



Thank you, Chairman Day, Chairman Samuelson, and Members of the Housing Aging and Older Adults services, for the opportunity to testify today.

My name is Silvia Boswell, and I am the Chief Operating Officer for the Eastern Region at InnovAge.

InnovAge is the largest provider of the Program of All-Inclusive Care for the Elderly or LIFE as it is known in Pennsylvania, in the country. We serve seniors in Pennsylvania, Colorado, California, New Mexico and Virginia. InnovAge has five LIFE centers in Pennsylvania, located across the north, northwest and northeast sections of Philadelphia.

I am here to talk about a typical LIFE participant's day and how they find their way to the LIFE program.

Participants come to LIFE from many different paths. Some may see an ad for the program and reach out. Others may be referred by the AAA or they may live in a public housing unit that hosts a LIFE Center. Still others may have a friend who is part of the program. The intake process begins with a confirmation that the participant meets the basic LIFE eligibility requirements and an evaluation of the participant's needs and goals. We work with the participant's physician and County Assistance Office (CAO) to ensure that the required medical and financial information is submitted, and all questions are answered.

Once the participant has identified that they want to move forward with the program, we work directly with them to gather the needed paperwork relating to their resources and medical records. We assist the participant in walking through the enrollment phone calls and to understand the evaluation of their needs. Once the enrollment is processed, the interdisciplinary care team Joann spoke about meets with the participant to immediately set up services.

The care plan is determined after an initial visit with the participant and discussed by the team. The plan is then reviewed with the participant and their family for their input. The safety of the participant is always our top priority, so we also review the safety aspects of the home. Once everyone is in agreement on the plan details, the plan is updated and implemented. Services become effective at the beginning of the month. After the initial care plan is developed, it is updated with semi-annual and annual assessment, as well as any changes in conditions or services.

I will lay out for you the average day of 2 different LIFE participants, so you will have a more robust understanding of the LIFE program and services we offer. Our first participant scenario is a senior who attends the center 5 days a week.

The participant's daily scheduling is set and agreed upon as part of their assessment and care. A Home Health Aide will arrive at the participant's home around 8am to provide personal care such as help to get out of bed and dressing, in preparation for the LIFE van that transports the senior to the center. The Aide will prepare breakfast in the home or the participant may opt to eat breakfast at the center upon arrival.

The participant will arrive at the center around 9:30. Once at the center, they may receive a bath or other grooming by center staff if assistance is needed. Throughout the day, the participant can participate in social activities such as enjoying live entertainment, cooking demonstrations, Wi and Xbox games, card game tournaments, Zumba and strengthening exercise programs or participate in an outside trip such as the flower show or lunch at a restaurant, and countless other options based on their personal preferences. In addition to the social activities, the participant may meet with their interdisciplinary care team and receives medical, therapy and social work services as needed. These services can include lab work, x-rays, medication administration, wound care, respiratory treatment, physical, occupational or speech therapy, dental care is provided in our full service on-site suite, podiatry services for foot care or sizing for diabetic shoes, social services for assistance in locating housing or completing advance directives. All of these services are part of the LIFE program.

We serve a full lunch, usually around 11:30am.

The day ends around 3-3:30pm, when the center van takes them home. Once at home after a day in the center, a HHA assists the participant from the van and back into their home. The HHA prepares a meal for dinner, does housekeeping such as running the vacuum, doing the dishes, cleaning the bathroom or may wash a load of laundry. Once the participant is safely set for the evening, around 6 or 7pm the Home Health Aide leaves for the day.

In the second scenario, the participant prefers to stay at home, without daily visits to the center.

Participants who prefer to stay at home, may receive a call from their interdisciplinary care team, who is checking on the participant to review their plan of care. A participant is free to spend their day at home enjoying activities such as reading, watching their favorite television program, or visiting with family and friends. The participant only comes to the center when they have appointments with their care team but can call the center at any time with questions or concerns. Wound care management is provided at home by a registered nurse as per the doctor's order. Required center appointments will occur for the semi-annual and annual assessments, along with any change of condition or request that may arise. This does not mean the participant that chooses to not come to center is left alone, the interdisciplinary team will make regular home visits, this includes the physician or nurse practitioner. In addition, the participant can visit the center for any other needed appointments.

Every participant's day and experience is unique, whether you go to the center every day or stay at home. We work hard to provide innovative solutions for each person. The use of our center helps us centralize services and offers a gathering place for our participants. We enjoy seeing them and interacting with them each day. For those that have a support system in the community or do not enjoy going to a center, they enjoy the day at home. Those decisions are up to the participant, we are pleased to be able to accommodate them either way. The LIFE model allows our team members to become like family and grow a very special bond. We are a truly unique program and we enjoy the perspective and focus it gives us.

Unfortunately, the COVID 19 pandemic has been a very hard time for our participants and staff. In March of 2019, we were forced to drastically change our approach, because our centers were shutdown by the Commonwealth's Disaster Declaration. This forced us to change how we provided services from a group setting to providing individualized services

in participants' homes. Working with our staff and clients, we quickly put in place a plan managed the shift the delivery of our services. We began delivering meals and activity kits to participant homes, completing assessments utilizing delivered Ipads and iPhones for audio and visual telehealth visits and continued hands on care for ADLs, wound care, equipment installation and in person assessments. We delivered over 56,561 meals and 8,376 activity kits, performed 50,549 wellness calls and performed over 5,000 telehealth visits. We have been lucky to be a stable resource to our participants during the very difficult time and we take that role very seriously.

I want to thank you for the opportunity to testify today and share about a day in the life of a LIFE participant.