

## Office of Long-Term Living (OLTL) Listen and Learn Sessions

From June through August 2023, OLTL held Listen and Learn Sessions across Pennsylvania. There was a total of 16 in-person sessions and three virtual sessions where Community HealthChoices (CHC), OBRA, Act 150 and Living Independence for the Elderly (LIFE) participants, family members, and community members were able to offer input on how OLTL could improve its programs.

Critical insight was offered, covering various topic areas. Each session offered a glimpse into the day-to-day challenges participants face, but displayed the will and empowerment they value when it comes to maintaining their independence. Some of the common themes included Workforce Shortages, reductions in Personal Assistance Services (PAS) hours and Service Authorizations, Service Coordination challenges, delays in approvals and installations of Home Modifications, and challenges with Medical and Non-Medical Transportation. The OLTL team also received input on Virtual Service Delivery Options covered under the Appendix K waiver that ended with the end of the federal COVID-19 public health emergency and concerns specific to service delivery in rural areas of the state.

Workforce Shortages were raised with a general concern on what steps the State was taking to address the shortages. It was generally understood that complex care needs have increased and the demand for workers was only adding to struggles in continuing care supports. Participants voiced their experience losing direct care workers to low rates of pay and increased demands in the work. In addition to shortages with direct care workers, individuals participating in the sessions felt turnover was high with their service coordinator and felt caseload sizes were the main driver of coordinators leaving the system.

Personal Assistance hours and Service Authorizations have been of increased focus for participants and advocates, and many stories were shared about how hours were reduced or not authorized. There was shared concern from both participants and providers, as they often felt reductions weren't justified by the CHC managed care organizations (MCO). Providers often felt they had to advocate on behalf of the participant and service coordinators, and often felt they had to be the middleman between the CHC-MCOs and the participant. All sides generally felt letters to participants often lacked detail in explaining why hours were being reduced. Additional insight was provided about the training level of coordination staff, and how it impacts their ability to offer and implement services timely.

Service Coordination and coordinator training and education was a large area of concern for individuals taking part in the listening sessions. Many participants felt their service coordinators were inadequately trained or were unprofessional. Numerous stories were shared about the inability to contact their coordinator directly or calling a hotline number and never receiving a call back. Others felt service coordinators are

often not trained appropriately on the services available and are often disconnected from the needs of the participant.

Home Modifications were raised, and individuals specifically noted the delays that are impacting the services participants are approved to receive.

Transportation issues were broad and ranged from delays in receiving transit fare, to transit providers not providing safe transports. Many participants across the state shared stories of having to pay out of pocket for Uber and Lyft services to attend community outings, which was often due to delays in having funds loaded to transit passes. A large percentage of the participants stated they were often not reimbursed by their CHC-MCO for these expenses or had reimbursement denied. Some raised how scheduling trips through their CHC-MCO was often complex, or how long timeframes for transit pick up was an inconvenience. A story was also shared of a transit provider who was operating vehicles that were unsafe and did not include the appropriate equipment for safe transports.

Appendix K and virtual service delivery options were raised in several of the virtual listening sessions. Many participants and advocates shared stories of how their lives changed when Appendix K flexibilities ended, mainly due to the ability to receive virtual services ending. Many stated having virtual visits allowed them access to more providers outside of their geographic location and allowed them to not be impacted by the current worker shortage. Many agreed that, under Appendix K, they have made significant improvements over the pandemic and would like to see the flexibilities continue.

Rural service challenges were a topic of discussion, and how certain terrains can cause unintended barriers in receiving services. Many participants shared how frequent power outages would inhibit them from being able to clock direct care workers in or out, receive electronic communications or, in some instances, receive services at all. Others shared how the increased promotion of cable services is leaving participants without landlines and more vulnerable when power outages occur due to only having a voice over line.

In addition to the topics shared above, OLTL was able to gain useful feedback on Nursing Home Transition services, Benefits Counseling services, administrative burdens, and services available for target populations such as those experiencing homelessness and veterans. The time spent in each session also afforded OLTL leadership the opportunity to hear from its participants and educate them on everything available to them under CHC or the waiver programs.

OLTL would like to thank everyone who took part in the listening sessions either by hosting or offering their testimony.