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CUMBERLAND COUNTY

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Good Morning Chairperson Ward, Chairperson Collett and distinguished members of the committee. My name is Sandy Gurreri. I am the Director of Cumberland County Aging and Community Services. Thank you for the opportunity to speak to you today about the proposed revisions to the Caregiver Support Act and the potential impact on the local programs.

We know that caregiving is not for sissies. Every day my staff interacts with people doing the best that they can to provide care to a loved one. Through Information and Assistance, the OPTIONS program and Older Adult Protective Services they provide resources, set up services and investigate alleged caregiver neglect but it is the Caregiver Support Program that is the unsung hero of aging programs and services when it comes to making a difference to the caregiver.

When a caregiver becomes enrolled in the Caregiver Support Program they often wonder how they managed without it. I would like to give you a glimpse of what the Caregiver Support Program does and how it could do so much more with the proposed updates.

The care plan cost cap of \$200 has not been increased since 1993. Knowing that the majority of our Caregivers request reimbursement for the cost of paying for respite care, or for care that they are not able to provide themselves that cap of \$200 puts severe limits on what can be provided.

For a bit of perspective in 1993 the minimum wage was \$4.25 an hour. If you were able to find someone to work for the minimum wage or even if you paid \$5.00 an hour you could get help for 40 hours a month. Today it is impossible to get someone to help in your home for the minimum wage. Many of our caregivers pay at least \$12-\$15 an hour which equals at most 16 hours a month. They are grateful for the help but with the removal of the \$300 aggregate they could get more.

Who could get more? I share the story of Robert and his wife and caregiver Mary. Robert suffered a stroke almost 2 years ago and is now totally dependent for all of his care needs. His wife has hired a caregiver to assist her with some of the more difficult tasks such as showering. She is fortunate to have found someone to work for \$12 an hour. That little bit of help of 16 hours a month makes the difference for Mary. It gives her just enough help so that she can continue day after day, week after week, month after month.

They are hopeful as Robert continues to show improvement but they are also concerned. As Robert slowly improves they anticipate needing home modifications and assistive devices to ensure his regained independence. His lift broke recently and they were able to get it fixed for \$300. That is the good news. The concern is that they now have just \$1,700 left under the current \$2,000 lifetime cap also established 1993. Caregiving is difficult enough. They should not have to worry about being able to afford a ramp or accessible shower.

Robert and Mary are who we think of when we think of caregivers. Spouses taking care of spouses or children taking care of aging parents but there is new caregiving relationship; grandparents taking care of grandchildren as a result of the devastating effect of the opioid crisis.

Whether by an untimely death or the ravages of addiction, the responsibility of raising children is falling to the grandparents. We have 3 such caregivers into our Caregiver Support Program and one is actually a great grandparent taking on the role of parent for 2 teenage children. Martha is the caregiver for her 12 year old great grandson. He was born addicted to opioids and as a result has difficulty with coordination and muscle tone. Her 18 year old granddaughter has aged out of the program but still lives in the home.

Martha receives reimbursement so her great grandson can go to the Sky Zone, a trampoline center. His doctor believes that it will benefit his muscle tone and is an enjoyable activity for him. He also attends summer camp activities and she is able to purchase clothes as he needs them with the change of seasons and growth spurts.

Martha worries about her future and that of her great grandchildren. She recently shared with her Care manager that her husband is in the early stages of dementia. As costs continue to increase she wonders how they will manage; another example of who could get and need more with elimination of the \$300 aggregate.

I would be remiss if did not mention the importance of this program beyond the financial reimbursement. A volunteer in our Caregiver Support Program, who was at one time a caregiver for her husband and enrolled in the program, is an integral part of our Caregiver Support Group that meets monthly at our office. They discuss the frustration and joys of caregiving and also come away with advice and tips from the topic of the month.

This support group meeting is open to any caregiver not just those enrolled in the program. When questions come up about the Caregiver Support Program some participants do feel that it is not worth pursuing when they hear about the \$200 care plan cap. The 1993 cap should not continue to be a disincentive to enrollment.

As I said at the beginning the Caregiver Support Program is the unsung hero of Aging programs. Caregivers receive much needed support from the Care Manager, they are able to hire their own formal caregivers, and the care receiver gets the care they need from the caregiver who knows them best. It is time to recognize the dedication of the caregivers.

Last year my agency returned almost \$22,000 of Caregiver Funds. With the proposed changes we would be able to use those funds to provide the caregivers a more adequate reimbursement which would help them to continue their labor of love day after day, week after week, month after month. We owe it to them.

Thank you.