

Senate Aging and Youth Committee
Family Caregiver Support Act
Testimony September 23, 2020
Steve Williamson, President, Blair Senior Services, Inc.

Overview

Good morning, I would like to thank Chairperson Ward, Minority Chairperson Collett and the Committee for the opportunity to come before you to provide testimony regarding proposed changes to the Family Caregiver Support Act.

My name is Steve Williamson and I am the President of Blair Senior Services, Inc. Blair Senior Services (the Agency) is a non-profit corporation that serves as the Area Agency on Aging, Shared-Ride Transportation and Medical Assistance Transportation Provider in Blair County. The Agency employs about 135 staff and has an operating budget of approximately \$10 million.

Blair County has a total population of approximately 123,000 and an older adult population of approximately 34,000. Through its many programs, our Agency serves approximately 10,000 consumers a year. While the majority of those consumers (approximately 8,000) are older adults, we do serve a significant number of individuals under the age of 60 through the Medical Assistance Transportation Program.

I am here to speak in support of the proposed changes to the Caregiver Support Act. The changes will help improve the program by more effectively driving dollars to those in need. While there are a number of language changes being proposed, I would like to focus on three of them:

1. Removal of the CSP monthly cap and allowing it to be set by the Department of Aging
2. Removal of the \$300 aggregate average requirement
3. Removal of the home modification lifetime limit and allowing it to be set by the Department of Aging

A Local Example of the Unused Dollars

Over the last five and half years, the Agency has allocated more than \$1,000,000 to consumer services in the CSP program. Over that same time period, the Agency has only been able to spend about \$625,000 or about 62% of those funds. This left about 38% of those funds unspent and returned to the Department of Aging. Unfortunately, the underspending is not reflective of the need, but rather the restrictions the proposed amendments to the legislation aim to fix.

In the current fiscal year, through December, the Agency has reimbursed caregivers \$49,005 and had budgeted \$80,596. During that same time period, caregivers had submitted \$98,168 of expenses for reimbursement. The \$98,168 actually under reports costs incurred because many caregivers only submit for reimbursement in the amount that will get them to their prescribed limit, not the total amount that was actually spent. In short, caregivers submitted expenses 200% above reimbursed levels and 21.80% above budgeted levels. The elimination of the limits the legislation seeks to address would have put this money to work benefiting both the caregiver and care receiver.

Who Will Benefit from the Change?

While the program provides reimbursement for program participants with incomes up to 380% of the federal poverty level, the reality is a disproportionate number of the care receivers have incomes of less than 200% of the federal poverty level or \$25,520 a year. Of the care receivers benefiting from the program at the Agency, 76% of them are below 200% of the federal poverty level.

What Services are Commonly Reimbursed?

Based on the Agency's FY 18/19 participant reimbursement submissions, the most commonly reimbursed services for traditional (non-grandparent) program participants includes the following:

- Medical Equipment and Supplies – most commonly used for supplies related to incontinence and related care and/or nutritional supplements. Submission for reimbursement for medical equipment and supplies made up 5% of the submitted reimbursement costs
- Personal Care – to assist with Activities of Daily Living (ADLs) such as bathing, dressing, grooming, eating and toileting. Submissions for reimbursement for Personal Care made up 50% of the submitted reimbursement costs
- Respite Care – to assist with Instrumental Activities of Daily Living (IADLs) such as meal preparation, housework, laundry, transportation, money management and caregiver relief. Submission for Respite Care reimbursement made up 44% of the submitted reimbursement costs

Based on the Agency's FY 18/19 participant reimbursement submissions, the most commonly reimbursed services for grand parenting participants include:

- Extra-Curricular Activities - made up 15% of the submitted reimbursement costs
- Respite - made up 10% of the submitted reimbursement costs
- School Supplies - made up 14% of the submitted reimbursement costs
- Seasonal Clothing - made up 61% of the submitted reimbursement costs

A Face to the Numbers

I would like to take a minute to put a face on the individuals that would benefit from the proposed changes to the legislation. Please meet Renee and Rob Kensinger and Gladys Long:

- Renee is the caregiver to mother-in-law Gladys (Rob's mom).
- They reside in Martinsburg, Blair County, PA.
- Rob works full-time. Renee works part-time and provides caregiver support to Gladys.
- Gladys is 80 years old. She has been diagnosed with dementia and is having increasing memory issues.
- Gladys has been assessed as needing help with 2 ADLs and 7 IADLs.
- Gladys is diabetic, has had both hips replaced, receives home delivered meals 3 days a week, requires cueing for bathing and dressing and is dependent on assistance for financial and home management.
- Gladys' income is \$16,236 a year/\$1,353 a month
- Gladys lives at home near Renee and Rob
- They are privately paying a caregiver approximately \$1,000 per month to supplement what Renee and Rob provide. At \$20 an hour this equates to about 50 hours of paid care per month or 1.67 hours per day. Renee and Rob meet the remainder of Gladys' needs.

Renee and Rob have been functioning in a caregiving role for more than 5 years. They started participating in the Caregiver Support Program in the fall of 2019. Because of the reimbursement limit, they are reimbursed \$300 of the \$1,000 being spent each month. At the same time, the Agency routinely lapses funding that could be used to help this family. Gladys' declining condition has resulted in the family actively considering nursing home placement. While I am not familiar with Gladys' assets, her income would make her Medicaid eligible for the nursing facility care.

Please note that this family was not "cherry picked" for impact. They were simply the first family that appeared on the list of those participating in the program that received reimbursement for respite services. They are "typical" of many families on the program in Blair County.

Closing Summary

Whether the reimbursement is for traditional program participants or grand parenting participants, these services provide assistance with basic needs and functions that we all tend to take for granted. The funding benefits low income care receivers. As such, I support the proposed changes to the legislation.

Thank you to the Kensinger family for allowing me use their family's story in my testimony. Thank you to the Committee for the opportunity to testify and their ongoing support of older individuals in Pennsylvania.

While I did not include it in the written testimony, at the request of the Committee, I would be happy to provide the data utilized in support of the testimony I provided.

Contact Information

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