

Good morning. My name is Richard Browdie. I am privileged to serve as the Secretary of Aging for the Commonwealth of Pennsylvania.

I would like to thank the Senate Special Committee on Aging for the opportunity to testify on this important issue. Family caregiving is one of the central components of a truly comprehensive array of home and community based long term care services, which in turn is crucial to any strategy to develop an affordable long term care strategy for our country.

We are delighted that President Clinton's long term care initiative provides for a family caregiver support program. As you may know, Pennsylvania began development of a family caregiver support program over a decade ago that provides all the services of the national program proposed by the President. Additionally, the Pennsylvania program allows for reimbursement to caregivers for home modifications and assistive devices. I am pleased to say that the Commonwealth, through the Department of Aging and its network of 52 Area Agencies on Aging, has provided the family caregiver support program and its services to informal caregivers of older persons statewide since 1992.

Our program serves more than 3,500 families at any given time. More than 6,000 families benefit from the program over the course of any given year. It is estimated that more than 25,000 different families have benefited from the program since its origination.

The program is targeted directly at families through its requirement that the primary caregiver and the care receiver live in the same household. The program is popular with consumers because it respects the primary role of families as caregivers, and seeks to support the efforts of family caregivers rather than to supplant them, change them or manage them. While Area Agency on Aging staff counsel and assist the consumer in becoming more informed and skilled caregivers; the primary caregiver, who in most cases is the care receiver's spouse or daughter, usually continues to manage the care within the family. The primary caregiver, along with family and involved friends...what we refer to as the informal caregiving network...decides what support is needed from the program and other community resources. This could involve any combination of caregiving information and educational opportunities, respite services, supplementary care, consumable supplies, assistive devices and home modifications.

The maximum financial benefit available under the program is \$200 per month in reimbursement for the purchase of services and supplies and a "grant" of no more than \$2,000 over the life of a case to help with the purchase of home modifications and expensive assistive devices. Families within 200% of the poverty level can receive full financial benefits. Families with incomes between 200% and 380% of the poverty level are eligible for reduced financial benefits based on a sliding scale. The majority of participating families are eligible for full benefits. For example, based on current dhhs guidelines, a household of five (a daughter, her spouse, two children and a care receiving parent) could have an aggregate income of \$38,500 before the financial benefit would be reduced at all, and they would be eligible for half of the financial benefit with an income of up to \$57,750.

Consumers typically utilize their monthly financial benefit for purchasing day care services, hands-on assistance at home, nutritional supplements, over the counter medications, incontinence supplies, and assistive devices. Families use their "capital assistance" benefit to help pay for items such as lift chairs, stair glides, portable ramps and other various assistive devices. They also use the grant to make modifications to their home to facilitate caregiving and safety, like adding a downstairs bathroom, building a ramp or modifying an existing bathroom.

The program is extremely cost-effective, in that it serves families at an average cost of less than \$3,000 per year. Considering that care receivers in the program must need substantial human assistance with at

least one activity of daily living and either be at least age sixty or a victim of chronic dementia, traditional in-home service packages for these same consumers could easily cost five times that amount or more. In fact, many of the care receivers in our program would move into our nursing home diversion systems if their families did not prefer this option. Thus, the cost effectiveness of the program does not even begin to consider savings resulting from prevention or delay of nursing home placement.

Pennsylvania's Family Caregiver Support Program Is not only designed to meet the specific caregiving needs and help reduce the stress and burden of care for each consumer family, but it also has the flexibility to allow each area agency on aging to adapt the program to the local caregiving needs and resources of the communities they serve. For example, in an urban community there may be a number of caregiver support groups available from a variety of local resources. Our program will assist and support these local resources. In other communities, particularly rural areas, the program may need to take a more direct approach by organizing and/or operating caregiver support activities to fill gaps in existing resources.

The program, both on the state and local level, has proved to be a catalyst for collaboration and growth among other family or informal caregiver support initiatives. The Department of Aging and its family caregiver support program is currently a key player in the development and implementation of family support initiatives statewide, including establishing a network of trainers to teach caregivers about assistive technology; increasing the awareness of family violence and prevention programs among health care professionals and the general public; and publishing a user friendly guide for informal caregivers on how to help elderly consumers "maneuver through" medicare, and gain access to other health and long term care benefits and services.

Pennsylvania's family caregiver program is supported by a general fund appropriation of more than \$10 million. Pennsylvania's projected share of \$5 to \$6 million from the proposed federal program would be a tremendous boost to this critically important program, which routinely has waiting lists in communities across the state. Furthermore, there are additional informational and program support efforts we would like to develop with federal support.

The prospect of a national program raises an important issue, however. The federal program must be sufficiently flexible to allow for optimal integration with existing state efforts in this critical area. Overly restrictive federal regulations would be counter-productive. Federal and state dollars available for this effort must be administered in a coordinated manner.

Again, thank you for the opportunity to testify, I would be happy to answer any questions you may have.