

Testimony before the United States Senate Special Committee on Aging  
January 13, 2022  
Opening Statement from Patti Szarowicz of Atlanta, Georgia

Good morning, Chairman Casey, Ranking Member Scott, and members of the Committee. Thank you for the opportunity to share my experiences serving as a certified Aging and Disability Resource Connection Counselor at the Atlanta Regional Commission Area Agency on Aging over the past 15 years. The Atlanta Regional Commission is a regional Planning and inter-governmental agency that has multiple functions including serving as the Atlanta region's Area Agency on Aging. In that role, we serve older residents, caregivers, individuals with disabilities, and grandparents raising grandchildren access the information and resources they need.

Our Aging and Disability Resource Connection is part of the No Wrong Door System, a collaborative effort of the federal Administration for Community Living, Centers for Medicare and Medicaid Services, and Veterans Health Administration. In the Atlanta region, we refer to this and other services to consumers as "Empowerline." Every month, our Empowerline counselors assist more than 7,000 callers. Since June of 2021, we have seen an increase in calls by about 25%. Last state fiscal year, we assisted 57,291 residents. In addition, people can access information and search for services on our website [empowerline.org](https://empowerline.org), which has experienced a steady increase in visits.

Our 27 full-time equivalent Empowerline counselors respond to requests that come in via phone, email, fax, chat, and walk-ins. We provide information about housing, transportation, in-home services, financial assistance, and much more. We also receive inquiries and referrals from healthcare and long-term care partners, the Veterans Administration, and state and federal legislators. In addition, we are the region's entry point for both Georgia's Medicaid home- and community-based services' elderly and disabled waiver program and for services funded through the Older American's Act.

The amount of time that counselors spend on the phone with each person averages 25 minutes, but many cases take much longer, sometimes multiple days, depending on the nature of the call. Every call we receive is treated with a person-centered, holistic approach to help the person with all their needs, such as, but not limited to:

- Locating their nearest senior center
- Finding a ride to a medical appointment
- Obtaining financial assistance for rent, mortgage, or utility bills
- Navigating Medicaid waiver programs
- Meal delivery
- Securing in-home care for themselves or a loved one
- Identifying a caregiver support group or respite services

Some calls end up being much longer than others and covering more topics than the person may have originally intended. We always aim to provide support, which sometimes may simply be listening to their story.

Over the 15 years I have worked at the ARC, inquiries have become increasingly more complicated because of the callers' difficulty navigating healthcare and financial benefits such as Medicare, Medicaid and Social Security. Also, many people do not have a support system (for example: they are widowed or do not have family; their family lives out of town) or they lack computer skills or access. Because of this, we are frequently a person's only lifeline for obtaining information that can educate and help them make critical life-changing decisions.

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People are trying to make decisions such as choosing a Medicare Health Insurance plan that best meets their needs, understanding their eligibility for the Medicare Savings Program to pay their Medicare Part B premium, or understanding how to apply for Supplemental Security Income, or SSI, which gives them full Medicaid health benefits plus medical transportation. People are looking for someone to help translate the information they receive in the mail or that they see on websites such as [www.medicare.gov](http://www.medicare.gov) and [www.ssa.gov](http://www.ssa.gov) to their specific needs and situation.

We play such a critical role in helping people navigate these complex systems. Let me give you a few examples. I talk to Medicare beneficiaries who are paying \$20-\$40 in co-pays out of their \$794 monthly SSI income, when they could instead be enrolled in both Medicaid and Medicare with no cost.

Other people enroll in a Medicare program and don't know to check the plan the following year to make sure it offers the same coverage. In some cases, they find that their plan changed and the prescription drug they are taking is no longer covered. Others have a disability but do not have health insurance as they are waiting for their disability determination. Or someone under the age of 65 may have been deemed disabled but must wait for two years before they are eligible for Medicare. The lack of clear information limits people's ability to fully understand and utilize programs. Ultimately, this results in higher out-of-pocket healthcare costs, reduced healthcare access, worse health outcomes, and lower quality of life.

We provide relevant, accurate, and unbiased, and information so that people can make choices that best meet their own needs. We aim to get to the root cause of the challenges people are facing and help them understand WHAT is available to them as well as HOW to access it.

I can hear the pain and despair in the voices of callers, who say things like, "I'm in trouble, and I don't know what to do. Please, please call me back; I'm going to be homeless." I talk to renters whose home is now for sale and are having great difficulty finding affordable housing. Others may be getting evicted or having their utilities turned off because they were unable to pay their bills because of the cost of their prescriptions.

People too often rely on those in insurance sales (who may give limited and brand-specific guidance only) or on their family members (many of whom are not eligible for benefits within either Social Security or Medicare so may not have a real understanding of either). As an unbiased, person-centered, and free resource, Empowerline counselors can be trusted to provide help without an ulterior motive or for our agency's financial gain. Financial and health literacy should include knowing where to turn for trusted help when the systems are too complicated to navigate on your own.

Congress can help us better support older residents, adults with disabilities, and their care partners by supporting:

- Additional financial support for ADRCs so we can hire additional information counselors. ARC's receives funding from Georgia's Medicaid agency for the Medicaid HCBS waiver access and Georgia's State Unit on Aging. However, our State Unit on Aging only designates \$37,000 per year for ADRC information counseling, not enough funding for even one full-time staff person.

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- More user-friendly technology for documenting client data and better integration across our technology systems, which include telephone, resource database, and client management systems.
- Public awareness of the national network of Area Agencies on Aging and the invaluable, unbiased guidance we can provide for people.

Thank you for the opportunity to testify before this committee and allowing me to share my experience in serving older Americans, adults with disabilities, and their care partners. I look forward to answering your questions.