

STATEMENT OF

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BEFORE THE

**SENATE SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE**

**THE GROWTH PROCESS OF A HOMEMAKER
AND PERSONAL CARE SERVICE PROVIDER**

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INTRODUCTION AND HISTORY

Chairman Kohl, Ranking Member Corker, and Members of the Committee, I would like to thank you for this opportunity to address the Special Committee On Aging. I am Timothy Howell, the Chief Executive Officer of Senior Citizens Home Assistance Service, Inc. (SCHAS), a non-profit 501c3 agency and service provider to the elderly and persons with disabilities. In the interest of space I will address the agency by its initials "SCHAS" throughout the remainder of this document.

SCHAS began serving the elderly and persons with disabilities in July 1970 in Knox County, Tennessee. The mission of SCHAS is to improve the quality of life of the frail, elderly, and persons with disabilities. The agency was formed through a grant from the Older Americans Act in the amount of about \$50,000, and to date SCHAS still receives funding from the OAA. The grant funded a study to analyze whether or not elderly citizens would be able to remain at home if provided caregivers to perform light housekeeping, laundry, grocery shopping, cooking, and other homemaker services.

As a testament to the success of this grant, SCHAS has grown since 1970. The agency now serves residents in 20 counties of East Tennessee with a service area that reaches from the south in Chattanooga (Georgia border) to the north in LaFollette (Kentucky border) over to the east in Newport (North Carolina border) and as far west as Roane County, Tennessee. In fiscal year 2011, SCHAS is on target to help over 2,550 individuals remain in their homes through providing over 360,500 hours of one-on-one care. The best part of this story is that of these individuals 76% or 1,938 of them will be under the 150% federal poverty level.

Along with growth in the geographic service area and the number of individuals served, SCHAS has experienced increases in budget, employees, and programs. The growth is a result of the agency staying true to its mission while focusing on offering programs that fill in the gaps where other services are not provided in the East Tennessee area, and forming partnerships with many different entities and individuals. This has allowed SCHAS to be financially stable throughout the years.

PROGRAMS

At the core of SCHAS' services is the homemaker and personal care program. This program screens, trains, and employs people that want to be caregivers to provide homemaker and personal care services to elderly and persons with disabilities. This program is successful because of many reasons. The major ones are:

- Full Fee Private Pay Clients – People that have the ability to pay for services should, and this is consistently a major part of the agency's budget.
- Sliding Scale Fee Private Pay Clients – These clients typically do not qualify for government programs because of financial or physical reasons, but they still need the help. Because of funding from United Ways, local governments, and fundraisers, SCHAS is able to offer a reduced hourly rate that is determined from the person's net income, (gross income less necessary expenses).
- Accreditation – SCHAS is accredited by Home Care University, an affiliate of the National Association for Home Care & Hospice. This vital oversight ensures the agency provides the highest possible quality service.
- Caregiver Training – Caregivers are the heart of the program, and SCHAS places emphasis on treating them as professionals. Before hiring, SCHAS performs background checks, reference checks, drug tests, and TB tests. A registered nurse provides 72 hours of orientation and personal care training. On-going training is required at monthly in-services.
- Government Programs – The Federal Government and the State of Tennessee fund several programs that reimburse the agency by the hour for homemaker and personal care services.
- Governing Board – SCHAS has a diverse governing board compiled of business and financial leaders, social workers, medical personnel, legal advisors, and retired individuals. The board members guide SCHAS with financial and legal oversight, ensure high quality programs, help with fundraisers, and advocate for the agency.
- Partnerships – SCHAS partners with for profit companies, government entities, United Ways, foundations, private individuals, and other not-for-profit agencies.

A few examples of these partnerships are: SCHAS receives cleaning supplies from a local office supply company to give to people that cannot afford to purchase them. Second Harvest, a local non-profit that distributes food, donates non-perishable items so our caregivers can deliver it to those that may be running low on food at the end of the month when their money runs low. Volunteer groups paint homes or perform maintenance tasks for people that cannot afford to get those needed chores done. Care-All, a home health company, puts “Dove Trees” in the malls at Christmas to get poorer clients much needed clothes as presents. Partnerships are invaluable in helping SCHAS achieve its mission.

SCHAS is unique because the agency is capable of helping the affluent that can pay for services, poorer people that qualify government services, and the middle class that might not be able to pay the full fee but still do not qualify for government help. Once a person or family member decides to make the call for help, we can usually provide service within a week. A timely response is important because if someone is calling for help then he/she is admitting that a loss of independence has occurred in their life.

Although SCHAS caregivers typically work in the home, they are also able to go into hospitals, nursing homes, or assisted living facilities. Caregivers are able to help people transition from an institution environment back into their homes. This is vitally important because people will often have to re-enter a hospital if they cannot get the support services they need. SCHAS is tracking data about people that leave a hospital setting and return to their home that use our services to help with this transition. These people either had no family members to help them, or the family members had to work. 80% of these clients do not have to re-enter the hospital after the first 30 days. I am not claiming that SCHAS is the only reason they succeed at remaining home, but SCHAS caregivers are able to help them get medicines, remind them to take their medicines, perform grocery shopping and meal preparation, provide transportation to doctors’ appointments, keep their homes clean, and help them with bathing. Additionally, some of these people no longer use our services because they are now well enough to live by themselves again.

I am positive that SCHAS saves taxpayers' dollars when we receive the phone call in time to help. In the example above Medicare dollars are saved because the agency is a support system so that the person does not have to re-enter the hospital. SCHAS caregivers are trained to notice if a person has significant fall risks in the home (like rugs that slide easily on the bathroom floor), or if the client's physical condition has deteriorated and the person is now a higher fall risk. Our caregivers check the food in the refrigerator to ensure that it has not spoiled. This prevents food poisoning from occurring. Our caregivers are trained to look at skin color to see if it has changed since the last visit, and talk with the person to ensure the client's mental status is unchanged. **Prevention, intervention, and early detection are keys to successfully keeping a person in the home. Caregiver training allows SCHAS to be successful in all of these areas.**

SCHAS employs caregivers of all ages, but over 50% of the employees are older than 49. The agency's oldest caregiver was born in August 1921. As a part-time caregiver, she is excellent at providing companionship to a client while cleaning the home and her wide smile can brighten up anyone's day. Being a caregiver is a career path that older adults can choose for employment. Upon passing all background checks, SCHAS trains new hires, and the only educational requirement the agency has is that the person be able to read, write, and take verbal instructions. Because of the economic downturn, SCHAS has received some funding to help pay for the costs of training for people that need jobs. However, the agency has not been successful in receiving federal grants. **Since the demand for caregivers is growing, I believe that older Americans can find employment as caregivers, and funding for training would allow agencies like SCHAS to employ this group that faces challenges in finding jobs.**

RENAISSANCE TERRACE

Despite the best efforts of trying to keep people in their homes, there may come a time when the cost of one-on-one care becomes too expensive. Realizing that people need affordable

solutions to this challenge, SCHAS held a capital campaign to build the corporate headquarters of the agency, and a 48 unit assisted living facility. The facility was completed in October 2008 and offers all the services of an assisted living facility in the State of Tennessee (except a secured behavioral unit) for one price of \$2,200.00 per month.

Renaissance Terrace is a beautiful assisted living facility located in the Fourth and Gill neighborhood of downtown Knoxville. Funding for the building came from several different places including: Knox County government - \$3,000,000.00, State of Tennessee - \$3,000,000.00, Federal Government - \$196,000.00 grant for furniture, foundations, and individual contributions. In total SCHAS raised over \$8,600,000.00. By raising funds to pay for the cost of the building, the agency is able to keep the monthly fee more affordable for the middle class. This plan has worked, and over 50% of the people that live in the building meet the HUD poverty guidelines. However, they are able to pay for their services by themselves or receive financial support from family members, the Veterans Administration, or other funding sources.

Often people that move into assisted living facilities will sell their home in order to pay the monthly fee. If they outlive the money from the sell of the home, they get into a financial bind and may have to move into a nursing home and then Medicaid will pay the cost. Sometimes family members (such as children) have the ability to help pay for the cost, but this puts a financial strain on them if the person lives in an assisted living facility that charges well over the amount the individual receives in Social Security benefits each month. I have personally talked to the residents and their family members, and I can testify that they are grateful for the facility. You can see the stress disappear from their faces when they realize they have found a place to live that they can afford.

Renaissance Terrace is full and has a waiting list. As a program of SCHAS, it has a balanced budget and is paying 26 employees and all other operational expenses without receiving any other funding. I believe this model could be easily duplicated throughout the State of Tennessee and the United States of America. **Renaissance Terrace is an affordable solution that relieves the financial stress of the residents while providing quality care.**

A short-term investment by several government entities and private donors is now proven to be a long-term health care solution that will save taxpayer dollars for years to come by allowing people to pay for services themselves.

OTHER PROGRAMS

As mentioned previously, SCHAS programs are needed because we strive to fill in the gaps where there are no services offered. This allows the agency to be successful in fulfilling its mission. Some of our other smaller programs at the agency are:

- Home Hair Care – Cosmetologists travel to the homes of people that can no longer travel to the beauty shop and provide all the services that one could receive at a salon. This service is extremely important to the self-esteem of the individual and family members. The pedicures are vital to diabetics that can no longer safely trim toe nails. This program serves around 130 people each year.
- Live-in Caregiver – Caregivers stay in the home of the client for several days at a time. The caregiver lives in the home, has a bedroom, and is paid a daily rate. The client needs to be able to allow the caregiver to sleep through the night. The client pays a daily rate for this service. This program serves around 8 people each year.
- Volunteer Program – Volunteers perform services that our caregivers cannot do such as yard work, building wheelchair ramps, painting houses, and cleaning gutters. We also have volunteers at Renaissance Terrace such as school children that perform skits, and artists that sing or paint. This program serves around 300 people each year.
- Helping Others Provide Excellent Care – The SCHAS nurse educator offers classes to family caregivers that need help dealing with the stress of being a caregiver. We educate people about whom to call in our community to get help, and we teach them how to safely provide care in the home. Local government and foundation grant funding allows us to provide this training.
- Elder Food Program – This program is a partnership with Second Harvest Food Bank. Second Harvest delivers pallets of non-perishable food to our offices and then SCHAS office staff put the food in recyclable canvas shopping bags. If an employee of the agency sees a client that is struggling with purchasing food a caregiver will take a bag of food to the client when the caregiver visits the home to supply

homemaker services. The amount of food in each bag is around a four day supply. This program serves around 450 people each year.

SUMMARY

What is the cost for someone to have dignity and the best possible quality of life during the dying process? I have a limited viewpoint of this because I have not personally seen all the different solutions offered in America. However, I can quickly recognize people that succeed at dying with dignity. One example that comes to mind is the story of a widow whose husband died serving America in World War II. She lived in a small house in a rural community in East Tennessee. Her SCHAS caregiver mailed to our nurse educator a tear stained story about how she helped this lady during her last years. This American Hero never remarried after her husband's death because she loved only him and wanted to honor him. She worked in a factory to pay her bills, and this allowed her to buy a small house. Her finances were limited so she ate peanut butter most of the time. She heated two rooms of her home in the winter, and had box fans in the summer. SCHAS provided about three hours of help to her each week on a sliding scale fee so that her home would be clean, and she consistently paid her bill with "thank you" written on the check. The SCHAS caregiver is the person that found her after she had passed away peacefully in her home.

Most people may think that living on a diet that consists of peanut butter as the main staple, and not being able to heat more than two rooms in their home is undignified, but she was a person filled with dignity and honor. She lived a simple life – her life, in a manner that she chose. She made her own decisions, and was able to live and die on her terms.

SCHAS is blessed to have many different funding sources, volunteers, programs, and caring staff. All these resources allow the agency to offer affordable options to a population that is battling to maintain their dignity and honor. Every person that needs the agency's help is different with their own unique story. Recognizing this fact, the agency develops a personal care plan based on the individual client's needs. I do not believe the question should be, "what is the cost for someone to have dignity during the dying process?" I do believe the

question should be, “what message does a society send if its citizens die in an undignified manner?” I have faith that the Select Committee On Aging will find affordable answers to this question.

RECOMMENDATIONS

1. Non-profit service providers have efficient, cost effective programs. SCHAS is training and hiring individuals that are over 50 to be caregivers. Renaissance Terrace is an example of how to help the middle class pay for care so they will not become financially indigent and have to rely on government funds for services. Look for programs that provide a return on investment that do not continually request funding.
2. While Tennessee’s Home & Community Based Services provided through the Long-Term Care Choices Act is improving cost-effectiveness and expanding services to needy, seniors the Single Point of Entry System needs to be easier to navigate, and information obtained should be shared with all the organizations that need it. People trying to enroll into services are repeatedly asked the same questions because answers are not shared. As a service provider, we do not always receive information needed to provide care safely for our caregivers and the client. Service providers need to be included in the development stage of this process.
3. Educating people about services is vital, and service providers can help with this task. We need information to distribute at expos and job fairs, and also to clients that call us needing help.
4. Partnerships result in accountability and efficiency. SCHAS values the relationships we have with the Area Agency on Aging, Office on Aging, Veterans Administration, Managed Care Organizations, United Ways, foundations, hospitals, home health agencies, other non-profits, political officials, volunteers, and many others. Funding applications and grants need to request how partnerships will be utilized to make the program efficient.
5. Transitioning from an institutional environment such as a hospital, back to the home is often a daunting task for people with limited resources. A system needs to be in place to help people facing emergency situations to be successful so they do not have

to reenter the institution. I believe service providers can be the link people need to succeed and save dollars in Medicare expenses. Increased effort is needed to develop transitional case management teams representing acute care entities, managed care organizations, and service providers.

6. Transportation is needed in rural areas to get people to doctor appointments. Service providers can help with this because our caregivers can transport clients. SCHAS has this program in place for private pay clients. We need this service to be authorized for people enrolled in government programs.
7. Programs that receive funding need to be accountable and report how the funds are impacting the community that is being served. SCHAS completes success indicators each year for United Ways that report the impact the agency has in the community. This informs the contributors about the success of the agency. I believe American Taxpayers want to be assured that funded programs are successful.