

**COUNTY OF**



**ALLEGHENY**

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Pennsylvania Senate Aging & Youth Committee  
and  
House Aging & Older Adult Services Committee Hearing

Thursday, August 28, 2014  
University of Pittsburgh - University Club

Senator Vulakovich, Representative Hennessey and Gentlemen:

The investment of your valued time to observe and learn about the delivery of a variety of services and offerings that enhance the quality of life for older adults is greatly appreciated. I trust you find these days enlightening re the enhancement and updating of long time programs, challenges that surround the ability to provide high quality care and supports into the future, and the excitement of emerging developments and new visions.

You know the need for services, you have heard about the necessity of additional funding to maintain those services today, let alone to address the growing volume of older adults residing in our state. I would ask that we view that same future through lenses focusing on the unique strengths we have in Pennsylvania and how we might use/leverage them to greater affect.

While it is understood that the world changes, the world of aging is spinning -

- experiencing longer life with chronic illnesses often outliving financial stability
- ability to live at home can increasingly be honored but requires support that is more difficult to assure due to smaller family size and the reality of all members being in the workforce vs. at home
- the propensity of families to wait to seek help until situations are at their worst thus costing more and resulting in far less satisfaction.

If we pivot toward early intervention and prevention, such approaches can delay or minimize the degree and amount of need. The state has made a remarkable investment over several decades in a network of home and community based services addressing the spectrum of older adults from those healthy and stable to the most vulnerable. Those resources, notably the highly flexible PA Lottery funds, have generated a great return to the citizens of the commonwealth but the future challenges I mentioned above, should cause all of us to reframe the nature and delivery of care and supports.

We should create the opportunity to:

1. Develop community vehicles that foster wellness, i.e. need to change senior centers business model. The false memory of a nice place to meet, eat lunch, and play cards has evolved into a location for creative expression, healthy exercise, and a trusted source of information re services and benefits. But tomorrow needs more partnerships with health systems to promote a continuing delivery of care, engagement in community to transfer knowledge and life skills to multiple generations while providing a sense of purpose, nourishment as much for the spirit, for emotional well-being and for mental alertness as nutrition for the body. Such a conversion may mean fewer sites in exchange for a depth of varied, meaningful, and quality services but it is time to build for tomorrow rather than clinging to outdated concepts.
2. To both enhance the quality of life of older adults and their families and to reduce private and public costs, services should be supported and/or developed which maximize individual capacity and reduce use of expensive acute and long term institutional care. Whatever the medical condition, emotional state, or stage of dementia, we currently fail to recognize the huge toll it takes on the senior – the confusion re how to maneuver through complicated health, social service, residential and end of life services are too often overwhelming. Many of us are hopeful that the anticipated report of the Long Term Care Commission will provide direction. An example of the kind of program I reference is the federally supported competitive Community-Based Care Transitions Program in which community based organizations familiar with non-medical supportive services have partnered with local hospitals to successfully reduce the rate of frequent readmissions to the hospital. The common sense of aiding a patient and their caring family to proactively manage their health upon discharge so as to avoid a repeated hospital stay is a win-win for the patient, the hospital and the medical insurer. Such approaches could be expanded at a Medicare level and adapted by state sponsored Medicaid programs along with private insurers. Unlike most states PA has a number of federally underwritten pilots, all involving Area Agencies on Aging. This is an opportunity to leverage a body of experience.
3. To assist elders dependent upon many forms of care to live at home is more complicated than just ordering essential hands-on services to compliment what a family can provide. Honoring the wishes of today's frail seniors and tomorrow's baby boomers to live where and how they wish requires advance skills in listening, judgment, counseling and discernment along with a breadth of knowledge that encompasses geriatric social work, disease progression, medical terminology and pharmaceuticals as well as family dynamics, benefits and entitlements, financial options and far more. To render with integrity the level of care coordination needed is no easy feat, yet it is one that Area Agencies on Aging and other mission driven social service organizations render on a daily basis for the more than 20,000 citizens utilizing several Medicaid Waivers. To deliver the quality of care

deserved by our neighbors who wish to avoid the two to three fold more expense nursing home stay, requires sufficient resources. While over the past two years the state has made two payment level modifications for Service Coordination, those of us in this southwestern corner of the state continue to question why/how the fees for this region are only at 94% of the state average and at 86% of the highest rates being paid across state.

As difficult as it is manage the Service Coordination at these payment rates, there is the smaller effort but far greater financial short fall from activities to enroll consumers in the PA Aging Waiver.

At the same time opportunities to divert more Medicaid eligible people from entering nursing homes by using home and community-based services are being missed. Without clear choices at the point of discharge from hospitals or delays in processing, many consumers fall back on the entitlement of moving to a skilled nursing facility. It is in everyone's interest to offer consumers today and tomorrow effective and financially prudent options of care but that requires community providers have sufficient resources and there must be efficient, time-sensitive access for the consumers.

4. Earlier I mentioned that the state has supported Area Agencies on Aging that work with many community organizations of every stripe to create a network delivering a range of services in routine and difficult situations. As Pennsylvania joins the rest of the country's pursuit of means to improve outcomes and to contain costs in caring for vulnerable older adults, it would be an extraordinary oversight to fail to incorporate the existing system of care in such initiatives. Many states have struggled to establish Managed Care efforts integrating long term supports with ongoing and acute health care. This commonwealth's decision 35+ years ago to support home and community based care using lottery proceeds has produced one of the strongest systems of care for mature seniors in the nation. Each Area Agency on Aging while being held to core program requirements has been allowed enough discretion to meet unique local needs, to adapt to differing circumstances, and to partner with great community, religious, and for profit entities as fit the need. I strongly ask that new approaches to integrating care build on this phenomenal strength rather than creating duplication that only weakens the whole. Do not reinvent what is working – rather let it be a building block, subject to change and modification but a great foundation.

Thank you for the opportunity to share concerns and suggestions about the future of aging services in Pennsylvania. I look forward to your questions.

Mildred E. Morrison, Administrator  
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