, only 34% of all long term supports funding for seniors was spent in the community, the rest on institutions. But 81% of all long term supports spending for those under 65 was spent on community care. The real "rebalancing" problem in Massachusetts is in elderly spending. If the goal is to shift care from institutions to the community---80% of those in nursing facilities are age 65 and over. BIP funding is being used for worthwhile programs---but not to alleviate the imbalance of institutional spending.

During an afternoon phone briefing with advocates, EOHHS Secretary **Marylou Sudders** gave further details on the Governor's budget released earlier in the day. According to Sudders, the Elder Affairs line items overall received a 2.1% increase. She also said:

• there will be "minimum impact on recipients" of MassHealth services.
• MassHealth overall is increasing by 5.6%
• MassHealth spending will total $15.3 billion.
• MassHealth is "right-sizing" its caseload by conducting caseload redeterminations.
• Chiropractic services are being eliminated from MassHealth
• MassHealth eligibility standards for programs like Personal Care Attendant and Adult Foster Care etc. are not being changed. Advocates were very pleased with this outcome.
• $30 million is being set aside as a reserve account for Ch. 257 rates.
• There will be no MassHealth cuts to mental health providers this year

Mass Home Care Sets FY 16 Budget Goals

Joint Elder Affairs Committee Chairs Sen. Patricia Jehlen (l) and Rep. Denise Garlick (r).

Mass Home Care has begun its efforts to advance elderly services through the FY 16 state budget. Here are the major talking points that Mass Home Care raised with members of the General Court:

• Community care programs like home care have reduced nursing facility costs by $853 million in 2015 compared to costs in 2000---all due to 34% reduction in the number of patient days in institutions.
• There are an estimated 10,000 empty nursing facility beds today because of community alternatives.
• Yet the per capita use of nursing facility care is 46% above the national average (Health Policy Commission, 2011 data)
• There is $53 million in federal revenues for community based services in Governor Baker's budget in Balancing Incentive Payments (BIP). 80% of people in nursing facilities are 65 and over--this is where our "rebalancing" problem exists. Only 20% of BIP funds are earmarked for seniors.
• There is also $19 million from the proposed 1915i state plan amendment.
• These federal funds can be invested in the following initiatives in FY 16:

1. Give "lower middle class" elders the chance to get home care and avoid costlier care ($11.6 M) by raising the home care income eligibility.
2. Increase the personnel and operations funds for ASAPs ($5 M) which has been frozen for 5 years.
3.Expand the federal "Care Transitions Coaching" program for high cost patients, to reduce wasteful ER visits and hospital readmissions ($7.65 M)
4.Open up the enhanced home care program to "lower middle class" elders below300% of the poverty level ($35,010) ($7.1M)
5. Launch a "mobile mental health" counseling program to address the needs of seniors with depression and other serious mental illness ($8M)
• These 5 initiatives total $39.35 M. Just the 1915i amendment will cover 48% of the cost in FY 16.
• Investing in home care brings an immediate return on investment—because an elder at home today who is nursing facility eligible, is an empty nursing facility bed today that taxpayers did not fund.

Elder Care Managers, Nurses, Paid "Below Market" Salaries

An independent salary study released on March 17, 2015 by the Mass Home Care Association finds that case workers and nurses in the non-profit elder home care field are working at salaries considerably lower than at comparable positions in government and private industry. As a result, staff turnover rates are roughly 20% per year---with most workers leaving to pursue higher salaries than the Aging Services Access Points (ASAPs) can pay. The study included 27 ASAPs that cover the entire state of Massachusetts.

The salary study was conducted by LGC+D, a CPA/Business Advisory firm based in Providence, Rhode Island. The survey examined salaries of 1,305 ASAP workers, including 261 employees who left their jobs over the past year. Salaries were compared to several other New England compensation reports, and to Massachusetts state job openings for similar caseworker and RN positions.

Key findings from the compensation study include:

* the average starting salary for an ASAP care manager is $34,255, which is $13,162 below the average starting salary of comparable positions, which are 38.4% higher.

* the average starting salary of an ASAP nurse is $50,858, which is $11,457 below the average starting salary of comparable positions, which are 22% higher.

* ASAPs are experiencing an annual staff turnover rate of 20% for care managers and RNs

*out of 1,305 total employees surveyed, 261 workers left their jobs

*the primary reason for staff turnover is better salaries elsewhere. 47.5% of CMs and 54.2% of RNs said their main reason for leaving the ASAP was higher salaries.

Starting care management salaries (light green) were among the lowest of salaries in the study)

*based on comparisons with third-party surveys and job postings from the Commonwealth of Massachusetts, ASAPs starting salaries for CMs and RNs are on average the lowest. Out of a total of sixteen various survey results for CM and RN positions, only one survey result had a starting salary below the ASAPs.

The salary analysis also noted that the primary destination for care managers and RNs is managed care companies working under state healthcare contracts.. The starting salaries for care managers and RNs at managed care entities are not constrained like ASAPs. ASAPs are only able to pay care managers and RNs based on the appropriation levels received by the Executive Office of Elder Affairs from the General Court.

This salary report comes at a time when financial support for ASAP personnel has been falling. In FY 2007, the line time that pays for most ASAP staff

positions (9110-1633) stood at $39.31 million. The FY 16 budget submitted last week by Governor **Charlie Baker** cuts the personnel and operations line item to $34.68 million, which is -12% below funding levels 9 years earlier, and less than ASAPs received in FY 2005. From FY 2011 to FY 2015, this ASAP account has been virtually frozen.

"The combination of ASAPs' below-market starting salaries for care managers and RNs in comparison to comparable positions directly relates to the high turnover and reasons for leaving ASAPs positions," explained **Michael E. Criscione,** CPA, Audit Partner at LGC+D, and author of the study.

"To do high quality work for elders, you need high quiality staff," added **Dan O'Leary**, President of Mass Home Care. "We're losing talented employees because our salaries are not competitive. We can't run efficient agencies in 2016 on less than we had in 2005." O'Leary said Mass Home Care is asking for a $5 million increase for FY 2016 in personnel and operations costs.

Personal Care Attendant Supporters Rally At State House

On February 27, 2015, roughly a week before Governor **Charlie Baker** released his budget, disability rights advocates came to the State House to promote the Personal Care Attendant (PCA) program. The event was organized by the statewide network of Centers for Independent Living. Mass Home Care was also a sponsor of the event. Representing Mass Home Care was **Abby Mojica**, Chief Program Officer at Boston Senior Home Care. Mojica presented the following remarks as the PCA rally:

"I am the granddaughter of a PCA program consumer. My grandmother has been in the PCA program for the last 5 years. Earlier this month, Mass Home Care joined our colleagues in the PCA world to aggressively fight off efforts to cut elders and people with disabilities. We stood shoulder-to-shoulder with everyone here, and, in a matter of days, we stopped an effort that would have made it harder to get into the PCA program.

Hundreds—if not thousands--of people now getting PCA help in their home would have lost their supports.

Why do we fight so hard?

Because the PCA program means freedom for people with disabilities. It means freedom, independence, and dignity. Being able to have a PCA to help with eating, bathing or dressing, is a CIVIL RIGHT that comes directly from the American's With Disabilities Act. It also says right in MassHealth state law that people have the right to be cared for in the "least restrictive setting."

Abby Mojica and her grandmother

We're being told to brace ourselves for more cuts to MassHealth in the Governor's budget.. If we see cuts that take away the promise of freedom from any of the 30,000 people in the PCA program who deserve our support, we will speak out. We will give people the care they want, when they want it, and where they want it—at home. At the same time, we will help taxpayers by avoiding the cost of institutional care.

We will fight for the freedom to live independently at home. This is what we do as advocates---this is what we do as Americans. We at Mass Home Care are ready for the budget debate to start next week. We're ready to ask every lawmaker in this building to join us in this fight for freedom for all elders and individuals with disabilities! "Fight for PCA, everyday."

One Care Plan Not Transparent

After 18 months of operation, and an investment of tens of millions of taxpayers' dollars, the state's

experiment with a managed care program for low-income adults and seniors still has not produced any financial or benefit-specific data. Begun during the Administration of former Governor **Deval Patrick**, the so-called One Care program has not issued one report on how the demonstration program is actually performing. Advocates for the disabled and elderly have grown increasingly concerned over the lack of transparency surrounding One Care.

In a letter dated March 2, 2015, the advocacy group Disability Advocates Advancing our Healthcare Rights (DAAHR), asked the Executive Office of Health and Human Services (EOHHS) to throw open the books.

“A fundamental premise of the One Care demonstration is the integration of long-term services and supports with medical care,” the DAAHR letter said. “Yet 17 months into the demonstration's operation, we have not seen any encounter data or financial statements on the use of LTSS. This is especially concerning because the plans and their staff have extensive experience in the medical field, but generally not in the LTSS arena. How can we know that the state's extensive and high-quality LTSS system is being adequately used? Fueling concern has been the limited use of the Independent Living/Long Term Services and Supports coordinator, an independent position created to link enrollees to LTSS. Many enrollees do not have a coordinator—and many coordinators report only minimal contact with plan care managers, something that was supposed to be a primary element of One Care. We consequently request that we receive spending data from the plans— such transparency is essential to assessing if LTSS is playing the vital role that was designed for it in the demonstration.”

Under state law, enrollees in this MassHealth dual eligible pilot program “shall be provided an independent community care coordinator…who shall be a participant in the member's care team. The community care coordinator shall assist in the development of a long-term support and services care plan. The community care coordinator shall (1) participate in initial and ongoing assessments of the health and functional status of the member, including determining appropriateness for long-term care support and services, either in the form of institutional or community-based care plans and related service packages necessary to improve or maintain enrollee health and functional status.”

According to a survey conducted by EOHHS in August of 2014, when enrollees were asked if they had been offered the services of a Long Term Care Support Coordinator, 53% of enrollees said No, or Not Sure. Access to the LTSC position is filtered through the Care Coordinator at the One Care plan. The enrollee has no direct access to the independent LTSC, and only 46% of enrollees had even been offered such help. For most enrollees, therefore, their initial assessments have not included a LTSC worker to determine an appropriate long term services plan.

The DAAHR letter went on to say: “We have heard that LTSS coordinators cannot obtain complete enrollee records even after the enrollee has given consent. There also are ongoing concerns about communication between plans’ care teams and enrollees. It is unclear that the plans are consistently and meaningfully describing the role of LTSS or, as previously noted, the privacy policies of the plans. While an advantage of One Care is the expectation of true care coordination and person-centered care, this is not uniformly taking place for a number of reasons that include plan capacity and competency, along with an underestimation of the level of care coordination needed to actually provide integrated care and services. We believe the plans are tackling these issues but they are significant problems that should be closely monitored.”

The DAAHR letter reflects similar concerns

raised by Mass Home Care in a letter to EOHHS in February of 2014. A year ago, Mass Home Care reported that "only 6.6% of total One Care enrollees have been referred for a LTSC initial assessment—despite the legal requirement that all enrollees have an initial LTSC assessment. The largest of the 3 One Care plans had referred only 133 members to an ASAP for an initial LTSC assessment, or 2.1% of their caseload."

Mass Home Care stated that "the LTSC is not being utilized in the 'ongoing assessment' of the member's functional status. One of the One Care plans has instructed LTSC's to keep a member who needs service coordination open for 3 months. Beyond that the LTSC must explain why the case needs to be kept open, and for how long. LTSS are not episodic or recuperative. While the rest of the member's care team (MD, RN, PA, Care Coordinator) remains in place, the LTSC is no longer a participant. Despite it's name of 'long term support,' the function is being categorized as short-term, as if it were temporary physical therapy."

Mass Home Care is a member of the DAAHR Executive Committee.

Historic Snowfall Creates Access Challenges For Seniors

This winter has been rough on seniors. Elder individuals with mobility problems were challenged even more this winter by the sidewalks that were unshoveled and impossible to navigate. In February, **Catherine "Cassie" Cramer** traveled to the Somerville Alderman's office to testify on the hardships this winter created for those with mobility limits. Here is the text of Cramer's remarks at a Somerville Board of Alderman's Committee on Legislative Matters:

"I am a Somerville resident and social worker at Somerville-Cambridge Elder Services. I am pleased to submit testimony on the needs of the population I serve: older adults and people with disabilities living at home in the community. Over the past month, I have seen a significant rise in isolation, cancellations of appointments, decreased mood and autonomy. Clients and other members of the demographic that I serve report that they are unable to get to important medical appointments, pick up prescriptions from the pharmacy, or get food at the grocery store. People also report a decrease in social activities, meeting up with friends, or going to places of worship, which can all play an important role in well-being. I have personally conducted several emergency trips to the pharmacy to obtain prescriptions, and taken calls from Home Health Aide agencies that need to cancel due to lack of access to the home.

The standard that all cities need to adopt is clear sidewalks (at least 36 inches) and clear curbs for crossing streets. I believe that like our streets, this will and must be done by cities, recognizing the right for all people to equal access of sidewalks whether they walk with a cane, a walker, or use a wheelchair. How can we make progress towards this goal?

- Hold people and businesses accountable for adequately clearing the sidewalks. Create a registry where people can register themselves or their loved ones if they are physically and financially unable to clear snow. Invest funds acquired through penalties in city resources to clear sidewalks.
- Increase public awareness of the impact of un-cleared snow on older adults and people with disabilities
- Distribute information on resources for snow removal support and develop snow removal programs for people who are low income, elderly and/or disabled.
- Keep street parking clear of "space savers" which hinder access of in-home providers, such as visiting nurses, social workers, homemakers, health aides."

State Gets 100 New Housing Units To Prevent Institutionalization

To help prevent thousands of individuals with disabilities across the country from being unnecessarily institutionalized or possibly falling into homelessness, the U.S. Department of Housing and Urban Development (HUD) announced in early March that it is awarding $150 million in rental assistance to 25 State Housing Agencies. In turn, the state agencies will provide permanent affordable rental housing and needed supportive services to nearly 4,600 households who are extremely low-income persons with disabilities, many of whom hoping to transition out of institutional settings back to the community. For Massachusetts, the new HUD funding means $6.8 million to create 100 new units of housing.

HUD's support of state housing agencies is made possible through the Section 811 Project Rental Assistance (PRA)program which enables persons with disabilities who earn less than 30 percent of their area's median income to live in integrated, affordable housing. State housing agencies and their state Medicaid and Health and Human Service partner agencies identify, refer, and support target populations of persons with disabilities who require community-based, long-term care services to live independently. This is one of several recent collaborative efforts between HUD and the U.S. Department of Health and Human Services (HHS).

"Everyone needs a stable home to call their own, especially persons with disabilities who can live on their own yet are at risk of becoming homeless," said HUD Secretary **Julián Castro.** "These grants will provide real opportunity by cutting health care costs for states while allowing folks to live as independently as possible."

"Communities and families are stronger when all citizens have the opportunity to fully participate and contribute to society," said HHS Secretary **Sylvia M. Burwell.** "By providing permanent housing as well as access to needed supportive services, these grants are helping to fulfill the promise of productive, meaningful lives in their communities for people with disabilities."

The HUD announcement reinforces the guiding principles of the Americans with Disabilities Act and the landmark 1999 Supreme Court ruling in *Olmstead v. L.C.*, helping states and local governments to provide services in the most integrated settings appropriate to meet the needs of individuals with disabilities.

Funding totaling $6,803,050 for these 100 new units have been made to the Mass. Department of Housing & Community Development through HUD's Section 811 PRA program.

Money Follows The Person Brings 422 People Out of Nursing Homes

A federal initiative in Massachusetts that brings long-stay residents out of nursing homes has successfully discharged 422 individuals back to the community. The state contracts with 36 ‘transition entities,’ including all 27 Aging Services Access Points, to relocate individuals out of facilities. Of these successful placements, 75.6% (319) were made by Aging Services Access Points.

The top five agencies making transitions included Bristol Elder Services (37), Old Colony Elder Services (37), Springwell (26), Elder Services of Merrimack Valley (23) and Greater Springfield Senior Services (19). These five agencies were responsible for one-third of the transitions statewide.

According to state officials from the Executive Office of Health and Human Services, these Money Follows the Person (MFP) transitions are for the 14 month period November of 2013 through the end of January of

2015. The goal for this period was 495 placements, so activity reported was 85% of the program's goal. "It's really great progress" an EOHHS official told a meeting of Aging Services Access Points. A total of 1,269 people were enrolled in the MFP program, which means that roughly one-third of those enrolled in the program end up being successfully discharged into the community.

Individuals eligible for the MFP Program include only those people that have lived in an institution for more than 90 consecutive days. Days that a person was living in the institution for the sole purpose of receiving short-term rehabilitation services reimbursed by Medicare don't count toward this 90-day period. In Massachusetts, because MFP only tracks individuals who have been in facilities for 3 months or longer, many other individuals who are relocated from nursing facilities before they spend 90 days in an institution are not counted by this program.

The Money Follows the Person (MFP) Rebalancing Demonstration Grant helps states rebalance their Medicaid long-term care systems. Over 40,500 people nation-wide with chronic conditions and disabilities have transitioned from institutions back into the community through MFP programs as of December 2013. The Affordable Care Act of 2010 strengthened and expanded the MFP program allowing more states to apply. There are currently forty-four states and the District of Columbia participating in the demonstration.

The goal of the MFP program is to:

- Increase the use of home and community-based services (HCBS) and reduce the use of institutionally-based services
- Eliminate barriers in State law, State Medicaid plans, and State budgets that restrict the use of Medicaid funds to let people get long-term care in the settings of their choice
- Strengthen the ability of Medicaid programs to provide HCBS to people who choose to transition out of institutions
- Put procedures in place to provide quality assurance and improvement of HCBS.

The Affordable Care Act of 2010 expanded the "Money Follows the Person" Program to more States. It extended the MFP Program through September 30, 2016, and appropriated an additional $2.25 billion ($450 million for each FY 2012-2016). Any funds remaining at the end of each fiscal year carry over to the next fiscal year, and can be used to make grant awards to current and new grantees until FY 2016.

According to local transition entities, one of the greatest barriers to successful placements in the community is the lack of available housing units. (see related HUD article.)

Social Security Expansion Act Filed

U.S. Senator Bernie Sanders (I-VT)

As boxes of petitions signed by 2 million Americans were hauled to the Capitol on Thursday, Sen. **Bernie Sanders** (I-VT) introduced legislation to expand benefits and strengthen the retirement program for generations to come. The Social Security Expansion Act was filed on the same day Sanders and other senators received the petitions gathered by the National Committee to Preserve Social Security and Medicare.

"Social Security is the most successful government program in our nation's history. Through good times and bad, Social Security has paid out every benefit owed to every eligible American," Sanders said. "The most effective way to strengthen Social Security for the future is to eliminate the cap on the payroll tax on all income above $250,000 so millionaires and billionaires pay the same share as everyone else."

Sanders' measure would make the wealthiest Americans pay their fair share. Under current law, the amount of income subject to the payroll tax is capped

at $118,500. That means someone making millions of dollars a year pays the same amount in payroll taxes as some making $118,500 a year. The legislation would subject all income over $250,000 to the payroll tax. Doing so would impact only the top 1.5 percent of wage earners, the Center for Economic Policy Research has estimated.

The bill also would subject unearned household income above $250,000 to the same 6.2 percent tax as applies to most earned income. The top 0.1 percent of Americans gets about half of all capital gains income.

Asking the wealthiest Americans to contribute more into Social Security, would not only extend the solvency of Social Security through 2060, it also would allow Social Security benefits to be expanded for millions of Americans.

"At a time when more than half of the American people have less than $10,000 in savings and senior poverty is increasing, we should not be talking about cutting Social Security benefits. We should be talking about expanding benefits to make sure that every American can retire with dignity," the senator said.

The Sanders bill would:

• Increase Social Security benefits by about $65 a month for most recipients.
• Increase cost-of-living adjustments for Social Security recipients.
• Provide a minimum Social Security benefit to significantly reduce the senior poverty rate.

Social Security today has a $2.8 trillion surplus and will be able to pay all promised benefits until 2033, after which it will be able to pay around 75 percent of all promised benefits. The Social Security Expansion Act would increase revenue and extend the solvency of Social Security for the next 45 years.

PA Governor Shifts Funding To Home Care

In early March, Pennsylvania Governor **Tom Wolf** announced plans to help 5,500 more Pennsylvania seniors get caregiving services in their own homes rather than in nursing homes, according to the *Philadelphia Inquirer*. Governor Wolf said he would make the approval process for home health care much faster. Wolf said his plan would give consumers more choices and "protect our seniors to make sure they go through their senior years with dignity."

The Governor's proposals were included in the budget he submitted to the state legislature. Wolf said his approach would save money. For every month a person on Medicaid receives care in his or her home or community instead of in a nursing home, the state saves $2,457, the Governor said. He said his changes would translate into savings of $162.2 million in nursing home costs.

According to a Pennsylvania Department of Health website, the daily Medicaid reimbursement at the Philadelphia Nursing Home is $230 a day, or $83,950 a year. For home care, the daily Medicaid reimbursement in Philadelphia is $76, or $27,740 a year. To bring about the savings and improvements, Wolf proposed spending an additional $39.2 million on the Departments of Human Services and Aging, partly for workers to speed up the approval process. If the result was 5,500 more Pennsylvanians in home care and 5,500 fewer in nursing home beds, the net savings, he said, could be $130 million annually.

"My actions today are just the first step in rebalancing our home care system and opportunities for homecare workers," Governor Wolf explained. When seniors in Pennsylvania need caregiving help to stay in their homes - and are poor enough and sick enough to qualify for Medicaid - the government will pay. But it can take up to 10 weeks to get approval, known as a waiver, and often the elderly can't wait that long. It is easier to get admission into a nursing home, so that is where people often go. Or perhaps they want to go home from a nursing home or hospital, but need a waiver to get that support at home.

"Right now, it takes too long to get a waiver," Governor Wolf said, "and sometimes people have to stay longer than they should in institutions when they really want to go home and they should be home. It's a paper-based system. We're going to take new technology, and we're going to move to where we can respond more quickly."