

JOINT LEGISLATIVE COMMITTEE ON AGING

2007 PUBLIC HEARING

Tuesday, June 5, 2007
Columbia, South Carolina

MEMBERS

Representative Denny W. Neilson, Chair
Representative Walton J. McLeod
Representative Robert W. Leach, Sr.
Senator Ronnie W. Cromer
Senator J. Yancey McGill
Senator Glenn G. Reese
The Honorable Bill Riser
Ms. Linda Mitchell Johnson
Mr. Ollie Johnson

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JOINT LEGISLATIVE COMMITTEE ON AGING
PUBLIC HEARING

June 5, 2007

10:00 a.m.

Blatt Building, Room 101

I. Call to Order

II. Introduction of Committee Members

Representative Denny Neilson, Chair
Representative Walton J. McLeod
Representative Robert W. Leach, Sr.
Senator Ronnie W. Cromer
Senator J. Yancey McGill
Senator Glenn G. Reese
The Honorable Bill Riser
Ms. Linda Mitchell Johnson
Mr. Ollie Johnson

III. Presentation by Agencies:

Curtis M. Loftis, Jr. – Lt. Governor's Office on Aging
Carroll Campbell, III – Alzheimer's Association
Teresa Arnold – AARP South Carolina
Maria Patton – Alzheimer's Resource Coordination Center
Lamar Bailes – Silver Haired Legislature
Hannah Timmons – National Silver Haired Congress
Sally Sherrin – SC Association of Councils on Aging Directors
Larry Boesen – EdenGardens of Rock Hill
Mary Catherine Bagnal – Senior Matters
Myrna McKee – Private Citizen
Victor Hirth, M.D. – Director of Geriatric Services, USC School of Medicine

Others by recognition of Chair

Sharon Seago – SC Association of Area Agencies on Aging
Michael Stogner – Appalachia Council of Governments
Preston Callison – SC Hospital Association
Jim Love – AARP South Carolina
Mareth Weathers – Lowman Home Nursing Center
Jane Duke – Volunteer Ombudsman
Brandolyn Pinckston – Dept. of Consumer Affairs (submitted written testimony)

IV. Legislative Update

Executive Summary

Oral and written testimony was received from seventeen (17) speakers. A brief synopsis of their presentations is as follows:

Curtis M. Loftis, Jr. - , Director, Lt. Governor's Office on Aging

Mr. Loftis gave a brief update of activities since last year and opened a discussion of challenges that lie before us.

Accomplishments:

- As of January, 2007 80% of Medicare beneficiaries in South Carolina had enrolled in some form of drug coverage.
- The Lt. Governor's Office on Aging has received more than \$7 million in competitive federal grants over the past three years. These grants have been used to build information systems, create prevention & wellness programs, and establish five (5) one-stop shop Aging & Disability Resource Centers across our state. These initiatives have resulted in a growing recognition that SC is a national leader in the aging field.
- South Carolina's geriatric loan forgiveness program has attracted national attention. We have awarded loan forgiveness status to a total of twelve (12) physicians who have agreed to practice in SC for a combined total of 60 years.
- This past January (six months into the new fiscal year) we received \$2.9 million supplemental funds passed by the legislature. This one-time funding increased the amount of home and community based services to seniors by 20%. In the first months of 2007, 2,062 seniors received services with this funding.

Challenges:

- Federal government will operate at current funding levels forcing states to develop more efficient community-based models to meet the growing senior population.
- Incentives to create a comprehensive statewide network of aging services where no one gets left behind and where for-profits and not-for-profits can work together. These incentives should encourage new and expanded services for seniors.
- Create a shared vision of the future of aging in SC, create healthy Councils on Aging and vigorous Area Agencies on Aging and better serve 1.3 millions seniors by giving them more choices and better information about local services
- Promote wellness and prevention strategies so that older people are more active and healthy.

Carroll Campbell, III – Alzheimer's Association SC Chapter

- Continue to fund the Carroll Campbell Respite Fund in South Carolina to make funds available to the caregivers who are on the front lines of the fight for Alzheimer's disease.
- Continue to support funding for a cure for Alzheimer's disease.

Teresa Arnold – AARP South Carolina

- \$2 million to reduce the waiting list for Community Long Term Care services
- \$1.5 million in recurring funding for the Lt. Governor's Office on Aging to home and community based services

- \$1.3 million to maintain state match for federal transportation funds for seniors and persons with disabilities.

Maria Patton – Alzheimer’s Resource Coordination Center

- Increase funding to Alzheimer’s Resource Coordination Center to increase the number of grants awarded for respite and caregiver education & training.

Lamar Bailes – Silver Haired Legislature

- Criminal background checks for in-home and adult day care providers.
- Legislation that provides a real-time data system for tracking of payday and car title loans and places a reasonable cap on the interest rate.
- Increased funding for in-home and community-based services.
- Increased statewide funding for necessary life sustaining shelter, rent and services needed to care for elderly abused victims who must be removed from their places of residency.
- Debt forgiveness for nurse practitioners specializing in geriatric care

Hanna Timmons – National Silver Haired Congress

- National Silver Haired Congress is grassroots initiative promoting support of issues involving older adults.
- Meets annually in Washington, DC.
- South Carolina is well represented.
- Gloria Bonali is President of the Senate.
- Hannah Timmons serves as 1st Vice Chair of the Board of Directors as well as past Speaker of the House.
- Top five resolutions for 2007: create national background check and registry for health caregivers; increase funding for Older Americans Act; reject privatization of Social Security; allow negotiations for lowest prescription costs and close coverage gap; mandate geriatric education for students in tax-supported medical schools.

Sally Sherrin – SC Association of Councils on Aging Directors

- Provide continued funding for home and community based services.

Mary Catherine Bagnal – Senior Matters

- Sees a great need for development of an infrastructure to allow seniors to age in place in their own homes.
- Provide seniors the opportunity to choose their services.

Larry Boesen – EdenGardens of Rock Hill

- Support H 3879 so as to provide that the Department of Health & Environmental Control may not remove a resident from a community residential care facility if the resident, the resident’s family, the resident’s physician and the facility agree

to the resident's continued stay and if the facility is capable of providing or obtaining necessary services for the resident.

Myrna McKee – Private Citizen

- Provide funding to establish programs for medical ombudsmen in hospitals to mediate hospital problems to patient's behalf.

Victor Hirth, M.D. – Director of Geriatric Services, USC School of Medicine and Medical Director Geriatric Services, Palmetto Health Richland

- Support the USC/PH SeniorSMART program endowed chairs application to the lottery commission on higher education. This interdisciplinary, statewide consortium will combine the resources and assets of a number of institutions to improve the health and well being of older adults as it relates to our three main focus areas: Sharp Brain, Smart Home and Smart Wheels.
- Consider developing enabling legislation with recurring funding for memory centers based on a model similar to Florida.
- Palmetto Health was recently funded by the Hartford foundation to be one of only 5 centers in the country to provide intensive geriatric training to chief residents in every specialty in the Palmetto Health system that provides care for seniors.
- They are awaiting news on grant submitted to Health Sciences of SC to develop a statewide network of aging research infrastructure to further improve ability to develop and test statewide research projects through multiple institutions.

Sharon Seago – South Carolina Association of Area Agencies on Aging

- The new Older Americans Act amendments are requiring national and state agencies to make fundamental transformations to long term care and health services.
- The new Older Americans Act calls for nationwide implementation of Aging and Disability Resource Center (ADRC's) to serve as "one-stop" shop entry points to long term care. The ADRC's are located in the Area Agencies on Aging. South Carolina has four ADRC's in operation and two new ones to open in the near future.
- The Association of Area Agencies on Aging wishes to thank the Legislature for realizing the need for additional funding for its senior population and that the Legislature will act to appropriate adequate resources to sustain current and future long term care support systems.

Michael Stogner – Appalachia Council of Governments

- Thank you for your hard work and commitment to improving the quality of life for our state's older citizens.
- We are in the midst of fundamental changes and philosophical shifts in the way we think about, deliver and pay for long term care and health services for older and disabled citizenry both from a state and national perspective.

- Pledge support of the specifics presented by the Lt. Governor's Office on Aging, SC Association of Area Agencies on Aging, AARP, Silver Haired Legislature and Alzheimer's Association.
- As we strive to make these fundamental transformations to meet the needs and expectations of today and tomorrow's older people, their family caregivers and other populations with disabilities, we must balance the transition so as not to lose sight of the needs and expectations of those whom we serve.

Preston Callison – SC Hospital Association

- Assisted living facilities are very valuable for persons trying to stay off Medicaid and out of nursing homes.
- Recommends performing a study to look at the regulations that govern assisted living facilities so that they can provide some medical services to their residents without having to go to a nursing home. Don't overload regulations so that they have to go out of business.

Jim Love – AARP SC

- Many communities in SC are starting up their own volunteer transportation programs and have concerns with the liability of the volunteer drivers.
- AARP SC is working with the Lt. Governor's Office on Aging and the Silver Haired Legislature to look at things other states have done to protect volunteer drivers from some of the liability issues. We hope to bring some fact sheets and proposals to the Legislature next year for consideration in addressing this issue.

Mareth Weathers – Lowman Home Nursing Center

- Medicaid contract with LogistiCare is not working.
- LogistiCare workers will not help load or unload patients.
- Patients are dropped off and left alone at doctor's offices.
- Patients are not picked up on a timely manner.
- We are placing our patients in the hands of medically untrained drivers.
- LogistiCare will assume no responsibility for the patients they transport.
- Please investigate this company as our seniors are in grave danger and there are huge liability issues for us.

Jane Duke – Volunteer Ombudsman

- The transport of wheelchair patients and residents by subcontractors of LogistiCare since May 1 has shown serious issues and risks to the health of patients. LogistiCare is Medicaid contractor with DHHS.
- Have these subcontractors had criminal background checks?
- Scheduling has been erratic and poor.
- LogistiCare has a long list of lawsuits in every state.
- Please help to facilitate changes and solutions before a serious accident happens.

Legislative Update

Representative Neilson stated that the most important thing is that the legislature has provided more funding for this year's budget. The \$2.9 million that was provided to the Lt. Governor's Office on Aging last year has been well used.

Testimony of LGOA Director Curtis Loftis

Joint Legislative Committee on Aging

June 5, 2007

10 a.m.

Room 101 Blatt Building

Good morning. I want to give you the very briefest of updates of our activities since last year – and open a discussion about some challenges that lie before us.

As of January 2007, 542,680 or 80% of Medicare beneficiaries in South Carolina had enrolled in some form of drug coverage.

One thing we did see in the Medicare enrollment process was that some seniors were not getting the best service from the people who were selling them insurance policies.

Six weeks ago, the Department of Insurance – at the urging of Lt. Gov. André Bauer – issued a bulletin reminding South Carolina insurance agents that while Medicare may be in charge of the Part D drug program, agents who sell those policies to seniors in South Carolina will answer to the Department of Insurance.

Medicare has also created a new system to address complaints by seniors about aggressive and misleading marketing tactics.

We have also established an executive liaison level between the Lt. Governor's Office on Aging and the Department of Insurance, and we will work together to protect seniors by holding insurance agents responsible for the consequences of their marketing practices.

All this will be in place well before this year's Part D open enrollment period – from Nov. 15 through Dec. 31.

As Lt. Governor Bauer indicated, South Carolina has obtained more than \$7 million in competitive federal grants over the past three years. These grants have been used to:

- build information systems,
- create prevention and wellness programs,
- and establish five one-stop Aging and Disability Resource Centers across our state to help families find information about long term care services.

These initiatives have resulted in a growing recognition that South Carolina is a national leader in the aging field. Last month, when the US Administration on Aging decided to showcase exemplary programs for seniors, they chose our state's Seniors' Cube research project to be the first to be honored on their webpage.

Also attracting national attention is our geriatrician loan forgiveness program.

Since last year we have awarded loan forgiveness status to four more physicians – meaning that 12 physicians have now agreed to stay in our state and treat our senior citizens for a combined total of 60 years. We want to thank you for championing the enabling and funding legislation that brought this program into being.

On another topic: this past January, six months into the fiscal year, we received \$2.9 million supplemental funds passed by the Legislature.

This one-time funding increased the amount of home and community based services we purchase from local providers by almost 20%.

In the first months of 2007, 2,062 seniors received services under this program.

These are new clients, people who had not been covered under our Older Americans Act programs.

I do want to stress that national research indicates that senior citizens who do not have children to help care for them are less likely to have to go into a nursing home if they live in a state that spends more on home- and community-based services.

Research funded by the National Institutes of Health reports that states that provide comparatively inexpensive home and community based services – less than \$2,000 or so annually for personal care, adult day care, nutrition, and transportation -- can reduce the risk of nursing home admission -- costing \$37,000 or more annually -- among childless seniors by 35 percent.

Recent research has also shown that exercise interventions can reduce the risk of falling by 12% and the number of falls by 19%. Falls are the leading cause of accidental death among seniors. Each year almost 25,000 seniors in our state are hospitalized due to falls. Half of those will enter a nursing home. All these numbers impact both our bottom line of public healthcare expenditures and the quality of seniors' lives.

One of the major issues confronting South Carolina is the urgent need for more incentives to create a comprehensive statewide network of aging services where no one gets left behind and where for-profits and not-for-profits can work together. These incentives should encourage new and expanded services for seniors.

We are currently paying a premium price for not doing a better job in health prevention and fall prevention. The price we pay, besides an adverse impact on quality of life, is \$37,000 for a nursing home bed and \$40,000 for a hospital admission.

Our state and our country are clearly at a turning point in terms of an onrush of seniors who will enjoy an active aging process. However, at some point a large percent will nevertheless require information and services.

The challenge, basically, is going to be providing for those needs with limited public resources. The federal government has been quite explicit that in the future our national programs will operate at current funding levels, and that the system of service

will have to be rebalanced towards more efficient community-based care models to meet the needs of a population that is doubling.

One part of the federal solution is to promote wellness and prevention strategies so that older people are more active and healthy. Washington is also promoting the development of home and community based services to delay or defer institutionalization. That is why, at the state level, we must create incentives to encourage more public and private providers to enter this arena.

We are working towards moving more programs into the 82 senior centers in our state where we can stress wellness and prevention through our new Living Well South Carolina initiative.

If we can create a shared vision of the future of aging in South Carolina, then we can create healthy Councils on Aging and vigorous Area Agencies on Aging – and better serve 1.3 million seniors by giving them more choices and better information about local services.

TESTIMONY

CARROLL CAMPBELL, III

Thank you for allowing me to testify before you today. It is truly an honor for me to be speaking to you this morning. Being here reminds me of a hero of mine, a hero who made his mark in the State of SC as a Representative, a Senator, Governor and United States Congressman for 8 years. He later made his mark as an advocate for a cure for Alzheimer's disease and that is what I'd like to speak with you about this morning.

My father is probably looking down on me and having a chuckle at my expense. He knows that public speaking is not my strength. But I hope he's also looking down...grateful that we are continuing his fight. When he was 59 years old he was diagnosed with early onset of Alzheimer's. In typical fashion he took the news of his illness head on and said "*it was time for a fight*"... and fight he did until he died.

But I have another hero I want to tell you about, my mother, *Iris Campbell*. You see... my mother has always been the rock in our family. Scraped knees, broken bones, political campaigns, she's the one that kept us together. I always knew that she was strong, but I had no idea how strong until my father was diagnosed with Alzheimer's. In typical fashion, my mother stepped up to the plate and accepted the challenge without a second thought. She cared for my father through every step of his battle. This was not a job that she ever ****expected**** to do... but she ****accepted**** it as the job that God gave her.

In the beginning, we couldn't understand how an individual who had been dealt a death sentence could still walk, talk, and take care of himself. My brother and I, like so many, dealt with this disease with denial and anger, but not my mother. She was there by my dad's side with a love and commitment that grew stronger every day. All she wanted to

do was give of herself to make my father comfortable and share what little time was left with him. But regardless of how much my mother *wanted* to give, my brother and I knew that it couldn't continue. We were already losing one parent to this horrible disease and we knew it was our responsibility to keep our mother from becoming a victim as well. As much as my mother fought it, she knew deep down that she needed help for my father. So in July of 2005, 5 years after the diagnosis, my mother, brother and I made the painful decision to admit my father into an Alzheimer's care unit in South Carolina. As gut wrenching as that was, we knew that it was the only way to preserve my mother's quality of life. Six months later my father died from a heart attack. In a way, our family was fortunate. My father had a very short battle with this disease, but I am here to tell you this battle is not over. While my father was dying, my mother's health started to decline as well. Her blood pressure sky rocketed and she developed arthritis in both knees. You see, at the time nothing seemed to matter to my mother except taking care of my father... and as many care givers do, she didn't take care of herself.

Just like so many others, I can only dream of a world without Alzheimer's and maybe one day we will get there. There are more than 5 million people in this country with Alzheimer's and more than 65,000 people suffering with this mind debilitating disease right here in South Carolina. But, we can **NOT** forget about our caregivers. Our caregivers are on the front lines in the fight against this disease. This is why in 2003 I started the ***Carroll Campbell Respite Fund*** in South Carolina. It provides one time grants to families who can not afford to hire outside care. Each \$500 grant must be used to provide care giving assistance. I am happy to report that so far, we have assisted more than 6,456 families in South Carolina. Most caregivers that receive this grant use their free time to catch up on paying bills, running errands and catching up on

lost sleep. This break is so important...because without it... caregivers will work themselves into a state of exhaustion. We can not sit by and let that happen.

I hope to continue to provide these funds for our loved ones on the front lines, not only in the State of South Carolina but across the nation. Our program in South Carolina was so appreciated that I testified before the South Carolina Legislature asking for an additional \$600,000 to continue to fund our efforts. I am happy to report to you that it has been approved and we now receive \$1,000,000 annually for our program. A million dollars may sound like a lot of money...but there are still many more families in need. So in closing I would like to issue a challenge to each and every one of you. I would like to ask that as we continue to support funding for a cure, let's continue to make funds available to the men and women on the front lines of this fight "Our Caregivers".

Thank you and God Bless!

Testimony

Teresa Arnold
AARP South Carolina

AARP-SC, SC Association of Councils on Aging, SC Association of Area Agencies on Aging, SC Adult Day Services Association, SC Protection and Advocacy for Persons With Disabilities, Disability Action Council, and SC Independent Living support the following budget requests:

1. Lt. Governor's Office on Aging

Home and community based services for more than 2200 seniors

The House funded \$1.8 million in non-recurring funds and the Senate funded \$1.5 million in recurring funds. Coupled with the funds remaining at the end of this year of about \$1.4 million – either version would fully fund the \$2.9 million for more than 2000 seniors in the next fiscal year. However, we prefer the Senate version since it is in recurring funds.

2. SCDHHS

Community Long Term Care

Move 500 more frail and disabled persons from the waiting list of 2,500 for Community Long Term Care services at the Department of Health and Human Services – thus avoiding more expensive nursing home care. The House did not include this funding in their budget. The Senate added \$2 million in recurring funds to reduce the waiting list by 500 persons! We prefer the Senate version.

3. SCDOT

\$1.3 million to maintain state match for federal transportation funds for seniors and persons with disabilities especially in rural areas. The House funded \$2 million in one-time money and the Senate funded \$1.3 million. We prefer the House version.

Teresa Arnold
AARP South Carolina

Community Long Term Care

What: The CLTC program provides a variety of home and community-based services to Medicaid participants who meet all the income and medical criteria to enter a nursing home but who prefer to remain in their own homes. **The average cost to the Medicaid program for a CLTC participant is roughly 37% of the cost for a nursing home resident.** This includes all Medicaid costs, such as physician visits, hospital care and prescriptions, as well as the long term care services.

Who: The Community Long Term Care (CLTC) program of DHHS administers waivers for persons who are elderly or who have physical disabilities, for persons with HIV/AIDS and for persons requiring mechanical ventilation. On any given day, there are over 12,000 waiver participants receiving services.

Waiting List: Currently 2275 applicants, with low incomes and long term care needs are on a waiting list for the Medicaid program, CLTC.

Request: \$2 million to reduce the waiting list for CLTC services.

Recipient of CLTC: Mr. Smith* is 70 years old and is a double amputee confined to a wheelchair. He also has limitations with his upper body because of a previous stroke. His primary caregiver was his wife but she died several months ago. All of Mr. Smith's children live out of state and he sees them only on a limited basis. It was uncertain what would happen to Mr. Smith once his wife died, but his granddaughter volunteered to move into his home and care for him. She is able to provide the 24-hour care for Mr. Smith because of the support he receives from Community Long Term Care (CLTC). CLTC authorizes a personal care aide to visit every morning seven days per week and assist Mr. Smith with his personal care needs. On Monday through Friday, he attends an adult day care program. While at the day care center, he receives socialization, activities, medical supervision, and a nutritious meal. Mr. Smith receives incontinence supplies monthly through CLTC. CLTC also authorized a wheelchair ramp to be built so Mr. Smith could attend day care services and have easy access in and out of his home. Through the support of his granddaughter and CLTC services, he is able to continue living in his home.

* Not his real name.

(continued)
Teresa Arnold

Keep Funding for Home and Community-Based Services!

Last session, the Legislature approved \$2.9 million – the first increase in a decade – so that more seniors can receive services to help them stay in their homes. Unfortunately, it was only one time money. If the funding is not renewed this year, more than 2,200 seniors statewide will lose their home-delivered meals, transportation to the doctor and other services.

What are home and community-based services? Home- and community-based services prevent or delay frail seniors and persons with disabilities from being admitted to nursing homes. Services include such assistance as home-delivered meals, congregate meals, nutrition education, personal care aides, adult day services, transportation, respite care and other services.

Who is served? More than 16,000 seniors. About 65 percent of these seniors have incomes below the federal poverty level of less than \$800 a month. Half of these seniors live alone. Sixty percent live in rural areas and almost 30 percent are 85 and older.

How do we compare to other states? Prior to this new funding, we served the second lowest percentage of eligible seniors in the Southeast. For example, Mississippi serves more than double the percentage of seniors that South Carolina serves. This is a case of not being able to say, “Thank God for Mississippi!”

How many are on the waiting list? More than 6,000 frail seniors, some of whom must wait for up to 2 years to receive even a home-delivered meal. The non-recurring funding of \$2.9 million received for this year will cover about a third of this waiting list.

What does it cost us? The range of aging services – home-delivered meals, personal care, adult day services, etc. - that help seniors remain in their home cost an average of \$1,270 dollars per individual per year. In contrast, persons in Medicaid-paid nursing home beds cost taxpayers anywhere from \$25,000 to \$37,000 per year. Investing this \$2.9 million can potentially save the state expenditures of more than \$30 million in delayed or prevented nursing home admissions over the next few years.

What are the health benefits of receiving home-delivered meals? A recent study showed that of seniors with similar health conditions, those that received home-delivered meals had fewer emergency room visits and in-patient hospitalizations than those who did not receive meals. Investing in services to seniors in their own homes is a smart financial decision in many ways such as reducing the state’s health care costs.

What’s a real life example of someone receiving these services? Edgar and Edith Price have meals delivered to their home through the Lexington County Recreation and Aging Commission. The Prices, who are both 91 and have been married for 71 years, have the meals delivered at lunchtime. Mr. Price said they usually refrigerate it, and then warm it up for dinner. “It came in and filled a real touchy spot,” he said. “We’re both getting old and my wife can’t stand up long enough to prepare our meals.” Mr. Price praised the service. “It’s been very helpful and we really appreciate it.” This couple

could very well have to give up their independence and move into a nursing home without home- and community-based services.

Testimony to the Joint Legislative Committee on Aging

June 5, 2007

**Presented by: Maria Patton, Chairperson
Alzheimer's Resource Coordination Center Advisory Council**

As the Chairperson of the Advisory Council to the Alzheimer's Resource Coordination Center, I want to thank you for your attention to the needs of families in South Carolina who are coping with the challenges of Alzheimer's disease.

In 1994 the state legislature created the Alzheimer's Resource Coordination Center which guided by a 23 member Advisory Council appointed by the Governor. The Advisory Council includes representatives from state agencies, the Alzheimer's Association, professional organizations, universities, and caregivers. As Chairperson of the Advisory Council, I am here today to thank the members of this committee for your support in the past and for continued support in the future.

Briefly, I want to call attention to the present and future challenges we must address. The 2006 SC Alzheimer's Disease Registry Annual Report identified 52,741 persons in South Carolina with dementia as of January 1, 2004. Approximately 250,000 persons care for these individuals. The Registry predicts that the number of persons affected by Alzheimer's disease and other related dementias will double in the next 15 years and nearly triple in 25 years.

Eighty percent of care for persons with Alzheimer's disease or related dementias is given in the home by family or friends who provide care at great costs to their own physical, emotional, health, and financial status.

If all Alzheimer's Registry patients resided in nursing homes, the cost would be approximately \$1.84 billion each year. South Carolina must find ways to assist and support caregivers in maintaining their loved ones and friends at home as long as possible in order to avoid or delay institutionalization.

Part of the mission of the Alzheimer's Resource Coordination Center is to foster the development of a system of care that will provide families throughout the state access to support and appropriate services. Whether those services are delivered in the home, the community, or a residential setting, they should be responsive to the needs of the person with dementia and the primary caregiver.

Caregivers of persons with Alzheimer's disease in South Carolina have identified their top three needs as:

1. Caregiver support, in the form of emotional support, family support and support groups;
2. Information and resources on the disease; and
3. Respite. (Respite services allow caregivers to take a short break from their 24/7 caregiving responsibilities).

(continued)
Maria Patton
Alzheimer's Resource Coordination Center

A major barrier to proper care and services for individuals in South Carolina has been the lack of resources to fund the continuum of services needed by families through the course of this progressive disease.

The Legislature has addressed this need by allocating \$150,000 in state funds to the ARCC each year to develop community based respite programs, caregiver education and training, and other supportive services to caregivers of persons with Alzheimer's disease and related disorders. One hundred and twelve small seed grants to communities for dementia specific respite and educational programs have been awarded since 1995. These programs include group respite, in-home respite, and a voucher based respite program in which consumers can choose the type of respite that best meets their needs. Educational programs target persons with Alzheimer's disease and their caregivers, the medical community, colleges and universities, and the general public. Recipients of the grants are required to equally match state grant funds through other resources. Of the ARCC grants awarded in the last ten years, sixty-nine programs are still being implemented throughout South Carolina.

The ARCC is the only entity in South Carolina that awards grants to start respite and education programs in communities. It monitors and provides technical assistance to grantees to ensure that the standards remain at the highest level. It offers information and resources to the grantees as well as the general public. The ARCC continues to encourage and support grantees after their grant award has ended, offering technical assistance to encourage the sustainability of their programs.

During the 2005-2006 funding cycle, first and second year ARCC Grantees provided the following supportive services:

- 67 Unduplicated Participants benefited from respite services
- 16,963 Hours of Respite were provided
- 62 Support Group Meetings were held
- And 347 Participants attended Alzheimer's Educational Programs

Eleven first year grants were awarded in 2005-2006, including seven group respite programs, two in-home respite programs, and two educational programs. Ten second year grants were awarded, including six group respite programs, one in-home respite program and three education programs. All ARCC grant awards are equally matched with community funding and resources. A plan is required for continuation of the program after grant funding is discontinued. Quality assurance tools are used by ARCC staff in monitoring grant sites, and technical assistance is offered when needed.

In addition, the ARCC sponsored a Grant Workshop in March 2006, an Educational Workshop for grantees and provides Alzheimer's information on-line through the Lt. Governor's Office on Aging website.

Alzheimer's disease is one of the costliest and most uninsured health risks South Carolina families are likely to face. By providing the much-needed supportive services for families caring for loved ones at home, there is the possibility of preventing or delaying the much higher cost of assisted living or nursing home placement. We thank the South Carolina Legislature for its support in providing relief, respite, and education to South Carolinians with Alzheimer's disease and related disorders and their caregivers.

Testimony

Lamar Bailes, Speaker

Silver Haired Legislature

MADAME CHAIR, MEMBERS OF THE COMMITTEE, CITIZENS OF SOUTH CAROLINA: I AM LAMAR BAILES, CURRENTLY MAYOR OF WALHALLA, AND PAST CHAIR OF THE OCONEE COUNTY COUNCIL, MEMBER OF COUNTY COUNCIL AND CITY COUNCIL FOR MANY YEARS. I AM A RETIRED LIEUTENANT COLONEL FROM THE SOUTH CAROLINA NATIONAL GUARD, AND A RETIRED VICE PRESIDENT OF WACHOVIA BANK IN WALHALLA. I AM NOW A MEMBER OF THE APPALACHIAN REGIONAL COUNCIL OF GOVERNMENTS AND THE APPALACHIAN AREA AGENCY ON AGING. I AM WORKING AS A VOLUNTEER OMBUDSMAN AT RICHARD CAMPBELL VETERANS HOME IN ANDERSON UNDER THE PROGRAM YOU CREATED TWO YEARS AGO.

RECENTLY I WAS ELECTED SPEAKER OF THE SOUTH CAROLINA SILVER HAIRED LEGISLATURE, CREATED BY THE SOUTH CAROLINA LEGISLATURE IN 1999. I AM REPLACING MR. TOM LLOYD WHO HAS SERVED TWO 2-YEAR TERMS AS SPEAKER. WE ARE DIVIDED INTO TEN CAUCUSES COVERING THE ENTIRE STATE. OUR MEMBERS ARE ALL SENIOR CITIZENS 60 YEARS OLD OR OLDER. AS YOU KNOW, WE PREPARE RESOLUTIONS BASED ON THE NEEDS OF SENIORS FROM ALL PARTS OF SOUTH CAROLINA. AT THE BEGINNING OF EACH TERM OF THE LEGISLATURE, WE PRESENT THESE TO YOU FOR YOUR CONSIDERATION. WE TRY TO SELECT ITEMS THAT WILL BENEFIT THE MOST SENIORS IN THE MOST COST EFFECTIVE WAY. AS SENIORS, WE UNDERSTAND

THAT MONEY IS ALWAYS TIGHT. THIS YEAR WE ASKED THAT YOU LOOK AT
SETTING UP A SYSTEM TO PROVIDE EASY BACKGROUND CHECKS OF

(continued)

Lamar Bailes

CAREGIVERS WORKING IN PRIVATE HOMES; THAT YOU PASS LEGISLATION
PROVIDING A TRACKING SYSTEM WITH REASONABLE INTEREST RATES ON
PAYDAY LENDING; THAT YOU MAINTAIN INCREASED FUNDING FOR IN-HOME
HEALTH CARE BY MAKING PERMANENT THE \$2.9 MILLION AS ENACTED BY THE
116TH GENERAL ASSEMBLY; THAT YOU PROVIDE INCREASED FUNDING FOR
SHELTER AND SERVICES FOR ELDERLY ABUSED VICTIMS; AND THAT YOU
ESTABLISH A DEBT FORGIVENESS PROGRAM FOR GERIATRIC NURSING
TRAINING. THESE WERE THE FIVE GREATEST NEEDS WE SAW IN SOUTH
CAROLINA; HOWEVER, WE IDENTIFIED EIGHT ADDITIONAL NEEDS AND
RELATED THESE TO YOU, ALSO.

I BELIEVE THE SILVER HAired LEGISLATURE HAS ANOTHER DUTY. WE MUST
REPRESENT YOU TO THE SENIOR CITIZENS OF OUR STATE. ALL TOO OFTEN,
THERE IS MISUNDERSTANDING AND LACK OF INFORMATION IN THE SENIOR
COMMUNITY. WE WILL WORK HARD TO GET YOUR MESSAGE TO OUR
SENIORS.

HOPEFULLY THE FUNDS YOU HAVE APPROPRIATED TO THE LT. GOVERNOR'S
OFFICE WILL MAKE IT POSSIBLE FOR MORE LOW INCOME SENIORS WHO ARE
ACTIVE IN LOCAL CAUCUSES AT HOME, TO BE ACTIVE WHEN WE MEET IN
COLUMBIA.

THANK YOU FOR ALL YOU DO FOR SENIORS AND FOR SOUTH CAROLINA.

Testimony
Hannah Timmons
National Silver Haired Legislature

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To: Members of the Joint Legislative Committee on Aging

I am Hannah Timmons, a member of the South Carolina Silver Haired Legislature, but here today on behalf of the National Silver Haired Congress.

On one of the sheets that you have, you will see a copy of the concurrent resolution that was passed by the US Congress to establish the National Silver Haired Congress. The resolution was introduced by former Representative Dick Gephardt from Missouri. On the same sheet, there is a brief description of the National Silver Haired Congress and a listing of the current South Carolina members.

The tenth session was held in Washington, DC, in February of this year. South Carolina has been represented every year and now has its full contingent of two Senators and six Representatives, the same number that we have in the US Congress. We would like for our delegates to be elected by the SC Silver Haired Legislature; but we have never had enough people for an election, probably because we have to pay our own expenses.

Every year, at the Washington meeting, we consider resolutions that are submitted and then select our TOP FIVE. In the material that you have is a copy of our 2007 booklet containing a proclamation, our resolutions, and a list of our members.

You will see many similarities between the South Carolina Silver Haired Legislature and the National Silver Haired Congress. The SCSHL was patterned after the NSHC in many respects. Also, I do much of the typing for both organizations and seem to use very similar formats for both.

TESTIMONY

Sally Sherrin SC Council on Aging Directors Association

Members of Committee and Members of The South Carolina General Assembly-Good Afternoon. My name is Sally Sherrin and I am the director of the Lancaster County Council on Aging, Inc. This afternoon I have the pleasure of representing the South Carolina Council on Aging Directors Association, known as SCACAD. Council's on Aging are the providers of home delivered meals, senior center activities and meals, transportation for seniors, homemaker services and a host of other activities and services that are all designed to help older frail South Carolinians remain in their home and independent for as long as possible.

I want to thank you for the additional funding that you provided to Council's on Aging this past fiscal year. With these additional funds, we, the Council's on Aging, have been able to service additional home delivered meals, meals in the senior centers, homemaker and transportation to seniors across South Carolina.

Just in Lancaster County fifty people are now receiving meals at one of four senior centers and thirty people are receiving home delivered meals. These successes are being echoed across the state and we thank you for the funding which enables us to serve these people who had been waiting for services.

I have copies of letters from seniors who are receiving services from the additional funding. I would like to read just one of these letters.

Please help us continue to provide these vital services by deeming the additional funds recurring funds so that home delivered meals, meals in the senior centers, homemaker services and transportation can continue to keep seniors in their homes and out of costly nursing homes.

Thank you.

Testimony
Prepared for: The Joint Legislative Committee on Aging
Larry Boesen
June 5, 2007

Mary (her name has been changed to protect health information) was on Hospice Care and a resident of the Eden Gardens Reminiscence Memory Care Neighborhood for about three years. Our community is a licensed community residential care facility providing assisted living services. Her family wished for Mary to pass at Eden Gardens, which they considered her home. They also wanted to take part in fulfilling Mary's end of life wishes.

Mary's condition was slowly deteriorating but her needs were being met. The family, Mary, her physician and Hospice were all satisfied that her needs were being met. Her condition was evaluated frequently. She had no need for skilled nursing. She did not have bedsores, oxygen or any need of intravenous fluids. She had no need of a catheter or tube feeding. There was nothing relating to Mary's condition that a skilled nursing facility could do or provide better care than what she was receiving in assisted living.

DHEC came to our building on December 14, 2006 for a regular inspection and pulled her chart for review. Everything was in order and Hospice services were noted. DHEC noted that Mary was comfortable, clean, and happy to sit and observe the Reminiscence activity going on around her. Staff routinely stopped to care for her and give her hugs, kisses and affection. She loved music and enjoyed watching the staff and residents dance and shag. The inspector stated that Eden Gardens was required to give Mary a thirty-day notice to relocate to a Skilled Nursing Facility since in her opinion we were in violation of admission criteria.

Mary moved out January 18, 2007 to a skilled nursing facility. She continued to receive services from Hospice and she declined rapidly. She passed away 35 days later. It was not her home. It was not hers or her family's choice.

The family feels like they were made an "example" of. Referring to the imposed discharge, the family stated, "You know, Kelly, that Mom's death certificate has been signed by all of you. She will simply go there and die. She likes it here, not there."

The testimony you are receiving today is in hopes of explaining the current limitations of choice regarding where a person lives and dies. If Mary were in her private home, she would have had the choice of dying in her home. We are asking that you consider ending the statute and give true choice at the end of life.

Our meeting with Representative Herbert Kirsh on April 10, 2007 resulted in Bill # H3879 and also see letter of support from Marvin A. Hyatt, RPh and Member of the Board of Pharmacy for his support. See attachments.

Thank you for your time,

Lawrence T. Boesen
Lesley
Executive Director
Director
Eden Gardens Assisted Living
Hospice

Kelly M. Crouch
Reminiscence Coordinator
Eden Gardens Assisted Living

Rhonda
Executive
Serenity

Good Pharmacy, Inc
1237 Ebenezer Road
Rock Hill, SC 29732
803-327-2081

May 14, 2007

Mrs. Denny Neilson
Chair- Joint Legislative Committee on Aging
230 B Blatt Building
Columbia, SC 29201

Dear Denny;

I am writing in support of House bill 3879. This bill would allow a resident of an assisted living facility the choice of whether to remain in that facility if the resident's condition has been determined to be terminal. Currently, as the resident's condition deteriorates the resident is forced to move to a long term care facility. This move can often be more traumatic than allowing the resident to remain in what the resident would consider his/her home. The resident may have lived in the assisted living facility for years and then have a terminal condition and be forced to move. Emotionally, this can disrupt the resident so much so as to shorten the resident's life. The bill would allow the resident, the resident's family and the doctor to weigh the benefits and disadvantages of moving the resident.

I would strongly encourage you to consider supporting this bill.

If you have any questions or concerns, I would be happy to discuss this with you.

Sincerely,

Marvin A. Hyatt, RPh
Member Board of
Pharmacy

PS My son, Alton, said to tell you hello. He served in the House with you in 1992.

South Carolina Joint Legislative
Committee on Aging
June 6,2007

In 1999 Senior Matters Consulting, Inc., directed by the Transition Subcommittee lead by Representative Gilda Cobb-Hunter ,developed a committee to look at state and national trends when it came to the aging population of South Carolina. Thirteen public forums were held where citizens could come and speak about issues affecting their ability to "Age in Place". The purpose of this study was to look at the needs of senior citizen in there respective counties and compare those needs to the national trends.

What the committee heard was that seniors wanted to grow old in their own communities and that meant their home. But in order to do so certain infrastructure had to be developed along with an aging network that was user friendly and accessible. The Lieutenant Governor's Office on Aging has taken steps to move into the 21"century with services like SC Choice that includes SC Access. Emphasis is being placed on wellness and healthy living. These are all excellent programs that enhance the quality of life for those who are able to tab the resources. I have sat on meetings of Living Well in South Carolina lead by Deborah were solutions to aging issues like transportation, direct care services and providers, home improvement resources are being addressed.

Where I see the greatest need for development and study is the availability of services and the ability of the consumers, South Carolina seniors and their families providing caregiving, to access those services. Choice promotes competition, which creates a quality assurance and better services for those in need. The Area Agency on Aging has served for years as the area coordinator of services in the ten regions of South Carolina. I would encourage the legislature to look at the current infrastructure and direct and consider directing the Lieutenant Governor's Office on Aging with the task of planning, funding and dispensing of all funds allocated for aging services. With that responsibility comes the accountability that those funds are being appropriately utilized for the greater need of our senior citizens. This process could create incentives that would encourage more competition leading to the consumer having more choice to "Age in Place"

Currently, the choices provided in the counties are often a single source or the provider is the local Council on Aging. If the consumer were provided a voucher then they could choose who they would like to provide them with services. This would promote more providers for the consumers in those areas not currently being served could advocate for those services. Vouchers would empower the consumer and focus the current system to allow more providers and we all know that competition to a healthy way to encourage quality and higher standards of practice.

Testimony to the Joint Legislative Committee on Aging

June 5, 2007

Myrna McKee

Subject: Medical Ombudsman

Problem: Inferior medical care in South Carolina hospitals

Proposal: Solutions to improve the situation with input from the general public and the medical profession, simultaneously the establishment of a Medical Ombudsman at an upstate hospital in a pilot program. The hospital would have a better understanding of the mistakes and how to correct them and patients would be helped.

Personal experience: I am Myrna McKee from Clemson, SC. Recently, I had a nightmare of a stay at an out of town facility. As a journalist, I am trained in finding the facts. Since my bout with horrendous medical care I have spent four months doing research on the state of our medical health profession. Nationwide, it is in terrible condition. The Federal budget and the medical budget are the same, two trillion dollars for the year 2007. This high cost of medical care has a stranglehold on our country and its economy. We pay the highest rate for medical care and have one of the lowest grades in care.

Pilot Program: The pilot program would be called "The First Step". It encompasses all facets of our society as we begin by taking the first step to gain control of the medical mess. Using the strategies of other world countries, ombudsmen would be trained as liaisons to mediate hospital problems and deem how the situation can be handled for help. In this way, we can begin to trim the costs.

Impact of Project: The potential benefits are numerous. We will be able to evaluate the outcome of the criteria and hopefully make corrections in the system to improve the quality of care and confidence in our hospitals that they so richly deserve. The medical profession as a whole wants its patients to get well. We are on the same team. This would eliminate the position of Patient Advocate. They have done a remarkable job since their formation in 1970 but as times change, so must policy. Patient Advocates are paid by the hospital. Ombudsmen would be a combination of state paid employees and volunteers giving them the impartiality needed.

Conclusion: We the people of the upstate are grateful for the opportunity to present a proposal to the Joint Legislative Committee on Aging and to the Lt. Governor's Office on Aging explaining in full our ideas on "The First Step."

Respectfully Submitted

Myrna McKee – columnist "A Slice of Life" – published in the Daily Journal Newspaper, Seneca, SC and the Clemson Messenger Newspaper, Clemson, SC

Testimony
June 5, 2007

Victor A. Hirth, MD, MHA, FACP, AGSF
Medical Director Geriatric Services
Palmetto Health Richland

Distinguished Ladies and Gentlemen,

Thank you for this opportunity to speak to you today. We are in a time of change and opportunity as it relates to our older adults. As you know this population is booming (pun intended). However, there are potentially some negative consequences.

Based on CDC information, Alzheimer's Disease was the 8th leading cause of death in 2003. In 2004, which is the last year that we have current data available, it was the 7th leading cause of death. Of the top ten leading causes of death, Alzheimer's disease is the only one that is increasing between 2-4% per year while all the other causes are dropping or remaining steady. It is not unreasonable to expect that in our lifetimes it will be one of the top 3 causes of death nationally. Unfortunately, in South Carolina, Alzheimer's disease occurs at a much higher rate than in other states. I would offer two suggestions for you to consider today in this regard.

- 1) Support the USC/PH SeniorSMART program endowed chairs application to the lottery commission on higher education. This interdisciplinary, state-wide consortium will combine the resources and assets of a number of institutions to improve the health and well being of older adults as it relates to our three main focus areas. 1) Sharp Brain; 2) Smart Home; 3) Smart Wheels. All of these are directed toward maintaining the health and independence of our older adults. This statewide program is designed to enhance the independence of our older adults through a comprehensive program focusing on research and education with a goal of improving the care and well being of our South Carolina seniors.
- 2) Consider developing enabling legislation with recurring funding for memory centers based on a model similar to what has been enacted in Florida. These memory centers initially could be placed in Charleston, Columbia, Greenville and Florence and would provide expertise and resources for education, research and clinical care for older adults to maintain brain health as well as treatment for early and advanced memory disorders such as Alzheimer's disease. Memory centers could provide interdisciplinary training, community education and research laboratories to better understand the course and treatment of Alzheimer's disease and other memory disorders in urban, rural and underserved populations.

Those are the requests, now I'd like to give you some updates as to what Palmetto Health and the University of South Carolina are doing to improve the care of our older adults in Columbia.

Recently, we were funded by the Hartford foundation to be one of only 5 centers in the country to provide intensive geriatric training to chief residents in every specialty in the Palmetto Health system that provides care for seniors. This includes ophthalmology, orthopedics, general surgery, emergency medicine, family medicine, internal medicine and psychiatry.

(continued)
Dr. Hirth

In addition, we have a very good chance of being funded by HRSA to be the Geriatric Education Center for the state. This consortium, in cooperation with MUSC, Clemson, Greenville Hospital System and AHEC, will provide quality geriatric education to health care providers of all disciplines involved in the care of our seniors. Presently, we are also preparing a Hartford foundation grant application to be designated as a Center of Excellence in geriatrics. This program will develop 12 geriatric researchers and educators over the next 3 years.

We are also awaiting news on our grant application to Health Sciences of South Carolina for a quarter million dollar to develop a statewide network of aging research infrastructure to further improve the ability to develop and test statewide research projects through multiple institutions simultaneously. In all, we have over \$14 million dollars in grants which either have been funded or are awaiting a funding decision.

Clearly, these are very vibrant times in the field of aging and geriatrics. With your help and support we plan to bring South Carolina the recognition and reputation it deserves as one of the finest integrated geriatric research, education and care consortia in the nation.

Thank you for your interest and support.

Sharon Seago
South Carolina Association of Area Agencies on Aging

I am Sharon L. Seago. Thank you members of the Joint Committee on Aging for the opportunity to speak on behalf of the South Carolina Association of Area Agencies on Aging.

- National and state agencies are requiring fundamental transformations of long term care and health services.
- In long term care, the ascendance of comprehensive home and community based services and a transition to a more balanced system challenges all care and service providers to manage the evolution of the Older Americans Act into an even more effective tool for meeting the diverse needs of its target population. In addition, respecting the preferences of older people, their family caregivers, and other populations with disabilities through consumer direction is necessary according to priorities set by the Administration on Aging.
- The challenge for all levels of the aging network in South Carolina is to leverage the changes and systems transformations to advance the well being of older people and at the same time strengthen the network's role in the future of health and long term care.
- The aging network in South Carolina has been a leader and innovator in long term care including managing multiple funding streams and integrating and expanding services. The most recent example of this was the \$2.9 million dedicated to addressing the needs of seniors on the waiting list for services in the ten regions of the state.
- Area Agencies on Aging are streamlining access to those services and information through the creation of "one-stop" shop entry points to long term care called Aging and Disability Resource Centers (ADRCs).
- The new Older Americans Act amendments call for the nationwide implementation of ADRCs and direct states to make sure ADRCs are part of state and local long term care system reform efforts.
- The federal government is now creating ADRCs in South Carolina committed to a shared vision highlighting the strengths, the unique assets and the capabilities of the Area Agencies on Aging, remaining competitive and advancing a common agenda to achieve meaningful changes in long term care while keeping pace with innovation and changing needs and demands of consumers.
- The new Older Americans Act amendments strengthen the role of the aging network and area agencies on aging in preparing for the retirement of the baby boomers. They also steer efforts to build self-sufficient long term care options for the population as it ages. These new responsibilities require new resources to support the role of the aging network in transforming long term care. The South Carolina Association of Area Agencies on Aging wishes to thank South Carolina's legislators for realizing the need for additional funding for its senior population and hopes the legislature will act to appropriate adequate resources to sustain current and future long term care support systems.

MICHAEL J. STOGNER

TESTIMONY, JUNE 5, 2007

Chairman Neilson, Honorable Committee members, my fellow advocates thank you for this opportunity to present testimony. My name is Michael Stogner; I am the Area Agency on Aging Director for the SC Appalachian Council of Governments that serves Anderson, Cherokee, Greenville, Oconee, Pickens and Spartanburg Counties.

Going back to the days of "Mr. Pat's" chairmanship, I have had numerous opportunities to address this Committee. I want to express my sincere appreciation to you collectively and individually for your hard work and commitment to improving the quality of life for our state's older citizens. From enactment of Homestead Exemption to Omnibus Adult Protective Services Act to SC Silver Hair Legislature to Senior Center PIP funds to Alzheimer's Resource Coordinating Council to Geriatric Loan Forgiveness to State Supplemental Funds for Home and Community Based Services, and numerous other intervening pieces of legislation impacting program and services and opportunity challenges, you have consistently sought to address the needs of our older citizens. We all owe you a most sincere and grateful round of "Atta-Boys" and our promise as advocates of encouragement and support for your future endeavors on behalf of our older citizens.

As we look toward the future, I would like to add my endorsement and support of the specifics presented in the Lieutenant Governor's Office on Aging, the SC Association of Area Agencies on Aging, AARP, the Silver Hair Legislature and the Alzheimer's Association. We are in the midst of fundamental changes and philosophical shifts in the way we think about, deliver and pay for long term care and health services for the older and disabled citizenry both from a state and national perspective. Money that follows the person, consumer directed care, consumer choices and options, personal accountability and responsibility for ones life style choices, one stop shop entry points are "new" buzz words and attitudinal mind sets designed to promote a more balanced system of care that respects the preferences of older people, their family caregivers and other populations with disabilities.

As we strive to make these fundamental transformations to meet the needs and expectations of today and tomorrow's older people, their family caregivers and other populations with disabilities, we must balance the transition so as to not loose sight of the needs and expectations of those whom we have long been serving. We must be ever diligent to ensure that we do not "throw out the baby with the bath water." Successful addressing of the future transformations calls for strong, visionary leadership and creative, innovative solutions. We collectively must be willing to step up to the plate, take risks, experience and build upon failures in order to move forward. TOGETHER WE CAN DO IT, accordingly I pledge to you my unqualified support.

Again, thank you for this opportunity to address the Committee and THANK YOU FOR YOUR DEDICATED SERVICE.

Michael J. Stogner, PhD, LMSW
SC Appalachian Council Of Governments
PO Box 6668, Greenville, SC 29606

TESTIMONY
Jane Duke – Volunteer Ombudsman

Re: Medicaid Wheelchair Transport contract with LogistCare mandated by DHHS on May 1,2007

The health and well being of residents of facilities and patients is of primary concern: Serious Concerns and risk to health and safety to these wheelchair patients and facility residents documented by Dr. Keith Guest, President of South Carolina Association of Medical Directors and Medical Director of Lowman Home Nursing Center, Jewel unit, Tucker Center, and other facilities.as well as Administrators of Lowman Home Nursing Center, Central Carolina

The transport of wheelchair patients and residents by subcontractors of LogistCare since May 1 has shown serious issues and risks to the health of these residents/patients as well as very poor scheduling
LogistCare only sends a driver, no escort for these wheelchair patients, a "curb to curb" delivery with these fragile patients left off at door to get themselves into doors, elevators and to Dr.s offices alone and return to long waits to be picked up. No assistance for restrooms,no hydration, possible missed meals-for diabetic patients a serious risk. Long ours in a van when it is a multiple route with several patients.

Scheduling has been erratic and poor, many times not coming at all, other times coming 4 hours early for appointments, no consideration of meal times, etc. 20% + of residents do not have family to go with them. Even when residents have a family member to accompany them, the family cannot get off work all these hours not knowing when pick up and return may be. Sometimes 8 hrs.

The issue of subcontractors' drivers: Have these drivers had background checks? Driver's records checked?
sex offenders list checked? We have had reports of verbal abuse from drivers and bad attitudes toward these helpless residents as well as the facility personnel.

The drivers will not be responsible for paperwork--the list of medications and treatment that a facility must send to the Doctors and also for treatment plans and prescriptions that must return to the facility or family. We have reports of Doctors who will not see these patients unless there is a responsible party present. Some of these patients have mild dementia and could become confused or lost or possibly wander off. If a driver has several passengers how do they find these patients without risking the other passengers in 90 degree heat?

DHHS Transportation department is overwhelmed with the number and variety of requests, especially for dialysis appointments 2-3 times weekly for patients, these must be transported individually, that requires many vans and trips. There are many orthopedic and specialist patients in facilities and home and hospice patients.

A meeting with DHHS and Dr. Guest and Administrators of Facilities and LogistCare representatives would be helpful in working on these serious issues and reaching a solution to these problems. Allowing the facilities to "Opt OUT" would be a good step, allow them to "subcontract" with Logisticare and be reimbursed for transport and an

ESCORT. Medicaid pays for transport and one escort-LogistCare counts the driver as escort-NOT.

I understand an oversight committee and an audit might be forthcoming soon to help with control of this large system, that's a good step. The contact person for transport is also The entire transport system needs a deep look, it is entirely too expensive for Medicare and facilities to pay \$500 to \$700 for an ambulance transport (non emergency) for Doctor's appointments. It would be cheaper for each facility to have their own vans and medically trained escorts and be reimbursed properly than to depend on these outside contractors who have NO medical training if a resident has a medical problem while out of the facility. The families would hold the facilities responsible even though facilities have no control or choice with this mandate.

The Governor's office has also received many complaints as well as the Ombudsman's office. Please help to facilitate changes and solutions before there is a serious incident with one of our Senior residents and patients. On Tuesday June 5 Lowman Home had an incident report with a 99 year old and Logisticare transport.

LogistCare has a long list of lawsuits in every state and location regarding similar problems going back several years, on the web @ LogistCare, lawsuits. You may contact Dr. K. Guest 600-0843 or Darryl Edwards Lowman Home Administrator 732-3000 for more documentation and information.

Sincerely,

Jane Duke (on behalf of)

Dr. Keith Guest, Medical Director
President, South Carolina Medical Directors
Darryl Edwards, Administrator Lowman Home

**Prepared Statement of the South Carolina Department of Consumer
Affairs on**

Fraudulent, Deceptive and Abusive Practices Against Senior Citizens

for the

**South Carolina Legislative Joint Council on Aging
Representative Denny Neilson, Chair**

Comments submitted by: **Brandolyn Thomas Pinkston, Administrator of the South Carolina Department of Consumer Affairs**

Older South Carolina citizens are most likely to have a "nest egg," own their home or have excellent credit all of which the con-man will try to tap into. Fraudsters are very familiar with the old saying; "you can't get blood from a stone." Like any other businessman, the fraudster will focus his efforts on the segment of the population most likely to be in a financial position to buy whatever he is selling. Individuals who grew up in the 30's, 40's and 50's were generally raised to be polite and trusting. Two very important and positive personality traits, except when it comes to dealing with a con-man. The con-man will exploit these traits knowing that it is difficult or impossible for these individuals to say "no" or just hang up the phone.

Older South Carolinians are less likely to report a fraud because they either don't know who to report it to or are too ashamed at having been scammed. In some cases, an elderly victim may not report the crime because he or she is concerned that relatives may come to the conclusion that the victim no longer has the mental capacity to take care of his or her own financial affairs. When an elderly victim does report the crime, they often make poor witnesses. The con-man knows the effects of age on memory and he is counting on the fact that the elderly victim will not be able to supply enough detailed information to investigators such as: how many times did he call? What time of day did he call? Did he provide a call back number or address? Was it always the same person? Did you meet in person? What did he look like? Did he/she have any recognizable accent? Where did you send the money? What did you receive if anything and how was it delivered? What promises were made and when? Did you keep any notes of your conversations? The realization that they have been victimized may take weeks or, more likely, months after contact with the con-man. This extended time frame will test the memory of almost anyone.

TYPES OF SCAMS

During a visit with your mother, you notice a stack of wire transfer receipts totaling more than \$65,000. When you ask what they're for, she says she's investing in a new hi-tech company. After you investigate further, you think

she's being scammed by fraudulent telemarketers. What can you do? Consumers lose more than \$40 billion a year to telemarketing fraud. People over 50 years of age are especially vulnerable and account for about 56 percent of all victims, according to a recent study by the American Association of Retired Persons. Scam artists often target older people, knowing they tend to be trusting and polite toward strangers and are likely to be home and have time to talk with callers. You can help empower your parents and others who may be targets of fraudulent telemarketers by describing some tip-offs to rip-offs, letting them know their rights and suggesting ways they can protect themselves.

Tip-Offs to Phone Fraud Many scams involve bogus prize offers, phony travel packages, get-rich-quick investments and fake charities. Con artists are skilled liars who spend a lot of time polishing their sales pitches. As a result, it can be difficult to see through their scams. Alert those you care about to be on their guard if they hear the buzz words for fraud. Among the tip-offs are:

- ❖ You must act "now" or the offer will expire.
- ❖ You've won a "free" gift, vacation or prize — but you must pay for "postage and handling" or some other charge.
- ❖ You must send money, give a credit card or bank account number or have your check picked up by courier — before you've had a chance to consider the offer carefully.
- ❖ It's not necessary to check out the company with anyone — including your family, lawyer, accountant, or consumer protection agency.
- ❖ You don't need written information about the company or its references.
- ❖ You can't afford to miss this "high-profit, no-risk" offer.

Deceptive Prize Promotions and Lottery Clubs One type of telemarketing fraud in which the victims are disproportionately elderly is the deceptive prize promotion. Typically, the consumer receives a call enthusiastically congratulating him or her on having been selected to receive a valuable award — often described as thousands in cash, a car, a vacation, or jewelry. However, there is a "catch" that requires the consumer to send payment, often by an overnight courier service, in order to receive the prize. Then, although the consumer sends the payment as instructed, he or she does not receive the promised valuable prize. If the consumer receives any award at all, it is generally an item of little or no value, such as inexpensive costume jewelry or a travel certificate that requires huge outlays of cash to redeem. Losses per consumer for telemarketed prize promotions generally range from a few hundred dollars to thousands of dollars. In some instances, consumers have lost their entire life savings to such scams. Although prize promotion telemarketers often ask for only a small amount initially, in a process referred

to as "reloading," phone crooks request ever increasing amounts from consumers, promising ever more valuable awards.

Bogus Charities Another type of telemarketing fraud, sometimes referred to as fraudulent "telefunding," targets consumers, often older citizens, willing to donate money to charitable causes. These scam artist often employing prize promotions, either raise money for bogus charities, misrepresent the amount of donations that go to a bona-fide charity, or make other material misrepresentations about how the donor's money will be used from scams.

Business Opportunity Fraud Many consumers — particularly recent retirees or workers who have lost their jobs through corporate downsizing — are attracted to advertisements touting opportunities for individuals to operate their own small businesses or to work from home. In many cases, these business opportunities involve distributing products or services through vending machines or retail display racks. Calls from would-be entrepreneurs responding to these advertisements are connected to a telemarketer, who glowingly describes the opportunity and the amount of money that can be made by following the company's business plan. To clinch the sale, the telemarketer often provides the consumer with the names and telephone numbers of other people who have purportedly purchased the business opportunity and from whom the consumer can receive a supposedly objective opinion. In fact, these purported purchasers are "singers" — individuals who are paid by the telemarketer to lie about the success of the business venture. After the consumer pays anywhere from hundreds to tens of thousand of dollars to become a distributor or to receive the business plan, he or she learns that the revenue projections of the telemarketer were highly inflated and that the only people who make money through the business opportunity are the telemarketers themselves.

Credit Card Loss Protection/ ID Theft Protection In yet another telemarketing scam, fraud artists try to get people to buy worthless credit card loss protection and insurance programs. The telemarketers, who prey on elderly and young adults, scare consumers with false stories, telling them that they are liable for more than \$50 in unauthorized charges on their credit card accounts; that they need credit card loss protection because computer hackers can access their credit card numbers through the Internet and charge thousands of dollars to your account, and that the telemarketers are from "the security department" and want to activate the protection feature on their credit card. This type of fraud affects senior citizens in particular.

The Internet To date, most of the fraud affecting the elderly has been perpetrated through the telephone. As seniors are learning to use the Internet, fraud operators can be expected to find them through this channel of communication and commerce. The Internet's promise of substantial consumer benefits is, however, coupled with the potential for fraud and deception. After buying a computer and modem, scam artists can erect and maintain a Web site for \$30 a month or less, and solicit consumers anywhere on the globe. What is

different is the size of the potential market, and the relative ease, low cost, and speed with which a scam can be perpetrated.

How to Protect Targets of Telemarketing Fraud You also can help seniors develop responses that will end an unwanted sales call. Possible responses to unwanted callers include: "I don't do business with people I don't know," "Please put me on your 'Do-Not-Call List,'" "I'll need to see written information on your offer before I consider giving **you money,**" or "**You can send that information to my attorney's office at . . .**" **Perhaps the easiest response is, "I'm not interested. Thank you and good-bye."** Urge your parents or anyone else troubled by calls to resist high-pressure sales tactics. Legitimate businesses respect the fact that a person is not interested. Remind an older person to:

- ❖ Say so if they don't want the seller to call back. If they do call back, they're breaking the law. That's a signal to hang up. Take their time, and ask for written information about the product, service, investment opportunity or charity that's the subject of the call.
- ❖ Talk to a friend, relative or financial advisor before responding to a solicitation. Their financial investments may have consequences for the family or close friends.
- ❖ Hang up if they're asked to pay for a prize. Free is free. Keep information about their bank accounts and credit cards private unless they know who they're dealing with. Hang up if a telemarketer calls before 8 a.m. or after 9 p.m. Check out any company with the state and local consumer protection office before they buy any product or service or donate any money as a result of an unsolicited phone call.
- ❖ Finally, remind an older person not to send money — cash, check or money order — by courier, overnight delivery or wire to anyone who insists on immediate payment.

Consumer Education. Consumer education is an effective protection against fraud. It is especially important for older consumers to know their rights and learn how to assert those rights when dealing with when they suspect that they have been victimized through telemarketing fraud, identify fraud, charity fraud, door-to-door frauds, home repair, mail fraud and Internet fraud. To that end the Department of Consumer Affairs has opened three (3) locations around the state to assist consumers (with plans to open three additional sites), launched a buyer beware list and ASK CONSUMER AFFAIRS, interactive live help on our Website and increasing the number of presentations made to senior audiences around the state.

About The South Carolina Department of Consumer Affairs

The S.C. Department of Consumer Affairs was established by the S.C. Consumer Protection Code, the state law which governs consumer credit transactions and provides for consumer protection in South Carolina. The law, which was signed by the Governor on August 13, 1974, became

effective on January 1, 1975. As the state agency designated to represent the interests of consumer, the S.C. Department of Consumer affairs attempts to resolve complaints and seeks to inform and educate consumers in order to create an atmosphere in which consumers will be more aware of their rights and responsibilities in the marketplace.

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