

Good morning-

My name is Farley Wright, and I'm here to testify as the Executive Director of the Warren/Forest Area Agency on Aging, as a senior citizen and as a caregiver. I have worked with my wife to keep my mother-in-law at home for over three and a half years as she slowly declined from early onset of dementia, a fall, and 2 strokes. She is now in her late stages of life in a Nursing Home. While caring for Gram at home we traversed the many systems of services and ran into the many bumps and roadblocks of a process that at should be seamless. As an agency administrator and with a wife with an MSW, I can't imagine how folks outside our system are able to navigate it. I appreciate the opportunity to provide comment today. I admire the fact that the Governor engages the stakeholders and welcomes their input. I could have used a little more time to contemplate and prepare, but I will offer what I can. There is a basic cost of doing business...however there is a far, far greater cost in not taking care of business. The changes we contemplate will have far-reaching impact on some of the most vulnerable and frail consumers; and any mistakes we make going forward will have a devastating impact. While we must be mindful of the demographics that create a legitimate sense of urgency, we must be equally mindful of the precious commodity with which we work. We must understand that almost by some bizarre law of nature, bureaucracy tends to focus on process and become self-sustaining. We need to insure the consumer is able to impact the process.

I was glad to hear both Secretary Osborne and Secretary Dallas indicate that the conversation continues. The discussions we have here today are long overdue and should be held on a regular basis. Top down policy will not work and the policy makers need to hear the issues from the consumer level where the rubber meets the road.

1. **Education prior to implementation.** Education is essential to informed choice. Change is difficult for all of us, even more so for our consumers. Our efforts to effect change must be measured and well thought out. While implementing necessary changes; we need to be mindful of the need to provide thorough advanced notice, counseling and guidance...as well as the ability to step back and re-consider what we've changed.
2. **Preventative Services.** I applaud the effort to get ahead of the curve! It's far too easy to become so absorbed in responding to existing needs we lose sight of the immense value of preventative efforts.
3. **Capacity for effective consumer input; not just consumer-centered, but also consumer sensitive.** It is important that any changes to be implemented are best considered to be on a trial basis. While I have the utmost respect for the University of Pittsburgh, history teaches us that sometimes those ideas conceived in the mightiest of academic halls sometimes need to be tweaked when engaged where the rubber meets the road.
4. **Long term services and supports must be delivered with assurances of a social/independent living model based on choice and control with person-centered planning and not solely or primarily on a medical model.** The value of having a sense of independence can never be underestimated. The factors that are important in our lives are vast and varied, and we each prioritize those that are most important differently. We need to respect that fact. We need to understand what's important to the consumer. When a consumer experiences a crisis that results in an acute care stay, we need to be as holistic in our approach as possible prior to discharge. The consumer not only needs to be medically healthy, but also have an ability to engage life. Time is of the essence and absent the ability to engage them with former interests and activities in a modified

fashion to accommodate their new limitations...they will retreat further and become increasingly comfortable in their obscurity and inactivity.

5. **Quality care management must include regular and periodic face-to-face contact and should not be exclusively done from a remote location.** We are in the midst of a generation focused on convenience. Technology enables many of the day-to-day activities to be performed where you stand...shopping, ordering food, booking reservations...all from the comfort of our homes. However technology is impersonal...it lacks human expression and human touch. It will not notice the HDM's piling up in the kitchen when the consumer...who typically doesn't want to be a bother...answers "Yes" when asked if she's eating well. We must always bear in mind we are dealing with people; not data.
6. **An Ombudsman program should be available in both institutional and non-institutional settings-**As they consumer's ability to cope diminishes, they need a trusted, unbiased friend willing to go the distance to insure they receive the services to which they are entitled in an efficient and timely fashion. The Aging Ombudsman program has a long history of providing services to the institutional consumer, and it will be a welcomed addition to the non-institutional side of MLTSS.
7. **Managed LTSS should maximize existing service systems and supports and promote improved care integration-**While problems may exist within the current service delivery system, the system is asset rich and compassionate in its commitment to the consumer. The existing assets should be utilized to the fullest and each stakeholder must have an equal opportunity to participate. The determination as to involvement must be based on demonstrated performance standards and capabilities.