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Testimony for Philadelphia Corporation for Aging

Public Hearing on Meeting the Needs of Philadelphia's Elderly

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Introduction

Good morning. My name is Diane Menio and I am the Executive Director of 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. Our 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. We work to protect their rights and promote awareness of their special needs and concerns.

Overall Plan and Budget Comments

PCA's draft of its *Area Plan 2008-2012* is well researched, comprehensive, and appears to highlight most of the service needs and trends affecting older Philadelphians and their caregivers. It provides an excellent basis for discussion and suggests some good ideas to improve PCA's ability to more effectively serve older adults. CARIE is particularly pleased to see the goal to provide city-wide leadership on aging issues and an emphasis on advocacy throughout the draft Area Plan. PCA has a wealth of data and case information that is useful in educating policy makers about the needs of older adults and can make a compelling case for increased funding. PCA could also work to mobilize consumers, caregivers and professionals to help with advocacy efforts to potentially marshal more resources. Rodney Williams has demonstrated leadership in this area when he spoke at the Pennsylvania Department of Aging's "Town Hall" meeting in Philadelphia and described the unmet needs of older Philadelphians. CARIE is willing to work with PCA on any advocacy effort that would promote consumer rights or help meet their needs.

We do have concerns that the proposed plan falls short in adequately addressing some critical emerging issues while other aspects of the plan appear to over-reach or

duplicate existing services or systems. For example, the plan does not address the pending transition to targeted case management as required by the federal government or the fact that Pennsylvania's rate setting process needs to come into compliance with CMS rules. Since these changes are expected to occur during the 2008-2012 timeframe, they should be identified in the plan. Even though the details and ultimate impact on Area Agencies on Aging are not fully known, it is clear these changes will have a profound impact on the delivery of services in Philadelphia. How is PCA planning to respond to the changes? How will PCA minimize negative outcomes for consumers? How will the changes be communicated to older adults, their caregivers, and the professionals who serve them? Since there is clearly limited funding to meet all the needs of older Philadelphians, we are curious as to why PCA wants to seek funding from foundations for disease specific health promotion programs (Goal D, Objective 3) rather than partner with or simply support current health promotion service providers to expand these services. Why does PCA propose using resources to expand Domiciliary Care to children aging out of foster care and to ex-offenders? PCA's strategy to produce a brochure/booklet on the long term care pre-planning process may be duplicative to the "Own Your Future" campaign currently being promoted by the Department of Aging.

Other questions we have relate to PCA's proposed FY 2009 budget. While PCA explains why it is not projecting any increases or changes in the budget from the current fiscal year, using the exact budget projections for each budget item does not reflect the goals and priorities identified in the draft Area Plan. Many of the objectives in the proposed plan will require additional resources. Does the proposed budget mean there will not be any cost shifting among programs to achieve the objectives? Will there be a loss of current services associated with a particular line item to accommodate the costs associated with the plan's objectives? How will flat funding impact the units of services? Will there be cost shifting to prevent the loss of some services causing service reductions in other areas? If so, which services are projected to be impacted the greatest?

We are pleased to see that an evaluation plan will be implemented for the specific objectives identified in the Area Plan. The plan states that an annual status report will be

prepared for the "agency's administrative staff and Board of Directors." It would be helpful if PCA could also provide this status report to the public by posting it on PCA's website and News Bulletin. A brief update should also be provided each year at PCA's annual public hearing. Involving the public and all of PCA's staff in an ongoing "planning process" will make it a more meaningful working document.

Long Term Care Residential Consumers

PCA may serve as a model for Pennsylvania in its goal to achieve a 50/50 split between providing long term care services at home and community-based settings versus institutional settings. We commend PCA for its efforts to serve so many older consumers in their homes. While we agree with the focus on serving frail elders in their homes and supporting communities to help older people age in place, as advocates and ombudsman we want to call attention to the needs of elders in long term care settings and would recommend that PCA develop a goal area to address their specific needs. Objectives should address the inclusion of long term care facility residents in the life of the "community" as much as possible. We appreciate that PCA funds the ombudsman program above what is mandated; however, the ombudsman program needs support as do legal services providers who serve this population. We respectfully request that PCA work with its sub-contractors to change the way it measures the ombudsman program. For the last ten years, PCA has measured the Philadelphia ombudsman program using the same service objectives. These service objectives and internal quality assurance measures must be updated especially since PCA's measures and the State Ombudsman's measures are vastly different. The differences are not compatible so it is very difficult to comply with both measures.

This year CARIE's ombudsman has seen major disruptions in the personal care home arena with hundreds of low-income residents relocated – sometimes more than once – and sometimes far from the city. PCA should provide specialized care management services for older adults who need assistance with housing. The lack of housing relocation assistance is clearly a gap for residents of personal care homes. As personal care homes close and the bed shortage increases, older residents of personal care

homes lack the assistance needed to identify viable housing alternatives. Since PCA does not provide housing assistance, residents who are 60 years old and over often fall through the cracks. Housing is a critical issue that is well addressed in PCA's Area Plan. However, a specific objective or strategy needs to focus on this major service gap especially for personal care home residents.

PCA should also develop a better working relationship with appropriate Philadelphia governmental agencies and community organizations including veterans groups that work with homeless individuals. While the numbers of homeless older adults is not as statistically significant as younger adults, it is still a problem that should be addressed by PCA. CARIE's ombudsman staff is particularly concerned that as personal care homes close, more personal care level of care residents end-up in living in unlicensed homes. From these illegal operations, it is a quick slide into homelessness.

PCA should include more strategies to expand Domiciliary Care in its Area Plan. Our ombudsman staff can testify that Domiciliary Care homes are excellent housing options for those with limited care needs but many more homes are needed especially in South Philadelphia. PCA should develop a marketing plan targeted to encourage more providers. PCA should also help current providers hosting two residents to increase their capacity to three residents wherever possible. PCA could also provide support to small "mom and pop" style personal care homes that can no longer afford to operate as personal care homes to transition to Domiciliary Care settings.

Transportation

We recommend expanding the transportation objective beyond senior centers as well as increasing the strategies included in Goal D, Objective #2. A reliable and accessible transportation system is critical to the physical and psychological well being of older adults. The success of an older consumer's care plan often depends upon having access to transportation. PCA's Attendant Transportation Service (ATS) program should expand its hours of operation to match the hours of the Shared Ride Program that operates 24 hours a day, seven days a week, or at the very least expand to provide early

evening hours and weekend service. Currently older adults who depend upon shared ride and require door-through-door attendant services are restricted to ATS's service hours of Monday through Friday from 8:00 AM to 5:00 PM. Although PCA's ATS program has limited hours, it remains an invaluable resource for seniors who need to be carried out of their homes in order to access shared ride vehicles. Here is a case in point. Our advocate received a call about an elderly wheel-chair bound female I'll call "Mrs. P" who needed dialysis treatment but was unable to leave her home because she couldn't negotiate the stairs. The advocate discussed PCA's ATS program as well as home modification resources to help in providing a needed stair glide. With the help of ATS, Mrs. P was able to access shared ride transportation to get to dialysis treatment as well as other appointments.

PCA should partner with SEPTA CCT to provide education to older adults and senior centers about the new GPS technology that CCT plans to implement in 2009. Those who utilize the shared ride program need to be informed about the new technology, how it works, and how it may impact service.

We commend PCA for sponsoring shared ride quarterly meetings that provide a constructive forum for senior centers to address and resolve concerns of their sponsored Shared Riders with CCT staff and PCA. PCA does an excellent job in communicating related information with senior centers. In terms of the strategies identified in Goal D, Objective #2, we recommend adding a strategy related to advocacy. PCA should consider forming a sub-committee comprised of senior center representatives that are part of the shared ride quarterly meetings or begin to regularly incorporate advocacy issues into the agenda at the quarterly meetings. Senior centers may be better able to mobilize their members or respond to advocacy efforts if there was an infrastructure in place to support advocacy prior to a crisis that may require immediate action.

Care Management Support and Training

The CARIE LINE receives calls from consumers who are not able to contact their PCA care managers and request support in doing so. Sometimes, the CARIE LINE

advocate is able to reach the care manager directly to have her connect with the client. Other times, the advocate needs to contact a supervisor to encourage a call. The typical responses from the supervisors indicate two problems that should be addressed. One response is that the care managers are too busy to return all their phone calls. Care managers should receive the necessary support to provide quality services that includes returning client calls. It may also be an indication that some case loads are too high. The other response a supervisor has given as to why a client's calls were not returned is that the client is too demanding. This response indicates a need to create a level of respect and understanding of older adults, even the most difficult of clients. These care plans should include a strategy to respond to these clients' calls without overloading the care managers or without simply ignoring clients' calls. There may be other ways to address their needs through care planning; for example offering a senior companion.

PCA Budget Forms

We would like to reiterate a recommendation made at last year's public hearing that fits with PCA's paperwork reduction goals. 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. We recommend 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 for consistency among contracts.

PCA Emergency Fund

CARIE wishes to commend PCA for coordinating the Emergency Fund. The Emergency Fund has proven to be a valuable resource to many older Philadelphians who would otherwise be without food, heat, or other necessities most of us take for granted. The fund is easy for professionals to access and provides a relatively quick response. There are two recent cases when our staff accessed the fund that demonstrates its unique value and impact on older adults. The first case was for an older woman who needed just \$10 to apply for a copy of her birth certificate but did not have the money to cover the

fee. CARIE received this client's check one week later so she could get her birth certificate. The second case involved an older man who needed a pair of eyeglasses. A little more than a week later after applying to the Emergency Fund, a check for \$125 to cover the cost of the lenses and frames was available to be sent to the client to get his eyeglasses. We'd like to thank the Emergency Fund Coalition for recognizing our advocacy efforts this year—we see the fund as a critical partner in advocacy.

General Comments

PCA mentions numerous times throughout the Area Plan objectives and strategies to develop educational materials for consumers. We would like to emphasize the importance of creating materials for those with low literacy levels. The many training strategies PCA identifies are worthy to pursue but PCA may also want to consider developing and implementing training targeted at informal caregivers as identified in the recent Institute of Medicine report, *Retooling for an Aging America: Building the Health Care Workforce*. Finally, although PCA includes an objective related to behavioral health in the Area Plan, it should also include strategies specifically related to Alzheimer's Disease and related dementias as these conditions pay a heavy toll on consumers, their families, and the service system.

Conclusion

We want to conclude our comments by complementing PCA on its *PCA News Bulletin*. It is an excellent resource that now includes the opportunity for all agencies to post news items and job vacancies. We have already had CARIE job opportunities and other CARIE resources posted and we are grateful to PCA for disseminating our information. Our CARIE LINE utilizes PCA's website *Search for Services* to help identify resources and we also appreciate being included in PCA's website as a resource. Finally, the CARIE LINE finds the *Affordable Housing: A Guide to Independent Living Facilities for the Elderly in Philadelphia* a very useful publication to send to consumers and is pleased that PCA updates this helpful publication each year.

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