COMMONWEALTH OF PENNSYLVANIA

HOUSE OF REPRESENTATIVES

AGING AND OLDER ADULT SERVICES COMMITTEE

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PUBLIC HEARING

IN RE: IMPACT OF BABY BOOMERS IN PENNSYLVANIA

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BEFORE: PHYLLIS MUNDY, Chairman
Tim Hennessey, Minority Chairman
Karen Boback, Michele Brooks, Martin Causer, Jim Cox, Garth Everett, David Kessler, Eddie Day Pashinski, Steve Samuelson, RoseMarie Swanger, Rick Taylor, and Jewell Williams, Members

HEARING: Wednesday, February 6, 2008
9:30 a.m.

LOCATION: Room 60
East Wing, Capitol Building
Harrisburg, PA

WITNESSES: Vicki Hoak, Sue Wasserkrug, Ron Barth, Kathy Lind, Robert Tietze

Reporter: Alicia Brant

I N D E X

P R O C E E D I N G S

CHAIRMAN MUNDY:

I'd like the House Aging and Older Adult Service Committee to come to order. Today is part two of our public hearing on the impact of the baby boomers on Pennsylvania's economy, on our workforce, on our human services and our government. We do have a full agenda and we're in session at 11:00, so I want to get started right away. And we're going to dispense with opening remarks today. They're pretty much what they were last week. And so those of you who've been following the issues here will know what we're here about.

The first testifier this morning is Vicki Hoak and Eric Kiehl from the Pennsylvania Homecare Association. Thank you for being here. We look forward to what you have to say.

MS. HOAK:

Good morning. Thank you, Chairperson Mundy, Representative Hennessey and members of the committee for giving me this opportunity to present testimony this morning. I'm Vicki Hoak and joining me is Eric Kiehl, our public affairs director, who's going to help with any questions you might have later

on. We represent the Pennsylvania Homecare Association, which represents about 400 providers that deliver in-home medical, personal, and end-of-life care to some 190,000 people on any given week. Now, that number is something that was quantified for us by the University of Pittsburgh. And it's more than all the licensed beds in hospitals and nursing homes in the state, so you can see that the popularity of staying at home and being cared for at home is absolutely growing. I applaud the previous speakers that you've heard from in your last session. Each of them provided you with thoughtful suggestions on how we can harness the experience and knowledge of our older citizens and provide them with adequate care and support.

The aging of the baby boomers presents government with both an opportunity and a challenge. An opportunity, because this group possesses an abundance of knowledge and talent. And it's a challenge because it will absolutely require more financial resources from our government. I'd like to focus my remarks this morning on keeping people healthy and at home so they can continue to be independent and actively participate in their communities. To accomplish this, our approaches to

health and long-term care will need to change significantly to better reflect what consumers want and need. Today's health care system is reactionary. It's inflexible, constraining and absolutely consumer unfriendly. We need a complete paradigm shift. This new and improved system will be built on consumer empowerment, chronic care management, technology and absolutely a new emphasis on wellness and prevention. I'd like to discuss each of these as quickly as possible because I know we have a time constraint.

First of all, consumers. You and me. We want it our way. And it's the baby boomers in particular that are going to drive this change. Today, boomers are seeing first hand how the healthcare system responds to their aging parents. In fact, over half of 60-year-olds in this country have surviving parents. This experience with their parents is forcing them to look into the crystal ball of their future and I can assure you they don't like what they see. They see the barriers and rules that don't make sense, and the frenzied confusion as they try to navigate the systems of Medicare and Medicaid.

Yes, we have made some progress in Pennsylvania to alleviate some of those barriers, but we have a long way to go. Despite the fact that 90

percent of Americans want to remain in their own homes as they age, our focus continues to be, especially in long-term care, reactionary. Pennsylvania's nursing home transition program, while very successful, is a perfect example of this. Rather than keeping people at home and preventing admissions to nursing homes, our state's efforts have been after the fact, allowing an individual to go into a nursing facility, then trying to transition them out. Wouldn't our efforts be better placed in preventing their admission in the first place?

The Aging Waiver program does just that. It provides services to help people remain at home for as long as possible. It has been heralded by many state officials as a win-win for both government and consumers. Consumers win because they prefer to stay at home and be cared for and government wins because in-home care is much cheaper than institutional care. Governor Rendell has said on numerous occasions that we can serve two older persons in the community at home for a cost of serving one in a nursing facility. Medical Assistance reimburses about $56,000 a year for nursing facility care for one person, and $23,000 a year for home and community-based care.

I'd like to just tell you a story about

one of our Aging Waiver consumers who happen to live in western Pennsylvania. His name is Mr. Blackstone and he's been a consumer for three years. That means that he's been assessed, that he financially meets the qualifications to be MA eligible. And he's also been assessed because of his condition, which warrants him to go into a nursing home, but he doesn't want to. He wants to stay at home and that's where the waiver program comes in.

The homecare agency provides an aide four hours a day, seven days a week. They help him bathe, groom, get dressed. And she also helps his elderly wife do the grocery shopping and the laundry. The agency receives $15 an hour or $60 a day and for the last three years MA has spent $65,000 to pay that homecare agency to keep that person at home. If we didn't have the Aging Waiver program, the wife would probably have to send him to a nursing home, which would cost $168,000 for a three-year stay. Despite the savings, the state has slashed the number of individuals receiving in-home care over the last two years as a result of the waiver allocation and as a result, and I think you all know this, the PDA waiver allocation been underspent by some $76 million for the last two years. In other words, the General Assembly

allocated a certain amount, but because of restrictions placed on the waiver program, we have underspent that allocation by at least $76 million.

Now, for that $60 a day that Mr. Blackstone is requiring, under today's restrictions for the waiver, that case would have to be reviewed by a regional consultant before those services could be authorized. These restrictions and narrowing of the eligibility that were implemented two years ago have had a dramatic impact on this program. Again, a program that prevents. A program that's the type of the services that the baby boomers will absolutely demand.

To many senior citizens like Mr. Blackstone, personal care is essential to helping him and his wife remain at home. As baby boomers begin to age, they, too, will demand these types of services brought to them and designed around their unique needs in the comfort of their home. How many baby boomers are in the room? Aren't we like that? Exactly.

There are three other solutions that I think would recognize the needs of these kinds of consumers and bring about a balance to our long-term care system. Number one, Pennsylvania needs to add personal care services to its state Medicaid plan.

That would mean if I'm eligible for Medicaid and meet all the other criteria, I would receive personal care. No questions asked. Thirty (30) other states, folks, do this. Pennsylvania is way behind the curve.

We also need to allow presumptive eligibility. Presumptive eligibility happens when you assume that because you look at our high financials and you assume that I'm Medicaid eligible. This is something that we do for nursing home admissions. But for some odd reason we don't allow it for home care. The other suggestion would be to entitle home care as we entitle nursing home care. When I say that this is what I mean. When I am staying at home --- my mother's 84 years old and she is paying for her own in-home care. She's paying out of her pocket. And all the sudden that pocket has nothing left in it. Under today's system, the only option my mother would have, if it weren't for her wonderful four daughters, would be to go into a nursing home, because she is entitled to nursing home care. She is not entitled to home care. Again, baby boomers will demand this. These are some of the changes that must be in place as we see this new wave of our population coming.

The other thing that I think we have to look at is the role of technology. If we are to

continue down the path of independence and consumer focused care, the use of technology is a main ingredient to our success. Technology's role not only addresses the critical workforce that Representative Mundy referred to, it also helps us manage chronic conditions. It's a critical tool for both professional caregivers as well as family caregivers. And here's the good news, Pennsylvania is a leader.

According to the University of Pittsburgh, there are 7,000 telemonitoring units today out in people's homes helping to manage chronic conditions. Studies have shown that this type of telemonitoring of vital signs improves patient outcomes, detects problems before a visit to the ER occurs, and promotes self management. Motion sensors and medication dispensers are other forms of technology now being used, but will become commonplace in the next five to ten years. The Quietcare system, developed by two Drexel University professors, allows a family caregiver who might be three hours away to log onto the internet each morning and see when their mother got out of bed and opened the refrigerator for her breakfast.

Again, technology will help us keep the person in their home and remain active in the

community.

But it's just not consumers that I think we have to worry about. I think we also have to pay close attention to family caregivers. The average female baby boomer will spend 17 years caring for kids and another 18 years caring for an elderly parent. In fact, Georgetown University reports that 78 percent of all adults receiving long-term care at home rely exclusively on unpaid help. And another 14 percent rely on both professional and unpaid help. Government must do all we can to support this informal system.

Representative Mundy and this committee have supported the Family Caregiver program, which is a great first step. But we also must look at tax credits. I can't tell you how many calls we get in our office about a family caregiver who has a full-time job, who has an elderly parent living at home and is at pretty much wit's end. We have got to help that person. Employers are now feeling the zap from this. Instead of having childcare leave, they have elderly care leave. You know, we all use to talk about childcare. I think we're going to start talking more about eldercare. It's going to become an economic impact issue and I think it's something that we have to do to keep those families caring for that

individual. It's a lot cheaper if we support them than if they throw up their hands and say we can't do it anymore. We have to have government's help.

Another issue that will impact the independence of our aging baby boomers is chronic conditions. Fifty (50) percent of Americans in the age group of 55-64 currently have high blood pressure and two in five are obese. My husband and I were talking about this last night. He said yeah, and about another half probably are hard of hearing from all that music we were listening to as well. But we acknowledge there is absolutely a new look to the 65 to 70-year-old. The impact of chronic conditions holds true today and will continue into the future. Again, the good news is that Governor Rendell has addressed this in his Prescription for Pennsylvania. He's established a Chronic Care Commission who's going to look at ways we can manage chronic conditions better.

A team approach has proven successful in managing chronic conditions. Carnegie Mellon conducted a study with the Blue Shield of California recently where they examined patient-centered management. And they took 700 patients with chronic conditions and they managed them. And what they found was this. It showed a 38 percent decrease in hospital admissions, a

30 percent decrease in ER visits, and we saved $18,000 per person by managing their conditions. But the most significant indication was that they increased the use of home care by 22 percent. So they saved that money by providing that care in the home. By having that aide there, that nurse there, looking at their environment, watching what they were eating, they were still able to save money.

The goal of home health care is to help the consumer recover. We assess, we treat and we teach. That's part of what home health care does. We teach people how to manage their chronic conditions. In fact, CMS grades home health agencies on how well they keep people out of the hospital. You can go onto the internet, plug in your favorite home health agency, see what their rate of re-hospitalizations is. In Pennsylvania, we are above the national average. Seventy-five (75) percent of our patients do not go back into the hospital. We keep them at home.

I want to thank you for this opportunity. I just provided you a glimpse of some of the challenges that baby boomers will face as they try to remain active and at home. Mike Hall, who's the Deputy Secretary for Long-term Living, has said on numerous occasions that the marketplace will demand many of

these changes I have discussed. He says trust the market and consumers will tell us what they need. Consumers have done just that. And they've waited long enough. It's time that we put these services in place. Thank you very much.

CHAIRMAN MUNDY:

Thank you, Ms. Hoak. We really appreciate your testimony and it does seem to me that your advocacy is going to be increasingly important because as you say that's where consumers want to be, is at home. However, having said that, there does appear to be a disconnect in my mind. And certainly in the mind of the public, when we call on the government for help and yet we constantly hear the refrain less government, lower taxes. An effort to do away with the inheritance tax. An effort to cut the personal income tax. An effort to cut business taxes. Terrific ideas. Wonderful ideas. I love to be a tax cutter. However, when you are asking government for more help with more programs, there does appear to be a disconnect. What am I missing here, is why don't people understand that you cannot continually cut your sources of revenue without pushing burdens onto local government, county and local government, and onto individuals? I really --- I'm missing something and I'm wondering if you can

speak to that from your own perspective?

MS. HOAK:

Well, you know --- and I understand what you're saying and I think I'll go back to the family caregivers, first of all. That's something that's not going to cost --- well, it might cost a little bit, but the bottom line is most of our people are being cared for at home by family. What can we do to keep them doing that? Because that's not going to cost anything. And we have to do a better job in supporting that. So that's number one.

Again, I go back to cost effectiveness. Government now is spending an awful lot of money on facility care. I would rather see it spent on cost effective care, because it's not only best for government, but it's what consumers need. When you have an allocation that wasn't spent, and then I guess the monies go back into the general fund, I'm not sure if that serves any purpose.

CHAIRMAN MUNDY:

Well, there does seem to be a dispute over what happened to that money. I don't think that it's sitting in Harrisburg in the basement. I think that money probably was used up for other types of care in other programs in Medicaid. Representative

Pashinski and I have been talking to the Department about that. Representative Pashinski, would you care to comment?

REPRESENTATIVE PASHINSKI:

I just wanted --- I actually had another question.

CHAIRMAN MUNDY:

All right. Well, in a minute then.

REPRESENTATIVE PASHINSKI:

Okay.

CHAIRMAN MUNDY:

But you know, we are in a transition period and as the cost of medical care for everyone increases, and as you say --- I mean, you say family caregiver isn't going to cost a lot more. It will cost more over time as more and more people use it. And while it is more cost effective than nursing home care, obviously in-home care is more cost effective, but there are going to be more and more people requiring that care and fewer and fewer younger people offering the tax dollars because we don't tax pensions and Social Security in Pennsylvania. Again, you know, I just want to put this whole issue in a macro context so that people understand that there is no such thing as a free lunch. If you want the government's help,

you must be prepared to support the revenue base that provides that help. End of discussion as far as I'm concerned.

MS. HOAK:

And I think the other thing though, it's not only --- it's the unpaid family caregivers, but it's also that shared financial responsibility. And that's what makes in-home care another good reason for it is because we don't provide --- well, some people can afford 24 hour in-home care, but in-home care, most of the time, is a partnership. We're not there --- we're there maybe eight hours a day or four hours as in Mr. Blackstone's case, and we rely on the family then to fill in those hours as well.

CHAIRMAN MUNDY:

Thank you. I don't want to belabor the point ---

MS. HOAK:

No, no. Good point.

CHAIRMAN MUNDY:

--- because I absolutely agree with everything you said.

MS. HOAK:

Yeah. Good point.

CHAIRMAN MUNDY:

This is the --- this is the option we need to go in the interim, so I welcome your advocacy for your position.

Representative Pashinski?

REPRESENTATIVE PASHINSKI:

Thank you, Madam Chairman. And thank you very much for your testimony. I was just wondering whether you have any kind of figures or statistics. If we concentrate on home health care, will there be then a reduction in the number of folks that will be in the nursing homes?

MS. HOAK:

The whole purpose is to keep people in the community --- I think it's important to say that there's a place for nursing homes. We're talking about a continuum of care. I think our goal is to keep people in the community for as long as possible. And then when it's that --- you know, and to shorten that stay in a nursing facility. We had the community choice program that was started years ago, and I don't know if you're aware, it stopped quickly. And one of the reasons was we were told that the growth of the waiver program had surged so quickly that they were worried and that they didn't see a corresponding decrease in the nursing home admissions. That's not

going to happen right away. I don't see it happening right away. But I think the longer you keep --- and that's the goal of the Aging Waiver, to keep people in the community for as long as possible. And to have the nursing facility, you know, be the place where you really need that more acute care and I think the nursing facilities are saying that as well.

REPRESENTATIVE PASHINSKI:

Okay. Thank you.

CHAIRMAN MUNDY:

Representative Boback?

REPRESENTATIVE BOBACK:

Thank you. Thank you, Vicki. The question with the waiver program. Do you see a disconnect between and among counties in Pennsylvania? Okay. That answers that because I have a scenario. There is then?

MS. HOAK:

Well, in fact, you might be aware that the Department of Public Welfare is right now in the renewal process for the PDA Waiver. It has been forced upon us because CMS has come into Pennsylvania and said just that. This is a state waiver, you cannot have 67 different ways of administering it. So there is a lot going on and there is absolutely movement toward consistent rate setting, consistent policy and

procedures. Because it's --- I couldn't agree with you more.

REPRESENTATIVE BOBACK:

If there's any way I can help you with that, please let me know ---

MS. HOAK:

Great. Okay. Thank you.

REPRESENTATIVE BOBACK:

--- because that's a nightmare. The second thing with the waiver system, we talked about approximately four hours a day. Now, can that be bumped up? Is it pending the situation?

MS. HOAK:

After the assessment is done by the caseworker of the Area of Agency on Aging that caseworker comes back with a care plan. They look at the --- you know, who's in the house, can someone else take care of them. So they decide how many hours that person receives.

REPRESENTATIVE BOBACK:

Thank you. And the last question. So if I'm caring for my mom and dad and my mother --- their financial --- their little bank is gone. They're still staying with me and I don't want them to go in, they want to stay with me. Because I work and I can't keep

them, how would they be supplemented then by the government?

MS. HOAK:

They would look at their assets and their income and then that would determine ---.

REPRESENTATIVE BOBACK:

And then once that's depleted ---?

MS. HOAK:

Once that is determined that they are indeed Medicaid eligible, then they would have to pass the functional assessment, which looks at their ADLs and what kind of care they need. So two criteria and then they would become eligible. And they would look at, you know, okay you're working, how many hours a day? You come home so we don't have to cover that. They would see if you're --- if one spouse could, you know, prepare lunch and they wouldn't need to. So we look at all of those. I mean, it's a very restrictive kind of eligibility at this point. But absolutely, there would be no problem. They would just want to know when you're working and who else would be able to help.

REPRESENTATIVE BOBACK:

And that's wonderful. If there's anything I can help you with on that, too, you call me. Thank

you. Thank you, Madam Chairman.

CHAIRMAN MUNDY:

Representative Swanger? And before you ask any questions, I just would make a point that there are a lot of other committee meetings taking place right now so as you see people leave, that's why. I know there's another Health and Human Services Committee meeting and a lot of our members are on that committee. And that's at 11:30, so no offense.

REPRESENTATIVE SWANGER:

Thank you, Madam Chairman. I want to commend you for your testimony. It was very well presented, very well researched and I appreciate the facts that you relayed to us. As a former county commissioner, who took office in 1984, I'm very familiar with the needs of in-home care. I can't tell you how many families and how many older residents of Lebanon County contacted me and said why can't Medicaid funds be used to help keep me or my parent at home rather than having to go into Cedar Haven, which is our county nursing home. Very great facility, but they want to stay at home. And I truly believe that we could save funds by supplementing care at home. And did I understand you to say that one of your --- one of your recommendations and requests was to free up

the use of Medicaid funding to supplement in-home care?

MS. HOAK:

Yes. You've got the waiver program, which is the exception to the rule. In other words, the waiver program limits the number of people that can take advantage of it. My recommendation of putting personal care under the state Medicaid plan would do away with that cap. Everyone that would be eligible could receive. Whereas a waiver, has a limited number of slots. I hate to say that word.

REPRESENTATIVE SWANGER:

Thank you.

CHAIRMAN MUNDY:

Representative Kessler?

REPRESENTATIVE KESSLER:

Thank you. The Mr. Blackstone example speaks volumes. Where the Medicaid for three years was $65,000 and in a nursing home it was $167,000. A savings of $102,000. There are essentially two main things that have to happen to a house in order for a senior to stay there. One is handicap the house whether it be a rail, a toilet, bathroom. And the home caregiver program takes care of that.

MS. HOAK:

That's right.

REPRESENTATIVE KESSLER:

You talked about monitoring systems. Do you have any idea to much it would cost to put these --- all these monitoring systems that you talked about?

MS. HOAK:

Thanks for asking. Right now the Department of Welfare is considering --- well, they have agreed to reimburse for tele-home equipment at $10 a day. And that would be the remote vital signs monitor. So they would reimburse the home health agency $10 a day and for that the nurse, you know, sits back in the office and can take blood pressure once, twice a day, pulse ox, everything --- and so they would reimburse at $10 a day.

REPRESENTATIVE KESSLER:

So we would still be seeing a significant net gain in a situation like this.

MS. HOAK:

Absolutely.

REPRESENTATIVE KESSLER:

Thank you for your testimony.

CHAIRMAN MUNDY:

Representative Hennessey?

REPRESENTATIVE HENNESSEY:

Thank you, Madam Chairman. Vicki, you mentioned in the Blackstone case the narrowing of eligibility requirements that occurred two years ago. Can you talk about that a little bit? Was it statutory? Was it administrative? How did it happen? How can we fix it?

MS. HOAK:

I think that's pretty much administrative. A couple of things happened. Number one, they instituted different levels of care review. In other words, that if a care manager said all right you need this amount of service. It costs $60, like Mr. Blackstone, but AAA could not say okay you're authorized. They would have to send that care plan to a regional consultant. If it went above $99, then that had to come to Harrisburg for another level of review before services could be authorized. That's one thing that happened. As a result of that, you might expect it and it's what happened. Caseworkers started saying, you know what, I'm not going to authorize anything over $55. So services were cut.

I think it's important to note that Deputy Secretary Hall has recognized this. They're working on improving it and going back and trying to put some real good safeguards in, but it's happened.

It's been happening. And I --- when is it time though --- it's been happening now for two years. We've got to change this, because people are not getting services that they need.

The other thing is, to be quite honest with you, and I think this goes to Representative Boback's thing about from one county to the other. A person was actually found to be eligible for the Aging Waiver and then they moved down with their daughter to another county and they were found not to be eligible. The definitions are skewed. There's not consistency. And that has had an absolutely, you know, negative impact on the program.

REPRESENTATIVE HENNESSEY:

Well, I'm pleased that it wasn't a statutory change that caused the problem, but we may have to look at it statutorily if it doesn't need fixed.

MS. HOAK:

We're right now 25 percent down. Twenty-five (25) percent below enrollment figures. And that is from all Mike Hall's remarks.

REPRESENTATIVE HENNESSEY:

Thank you for your testimony.

CHAIRMAN MUNDY:

Any other questions? Thank you, Ms. Hoak.

MS. HOAK:

Thanks for having me.

CHAIRMAN MUNDY:

We really appreciate your giving us this testimony.

MS. HOAK:

Thank you.

CHAIRMAN MUNDY:

Obviously this is going to be an enormous issue and as our second testifier comes forward, I would just highlight the fact that the Aging Wavier discussions are taking place right now around the Commonwealth.

I attended a meeting at LCC on Friday. Unfortunately, we had an ice storm, so in the morning session it was only the AAA people who showed up to --- but they did brave the elements. It was only the AAA people who showed up to meet with Secretary Hall and his staff.

And in the afternoon, one provider, a woman who owns a personal care home and her husband came. But it was probably mostly because of the weather. But these are taking place around the state right now. And I would recommend that you look for

your local meeting and try to attend if possible because it is very informative. Even just the little bit of interaction that I had with one provider, and the people from AAA was extremely helpful in learning more about this issue.

Our next testifier is Sue Wasserkrug from the Pennsylvania SeniorLAW Helpline. Thank you very much for being here. You may present your testimony when you're ready.

ATTORNEY WASSERKRUG:

Thank you. Thank you very much for this opportunity to address the committee today. My name is Sue Wasserkrug, and I'm the Director of the Pennsylvania SeniorLAW Helpline, which provides legal counseling to older Pennsylvanians. The Helpline is a project of SeniorLAW Center, which is a Philadelphia-based non-profit organization that protects the legal rights of senior through direct legal representation, advice, information and referrals, community outreach and legal education, professional training and advocacy. We're particularly committed to serving the most vulnerable seniors in the community, including ethnic and cultural minorities and those who are homebound. We have outreach materials in about eight different languages including we have some

refrigerator magnets, which I brought for you today in case anybody would like them. They also work very nicely on file cabinets. And we have this in English, Spanish and Chinese. The Helpline is SeniorLAW Center's first and only statewide project for serving seniors in all 67 counties. The materials have a map that shows a distribution of calls by region throughout the state.

I'm sure you know that Pennsylvania has one of the highest concentrations of senior citizens in the country. Currently about 20 percent of our population are over the age of 60 and by 2020, that's expected to rise to about 25 percent. Since its inception four years ago, the Helpline has provided quick and easy access to much-needed legal information, advice, and quality referrals for all older Pennsylvanians regardless of any barriers that they might have, such as poor health status, geographic or social isolation, inability to travel, lack of a support network, limited English proficiency, or of course, low income. Seniors can call the Helpline from the privacy of their own home, Monday through Friday, 10:00 a.m. to 4:00 p.m. And after a brief screening, they're scheduled to speak with an experienced attorney who can answer their

questions, advise them on legal remedies available to them, and if necessary, refer them to another source of legal assistance. The materials include some typical questions that we see all the time. Not surprisingly, some have to do with nursing homes and Medical Assistance/Medicaid. And I've also included some vignettes of some actual cases that we handled.

Older Pennsylvanians are faced with legal problems across the full spectrum of civil law. There's also an illustration of the breakdown of calls by area of law in the materials. Some of the problems, not surprisingly, fall into the typical category what we would typically call elder law issues, things like wills and estates. And some legal issues just happen to disproportionately affect people over --- senior citizens, anyone over 60. Issues such as grandparent custody and visitation.

But senior citizens are subject to the same multitude of injustices that all vulnerable populations experience, things like food and housing insecurity, mounting debt and abuse and neglect and exploitation.

Perhaps the single most pressing legal problem that older Pennsylvanians encounter involves their financial well being. Consumer issues are the

single largest category of calls to the Helpline. Comprising a full 25 percent of callers' legal concerns. Sometimes callers have an overwhelming amount of debt resulting from high medical costs, insufficient income, or you know, nowadays the adjustable rate mortgages. These individuals struggle to keep up with their payments and realize that one additional expense, something that could be as simple as one high heating bill could topple the balanced budget that they've created. And they wonder what safety net might be available to them. Other callers are unable to make their minimum payments on credit cards, but trying to do the right thing, they send in what they can, only to be harassed and threatened with a court action or worse. I had a caller once tell me that a collection agency threatened to take away her wheelchair if she didn't pay her bills.

Still other callers are even farther along in the collection process and they might even have a judgment or two or three already against them. Seniors call the Helpline hoping that we can give them an answer to make their problem go away. And in fact, often we can. For example, when the debt is disputed or based on an error, or if the senior is judgment proof. We guide these callers through the steps of

writing a dispute letter or cease-contact letter. In other cases, however, seniors are in debt and maybe they own a house or have some modest amount of savings. And in those cases, the legal system really does not offer any easy solutions.

In cases where bankruptcy might be an option to them, quite often what we find is that the senior's income is just over the eligibility limit for the local legal aid office in their area, or you know, not all of those offices even handle bankruptcies, so the office of their area might not even offer that. And the cost of a private attorney for bankruptcy these days is pretty prohibitive for someone with such limited income.

Another type of consumer problem that we see regularly involves financial exploitation. Seniors frequently co-sign loans for adult children and grandchildren only to be left with the bill. Sometimes adult children fraudulently obtain credit cards in a senior parent's name or convince a parent to add them to a checking account ostensibly to help pay the bills. And then suddenly, you know, junior has a brand new car and there's no money left for house repairs.

Perhaps the worst of these exploitation cases is the one in which a child, an adult child,

convinces a parent to put the home in the child's name. And then the child decides that he no longer wants the parent living there. It's absolutely heartbreaking to tell senior citizens that they're no longer the legal owner of the house that they've lived in for decades. They're paying for taxes. They're paying for upkeep and suddenly they come to learn that they don't own the house anymore. When they just thought they were trying to save their children inheritance tax.

On the other hand, it's extremely gratifying when the Helpline can inform seniors of the legal consequences of the actions that they are considering, and thereby avert potential disaster. Plenty of callers seek exactly this type of counseling. They'll ask questions such as should I transfer my house to my children. Do I need a will? What is a power of attorney? What type of assistance is available to me? Everyone has legal concerns as they grow old. And aging baby boomers will face these issues, as we've already discussed not only for themselves, but also for their parents as life expectancies continue to rise.

Access to legal information and assistance enables individuals to age in place

independently, in control with dignity and with peace of mind. The thousands of seniors who have found Pennsylvania SeniorLAW Helpline in the few years that we've existed consistently express profound gratitude for the service we provide, telling us things like you've eased my mind and given me options to help me make a decision. Or this is the first time I've gotten help from anybody with this problem.

The increasing numbers of aging Pennsylvanians will inevitably increase the need for services such as the Pennsylvania SeniorLAW Helpline. Currently, we are able to serve only about a third of those who call us, although we recently have been able to expand our capacity somewhat with a panel of volunteer attorneys who help us. We hope to continue to address the critical legal needs of the increasing population of older Pennsylvanians as the baby boomers join those ranks. And again, I'd like to thank you for this opportunity and for your attention to this important issue.

CHAIRMAN MUNDY:

Thank you. Thank you very much for your service and for being here today. What's your source of funding?

ATTORNEY WASSERKRUG:

Our biggest chunk for just the Helpline --- the Helpline is just one project of SeniorLAW Center, which has many other projects. But for the Helpline, currently, we were very fortunate to receive a competitive grant from the US Administration on Aging, which supports this type of legal service delivery to seniors. So right now --- actually I should rephrase that. About two years ago we received two-year grant from the AOA for the Helpline, which we supplemented with IOLTA Fund, Interest on Lawyers' Trust Accounts. And the funding program was altered and this year, while we are benefiting from those funds, the grant is actually --- the grant recipient is actually the Department of Aging, where the legal services developer --- the Center for Legal Services developer is housed. And the grant fund --- the program was altered in such a way that now we partner with the Department of Aging to not only provide the services through the Helpline, but we're also examining sort of the bigger picture of the disparity, quite frankly, of legal services available to seniors throughout the Commonwealth. And trying to figure out what the precise gaps are and how to fill in those gaps. So it's that federal funding --- that's a three-year grant, which just started in October. And IOLTA

funds. We have some IOLTA funds.

CHAIRMAN MUNDY:

And this Helpline is an 800 number?

ATTORNEY WASSERKRUG:

Yes, it is.

CHAIRMAN MUNDY:

And it's available to everyone across Pennsylvania?

ATTORNEY WASSERKRUG:

Yes, it is. We --- the only eligibility requirements are that you live in Pennsylvania and that you be 60 years or older. You know, and sometimes ---.

CHAIRMAN MUNDY:

There's no income eligibility?

ATTORNEY WASSERKRUG:

There's no income. We also utilize --- and I should say that although there's no income eligibility we --- you know, because we're a non-profit and we rely on grant funding, we do gather quite a bit of demographic and other information from our callers. And one of the things that we ask is their income, not for eligibility purposes, but for statistical purposes and do find that the vast majority of our callers are below 200 percent of the

federal poverty level, which right now is about $20,000 for a single person household. And those who are above the 200 percent, you know, they're not $100,000 a year. They're maybe 25, 30 percent of the poverty level. But there are no eligibility requirements for our service, and we also utilize a service called Language Line, which enables us to immediately conference in an interpreter in pretty much any language. I think they have interpreters in over a hundred languages. Again, so that a senior citizen, you know, doesn't have to rely on a family member to translate or a social worker or some other service provider. They can call us from the privacy of their home and get the information that they need.

CHAIRMAN MUNDY:

Thank you. I'm going to put this in the newsletter. So if you get a whole slew of calls you'll know who ---.

ATTORNEY WASSERKRUG:

I'll leave some magnets. They're really great. You can stick them on your ---.

CHAIRMAN MUNDY:

Representative Brooks has a question.

REPRESENTATIVE BROOKS:

Representative Mundy actually asked one

of the questions I did want to ask you. Is it okay that we do put this in our newsletter?

ATTORNEY WASSERKRUG:

Absolutely. You know it's a Catch-22. We need the word to be out there. We have limited capacity to serve, but you know, as I mentioned we have recently had some great success enlisting attorneys from around the state. We have sort of a long distance training program. We provide them with some training materials on a CD. Referral materials, just all sorts of resources. Then we do a little conference call and train volunteer attorneys around the state so when calls come in it's not just our staff that handles them anymore. Sometimes the screener, the intake advocate, will screen the call and schedule the person to talk to an attorney outside of our office.

REPRESENTATIVE BROOKS:

I'd just like to say I applaud you for this. This is just a wonderful program and thank you very much for having her. I plan on actually making a sign and putting it in my office as well. I've gotten most of these questions in my office.

UNIDENTIFIED SPEAKER:

And our websites.

REPRESENTATIVE BROOKS:

Right. So thank you very much.

CHAIRMAN MUNDY:

Obviously, I'm looking for funding for services like this.

REPRESENTATIVE BROOKS:

And that goes to my question. You had mentioned a two-year grant. Now, are you reapplying for this grant, or ---?

ATTORNEY WASSERKRUG:

Well, that program changed.

REPRESENTATIVE BROOKS:

Okay.

ATTORNEY WASSERKRUG:

So in order for us to reapply we had to partner with the Department of Aging, which we did successfully. And we did receive, you know, the next round of funding.

REPRESENTATIVE BROOKS:

Okay.

ATTORNEY WASSERKRUG:

Which unfortunately was less per year, but fortunately was three years instead of two years, so we're relatively good for three years. The other thing that we're trying to do right now some other ---

I think, I believe 28 states now have a Senior Legal Hotline. We call it a Helpline because we don't want people to think that we do address a crisis. Quite often they'll get a machine and it takes us a day or two to get back to them. But what a lot of other hotlines around --- Senior Legal Hotlines do is in addition to the information and advice that they provide over the phone, some of them also provide what we call limited advocacy or brief services where, you know, maybe they'll make a phone call --- maybe they'll write the dispute letter to the creditor or write the cease-contact letter to the creditor for a senior who's particularly frail, and you know, just is not going to be able to do that for themselves. So taking just one extra step --- in situations where this is not going to court, you know, this can be resolved with a couple of phone calls. Some hotlines have mediation units, which have proven very useful. So you know, we'd like to be able to expand in that direction.

REPRESENTATIVE BROOKS:

So it's my understanding, though, that your funding is in place for another three years. Not that you'd turn down any additional funding, but right now this program is ---

ATTORNEY WASSERKRUG:

Right. For the limited ---

REPRESENTATIVE BROOKS:

--- protected for the three years?

ATTORNEY WASSERKRUG:

--- right, for the limited service that we can provide. We are hoping to get --- you know, we have some applications out there for funding to create the type of service that I just mentioned.

REPRESENTATIVE BROOKS:

Thank you very much.

CHAIRMAN MUNDY:

Representative Kessler?

REPRESENTATIVE KESSLER:

What are the hours of the ---?

ATTORNEY WASSERKRUG:

10:00 to 4:00 --- 10:00 a.m. to 4:00 p.m., Monday through Friday. It's all ---.

REPRESENTATIVE KESSLER:

So I think maybe if we all put our feelers out and maybe get a couple attorney volunteers we would steer them to you. I assume ---

ATTORNEY WASSERKRUG:

That would be wonderful.

REPRESENTATIVE KESSLER:

--- they would call the 215 number?

ATTORNEY WASSERKRUG:

They can call the 215 number or the 800 number. It doesn't really matter.

REPRESENTATIVE KESSLER:

Okay. Thank you.

CHAIRMAN MUNDY:

Thank you very much. Very, very interesting.

ATTORNEY WASSERKRUG:

Thank you.

CHAIRMAN MUNDY:

And as the baby boomers continue to age, I'm sure there will be an even greater demand for services like yours. Thank you for your service. We deeply appreciate it.

ATTORNEY WASSERKRUG:

Thank you.

CHAIRMAN MUNDY:

Our next testifier is Ron Barth from the Pennsylvania Association of Non-profit Homes for the Aging, otherwise known as PANPHA.

MR. BARTH:

Good morning. Again, I'm Ron Barth. I'm President and CEO of PANPHA, an association of over

360 non-profit senior services providers statewide. We serve more than 65,000 older Pennsylvanians daily. We employ over 45,000 caregivers and rely on the talents of more than 150,000 volunteers, trustees and auxiliary members. We are statewide. We serve Pennsylvanians in 50 out of the 67 counties. We provide a full continuum of care including affordable senior housing, housing with services, home health, adult day care, assisted living or personal care, whichever you prefer, nursing home care, and other community-based services. And of course, we have most of the continuing care, retirement communities, called CCRCs. You may have heard about this.

Obviously, I'm thankful for the opportunity to address this committee and talk a little bit about the challenges of our aging population and specifically, the baby boomers. I'm not going to --- you have my written testimony. I'm not going to go over some of the things that have already been gone over. Obviously, everybody has been talking about the fact that demographically we have a graying state. We have one of the oldest in age populations in the nation. The thing that I would like to focus on is of course the over-85 population because that's where most of the people that we serve fall in that age

group of 85 plus. And that is where Pennsylvania is growing probably the fastest. Between 2000 and 2004, our over-85 population increased 13 percent, while the general population only increased one percent. By 2010, this 85 age cohort will increase by 18 percent, which means we'll have over 365,000 85-plus year olds placing further strain on our care service system.

So while we need to talk about the baby boomers and this shows that it's going to get even more of an issue, we're already there. We're ahead of the age wave in Pennsylvania from the rest of the country. In fact, a study commissioned by our own Department of Public Welfare in 2006 stated that Pennsylvania is already experiencing the demographic changes that other states will not experience for another 10 to 15 years. So if you will, when we talk about the issues affecting the baby boomers, we're the Petri dish of the nation. We're going to be the ones that other people are going to look to to see how they are going to be dealing with the baby boom generation. You know, we found this study particularly interesting because it validated what we have long told people.

Now, understand, we provide a full continuum of care, so we aren't a nursing home

association. Neither are we a housing association or retirement community association. We represent the full continuum of care. But contrary to popular public rhetoric, Pennsylvania senior care and services, right now, its system isn't really slanted towards the nursing home level of care. In fact, according to the study that was done by the Department of Public Welfare, or at least funded by the Department of Public Welfare, it quoted, if one takes into account the age distribution of Pennsylvania's aged population, institutional utilization rates in Pennsylvania are slightly below the national average.

The fact of the matter is, it shouldn't surprise people because I don't think a lot of people understand nursing home services anymore. The average length of stay in a nursing home in Pennsylvania is less than six months. It is not the people's home anymore. It isn't, you know, the two-year, three-year, four-year, five-year residence of people. We have a full continuum, and as a matter of fact, as I said, our members provide this full continuum.

Nursing home services are for the very, very frail. Many times it's rehab facilities. Many times it's end-of-life issues, but it is a shorter term than what I think almost everybody realizes. As I

said, again, the average length of stay is --- I believe it's 177 days, which is slightly less than six months.

In 2006, our association produced our NorthStar Vision document, which I brought for you today and is attached to my testimony. This document outlines our envisioned future for how Pennsylvania should be caring for seniors, which would include of course the baby boomers. It has eight major issue areas that will guide our association as we work with policy makers in the foreseeable future. These eight points include leadership, facilitating consumer choices in transitions, personal responsibility, new senior living communities, transformed care organizations, technology applications, quality improvement and government. And while we as an association are committed to making progress in each and every point or area of NorthStar, our current strategic initiatives focus on three of these points which our association has determined that need most immediate attention. Those would be facilitating choices and transition, transformed care organizations, and government. Each of these three points deal with issues that the legislature, and this committee in particular, will need to deal with as the

age wave grows in the years ahead. And so I thought it would be helpful to share our thoughts in these particular key areas.

The first is facilitating choices and transitions. PANPHA members are constantly and rapidly developing new services that can foster an independent lifestyle at wherever the consumer calls home. That could be their private residence, again, home health care. Senior housing that is apartments, high-rises with services, and assisted living and/or personal care residence, or a nursing home. All of those areas are important to have a full continuum of services for seniors. However, when people do need care, the consumers right now find a health care system confusing and overwhelming and especially confusing and overwhelming are the government programs that purport to pay for that care.

Our goals in this area are to position our members who provide an entire region of care and services to meet the needs of consumers and families. And we plan to do that by advocating for public policy changes, which allow the expansion of innovative models of care including removal of existing barriers to the use of home and community based waivers in assisted living and personal care. And of course,

continue the expansion of the LIFE program, which is in other parts of the country called PACE. But we can't call it PACE in Pennsylvania because that name has already been taken, which is being successfully used across Pennsylvania. We need to work to ensure that when the place a low-income consumer calls home must be a nursing home when that is required --- when that is the most appropriate place for services, then that full funding is available for Pennsylvania nursing facility providers under the state's own payment regulations, the Chapter 1187 regulations.

We need to educate consumers on their needs and the appropriate feasible options to meet their care and service needs, offering social health models of care in place of institutional medical models and we need to seek ways to work with government for transition of existing facilities, the more institutional-type facilities, to more home-like settings.

Our second strategic initiative is transformed care organizations. By that we mean organizations that create senior care and service models where consumers and staff members work together to create an environment where consumer preferences drive the care.

To make transformed care environments a reality PANPHA members will be doing several things. First of all, we need to engrain culture change, and I'm sure many of you have heard that term, in everything we do and work with policy makers to align regulatory requirements and funding incentives to allow and foster the adoption of person's centering care models. We need to seek additional development and funding of programs aimed at training and retaining a world class workforce in the senior care and service profession. Very important. As a matter of fact, one of the big issues that we're going to have is as the baby boomers retire who in the world is going to care for us.

We need to invest in our direct care staff in areas such as education, training and the development of career ladders with the same passion that our staff brings to their roles of caregivers on a daily basis. And as was talked about earlier, we need to fully utilize technology to provide consumers needing care and services with the greatest level of independence possible given their conditions and needs. Once again, technology is going to go a long way to helping us with problems we're going to have with a workforce --- a shrinking workforce as the baby

boomers retire.

The third and final focus area we've chosen is government. We envision a future. We must have a future that moves past the current adversarial relationship with government. We believe that the public and private sector in partnership with consumer advocates must engage together to address the huge impact that the age wave demographic will have on the financing and provision of long-term care services in Pennsylvania. Currently, regulations that are steeped in the pure process, you know, did you sign this form in blue ink or black ink, and the gotcha methodologies and philosophies are short changing consumers and the dedicated staff who provide their care.

As senior care and service providers strive to work with consumers and government to achieve and maintain excellence in care, they face many challenges. In virtually every instance one of the most significant and seemingly intractable challenges they face is funding. Attempts to curtail a rapidly increasing federal budget deficit and competing state priorities have prevented public funding from growing enough to meet the needs of an expanding population of frail, low-income seniors. But as the dominant payer for long-term care, Medicaid's

continued under-reimbursement relative to facilities' documented costs --- and when I say documented costs I'm talking about the state's own cost reports. There's an under-reimbursement of $13 per day per resident here in Pennsylvania. And that has put the financial viability of many facilities in severe jeopardy. When coupled with the fact that fully 65 percent of residents in nursing homes are paid for by Medicaid, that means 65 percent of residents in nursing homes are underpaid over $13 a day under the cost. This is a particularly onerous burden. That's a burden that frankly is not shared by other types of providers that care for much lower percentages of Medicaid recipients.

Until now, Pennsylvania has chosen incremental policy tweaks to rebalance the senior services and care delivery system. Now, this has been done under a blanket assumption that it will always be cheaper to serve our seniors in community settings and somehow they can all be safely served outside the 24/7 skilled setting in their own home. Once again, people would prefer to be cared for in a home-like setting, certainly in their home or perhaps their own apartment or whatever. Sometimes that isn't appropriate. And the term re-balance and right-size continues to be used,

yet a state government study of what the right size is now or what it should be in the future has never been done. And it's really long overdue.

PANPHA, as you may know, was a driving force behind the creation of the Senior Care and Services Study Commission called for in Act 16 of last year. Act 16 of 2007. This created a commission to examine projections of Pennsylvania's future senior population and make recommendations on the most likely right size for each part in the system.

The formal charge of the Commission, whose members are to be appointed by the Governor, the leadership of the House and Senate, is number one, population projections through 2025. That's the easy part. Two, estimates on the proportion of each population segment who will require care and services in the various long-term care settings. And that would include, but not necessarily be limited to nursing facilities, assisted living, personal care, adult day care, home health and home care.

Three, an inventory of all current public funding, such as state general funds, federal funds, lottery funds, tobacco settlement funds, that are currently dedicated to senior care and services. Four, projections on future funding needs based on the

expected population and identification of potential sources of additional revenues to meet those needs. We are told that the Commission appointments are finally close to being made and that the work of this group will soon begin. Frankly, this work cannot begin quickly enough.

As you've heard over the --- I guess the two days of hearings on the impending age wave that we've had so far, everybody says, and we certainly agree, that Pennsylvania seniors deserve better than the annual budget practice here in Pennsylvania of funding senior services only with the money remaining after we've met our obligations to fund education and transportation and corrections and economic development.

As Governor Rendell's proposed budget released yesterday shows, the FY '08-'09 budget promises frankly more of the same. Nursing homes, for instance, were flat funded even though DPW Secretary Richmond acknowledged that providers' costs are rising. Her explanation was we know your costs are rising but the state can't afford to pay for these increased costs.

Our question is who does the state expect to pay for these increased costs? And of course, the

answer is, as usual, the private pay residents who have been unfairly taxed for years due to inadequate rates. And the other answer is the hard working long-term care employees who will either lose jobs because of the flat funding or be denied competitive wages because providers will have to attempt to balance their inadequate Medicaid payments with costs. So somebody has to pay for those increased costs. It is not a no harm/no foul situation. As the boom approaches, the age boom approaches, we can and must do better for our seniors and the dedicated workers who provide care.

By the way, Representative Mundy, I did appreciate your comments about the disconnect. About the fact that everybody wants more money, but at the same time people want lower taxes. That's the way it's always going to be. That is reality. You say what can be done. Very tough choices, but if they are tough choices that need to be made one of the things --- the points of NorthStar is personal responsibility. People do not prepare for long-term care. It would be interesting --- I'm not going to ask people to raise their hands in this room, but it would be interesting to find out how many people have long-term care insurance. I suspect if the percentage is

very similar to nationally, it's about 10 percent to 15 percent. People do not prepare. They expect government to provide these services and government says that they will provide these services and yet then government says, but we can't afford to pay for these services and so therefore, we're not going to fund them fully. And we all expect this problem to somehow disappear. It doesn't disappear. I will tell you I haven't looked at the Patriot today, the Harrisburg Patriot, but you can look at the Harrisburg Patriot, and I would bet a lot of money that there are at least two or three or four advertisements from elder law attorneys, whose purpose is to somehow arrange estates so that people could qualify for Medicaid. So that they can --- I'm not saying illegally --- but that they can legally shelter their assets so they can qualify for Medicaid. Because government should care for them, yet these are the same people that would not want to have their taxes raised.

It's not an easy answer, but we've got to start making some of the hard choices. And the hard --- you know, it is not an appropriate choice to say, well, we'll cover all these people. We'll expand eligibility, but when it comes to paying the costs

we're going to say, well, we just don't have the money. Somebody else has got to pay it. As I said, one of the real problems with nursing homes especially is we now have 65 percent of the residents covered by Medicaid. And when 65 percent of the residents have $12 to $13 a day deficit in the amount that they paid for versus the actual cost of services something's got to give. So thank you very much.

CHAIRMAN MUNDY:

Thank you very much. Appreciate your testimony. I have a question. You talked about an under-reimbursement of $13 a day. I'm assuming that's Medicaid reimbursement. And yet, this committee held hearings on the sale of HCR Manor Care to the Carlisle group for millions and millions and millions of dollars. Now, clearly the Carlisle group is in the business of managing capital and acquiring profitable, profit-making, organizations that can add to their bottom line.

So from your perspective can you sort of --- I mean, I think I know the answer to this question, although when I asked it at the hearing, I don't think the answer was very clear at all. But since then, when certain constituents have called me and told me about their situations I think it's become

clear to me what happens and why HCR Manor Care is such a profitable organization. But can you explain from your perspective what you think is happening here and how, if there's such an under-reimbursement by government, how could it be such a profitable industry?

MR. BARTH:

To be profitable you have to have your costs lower than your revenues. I mean, that's a basic law of economics. Clearly there are two things that you can do to become more profitable. Again, we're not-for-profit, so this isn't the same issue although we do have to meet our costs. It's not --- you know, you can't stay in business, whether you're profit or not-for-profit if you constantly lose money.

Two things I think that these large companies can do. First of all, they lower their Medicaid utilization by going towards the Medicare rehab. That's not a bad thing, actually. Then the other thing is that they lower their costs. And they lower their costs by either suppressing wages, suppressing staff, whatever they have to do to stay under the costs of --- under the amount that they are reimbursed. So if the state is reimbursing lower and lower and lower, the only way to stay in business for

the for-profits or for anybody is to lower your costs. Constantly lower your costs. It's the laws of economics, which we just can't avoid. And it just gets worse all the time.

Once again, for this budget, it's flat funded for nursing homes. Even though Secretary Richmond admitted, I don't know if admitted is the word, but acknowledged --- I guess that would be the better word --- acknowledged that costs are rising. And as I said, when you have 65 percent of the patients being cared for on Medicaid and that 65 percent falls further and further behind the actual costs, something's got to give.

I will tell you that's why you're seeing a lot of sales of nursing homes to groups that somehow think that they can make it work. We're seeing it with our own members. A lot of our members are not-for-profit. We will not sacrifice quality and I think some of them had decided they can't afford to do this anymore. So they're getting out. They're selling or they're closing. Some of the not-for-profit nursing homes they are providing other services, which is good, but when people need nursing homes, and there are people that do need nursing homes, it's becoming a problem. A real problem.

CHAIRMAN MUNDY:

Representative Swanger, you go ahead and ask your question and then we probably should move on even though I have lots more questions.

REPRESENTATIVE SWANGER:

Thank you, Mr. Barth. I was just wondering isn't it true that in a facility such as Manor Care, most of their residents are private pay? Is that ---?

MR. BARTH:

I don't think --- you know what, I don't know for sure, but I doubt that very much.

REPRESENTATIVE SWANGER:

Because I know in Lebanon County they only set aside a certain number of beds for Medicaid reimbursement and the rest of the people roll into our county nursing homes. Now, they can't mandate somebody to leave that facility if their funds run out and they just go to Medicaid, but that's the way it's working in Lebanon County at least.

MR. BARTH:

I can't speak for Manor Care. I can suspect since there are so many of these facilities around the nation that it's probably different from one --- you know, from one locality to the other, but

I really can't speak to Manor Care. They're not members of ours.

CHAIRMAN MUNDY:

Well, I can tell you that the for-profit nursing home industry tells us that they have more Medicaid patients than you do.

MR. BARTH:

That's not true. And I will tell you why they say that. And depending, you know, once again it's the way that you count. If you count our continuing care retirement communities, which are campuses and communities where those facilities are --- those residents of that community are guaranteed spots in the nursing home, then that would be true. But if you compare our free-standing community nursing facilities with their free-standing community nursing facilities, the amounts --- the percentage of Medicaid is almost identical.

CHAIRMAN MUNDY:

Interesting. Well, that bears further discussion. Representative Samuelson?

REPRESENTATIVE SAMUELSON:

Regarding the study commission authorized by Act 16 last year, what's the timeline for completing that study?

MR. BARTH:

I believe it --- what is the time line? Is it 2009?

REPRESENTATIVE SWANGER:

They have three years from the date of the Act.

MR. BARTH:

Three years. Yeah. I thought it was two years.

REPRESENTATIVE SWANGER:

It starts with the last appointment.

MR. BARTH:

Right. Three years from the date of the last appointment. I was thinking it was two years, but it's three years. We still don't have all of the appointments done, but we've been told that it's going to be very soon.

CHAIRMAN MUNDY:

Other questions? Well, thank you. I would love to have further conversations with you. Actually, believe it or not, this is the first time that we've met, I think.

MR. BARTH:

Not up close and personal, I guess.

CHAIRMAN MUNDY:

I'm very interested in more conversations along these lines because I really --- I'd love to sort through some of what I'm hearing and try to figure it out. So thank you for coming today.

MR. BARTH:

I'd love to do that. Thank you very much.

CHAIRMAN MUNDY:

Our next testifier is Kathy Lind from SEIU Healthcare Pennsylvania. Thank you for coming.

MS. LIND:

Thank you for having me. As Representative Mundy stated, my name is Kathy Lind. I've come to you with 50 years of experience in healthcare as a registered nurse. I am retired a couple of years now and I spent my last 20 years working for Western Pennsylvania --- for Western Psychiatric Institute and Clinic in Pittsburgh. As an SEIU healthcare worker, I have a good bit of experience in dealing with healthcare issues as well as helping to legislate some of the issues that nurses and caregivers have. So I come as a baby boomer who is recently retired and looking at both ends of the system from both a consumer as well as a caregiver. I'm going to skip through a lot of my testimony because a lot of what I have to say has already been

said and you'll find a lot of statistics that I would like to glaze (sic) over, but the footnotes in the papers that you received from me are very adequate and you should be able to look them up on the internet if you have further interest in that particular point of view.

One of the first things we would like to point out though as a baby boomer is that we are very interested in keeping control of our health system as far as our own personal care goes. And I speak as a baby boomer. We want to receive our services in --- that's already been stated --- in the home. We really put nursing homes as the least desirable and only the people who really need that kind of 24/7 sometimes two person one-on-one care so to speak is what we want for the nursing homes. Our baby boomers also really want providers to be held accountable for the highest quality of care. This is true both in the nursing homes as well as in-home services. And finally, we do care about the people who are providing the services. We want frontline caregivers to have the dignity of being adequately paid and they should, of course, have their own health insurance.

It's no --- well, the first part, again, is a reiteration of statistics you already know about.

The sheer number of baby boomers aging as if it's not daunting enough, expect --- you can expect much more in upcoming years. Increasing divorce rates and declining family size and more women in the workplace mean that aging baby boomers cannot rely on the eldest daughter to give the care anymore. I've been there and done that and it's not easy.

Demographers predict that by 2040 the caregiver is going to drop a good bit. Right now there are about 15 younger adults currently able to give care who are between the ages of 25 and 64. That's going to drop to about nine per person by the year 2040. So we are going to have a big deficit in caregivers for our upcoming generation of retirees who are going to need more care.

My generation is the generation of civil rights and women's liberation as you all know. We are not quiet about things. We are accustomed to change. We've made ourselves accustomed to change including the internet. We are accustomed to be heard. We will be demanding more long-term care, but we want to know --- we are going to be more demanding on how that is delivered, the quality, the contribution it makes to a dignified and decent lifestyle as we age. Boomers and their families have an overwhelming preference for

receiving care in their home. They also want to control that care, but we have a strong belief in human dignity. And the work and civic involvement that we have, we are going to be --- you're going to be hearing from a lot of us. Law makers are going to be hearing from us. Pennsylvania's long term system can't --- can we accommodate what is going to be needed? Not the way it is today.

In Pennsylvania, long-term care living arrangements are the inverse of what they should be. What we want. Today, the Commonwealth has 67 counties. There are over 732 nursing facilities in those counties. The number is greater than that of the number of public high schools in those counties. More than 80,000 older Pennsylvanians are residents of nursing homes, putting our state fourth in the nation for nursing home use. This is unacceptable, really.

At the start of 2005, over 54,000 of these residents had their care funded through Medicaid. But Medicaid paid for only 13,200 and some seniors to receive their care in their communities. This means that for every three people receiving care at home, there were seven still in nursing facilities. Today Pennsylvania's elderly represent 12.4 percent of all Medicaid enrollees. But the costs associated with

their care represents 34.8 percent of all Medicaid expenditures. Many people are surprised to learn that one year in a Pennsylvania nursing home can cost upwards of $60,000. Pennsylvania's over reliance on nursing homes is really unacceptable.

Recently, I had the opportunity to join a delegation of Pennsylvania caregivers and advocates and we went to Oregon to see a balanced long-term care system in operation. Particularly impressive was Oregon's Quality Home Care Commission. This is a statewide agency that assists consumers who prefer consumer direction in finding well-matched workers and good care managers. The Commission also assists caregivers in getting the training and the benefits that they need. In this model of care delivery, boomers are enlisted in overcoming the shortage of caregivers by taking hands-on approach to recruitment and retention.

Whereas friends and family members are often reluctant to go to work for a home care company, they generally are willing to work for someone they know and are often more willing than agency employees to work the nights, the holidays and the weekends. Boomers, by recruiting their own workers, are likely to obtain a good cultural match and that's very

important in the upcoming years. They develop their own schedules of care in determining when and where they get assistance.

As a model of that, I met a nurse's aide whose mother --- she was an EMT, supporting herself with her EMT license, and her mother was diagnosed with cancer. During the last year of her mother's life, she retired from her EMT job and stayed home and took care of her mother. The state reimbursed her a caregiver's fee to do that. After her mother died, she so enjoyed that one-on-one care she remained in the system and made herself available to the rest of the workforce and she is now a regular home care worker, certified with the State of Oregon. And it's a very happy union. We have a happy caregiver who is well qualified to handle the job. This is what we mean here by people recruiting their own caregivers. I believe that a home caregiver --- a home care commission is the way to go as far as delivering good quality home care for Pennsylvania. Boomers really mean business when they talk about quality. SEIU Healthcare supports the home care legislator (sic) licensure and regulation, but we believe that the Commonwealth should leverage its powers the long --- as largest long-term contractor and demand more quality and

accountability from the home care agencies and the people delivering the care, both nursing home as well as agencies.

As Pennsylvania contemplates serving its boomers, it's encouraging to know that they prefer --- what the baby boomer prefers is also more economical. On an average, the annual cost of supporting a senior at home through the PDA Waiver is about a third of what it would cost to keep that person in a nursing home. You've already heard those statistics. Of the 14,000 Pennsylvanians receiving in home services through the PDA Waiver, only about 3,500 now participate, and you've heard that before from a previous speaker. What Oregon has done --- about 20 years ago before they had this home care commission in place, their statistics looked very much like Pennsylvania's does today. Seventy (70) percent of their Medicare dollars went into nursing homes and about 30 percent went into home care. Today in Oregon, that is the reverse. Over the years, they have been able to keep --- by deferring the Medicare money into home care, little by little they were able to keep more people at home and now their usage is very much the opposite. It is now 70 percent of their people are in-home and only about 30 percent are in --- that's a

round figure, but that's what they gave us then.

CHAIRMAN MUNDY:

Did you mean Medicaid?

MS. LIND:

Well, they use the term Medicare/ Medicaid.

CHAIRMAN MUNDY:

But they're not interchangeable.

MS. LIND:

I know they're not interchangeable, but that's the way we heard it. Okay? They were talking about the general population, but they have more people --- they're reversed. In other words, they have more people at home and it's costing them less money than it did 20 years ago when they set up the program. That's the idea that they got across to us. And of course, we're nurses. We weren't involved in the --- we weren't listening for finances. We were more concerned with talking to the healthcare worker and the client. But they did reverse what we --- which is exactly what the baby boomers want to do. We want to reverse what we have now.

CHAIRMAN MUNDY:

You want more people at home ---

MS. LIND:

At home.

CHAIRMAN MUNDY:

--- in the community?

MS. LIND:

Right.

CHAIRMAN MUNDY:

Fewer people relying on nursing home care.

MS. LIND:

Exactly. But we want it done with dignity and this can be part of it because to purchase maximum quality for the home care dollar, Pennsylvania needs to shift its current system from contracting with any willing provider to a system that deliberately favors the best providers. And that's particularly where nurses come into involvement here. This is especially important because of home care. It's a very personal kind of thing. These are the people who stand in your own home giving you a bath, feeding you and generally interacting with you on a personal level.

Providers who demonstrate a commitment to quality should be rewarded for the volume necessary to provide it. In other words, we are looking for a report card here. Much as the Commonwealth should reward bidders who show the best quality, we believe

that the consumer should have access to that quality information. Pennsylvania needs a home care report card, the kind that already exists for nursing homes. Boomers will not accept today's situation where they are asked to choose between agencies with nothing more than the provider advertisement in the paper and word of mouth to guide them. The agency report card should be readily accessible to the provider as well as the consumer to make comparisons more easy.

The workforce is going to be a very important part in the next 30 years. As we have heard already, there is a shortfall. In the long-term care, quality care is not about high tech equipment. It's not about fancy procedures or heroic interventions. It is about the quality of hands on assistance given by direct care workers. These people report changes in the client's physical and emotional condition. They arrange --- they actually act as crucial social contact for many of their people. They compromise their own safety and health to be with clients every day. Today Pennsylvania does not have enough caregivers to deliver what seniors need. In 2005, we already had a shortfall of about 10,000 home care workers. With the aging boomers, that generation --- that caregiver gap threatens to become a huge chasm.

And again, I'm not going to go into the statistics. You can read that on your own.

Besides having too few workers, Pennsylvania has too few workers with job experience. Despite the importance of long-term relationships and long-term care, Pennsylvania's providers have tremendous difficulty in recruiting and retaining workers. A recent Commonwealth survey of these employers shows that home care agencies have a particular difficulty in recruiting and retaining these people. The average wage for the Pennsylvania personal care worker is $8.25 an hour. And unless she is a very unusual person, she does not get any employer-paid health care insurance, no retirement and no sick time. Poor pay and no benefits in long-term care are so ambiguous (sic) the Pennsylvania Department on Agency (sic) --- this appalled me --- actually created a handbook for direct care workers to help them find and apply for public assistance. This is an embarrassment. It really is.

Direct care workers also hold the same --- some of the most dangerous jobs in America. And a lot of people really don't realize this, but the rate of worker injuries with nursing home and personal care homes is second in the industry and ranks right

alongside of construction workers, truckers and meat packers in all of the nonfatal injuries. Studies suggest that short staffing at our nursing facilities significantly increases that likelihood, and Representative Mundy, as you were referring to how they make their money in Manor Care. I deliver communion as a volunteer in Manor Care every week. And the short staffing is a constant problem. And if you're assigned to 15 --- if a nurse's aide has 15 patients and the other wing person calls off, they suddenly have about 20, 22 patients for that day. And then the other person who's covering another wing also goes on lunch that even doubles even more. And none of this makes it into the paperwork, you know, it just gets shuffled around. So it's really not seen on the report card that a lot of inspectors go in there to see. I can attest to that as a nurse who had to supervise those kind of nurse's aides. It's very heartbreaking when you have to tell a nurse's aide that she's got to double her workload for that shift. It's kind of appalling.

It cannot be argued that direct care workers are poorly paid and poorly treated because their jobs are unskilled, and carry little responsibility or risk. The truth is long-term care

workers have dangerous, poorly-paid jobs because our system has the wrong priorities. And because workers and consumers have too little voice in setting those priorities. Nurses virtually have no say in that.

Direct care workers should have the right to advocate for themselves and their residents. In many of Pennsylvania's nursing homes and some home care agencies, direct care workers have succeeded to improve their conditions for themselves. But too often the employers choose to oppose their efforts frequently in ways that are unlawful.

It should trouble Pennsylvanians that in a system with too little money to provide good care, some providers routinely spend hundreds of thousands of dollars to block workers' efforts to associate. It should trouble Pennsylvania that employers routinely fire union people who are advocating not only for the client but also for themselves. It should trouble us that workers who wish to use their collective power in bargaining in the system are pulled off of duties so that they can attend anti-union meetings bombarding them with anti-union literature. And I've seen this happen at Western Psych. They actually paid us to go and listen to them for an hour, an hour-and-a-half to tell us why we shouldn't have a union.

We are serious about providing long care term (sic), but we must be serious about supporting the workers who deliver it. At a minimum Pennsylvania's long-term living system should insist that the employer at least comply with the existing labor laws. It surprises caregivers when they learn that long-term living regulations contain many provisions to protect the consumer, but none to protect the people who give the care.

Providers with a record of violating wage and hours laws should not be given the opportunity to do business with the Commonwealth or its agents. Providers should also commit to a method of financial reporting that permits authorities and taxpayers to verify that the expenses incurred are actually being paid to the patient and the caregiver. Quality contracting should include workforce improvement standards.

Providers bidding for public money should show that their plans to improve the direct care workforce include plans to increase salaries, wages or benefits of existing and newly-hired workers throughout the current rate year. And since consumers and families know very well how workers are treated is one of the good indexes of quality information about

the provider, these things should be available to the consumer such as wages, benefits, vacancy, turnover rates, the average tenure of the workers, all of these should be made available to the public.

I believe it is possible to rearrange our system. I firmly believe in the home care commission. And at this point, I think Pennsylvanians can really take a step back.

When I was in Oregon, we were, of course, exchanging information and I was describing the system of transportation we have here in Pennsylvania for the elderly and the handicapped people. They were in absolute awe at our Access system. They have absolutely nothing like that in Oregon, and from what I understand since then most states do not have that. They could not believe it. Their people --- their elderly have to find their own transportation. If they can't get on and off of a public bus, the family has to take care of it and that's all there is to it because they have nothing.

If we can do that with Access, if we can be a leader with the Access system, then we can be a leader here, too. But it's really one of those things --- we have the opportunity here right now. What we're talking about is not asking the government for more

money. We're asking you to shift the money to the home care worker and we're asking that you provide laws and enforcement to make sure that the money goes down to the people who are giving the care so that we get quality with this system.

I'm open for anything that I can possibly answer, but like I say, I'm just a nurse and a caregiver and soon to be a consumer probably, but I'll answer any questions that I can.

CHAIRMAN MUNDY:

Thank you very much for your testimony, Ms. Lind. We have one more testifier before we're in session at 11:00 ---

MS. LIND:

Thank you.

CHAIRMAN MUNDY:

--- so I think we'll let you go. Thank you very much. Last on our agenda and certainly not least, we have Robert Tietze, Executive Director of Experience Corps. Thank you for coming.

MR. TIETZE:

Chairman Mundy, Chairman Hennessey, members of the committee, thank you for having me today and for your leadership on aging issues and I appreciate the opportunity to talk with you today.

Last week, during his testimony, former Senator Harris Wofford, testified to the importance of expanding the infrastructure of civic engagement opportunities for older adults in Pennsylvania. And part of his testimony he called for the state wide expansion of Experience Corps, a program that over the past ten years has established an effective operational model for the civic engagement of older adults and retirees on a large scale.

As co-founder and director of the Philadelphia Experience Corps from the beginning, I second that notion, of course. But that's not exactly why I wanted to come and talk to you today just about that. Because it's true that Experience Corps is a pathway and it's a model that has shown that if you put in place the right infrastructure, large numbers of retirees and older adults will come and answer the call of service and be engaged.

But Experience Corps is more than a vehicle for civic engagement. It's also a vehicle for improving health, building social capital and addressing the critical need of literacy and the drop-out rate in Pennsylvania.

As you all know there's a --- we were talking today about the incredible challenge in front

of us to provide health care and funding over the next 30 years or so with more and more baby boomers retiring.

Today, 70 million Americans are over age 55. By 2030, over 31 percent of the population in the U.S. will be that age. Currently, Pennsylvania has the third largest number of people over 60 at 25 percent. And this number will continue to grow and puts Pennsylvania at the forefront for really leading the way in how our society and policies will be shaped to address this critical issue.

Former Commerce Secretary and founder of the Blackstone Group, Pete Peterson, once said that we've met the enemy and it is the aging us. And his sentiment was based on his projection of an economic catastrophe facing us and the country as a result of the cost of entitlements in health care for an aging population. And there's no denying that the cost of health care entitlement is a daunting challenge.

However, there are other ways of looking at this challenge. Former Secretary of Health and Education John Gardner said we are all faced with a series of great opportunities brilliantly disguised as insoluble problems. The possibility within this insolvable and immense challenges that exist today are

many solutions and great opportunity to meet head on. Those three challenges of education, healthy aging, and building social capital.

So what is the connection between healthy aging and civic engagement? Two topics that often seem disconnected. One is Peterson's enemy and the other is Gardner's opportunity. But if we see them having a very clear and direct link, we can begin to invest in civic engagement as a vehicle and a concrete strategy for increasing physical, cognitive, social and emotional health amongst our older population. Subsequently, this can lead to lower health care costs.

The current research shows that civic engagement provides the type of low-intensity physical activity that has proven to be as beneficial as high-intensity exercise. While some initiatives to recruit older adults into physical activity interventions have been successful, this success has been limited by access and socioeconomics. Dr. Linda Fried at Johns Hopkins University states that America needs novel approaches to increase the physical activities of older adults. She goes on to state that by expanding our repertoire of community-based strategies, more adults may be more attracted to the generative roles

of intergenerational volunteer program than to a health promotion program.

In a research article published by the Journal of Urban Health through the New York Academy of Medicine in 2006, Dr. Fried and her colleagues shared the results of an extensive scientific study on the health benefits of civic engagement, specifically through Experience Corps. The full study report can be found on our web site, Experiencecorps.com. However, I'd like to share a few important findings.

Compared to the control group, the non EC participants, Experience Corps members increased physical activity 220 to 270 minutes per week while the non-participant group decreased to between 140 and 170 minutes per week. In addition, the level of household activity such as chores and gardening increased quite significantly among Experience Corps participants, whereas the non participant group showed no increase in these activities.

When looking at across-the-board measurements, the Experience Corps participants showed a doubling of weekly physical activities over the non-Experience Corps group. Physical activity, as we know, increases circulation, lowers joint pain caused by arthritis and releases endorphins that play an

integral role in feelings of well-being.

These studies have linked civic engagement to lower mortality and disability rates and improved self assessed health. In fact, many of our Experience Corps members report in ongoing surveys and evaluations and research that they go to the doctor less often, have fewer complaints, and feel better overall. One volunteer said you know, it still hurts in the morning, but I know I've got to get there because those kids need me. So this process of putting their mind over matter is an important part of ongoing health and a self assessment of one's own health.

Helen Dennis, a volunteer, who started in the program years ago, went to her doctor and said should I do this? And he said absolutely. And she was very nervous about walking and getting to school and all the activities that go on with that and she was overweight and she was worried about, you know, her breath and everything like that. But I will tell you that after two months of the program and she was certified and trained, she stood up and she cried. And she said this is the best thing that's happened to me in a long, long time. That idea of being committed and dedicated and wanting to serve others is something I think that drives people past some of the aches and

pains.

Volunteering, in addition to increasing psychosocial well being, provides much-needed physical activity, as I mentioned and the Johns Hopkins study found that on multiple of the metabolic rate or METs, volunteer activities can compare favorably with traditional leisure activities in terms of energy expenditure. For example, moderate play with children has the same METs as Tai Chi.

So what are the unique characteristics of Experience Corps that can be attributed to these findings and continued reports that we receive from members about feeling, quote, reconnected to the world, unquote, and feeling like the little aches and pains don't matter so much anymore.

Well, there are five key elements. First, Experience Corps members serve 15 hours per week, so it's a more intensive involvement.

CHAIRMAN MUNDY:

Mr. Tietze.

MR. TIETZE:

Yes, ma'am?

CHAIRMAN MUNDY:

I am really sorry, but we have nine minutes before we're in session.

MR. TIETZE:

Okay.

CHAIRMAN MUNDY:

And I notice at the end of your testimony you talk about, to accomplish this I would recommend the following initiatives. I think you and Senator Wofford have made an excellent case of why this is a good idea.

MR. TIETZE:

Okay.

CHAIRMAN MUNDY:

So I really --- I really, really want to get to the point where you tell us what it is you need from us to help you push this initiative, this idea forward.

MR. TIETZE:

Okay. Well, I will jump immediately to that.

CHAIRMAN MUNDY:

I apologize.

MR. TIETZE:

Having done some acting, I work on queues very well, so I will absolutely jump to the initiative and I thank you for the time.

CHAIRMAN MUNDY:

We're always pressed for time, but I do apologize.

MR. TIETZE:

Yes. And while I've sort of jumped around, I have submitted a written testimony, which has all this in there, so absolutely.

Well, I've got five initiatives and I will go ahead and read them and then conclude. Number one is to support the statewide expansion of Experience Corps, which can act as an anchor for establishing large-scale infrastructure across Pennsylvania for civic engagement of retirees and older adults. These efforts will harness the power and experience of older adults and expand our state's repertoire of physical cognitive and social activities that lead to healthy aging and reduce health care costs over the long term.

Experience Corps will be able to act as a catalyst for other civic engagement organizations and programs and provide resources and support for diversification of civic opportunities.

My initiate number two supports Coming of Age. You also heard about it last week, I believe, which is also funded by Atlantic Philanthropies, the largest funder of aging programs in the country. And

it's embarking on a statewide expansion itself. Coming of Age focuses to provide education and opportunities for people to explore the possibilities in retirement through courses and training and such. And they are also based in the Center for Intergenerational Learning as is Pennsylvania's Experience Corps.

Number three is to develop and manage efforts to engage older adults who require new knowledge and organizational planning and expertise, non-profit and private sectors. We'll need to have resources to support effectively retirees and older adults, whether they're in civic service or in flexible employment opportunities that may evolve through this process.

Number four is really somewhat of a personal note, in the sense that having my father pass away at 80 years old of Alzheimer's, spent some time in the nursing home and over the years having done a number of different types of intergenerational programs in nursing home settings, I want to encourage you to explore by implementing an alternative, Dr. Bill Thomas, his approach to redesigning and reinventing nursing homes, which really make a lot of sense not only in terms of getting dignity to older adults who are in long-term care facilities, but also

engages the community and gives people a sense of meaning throughout the lifespan.

My initiative number five is to support intergenerational strategies in long-term care facilities. And as I mentioned, I've worked in a number of programs from mural arts to music and singing and oral history. And these programs bring the community into the nursing home facility and help residents feel connected, needed and wanted. These activities like Experience Corps can provide cognitive, social and physical activity that can increase the quality of life, and again, the Center for Intergenerational Learning is a national resource for these types of training and technical assistance provisions, and will expand as well in Pennsylvania to assist in this strategy.

I'm delighted that the Pennsylvania Department of Aging has initiated a series of hearings to update the plan on aging as federally required. I hope that Experience Corps, along with its partners Experience Wave, AARP, the Center for Intergenerational Learning at Temple, will be a part of that process to help older people stay engaged in work, volunteering and civic life.

Pennsylvania's baby boomers are among its

great resources and on behalf of Experience Corps, I look forward to working with you and Secretary Dowd Eisenhower in your efforts to put in place policies to put their talents to good use. As John Gardner said, our country's only increasing natural resource is its older adult population. And I want to thank you Chairman Mundy, Chairman Hennessey and members of the committee and I will be happy to respond to any questions. It doesn't sound like there's time, but I would love to.

CHAIRMAN MUNDY:

No, we have four minutes left.

MR. TIETZE:

Thank you.

CHAIRMAN MUNDY:

So stay put for the four minutes and we will --- I guess I am very much a concrete thinker. Tell me A, B, C, D how we, as policymakers, can support because you started each of your initiative presentations with support. Support Coming of Age. Support statewide expansion of Experience Corps. Support Institutional and Organizational Learning. I need to --- you know, a more concrete prescription for what it is you're looking for in the area of support.

MR. TIETZE:

Well, I think, in regards to policy, sometimes support comes in a way of strong encouragement, raising awareness amongst organizations. And I tell people that Experience Corps is in a position to really set the table for a much larger scale engagement on a civic level. And really, immersing the nonprofit community and the private sector and thinking about how can we engage this great resource. And I think the policy part of it is sometimes --- it's raising the awareness and sometimes it's putting into place requirements for ensuring that people are engaging older adults and that they have access to the resources needed to do that, whether it's training, training provision or funding for training. As I mentioned, the Center is one source and a great source --- it's a national resource for training and technical assistance.

So one thing might be funding. But I think the other part is also policies that push the sector along, the aging sector, into thinking outside of the box. It's not just about the body's, as Thomas says, scheduled institutional care. It's about looking at the whole individual. So you know, I think specifically around raising that awareness and bringing together leaders within the field. Whether

it's ongoing seminars and trainings with conferences, I think that's one strong way of doing it. And really setting it at the top of the agenda and say listen, everybody should be thinking about doing this and looking at engaging on a holistic level. I think that's one part of it. And certainly the seed money and the funding we are poised to take Experience Corps to several areas and working with school districts and AARP. To do that, we'll need funding at least in part from the state as well as private foundation money to do that. So that's a concrete level of support in that regard, too.

CHAIRMAN MUNDY:

When you talk about volunteering, you talk --- you often talk about going into schools and helping children. It occurs to me that helping the elderly population with, you know, all the many needs that they have, at a tremendous cost to the Commonwealth. Are you engaged in that kind of activity as well?

MR. TIETZE:

Well, what we do --- we have a number of programs. As a matter of fact, one of the programs I started out and ran in at the Center was engaging high school students as part of the service learning

program, based in their curriculum, in providing friendly visiting and chore services to homebound elders. And there's also, of course, the National Senior Program at Cedar Canyons. There's Meals on Wheels and programs like that that really engage people across the life span whether they're high school students, college students or older adults, in providing help to those older adults who really need help and support. And they're great programs.

And I think the common thread for all of them is developing these relationships. You know, to see high school students bond with a homebound elder and then the parents of the students connect with that elder as well, and on holidays, go and get them and bring them to their home, really creates that social capital and sense of community that, therefore, impacts the health as well and the overall quality of life of that older adult.

So it's not just social work, social care, here's your meal, we're leaving, but really creating relationships. And there's so many ways to do that I think you're absolute right and involving the older adults and retirees and boomers in some of those initiatives, I think is a great idea and expanding beyond.

My vision for Experience Corps ultimately have a menu of options for people. We know that not every older person wants to tutor a third grader. We have --- we're getting involved in stem activities because we have retired scientists and engineers who want to work with high school kids around math and science. And in order to attract them, we've got to connect them to a compelling opportunity. We have people who want to work with a homebound elder or work in a nursing home and provide support, whether through reading or an oral history program or singing and those kinds of things.

So in order to diversify the base and therefore expand on a large scale the number of older number adults, Experience Corps ultimately will have a menu and a selection of people, and will also allow people to move around. After a few years of doing one thing I can go do something different. So that kind of creative thinking absolutely is part of our vision.

CHAIRMAN MUNDY:

Well, I look forward to --- I'm very caught up in this idea of involving this wealth of older people and the resources that they can bring to Pennsylvania's children, older adults, people who need help or need companionship or --- and you know, the

kinds of services that older people can provide as volunteers, I would think as you say it keeps them healthier to be engaged and productive. So I'm really --- I'm trying to think of other ways to get the word out. Do you work with the AAAs in terms of ---?

MR. TIETZE:

We do. We do sometimes in terms of programming. As a matter of fact, ---.

CHAIRMAN MUNDY:

What AAAs in Pennsylvania do you work with?

MR. TIETZE:

Well, the Delaware --- mostly around Philadelphia, the Delaware County, Bucks County and Montgomery County. As a matter of fact, years ago the Montgomery County AAA funded this program I mentioned what we called HomeFront, which we eventually made into a telephone and cyber program too, using technology. There's ways that we haven't really fully explore and do some technology for homebound elders, in creating connections and relationships as well. I think many of them are very supportive and looking for ways to be creative. And I think that it comes down to two things. One, is the skill sets, the resources to do it, and understanding how to do it, because it is a

complex process. It always sounds simple, but those concrete details that --- the devil is in the details with these things and to do it well, is really important. And the second thing I think is the capacity, building a capacity within whether it's AAAs or non-profit agencies, and schools. That's why we managed Experience Corps in the schools because they don't have the capacity to run a full-scale, large volunteer program in the school, and they love the fact that Experience Corps will come in and run the whole operation.

CHAIRMAN MUNDY:

Well, thank you very much for the information. Appreciate it.

MR. TIETZE:

Thank you very much. I appreciate it and I look forward to further conversations. Thank you.

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HEARING CONCLUDED AT 12:08 P.M.

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