



July 14, 2024

Juliet Marsala, Deputy Secretary  
Office of Long-Term Living  
555 Walnut Street, 6<sup>th</sup> Floor  
Harrisburg, PA 17101

Dear Deputy Secretary Marsala:

The Pennsylvania Homecare Association (PHA) is a non-profit trade association representing more than 700 home health, home care (personal care), and hospice providers across the state of Pennsylvania. The association's mission is to support the provider community in the effort to bring care home. Home is the most preferred and cost-effective setting for care as we age. We appreciate this opportunity to provide feedback and commentary on the recently released Waiver Amendment for OBRA and Waiver Renewal for Community HealthChoices. Our hope is to be a thought partner and collaborator to the Department in our shared goal to bring care home.

### **Appendix C-2-B: Clearances for workers and providers when providing services in homes where children reside**

While we wholeheartedly support measures to protect vulnerable populations, including children, we believe that expanding the requirements as indicated would have significant unintended consequences for our industry. The current proposal expands applicability from a when a child "resides" in a home to when a child is "present" in a home.

#### **Clarification of "Presence" vs. "Residence" of a Child**

We believe it is essential to better define the distinction between having a child "present" in a home versus a child "residing" in a home within the context of child abuse clearance requirements. The current ambiguity in these definitions can lead to inconsistent application of the rules and unnecessary burdens on homecare providers.

A child "present" in a home implies a temporary and possibly infrequent situation, such as visiting grandchildren or neighborhood children who may ring the client's doorbell and come in for a glass of water while a caregiver happens to be in the home. In contrast, a child "residing" in a home indicates a more permanent and consistent living arrangement, such as children who live in the home full-time with the recipient.

Without clear definitions, providers are likely to obtain child abuse clearances in situations where it is not practically necessary. This could result in a significant increase in the number of

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clearances needed, causing delays in processing times and additional costs for providers without a corresponding increase in child safety.

### **Delays in Hiring and Its Impact on Access to Care**

One of the primary concerns is a delay in the hiring process. Currently, obtaining child abuse clearances and FBI fingerprints is a multi-step process that can take weeks to complete. Consider the following challenges to this process:

1. Fingerprinting locations in rural areas can be upwards of 20 miles from a Direct Care Worker and result in expenditures on gas and travel to get there.
2. Many fingerprinting sites have multi-week wait times for appointment availability.
3. Fingerprint results are often sent to the home of the worker resulting in an exchange of information with the provider that further delays hiring and starts of care, especially for populations where availability of technology is limited.
4. Expanding these requirements to include all homecare providers serving a home where a child is present would exponentially increase the volume of clearance requests, thereby straining the existing system and causing further delays.
5. Child abuse clearance do not allow for provisional hiring, resulting in delays for hiring and delayed access to care for individuals where a child may be present in the home.

The homecare industry is already experiencing a workforce shortage, and any additional delays in the hiring process would exacerbate this issue. Delays in hiring not only impact our ability to provide timely care but also place additional stress on existing staff, who must cover for the vacancies. This could potentially compromise the quality of care provided to our clients, many of whom are elderly or have disabilities and rely on consistent and dependable support.

### **Additional Costs for Providers**

Expanding the requirements for child abuse clearances would also result in significant additional costs for homecare providers. The fees associated with obtaining these clearances, along with the administrative burden of managing the clearance process, would place a financial strain on many providers, particularly smaller agencies operating on tight budgets. If this language persists, providers could be facing the below background checking costs for the majority of their workforce, a significant strain on resources and finances in an industry with a higher than average turnover rate:

- |  |   |
|--|---|
| 1. Criminal Background Check (e-patch):            | \$22                                    |
| 2. Child Abuse Clearance:                          | \$13                                    |
| 3. FBI Fingerprint – Office of Children and Youth: | \$25.25                                 |
| 4. FBI Fingerprint – Department of Aging:          | \$25.25                                 |
| 5. TB Testing                                      | \$50 (estimated)                        |
| 6. Medicaid Fraud Checks (annual cost for monthly) | \$20 (estimated Clearing House Expense) |
|  | <b>\$95.50</b>                          |

Furthermore, the cumulative costs of compliance, including the need for additional administrative staff to handle the increased volume of clearances, would divert resources away from direct client care. This could lead to higher service costs for consumers or force some providers to reduce the range or quality of services offered.

## **Recommendations**

We recommend considering alternative approaches to achieve the goal of protecting vulnerable populations without imposing undue burdens on providers. These could include:

### **1. Define “Present” for Clear Applicability:**

A child is considered "present in the home" if there is a significant likelihood that a child would be physically on the premises for:

- Regular visits that are common, predetermined, or known to occur by the participant and/or a representative
- Occasional stays such as weekends, holidays, or school vacations where the child spends time on premises
- A child resides in the home

### **2. Require Determination in Person Centered Support Plan**

To ensure consistency of applicability across all providers and models of care, we recommend that the presence of children in the home be determined and documented during the PCSP development. This would ensure clear applicability and a regular review (at minimum annual) to ensure that the topic is revisited regularly to reflect changes in the recipient’s home environment. Providers would then consistently use the PCSP to indicate if clearances are required for that participant.

### **3. Streamlined Processing:** Investing in technology and resources to streamline the clearance process, thereby reducing the time and administrative burden associated with obtaining clearances. This would include easier enrollments online (with clear indicators for type of FBI fingerprint) AND investing in additional IDEMIA locations, with an emphasis on rural locations.

### **4. Financial Support:** If the language proceeds, we recommend:

1. Funding background checks directly to providers AND/OR
2. Including the cost of required background checks in rate setting methodologies, specifically in the current study being conducted by Mercer on behalf of the Office of Long-Term Living.

## Appendix C-1/C-3: Service Specifications Chore Services

We would like to commend the recent addition of chore services as a benefit for recipients of the waiver. This thoughtful enhancement reflects a deep understanding of the diverse needs of those we serve. Chore services are crucial for maintaining a safe and healthy living environment, especially for individuals who struggle with home environments that are a health risk to themselves or their support staff due to physical, cognitive or financial limitations.

### Provider Network Adequacy

However, we caution that this service may be challenging to utilize due to the lack of an Organized Health Care Delivery Service (OHCDs) option in the waiver. Commercial cleaning organizations are not accustomed to the administrative requirements of becoming and maintaining Medicaid Provider status. Furthermore, their cost structure is such that jobs are typically individually quoted to account for the size and severity of the project. Fee schedules, revalidations, Medicaid fraud checks for all staff, OLTL training for all staff and other administrative obstacles may create barriers to provider network adequacy for this critical service.

### Recommendation

We recommend that OLTL create specific requirements for approval as a Chore Service provider so that current Medicaid Providers can consider adding this service to their current offerings. We feel that this approach would yield improved provider network adequacy and continuity of care for participants

## Appendix D-1-d: Service Plan Development Process

We would like to commend the effort to drive efficiency in the development and delivery of the Person Centered Service Plan. Access to care is an important foundation of quality services, positive patient outcomes, and prevention of more costly care interventions.

### Supports Coordination/Case Management Adequacy

Supports Coordinators and Case Managers play an important role in the development a Person Centered Service Plans and their distribution to the provider network. However, PHA and its members have frequently seen delays due to turnover in these critical positions, as well as high case loads that makes management of these tasks challenging.

### Recommendation

The PHA recommends that the Department initiate a task force to identify the top challenges facing Supports Coordinators and Case Managers today in Pennsylvania so that this task force can compile recommendations on how to support this critical function better in the future. This may include consideration of caseloads, purpose of the role, reimbursement for the position, and technology/infrastructure needs to drive more efficient processes that can scale with our aging population.

Also, please keep in mind that while PCSPs may be completed in a shorter time frame, the above referenced expansion of the child abuse clearance language could result in significant delays to starting care, despite the shorter timeframe of PCSP completion.

## Appendix H-1-a-i System Improvements

PHA supports the use and administration of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey. We recommend that survey results be transparent and shared with all provider communities on an ongoing basis, with the ability for individual providers to capture their organization specific results, if possible. We also would welcome the opportunity to discuss consumer survey opportunities administered by the association, or in collaboration with the association, that can support feedback in writing, via phone, or via text message.

## Participant Direction

The CHC waiver renewal makes no changes to the descriptions and policies of participant-directed services. However, we note the significant increase in projected participants within the program. Such a dramatic increase would require policy and programmatic changes. PHA requests Department transparency and the opportunity for input in any programmatic changes influencing these projections.

### Support for All Models of Care

The Pennsylvania Homecare Association advocates for choice in all aspects of participant care. Participants should have a right to a robust provider network, as well as a right to choose the model of care that they would like to receive their services through. However, the association has concerns that recent efforts to promote participant-direction conflict with the intended differences in how each model of care is administered and it thus threatens the foundation on which each model was built. If a model of care does not experience an increase in participant utilization, programmatic changes should consider addressing specific concerns within the existing model rather than to create an environment that disadvantages another model of care to rectify utilization in the other. In doing so, the Department could inadvertently and indirectly threaten choice.

PHA supports all efforts to improve quality within participant direction and the agency models of care and would appreciate the opportunity to further collaborate on how all models of care can be properly supported to drive choice, quality and utilization.

## Workforce Development

PHA is disappointed that these changes to the Waiver do not address workforce development needs within the Commonwealth. Specifically, we would like to see the following considered for inclusion in the Waiver language:

1. Immediate rate increases for Personal Assistance Services, Respite Services and Nursing services to support the attraction of qualified staff and to meet the growing needs of this participant population.
2. Reimbursement rate study/reviews that occur regularly, but no less than every three years. Studies should encompass a robust market analysis across all regions

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and industries, taking into account inflationary pressures. Rate considerations should align to state policy goals, such as promoting community-based care over institutional care, improving patient outcomes, and improvements in quality. Higher reimbursement rates not only elevate the pay for our critical Direct Care Workforce, but it support professionalism of the industry and advancement in participant quality of care and participant protections.

3. Grant opportunities for organizations, such as PHA, to pilot workforce job quality enhancements

The Pennsylvania Homecare Association and its provider organizations appreciate the opportunity for comment on these important Waiver changes. We would be honored to collaborate on any initiatives discussed herein in the coming month. Please do not hesitate to call on us for support.

Sincerely,



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