

PHILADELPHIA CORPORATION FOR AGING

Summary of May 15, 2008 Public Hearing Testimony and Responses

Eleven agencies and their representatives gave testimony. Many were pleased to see PCA's goal in the draft Area Plan to provide city-wide leadership on aging. PCA was commended on its leadership in advocacy regarding the state budget. Agencies complimented PCA's continued support of the Emergency Fund for Older Philadelphians. All who testified requested an increase in the budget for Philadelphia's growing demands for aging services. PCA was complimented on the PCA News Bulletin as a resource for all agencies. PCA was thanked for continuing to update the helpful *Affordable Housing: A Guide to Independent Living Facilities for the Elderly in Philadelphia*.

Representatives from four senior centers testified:

- **Robert J. Groves, CEO, Philadelphia Senior center (PSC)**
- **G. Raechel Hammer, Director of Social Services, JCCs of Greater Philadelphia**
- **Rebecca Kochman, Director of the Center at Journey's Way: Resources and Programs for People 55+, on behalf of Cynthia Wishkovsky, Director of Journey's Way**
- **Renee C. Cunningham-Ginchereau, Associate Director, Center in the Park**

There were many common themes among testimony from the senior centers.

Budget, Funding & Resources

There were several comments on the need for additional funding.

- Over the last five years the centers only received a total increase of 3.73%. Centers expressed concern about the lack of clarity in the State Budget as to whether lottery funds will be diverted to other uses, many of which have alternate funding mechanisms with well financed lobbying efforts;
- Funding from other sources is decreasing. United Way allocations to Philadelphia Senior Center dropped by 45% over two years.
- The physical infrastructure of the senior centers is suffering from lack of investment. For example, PSC was denied state funds to replace a 17 year old HVAC system.
- Recruiting, training and retaining quality staff at senior centers is near impossible with the salaries they are able to pay.

Response:

PCA will continue to advocate for, at a minimum, cost of living increases for aging block grant services, as well as capital assistance grants. PCA appreciates the engagement of the senior community center network in this effort. To further encourage such participation, a

mailing is being prepared with sample letters, to be distributed to the center network to further engage center participants in these advocacy efforts.

Ms. Hammer, of JCC, specifically requested that:

- \$55 million from the state lottery surplus be used to address service reductions, waiting lists, and the reduction of services available at senior centers;
- \$16 million from the lottery surplus go to the Senior Center Capital Assistance;
- \$7.3 million fund a 3% cost-of-living increase to Area Agencies on Aging; and \$10 million to help service providers assure a stable, trained workforce;
- Senior centers should have a line item in the state budget.

Competition for Funds:

- Some who gave testimony for the senior centers identified competition for foundation funds between PCA and subcontractors as an issue.

Response:

While there will always be competition for funds among all non-profit organizations, PCA seeks to leverage dollars for the greatest impact across the network. For example, over the years, PECO arts grants have been used to expand the availability of arts programs in senior community centers by funding pottery, doll making and theater arts classes at centers that would not otherwise have had these programs. To help better leverage dollars for similar purposes, staff in the Program Management Department, which oversees senior community center services, has been reorganized to better focus on identifying and implementing staff and resource development opportunities for the center network.

Research

- Mr. Groves, of PSC, requested resources to design and implement a controlled study to examine the positive outcomes senior centers have on people's lives and those who do not use centers.

Response:

As scarce funding dollars become ever more competitive, it will be increasingly important to demonstrate the benefits of senior community center services. PCA will work with the center network to develop a strategy for further research and documentation in support of the benefits of senior centers and their programs.

Centers as Community Focal Points

- Several comments reinforced the definition and perception of senior centers as community focal points for neighborhood development and services.

Response:

Senior Community Centers have always been regarded as community focal points. As such, centers play a key role in providing information, programming, services and support to elders and their families within their communities. Centers are also important collaborators with other community organizations in support of the neighborhoods in which they are located. The Area Plan reflects this role by identifying senior community centers as key players in helping to meet nearly all of the goals outlined. Centers are also identified as key players in implementing PCA's "Connected Caring Community" initiative, for which training and other supports will be provided, as needed.

Transportation Advocacy

- It was recommended that advocacy be incorporated as a regular agenda item of Shared Ride Quarterly meetings or that a sub-committee of this group be formed for this purpose.

Response:

Advocacy regarding individual shared ride consumer situations as well as regarding operational issues which impact the centers is already an ongoing and regular part of the Shared Ride Quarterly meeting. In addition, a shared ride advocacy group, the Shared Ride Advisory Council already exists. Its function is to advise SEPTA on matters associated with the Shared Ride Program and to advocate on behalf of users of the service. These meetings are open to anyone concerned about the Shared Ride Program and service delivery issues. Any and all input is welcome, and additions can be made to the agenda at any time. At these meetings issues are discussed such as current CCT Connect initiatives, service delivery safety concerns, rider education, emergency weather policies, etc. All consumers and organizations with an interest in shared ride service are strongly encouraged to utilize this council as a vehicle for advocacy as it relates to shared ride service to older Philadelphians.

Diane Menio, CARIE, Center for the Rights and Interests of the Elderly

CARIE expressed concern about:

- How PCA plans to address the pending transition to targeted case management required by the federal government.
- Whether the Area Plan will identify how PCA will address changes in the Pennsylvania rate setting process which must come into compliance with CMS rules, which is expected to occur sometime during 2008-2012.

Response:

PCA is very much aware of the potential impact of the Centers for Medicare & Medicaid Services' (CMS) interim final regulations regarding targeted case management. In fact, PCA submitted comments in response to the December 4, 2007 publication of the regulations in the Federal Register. PCA is particularly concerned about those requirements regarding nursing home transition services.

Although CMS has since informed the Office of Long Term Living (OLTL) that the State will have until March 2010 to come into compliance with the regulations, specifically with regard to the administration of the Aging Waiver Program, PCA has already begun to explore the impact and potential opportunities the regulations may offer. Meanwhile, however, PCA will continue to work closely with the OLTL in its efforts to meet CMS' requirements in such a way that assures continuity of care and quality case management services.

With regard to rate setting, notwithstanding the fact that PCA has continued to faithfully meet the standards of the Pennsylvania Department of Aging's (PDA) Aging Program Directive (APD) regarding rate setting practices, in its October 26, 2007 review of the Aging Waiver Program, the CMS determined that the "State must develop a rate-setting methodology that is consistent with federal requirements." Although PCA recognizes the CMS' prerogative in this matter, PCA is very concerned about the local impact any such changes may have on consumers, particularly with regard to Options program. Marked increases in the unit cost of services will have a proportionate impact on the number of needy older adults that PCA will be able to serve in this much valued home and community based service program.

The Budget and PCA budget forms

- CARIE commented on PCA's budget, and suggested simplifying the budget process.

Response:

PCA will explore improvements in the budget process.

Care Management Practice

- CARIE voiced concerns over care management practices with PCA consumers

Response:

PCA takes great pride in the quality of its care management practice. Employees are provided extensive training, upon hire and on an ongoing basis, which places an emphasis on respecting the dignity and self-determination of consumers. In fact, PCA may be the only Area Agency on Aging (AAA) in the country that has fully embraced the Strengths Based Approach as a model of practice in all of its long term care programs.

Therefore, it is quite disturbing to hear that at any point of contact by an advocate, consumer, or anyone else, for that matter, that anything less than PCA's high standard of practice would be demonstrated. Nonetheless, the Director of Long Term Care will reiterate PCA's communications policy and procedures and assure that sound systems are in place in the event that a care manger may not be immediately available to receive telephone calls. Furthermore, directors will be encouraged to continue to emphasize the goals and objectives of PCA's Consumer Service Excellence program.

Measuring the Ombudsman Program

- CARIE commented on the need for PCA to update service objectives and internal quality measures for the Ombudsman program, because PCA's measures and the State Ombudsman's measures are very different.

Response:

PCA is very proud of the achievements of the Ombudsman program. During the past year, for example, the program conducted a very successful campaign to recruit additional volunteers to support the efforts of professional staff. Efforts are also underway to recognize and retain volunteers through additional resources recently made available by the State.

PCA is currently reviewing its standards of performance measurement for sub-contracted service providers. Although PCA's current standards are not viewed in conflict with those of the Pennsylvania Department of Aging (PDA), efforts will be made to include more process oriented methodology in its performance reviews. The Program Manager and PCA's Director of Continuous Quality Improvement will confer with the sub-contracted service providers to assure that the standards are in keeping with the day-to-day experience of ombudsman services and the State's requirements for the Ombudsman program.

Housing

CARIE suggested that PCA:

- Include an objective or strategy in the Area Plan to provide specialized care management services for older adults who need assistance finding viable housing alternatives for residents of personal homes.
- Continue to develop better working relationships with Philadelphia governmental agencies and community organizations, including veterans groups that work with the homeless.
- Include more strategies to expand Domiciliary Care, especially in South Philadelphia.

Response:

PCA is proud of its long history as a provider of DomCare Services. In fact, DomCare was the first of PCA's continuum of long term care (LTC).

In recent years, DomCare has been increasingly seen as a opportunity to expand housing resources for a variety of populations. In this spirit, PCA has developed a department level strategic planning process in order to reach out to the historical consumers and providers of DomCare services and to other under-served groups who may benefit from DomCare. Such populations include "age outs", 18 years of age and older from child welfare programs, ex-offenders, the homeless, and others who meet the eligibility requirements of DomCare. Furthermore, the OLTL has clearly identified DomCare for continued growth and expansion. Aside from identifying DomCare as a ready resource for the transition of nursing home residents with the aid of resources from the soon to be introduced Money Follows the Person program, PCA was asked to assist other counties with the development of their DomCare programs as well as produce a video that will be used statewide to promote DomCare.

During the past couple of years, there has been an inordinate number of Personal Care Boarding Homes (PCBH) closures in the city of Philadelphia, voluntary and otherwise. These closures have caused the relocation of hundreds of residents, including a significant number of older adults. PCA, pursuant to the Adult Residential Licensing (ARL) policies and procedures, has been an active participant and cooperative agent in meeting the needs of the affected residents. In addition to conducting level of care assessments on all of the residents, PCA's Ombudsman staff, including its sub-contracted service providers, and Domiciliary Care (DomCare) program staff were active participants in ARL meetings and other planning activities. Furthermore, PCA screened and relocated a number of consumers to DomCare homes, in accordance with individual needs and preferences. PCA continues to stand ready to support the PCBH Administrators' and Department of Public Welfare's (DPW) respective duties in offering re-location services to residents of PCBHs, as the need arises in the future.

Transportation

CARIE recommended Attendant Transportation Services be expanded.

Response:

Attendant Transportation Service (ATS) is currently available Monday through Friday between the hours of 6:00 am and 6:00 pm. While PCA acknowledges the importance of the Attendant Transportation Service, funding constraints do not permit expansion of the service at this time. Should expansion become possible, we will explore the possibility of Saturday and evening service.

Additional Comments:

CARIE requested that PCA:

- Remember the importance of serving those with low literacy levels when developing educational materials.
- Consider developing training targeted at informal caregivers, as identified in the recent Institute of Medicine report, *Retooling for an Aging America: Building the Health Care Workforce*.
- Add Alzheimer's and related dementia along with objectives related to behavioral health in the Area Plan's strategies.

Karen S. Buck, Esq., Executive Director, SeniorLAW Center

After commending PCA's efforts on several fronts, Ms. Buck commented on three issues, the first two of which she has raised at previous hearings:

- Improving services to diverse populations, including Limited English Speakers.
- The critical legal needs of seniors in Philadelphia.
- Increasing demand in an environment of flat funding.

Related to Improving Services to Diverse Populations, including Limited English Speakers, Ms. Buck recommended the following strategies to PCA:

- Make hiring bilingual staff a priority and to use such staff to serve elders whose cultures and languages they reflect.
- Help community groups that serve already serve LEP populations to access resources; skills and relationships.
- Negotiate a reduced fee contract with LanguageLine interpretation services so that providers and subcontractors can have access to affordable, quality professionals
- Establish a separate, supplemental funding stream for service providers designated specifically for language services – interpretation, translation and training of interpreters
- Fund established cultural community groups to provide interpretation and accompaniment services to current providers through a new subcontract to serve these painfully underserved communities

Response:

As recipients of public dollars, all service providers are required to comply with Title VI of the Civil Rights Act of 1964 as well as Older Americans Act regulations for services providers (45 C.R.F. Section 1321.71 (c) (5)). To assist subcontractors with compliance, PCA may want to explore these suggestions. Additional funds may be needed for the last two items. PCA will consider the development of a training session on how to best use interpreter services.

The critical legal needs of seniors in Philadelphia.

SeniorLAW Center recommended that PCA increase funds for legal services.

Ms. Buck called upon PCA in its 4 -year plan to fully recognize the critical legal needs of older Philadelphians and to make legal services a priority funding area as required by the Older Americans Act. She also indicated that PCA's level of funding places the burden of funding on the shoulders of legal services agencies –that are paying 75% of the cost of services.

Response:

The Older Americans Act requires that Area Agencies on Aging (AAA) expend an “adequate proportion” of Title III B funds for each of the three priority services – access, in-home and legal assistance. Additionally, the Pennsylvania Department of Aging (PDA) mandates that all AAAs expend a portion of the AAA’s Regular Block Grant funds on legal services. There is no required minimum percentage of funds to be expended on legal assistance.

PCA will continue to assist its legal services providers in their efforts to secure other sources of support for their programs. PCA encourages all of its providers to diversify their sources of support to expand services to the elderly and applauds SeniorLAW Center’s efforts in this regard. We will continue to leverage our resources and those of the aging services network to meet the needs of Philadelphia’s elderly. PCA will also continue to select legal services providers through a competitive process based, in part, on an applicant’s ability to secure other resources to expand services to the elderly.

Increasing demand in an environment of flat funding

Ms. Buck testified that PCA’s advertising campaign, new website and other promotional tools appear to be a generous investment when waiting lists are mounting, funding is flat and present care, housing and economic needs of seniors are being unmet. She also asked that PCA minimize - rather than create – new administrative burdens on service providers and that it carefully consider the cost of new requirements, such as increased insurance, criminal background checks when there is no legal requirement, advising clients of the actual cost of free services provided to them, new reporting forms and tasks (such as asking SeniorLAW Center to explain why certain of PCA’s own departments do not refer in adequate numbers).

Response:

PCA has a responsibility to educate consumers and caregivers about resources and opportunities for older persons. Area Plan input consistently ranked the need for information about programs and services as being a top priority. Advertising, public relations and website development are important elements of PCA's community education and outreach efforts. PCA is mindful of the difficult budgetary situation and is very prudent in its use of funds for these purposes.

SeniorLAW Center's issue with certain administrative requirements is noted. No new administrative requirements have been implemented in the last few years. However, before new requirements are implemented, such as criminal background checks and increased insurance limits, PCA carefully evaluates the need for them.

Regarding PCA's requirement that consumers be advised of the cost of services provided to them, while services are provided at no direct cost to consumers, they are not "free." The Older Americans Act requires that all consumers have the opportunity to contribute to the cost of services provided to them. Accordingly, it is PCA's policy that all consumers be advised of the value of services received and be provided with the opportunity to make a contribution toward the cost of those services.

With respect to new reporting forms and tasks (such as asking SeniorLAW Center to explain why certain of PCA's own departments do not refer in adequate numbers), PCA's last revision to its (monthly) reporting forms was three years ago (in fiscal year 2005 – 2006). Our reporting forms are updated only as needed. On an annual basis, PCA produces a report on each provider's performance based on information reported by the provider in its monthly service reports, including aggregate referral source data. These reports typically include expectations for providers in terms of elements of the aging services network with which they need to further develop their relationships and to direct more outreach.

Three parties gave testimony regarding behavioral health:

Mary Ann S. Wall, Program Director, HOPE, Catholic Social Services (CSS), Archdiocese of Philadelphia

Homebound Outreach Program for the Elderly, HOPE, provides individual therapy to homebound seniors with behavioral health needs. HOPE aims to avoid psychiatric and medical hospitalizations so people may take advantage of outpatient services. Although HOPE focuses service in the Northeast and Far Northeast, it currently also has clients from South Philadelphia. HOPE could provide services more effectively if each section of the city were served by more teams from HOPE and INTERAC to provide in-home services.

Dan Winterstein, Department of Behavioral Health

Mr. Winterstein reiterated the continued need to expand behavioral health services to the elderly in Philadelphia.

Dr. Doll Wayman-Brody, Project Director for the Behavioral Health Alliance or Older Adults

- Dr. Wayman-Brody requested that the budget be restructured so that the Department of Behavioral Health bears a greater share of the cost for the Behavioral Health Center.

- She asked PCA to continue and expand the program into North, Northwest and Northeast Philadelphia and get assurance that PCA will return and refill the Access Specialist position, which is now empty because PCA transferred the staff to PCA's Options Program.

Response:

During the past two fiscal years, PCA has been a participating member of the Behavioral Health Alliance (BHA) and the sole source of funding for the Behavioral Health Resource Center (BHRC). Although PCA is very pleased with the achievements of the BHRC, the continued operation of the center will need to be supported by other sources of funding shortly after the onset of next fiscal year. Given the expected flat funding of PCA's budget, PCA will simply not have the resources to continue to wholly fund the BHRC. Nonetheless, PCA recognizes the vital need to address the behavioral health needs of older adults and it is committed, both as an advocate and as a service provider, to continue to assist consumers with linkage to community resources. Moreover, the Department of Behavioral Health (DBH) has identified the behavioral health needs of older adults as a priority for the next fiscal year. It is PCA's hope that this will translate into increased funding for services targeting the needs of older adults by DBH.

Jeanne Boone, Action Alliance, Inc

- Applauded PCA's continued good work with seniors in Philadelphia.

Whan Chung, M.D., President, Jaisohn Foundation

- The Philip Jaisohn Memorial Center has a Bi-lingual Peer Helper Program funded by the PCA Community Based Service Grant for three years. Due to the enormous linguistic and cultural benefits of these services to meet the need of the 500 elders in the Korean community, Dr. Chung requested that PCA waive the policy that an agency may only receive this grant three years in a row.

Response:

The Community Based Service Grants have been very successful in helping PCA to reach under-served populations. The demand for these grants is high and the process competitive. At this time, PCA has decided to fund these projects for a maximum of three consecutive years.