

Testimony for
Philadelphia Corporation for Aging

Public Hearing on
Meeting the Needs of Philadelphia's Elderly

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Introduction

Good afternoon. My name is Kathy Cubit and I represent CARIE, the Center for Advocacy for the Rights and Interests of the Elderly. Thank you for the opportunity to present testimony today.

Founded in 1977, CARIE is a nonprofit organization dedicated to improving the quality of life for frail older adults. CARIE's focus of concern spans the long term care continuum from those who are homebound to those who are institutionalized. Older adults who experience physical frailty or psychological impairment frequently have difficulty advocating for their needs and are often a silent group. CARIE works to protect their rights and promote awareness of their special needs and concerns.

"Marshalling Resources"

It is very troubling to see cuts in almost all line items in PCA's fiscal year 2007-2008 budget as well as more than double the growth in the Options waiting list. While PCA cannot obviously control allocations from the state and federal governments, CARIE recommends PCA look at other budget line items not presented today to try to leverage as many resources as possible to programs and services needed by older Philadelphians. For example, upon reviewing 4 posted IRS 990 forms available from July 2001 through June 2005, Levlane Advertising was compensated over 4 million dollars with a low of \$565,380 in fiscal year 2001-2002 and a high of \$1,471,259 in fiscal year 2003-2004. Their service was listed as "marketing consultant" in the latest posting. It is important to have good marketing or outreach materials but given the growing needs of older Philadelphians and the fact that funding is not keeping pace with their needs, spending even half the amount on marketing would go a long way in addressing the Options waiting list or other service losses. Evaluating other consultant line items, trying to get more competitive bids, and streamlining services may help PCA stretch its resources to help those most in need.

Staff Training

Members of CARIE's Dorothy S. Washburn Legislative Committee have raised concerns about care managers not consistently accessing Medicare services and community based services not affiliated with PCA on behalf of their clients. This problem does not appear to be unique to Philadelphia. In addition, it seems that clients are often not made aware of the Living Independently for Elders or LIFE program in a meaningful way. With current budget constraints, training about LIFE and other community based services is paramount to making sure that consumers are aware and taking advantage of programs that can help them maintain their independence for as long as possible. CARIE recommends implementing a training program and supervisory support to care managers that encourages and ensures the use of Medicare and community based services not necessarily considered an AAA service. Supervisors should review assessments and care plans to be sure that Medicare services or any other potential resource has not been overlooked. In addition, having care managers assigned to specific neighborhoods may also help them to learn about and cultivate unique neighborhood resources that could make a significant impact to their clients' lives.

Long Term Care Ombudsman Program

CARIE wants to thank PCA for its continued leadership and support in developing a comprehensive volunteer ombudsman plan that reaches out to residents and the community in which they reside. Having an effective volunteer ombudsman program is crucial particularly since CARIE ombudsmen are at times overwhelmed with ensuring resident rights when dealing with personal care home closures in addition to conducting quality assurance (QA) visits, handling cases plus training and educational responsibilities to all the nursing homes, personal care homes and Dom Care facilities in our service area.

In addition, PCA has been instrumental in helping the ombudsman reach out and collaborate with the many programs PCA offers to long term care consumers specifically Older Adult Protective Services, the Nursing Home Transition initiative, the Dom Care program and assessment workers. These collaborations have enhanced the quality of care residents receive.

Nursing Home Transition Team

We want to commend PCA's Nursing Home Transition program that helps residents move from nursing facilities to community-based living. We have witnessed staff overcoming many obstacles in implementing very complicated discharge plans to turn the hopes of many residents into a reality. CARIE is pleased that PCA is successfully implementing this important program.

While we realize that the guidelines for the Nursing Home Transition program do not include residents of personal care homes, CARIE recommends that PCA explore how to best fill the current service gap for personal care home residents that need to move out of a facility that is closing or who may simply want to move to another setting. For example, residents over 60 who do not have a mental health diagnosis do not have access to a care manager. The ICM or case manager assists those with a mental health diagnosis with placement. The Department of Public Welfare (DPW) is supposed to become the placement agency if there is no other agency involved; however, DPW often can't or won't fulfill this responsibility. In many instances, PCA staff has intervened to help these residents locate another place to live even though this isn't supposed to be PCA's role. It would be helpful if PCA could identify a way to help these individuals or open a dialogue with DPW to ensure DPW fulfills this responsibility so that residents who are already often feeling traumatized about the closure of their homes aren't caught in a "tug-of-war" between DPW and PCA.

PCA Budget Forms

While agencies that have contracts or grants from PCA cannot expect budget increases in light of the current fiscal climate, PCA can help agencies save valuable time by making improvements with its budget forms. CARIE recommends sending budget forms in an electronic format so that agencies do not have to retype or recreate these forms. It would also be helpful to make these forms available in Excel and include formulas where appropriate. Finally, it would be useful if the forms could be streamlined as much as possible to make them consistent among contracts.

Conclusion

Since it is unlikely that aging services will see improved funding in the near future, we hope that PCA will take a more active and aggressive role in advocacy. PCA has a wealth of data and case information that could be used to educate policy makers about the needs of older adults and potentially marshal more resources. For example, Governor Rendell's proposed budget recommends using the majority of the savings to the PACE program from Medicare Part D to fund nursing facilities without recognizing the need to increase funding to lottery programs such as the Options program or to senior centers. PCA could make a compelling case for increased funding. CARIE is willing to work with PCA on any advocacy effort that would help promote older adults' rights and meet their needs.

Thank you again for sponsoring today's hearing and for the opportunity to testify.