MAINE'S RURAL ELDERLY: INDEPENDENCE WITHOUT ISOLATION

HEARING

BEFORE THE

SPECIAL COMMITTEE ON AGING

UNITED STATES SENATE

NINETY-SIXTH CONGRESS

SECOND SESSION

BANGOR, MAINE

JUNE 9, 1980

Printed for the use of the Special Committee on Aging

U.S. GOVERNMENT PRINTING OFFICE
66-630 O WASHINGTON: 1980

CONTENTS

MAINE'S RURAL ELDERLY: INDEPENDENCE WITHOUT ISOLATION

MONDAY, JUNE 9, 1980

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Bangor, Maine.

The committee met, pursuant to notice, at 2 p.m., in the Bangor House, Bangor, Maine, Hon. William S. Cohen presiding.

Present: Senator Cohen.

Also present: David A. Rust, minority staff director; James Dykstra, legislative assistant to Senator Cohen; Betty M. Stagg, minority professional staff member; and Kathleen L. Makris, minority office manager.

OPENING STATEMENT BY SENATOR WILLIAM S. COHEN, PRESIDING

Senator COHEN. Ladies and gentlemen, we are going to try something different by starting a Government-sponsored hearing on time today right at 2 o'clock.

First of all, I want to say how pleased I am that we are able to hold this hearing here in this building today. Some years ago, in Bangor, we actually gave consideration to tearing this place down. We have made a lot of mistakes over the years by tearing down old buildings that were capable of being rehabilitated into fine structures such as this one.

I also want to alert you that I have a little bit of bad news this afternoon. Claude Pepper, who was scheduled to be with me today, is, in my judgment, the most energetic and dynamic Congressman that we have in Washington today, especially as a spokesman for the elderly of this country. He was scheduled to be with me this afternoon. Claude Pepper called me late Saturday evening and said, "Bill, I have got a problem and the problem is that the President may be coming to Miami on Monday afternoon." I said, "What's the problem, why can't you come to Bangor?"

It happens that Miami is part of Claude Pepper's district, and it is faced with very serious problems, as you know, with the riots that have broken out in that area and with the tremendous influx of refugees from Cuba. The President is down there now and Congressman Pepper felt that he had an obligation to be with the President of the United States. While I disagree with his priorities in that regard, I fully understood.

He did want me to express to you his deep regret that he could not be here, because he is interested in getting out into all parts of the country and learning about the problems that face the elderly popula-

tion, especially those who live in rural areas. He did want to express his deep disappointment that he could not be here and that there was only one person who could prevent him from being here—the President of the United States. So I think under the circumstances, we will forgive him.

He promised to come back to meet with all of us at some time during the course of the year, and he will make good on that pledge. He has been one of the most effective spokesman on behalf of the elderly throughout this country.

As I mentioned earlier today to the Eastern Maine Task Force on Aging, Claude Pepper singlehandedly repealed mandatory retirement at the age of 65. It was because of his energy in the House of Representatives that he was able to build up a bias against that kind of discrimination. He calls it ageism, and it is just as discriminatory as sexism.

The good news is that we will continue. I have been asked by many radio announcers and television announcers, why are you holding this hearing in Bangor, Maine? We are trying to bring Washington a little bit closer to the people, to bring Washington here to listen to how programs that have been adopted are working or not working. We also want to hear your recommendations—you who are on the receiving end or, in some cases, on the implementing end of these programs. What do you see as the problem and how can we make this a much more effective or efficient program to serve the elderly population of this country?

I do have with me two staff members from the Special Committee on Aging, David Rust and Betty Stagg, and they are going to be participating with me in asking questions of the witnesses. At the open forum part of the hearing, you will have an opportunity to present whatever views you might have regarding what we should be doing, how we can be more helpful, and how we can perhaps restructure some of the programs that are now on the books.

I have a lengthy opening statement which I will simply submit for the record, but basically, it is designed to point out that the rural elderly suffer from a much greater deprivation than those in the urban areas. We have serious problems in the field of transportation, especially in getting to and from sources of adequate health care. I particularly want to focus this hearing upon the problem related to energy, because the evidence is rather staggering about the amount of the household budget that our older people have to pay for energy costs today. Many of them simply can't make it.

Congress has been trying to deal with the problem by adopting various energy assistance programs, including payment for fuel. We have a weatherization program which is a good beginning but certainly not adequate yet. I hope that during the course of the afternoon, we will be able to develop some information that I can take back to Washington to present to the full Special Committee on Aging. That is important because, as a result of the sponsorship by the Senate, we have money authorized in the windfall profits tax bill for these energy assistance programs.

Also, this record will be made available to Claude Pepper as chairman of the House Select Committee on Aging and their information will be brought before that committee. So, it is a very important be-

ginning, and I hope to have many more of these hearings during the course of the next years that I am allowed to continue to serve you.

Rather than have me make a long statement, let me start by saying we have some scheduled witnesses who will be testifying initially. We have various panels set up on specific topics. I am trying to cram a lot of information into a very short afternoon, since I will have to catch the 6 o'clock plane back to Washington. I am missing some votes there today, as a matter of fact. We will begin with the witnesses on the agenda. However, we will try to move as quickly as we can and give those of you who want to talk during the open forum an opportunity to do so.

Maine's newest Senator, George J. Mitchell, has submitted a statement for the record of today's hearing. At this time, I will enter my prepared statement and Senator Mitchell's into the record.

[The statements of Senators Cohen and Mitchell follow:]

PREPARED STATEMENT OF SENATOR WILLIAM S. COHEN

Good afternoon: I am indeed pleased to be here in Bangor this afternoon to chair this hearing of the U.S. Senate Special Committee on Aging on the particular concerns of older rural residents of Maine, including community-based long-term care and the essential area of adequate household energy. We are especially honored by the presence of Congressman Claude Pepper, chairman of the Select Committee on Aging, U.S. House of Representatives. As I served as a member of that committee I can attest to the tireless dedication and commitment of Chairman Pepper as the leading advocate in Congress for the Nation's elderly. His presence here today assures that both the House and the Senate will have the benefit of the testimony presented at this hearing.

The cost of all energy, particularly heating, is the fastest growing item in the household budget. Low-income households spend four times as much for household energy as the average American family—as much as 20 percent of household income. For low-income older persons, it is not uncommon for them to spend over 50 percent of their monthly income for energy costs with even higher percentages during the coldest winter months. The choice of whether to heat or eat can become all too real. Although willing to conserve, many older persons cannot reduce the temperature in their homes below a certain point without potential danger to their health—even the risk of hypothermia. For these elderly poor, being too cold is not merely an inconvenience.

The concern of the Congress about fuel costs was reflected in the 1979–80 emergency energy assistance program which made available the largest amount that had ever been appropriated—$1.6 billion—for fuel payments assistance. This year, we have authorized a similar Home Energy Assistance Act as part of the Crude Oil Windfall Profits Tax Act of 1979. Because of an amendment sponsored by all of the members of the Senate Special Committee on Aging, households with an elderly person should receive priority for assistance from this program.

I believe most of us would prefer to live in homes in our own communities rather than in institutions. Furthermore, families make heroic efforts to care for older members with failing health or daily living capacity. By far, the largest amount of care given to the elderly is provided by friends, neighbors, and family members. But, I am afraid that publicly funded assistance programs, as valuable as they are, often replace, rather than strengthen, this informal support system. Faced with little opportunity for respite and an intolerable financial burden, families turn to the only place where financial help is available—total institutional care.

In the hope of increasing the options for long-term care, I have cosponsored, with several of my colleagues on the Special Committee on Aging, a bill to create a foster care program for older persons. This demonstration program offers an alternative to costly institutional care by placing older persons in the homes of related or unrelated families.

In addition, later this week, I will join in sponsoring a proposal which would make significant changes in the system of Federal financial support for home care services in the United States.

Today we will hear about other options for care in the community such as homemakers, home health, delivered meals, congregate living, and day care. We will explore the success and suitability of these approaches for rural areas.

Here in Maine, we have one of the coldest and one of the most rural States. That makes it imperative that these programs be as responsive as possible to your needs. Today, we would like your views and recommendations on how to improve the quality of these services, how to make them more appropriate, and how to deliver them in the most efficient and compassionate manner. We will hear from several witnesses who are involved in making these programs work in the State and several communities. Also, a panel of consumers will describe the particular needs and concerns of rural older persons. I would like to take this opportunity to thank Louise Murcheson, other members of the staff of the Eastern Task Force on Aging, and Patricia Riley, Director of the Bureau of Maine's Elderly for their cooperation and assistance in preparation for this hearing. To begin the hearing, Trish will give us an introduction and overview of the problems of Maine's rural elderly from a statewide perspective.

STATEMENT OF SENATOR GEORGE J. MITCHELL

I want to express my gratitude to Senator Cohen for giving me the opportunity to submit a brief statement for the record. And I want to applaud his initiative in undertaking to hold this hearing here in Maine, to give Maine people a chance to participate.

First, I would like to say that I strongly support the purpose of the hearing. At a time when spending restraints are being imposed on all programs, and when working people are becoming increasingly concerned about waste in government, it is absolutely essential that we direct our resources at the real problems. And it is equally vital that we make certain each program dollar is delivered where it will do the most good, and as directly as possible.

The Federal Government can improve program delivery by streamlining its administrative requirements. But we can also gain valuable information about the needs and priorities older people face from the experiences of people who have used the programs or tried to administer them at the local level.

The views of the witnesses scheduled to speak today will pinpoint specific problems, and will help identify potential solutions. The opportunity to become acquainted with this first-hand experience is invaluable, and I will look forward to reviewing the hearing record when it is complete.

Second, I would like to express my personal interest in the specific subject of this hearing.

The delivery of government services to senior citizens in rural areas presents special problems that urban regions do not face. Rural living imposes additional costs for such needs as transportation and information services. Programs designed to provide health care cannot be effective unless they are accessible. And programs for home weatherization cannot be effective if people are unaware of them.

Overcoming such difficulties will require imaginative adaptations in programs initially designed for all regions of the country. Maine presents so wide a range of different rural areas that our experiences here can help provide solutions for many other parts of the country.

The lack of transportation, the isolation of rural communities, the fragmentation of the offices through which assistance programs are channeled—all these factors combine to make delivery of services to the rural elderly one of the most challenging tasks government faces.

And the need to maintain our rural communities to offer older people the option of remaining where they have passed their lives—makes this a high priority, as well.

I hope the hearing record will present us with new and helpful suggestions to improve the way our services are delivered.

Senator COHEN. Our first panel is going to consist of Patricia Riley, the director of the Bureau of Maine's Elderly, department of human services, who I think is well known to everybody in the State of Maine, and Dr. John Truslow, chairman of the Maine Committee on Aging.

We will hear now from Patricia Riley.

STATEMENT OF PATRICIA A. RILEY, AUGUSTA, MAINE, DIRECTOR, BUREAU OF MAINE'S ELDERLY, DEPARTMENT OF HUMAN SERVICES

Ms. RILEY. Thank you, Senator. Welcome home.

I would like to commend you and your staff for a superb piece of work in getting this hearing so well organized and for getting a crowd like this into the Bangor House.

On behalf of the department of human services and our commissioner, Michael Petit, I am pleased to welcome you to Maine and to thank you for your interest in rural elderly. I have been asked to provide you with an overview of problems confronting Maine's elderly and to present an outline of issues today's speakers will address.

While we know that there are 183,000 Maine residents over the age of 60, that they are the fastest growing part of the population, that they are poor—have an average income of about $2,884, that they represent two generations, and that their chief problems are income and health care, the panels you have invited to follow me can better illuminate their situation than any statistics.

We are particularly pleased to be able to discuss our very serious concerns with the delivery of long-term care services. As you may know, Maine's percentage of elderly in our intermediate care facilities is higher than the national average of 5 percent. In Maine, we are at a rate of 7 percent. We hear a great deal about inappropriate institutionalization but the fact remains that many older people deserve and can be cared for by long-term care at home. Paying for and delivering that service, especially in a rural State, remains the problem. Thus the older person too often becomes a victim of a social service system that does not work.

Unlike the nursing home, we in community services cannot seem to coordinate health care, meals, housing, and information all in one place. At least in the nursing home those services are available under one roof. We have yet to put these services together well in one community, particularly in places like Maine, where service deliverers and older people are separated not only by confusing bureaucracy and conflicting eligibility standards, but also by the isolation of rurality, coupled with insufficient resources to provide adequate transportation to services.

Governor Brennan has committed his administration to resolving such problems and to guaranteeing that adults in need of long-term care receive it in the most appropriate setting by initiating a task force on long-term care. That task force represents many, including the aging network, and has worked for months to study the long-term care system in Maine and will present recommendations to the Governor on Labor Day. Those recommendations promise dramatic changes in the long-term care system, changes that the department of human services, notably under Commissioner Petit's leadership, is anxious to make to cut down the cost of bureaucracy while maximizing appropriate service to a changing population in need of long-term care.

Still, States can only go so far. The Federal Government must be likewise responsive and must help us coordinate local services by making Federal programs more compatible at the State level. Each time Congress acts on a social service bill it should first assess how eligi-

bility and reporting criteria imposed at the Federal level conflict with other similar programs.

Here in Maine one home health agency alone receives support from 50 different funding sources, all with different rules, regulations, and paperwork requirements. The system, I think, has become more important than the person. Let's personalize the system. Let's assume Mrs. Levecque is 78 years old, lives alone, and suffers a serious fall because she is unable to pay to retain her home in good repair. Following hospitalization she is informed by a discharge planner that she can go home only if she can receive a home-delivered meal 7 days a week, a homemaker 2 days a week, and a home health aide 5 days a week. In most parts of rural Maine those three services are run by three separate agencies and funded by numerous Federal and State sources. One agency has a waiting list, another has an income eligibility standard for which Mrs. Levecque does not qualify, and a third is located 100 miles away and can only provide service 1 day a week. Is it any wonder people end up inappropriately in a nursing home?

We need, first a recognition of the complexity of the system and a means to coordinate services locally for such clients—a one-stop service center for citizens in need of long-term care. Second, we need to coordinate at the State level to guarantee that people like Mrs. Levecque become priority clients in all our services, not just those few that are offered through the Bureau of Maine's Elderly funds but also the many offered by other agencies in State government. The Federal Government should demand that kind of cooperative planning and should facilitate it by removing barriers that prevent coordinated service delivery.

The 1980's promise to be very difficult times for us in social services. With more elderly living longer, the demand for services increases, yet our resources are decreasing. Like the old, we, in Government, are learning to live on fixed and eroding incomes—ours eroding not just by inflation but by taxpayer pressure for lessened Government spending. I am fearful of our response to that pressure. I fear too many of us prefer to ignore the challenge we face in meeting service needs and instead grow defensive and lay blame. The locals blame the State, the State blames the Federal Government, that bureaucracy blames the Congress, the Congress blames the President and now I think social service providers have found a new target for blame—the family and natural community support structures.

Now that we, in Government, have run dry on new money, it is easy to turn to the family and community even when the older person well might pride himself on his independence from that kind of help. While too often natural community support and structures do not provide sufficient assistance to the old, I think we need to look beyond naive blame. The fact remains that in our economy a volunteer effort is expensive for it costs money in transportation and in the time that working people find such a precious commodity. Congress should investigate all means to assist volunteers pay for transportation and should investigate tax credits and other incentives for volunteerism. Likewise, Congress needs to take a long, hard look at manpower policies which, while unemployment is high, find once traditional volunteers—women and older people—now in the work force.

This Nation's rigid manpower policies have separated families, isolated citizens from their communities, and therefore, caused Government to create more and more social services. Let me hasten to add that I do not suggest women return to the kitchens nor old people to the rocking chairs of mandatory retirement. Instead, abolishing mandatory retirement should be a first step to loosening up manpower policies and realizing a theory of lifetime allocation of work and income. If citizens are to have the time, energy, and resources to be better family and community members, then the workplace must allow for flextime, part-time jobs, job sharing, work leaves, and a pension and benefit structure that allows for job flexibility and mobility without sacrificing seniority. In Maine we fought successfully for the abolition of mandatory retirement not just to end a heinous practice of age discrimination, not just to encourage able older people to work, but to stimulate more flexible manpower policies which would allow all people more choices, more time when they need it, and a greater opportunity to age successfully throughout their worklives.

Congressional efforts to raise the social security eligibility ceiling will simply extend the rigidity of the work force and should be accepted only if coupled with changes in benefit and pension provisions and other manpower policies to allow all workers, old and young, with the flexibility needed to be good family and community members.

I cannot avoid this opportunity to urge your committee and Congress to investigate a topic of personal interest to me and one which we will discuss at our Blaine House Conference on Aging this fall—the concept of income from home equity. A full 70 percent of Maine's elderly live in their own homes and pride themselves on that possession, yet find it often becomes a burden to care for. We must investigate more fully means that allow older people—particularly those with low and middle incomes to take advantage of the equity of their homes. Systems must be developed which afford older people reasonable options to convert home equity into a lifetime income while retaining full rights to live in their homes. Several banks are now offering reverse annuity mortgages toward this end but such efforts have been of limited success, given limited mortgage money, high interests, unpredictable mortality rates, and erosion of housing value. I would urge you to study this concept carefully and examine how Federal housing agencies might provide such a program for lower income elderly. Likewise, Congress should examine Federal policies related to taxation, insurance, and definitions of eligibility to social service programs, to remove unnecessary barriers which prevent the development of such programs and should assist the private sector in its efforts to develop reverse annuity mortgage.

Congress should be careful to protect the older consumer from fraud and to assure that such programs remain one of many options available to older people. I would urge Congress to investigate means to develop in the public sector a program modeled on reverse annuity mortgage concept at low or no interest rates and to set standards to allow lower income homeowners to qualify for such a program.

While reverse annuity mortgages have many shortcomings, the concept seems sound and could allow interested elderly an opportunity to gain income from hard-earned assets while retaining the right to remain in their own homes. Such income could help many avoid or

reduce dependence upon social services and the program should therefore be studied by Congress. We will surely forward our Blaine House Conference on Aging report to you.

Thank you.

Senator COHEN. I will save the questions until after Dr. Truslow has testified, but I do want to explore with you the kind of barriers that you feel prevent the coordination of services. I think that is important.

Dr. Truslow.

STATEMENT OF DR. JOHN B. TRUSLOW, BIDDERFORD, MAINE, CHAIRMAN, MAINE COMMITTEE ON AGING

Dr. TRUSLOW. Senator Cohen, I deeply appreciate this opportunity. I intend to bring up two principal subjects, but before I do I would like to make a rather important point on efficiency. In Maine, the Bureau of Maine's Elderly and the five area agencies work together in effective exchanges of ideas and in demonstrations of activity covering the State in a very formidable and very favorable way.

One of the problems that comes before us—and we of the Maine Committee on Aging have the function of being advisory to these groups—is to cope with problems that are thrust upon us by the Federal Government. This includes, among other things, the formulation of a State plan, a highly desirable, necessary, and often difficult task. But it is made far more difficult, rather than assisted, by the guidelines for planning from the Washington office. May I present to you in the form of exhibit A—as a loan, because we have only one copy—the 150-page outline of instructions for confusing the State plan. I call your attention to the fact that the index alone is 17 pages long.

Ms. RILEY. Barrier one.

Dr. TRUSLOW. Beyond this, I just have two things that I want principally to emphasize. First, is an urgent plea for legislation that tends to enhance the capacity of older persons to remain self-sufficient in their homes and in their communities, and to reduce the circumstances tending to force them into institutional anonymity.

For some time, in the State of Maine, we have been impressed with the numbers of elderly people for whom institutionalization became their lot because there were fewer and fewer viable alternatives. This relates largely to the age group 75 and older, the fastest growing segment of our aging population, a majority of whom, by virtue of the general rural characteristics of our State, are clearly among those to whom this hearing is principally addressed. There can be no question but that the overwhelming majority of these people would rather remain in their homes or stay in alternative residences assuring continued self-reliance, living area of maximum possible privacy, and the availability, as needed, of support services in congregate housing—rather than be packed off to a nursing home.

There is growing evidence to suggest that coordinated community services, including home health services, will not only provide such reasonable assurances of continuing living at home—or in congregate housing—but at less cost per individual than a nursing home. Until the introduction of H.R. 6194 by Congressman Pepper and Congress-

man Waxman there has been little evidence of effective Federal appreciation of this critical issue.

H.R. 6194 recognizes that comprehensive assessments of individuals seeking long-term-care services coupled with inclusion of community-based services under medicaid may reverse this institutional trend. Furthermore, H.R. 6194 addresses one of the key issues which is preventing many elderly from receiving services in their homes, namely, the difference in income eligibility for services at home as opposed to services if one is institutionalized. H.R. 6194 speaks to this issue directly. I have not heard of a companion bill in the Senate but I hope it will be coming soon. I urge you to insist upon such Federal changes to eliminate the trend to institutionalization. I urge you to set the course for the day when nursing homes are but the final last ditch alternative to home-based care.

At the State level there is still much to be done. Budgeting constraints are real and one cannot realistically argue that home health care, for example, will result in the foreseeable future in decreases—or even much of a leveling off of increases—for institutional care. There is an awful imbalance currently—1979—of Maine's medicaid expenditures of $52 million for intermediate care facilities, but only $692,000 for home health care. Our aggressive advocacy at the State level will be required to reverse this trend, and we intend to be aggressive.

I find myself in substantial agreement with a recent observation of Senator Domenici of New Mexico, and I believe this agreement is shared by those most concerned with aging in Maine. "Unless we as a Nation," the Senator said, "decide to eliminate this institutional bias, continued talk about spiraling health care costs is a futile exercise." We must come to the realization that even if we need to have a few more years of nursing home and institutional costs running parallel to home health care costs, eventually we will be saving resources and doing a better job in providing cost effective, adequate, and more humane health services to our elderly citizens.

Now the final matter which I would like to address briefly this afternoon is the need for adult protective services. This is not a problem limited to the rural elderly, it is a very serious problem with impact on rural and urban elderly alike. In Maine, as is the case nationally, a woefully inadequate amount of funding is available to meet even the most basic needs of elderly victims of abuse, neglect, or exploitation. Of $5 million out of the title XX funds of the Social Security Act presently dedicated to adult and child protective services, $357,000 is assigned in 1980 for protective services for adults.

I do not mention this to invite invidious comparisons between the needs of children and of the aging population, but to emphasize the findings of research recently reported by the Administration on Aging indicating, nationally, that elderly abuse is at least as prevalent as child abuse. If I have been reliably informed, the Congress is considering the funding of grants to help prevent, and to assist the victims of domestic violence. My information is further to the effect that the bills currently under consideration in Congress do not speak to the special problems of the elderly. When I urge that they be equally considered, I emphatically do not believe that this is basically or ulti-

mately a Federal problem but realism also compels me to say we benefit from outside initiatives to get us moving at home.

Thank you, Senator Cohen. I now look forward, as you do, to the real meat and substance of this sesssion.

Senator COHEN. Thank you, Dr. Truslow.

Let me point out that in 1978, Congress added a section 212 to the Older Americans Act requiring the Commissioner on Aging to reduce unnecessary paperwork demands upon State agencies on aging and AAA's. If this State plan format is any indication about our congressional directive being met, I guess we had better go back and check it out. The only saving grace is that it calls for a 3-year plan, whereas all of the past proposals have been for 1 year; so maybe it is triple the size because it is a 3-year plan. I will try to find out.

Dr. TRUSLOW. I must add that this tome was 1 year late in being issued as though to add to our difficulties.

Senator COHEN. Also, let me point out that tomorrow or at least sometime this week, Senator Packwood has a bill that I intend to cosponsor which would restructure the various titles of the Social Security Act into one single comprehensive title to expand home health services. That is perhaps a beginning to address a combination of what you and Trish Riley were saying about the need to direct our attention to home health, but also the need to simplify and coordinate.

I would like to offer just a word before I ask a couple of questions of the witnesses. There has been a desire on my part, and a good many other Senators and Congressmen, to try and turn our focus to alternative forms of long-term care. In the process of turning to home-health care, which I think would be the most desirable form that we could turn to, it should be remembered this is not a substitute for nursing homes; it is not going to replace them, but rather to supplement nursing homes.

Nursing homes provide a vital service to the people of this State and across the country. Too frequently, I sit on committee hearings at which we denounce all the nursing homes. But as Trish Riley has pointed out, that is the one place, and often the only place, where you can get the whole range of services. The difficulty has come about in institutional care because of a bias, perhaps, that it is the only alternative available to older people.

When Senator Domenici refers to institutional bias, it is with the recognition that something like 14 to 25 percent of the people nationwide who are in nursing homes, don't have to be there. They do not need that level of care, but there is no alternative. As a result, those agencies responsible for trying to help older people end up recommending that they go to institutions, even though it is a costly and perhaps inefficient form of care. It is unnecessary in some instances, but there is no alternative.

What many of us are trying to do is to shift the focus on the part of the Federal Government to provide alternatives. Let's start directing our attention to matching the individual to the type of service which he needs, rather than saying, you are either sick or you are healthy, you are either 65, and therefore you must retire, or you are under 65. How arbitrary and unreasonable Federal policy has been in this regard.

So what we are trying to do now is provide the whole range of alternatives. Home-health care is the one that has been gaining a great deal of congressional support and which will move forward in the next couple of years. We have been in conflict with the administration and the Department of HEW because they feel they don't have the funds necessary to devise standards for home-health care.

I mentioned before to Louise Murcheson and the task force on aging that it was ironic that Congress had mandated the Department of HEW to come forward with a recommendation for standards for home health care services, and 18 months later, the bureaucracy came up with the report that cost you, the taxpayer, some $63,000 and said absolutely nothing. It said, we don't have the money to make the recommendation that you are requesting. For the first time since the Civil War, Congress rejected a department of the executive's study and sent it back over to the bureaucracy. That was a significant decision on the part of Congress because we have not usually turned down executive department recommendations.

I think that Congress is becoming impatient, and we are becoming impatient because you are becoming impatient. I was trying to suppress a smile while Trish Riley was talking about how every one of us blames somebody else. It has been going on for years now. In fact, I wish Congressman Pepper was here because I was on the Select Committee on Aging from the very beginning in the House. We served together in the House. We found there were so many Federal programs on the books that we didn't know how many there were, and we had to hire an outside private consultant, at your expense, to come and tell us what we had on our books because nobody else could tell us.

They were so overlapping, so intricate, that nobody knew why we were doing what. So I think these hearings today are important because they will continue to send the message to Washington that we need a comprehensive and coordinated approach.

Trish, I wanted to ask you this. In addition to removing the barrier of unnecessary paperwork, what are your recommendations regarding the removal of other barriers to coordination?

Ms. RILEY. I think, Senator, the paperwork barrier may be the single biggest one. Every time we get some Federal money, it comes with thick paperwork, on how it is to be spent and sometimes I wonder, as we sit in the bureaucracy accountable for taxpayers' dollars, for every dollar we spend on service we must spend $2 on so-called accountability. I think the chief barrier is when Federal dollars are followed by excessive Federal regulations which add to the cost of delivering the service which doesn't have enough money to start with. To give a good example—we know we cannot provide enough transportation in the rural parts of Maine. When I think about transportation, I think about one bus, the same individual going on the same bus for the same kind of ride to a doctor that may be funded from four or five sources. Title XX requires a means test, the Older Americans Act forbids it. Title XIX asks for certain reporting data, the UMTA money asks for yet another. So we set up this wonderful bureaucratic system so we can answer Washington and send the right information back to the four, five, or six funding sources and as a result we spend fewer dollars on the service.

Medicare and medicaid, I think, are flagrant examples of disincentives to coordination. We will be happy to provide the specifics.

One other specific might be from the Older Americans Act, title III–C which is the nutrition program. Formerly, we were allowed to spend 20 percent of those dollars for support services and we were trusted enough to define what it meant. We in Maine, of course, thought that meant transportation. A meals program is only effective if the people who need it can get there. We can no longer spend that title III–C money for transportation. I think the Packwood bill that you mentioned, and I am delighted you are cosponsoring it, is an attempt to pull together bits and pieces into one comprehensive approach to home care. Good luck. We need it.

Senator COHEN. Trish, let me read to you what Congressman Pepper said about the overlapping programs. He said if the people in charge of delivering services to the elderly had been in charge of constructing the $6 million man, he would have ended up with blurred vision, two left feet, and cost $10 million.

There are no fewer than 134 programs to assist the elderly, and those programs fall under the jurisdiction of 49 congressional committees and subcommittees. They are administered by seven executive departments and five independent agencies. In the area of transportation alone, there are 31 separately funded programs for the elderly. By the time all of that money trickles down to the 600 area agencies on aging and the 1,000 senior citizen centers, it is little wonder that the vast resources allotted to the elderly accomplish so little. We constructed the maze all on our own and it is up to us to change it.

I want to thank both of you for testifying today. I look forward to having your comments on the specifics.

Ms. RILEY. We will get them. Thank you very much.

Senator COHEN. We have as our first panel Ruth Toothaker from East Wilton, Paul Colson from Mars Hill, Ina Veth Hope from Dexter, and Clytie Smith from Eastport.

I spent a few minutes prior to the meeting with our first panel and they are scared to death. I told them there is nothing to be terrified about, we are all friends here. They are performing a valuable mission here today. That is to bring to the congressional record the voices of the people who deal directly with these problems. So please don't be intimidated.

Mr. COLSON. I wonder if I take a better picture with my glasses off.

Senator COHEN. Probably, but you won't be able to read your statement.

Mrs. Toothaker.

STATEMENT OF RUTH L. TOOTHAKER, EAST WILTON, MAINE

Mrs. TOOTHAKER. Senator Cohen, my name is Ruth Toothaker. I live in East Wilton, Maine, and I am 65 years old. I have been a widow for 23 months. My husband and I were married for 48 years and we raised 12 children. We lost our first child about 5 years ago. The rest are still living and all but one is in the East Wilton area. I have 38 grandchildren and 5 great-grandchildren.

I live alone in a small house with a kitchen, sitting room, bedroom, and bath. My grandsons finished off two rooms upstairs but I keep

them closed off to save heating costs. In the winter I close off the bedroom, too, and heat only the kitchen, sitting room, and bath. During the winter I sleep on the couch. I always keep the thermostat set at 65° and wear insulated underwear, heavy sweaters, slacks, and wool socks. Even doing that, my heating bill jumped from $450, 2 years ago, to $923 last winter. Without the ECAP program I would have frozen to death for sure. I hated to ask for help last winter, my husband and I had made it for 48 years on our own, but I couldn't cut back any more without my pipes freezing. So I asked for help through ECAP. I still had trouble paying what ECAP didn't but my kids helped feed me so I could pay for my oil.

A lot of the problems I face relate to the cost of energy.

Whether or not you heat with oil, heating costs have gone up. Just as soon as oil prices started going up, more people began heating with wood and the cost of wood went from little or nothing to almost $100 and that's if you can find good wood.

All heating costs—oil, wood, and electricity—have gone up and you can only turn your heat down so much as it is. I don't turn my heat on until at least November 1, and I turn it off by April 30. Even though it is often 20° or 25° out I can usually get by without the pipes freezing.

Transportation is not as big a problem for me as it is for other old folks. If my kids can't take me where I need to go, I walk. I often walk the 3 miles to Wilton or 2 miles to the shopping center. The problem with walking is you can't do grocery shopping that way. Groceries weigh too much to lug that far. Not all elderly people can walk like me.

For example, my 84-year-old mother needs to rely on other transportation. She hasn't had much luck with the minibus so she usually ends up paying someone to take her shopping or to the doctors. When she has been able to get a ride to the doctor on the minibus, she has to wait 3 to 4 hours for the bus to return and take her home. Old people just can't stand around waiting that long. There aren't many taxis in rural areas so most of the folks I know end up paying $10 or more for someone to take them grocery shopping or to the doctor.

The lack of transportation also affects our food costs. We are forced to shop at the nearest store and seldom get to supermarkets or stores that have sales. Just the other day I paid 77 cents for 1 pound of margarine. If I could have gone into town I could have got 3 pounds on sale for $1. That's just one small example of the increased cost of living.

Another thing which has affected me and many other people in small towns is the new sewer system. When a town decides to put in a sewerline, everyone has to hook up, even if they have an adequate septic tank. The hookup costs $200 or more and then you've got quarterly sewer bills. In our town, even the people who didn't hook up because they didn't have the money, have to pay the quarterly bill. That's like throwing $43 down the drain every 3 months.

The first bills I pay each month are my lights and my telephone. Those bills together equal about $58. Then I save out $55 per month so I can pay my quarterly bills for water, sewer, house insurance, and taxes. That leaves me $115.10 a month or $1,381.20 a year for oil, food, transportation, clothes, and other necessities. Take $923 for oil from

that and I have $458.20 a year or $38.18 a month for everything else. I figure I can pinch a penny or stretch a buck about as well as anyone else but I haven't been able to figure how to get by on so little. Thank God my kids help out.

I spend most of my free time as a volunteer, running the clothing center for Franklin County Community Action Council, which is just up over the hill from my house. I have volunteered my work there for 10 years now because I like helping people. In the clothing center I hear lots of people who are scared about the rising costs. It isn't only the old folks like me. Even the young ones who work are having it tough, they make too much to get food stamps or help with their oil. Now there's talk of an added 10-cents-a-gallon gasoline tax. How are people in rural areas going to afford to go to work?

The cost of everything keeps going up, even medical care. Medicare and medicaid help but not all old folks are covered by these plans. The cost of prescription medicines are specially bothersome. Medicines cost so much and are often not covered by any insurance.

As prices rise on oil, transportation, medicine, food, and everything else, social security just doesn't keep up. Yet, I'm luckier than many. I have a neighbor who lives with her invalid husband and although they get more money than me each month, they have lots of medical expenses and their house is bigger than mine and costs more to heat. They have had to ask the town for help this last winter.

The problem with Government programs is they don't take into account the pride of old folks. Old folks are independent, they are proud. They don't want to take charity and they hate to ask for help.

With the way everything is going, I'm more worried about other people than I am about me. I've made it for 65 years and I guess I'll make it a few more.

Senator COHEN. I can offer you a little bit of encouragement. You mentioned the 10-cents-a-gallon gasoline tax. You may have noticed from the recent news that Congress rather overwhelmingly rejected such a new tax and overrode the President's veto by much more than a two-thirds margin. [Applause.]

If we are going to conserve energy, I think we can conserve a lot more. Perhaps Tim Wilson is going to address this particular problem later. However, as you know, we are dealing with an ever-increasing Federal budget. We are now up over $600 billion a year. We are appropriating money for programs to pay for fuel bills, but if the price of oil continues to go up as has been, this alone cannot be the answer. OPEC is going to be meeting next week, I guess, to consider another price rise. There are some indications in some reports suggesting that in the next 5 or 6 years you will see the price of a barrel of oil going from where it is now at $33 or $35 a barrel to as high as $65 or $70 a barrel. The question will become, are we going to continue to simply appropriate more money to pay fuel bills, or will we do something more meaningful, such as undertake programs to start weatherizing homes on a more massive basis, so that you can actually conserve energy.

There are a lot of studies that show that if we had a really substantive program to weatherize our homes, we could save an awful lot of energy. Yet, the answer, it seems to me, is not to keep appropriating more money to pay higher and higher fuel bills but to find ways

we can cut the consumption of fuel. Perhaps Tim Wilson will later address himself to that but I appreciate the comment you made. You make a lot of commonsense here and we need a lot of that in Washington, too.

Mrs. TOOTHAKER. I did put plastic around my house this year myself and it does make a difference.

Senator COHEN. Paul Colson will be next. You can leave your glasses on, Paul.

STATEMENT OF PAUL E. COLSON, MARS HILL, MAINE, CHAIRMAN, POLICY ADVISORY COUNCIL, AROOSTOOK TASK FORCE ON AGING

Mr. COLSON. My name is Paul Colson. I am the chairman of the Policy Advisory Council for the Aroostook Task Force and I am 39 going on 67.

Probably the most confusing thing to old people is, what is old people? Is it the community service employment program which says you have to be 55? Is it the Older Americans Act which says you are 60? Is it your social security and State which says you are 62? Or is it social security and medicare which says you will be 65? Or is it mandatory retirement which is 70?

I find that people reading these things in the paper say, am I eligible for this program? I don't imagine when you are over 70 you finally decide that you are an old American citizen.

I am going to use this demonstration which I went into the task force with. Steve was down and they were discussing a program to present before the board and this is a natural, typical thing that comes up before the board. There was an old couple who live in Ashland aged 84 and 71. They had been reported not being seen for 3 days. The outreach worker went and she found the steps were broken, no railing, two windows broken downstairs, and three were gone upstairs. They had a hard time getting entrance to the house because Mrs. Smith was hard of hearing and she could not understand. A hearing aid cost $700. She complained of headaches and ringing in her ears. There were a number of unopened letters from the social security office and they asked her why. She said, "If I open them, I probably would not understand them." She was afraid to open them.

She said they had been out of fuel. She said that their dealer would not produce the oil unless they paid cash. She went to the city, and like many programs, she was over the guideline earnings, and it amounted to $12.

Looking to see what they had in the house to eat, there was some cold potatoes, which is typical in Aroostook County, and a can of milk. She complained when she went to the drugstore that she had to stand in line until the paying customers paid and that she didn't dare leave her husband because she was afraid something would happen to him.

You know, I actually cried. I didn't cry for Mr. and Mrs. Smith, I cried because I knew there were other people exactly in the same position as the Smith family was. Because of the rural conditions in our States there are people out there that we don't know about. We have volunteers but it is an expense to buy gas to go to service these people. In some places that these people live in the city we call it an unhealthy

neighborhood but in the rural community it is because it is so far out and it is in such regions that the volunteers are afraid.

I agree with guidelines. You know, Senator, when I hear tell of a program for the elderly people I immediately go and apply. I got the fuel assistance and I was never so surprised in my life when I got it and when I saw in the paper that it was going to be more I said I guess I will go see if I am eligible. They figured it up and said, "You are not eligible." I said, "My income is not any more." She said, "Well, the other girl didn't figure it to the penny." So I was turned down because I probably earned under $1 more than I should have.

I heard about stamps and I went and applied for that but I earned $30 too much a year. Of course, you know they say that the low-income people are after everything they can get, but I find dealing with some old people, they don't always tell me the truth.

One of the questions was, How do old people pay their bills? What are their bills? They have just the same as anybody else. They have utilities and they have food, insurance, medical expenses. For a few dollars you can go in the hospital. That does not mean too much, but how do you pay it?

I was never so flabbergasted in my life since I come to work for this department. I thought that $100 and less was a thing way back but I find it is right now. It actually has happened. One woman told me: "I get $50 and they took part of it out. My husband does not get as much. We are getting, together, $175." That is an awful low fee. I agree with guidelines and I see the necessity of guidelines but when you cut the watermelon down to the size of a nutmeg, I think you are going too far.

How do they pay their bills? Senator Cohen, I think Senator Muskie could use some old senior citizens on his budget and appropriations because it is a miracle that they can pay their bills.

Another thing that bothered me, the easiest way to get rid of old people, and I call it getting rid of—you might not agree with me—is to send them to nursing homes. Under the new health programs, the beds are not going to be available, and we are not going to be able to pay for the bills. You see, if I took an older person into my home, the maximum I would get would be $229 a month. If he goes in the nursing home, it is quite a bit more than $229 a month.

Senator, I think subsidized housing for the elderly is one of the ways to help old people, I really do. It is working and I hear stories. If I hear a story, I am immediately there to find out what the problem is.

As Trish said, one of the great problems in rural areas is the transportation and the isolation of senior citizens.

Thank you. [Applause.]

Senator COHEN. Mrs. Hope.

STATEMENT OF INA VETH HOPE, DEXTER, MAINE

Mrs. HOPE. Senator Cohen, all you other dignitaries out there, and friends of senior citizens, I am Ina Veth Hope, and I am old enough to know better.

Having taught school, I am sure I could make you hear. I would much rather spend this time extolling the virtues of Senator Cohen,

but I am sure he didn't get us up here behind this table to do that. Instead he wants to hear our complaints, if any, and have us relate some of our seeming needs.

I approach this with a bit of trepidation but with the consolation that it is said that no famous speech was ever made without some trembling of the knees. I am sure this is not going to be any earth-shaking speech but there is a trembling of the knees.

These last few days I have talked with several senior citizens to get some information and help from them. Last week I invited myself down to Meals for Me in order that I might talk to them and perhaps get some suggestions or any complaints they might have.

So let's get on with the gripes. As usual, one of the first ones came concerning the Department of Transportation. Someone said, and I quote, "Sometimes the minibus that takes us to Bangor does not come and they don't let us know." Well, that would be annoying, I am sure, when they have a doctor or dentist appointment of long standing but it is a minor problem that I am sure we don't have to take recourse to Washington to get settled.

A woman told me the other day she didn't go to Meals for Me because she was too hard of hearing to hear what was going on. She said: "If I did go to Meals for Me, they would come and get me, take me up there, and then they would take me to do my grocery shopping. As it is now, I have great difficulty in getting my groceries."

Now this woman lives only 1½ miles from town and I have no doubt but that some RSVP driver would very gladly pick her up and take her to do her grocery shopping but that poor woman had no idea where to go, nor whom to ask, nor how to go about getting any help with her transportation. So much for little gripes.

These are complaints that are small but each time they are retold they grow bigger, and as they grow bigger they hurt the program's image. Now my complaint is a bigger one. I understand this has been a problem since it started in 1976. Eastern Transportation was designated as the transportation provider to serve the elderly, handicapped, and the lower income persons in Washington County, Hancock, Penobscot, and Piscataquis Counties, an area that has 23 percent of the lowest income group in the State.

Now the categories of service include medical needs, doctors' appointments, and trips to the hospital. Dexter Hospital was affiliated with Thayer Hospital in Waterville and our local doctor had made an appointment for surgery for one of his patients. When she went to talk with the bus people about getting to Waterville, she was refused. They told her they would not take her to Waterville because it was outside the four-county district. She, of low income, had no choice whatsoever but to hire a taxi and get herself down there at an expense that she could ill-afford.

Now rules, I know, are rules, but they are made to be broken in an emergency and county lines are certainly not international boundaries. As far as the gas is concerned, it is only a hop, skip, and a jump from Penobscot County over into Waterville. I realize that there are certain functions of the area agencies program that are mandated by the Older Americans Act but I also understand that we have taken some people from Waldo County so they must have gotten into forbidden territory and it didn't break the Constitution of the United States. I

understand, too, from the grapevine system, that there are people in the northern part of the State going to Meals for Me even into another district so it seems that exceptions can be made.

This business of refusing transportation to hospitals must be remedied and I believe that with a little tact, a little consideration, and a little cooperation if the district heads would get together, some arrangements could be made so that this would not happen again. As I said before, this is not a new question, but has been brought up every year for the last 4 years, discussed, and turned down. I would like to think that after this meeting, it might be the beginning of the last time that it would be brought up.

I spoke of the woman who called and said she didn't know how to get transportation, didn't know whom to call. Senior citizens, as a rule, do not know what the senior program is all about; as a whole, they do not know what the senior program has to offer. The public does not know and that is exactly the reason that the town council in my town of Dexter last year turned down our budget by 50 percent because they didn't know what the money was going for, how it was spent. They didn't know anything about the program.

About all they knew was the fact that some 50 people, 2 days a week, went up to the church and got a free meal. They didn't know anything about the good that was being done. Our publicity is poor and I have stressed that in every community organization in which I am involved. There is something to the old adage that "Unless thou tootist thine own horn the same shall not be tooted." I think it is time that we got some help from Washington or from the task force by a system of information and referral, or even from the senior citizens who are being helped.

It has been said several times and will be said several times more that something must be done about the people who are living alone and especially in rural areas and most especially in the winter season and some living without neighbors and even without a telephone. For those who do have a telephone it would be very easy, it seems to me, to set up a monitoring system using RSVP workers. I believe we have in Dexter some 20 or more active people involved in our RSVP program. They help at the Meals for Me program, they knit and they sew, and they do a lot of things, but they also talk and there is no reason in the world why some of those talkative RSVP people could not be assigned a person who is alone and has a telephone, call him up, at maybe 9:30 or 10 a.m. and say, "Good morning, how are you. Are you all right? Can we do anything for you?"

It would do that lone person a great deal of good to know that somebody was thinking about him, at least somebody was interested in knowing that he was not dead. If they do not have a telephone, that poses another problem but I believe that a smart committee could do something to solve that problem on an individual basis.

I am sure those are the people who need the kind of help that we can offer. We must realize, too, the shortage of doctors that we have in our area. In our particular town we have less than three doctors for our hospital. I say less than three, because two of them are participating in another hospital. They serve 4,000 people, and that is not including the 1,000 or 2,000 people in surrounding towns like Ripley, St. Albans, and Sangerville, who are pretty much dependent upon the medical situation in Dexter.

Then there is the problem of the person coming home from the hospital who needs care after he gets home. We have already discussed that and that also refers to a home-health care. I am going to skip that because I am sure there will be a lot more to come in later on.

There is a service from the counseling center where homemakers are available to come in. Service is not always exactly 100 percent but they will come in and do homework and housework, domestic work, and they will also do a little bit of nursing if they have to, and shopping. One woman told me, a homemaker came in and said, "I can only stay 1½ hours." The woman wanted her to go to the Laundromat and take a washing and she also wanted her to do the grocery shopping. The woman said, "I can't do both," so the elderly citizen said, "Well, I have to eat, so I guess you better do the grocery shopping and we will let the clothes stay dirty."

The task force, also from Bangor, does a great deal in the handyman program and anybody who owns a house or anything more than a wheelbarrow knows there is always something to be done. If you can get a handyman to come in through the task force, that is just fine, but there again, you have to know how to get the right person at the right time in the right place and you have to know the right place to call. One of our witnesses said, "We don't know the right place to call for help."

To me the boarding homes and the nursing homes present problems to which we should give much more thought. One of the first problems of the boarding home is how to handle all the redtape involved in even getting admitted. Many applicants are unable to do that alone. They cannot even fill out the applications. When doctors' fees have jumped 273 percent since 1950, at a time when a great many of our senior citizens were just beginning to save money, now they are beginning to wonder how long their savings will last down to the last $1,000, when the State will take over for the long haul.

It is the people who have been existing in nursing homes for months maybe years, with no one to come to see them, no one to care. Some of them are senile, some still keen, which is maybe even worse, but just waiting. I question myself how much service, how much or perhaps how little tender loving care they are getting or even how much attention these patients get. Maybe this is where Washington may well investigate.

I have just found out belatedly there is an ombudsman in Augusta, who is in charge of the area of concern. There are two ombudsmen at the task force in Bangor, which hardly seems enough for the area, but if you have a friend or if you know of anyone who you think is not getting proper care in the nursing home, call the ombudsman and an investigation can be made. There are too many people who have waited too long and have been too indifferent to the needs of our long-term patients.

Let me add one thing, not for your consideration right now, but in the not too distant future. We have day care for children. If we all continue to live to be 100, there is soon going to be a real, real need for day care for the elderly. Grandmothers not in nursing homes, who may be comparatively healthy, but blind or deaf or confined to a wheelchair, just can't be left at home all alone while father, mother, and the children are off at work. So in your planning for the future don't underestimate day care for the elderly.

As has been said here, there are reams and reams of documents that come out from the Federal Government, most of which are almost impossible to decipher. All these documents, whether they come from medical or Social Security or whatever, all say down at the bottom, "If you have any questions, call the agency," be it Bangor, Boston, or wherever. "Sen-Cit," from the task force, covers about every problem and every program. Now many people who may need help don't even get "Sen-Cit," and many who do, don't half read it.

People with real problems don't want to go to the telephone. They don't want to telephone to Bangor or anywhere else. They don't want to talk 3 hurried minutes over the phone to someone they don't know. They want to sit down, here and now, and talk to someone, tell them their problems and perhaps get a little help.

One of the best things that could happen in the immediate area would be to have someone from the task force come up to the different areas for a couple of hours 1 day a week and answer questions and let it be known to the public that they are there and available for help.

I have talked too long and said too little, but I want it to be known that as long as I live, I will continue to work for senior citizens, for my community and for Bill Cohen. [Applause.]

Senator COHEN. I can only say I wish I had been one of Mrs. Hope's students.

Mrs. Smith.

STATEMENT OF CLYTIE E. SMITH, EASTPORT, MAINE

Mrs. SMITH. Senator Cohen and friends, I went down to Meals for Me the other day and I asked them what they felt was the most important program they received from the task force and they first said Meals for Me and then transportation, next, handyman. They forgot all about being cold last winter because it was a nice warm day.

One call I received was from a lady that was working in the sardine factory. In the winter they don't work so she collected unemployment security. She called me and said she got around $156 a month social security and that from now on they were going to take 23 percent of that and deduct it from her unemployment benefit which meant that she didn't get a cent. It was just about break even so she absolutely is working for nothing. Many people that have worked to bolster their income are now planning not to work this year so they will have to call on the younger people.

One thing that I have noticed most of all is that a married couple can do very well on social security but when it comes to a single person, when they become widowed, or if they have never married, then it really pinches them, they really can't manage. The housing that we have in Eastport, we have two groups, one subsidized housing and I guess the other is subsidized to a certain extent but there is no limit on the amount of money that you have when you go in. Now those things have helped us a great deal and the people are very happy about it.

I was going to say something about fuel. The other day my sister told me that she has a budget arrangement with the oil company and that her fuel bill for last month, just May, was $136 above the budget. Now that is considerable but there are two there so they are not suffering as much but if it were a single person it would really be hard.

I only feel that we should be able to live within our social security, but as I say, when a person is widowed those folks should really be investigated to see if they really are having enough to live on because I don't think there is any that can do it, none at all.

I think I have probably taken enough time anyway.

Senator COHEN. You can continue.

Mrs. SMITH. That is all I have to say.

Senator COHEN. Let me just say a couple of words. I have never seen a bigger turnout for a hearing like this in nearly 8 years of serving in Congress. I think that is indicative of the new dynamism of the older generation, I really do.

I don't want to talk so much about politics, but in a way I do want to talk about politics. What we are seeing take place and what we have been reading about is the so-called graying of America. This country as a society is getting older, and we are witnessing a new phenomenon. We are having you, who are over 65, taking care of your 84-year-old mother. This is exactly the problem Mrs. Hope was talking about—the old caring for the old or the older. We are going to have to adjust our programs to deal with that increasing situation.

Now, in terms of political action, I would like to make an important point. The fact of the matter is that in Washington, or in Augusta, or at the local level, you don't find programs meeting needs unless people speak out for those needs. The elderly population is perhaps the most politically active in the country.

Do you have any idea what the voting percentage in the State of Maine is for the elderly population? Seventy-nine percent. Seventy-nine percent. So that carries an awful lot of weight with a lot of politicians. I mean, after all, they are there to represent the people and reflect their views and to try and deal with political problems, political issues.

How we care for our older generation is a very important social issue. It is also an important political issue, because what we have taking place in Washington is a great deal of competition for a limited amount of money. As Senator Muskie, when he was chairman of the Budget Committee, used to talk about, quite convincingly, the pie keeps getting smaller but the groups keep needing more. How are we going to resolve that? I think that we have to get organized, and you are getting organized.

I started to make this comment before. Some of you are sitting in the audience, and I know you would love to have a chance to get up here and probably will during the open session. We have tried to select the panels based upon several factors. One is geographical representation. If you look at this panel, we are hearing from East Wilton, Mars Hill, Dexter, and Eastport in order to get a cross section of people who would represent folks in all of these areas. These folks who are on the panels were selected not only on geographical distribution but also for their knowledge of and involvement in the delivery of services through a variety of programs.

I hope that all of you won't get too disenchanted. We are going to go through two more panels outlining some of the problems which are faced and which I think are representative of those all across this State. I believe that we can say that the problems the people of Maine are facing or enduring are also reflective or representative of other rural areas as well.

Perhaps Maine is much colder than some of the other rural areas and we have those long winters particularly in Aroostook County where the temperature has been 40° below zero for some several days at a time. So we have problems which are piled upon other people's problems.

I want the people in the audience to know that although some of you may not get a chance to make a statement, I hope that anyone who wants to talk will have a chance to do so.

I want to make two additional points. No. 1, that little stage whisper that you noticed which turned my head a moment ago had a familiar ring to me. It is my father, who I think confesses to being at least over 71. He is one of the youngest older people that I know. [Applause.] He wanted to find out what I was doing here today.

You talked about people who want to work. He left the house at a quarter of 11 last night. Just as I was coming in last night he was going out to start mixing the dough for the bread, that some of you may have had today. So that is part of the pride that I wanted to deal with a bit later in this program. It is something relating to the mandatory retirement proposal that Claude Pepper was successful in eliminating for at least the Federal workers.

It is very important that we not put people on a shelf and say that you are of no use to society any longer because you have reached a certain age. That is one of the most discriminatory practices we have ever had in our society.

The second point that I wanted to touch upon is that I had the good privilege earlier today of being with Louise Murcheson and visiting her program. Mrs. Hope, you will be pleased to learn of a document that they have put together which is a directory [1] of all the services and resources for the elderly in eastern Maine. I am going to make the document a part of the record because it is perhaps the most important that we have. If you were to come to me and say, "What program do I qualify for," I would have to have two members of the staff and perhaps a battery of lawyers with me to tell you. We have heard many of the reasons outlined here, that the standards for one program may be totally inconsistent with those of another. It has become so complex, and so confusing, and so overlapping that the average person does not have the ability to determine what he is qualified for. People don't know where to look. Mrs. Hope, that was one of the points that you so accurately made.

I want to ask a followup question to all of you. How did each one of you on the panel first learn about the services available to the elderly?

Mrs. SMITH. Well, I worked for the task force for some time. When I came down to Maine I did not have anything to do. I had been working in Massachusetts. I was born in Maine so I really was just as eligible as anybody else. I came down and applied to this ad I saw in the paper. It said, "We don't make much money but we love our jobs." So I answered the ad and it was the agency in Augusta. These were the first VISTA's that were hired. I certainly enjoyed every minute of the work that I did, but did resign last spring for a special reason.

The one thing that we do need most of all in Washington County is transportation for the elderly. For example, if there is a sick person from Eastport to Bangor, sometimes the doctors must send them out

[1] See appendix 1, item 8, page 108.

of the area since there are not qualified staff or equipment to care for many cases. Then they come to Bangor by ambulance and the ambulance has got to the place where it is very expensive. At first, they were charging $165 to come to Bangor so you can just imagine what expense the people would face.

Many of the elderly people have told me that they need the meals program. "I can afford to buy food, but I am lonesome and I go there to talk." I really and truly think a few of the elderly people are not really physically able to get a meal. These are the things we should address.

Senator COHEN. Thank you very much.

Mr. COLSON. Senator, I always have known and always have been interested in older people because my older brother had a hole in his pocket, he never seemed to have any money. When I began to realize the plight of old people, was when I went into the housing committee in the town of Mars Hill, and heard people talk about the need and how much it would do and the more I learned about it. Then I worked in the hospital and I saw these old people.

As you know, Senator Cohen, the senior citizen home is attached to the Presque Isle Hospital. Although I saw a lot of discomfort and pain from the senior citizens, I never realized the extent of it until I went over to the nursing home. I became so emotional I told the director of the hospital I didn't want to go over there any more. I talked to Mr. Foster who works with the State and he said, "What upset you?" I said, "Those people sitting there, some are in the future and some are in the past." He said, "Paul, did you ever think those people are the best off?" I said, "You have got to be nuts." He said, "No, Paul, every day is the same to them but the one who is sitting there and knows what today is, he knows he is going to be sitting there until the little wagon backs up."

Senator Cohen, I just would like to say this. I don't know if I have the right to say it. I would like to take issue with the young lady on my left. She said Washington County has the most poverty in the State. When I went to Aroostook I bought a pair of socks. I bought two the same color and the same size and that pair of socks lasts me twice as long as the first pair did. [Laughter.]

Mrs. HOPE. I probably learned much the night I went to the council meeting when we sent some people there to try and get our budget restored. There were enough people there who knew the answers as to how our money went, to convince the council so that they did restore our complete budget. That was my first real education. Then there is the Sen-Cit pamphlet from the task force. Up to that time, I probably had consigned it to the circular file, but now I read it and really there is a lot in it about available services for the elderly.

Senator COHEN. Thank you.

Mrs. TOOTHAKER. I listened and I have picked up a lot. I know what the services are. The only one I have ever availed myself of was oil. As far as food goes, it is too much of a hassle to go bother with the $5, $6, or $7. It is easier to go to the neighbors. A lot of old people do not want to sign up for this and they won't sign up for it on account of these questions that are asked. Especially I find the older ones are too proud, they don't want anybody to know their business.

Senator COHEN. This is the other point, the degree of pride that the older people of this State and certainly the country have. I find no matter where we hold hearings across the country that this question of pride comes up, that the elderly resent the fact that they are, in essence, lumped into a welfare category. They don't want to be seen by their fellow citizens as being on the welfare rolls, as being unproductive, or unwilling to sustain themselves. It really hits them where it hurts most, that is it hurts their pride, which is basically the heart of all of our people.

This is one of the things that some of the other witnesses are going to be talking about. We even have evidence of people waiting until its gets dark before they go and get some assistance so that they won't be identified by their fellow citizens in the community as receiving some sort of welfare assistance. That is something that they want to hold on to and the reason why some people are so proud. We need public relations and we need to do it in a way that Washington understands it is not a welfare program, that these people are entitled to a certain standard of living and dignity.

Well, we have several panels to go. I want to thank each of you for coming and wish you the best. [Applause.]

Mr. COLSON. Senator Cohen, I want to say one more thing.

Senator COHEN. He said he was embarrassed to come up here.

Mr. COLSON. I am not a woman but I want to get the last word in. God bless America. [Applause.]

Senator COHEN. Our next panel will consist of witnesses Nancy Brockway, staff attorney, Legal Services for the Elderly, Inc., Augusta, Maine; Harold Higgins, executive director, Penquis Community Action Program, Bangor, Maine; Timothy P. Wilson, director, Division of Community Services, State of Maine, Hallowell, Maine; and Joyce S. Harmon, project director, personal energy program, Diocesan Human Relations Services, Inc., Portland, Maine.

Nancy, why don't you begin this panel's participation.

STATEMENT OF NANCY BROCKWAY, STAFF ATTORNEY, LEGAL SERVICES FOR THE ELDERLY, INC., AUGUSTA, MAINE

Ms. BROCKWAY. Thank you, Senator Cohen.

I think it is a sign of how much you, Senator Cohen, and the Special Committee on Aging recognizes the importance of energy issues that we have a whole panel here today to discuss it.

I am Nancy Brockway. I am a staff attorney with Legal Services for the Elderly, Inc. We are a statewide, private, nonprofit organization with our funding from the area agencies and from the State to provide free legal services to older citizens in the State of Maine and our definition is 60 or older.

I wish to extend the apologies of the chairman of our board, Wakine Tanous. He was unable to come this afternoon but he is very pleased that this field hearing is coming here to Bangor and is sure that you, Senator Cohen, will be able to bring back to Washington a lot of information to help with your decisionmaking there.

I will be speaking primarily on the energy assistance program. It has been known as SCIP, EAP, WEAP, extended EAP, ECAP, and this coming year it is going to be called HEAP. The regulations

for HEAP are a little bit less cumbersome than the regulations for the State plan. They just came out and I had a little bit of opportunity to review them.

I have submitted a written testimony which goes into some of the things that have come up in the past year particularly. I think in the interest of time I would rather just speak from my notes and really talk more about some of the types of things that should show up in the regulations to make this program better, and then some general considerations about energy assistance and the energy problem as it affects older citizens.

Senator COHEN. Your full statement will be entered in the record.[1]

Ms. BROCKWAY. Thank you.

We are fortunate this year because we will have, we hope, sufficient time to prepare our State plan. Last year, you may all remember, the legislature going into session in October and rushing through some State assistance because we were then not sure when the Federal Government would act and if it would act how extensively it would act. Right on the heels of our legislature's action, of course, the Federal Government did act and we were caught up in the process of trying to develop and implement a plan to distribute the assistance coming down from the Federal Government.

We found our CAP agencies, which along with some municipalities were the distributors of this assistance, were just deluged with applications. We were all not necessarily unawares but of necessity unprepared and the dust didn't settle until about February or March. Along the way some problems developed and some of these had to do with lack of clarity in the State plan.

For example, how many of you were confused about what would happen if you were a tenant of subsidized housing and you wanted to know if you were eligible for this program? It was hard to know at the beginning and it took a while to straighten out. I think it is our feeling that we will have time this year to develop a State plan.

A specific recommendation though on the part of us, as advocates, for the recipients of this type of assistance is that we should have a stronger consumer advocate in formulating the State plan, and these groups and individuals should be involved in the process earlier on. I think that this cooperative process from the beginning would avoid some of the confusion and result in a stronger State plan.

The Federal regulations now suggest or encourage the formation of a policy advisory council. We feel that this should be required and it should be started up now. The composition should include 50 percent consumers and those groups who are going to be affected by this. We think that the consumers' representation should not be people who are employed by the providers of this service but should be people, for example, whose names are suggested by the area agencies on aging, or other groups, with contact in the community.

It should also include representatives of different service providers. We do have a policy advisory committee now and I am sure it will start up again but we are urging that this be required as a part of the Federal regulations and put in now to consult with the State agency

[1] See page 29.

that is developing the plan. For example, if we had a landlord on that panel, we might be able to work out in advance some of the problems. If any of you are renters and your heating is included in your rent, you might remember that your landlord didn't feel very comfortable; it was too restrictive, there was too little given in return. Problems like these could be ironed out.

We feel we should have signoff authority along with the State agency on the State plan before it goes to Washington or to the region, I guess. We also had a problem in one area where half of that region's allocation of assistance of $1.2 million, $600,000 of assistance that was earmarked for the citizens of that area, was taken out and redistributed around the State because it simply had not been provided to the applicants in that area or the people in that area.

We feel that there should be stronger guidance from the Federal Government as far as how the State monitoring agencies should respond to this type of problem. The State also is at risk of losing its money if it underspends. We didn't have that problem this year. We don't hope to have that. We are so cold I cannot imagine us not needing this assistance, but instead of pulling the money out and redistributing it, we would prefer to see the State monitoring agency, for example, going in, discovering what the problem is, setting up some conditions to correct it, getting a time deadline and then giving the program to another agency in the area if the grantee agency cannot carry through.

We also feel that we are fortunate this year to have more time for training and we feel that there should be more intensive training. This probably would go a long way to eliminate inconsistent interpretations of the regulations and make it easier for you. If a person comes in and if you are getting your income in a monthly form, a trained intake worker will be able to translate that into an annual form, and there will not be confusion in computing your income, since we unfortunately are stuck with having to decide whether or not we are eligible, based on income.

I will mention the other things that I wanted to talk about now. As I was drawing up my notes, I found it hard to decide where they all fit. They have to do with the total number of dollars that the Federal Government is providing for fuel assistance, with how we are going to reach out into the community, especially in our rural State, to reach those people who are homebound or who do not traditionally see themselves as recipients of assistance programs, with the formula for allocating the money amongst the various States and with the priorities that will be set up.

It seems to me that all of these issues go together. If we had enough money from the Federal Government, if the allocation to the State of Maine sufficiently took into account our colder winters and our reliance on imported oil, we would not need to spend so much time worrying over how to effectuate priorities among different areas in the plan.

I heard on the radio this morning that while we had hoped for, and President Carter had put in his budget request $2.2 billion originally for nationwide energy assistance, we are down to something like $1.6 billion. The formula this year also takes into account all the air-conditioning expenses in the warmer States. I had a remark in my testi-

mony for Representative Pepper from Florida. I think we do here recognize that there are many people, especially the elderly, who have a medical need for air-conditioning, and we, in Maine, have no intention or desire to relieve them of what they need for their livelihood. By the same token I think that this air-conditioning can be an isolated need based on a medical problem but in this climate everybody needs heat just to survive.

The allocation formula means that Maine is cut back to, I think I heard $16 million this morning on the radio. This is less than we had this year. We all know that we had a total limit of $350 per household. This did not make up for the loss in real income that the elderly in Maine have suffered because of inflation, and that is taking into account the cost of living increases.

It gets to the point where we wonder whether we are going to have to institute triage in social services; that is, those people who just aren't going to make it, we will write them off. People who can sort of get by on their own, that is what they will have to do and we will target our aid to the people who, with a little bit of help, can do a little bit better. It should not have to be that way. We should not have to be trying to make this type of priority amongst the various groups that are eligible for this assistance. When we take into account the Bureau of Labor Statistics lower living standard, this new income standard, it is a little bit higher than the old poverty guideline. It means that we are going to have 150,000 estimated households eligible for assistance in Maine this year. This was over an estimate of about 70,000 or 80,000 estimated this past year. It gets spread thinner and thinner.

When Mr. Colson was speaking, I was thinking of something we talk about in Legal Services often. We don't have a means test, we don't require that your income be low in order to qualify for assistance. On the other hand, we don't get enough money to do the job that we need to do and we try to target those services for those most in need. But, we are getting to the point where we are making poverty a status that is to be sought after, because you have to be poor in order to qualify for certain things.

For a lot of people that is not hard. If you are a widow and you have $160 in social security, you are going to end up being eligible for maybe another $60 or $70 in SSI and you can have a grand total of $239 per month in income. We have an average oil bill in this State, using 1,100 gallons of oil a year, which is our average, and at a rounded $1 a gallon you are using up 38 percent of your income just on heating your house.

Still we should not be trying to make such nice neat distinctions amongst those, all of whom are in need. We should not be forced into that situation. We are forced there this year partly because there has been the feeling in Congress that we must balance the budget and that this will be the way to bring down inflation. Unfortunately, when we balance the budget, but increase the military budget, we are fueling inflation if we don't produce any more consumable goods. They do produce more income into the economy and thus prices go up, but also we are doing it by cutting out these programs.

The OPEC nations are now meeting in Algiers and they are undoubtedly going to raise prices. Most of the inflation that we have

been experiencing has come about because energy prices are going up, and reducing the amount available to us for energy assistance is not going to have any impact whatsoever on the OPEC decisions.

So I come back to the problem of priorities within the State. I think that since we are going to have to make priorities we should make them on the basis of those who are most susceptible to the effects of cold. Joyce Harmon is going to be speaking about accidental hypothermia in her program. We do know that the elderly are one of the groups which are most susceptible to the effect of lack of heat and therefore should be in a priority.

One way that we can make priorities without going through the kind of contortions of administrative problems that are possible in these regulations is to make sure that outreach is effective. The best way to make sure that outreach is effective, we feel, is to put as much as possible in the work of reaching out to the elderly community in the hands of the elder advocates, the outreach workers from the area agencies. There are also people from the Diocesan Human Relations Services who could augment this effort.

The agency which gave back half of its assistance grant did not use the assistance of the local area agency on aging. Some of the other CAP agencies did and were very successful in getting out the word. We feel there is no need to hire a new and inexperienced staff to do this outreach function when there is an existing staff in the community who have that personal contact. As Mrs. Hope said, they have talked to the clients, they know the communities, and they can get the word out about the program. So we feel that the regulations should require that existing outreach staff be utilized before any new staff is hired and that new staff hiring be justified in advance.

One final word about the ECAP program is that to reduce administrative costs and to recognize the people who have been run through the mill of applications for the categorical eligibility programs, SSI, or food stamps, there can be no question that they need this assistance. Thus we should not force them to go through another round of applications and risk that some may fall through the cracks because of not knowing of the programs or the problems in getting to the application center. The State should be required to the extent possible to institute a direct issuance system and this could be done through cash payments, through a mandatory SSI cash payment or through a two-party voucher system where the household would get a voucher that they would have to sign and their energy supplier would have to sign and this would enable the household to get the assistance without having to go through an application process again.

I want to end just on one note. Senator Cohen, you spoke before, and I second this statement with every fiber in my being. We have got to start spending a lot more money on weatherization so that we don't need to keep spending massive amounts on energy assistance. We cannot get off the need to provide this cash or other kind of assistance to our people until we start enabling ourselves to get off the oil habit.

The New England region imports 80 percent of our oil from outside of the country and 85 percent of the families in Maine rely on oil at least in part, so we are stuck as it is now. The weatherization programs have been plagued by lack of funding for a stable

source of labor and their funding should be enormously increased in any event. So while we can deal with all of the problems in the ECAP program and continue to do this rather than developing and saddling ourselves for years and years and years with futile efforts to avoid the energy problems just by providing ourselves with some cash to pay for the oil, if we can provide our families and our households with a means of insulating ourselves from the need to use so much oil it will be so much better and it will be a better use of our money.

Senator COHEN. Thank you very much, Ms. Brockway.

Joyce Harmon, perhaps you could tell us about your program in southern Maine.

Before you begin let me point out that I, too, had the same question that was raised about directing money toward the southern part of this country, the so-called Sun Belt States, when, in fact, we needed far more in the Frost Belt States. In the end, there was a restriction placed upon money going into the Sun Belt States that it be used for air-conditioning only where it was medically necessary. It was a restriction that was, in fact, voted by the Congress.

Ms. BROCKWAY. Could I state that my point was about the allocation formula which allows the inclusion of all the residential energy costs of all households, not just those who medically needed it, so that we ended up getting less money.

Senator COHEN. At this point, the prepared statement of Ms. Brockway will be entered into the record.

[The prepared statement of Ms. Brockway follows:]

PREPARED STATEMENT OF NANCY BROCKWAY

Thank you for this opportunity to share some observations on the impact of various energy problems on Maine's rural elderly. I will focus particularly on ECAP, and its successor, HEAP.

The long leadtime available to us for development of a State plan to implement HEAP will do much to overcome some of the biggest barriers we experienced in the implementation of ECAP. Last year, both our legislature and the Congress acted, one right after the other, as the winter settled in and the program had to be opened. Operating regulations were put together, but lacked sufficient detail to answer numerous questions, such as how tenants of subsidized housing should be treated.

The short leadtime meant that program staff were inadequately trained, forms were not available on time, insufficient staff were on board, and the doors opened to hundreds of applicants, many of them elderly, standing in line all day long, waiting to be served. Some people were turned away after waiting, and told to return, a disastrous response in a State where a trip to the CAP agency often meant a 30-mile drive.

In some areas, program management did not improve, even as the CAP's working conditions recovered from the initial deluge of applications. By late winter, the Division of Community Services was removing $600,000 out of a total ECAP allocation of $1.2 million from one local program operator, and redistributing this amount around the State.

The residents of this area suffered as a consequence. Management problems such as those leading to the failure adequately to distribute the assistance are surely not susceptible to a regional or a national solution, but the Federal regulations can provide more guidance for a State monitoring agency in approaching these difficulties. Rather than pull the money out, the State agency should be directed to step in upon discovery of such problems, establish conditions for continued receipt of the grant which will get the program back on its feet, and, if the agency fails to follow through in a reasonable time (say, 30 days), find another local program operator, or run the program from Augusta.

The Federal Government can also play a role in assisting the State to develop regulations enabling a smoother program, by strengthening its requirements

for an advisory committee. As it stands now, no more is required of the States in plan development than Maine already requires under its Administrative Procedures Act. Advisory committees are only encouraged. While it is likely that our policy advisory council will be revived at some time for HEAP, it is crucial that such a body be drawn together now, and participate in State plan development, with veto power over the final product.

The council should include a minimum of 50 percent consumers and consumer advocates, including representatives of the advocacy organizations representing the various consumer groups. Here, I am thinking of our area agencies on aging, for example. Consumer representatives should not be employees of service providers. Federal regulations should pin these matters down, to insure the needed cross section of views on the council.

The council should include not only recipients of the various forms of assistance, such as tenants whose heat is included in the rent, but it should include a landlord as well. We had a terrific problem this year with landlord nonparticipation. They found the landlord agreement too restrictive, especially when they received no benefit from the program.

Veto power of the advisory council will help insure that some items in the regulations get careful scrutiny from the consumer perspective. The requirements for use of administrative funds, particularly in the outreach function, need such scrutiny.

Every year the area agencies offer their assistance with intake among their far-flung clients. Every year, most, CAP agencies decline. The agency which returned half of its allotment was one of these. Many CAP's did turn to area agencies for help when the program was well underway, and the need for such help was apparent.

Tim Wilson has consistently demurred when we suggest that use of existing outreach be required in the State plan. While it is true that you cannot legislate a good working relationship, it is equally true that using large sums of administrative money to hire on an inexperienced team for outreach is a poor use of funds, when area agencies, the Diocesan Human Relations Service and others have experienced outreach workers who could be trained to take applications, and perform this function more effectively.

Good outreach is the key to prioritization in this type of program. The healthy participation rate of the elderly in Maine's ECAP program, 23 percent more than the anticipated number of eligible households, attests not only to the greater need for such assistance, but to the vigorous efforts of area agency outreach workers. To provide proper incentives for utilization of these workers from the beginning of the program, and in all program locations, the regulations should provide that administrative expenses must be justified in advance, and that no proposed expenditure for outreach may be approved until and unless the use of existing staff from agencies serving the affected client groups is built in, to the extent feasible. Along with the funding coming through the food stamps outreach, partial funding of such efforts by area agencies could insure adequate outreach to the elderly.

This outreach should include also required referrals to winterization programs and other energy-saving programs, and proper training for the staff, onboard and borrowed, to make sure that these referrals are meaningful, and are followed through.

The whole issue of prioritization has become a cruel dilemma given the conference committee report on the budget resolution. As I mentioned before, there were almost a quarter more eligible elderly under ECAP than had been projected. The lower living standard for one- and two-person households is higher, in Maine, than the CSA poverty guideline, thus significantly expanding the group of potential eligibles.

This is as it should be. Oil prices continue to rise, while a galloping inflation rate strips away the elderly household's purchasing power in all spheres. More and more of Maine's older citizens are now, in effect, poor. Finally, each household needs more than $350 to offset the true losses to higher prices, and thus a meaningful program would mean yet higher funding.

A balanced Federal budget will not bring down OPEC's rising oil prices. And balancing the budget will not avail to curb inflation if the balance is achieved by slashing domestic programs, while pouring funds into military expenditures. Military spending is wildly inflationary, bringing money into the economy, but producing no consumable goods, and thus driving prices even higher.

Congress should not be balancing the budget on the backs of the poor and the elderly. The cuts proposed in the home energy assistance program should be restored.

The allocation formula should be revised as well. By giving substantial consideration to home air-conditioning expenses, without regard to such factors as medical need, the HEAP formula draws money away from the Northeast and spreads it toward the South. Since many of Maine's citizens retire to Florida, we here are aware of, and sympathetic to, the need of an elderly person in the sweltering summer weather, to have sufficient means to obtain air-conditioning. But we must not forget that 85 percent of Maine's homes are dependent on oil for home heating, and 80 percent of the Northeast's oil is imported from OPEC nations. We are dependent on OPEC's supplies for our very lives, at this point.

Until this Nation commits the massive amounts of dollars to fund an intensive program of universal weatherization, and development of renewable resources, it must face the need of the Northeast for assistance in meeting this growing bill for imported oil. Under the present allocation formula, prioritization becomes more needed and more difficult. Are we to introduce the concept of triage into our social service programs?

The regulations do not spell out how prioritization should take place. Again, effective outreach is a key. Since the underlying purpose of this program should be to maintain a safe level of home heating in the residences of our citizens, prioritization should focus on those most susceptible to the effects of loss of home heating. As Joyce Harmon's work in the field of accidental hypothermia has brought to light, this includes the elderly across the board, and most particularly the homebound, the handicapped, those less mobile, and those furthest from available resources. Other handicapped adults as well as infants are also in the high-risk group.

Some other points must be addressed when discussing these programs. Adequate training of staff is a must. Combined with the frequent changes in the State plan, and the myriad of interpretive letters coming from Augusta, the lack of training for intake and outreach staff, resulted in inconsistent interpretations of the regulations. A properly trained intake worker could elicit information from an elderly recipient of SSI, accustomed to stating her income in monthly terms, sufficient to calculate the income for the preceding 12 months, including consideration of the July cost-of-living increase.

A trained staff person would not require the production of a savings bankbook, nor would he or she turn away an elderly person for lack of income documentation, when the State plan allowed for self-declaration with followup verification. In the latter case, a more clearly worded State regulation might improve implementation of the self-declaration option.

The CAP's, as well, despite 4 years as energy assistance providers, have yet to become accustomed to this role, and so neglect some duties now taken for granted by other providers of Government benefits. Here, I am thinking of adequate notice of denial, together with appeal rights. Many individuals waited 6 to 8 weeks for work on their applications at the beginning of the program. No notices were sent out explaining the delay.

The State experienced a minor fiasco over the SSI checks to residents of boarding homes. The response to the boarding home question in Health and Human Services has been to eliminate eligibility. Rather than take this step, the regulations should provide for some smaller sum, sufficient to enable residents to purchase a winter coat, a pair of boots, a quilted jacket, to keep comfortable in winter weather. Personal needs money has not gone up in years, and residents do not have the purchasing power for a personal response to winter's cold.

Some concern has been raised as to whether small oil dealers will participate, given the regulation requiring energy providers to extend credit for 2 months upon receipt of funds for program participants. It is true that Maine's small oil dealers are being squeezed by the high interest rates (a 13 percent prime may be better than a 20 percent prime, but that's cold comfort to the small businessman.) It is also true that the major oil suppliers have severely restricted their credit terms. But by the same token, Maine's oil dealers rely heavily on the transfusion of Federal energy assistance to keep going. And the role of provisioner of one of life's necessities, with the obligations that entails, is not unfamiliar to Maine's oil dealers. We have twice seen the attorney general promulgate regulations governing practices among fuel oil dealers, and such regulations will be under consideration again for the coming winter.

I would like to end by returning to the basic purpose of this program—to help our people keep warm as prices outstrip income. There is no need to belabor the need for such assistance. By the same token, there should be no need to maintain a cumbersome intake process, with separate applications for energy assistance, when the basic criteria of eligibility is income. A system of direct issu-

ance of aid to households whose participation in income-based programs makes their eligibility certain should be adopted. This could be done for some segment of the population by requiring the States to participate in the HHS/SSI direct check program. Failing that, each State should be required to adopt a direct issuance system to the extent possible. A system which could easily be adapted to Maine's conditions would involve a direct cash benefit, or a two-party voucher, mailed to recipients of SSI, AFDC, and the needs-based assistance programs, if not others. Fully 10,000 of Maine's elderly would be reached under such a system.

The two-party voucher would be redeemable only with the signatures of the head of household, and an approved energy vendor. Perhaps a number of vouchers of smaller denominations could be issued, to enable the recipient to split the grant among his or her various energy vendors.

For those not on the State computer system, whose eligibility cannot be established through the categorical programs, the CAP's could provide a program of assistance based upon applications, as in years past. Since well over half of the potential eligible households would be reached through the direct issuance, the huge overload of applications would be reduced, administrative costs spared, and the entire program would run smoothly.

Senator COHEN. Ms. Harmon.

STATEMENT OF JOYCE S. HARMON, DIRECTOR, CENTER FOR ACCIDENTAL HYPOTHERMIA, DIOCESAN HUMAN RELATIONS SERVICES, INC., PORTLAND, MAINE

Ms. HARMON. Thank you, Senator Cohen and staff of the committee.

My name is Joyce S. Harmon, and I work for the Diocesan Human Relations Services, Inc., as director of the personal energy program. I appreciate the opportunity to share my particular concerns with you today.

Accidental hypothermia is not a new phenomenon but recognition of its potential importance is. Recent research in Great Britain has heightened our awareness of this problem, particularly with regard to its implications for the elderly. Based upon British research, it has been estimated that 10 percent of the elderly population, or approximately 2.3 million elderly in the United States, could be vulnerable to accidental hypothermia. Moreover, preliminary mortality data indicates that this condition is very serious and often fatal for elderly people who have accompanying medical conditions.

Unfortunately, most of our information comes from studies conducted in Great Britain. Very little information is available for the United States. This is a serious omission because of our escalating energy costs as the elderly, especially the low-income elderly, are increasingly pressured to restrict their energy consumption while at the same time risk themselves to cold exposure. The implications of these actions to the prevalence of accidental hypothermia in the elderly and their morbidity and mortality are at this time unknown.

In November 1977, the personal energy program—PEP—was developed by the Diocesan Human Relations Services, Inc., to assist low-income elderly people to cope with the special problems created by the energy crisis. It was a model project funded by the Community Services Administration and the Administration on Aging. The basis for the program grew from the results of the British research which indicate that elderly are at great risk of accidental hypothermia. It is a condition in which the core body temperature is below 95° F and can be caused by exposure to mildly cool ambient temperatures below

70° F. During a 2-year period, 872 poor elderly people were identified and served.

For many reasons, including inadequate income, isolation, poor health, or the aging process itself, this serious, possibly fatal condition may develop. These factors, combined with rising energy costs and the demand for the conservation of resources create a very real and very dangerous situation for the elderly. In response to this, PEP identified and provided services to elderly who met the following eligibility criteria: Over 60 years of age; income below 125 percent of CSA poverty guidelines; and living in substandard housing.

The personal energy program provided five areas of direct service. They were: Energy education, nutrition, activities education, information and referral, and the clothing package.

I am going to speak mostly about the clothing package; the other information is in my prepared statement.[1] We found many, many elderly people living in homes that had not been insulated, that oftentimes was single-wall construction with no central heating and in order to protect them from accidental hypothermia we provided a clothing package and blankets. The intent of this was to insulate the body of the person while these people were waiting for their homes to be insulated at some later date.

The clothing package consisting of thermal underwear, snuggies, quilted vest or jacket, quilted boots, knit hat, and a regular or electric blanket. The energy aide and client determined what items were needed and would be used. The energy aide encouraged the client to use the items indoors and instructed the client in the importance of dressing warmly in layers and how this could best be accomplished.

The services offered by the personal energy program were an appropriate response to the problems which put the elderly people at risk of accidental hypothermia. The final evaluation of the model project indicates that the services were delivered successfully. The clients were asked to evaluate the program. Their responses were overwhelmingly favorable. Over 96 percent said that the services helped to keep them warmer, 74 percent said they received other services—food stamps, weatherization—as a result of their contact with the PEP energy aide. When asked if they were eating more balanced meals as a result of their contact with the energy aide, 71 percent said yes.

The program provided services in 7 of Maine's 16 counties and as I mentioned earlier 872 people were served.

Let me share with you some of the facts that we uncovered out of the program.

Senator COHEN. Before you do, could I just have that vest held up to show the people here what kind of garment you are talking about.

Ms. HARMON. I brought just part of the clothing. There are quilted boots and they are designed especially for the program. They have the nonskid sole and they have the fastener so that when people's ankles swell they won't be too restrictive. They have a nice warm, furry lining.

The vest is also especially designed for the program and this was done by doing a number of different models of this and having elderly people actually wear them and tell us what they liked and didn't like. It is cut down at the neck so it will be comfortable to be worn in the

[1] See page 36.

house. It has Velcro fasteners, no buttons or zippers. It was a very, very popular item. It keeps the trunk of the body warm and is not restrictive to the arms or uncomfortable to wear.

Senator COHEN. Where did the funds for this type of garment come from?

Ms. HARMON. During the model project the funds for this portion of the program was provided by the Community Services Administration.

Senator COHEN. Now, the regulations pertaining to the new fuel assistance programs do not provide for clothing, only heat or oil.

Ms. HARMON. I believe that the fuel assistance program did provide for clothing. There were two or three problems. I think Nancy said that the amount was $350 that was allowed. If $50 worth of clothing and blankets were needed by an elderly person or an elderly couple, that amount was deducted from the amount they would have to pay for the fuel and because fuel costs were so high and people were in such dire need of help with paying their fuel bills, many, even though they might need the clothing and blankets, chose not to get them because it would reduce the amount of money to pay for their fuel.

Senator COHEN. That is the past regulations. I am told the new ones don't provide for it.

Ms. HARMON. I have not seen the new ones. It is too bad.

Senator COHEN. We will hear more from Mr. Wilson in a moment about that.

Ms. HARMON. All right.

The program discovered that 80 percent of the clients that were served had incomes below 100 percent of CSA poverty guidelines, or $3,400 for one. Average income was around $2,000.

The average client was 72 years old, resided in a rural area, most often isolated, and lived in an owner-occupied single-family home.

Fifty-three percent of the clients lived alone and 40 percent lived with one other person.

Thirty-nine percent of the clients did not receive food stamps at the time of the interview. Many people we found knew nothing about them at all.

Only 7 percent of the clients took meals at a congregate meal site and that often was because of lack of transportation services. They simply had no way to get meals in the areas where they were available.

Items from the personal energy package most used by clients were the blanket, vest, thermal long underwear, and snuggies.

As the cost of energy rises, people are forced to spend more and more of their limited resources on fuel and electricity and because of the this they tend to use less and less. Most elderly people are unaware of the risks that they face when they reduce the temperatures in their living space from 70° to even 65° or 60°. The policymakers at all levels of Government, and in the private sector, also seem to be unaware of serious problems caused for the elderly when they urge conservation of energy resources by reducing the temperature in the home. Elderly people, out of a sense of patriotism and economic need, always seem to strive to adhere to these requests more than anyone else.

Now for the good news. There is going to be, here in Maine, a reinstatement of the personal energy program and it is going to be expanded across the State. Recently as the result of an $18 million class

action suit against the Community Services Administration, $4 million is becoming available to fund accidental hypothermia projects in 20 States.

Here in Maine, the personal energy program will be expanded to all 16 counties with the grant of $500,000 from CSA and we believe that by working cooperatively with other agencies in the State, particularly those providing energy assistance programs, that we can serve approximately 3,000 high-risk elderly in this coming winter. An additional $200,000 is being made available to the Diocesan Human Relations Services to establish a center for accidental hypothermia and using the background and experience that we have developed during the model project, we will be assisting programs in 20 other States to get started and to begin to provide service to people in those other areas. We especially want to see educational materials and information circulated through media so that not only poor elderly people can be protected, but others as well. There are a whole group of elderly people who do not fall within the income guidelines but because of inflation and high costs are finding their dollars buy less and less. They certainly need to know that they are at risk if they begin to turn their thermostats back without taking some other kinds of precautions.

Senator COHEN. I just interrupt to point out that this program is the first of its kind in the country. It is being used as a model that other areas may well adopt, so I think we can take a great measure of pride in your work.

Ms. HARMON. Thank you.

I expect that with the new expanded programs in the 20 States approximately 10,000 high-risk elderly people will be identified and served in the next 18 months.

When considering the question of how the accidental hypothermia services relate to energy assistance services one must remember that the high-risk client is usually old, very poor, and living in substandard and/or homes that have not been weatherized. Because of poor health, handicaps, geographic isolation, or lack of transportation these people are frequently unable to seek out service and are often unaware of what is available. They tend to be overlooked.

Currently the fuel assistance program allows for the provision of clothing and blankets. However, perhaps that is not going to be so in the coming year.

Of the 872 people served in the model, 70 percent reported their homes were not insulated and 37 percent said they had no storm windows or doors. Just last week the director of a local weatherization program expressed appreciation for the number of elderly people that were identified and referred by the PEP program for weatherization. He was concerned because there simply are not enough outreach workers to seek out these very high risk people.

During the next few months PEP and the Center for Accidental Hypothermia will be working closely with the energy assistance programs to coordinate service and provide much needed information to the elderly at risk of accidental hypothermia. However, to assure that the high-risk elderly receive the information and service they need to sustain an adequate level of protection against cool temperatures, the outreach and preventive services need to be written into legisla-

tion to become a part of an ongoing program. It is a problem serious enough to warrant careful consideration as new legislation is being considered. There are 2.3 million older citizens out there who really should know about the risk of accidential hypothermia.

In closing I would like to address one other issue that I am very, very concerned about, and that is the issue of medical research. On April 5, 1977, Robert N. Butler, M.D., Director of the National Institute on Aging, NIH, testified before this committee. He presented issues regarding the impact of rising energy costs on older Americans. At that time he said, and I quote, "The response of older persons to cold needs to be studied with many more subjects before valid conclusions can be drawn for the entire population."

The energy crisis has been with us since 1973, and we have not yet had a study done in this country that will determine the magnitude of accidental hypothermia among our elderly populations, the medical conditions associated with the hypothermic elderly, or the effects of hypothermia on the morbidity and mortality of the elderly.

The University of Southern Maine, Center for Advanced Research, did put together a medical research proposal and it has been all the way through the review cycle at the National Institute on Aging and has been returned for additional work on two sections. Unfortunately, the university is in the situation where they do not have the dollars to do the additional work and resubmit the grant.

The question that I would like to leave you with is the hope that you will pass on to other members of the committee in Washington is, How many more years must we wait to have the information necessary to know the real extent of the problem in the United States and to be able to develop additional intervention strategies?

Thank you. [Applause.]

Senator COHEN. Thank you very much, Joyce. Your prepared statement will be entered into the record at this point.

[The prepared statement of Ms. Harmon follows:]

PREPARED STATEMENT OF JOYCE S. HARMON

Senator Cohen, Congressman Pepper, members of the committee, my name is Joyce S. Harmon and I work for the Diocesan Human Relations Services, Inc. as director of the personal energy program. I appreciate the opportunity to share my particular concerns with you today.

Accidental hypothermia is not a new phenomenon, but recognition of its potential importance is. Recent research in Great Britain has heightened our awareness of this problem, particularly with regard to its implications for the elderly. Based upon British research, it has been estimated that 10 percent of the elderly population, or approximately 2.3 million elderly in the United States, could be vulnerable to accidental hypothermia. Moreover, preliminary mortality data indicates that this condition is very serious and often fatal for elderly people who have accompanying medical conditions. Unfortunately, most of our information comes from studies conducted in Great Britain. Very little information is available for the United States. This is a serious omission because of our escalating energy costs the elderly, especially the low-income elderly, are increasingly pressured to restrict their energy consumption while at the same time risk themselves to cold exposure. The implications of these actions to the prevalence of accidental hypothermia in the elderly and their morbidity and mortality are, at this time, unknown.

THE PERSONAL ENERGY PROGRAM, A MODEL PROJECT

In November 1977, the personal energy program (PEP) was developed by the Diocesan Human Relations Services, Inc. to assist low-income elderly people to cope with the special problems created by the energy crisis. It was a model

project funded by the Community Services Administration, and the Administration on Aging. The program grew from the results of the British research which indicate that elderly are at great risk of accidental hypothermia. It is a condition in which the core body temperature is below 95° F and can be caused by exposure to mildly cool ambient temperatures below 70° F. During a 2-year period, 872 poor elderly people were identified and served.

For many reasons, including inadequate income, isolation, poor health, or the aging process itself, this serious, possibly fatal condition may develop. These factors, combined with rising energy costs, and the demand for the conservation of resources create a very real and very dangerous situation for the elderly. In response to this, PEP identified and provided services to elderly who met the following eligibility criteria: Over 60 years of age; income below 125 percent of CSA poverty guidelines; and living in substandard housing.

The personal energy program provided five areas of direct service. They were: Energy education, nutrition, activities education, information and referral, and the clothing package. The following describes the actions involved in each of the service areas.

1. *Energy education.*—An energy assessment was done for the home of each client. The energy aide determined which energy management techniques the client should practice in order to curb heat loss. The client was instructed in the use of low or no cost energy saving techniques. They were encouraged to practice such techniques, and were often assisted in completing them. If additional resources were needed, the client was linked to the weatherization services of the local community action agency.

2. *Nutrition education.*—The adequacy of each client's diet was assessed. Adequacy was defined as having the proper amount of servings in each of the four food groups. Information was also gathered which indicated the problems that prevented the client from maintaining a good diet. These included: Special diet, low income, no cooking or refrigeration facilities, or lack of interest. The energy aide discussed why good nutrition is important and how the client might improve his/her nutrition. Techniques for creating interest in meals and improving appetites were discussed. Nutrition information was left with the client.

3. *Activities education.*—Each client's activity level was determined. The client was informed that the more active one is the more heat one's body produces to increase circulation. Activity often aids in improving one's overall health. The client would be encouraged to become more physically active. Clients were taught leg and arm rolls, stretches and kicks. They were encouraged to walk more and even preparing better meals or practicing energy management were suggested as good forms of activity.

4. *Information and referral.*—Each energy aide provided information and referral for all services available to the client.

5. *The clothing package.*—A clothing package consisting of thermal underwear, snuggies, quilted vest or jacket, quilted boots, knit hat, and a regular or electric blanket was provided. The energy aide and client determined what items were needed and would be used. The energy aide encouraged the client to use the items indoors and instructed the client in the importance of dressing warmly in layers, and how this could be accomplished.

The services offered by the personal energy program were an appropriate response to the problems which put the elderly people at risk of accidental hypothermia. The final evaluation indicates that the services were delivered successfully. The clients were asked to evaluate the program. Their responses were overwhelmingly favorable. Over 96 percent said that the services helped to keep them warmer, 74 percent said they received other services (food stamps, weatherization) as a result of their contact with the energy aide. When asked if they were eating more balanced meals as a result of their contact with the energy aide, 71 percent said yes.

Data gathered by the program's direct service workers provided the following information:

—The personal energy program served 872 elderly in 7 of Maine's 16 counties.

—80 percent of the clients have incomes below 100 percent of CSA poverty guidelines ($3,400 for a family of one).

—More than half of the clients spent over 25 percent of their income on their primary heating fuel (January, February, March, 1979).

—The average client is 72 years old, resides in a rural area, often quite isolated, in an owner-occupied, single-family home.

—53 percent of the clients live alone.

—40 percent of the clients live with one other person.

—39 percent of the clients did not receive food stamps at the time of the interview.

—Only 11 percent of the clients received meals on wheels.

—Only 7 percent of the clients took meals at a congregate meals site.

—Items from the personal energy package most used by clients were the blanket, vest, thermal long underwear, and snuggies.

—58 percent of the clients reported they had multiple chronic illnesses.

—80 percent of the clients reported they received no medical care in the home.

As energy costs have continued to rise and elderly people are forced to spend more and more of their already limited resources on fuel and electricity, they are forced to use less and less. Most are unaware of the risk they take when they reduce the temperature of their living space from 70° to 65° or 60°. Policymakers at all levels of Government and in the private sector are also unaware of the serious problems caused for the elderly when they urge conservation of energy resources by reducing the temperature of the home. Elderly people, out of a sense of patriotism and economic need, always strive to adhere to these requests.

NEW AND EXPANDED ACCIDENTAL HYPOTHERMIA PROGRAMS

Recently the $18 million settlement of a class action suit against the Community Services Administration resulted in $4 million becoming available to fund accidental hypothermia programs in 20 States.

Here in Maine, the personal energy program will be expanded to serve elderly in all 16 counties. With a grant of $500,000 from CSA approximately 3,000 high-risk elderly will be identified and served. An additional $200,000 is being made available to DHRS to establish a Center for Accidental Hypothermia. The center will provide training and technical assistance to programs being developed. The center will also collect and analyze client data from all 20 States (approximately 10,000 clients).

The development of new programs provides not only the opportunity to identify and serve the poor elderly but will also provide a vehicle for informing all older people of the potential danger of accidental hypothermia.

RELATIONSHIP OF ACCIDENTAL HYPOTHERMIA PROGRAMS TO ENERGY ASSISTANCE SERVICES

When considering the question of how the accidental hypothermia services relate to energy assistance services one must remember that the high-risk client is usually old, very poor, and living in substandard and/or homes that have not been weatherized. Because of poor health, handicaps, geographic isolation, or lack of transportation these people are frequently unable to seek out service and are often unaware of what is available. They tend to be overlooked.

Currently the fuel assistance program allows for the provision of clothing and blankets. However, the cost of these items are deducted from the total allocations. For example, if the amount of fuel assistance is $250 per family and the clothing and blankets needed, cost $50, only $200 would be available to pay for fuel. In addition, a voucher for the purchase of clothing and blankets is given and the client must take it to a store to buy the needed items. Most elderly people need the money for fuel and find it difficult to get to the store to buy groceries let alone shop for clothing and blankets.

Of the 872 elderly people served by PEP, 70 percent reported their homes were not insulated, and 37 percent said they had no storm windows or doors. Just last week the director of a local weatherization program expressed appreciation for the number of elderly people referred by PEP for weatherization. He was concerned because of the lack of outreach workers to seek out these high risk people.

During the next few months PEP and the Center for Accidental Hypothermia will be working closely with the energy assistance programs to coordinate service and provide much needed information to the elderly at risk of accidental hypothermia. However, to assure that the high-risk elderly receive the information and service they need to sustain an adequate level of protection against cool temperatures, the outreach and preventive services need to be written into legislation to become a part of an ongoing program. Administrative funds are needed so that outreach workers can be trained to provide information.

There are 2.3 million older citizens out there who should know about the risk of accidental hypothermia.

MEDICAL RESEARCH

On April 5, 1977, Robert N. Butler, M.D., Director of the National Institute on Aging, NIH testified before this committee. He presented issues regarding the impact of rising energy costs on older Americans.[1] At that time he said "The response of older persons to cold needs to be studied with many more subjects before valid conclusions can be withdrawn for the entire aged population."

The energy crisis has been with us since 1973 and we have not yet had a study done in this country that will determine the magnitude of accidental hypothermia among our elderly populations, the medical conditions associated with the hypothermic elderly, or the effects of hypothermia on the morbidity and mortality of the elderly.

How many more years must we wait to have the information necessary to know the extent of the problem in the United States and to develop additional intervention strategies?

Senator COHEN. Mr. Higgins, would you care to present your statement.

STATEMENT OF HAROLD B. HIGGINS, EXECUTIVE DIRECTOR, PENQUIS COMMUNITY ACTION PROGRAM, INC., BANGOR, MAINE

Mr. HIGGINS. Senator Cohen, I am Harold Higgins, executive director of the Penquis Community Action Program, Inc. I appreciate the opportunity to discuss the fuel assistance program which was requested that I do. I am not sure but maybe I should have picked up my other hat at the same time and could have talked probably as well about weatherization. Apparently the agenda didn't call for that so we will take that at another day.

I would like to talk probably from now until tomorrow morning at breakfast time about the fuel assistance program and our experience with it in the past 4 years and more especially this past winter but since I have got only 5 minutes that is all you are going to get. I have got some pretty direct statements and reflections or comments that I would like to make.

Senator COHEN. You can comment on anything you want to while sitting there.

Mr. HIGGINS. For 5 minutes.

Senator COHEN. Within 5 minutes.

Mr. HIGGINS. Five minutes. I have to order my priorities.

We have submitted some testimony [2] that is more detailed and I am sure there is going to be more coming later as we get into the development of the regulations and the State plan and that sort of thing.

Senator COHEN. Let me just say that the purpose is not to confine anybody here from offering their entire statement. We have a very full afternoon, and I am trying to get as many people as we can into a very short period of time. But, we are just touching the tip of the iceberg. You people are the ones who are most familiar with the problems, and I hope you will alert us. These are the major focal points, and I am sure we are going to be calling on each and everyone of you. I have a whole list of questions I would like to ask. If I may impose on you, I will send them to you or give them to you and ask you to elaborate on them. I am trying to give everybody an opportunity to express the major problems which are confronting the people that they deal with. So, with that, you can proceed.

[1] See appendix 1, item 1, page 87.
[2] See page 42.

Mr. HIGGINS. No. 1, the fuel assistance program, this is the terminology that has been given to me and it changes from year to year as we know. We have heard from the letters ECAP, HEAP, DEEP, and everything else. The fuel assistance program should be just what it is named, a fuel assistance program. Assistance for food and clothing should be made available elsewhere. I think there is good evidence in the last couple of months we are winding down on ECAP and we are getting into this—well, we are all done buying fuel now, you might say, so we now get into the grocery and clothing business. When you hear about purchases for the shirts, summer shorts, and bikinis, that is just a little bit far-fetched for fuel assistance and don't think it is not happening.

Senator COHEN. Is anybody buying a bikini under this program in Maine?

Mr. HIGGINS. It has been tried. [Laughter.]

The fuel assistance program should be administered on a year-around basis, not a seasonal basis, so that the proper planning, administration, management, and followthrough can be conducted and so that you can have a key staff of people who can do that sort of thing.

The fuel assistance legislation should be timely and accompanied with appropriations at the proper time. I am sure you are well aware of the experience in the last 3 or 4 years when we have had to deal with it in February, March, and April, after the fact and that is inexcusable. I will say that the track records get better because in 1980 we did start in early December.

Regulations should be consistent to allow the flow of proper information to avoid confusion. That has been a problem with us ever since we have been in the business because they keep changing the name of the rules in the middle of the game. Some of the information is misinterpreted and it is not only coming from local or State but much of it is coming from Federal sources. Hopefully, everybody can get their act together.

The eligibility guidelines. Some discussion has taken place around that. Probably we will have to live with an income eligibility criteria but I think it was a little ridiculous this year when toward the end of April, CSA income guidelines were changed which meant that we had to go back and rework all of the applications in the ECAP program and again almost after the fact.

Senator COHEN. Let me tell you that Congress has to bear a large measure of the responsibility, and I am part of that problem, being a Member of Congress. I can recall last fall when we were taking testimony in Washington before this very committee. We were debating what was the best mechanism for getting this assistance out. By the time everybody got through making opening statements, I think it took about 2 hours. Everybody wanted to make an opening statement—that is, Members of the Senate.

We get more than 5 minutes, Harold. [Laughter.]

That gives you some indication of how long it is going to take to finally come up with a program. We waited, as you said, until December, and the money went out. You recall the confusion about the State saying at that particular point that money had gone to the wrong people, that the recipients who were tenants had to give it back to the people that they were renting from, and that money should

be sent back to the Government in some cases. We had to have a ruling from the Federal Government at that point.

So we bear a large measure of responsibility for some of the delay and the confusion that has resulted. I hope that by using this hearing, and others that are taking place in June, July, and August, we will be able to resolve that problem and get the money out in time.

Mr. HIGGINS. Senator, you just stole my next point. I am going to comment that the SSI payment that came out in the middle of winter—I am not suggesting it is good, bad, or indifferent but it did create a lot of confusion that you have already touched upon concerning payments. There was a lot of discussion and a lot of philosophical difference on how this money should be distributed.

I think our own agency experience over 4 years indicates it should be made by a voucher through a vendor and not directly to a client. I think the best assurance that it is going to go to the best place is that it go that route, and I am not taking anything away from anybody. It ought to be done up front, November or October when the money is there so that credits can be issued once the eligibility is determined. That money could be issued on a credit basis and be drawn down during the winter or whenever it is needed in terms of the fuel purchase.

With timely funding the so-called crisis or emergency situations which we went through in late December, January, and February would be practically eliminated. Now I am not suggesting that you are going to eliminate that whole bit because there is always somebody that says you have an emergency that you just can't forecast but the experience that we went through this past winter certainly could have been eliminated because what happened was a few people came in in late December and early January and they did have a legitimate bona fide emergency and it was dealt with as it had to be on a 24-hour basis, so-called.

What happened was many people heard about that so the next thing you know every phone call was, "I have an emergency," which tied up that whole system for about 2 months in the State of Maine. The only people who didn't take advantage of that were the elderly. They were willing to submit their application, be determined eligible, and willing to follow the intent of the program. When it got down to that piece of the pile it was dealt with and they got their funding. They were patient and proud, to their detriment, in last year's program.

There is a lot more I could throw in here but my time is running out and I will have my other day in court, I am sure of that. I think there is a comment or two I want to make in closing that this fiasco last winter was really something, but my observation was that the teamwork that was demonstrated in the State of Maine, with the Division of Community Services, and you are going to hear from them later and all of the CAP's—we rolled with a lot of changing of the tide and it is fortunate that we got through as easy as we did. The weather was on our side. A normal winter and we would have had some trouble.

So I just think it ought to be in the record that the division did the best they could along with all the CAP's and all of those municipali-

ties that participated. I think there is a good working relationship between the division and CAP's and I want that on the record.

My parting advice I guess is going to be four points but I am sure you are going to get a lot more than that.

Be on time with the legislation and money.

Give us regulations that are understandable.

Give us the flexibility that will contribute to the success of the program because each area has its own peculiarities and has to have some degree of flexibility.

Provide adequate administrative support to assure accountability.

Thank you, Senator. [Applause.]

[The prepared statement of Mr. Higgins follows:]

PREPARED STATEMENT OF HAROLD B. HIGGINS

In December 1979, we started the taking of applications for both the State and federally funded fuel assistance program for the counties of Penobscot, Piscataquis, Washington, and Hancock. In addition to our main office in Bangor, we established coordinating and outreach offices in Lincoln, Dover-Foxcroft, Machias, and Ellsworth; along with permanent outreach offices in Patten, Stonington, Calais, and Eastport. From the outset, we experienced a large turnout of applicants, and were processing an average of 500 applications each day. All applications were routed through our Bangor office for recording and payment procedures. Regrettably, we have experienced a variety of problems since the start.

Our first problem was a lack of funding to make credit payments to vendors on behalf of our clients. We took applications for 2 weeks without any funding. The result was twofold: (1) A backlog of applications, and (2) we were flooded with requests for emergency processing which completely consumed our time and multiplied the longer we went without funding. When funds did finally arrive, we were so far behind that we were until late February catching up. During this time we were attempting to handle intake, schedule outreach, certify, issue credits, and react to emergencies all at the same time. It truly resulted in a "Catch 22" situation. Tragically, the elderly applicants were very reluctant to request emergency processing, even though one might exist, and were, therefore, some who waited the longest for assistance.

We also found that the elderly got extremely confused with the deluge of notices and information which they received from a multitude of sources including governmental, some of which were erroneous to start with. This resulted in a flood of calls which we simply couldn't handle. The elderly are reluctant to ask for help in the first place and this confusion only compounded the problem.

Our recommendations, although aimed specifically to aid the elderly, have a general application to all who might be eligible for future fuel assistance programs. They are as follows:

1. Establish a 12-month funding in order that program operators can maintain a permanent key staff to plan for each heating season. The idea of hiring a new staff each year is ludicrous and makes absolutely no sense at all. Late funding that we have experienced leaves little time for staff training and the establishment of relationships with vendors so critical for success.

2. With funds available for administration, start taking applications early before the start of the heating season. This would allow us to process applications and issue credits to vendors. These credits would then be available when they were needed, and local program operators would not be faced with trying to do outreach, certify and make payments on a crisis basis which was the situation of the 1979–80 program. With proper funding, there should be no need for emergency assistance which created so much confusion this past year.

3. Send just one notice from one source to potentially eligible applicants. This will do much to eliminate the confusion many notices from many sources created.

4. Create one set of regulations and have them ready at the start of any program. Once they have been developed, don't change them continually or

at all during the duration of a program. Such changes not only confuse the elderly, but those trying to deliver the assistance as well.

It is our hope that these comments will be of some assistance to you. We would be most cooperative and willing to elaborate on any comment we have made, and we will make ourselves available to you, if and when you think we might help.

Senator COHEN. The next witness will be Timothy Wilson.

I have heard of people who will give you the shirt off their back. I left two shirts down in a hotel in southern Maine and Tim was kind enough to bring them up here. I do appreciate that.

I would like to hear from you, Tim.

STATEMENT OF TIMOTHY P. WILSON, HALLOWELL, MAINE, DIRECTOR, DIVISION OF COMMUNITY SERVICES, STATE OF MAINE

Mr. WILSON. Thank you, Senator.

First, as you know, I am not speaking for the administration or the State of Maine. I am speaking as the director of Community Services. My testimony is in length about 5 minutes. I won't use that, but will submit it for the record.[1]

Most of what I was going to say has been said by a number of different people. There are a lot of people here who are tired and I am not going to take a lot of time. I do want to say some very specific things and I hope that everyone will at least take a moment to think about what I am talking about.

I have had 7 years' experience in this State dealing with energy. Last night my wife read my testimony and then told me, "This is the same testimony you made in 1974 in August in the Civic Center in Augusta." The gentleman sitting there with me in August 1974 in Augusta, was William Cohen. We ran the first energy hearing in the country.

I think some important points I have to make. Nancy Brockway spoke about the problems of ECAP in this State. We had an evaluation process we ran out of our office. We had a very large packet that gave everybody's attitudes about what we did right and what we did wrong, and I am not going to say that everything was peaches and cream. We made a lot of mistakes. I am not going to say we were perfect, we were not. We did the best we could with what we had available. I hope that next year we will do a lot better.

I could take another 25 minutes because here are the regulations. I think it is 37 pages of very, very small print, most of which my staff and I read last night, and I find them sort of ridiculous in a lot of places because they failed to realize or take into consideration what has already been done. They are starting again from day 1 and to me that is a real problem.

I think it has already been stated that we, in Maine, made some decisions about how to run a program. We gave a lot of people flexibility. We feel that the mistake is made in a lot of the regulations by confining a State like ours to what goes on in New York or what goes on in Florida. I think that is the mistake with many of the programs in this country today.

---

[1] See page 47.

I believe in merit and that is if you do a good job you should be paid for doing that job. In other words, in this State, with the new regulations, we have more people eligible for the type of program that they are talking about. The new HEAP program, there are more people under their standards that are eligible for money in this State for help but because of the change in the funding mechanism, and Nancy mentioned it, we are going to receive less, so they are going to make the State decide on who shall be left out.

My point is, as regards the elderly in this State, that many, many more elderly are eligible than receive help because they are too proud to ask for it. It has been so during my involvement for 7 years and I have seen it over and over again. I think the part that hurts me most is, that I remember in talking to an oil dealer in Dexter in 1973, when oil was 23.1 cents a gallon, and it is now $1.01 a gallon. That is 77.9 cents difference. In other words, we have now increased in 7 years, 337 percent. To me that is the essence of the problem. The problem is that over and over again we don't have enough money to take care of that situation. The elderly people in this State do not, and cannot, survive at the rate we are going. If they increase the oil price, as the Senator was saying, to $70 or $65 a barrel, we are in a world of hurt in this State.

I think the classic example is what Texaco has now said and that is that they are out of the business of delivering oil to the State, and we have a number of people in this State, I think we should all realize, that use kerosene, and you know you don't make money off of kerosene. You make money off of jet fuel. I think we have to understand that the petroleum business in the country today, and I am not trying to knock them, it is a free enterprise system, they have the right. The right is they want to make money so they have made a determination that they are not in the fuel oil business or not in the kerosene business any more, they are in the petroleum chemical business, they are in to make as much money as they can for their stockholders. So that means in the State, because we use 85 percent fuel, that we must go to a different style of heating ourselves.

The essence of my comments is very simply that we need categorical grants that come to a State like Maine, which is very rural, but 1,200,000 people, we can take care of ourselves by doing weatherization, rehabing homes because that is the way this State can survive and we must do it now, because some of us have been preaching it for 7 years.

Again my wife pulled it all out. She read it also to my mother, who is 81 years old. My father died 2 years ago, and he used to try to explain to me what he saw, because, you see, they were elderly and they ran senior citizen centers in a different part of the country. They had an attitude and their attitude was that until people were willing to accept the dignity of elderly people and their right in this country to survive in a very honest and forthright way we were going to continue to do things we are doing now, and that is the type of program that HEAP, EP, SKIP are. Those programs are nothing more than what I would call putting it up the chimney, it goes right up the chimney and out. We are not getting anything out of those. Granted they save a little bit of face for a while but we come back and do the same thing every year.

My point, and my staff's point, is that we need to very definitely deal with weatherization, rehabilitation programs for housing, and alternative energy sources. When I say alternative energy sources what I mean is a change in the basic type of system that you have in your house. This can be done in this State, it should be done. It can be done by 1983 if the Federal Government is willing to put the money up. It is there, it is just that we have so many programs going on, and not the type of leadership that is willing to give up territory. I guess that that is probably the thing that I found the most disheartening.

We have CSA, DOE, HUD, Farmers Home Administration, all of them in the weatherization business in some form. We have explained to them how to do it. They are willing to accept it but they are going to penny ante us from 1985—$1 million here, $200,000 there—instead of just saying, look, we need $32 million in 3 years to do it right, we need $20 million in labor. I would guarantee you that in 1985 this program that we are talking about right now for $22 million, would be cut three-quarters because we have done what we have had to do.

We are one of the few States in the country that have conserved for 7 years. We cannot conserve any more. It is a fact. It is there in black and white. All you have to do is realize that other parts of the country don't talk energy conservation when it comes to gasoline. We do here out of necessity, and the elderly people in this State have been doing it as long as I have been around here, and I lived in Dexter for a long time, and I know.

I will end on this, that as far as I am concerned and as far as my staff is concerned, our belief has been and is that this State has led the way in a number of different programs—Joyce Harmon's program, the weatherization program, the rehab tech program. We can go down a number of lists of programs that deal with energy and we have been out in front not just this year but since 1973. I think it is time that in some state or fashion through our congressional leaders, and our Governor, just to stand up and say, hey, look, it is time we believe we ought to be able to take care of our own, what I consider a categorical grant, with the procedure that says you better do it or you don't do it. Regulations like this, I know are necessary, but there is a time when you have got to say, hold it.

I will have to spend the next month deciphering all this to please a lot of people. I have been sued so many times now it is getting to be ridiculous [laughter] and I mean that sincerely, that it does become a point of, you know, I spend more time answering, answering, answering when really I could do more doing. I think that is what we all want. We want to do it now, not 6 months from now.

That is what we are asking you, Senator, to pass on.

Thank you very much. [Applause.]

Senator COHEN. I think Mr. Wilson has reflected the degree of frustration that he feels. He did point out that he and I were on a panel back in 1974. I should also point out that in the first speech that I ever made on the House floor, the House of Representatives, I offered an amendment to an energy bill which designated wood and tidal power as energy sources eligible for Federal assistance. I will never forget that day. I was shouted down by the ranking member of my own party who at the time said, "Mr. Cohen, that is the most absurd idea I have ever heard in 25 years in the U.S. Congress."

66-630 O - 80 - 4

I slipped underneath the podium in the well of the House about that time. I said: "Why does the gentleman from Nebraska find the amendment so absurd? We have given economic incentives to dozens of other energy resources over the years. Why are you so opposed to expanding this assistance to wood and tidal power?"

Well, the question died unanswered; my amendment was ruled out of order. That was in 1973. Since that time we finally made a lot of progress, and we now, at least, do provide some economic incentives for people who conserve. But, once again we must talk about turning to alternatives, wood heat for example. I have had a bill in for quite a few years to help people who use wood but it, unfortunately, was rejected this year during the debate on the energy bill. Instead we have support for a 10-cent-a-gallon gas tax as a conservation measure. So things don't all happen very quickly in politics, they happen rather slowly.

I think, Mr. Wilson and others, that part of the problem is what Dave Rust just mentioned to me—we keep inventing the wheel. We turn it over to the Department of Health and Human Services, formerly the Department of Health, Education, and Welfare. They are going to start all over now with new rules and regulations. I think that this panel has reflected the degree of frustration in dealing with the complexity that we have created for ourselves. In addition to your statements today, we will get some questions to you for further amplification for the record, so that we can bring this message to Congress.

I hate to have it translated into political terms because obviously the Members have different political views. But, it is evolving among Democrats, Republicans, and Independents that we have got to reduce the level of regulations that we keep pouring on the backs of those who are trying to serve our people. This is not just the Republican philosophy, it is the Democratic one as well. More and more people in Washington are realizing that even as we are trying to cut down the level of unnecessary bureaucracy, it is filtering off most of the money before it reaches you. Most of the money is spent right in Washington before it gets here. It never gets here.

So we have got to have a change in philosophy. Alvin Toffler has written a book called "The Third Wave" in which he talks about actually coming back to the grassroots level to deal with this ever-expanding, complex world that we have—and at the same time maintaining that sense of individuality. You have to have local control programs like this. All you have to do is come to Washington and see the problems in managing programs from there. It is a wall-to-wall marble from the Capitol all the way down Pennsylvania Avenue to the White House. That is why they don't understand what the problems are and why we are up here today to see if we cannot find out.

So I thank all of you for your statements.

Dave Rust, staff director for our side, would like to ask a few questions of the panel.

Mr. RUST. Can I just ask one quick question of any of you. Mr. Higgins and Mr. Wilson, you have been talking a little bit today about the program for the winter of 1980 and 1981 which is in place now legislatively and the regs are out. That has only been authorized for 1 year. Have you given some thought to how you would restructure that for the winter of 1981 and 1982, and if you have, could you share those thoughts with us either today or in writing for the record?

Mr. WILSON. I don't know how Harold feels. We have put ourselves in writing [1] and we are willing to pass it on.

We have begun to look at using the Policy Advisory Committee that we have and some other people who are very interested in this program, what we perceive would be a program for 1981–82, and we will be glad to do that. I think it is a real involved process. That packet really shows what is right and what is wrong. I think that is what we have to begin with. We are one of the few States to have done an evaluation like that.

Senator COHEN. Thank you very much. The prepared statement of Mr. Wilson will be entered into the record now.

[The statement of Mr. Wilson follows:]

PREPARED STATEMENT OF TIMOTHY P. WILSON

My name is Timothy P. Wilson and I am the director of the Maine Division of Community Services. I appreciate this opportunity to share with you information I have gathered, and my concerns, about the effects of this Nation's energy crisis on the low-income and elderly citizens of Maine.

Our energy crisis is not new; it has been with us for at least the last 7 years. During this time prices have skyrocketed and we have experienced periodic fuel shortages. Because of its location at the end of supply lines, Maine has been more adversely affected by the rising price of oil than most other areas of the country; by the time it gets to us it costs even more.

The average price per gallon of oil in Maine increased from 23.1¢ in 1973 to $1.01 in 1980. This is a difference of 77.9¢ per gallon and represents an increase of 337 percent in 7 years. The price will be even higher next winter.

The incomes of the low-income citizens of Maine, especially the elderly, have not kept pace with increases in fuel oil prices.

Fuel conservation is an established fact in Maine. Citizens of this State, especially the elderly, have not been able to afford the luxury of ignoring this national crisis. In fact, we know that since 1973, Maine has consistently decreased heating oil consumption. In 1973, the average number of gallons of heating oil consumed per household in Maine dropped from 1,362 gallons to 1,045 in 1978. This year's figures, although not final, indicate a reduction in use per household to between 850–900 gallons for the 1979–80 heating season.

Maine's elderly are the first to turn down their thermostats in order to conserve energy and reduce heating bills. Many people's social security checks are $184 to $234 per month. A normal delivery of 200 gallons of fuel oil at $1.01 per gallon now costs $202.

An elderly person living on social security obviously has little money left to attend to the other basic necessities of life such as food and clothing.

It is painfully clear that conservation alone will far from rectify the effects of the energy crisis on the lives of our elderly low-income citizens.

The Division of Community Services has administered programs designed to assist low-income families in meeting their energy costs since 1977. This year's energy crisis assistance program (ECAP) was funded by three sources: CSA, HEW, and the State of Maine.

Because funds were received from three sources, administering the program was quite complicated.

Faced with the potential crisis, citizens in our State would endure, if Congress did not act rapidly and decisively, the Maine State Legislature moved ahead by passing the Home Heating Act of 1979, making funds available for low-income and elderly households.

Plans were well underway for administering this program before Congress assured funding for the emergency crisis assistance program.

In early November 1979, well into the early part of Maine's heating season, final decisions were made providing that CSA and HEW would be responsible for administering the Federal funds. These late decisions made it extremely difficult for the State of Maine to plan and administer the program smoothly.

Total funding for ECAP was $17,736,706. From that amount $15,961,833 was available to provide assistance to eligible applicants. In the final analysis Maine received:

1. $3,956,238 in CSA program funds.
2. $11,182,658 in HEW program funds.
3. $915,710 in State funds.

[1] See appendix 1, item 13, page 117.

It was the Governor's decision that all State funds be reserved exclusively for the use of assisting elderly citizens whose household incomes were above 125 percent of the CSA poverty guidelines but received, or were eligible to receive. the State's elderly household tax and rent refund.

This year's ECAP program has assisted approximately 55,000 households in Maine. Approximately 24,000 of those households were elderly-headed households.

Assistance was primarily provided in one of two forms: A future energy credit to the household's energy supplier effective on the date of certification of eligibility of assistance, or a rent credit whereby payment was made to the landlord's energy supplier and the landlord agreed to make equal reductions in the tenant's rental payments. Federal funds had the flexibility to provide other emergency services needed: (1) To utilize the energy credits—such as repairing pipes which had frozen and burst; (2) to take the place of a credit form of assistance which cannot be used—such as when a dealer or landlord refuses to participate; (3) to provide needed assistance in any form, where the energy-related crisis presents a life-threatening situation.

The amount of assistance which a household could receive depended on whether the household's heating costs were included in its rental payments or were paid directly by the household to an energy supplier. Maximum benefit levels were as follows:

(a) $175 or 105 percent of the October 1, 1979, rent, whichever was less, for income and program eligible households whose heating costs were included in their rental payments,

(b) $350 for all other income and program eligible households.

The amount of assistance received by household also depended on whether a household received assistance from State funds or Federal funds. Only those households eligible for the Maine's elderly householder's tax and rent refund program that did not meet the Federal poverty guidelines were served with State funds. Maximum benefit levels for those households that received assistance from State funds were as follows:

(a) $100 or 60 percent of the October 1, 1979, rent, whichever was less, for program and income eligible households whose heating costs were included in their rental payments.

(b) $200 for all other income and program eligible households.

Given the new CSA poverty guidelines published April 21, 1980, many households previously served with State funds became eligible to receive the difference between the Federal maximum benefit and the State maximum benefit from Federal funds.

The Governor recently increased the maximum State benefit for recipients of State funds remaining ineligible for Federal assistance.

In April the Division began an evaluation of this year's program. A special issues forum process was used for local program operator evaluations. The ECAP Policy Advisory Council (PAC) conducted seven public meetings throughout the State to gather input from applicants and the general public. The PAC also held meetings with electricity suppliers, the Maine Apartment Owners & Managers Association (MAOMA), and the Maine Oil Dealers Association (MODA) to gather their concerns and recommendations. A total of 24 sessions were held and concluded with a final State meeting.

The main problem highlighted in this evaluation was planning and organization, directly related to slow action in Washington. The consensus is that we must act on providing a year-round program, thus enabling administrators to effectively plan and deliver services. We need to be working with one Federal agency, one set of regulations, and equitable guidelines for determining eligibility.

For the elderly and handicapped medical expenses were not considered deductible from income and this issue alone created considerable hardship.

As I have said before, conservation and crisis assistance programs are not the total answer for Maine. Recognition of this is broad-based and reflected in our evaluation. We see a need to integrate public education, weatherization, housing rehabilitation, and fuel assistance. We feel we must act soon.

Next year, we will be using the Bureau of Labor Statistics lower living standard income guidelines. These standards clearly indicate that nearly 150,000 households in this State will be eligible to receive Federal money for fuel assistance. Based on the percentage of these households who request assistance we expect to serve approximately 80,000 households. Because we choose to assist all eligible households with some percent of funds, as opposed to a few at a higher benefit

level, we have the lowest benefit level in New England. I believe we have the highest energy cost in New England.

By 1983, I would like to see all the homes of elderly and low-income people in the State of Maine weatherized or rehabilitated. Presently in Maine, elderly people whose homes are dilapitated because they can no longer afford to maintain them are being forced into nursing homes. Houses are being vacated and left to rot at a time when there is a housing shortage. Something must be done to stop this trend of spending millions of dollars to keep people barely warm in inadequate housing.

I suggest that to meet this goal in the next 3 years, Maine needs $32 million to meet the heating needs of its low-income citizens. To weatherize homes we need $10 million for materials, and $20 million for labor. To rehabilitate existing houses the formula for Farmers Home section 504 should be changed to bring more money into Maine for low-income home repair, not less.

If this goal were met I have no reason to believe that energy crisis assistance programs for Maine would require the millions of dollars projected for beyond 1983.

Thank you for the opportunity to share this information with you. I hope you will act decisively in working toward a meaningful long-range energy conservation program.

Senator COHEN. We have one more panel to follow. I suggest we take about a 2-minute break, give you a chance to stand.

[Whereupon, the committee recessed.]

Senator COHEN. Ladies and gentlemen, we are going to start with the final panel this afternoon. As I indicated earlier, I am faced with a little bit of a time crunch. I have to leave by 5:30 p.m., so that gives us about 1 hour to go. I would like to have some time at the end of the program for some individual questions. I want to alert you in advance that the two members of the staff of the Senate Special Committee on Aging are going to remain here to take your questions or to try and answer your questions, and it will become part of the official record. They are going to stay here as long as necessary, as long as we can have our Senate reporter, and take your questions and, I hope, provide some answers.

So I will be departing at 5:30 p.m. If you see me ducking out the door, you will know why. I have to catch the last Delta flight out. You are welcome to stay and to continue asking questions. These are perhaps the two most knowledgeable people in the Senate, and I say that with all due deference and respect. The most important people on most occasions in the legislative process are the people who serve on the staff. They are, in fact, the experts that I, and the others in the Senate and the House, rely upon because they have made lengthy studies into the subject matter. I want you to feel free to ask them questions, and I am sure that they can respond to you in the most effective way.

With that I will call upon our first witness, Hon. Laurence Bagley.

STATEMENT OF HON. LAURENCE P. BAGLEY, PRESIDENT, CENTRAL SENIOR CITIZENS ASSOCIATION, INC., AUGUSTA, MAINE

Mr. BAGLEY. Thank you.

I think I should tell you how that honorable happens to be here; it is because I served two terms in the State legislature. The first one I was 70 years old when I was elected. Of course the social security people took out about all that I made as a member of the legislature. I didn't plan to run again, but I suddenly realized that when I am 72

I could get my salary and social security both so I ran the second time. [Applause.]

One advantage of being on the last panel is that practically everything has been said. I am going to make a few comments. I have sent in a prepared statement,[1] but I am going to make a few comments in regard to some of the things to reinforce what other people have said. That is really what it amounts to.

In the first place, with regard to regulations, we, in the legislature, passed in 1978, a bill that would extend the Older Americans Act for 3 years. The redtape committee in Washington went to work on it and we could understand the original bill pretty well but when they got through with it in 2 years, they sent us those regulations. Now those regulations are going to last 1 year. The bill was for 3 years but the regulations were not ready until the end of practically 2 years. Those regulations are a little bit more difficult to understand.

Now of course I can understand why they are difficult. The people that make them have to earn their money and they could not earn their money if they simply followed the things that Congress intended to be in the bill. That is not just Congress, the same thing works in our State legislature, the same thing works when you go to college. It does not make much difference, the original rules. Then the regulations are made and the regulations are what you go by but the regulations are a lot harder to understand.

I think one point that has not been made today, that should be made, is in regard to the cutoff point on income. Now some programs are done in a way I think is right, many of them are not. If you earn a certain number of dollars, you are eligible for some of these things. If you earn a dollar more, you are not eligible. Now would it not be possible to set up those programs so that there would be a gradation so that the more you earn the less you got but it was not cut off at a dollar place? It seems to me that is particularly vital and important.

I know people who get the food stamps, who get rent subsidy, and as a result are much better off than people who earned $2, $3 $10, or $100 more. Now it seems to me that that ought to be fixed so that each person would get services in proportion to his income and not have a sudden cutoff because he happens to have a few dollars more in a definite regulation.

One point that has been made, Trish Riley particularly made it very strong, we are all working on that, and that is the idea of being able to use more medicaid money to help people stay at home. It is important that we coordinate services in such a way that we will be able to say this person can get meals, get home-delivered services of various kinds rather than have to go into a nursing home. It costs way more to keep people in the nursing home. It is interesting to me that several States are doing this but in almost every case they are either using State money so they are not under Federal regulations or the Federal regulations have been waived for that State on an experimental basis and those people are able to do things for the elderly at a lower cost and in a way that is actually better for the elderly because it is better for most people to stay home and forget.

Most people are happier, most people live where their friends are, and so forth. If we can find some way of coordinating our services in such a way that much more medicaid money than is now possible can

[1] See next page.

be used to keep people at home, we will get the services and we will get them at less cost to the taxpayers.

I delivered home-delivered meals for almost 1½ years. We have enough people in Winthrop that volunteer so I only have to deliver 1 day a week. Tuesday is my day. In that 1½ years I found a lot of people that have been able to stay home because they get that meal, and the homemaker visit, or something like that.

We had a man who was 84 or 85 when I started delivering meals. His sight was commencing to fail. He lived way out at the end of a road in a small house. He had a sack of cement blocks at the side of the house. Well, I remarked about them once, and he said, "Well, I am going to push that wall back 8 feet and enlarge my bedroom." Then he looked at me with kind of a grin which meant of course I will never do it but when a man stops dreaming he is all done. [Laughter.] So if a person can stay home and continue to dream, it is a real help.

On thing that we find that has not been mentioned today and that is that many of these people are referred to us by a doctor, they are in a hospital. They can get out and go home if they can get meals, if they can get some other services, in some cases only the meals. We have a number of people who are referred to us who get one meal a day for 5 days. At the end of 1, 2, or 3 weeks, they are able to be on their own, so we discontinue the meals. We help a lot more people than you would figure from the total of meals we deliver in 1 year because many of those meals are delivered only for a short time to enable people to recover so they are on their own. It really helps.

One other thing in regard to transportation. We have had a lot of talk about transportation. Now we are not going to have a transportation system in Maine by trying to have minibuses for everybody, there are too many miles, too many isolated people to do that. One thing that can be done, and is being done a little, but it needs to be expanded a lot, and that is to find some money to give to individuals who will run their own cars to take these people places. There are a lot of us who do that already. There are a lot of others who would, but the gasoline at $1 a gallon, they just simply cannot afford to use their cars.

Now the insurance has to be considered but that is a minor matter, it can be taken care of very readily. If a little money was available just to pay the cost of the gasoline, a lot of these people could be taken to doctors, taken to hospitals, taken shopping with no expense except for the gasoline itself.

My final conclusion, we believe that more local control of our programs with more medicare money allocated to care in the home and with a serious attempt to obtain cooperation from churches, granges, town officials, and family members, the rural elderly may be permitted to spend their last years in happiness and dignity. [Applause.]

Senator COHEN. Why didn't you run for a third term?

Mr. BAGLEY. I was too old.

Senator COHEN. Thank you, Mr. Bagley. Your prepared statement will be entered into the record now.

[The prepared statement of Mr. Bagley follows:]

PREPARED STATEMENT OF LAURENCE P. BAGLEY

I wish to make two points before starting on the subject of problems and needs of Maine's rural elderly.

First: The matter of regulations regarding Federal funding for elderly. When Congress passes a 3-year funding bill and the department of redtape takes 2

of those years promulgating regs for spending the money, using much high-paid staff, many hearings, and literally tons of paper (I hope made in Maine), we feel that much more service to the elderly would be possible if the money was given to local area agencies with very general guidelines, and this was followed up with a careful and complete audit. The regs frequently apply to certain areas and do not fit other local conditions. Our agency is controlled by the elderly, themselves, as they elect a local board (of elderly) who make decisions regarding programs as far as the regs permit.

Second: Many program services depend upon the income of the recipient with a cutoff at an exact dollar point. This frequently means that a person with just over the cutoff amount is deprived of many services, so the lower income person is actually considerably better off. It should be possible to prorate services, decreasing them a certain amount on a graduated scale of income. This would be much fairer and would not cost any money if the scale was well planned.

I am president of Central Senior Citizens Association, the federally designated area agency on aging, an incorporated nonprofit organization covering six counties in central Maine. The area includes a few small cities and much very rural places. Our board of directors has authorized the use of our funds, as far as possible, to serve the frail and vulnerable elderly. We do this through the usual services of area agencies, home-delivered meals, outreach, advocacy, homemakers, handyman service, transportation, etc.

We make wide use of volunteer workers, local donations, donations (where possible) from the recipients of services, and other means of supplementing State and Federal funds. Basically, it is more expensive to serve each individual in a rural setting than to serve the same individual in a city or village setting. The fact that people are farther apart means that a homemaker, for instance, has to spend more time traveling in the very rural areas, therefore, can serve a smaller number of clients than can the same homemaker in a more heavily settled area.

We are working with local organizations, churches, granges, town officials, etc., to coordinate services. This is very difficult in many cases and very satisfactory in others. This depends much upon local leadership.

One important way to do more with the same number of dollars is to try to keep more of the frail elderly in their homes rather than having them sent to nursing homes. Figures from Utah and other States, as well as plain common-sense, show that it costs less to provide services in the home than putting the client in a nursing home. In my area, it costs about $725 a month for medicaid recipients in a nursing home. That money would provide a lot of home-delivered meals, homemaker care, occasional visits by nurses or nursing aides, and other services which would enable the clients to remain at home. Actual visits with individuals demonstrates that most people are happier at home, so this would be preferable both from the standpoint of the client and of the taxpayer.

I have delivered meals at homes for nearly 1½ years. For many of these people, these meals, plus an occasional visit from a homemaker, have made the difference between remaining at home and being institutionalized. Certainly, if we are talking in terms of "the least restrictive setting," a greater use of medicaid money would provide an affirmative answer.

Transportation in rural Maine is still an unsolved problem. Probably more money should be made available to pay for gasoline used by neighbors for providing such transportation for medical or shopping services. This would be more economical than trying to provide minibus service in much rural Maine. Neighbors would like to help, but with the price of gasoline and with low incomes, many simply cannot afford to help.

In conclusion, we believe that with more local control of our programs, with more medicaid money allotted to care in the home, and with a serious attempt to obtain cooperation from churches, granges, town officials, and family members, the rural elderly may be permitted to spend their last years with more happiness and dignity.

Senator COHEN. Marion Bridges will be our next witness.

STATEMENT OF MARION L. BRIDGES, BROOKLIN, MAINE, CHAIRPERSON, ADVISORY COMMITTEE, HANCOCK COUNTY COMPANION PROGRAM

Mrs. BRIDGES. Well, my name is Marion Bridges. I am wearing very many hats. No. 1, I am a senior citizen. No. 2, I am chairperson of the Hancock County Senior Companion Program which I have not heard mentioned and which is something a little new or it is new and a little different. We use senior people who are interested in their neighbors, someone who wants to be helpful, but perhaps cannot go out and do it on their own. They are paid a stipend. They work 20 hours a week. They get their mileage—which is not very much. I will say they get their mileage and they go out and visit other senior citizens who need a replacement for that neighbor that is not there any more. They go out and fill the need. Well, like the families are all breaking up. I know myself, I have no family left here in Maine, just my husband and I. Fortunately, I am still able to get around. You can bet your bottom dollar if they had raised the guidelines I would probably be a senior companion myself and to heck with the chairperson-type thing. I would rather be out there.

By visiting these people we are enabling them not only to stay in their own home but we are encouraging them to get out, to go to "Meals for Me," to think of the other people outside, and eventually they get really brave so that they go out. We are going to get them back again not as people or clients that need help, but as companions helping other clients.

One of the biggest things, and I have not heard it mentioned too much, is that the elderly have a big thing called loneliness and isolation. Loneliness and isolation can make you sicker than any disease you ever will catch because then you start to read the doctor book and then you catch every disease there is in the world and then you are going to be sick and then you go to the hospital and you find all these nurses are helping you.

Then you get well and you come home and, boom, maybe you need the homemaker, maybe you need the visiting nurse. They come in and they are out in no time flat. They know their job and they get it done. They don't have the time, and it is not their fault that they don't have the time, they are overworked. Nobody is left to sit down and talk. Nobody is left to play a game of cribbage with you. Nobody is left to sneak out to the back pasture and go fishing. Nobody is left to take you anywhere so you sit. Then you start thinking again and guess where you go next? Right straight back to the hospital again.

The senior companion program is one that is going to be used more and more, I think, and it is going to be needed more and more. You will find that as people go into the homes to visit these senior clients, they will find that some of these seniors know something. Remem-

ber, the generation of senior citizens that are coming up now are the people that have lived through a depression—and I mean a depression, not your little stinking thing you had in 1973. That wasn't any depression. You don't know what a depression is until you have been about my age. Most of you know what I am talking about.

We could teach some of these young kids how to do a few little tricks. In fact, I have been doing it. They are amazed to find out that if you buy a cake of soap in the store and you put it away in the wrapper it is going to last 2 weeks. If you bring it home from the store and you unwrap it and leave it on the shelf to dry it lasts 3 weeks. They don't know anything about that nowadays.

I see a look of amazement over there. You just learned something, honey. [Laughter.]

Senator COHEN. Very redfaced, too.

Mrs. BRIDGES. Also, if you take that same soap and stick it in your lingerie drawer, your lingerie smells better, too.

Senator COHEN. That won't be very helpful to me. [Laughter.]

Mrs. BRIDGES. You can use Dial.

Another thing is this. They say that we have all these programs for the elderly, and where are they all based? The majority of them are based in Bangor. They say, "Sure, call us up." We have this listed in the paper. Do you know how much a paper costs a year? How many people are you sharing your paper with? I know I am sharing mine with three families because I cannot afford to pay for it alone. It is in the paper and you can call up but when you call up you don't get eyeball to eyeball help. "Oh, yes, Jamie will take your name and he will see that you get some help." Well, 2 weeks later maybe somebody pops in.

That is not their fault, That is not the outreach worker's fault. They are overworked and underpaid. What is needed in Maine is one person in each small town, and I mean a small town like Brooklin, where when you go through it, don't blink or you have passed through it. If there is one person in that town that had the information, knew the people, perhaps could get out and visit and find some people. They would not have to be paid a fortune. If they were paid their mileage, I know a lot of people, myself included, would do it. I would just as soon do it if I could get my mileage.

A lot of these senior citizens will not call Bangor. Information referral? What do you mean, information referral? I don't know what you mean. I have asked many people if they have called the toll-free number for information and referral and they say, "No, I don't know what it means." It does not spell out where to find out what you want to know. Words are confusing to some elderly. If it was simplified down so that there was one person in town that they knew they could call on and it would not take that such printing to get the information of the person's name to them.

On Joyce Harmon's PEP program, she didn't tell you about one thing I learned from it. If you wear a hat in the house in the middle of winter, you keep a lot warmer. Try it. I wear a hat all the time in the house. My neighbors think I'm buggy.

They have a program for the young children, babies, and so forth, called the WIC food voucher program. It makes sure—at least it is supposed to make sure—that children get fruit juice, milk, cheese.

Why can't the same type of program be put on for the elderly? [Applause.]

Because an elderly person is not going to spend the money on a can of fruit juice or a frozen can of fruit juice or a jar of fruit juice if she sees that the little bitty meat that they can afford, that her husband and she should have. She will stick to the meat and the macaroni dinners and not buy the milk, the cheese, and the fruit juice, which they also need. The price of milk has gone up. I have 1 quart a week in my house and I think that is going out the window.

It is something to think about. Perhaps something could be done in that way.

On the fuel conservation, I heartily agree. In the heating and the weatherization there is just one thing they left out. They say weatherization, and you figure covering up the outside of the house so that it stays warm. Please, for the Lord's sake, don't put a wood stove in the house until you have looked at the chimney. I have seen more single chimneys standing up in the middle of fields because somebody didn't inspect the chimney. Now one of the organizations that I am very much attached to and have been for years, is the Home Co-op. They give away free firewood to the elderly low income, but Sister Lucy Poulin, the director, has made it a rule, you never leave one stick of wood until you have looked at the chimney. If you see a crack or a hole in that chimney, that wood does not stay. Or the family is taken out until the chimney is fixed. So please don't put wood in the fire unless you have looked at the chimney. I don't like chimneys in fields, they scare me.

I think another thing that people are not figuring on with the elderly is the fact that some of them are very, very scared. It used to be that grandma and grandpa or old uncle and aunt got to the point where they could not live alone any more and there was always a family to go to. My generation is now coming to the place of where do I go? Housing is very much needed and if they would only get off the stick and get going. There have been lots of proposals for housing for senior citizens but it takes them forever to get off the ground, and don't tell me it is because you cannot take a soil sample in the middle of winter. I know better than that, I have had a well drilled.

I guess that is about everything that I have got to say. [Applause.]

Senator COHEN. Thank you, Mrs. Bridges. I will enter your prepared statement into the record at this point.

[The prepared statement of Mrs. Bridges follows:]

PREPARED STATEMENT OF MARION L. BRIDGES

SUMMARY

The Maine Senior Companion Program, sponsored by the Bureau of Maine's Elderly with principal funding from ACTION, the Federal agency for volunteerism, has recruited some 45 low-income elder volunteers who are assigned and supervised by local health agencies in support of about 150 homebound elder clients needing companionship and assistance with activities of daily living.

Operating for just over 1 year in Hancock and Washington Counties, the senior companion program has attempted to demonstrate that rural home health agencies can supervise trained elder volunteers in an extension of professional care. Client and volunteer response has been positive, but inflexibility in reimbursement formulas by medicare and other forms of insurance prevents agencies from charging for time spent in volunteer supervision.

ACTION budget guidelines do not differentiate between urban and rural transportation costs, making program goals difficult to achieve without limiting serv-

ice in remote areas of the target counties. Program guidelines also fail to recognize the relationship between income levels of the volunteer and the likelihood that they will own and operate an automobile; automobile ownership is not a programmatic eligibility requirement but in rural areas it is realized as a necessary ingredient in the program's success.

Elder volunteers can and should be a part of the solution to long-term care. Congress should help existing programs utilize volunteer resources, using the principles which underlie the senior companion program, including volunteer training, supervision and reimbursement for expenses. Overshadowing the details of this particular program is the more important principle that elders are a human resource this Nation cannot afford to disregard.

BACKGROUND STATEMENT

Elders in rural Maine are finding themselves further and further adrift from the mainstream of society * * * and while that is seen by some as good news, there is hardship in that separation.

As one example, take the time-honored customs of neighborliness, where one family and another helped each other over the rough times. The first generations of full-timers are finding that they haven't go any of the old neighbors.

Look at who is living in the five houses on a back road in Brooklin, population 612 or thereabouts. The first one is a rundown farmers-home special, a welfare mother and three kids, struggling to make ends meet. The second one is an old cape with a young couple, the husband works in the boatyard and the wife works in Ellsworth. They are from away, but are restoring the house, doing some gardening, have no children, and are only home at night and weekends. The third house, with a view of the water, was built by summer people who use it 2 weeks out of the year. In the fourth house lives an elderly lady, arthritic but capable. It is her mother's family homestead, she moved there to take care of her 20 years ago after her own husband died. And in the fifth house lives a wealthy young retired couple, very much involved in the good life of books and gardens and dinner parties with other folks of similar background.

They are neighbors in geography, but not in spirit. Only the lights of one of those houses will be extinguished if an occupant breaks a hip or comes down with pneumonia.

Well, we have attempted to design services to meet needs: There is a toll-free number up to Bangor to call to find out about programs, but it takes a lot of courage to bother a stranger about problems. There is a winterization program over in Ellsworth, but the CETA program just took away all the workers. There is a food stamp program, and an emergency fuel program, but it is nobody's business what my income is. There are health services, but even if the doctor requested that the nurse come, what I really need is help with chores and the homemaker program got cut way back and they are making child protective cases the priority this year. The doctor would just as soon get me into the hospital, but from there it's the nursing home, and that's the last stop.

There are some exceptions, but most services have the following tendencies:

They tend to be centered in the population centers like Bangor.

They tend to be fragmented, with no one health or other agency able to deal with me as a whole person.

The health agencies seem to be tied up with regulations and reimbursement formulas and confusing signals about what their priorities should be.

They tend to be overly bureaucratic, with more administrators and planners and grants writers than people actually finding out what an individual person needs and delivering a service.

And they tend not to have the foggiest notion about how to use volunteers effectively, or how to stimulate the existing networks of churches, the grange, service clubs, and others to lend a hand to those elders needing help.

Elders are a forgotten human resource. They know a set of ideals which are often in conflict with their observations of a society attempting to care for people. They want to maintain their health, their self-respect, their dignity by staying active, giving what they can to those who have greater needs than their own. And if they want to sit on the front porch they want to do it in their own time, not at an arbitrary chronological age.

The customs have changes, and if society's problems have grown beyond the ability of one-to-one neighborliness, or if people don't recognize their neighbors any more, or can't get across the rural miles to find them, then we should reexamine how we put neighborliness to work on the larger scale * * * on prob-

lems of housing and energy, on the problem of mobility and isolation, on the problems of health care.

The senior companion program is one model, one approach out of many which should be examined and improved and set to work.

HISTORY OF THE PROGRAM

The Maine senior companion program is funded by ACTION, and authorized as a national older Americans volunteer program under title II, section 211(b) of the Domestic Volunteer Service Act of 1973 (Public Law 93–113).

ACTION, the Federal agency on volunteerism, has assisted with the creation of over 50 senior companion programs across the country. The Maine program is sponsored locally by the Bureau of Maine's Elderly, Department of Human Services, Augusta, Maine.

The Maine senior companion program was established in the fall of 1978 with geographically separate, administratively linked components in Hancock and Washington Counties, areas which had the highest proportion of residents over age 60 in the State. The first volunteers were trained in April 1979.

The goal of the Maine senior companion program, like that of other programs across the Nation, is to develop opportunities through which low-income elders can contribute to their communities and enrich their retirement years by serving adults with exceptional or special needs. However, the Maine program was funded to demonstrate how senior companions could work directly under the supervision of health professionals who were assisting elders to live in their own homes. Senior companions had proven their effectiveness elsewhere as friendly visitors in institutional and home settings. The Maine program was to test their effectiveness in health support. Another aspect of the demonstration grant was to test the home-health support goal in a rural setting.

PROGRAM ACCOMPLISHMENTS

Since the first 15 senior companions started work over 1 year ago, a total of 45 have completed the 40-hour preservice training program.

The work of these elder volunteers has been effectively integrated into the plans of care of about 150 folks who choose to live at home despite stroke, hypertension, crippling arthritis, depression, blindness, recent surgery, or the range of chronic health problems. Guided by a letter of agreement, supervised by a community health nurse, the volunteer's schedule and range of activities depend on the needs of the person served. They take the time to linger over a cup of tea and a game of cribbage; they support the nutritional and exercise plans which the nurses have discussed with them; they can monitor general health conditions and medications, reporting irregularities to the nurse. The nurses see the senior companions as their eyes and ears in a plan of health support. The elders who are visited see the volunteers as friends, sharing concerns, helping with some of the more difficult activities of daily living, and driving away the specters of loneliness and isolation which can thwart the best laid plans of health care and support.

Each senior companion is provided with 4 hours of inservice training each month. These sessions reinforce and update the preservice training which is designed to build volunteer confidence, to provide information and contact with the range of social services available to elders, and to provide knowledge of the role which the health agencies have designed for the senior companions.

Senior companions are provided with an annual physical examination, arrangements or reimbursement for transportation, and on occasion for meals, and are given a nontaxable stipend of $40 to enable them to give 20 hours of volunteer time weekly. These direct benefits total an average of $2,500 per volunteer in return for 800 to 1,000 hours of volunteer time annually.

The senior companion program has sought to facilitate the use of elder volunteers by 10 local and regional agencies which provide health care or assistance to homebound elders. The relationship with each agency is formalized through memoranda of understanding. Each agency is expected to provide the assignments and supervision of volunteers; they share responsibilities for training and help to screen applicants who wish to become senior companions. To date, the senior companion program has placed volunteers with home-health agencies, State and town public health nursing units, the State department for mental health, an alcoholism program, a health clinic and discharge planning units of acute care hospitals.

COUNTY ADVISORY COMMITTEES AND PROGRAM EVALUATION

An important aspect of the senior companion program is the role which county advisory committees play in program evaluation. Formed from interested professional and lay-persons who had either worked as a steering committee in preparation of the initial grant application, or who have been recruited subsequently, each county advisory committee has the responsibility for reporting to local program staff, the program sponsor, and the Federal granting agency on various aspects of program operation and direction, and serving as a communication vessel among these groups and the local communities.

The local communities had given initial verbal support to the program concept. In a statistically valid telephone survey conducted in May 1979, in Hancock County, for example, over 90 percent of those interviewed felt the program was worthwhile and agreed with program goals. Nearly a quarter of those interviewed had some knowledge of the program just 1 month after the first volunteers had been trained, a higher than average response to new programs.[1]

The advisory committees first full-scale program evaluation was completed 10 months later. All aspects of the program were reviewed. Surveys were conducted to determine the responses of volunteers, the staff of health agencies, supervising volunteers, and homebound elderly who were visited by volunteers. In addition, the advisory committees conducted a self-assessment and provided open-ended response and specific suggestions regarding program operation. A copy of the Hancock County evaluation and recommendations was forwarded to the Bureau of Maine's Elderly and to the ACTION State program office in late April.

PROGRAM ISSUES

The senior companion program represents one way of addressing the issue of long-term health care with the use of volunteer resources. In particular it makes the statement that older persons, even under the handicap of very limited income, can make significant volunteer contributions in assisting other elders with various health problems to live comfortably and safely at home.

The involvement of lay persons in their own health care or in the health support of others is a traditional rural concept to which the health care profession is currently giving renewed attention. But at least one set of governmental barriers makes this traditional involvement of lay persons difficult.

The senior companion program is successful in large part because of the quality of supervision provided by health professionals. Persevering against the great societal wave toward institutional solutions, a small group of home-health agencies are attempting to provide elders with the option of remaining at home. And yet with costs tightly controlled in the arena of third-party reimbursement, these agencies cannot charge for the time which they devote to volunteer supervision. So the question of volunteer supervision is up for grabs. To have the senior companion program hire supervisory staff raises some risk that another health professional is included, further fragmenting an already splintered delivery of service. In order to better coordinate the delivery of long-term health care and support, ways must be found to allow those health agencies already providing service to supervise senior companions.

In its ongoing discussion of long-term care the Congress should direct some attention to diverting some of those dollars now subsidizing institutional care into home-based health services. At the same time, greater flexibility should be allowed in the use of those dollars, enabling health professionals to stretch their own capabilities with the use of trained and supervised volunteers.

A related problem is more involved. If the senior companion program has as its primary goal the creation of meaningful volunteer opportunities for low-income elders, and does not work to become another in an already fragmented host of service delivery programs, how does it stimulate the ability of those programs to reach out to rural elders who are not part of the mainstream, especially in the area of health care. Senior companions could certainly find elders who could make effective use of volunteer health support, but the existing agencies cannot take on greater caseloads, even if only to supervise volunteers. The question is raised, then, about how to expand the concept without becoming an institution.

[1] Reuter, Lynn, survey of Hancock County residents on senior companion program, in published report, University of Maine, May 1979.

Another problem which confronts rural senior companion programs is urban bias in the distribution of transportation dollars. ACTION allows a seemingly arbitrary budgetary average of $1.85 per volunteer per day as a transportation allowance. This figure is the same for the program in Jersey City, N.J., as for Brooklin, Maine. Again, without more dollars it would seem to make sense to differentiate transportation budgets according to some definition of urban and rural.

The transportation problem is compounded by the relationship between income level and automobile ownership. In urban areas an applicant who fits senior companion income guidelines, but who does not own a car, is still easily incorporated in the program with the use of public transportation. In rural areas the same applicant would not find it easy to serve clients even in the same village. Some attention should be given to the expectation that the volunteer focus be both rural and in home settings without rethinking transportation policies.

These issues underscore the fact that volunteers are not free. They may have out-of-pocket expenses such as transportation. They must be stimulated by initial and inservice training. Like any other worker, their productivity is increased in proportion to the quality of their supervision. In the senior companion program, where volunteers of limited income are recruited, a nontaxable stipend may enable people to give their time (Congress authorized an increase in that stipend from $1.60 to $2 per hour last fall). These costs must all be counted if volunteers are to be effective partners in the delivery of home-health care and support. Even if there is only a small monetary benefit over the cost of the senior companion program, the mental and physical health benefits to the volunteers must be also counted.

We all grow older, and perhaps we have a vision of our future in which we always have the opportunity to give of ourselves. We need to be needed, and that need knows no artificial boundaries of age or income. In rural areas, where volunteerism has strong roots, efforts like the senior companion program should continue to receive strong public support.

Senator COHEN. Mr. Carter.

STATEMENT OF DARYLE V. CARTER, DIRECTOR, PENQUIS RETIRED SENIOR VOLUNTEER PROGRAM, BANGOR, MAINE

Mr. CARTER. I appreciate the opportunity to be here.

I am Daryle Carter, director of Penquis retired senior volunteer program. Penquis RSVP serves older Americans in Penobscot and Piscataquis Counties. I am also chairman of the Maine RSVP Association which encompasses six RSVP projects serving all but two counties in the State of Maine.

Because I have been invited to share some thoughts on the subject of income maintenance, I think that I will be speaking about a different group of people than have been receiving major attention to date, that group of people being the elderly who are able to do much of their own work and maybe even find jobs. With the current emphasis of our society on maintaining independent living arrangements for as many citizens as possible—be they elderly, handicapped, disadvantaged, or otherwise—I will share a few thoughts about income maintenance.

The expression makes me a little bit uneasy. Income maintenance tends to imply doing for the elderly rather than the elderly doing for themselves. Going back to the fact that since I work with a volunteer program, I work primarily with healthy individuals. You will have to remember that this is the perspective of the comments I am making today.

An interesting observation about language as we use it, reflecting on the elderly somewhat negatively, is how the elderly are grouped.

The elderly are often grouped with the handicapped. The elderly are often grouped with low income. There are significant needs which apply to our elderly alone and I think that we need to recognize that distinction without grouping elderly in other categories. The aspect of income maintenance might, in fact, for the elderly person be more properly called employment—and that could be part-time work, shared jobs, or part-time stipended positions.

We have just heard about the senior companion program and I would like to make a few observations on that program and its counterpart, the foster grandparent program. They are a step in the right direction because they do embody the spirit of volunteerism, they are aimed at the economically disadvantaged, they require only a part-time commitment—a person does not have to work full time all the time—and in addition they put dollars in the pockets of elderly persons.

I say that they are a step in the right direction simply because I think their target population is too small and that the rate of stipend payment is too low. My own observation is that $3,790 per year is not enough, and that a person who receives $2 per hour—while they are receiving less than $3,790 per year—still cannot buy much heating fuel and they still cannot put many groceries into the bag.

Now having said what I have said about those two programs, and I hope you understand the spirit is in a positive support of the programs, but pointing up the problem of regulations, I would like to make two extensions. The first extension is the observation that gaps in service are most frequently gaps in eligibility. Services do exist but people cannot get at those services if they are not eligible. Take, for example, my 85-year-old acquaintance who fell, broke a hip, went to the hospital, had it surgically replaced, was discharged from the hospital, sent home to the place where she lives alone and could not receive homemaker service. She, like many elderly people, have saved money for their old age but they still cannot purchase the services for the time needed.

So my reminder is that gaps in service are often ineligibility and that there is a crying need to recognize the fact that many elderly people in Maine cannot buy the services that they cannot receive.

I would like to address a few remarks to incentives for elderly employment as well as barriers to elderly employment. The mandatory retirement change has been mentioned before but what has yet to be removed is the workplace attitude—"Age 65, too old to work"—and that is the attitude which we now must work on after having changed the regulations from age-65 retirement. Perhaps incentives will be required before employers seriously consider hiring elderly people in other than janitorial positions. I realize that we are talking about expanding the available labor force and that is another problem Congress has to deal with but let's also recognize that I am consciously promoting alternatives for elderly persons in this particular conversation.

One of the commonly identified barriers for an elderly person earning income is, as has been mentioned earlier, the limit on social security beyond which you must return some of the dollars back to social security. But more importantly, I think, is the added factor of timelag and that is the timelag in social security adjustments affecting

those payments. Many older people will not risk changing their social security status because they fear a loss in benefits. Basically, this says, "the computer won't do it right," and it is a fear which probably is experientially authenticated but yet it is a fear which does keep people from applying for jobs.

Thus I would say that today's older persons who are among the healthy ones looking for employment must deal with the society's attitude toward elderly workers and they must also deal with the bureaucratic limitations as I have identified in SCP and FGP.

I would like to make a few comments about volunteerism in the State of Maine. Through the older American volunteer programs which funds the senior companion program, foster grandparents program, retired senior volunteer program, they have begun to address some of these needs. Transportation is one of those program reimbursements allowed but we have also heard that we still need additional reimbursement for transportation.

A situation that volunteers of all ages look for is the opportunity to work with a skilled and effective supervisor. Now this is a point which I would make for a few years down the road, I think, Bill, in that a skilled volunteer would like to have somebody skilled supervising them at the location where they work. It seems to me that it is in the realm of possibility that the ACTION Agency, the Federal agency for volunteers, through its years of experience with volunteers, could in fact lend a hand here and my prepared statement [1] which I will submit will expand upon that a little bit.

A second recommendation which could be implemented would be the encouraging of educational institutions to include the management of volunteer programs as a part of their curriculum. It must be recognized though that we know that working with people is a learned skill and therefore work-study or practicum experience must be part of that.

I would like to briefly mention that the retired senior volunteer program, which earlier received very fine support from Ina Veth Hope, has a project at the national level on fixed income consumer counseling. What better group is there than the elderly person who has had a lifetime of learning how to make do with what is available to them, than to let those older people become counselors of the younger generation and other people on fixed income and let them do it as a volunteer with dollar support available for them to do that job. I would suggest that if Congress has the opportunity to extend the fixed income consumer counseling concept that the retired senior volunteer program is in an ideal situation to assist in the implementing of that.

I want to identify two problems. The first one is one which was passed by us very quickly this morning. It is a problem which has afflicted elderly citizens since April 1, and I know that Bill Cohen has given it attention. It is the problem in conflict between social security payments and unemployment compensation payments. Normally a person would be able to receive both. Since April 1, the regulations limit that and a person is unable, under some conditions, to receive full payment from both sources. I would certainly encourage you, Bill, to continue your effort in that realm.

[1] See next page.

We have also heard it said that we need to coordinate services. I would like to toss out a theoretical kind of thing for you to think about, and that is, why not get the Federal Government cooperating with itself and fund outreach workers so that several funding sources can provide one outreach worker for a community that has been identified. That one person then can be a skilled worker. Yes, they could enroll somebody in the retired senior volunteer program; they could also evaluate somebody's house for weatherization needs, and they could begin the evaluation process for food stamps. Why not have funding sources work together so that one skilled person in a community can, in fact, take action when they find a family that is needy.

We also need to realize that government—be it Federal, local, or State—cannot meet every citizen's needs but government can provide resources and by wise use of employment programs, part-time programs, volunteer programs, and stipended programs the government can provide incentives, it can reduce barriers and it can make the best use of human resources.

The programs that are designed with elderly persons in mind can be health preserving which is a topic we have heard about, they can maintain the dignity of the individual and they may prevent or at least delay institutionalization.

My summary comment would be that our efforts on behalf of elderly persons must extend their independent years and our efforts must be predicated upon respect for the life of each individual. [Applause.]

Senator COHEN. Thank you very much, Mr. Carter.

I wish Congressman Pepper could have been here to hear Mr. Carter talking to the people. [Applause.]

The prepared statement of Mr. Carter will be entered into the record at this time.

[The prepared statement of Mr. Carter follows:]

PREPARED STATEMENT OF DARYLE V. CARTER

Senator Cohen, Representative Pepper, I am Daryle Carter, director of Penquis retired senior volunteer program. Penquis RSVP serves older Americans in Penobscot and Piscataquis Counties. I am also chairman of the Maine RSVP Association, which encompasses six RSVP projects serving all of Maine's counties except two.

This opportunity to share ideas and observations with two men of Congress who are known for their work on behalf of older Americans is greatly appreciated. I trust that my contribution to the exchange will be beneficial. As background I will note that elderly persons who volunteer can generally be expected to have good health or moderately good health. My comments, therefore, shall be based upon my experience with generally healthy older individuals.

With the current emphasis in our society of maintaining independent living arrangements for as many citizens as possible, be they elderly, handicapped, disadvantaged, or otherwise identified, I shall present some thoughts about one of the keys to independent living—that key being what has been called income maintenance. I will also present thoughts about volunteers and volunteer programs as I have observed them in the State of Maine.

The expression "income maintenance" makes me uneasy when it is applied to healthy individuals. Income maintenance sounds more like "doing for the elderly" than it does "the elderly doing for themselves." The intent, of course, is positive. The implied definition is less positive. Note, for example, expressions and language in general. Frequently the elderly are grouped—elderly and handicapped, elderly and low income. Again, the intent is good, but the image of an independent, capable older person is not communicated. That is why I am

uneasy with the term "income maintenance" when it is applied to healthy older persons.

Income maintenance for healthy and moderately healthy elderly persons may in fact be more correctly identified as employment opportunities—opportunities for part-time work, job-sharing positions, or volunteer positions which pay stipends.

The senior companion program and the foster grandparent program, volunteer positions which pay stipends, are a step in the proper direction. They embody the spirit of volunteerism, they are directed at the economically disadvantaged, they require only a part-time commitment, and they put dollars in pockets of elderly persons.

Why are the senior companion program and the foster grandparent program only a step in the proper direction? Their target population is too small. That is, their program eligibility income limit is too low, and in addition the rate of stipend payment seems insufficient. Another witness today has more intimate knowledge of the senior companion program than I, and I trust you will hear her comments clearly. My own observations are that the $3,790 program maximum excludes more interested persons than it includes. In addition, a single person receiving less than $3,790 per year could benefit greatly by receiving more than the just recently established $2-per-hour stipend. I suggest that $2 per hour, even when it is known to be a token and a stipend, does not purchase much home heating fuel, or health care, or put much food in the grocery bag for that older person.

Having said this about SCP and FGP guidelines and stipends, I now extend those observations broadly to government-funded human service programs.

First extension—gaps in service are in reality gaps in eligibility for service. Many services are available—but not to the greatest number of persons who need them. Take, for example, my 85-year-old acquaintance who broke a hip, had it surgically replaced, was dismissed from the hospital, went to her home where she lives alone and was denied homemaker-type of assistance. The service exists but eligibility for service did not. Gaps in service are frequently gaps in eligibility for service.

Second extension of my SCP and FGP guideline comments—persons excluded from service eligibility usually cannot find that service elsewhere. SCP's and FGP's do not exist for higher income persons. Also, paying full rate for homemaker service, for example, particularly for an extended period of time, is not a possibility. Yes, these older people have saved some of their earlier earnings. They have planned for independent living. They expect to live with self-sufficient dignity but health, as well as their limited saved resources, do not permit it when a crisis occurs. The fact is that in Maine many elderly persons not eligible for services also cannot pay for services essential to independent living. Thus, I remind you that realistic eligibility guidelines must accompany Congress well-intentioned humanitarian programs.

Employment programs directed at elderly persons are yet another possibility beyond the stipended programs already mentioned. The Comprehensive Employment and Training Act does include the elderly but do elderly need the training as provided by CETA? And can CETA provide part-time jobs as desired by the elderly? The senior community service employment program is a successful and fine effort—but again, as many people are excluded by the low eligibility limit as are included within that limit.

A few remarks should address incentives for elderly employment as well as barriers to elderly employment. In the near future Congress and the U.S. Government will probably have to lead the way toward public acceptance of the fact that in not too many years 20 percent of our population will be classified elderly.

Congress, and the State of Maine, have taken significant steps in removing the barrier of mandatory retirement based on age. What has yet to be removed is the workplace image: Age 65—too old to work. Perhaps incentives will be required before employers seriously consider hiring older Americans part time in other than janitorial-type jobs. I certainly do not know all facets of tax law nor of business law, but surely opportunities exist to incorporate incentives for hiring older persons, part time, in responsible positions.

I realize we are talking about expanding the available labor force at a time when unemployment is a major concern but I am also consciously promoting opportunities for elderly persons, including Maine's elderly, to live with greater self-esteem as they continue the tradition of being independent.

A commonly identified barrier to earning income as an elderly person is the possibility of having to return some earnings to social security after earning a predetermined amount. The dollar limits are low—$3,720 for persons under 65, $5,000 for those over 65—and are therefore a barrier in themselves, but more significant is the barrier of timelag—the timelag in effecting adjustments to social security payments. Succinctly stated, the older person often will not risk changing their social security status because they fear a loss in benefits. "The computer won't do it right." This emotional barrier, which may, in fact, be an experientially authenticated barrier, is a major obstacle to older persons who want employment.

Thus, today's older Americans who seek employment in order to make ends meet must deal with society's attitudes toward elderly workers and they must deal with bureaucratic limitations even in programs designed for them as older persons.

Looking now at volunteerism in Maine, one finds situations which can be found in most rural States. My comments, therefore, highlight what is known to many who are volunteers or who work with volunteers.

Through the older Americans volunteer programs, Congress has begun to address certain needs. Transportation, of course, is a basic need of rural elderly volunteers in spite of the fact that the retired senior volunteer program, and the other programs, place volunteers as close to home as possible. Finding a place to volunteer near home is not so difficult in the larger towns of Maine (3,000 population, let us say). However, Maine has many towns or 400 or less. Service agencies utilize office space in larger towns. Institutions tend to concentrate where population concentrates. Residents of smaller towns must therefore leave their community to volunteer. Getting to population centers requires transportation. If the elderly person has their own vehicle, its cost of operation is great. The need, therefore, exists for reimbursing out-of-pocket volunteer expenses. Reimbursement can be paid by local institutions and agencies. The entire cost need not fall on government even though older American volunteer programs do allow for these expenses.

A situation that volunteers of all ages hope to find is the opportunity to work with a skilled and effective supervisor. While this is a very site-specific situation there are general recommendations which, if accepted, would enhance the quality of volunteer supervision. Those same recommendations, I want to point out, would also promote service delivery.

Readily available training in effective volunteer utilization and effective supervision is the first recommendation I make. It is in this realm that the Federal agency for volunteers, ACTION, should be able to lend a hand. Their years of experience with volunteers should enable them to produce documents on this subject which prove helpful to private and public sectors of our society. Parenthetically I will note that local directors of ACTION-funded projects have contributed much in their communities to the subject of volunteer utilization, and have done so for years. My suggestion focuses upon what ACTION as an agency can contribute to volunteer utilization skills and volunteer supervision skills.

A second recommendation which could be implemented is the encouraging of educational institutions to include in their curriculum courses on the management of volunteer programs. That curriculum should require work-study or practicum experience of each student for it is commonly accepted that working with people is a skill learned primarily through experience.

Before I leave the subject of volunteers I want you to know about a new and successful form of volunteer utilization being implemented within the retired senior volunteer program. Senior volunteers are providing consumer counseling services, particularly to persons living on fixed incomes. Ten demonstration projects across the country have shown that fixed income consumer counseling not only satisfied several concerns I have mentioned here but it utilizes the senior volunteer's life-learned skill of "making do" with the resources available. One unique features of fixed income consumer counseling is that it works anywhere in the country, in towns of less than 400 people and in metropolitan areas. By placing RSVP's senior volunteers with local consumer and service-oriented agencies, the skills and the resources of those groups are then applied in the training of the senior volunteers to meet current counseling problems. The ability of this consumer counseling program to be community specific is outstanding. If Congress has the opportunity to extend the fixed income consumer counseling concept, I trust the opportunity will be seized and implemented. As dollars accompany any such implementation, I would hope that the very cost effective retired

senior volunteer program would be central to an expanded consumer counseling effort.

Through the years Congress support of RSVP since it began in the early 1970's, is gratifying. Congress increased appropriation to RSVP in this current fiscal year certainly communicates the confidence Members of Congress have in RSVP. In all honesty, I also believe the increased appropriation acknowledges the potential voting strength of this country's elderly citizens. In any event, RSVP has proven its importance in the lives of many elderly persons and our communities and our country are the better for it.

Since April 1 of this year a major problem has afflicted some of Maine's elderly citizens, and it needs congressional action. I know William Cohen has given it attention and I suspect Claude Pepper has also. The problem is the conflict between social security payments and unemployment compensation payments to elderly persons who, in normal times, would have received both after they were terminated from employment. However, since April 1 elderly persons being terminated from jobs cannot receive both payments in full amount. I trust a corrective measure will soon be passed.

Government, be it Federal, State, or local, cannot meet every citizen's needs. Government can, however, provide dollar resources to meet some citizen needs. By wise use of employment programs, part-time employment programs, volunteer programs, and programs with stipends government can provide incentives, can reduce barriers, and can make best use of human resources. These programs, when designed with elderly persons in mind, can be health preserving, they can maintain dignity of the individual, and they may prevent or at least delay institutionalization. Our efforts on behalf of elderly persons must extend their independent years, and our efforts must be predicated upon respect for the life of each individual.

Senator COHEN. Mr. Farnham.

STATEMENT OF STEPHEN M. FARNHAM, EXECUTIVE DIRECTOR, AROOSTOOK REGIONAL TASK FORCE OF OLDER CITIZENS, INC., PRESQUE ISLE, MAINE

Mr. FARNHAM. My testimony is going to go back to a minority of older people that were mentioned very briefly this morning. Trish Riley mentioned the fact that 7 percent of Maine's elderly reside in nursing care facilities. Doing some research up in my area I find that 7 percent is approximately right. It comes up to about 7.4 percent. But doing a little bit further research I have also found that there is another 3 to 4 percent either in acute care facilities or in hospital beds waiting for nursing home placement or actually on nursing home lists. That comes up to 10 to 11 percent of our older people looking for nursing home care in the State.

We have another problem with that in that most of those older people happen to be over age 75. The over-age-75 group is also the population group which is increasing the fastest in this State and I would imagine in the Nation as well.

The factor of pride was mentioned this afternoon. Older people are proud. They are independent, they are self-reliant. What does the system we have push them into as they reach their old age? We find older people confronted with only one alternative when they need care and that is the nursing home. That is the reality of the situation today.

In order to receive nursing home care it costs in excess of $1,000 a month. Not too many rural Maine families can afford those kinds of payments. They are pushed into the medicaid system. They are robbed of their pride and dignity and they are forced to go on welfare.

What I would like to address are some of the significant factors which rob older persons of their pride and of their dignity and push

them into a place which is not appropriate. The first factor that we have to deal with is a medicaid program. Very simplistically the medicaid program in Maine eligibility policies which clearly promote institutional care and discourage family and community-based care.

Another factor is we have an institutional system of care. The current system is solely based on a medical model with the physician as the key element. While this is not necessarily bad, in general very few physicians have training in dealing with older people, have very little understanding of the special needs of older people and very, very few physicians have an understanding or a knowledge of the system of services that exist out there in the community today. As a result, when an assessment is made on an individual and when a recommendation is made to place that person either back home or into an institution, generally the physician makes a decision leaning toward the institution.

A third problem is that there is no organized community care system out there. Older people who require a complex package of services, both health and social services, cannot find them in the community. While existing services carry different eligibility criteria that are located in dozens of different service providers, in many of those service providers are caseloads that are so full that the waiting list generally is for months.

The other significant factor is that there is no comprehensive assessment of needs for individuals. A comprehensive assessment includes all the components of a person's life, it includes health needs, social needs, their financial situation, a look at their home environment as a review of what is now being provided or what could be provided by informal community support systems, including the families.

What is being done to combat these factors which lead to inappropriate institutionalization? With the agency that I am employed by, an area agency or agency in northern Maine, we have recognized the problem for some time and we have been trying to advocate for changes in Federal and State policy but that is not enough. You have to look at the problems or the reasons for the problems.

As I see them, and again this is only from a local perspective, I would like to offer some recommendations and talk about the medicaid program. It has been proven in demonstration projects throughout the country, as well as in local efforts of coordination, that the provision of in-home and community services postponed and in some cases eliminates the need for institutional care. We heard this morning that there is very little medicaid money available for such services. In fact, in Maine, we spent approximately $58 million a year on institutional care through medicaid, yet we only spend about $695,000 on home-based care. The medicaid program encourages the older person to transfer their assets to somebody else in the family and that is a major problem. We hear and we have documented cases of medicaid social workers encouraging the older person to get rid of those assets so they will become eligible for medicaid care.

I would recommend this. No. 1, that the mandatory provision of medicaid payments for community-based care be set at a level which is approximately 75 percent of that which we would pay for institutional care. I would also suggest that we tighten the regulations pertaining to the transfer of assets so that no transfer would be allowed within 3 months of admission to the medicaid program.

I would also recommend that we eliminate the deeming factors so that families are encouraged to provide financial support for home-based care. As the system is now, if an older person moves into the home of another, their income is deemed, and they are threatened with a loss of other SSI benefits and medicaid services.

As far as the institutional system of care goes, we have seen older people needing nothing more than emotional support and minimal nursing care placed in institutions and the danger of that is they generally end up there for the rest of their lives.

We also find ourselves confronted with physicians, nurses, social workers from hospitals, and oftentimes families urging older people to go to nursing homes just for a short stay. We know that these short stays turn into permanent stays. I would recommend that we take a look at this. First, to include as a mandatory requirement—and I am not sure that the Federal Government can, but the Federal Government can certainly advocate with the American Medical Association so that licensed physicians in their educational curriculums would include gerontology-type programs in the curriculum of our medical schools.

I would also suggest that we establish a screening program for the admission to nursing home facilities which would include the family, include the older persons themselves, include the physician, and in addition an independent third party which would be knowlegeable of community services.

As regards the nonsystem of community care, I think Trish Riley mentioned the term nonsystem of community care. There are very few commonalities between service providers in terms of the clientele. We have several different agencies, we have several different programs, we have several different eligibility criteria. Why do we have these in Federal and State regulations? We also have the age-old problem of "turf" conflicts between agencies out in the community. Gaps in services also are a problem and they are going to be an increasing problem as financial resources become more and more limited.

I have some recommendations on the nonsystem of care. First of all, service coordination or case management should be vested in one organization in the community which would be committed to a focus on the individual and not on program requirements.

Second of all, the individuals identified by the service coordination unit would receive top priority by all service providers.

My third recommendation is that the service coordination unit should be instrumental in any assessment procedure for determination of nursing home placements.

In regards to no comprehensive assessments of needs within the current system, the only needs assessment that is completed is based on health needs. Some home health agencies try and assess other social factors but there are the very, very few comprehensive assessments being completed.

If we did have a system of comprehensive assessments—and I think that this has been demonstrated in several States through model projects in Georgia, Virginia, Wisconsin, Pennsylvania, New York, and Connecticut—we would see that the admissions to nursing homes would go down.

I have some recommendations on this. No. 1, we would mandate under medicaid the establishment of a preadmissions screening service to

serve all potential nursing home clients which would differ from the current requirements and that the nursing homes would be considered as an alternative to care in the home. Currently nursing homes are looked at as being the only answer. I believe we should turn that policy around and begin looking at homes being the answers and nursing homes being the alternative.

I also believe that the needs and required home support services identified under such a screening program be paid for either with medicaid funds or by expansion of the medicare program. In summation, we have a long-term-care system which in effect is a nonsystem for one reason. We have had a patchwork quilt of services developed over a number of years in response to Federal regulations and Federal law.

The State has done its best to try to comply with those laws and regulations. However, the one significant factor that has been lacking is that there is no Federal policy for treatment of our older people in a long-term-care system. That is the critical factor. If the Senate Special Committee on Aging could develop or come up with some guidelines for national policy of long-term care, I believe that the States' efforts would be much more effective.

I won't take any more time. Thank you. [Applause.]

Senator COHEN. Thank you very much, Mr. Farnham. Your prepared statement will be entered into the record now.

[The prepared statement of Mr. Farnham follows:]

PREPARED STATEMENT OF STEPHEN M. FARNHAM

Senator Cohen, Congressman Pepper, I am Stephen Farnham, executive director of the Aroostook Regional Task Force of Older Citizens, Maine's northernmost rural area agency on aging. I am honored to have been asked to address this hearing and speak on the system of long-term care in my region.

The Aroostook area encompasses nearly 6,700 square miles of farmland and forest inhabited by about 100,000 people, 13,000 of which are over age 60. Aroostook also has the dubious distinction of having one of the largest proportions of older people in the State being institutionalized either in boarding care facilities or intermediate-skilled nursing facilities—a full 7 percent of the elderly. The reasons for this distinction are many and generally follow the same pattern as in rural areas throughout the country.

Rural people tend to be very independent and self-reliant throughout life. When older and no longer able to fulfill society's definition of productive we see many give up on life and fall heir to the many negative stereotypes and myths of aging. Rising dependency leads to depression and withdrawal for many and the end result is often premature institutionalization or death. However, if this rationale is true (as it probably is for some) it is compounded by other factors beyond the control of older people, their families, the institutions, and community agencies that try to meet the needs of the older population.

Some of these significant factors are:

1. *The medicaid program.*—Simplistically the medicaid program in Maine has eligibility policies which clearly promote institutional care and discourages community or home-based care. Families are discouraged from attempting to care for elders by medicaid policies which provide for payment 100 percent for institutional services while providing little or nothing in terms for the same level of care in the home.

2. *An institutional system of care.*—The current system of care is solely based on a medical model with the physician as the key element. While this is not necessarily bad, in general, few physicians have training in the special needs of older people and few have knowledge of the services available to older people in the community. As a result, when assessments are made to determine what type of care a person needs after hospital discharge, one finds the physician leaning almost exclusively to an institutional placement.

3. *No organized community system of care.*—Older people requiring a package of complex health and social services cannot find them in the community. While existing many of these services carry different eligibility criteria, are located in different service providers, or are so taxed with current caseloads they just cannot take on additional people.

4. *No comprehensive assessments of needs are completed.*—A comprehensive assessment includes all components of a person's life—their health needs, their social needs, their financial situation, their home environment, as well as a review of what is now being provided, what could be provided, and what gaps in care might exist. Such an assessment should be completed prior to any admission to a nursing home but, under the current concept of care, is not.

What is being done to combat these factors which lead to inappropriate or premature institutionalization? The Aroostook Regional Task Force has recognized the problems for some time and, through advocacy at the local, State, and Federal levels, has tried to institute changes in laws and regulations. This is not enough. One must consider the reasons for the problems in the current system of long-term care. These are somewhat simplistic but, from a local perspective these seem to be the major problems.

1. *The medicaid program.*—It has been proven in demonstration programs throughout the country, as well as in local efforts at coordination, that the provision of in-home and community services postpone and, in many cases, eliminates the need for institutional care. There is little medicaid money available for such services but, if a person were to go to an institution, such services and more are fully paid for. Medicaid encourages the older person to transfer their assets to become eligible for free nursing home care and documented cases of medicaid social workers counseling older people and their families to do so exist. Families that wish to provide for home-based care do not receive help from medicaid. In fact, for older persons receiving medicaid through eligibility based on receipt of SSI, if they move into the home of a child (or significant other) and receive monetary support (which often is needed to pay for their care) they are threatened with loss of medicaid through loss of SSI due to deeming of income.

Recommendations: (1) Mandatory provision of medicaid payments for community-based services at a level of costs which is not more than 75 percent of the average cost of nursing home care in the State; (2) tighten up the regulations pertaining to transfer of assets so that no transfer would be allowed within 3 months of admission to the medicaid program; and (3) eliminate deeming factors so that families are encouraged to provide financial support for home-based care.

2. *An institutional system of care.*—Older persons needing emotional support, some nursing care, and other support services, when lacking significant others close by to provide for such support, find themselves pushed into a greater level of care in an institution—care that often is inappropriate and resented. After a short period of time in such a dependency-creating environment the person finds themselves unable (and sometimes unwilling) to return home. They also find themselves confronted with physicians, nurses, social workers from hospitals, and oftentimes family urging them to go to a nursing home "just for a short stay." We know that those short stays oftentimes are permanent.

Recommendations: (1) Include as a mandatory requirement on a national level for the licensing of physicians educational curriculums including gerontology; and (2) establish a screening program for admission to nursing home facilities which would include the family, the older person, the personal physician, and an independent third party knowledgeable of existing community services.

3. *No organized community system of care.*—The system of care may in actuality be a nonsystem. There are few commonalities between service providers due to a number of reasons including differing priorities in terms of clientele, differing eligibility criteria due to Federal or State regulation, and the age-old problem of turf conflicts. Gaps in services also are a problem in that financial resources have diminished severely and flexibility has suffered.

Recommendations: (1) Service coordination or case management should be vested in one organization which would be committed to a focus on the individual; (2) individuals identified by the service coordination unit should receive top priority by all service providers; and (3) the service coordination unit should be instrumental in any assessment procedure for determination of nursing home placement.

4. *No comprehensive assessments of needs are completed.*—Within the current system the only needs assessment that is completed is based on health needs.

While some home health agencies try and assess other social factors few comprehensive assessments are ever completed. If such were implemented the number of nursing home admissions would decrease as has been demonstrated in model projects in Georgia, Virginia, Wisconsin, Pennsylvania, New York, and Connecticut. A comprehensive assessment and a resultant care plan would result in less service fragmentation as well as provide a device for the collection of data on long-term care service recipients.

Recommendations: (1) Mandate under medicaid the establishment of a preadmission screening service to serve applicants for nursing home care which would differ from the current requirements in that nursing homes would be considered as an *alternative* to community-based care rather than the answer to all care needs; and (2) that needs identified under such a screening program be paid for either with medicaid funds or by medicare.

In looking for solutions to the long-term-care dilemma that we find ourselves in, we often overlook that which has been done to improve the current system. In Maine we find a program which encompasses a degree of case management or service coordination and which has been effective in reducing institutionalization among frail elders. The program is relatively new but indications are that it is cost effective, supportive of the family's role in care, and is highly acceptable to older people. The program is the Waterville area case coordination program. Attached [1] is a description and analysis of that program.

Senator COHEN. Ladies and gentlemen, as I have indicated earlier, I will have to leave by about 5:30 p.m. to catch a plane but I wanted to say a few things first. There is an attitude, I think, of a lot of people who say, "Well, this hearing, what difference does it make? They will go back to Washington, and that is the end of it. The same thing will be repeated next year and the year after that, and Tim Wilson and I will be on a panel in 1984 talking about energy."

There may some truth to that, at least a little bit, but this hearing does make a difference. I think what makes a difference is the size of this audience here today that came to listen to the testimony of the witnesses who reflect, I think, the broad sentiment within their communities and certainly within this room.

I wanted to take this special opportunity to thank all of you for the time you have taken out of your schedules to be here today. I don't think everyone here knows how long it took to set up this one hearing. It took weeks of planning in advance to make sure we would have our reporter from Washington, to have David and Betty contact the witnesses to make sure they could be here, and to get these excellent facilities for the purpose of holding this hearing.

It is not something that we just think of in a frivolous manner, saying, "Let's have a hearing in Bangor." It takes a lot of time to go to the committee chairman, saying, "It is important that we start talking about the problems confronting the rural elderly, and I would like to have the hearing in Bangor." Of course, Bangor is not exactly the rural part of Maine. When I talk about being the former mayor of Bangor, I recognize it as one of the metropolitan areas of our State; still only 37,000 people live in the city. That is not rural by Maine standards, but it is rural by most national standards.

Nonetheless, I thought it was important that we come here and get this broad cross section of people from Eastport to Aroostook County and over to Wilton—and to have testimony which would reflect the quiet desperation that many, many people in this State and this country face.

I was thinking, as I was listening to your words this afternoon, that we have always tended to measure our success by our GNP, or

[1] See appendix 1, item 6, page 93.

by the amount of gold we might have in Fort Knox. But I think that most philosophers maintain that society's worth is not measured by its GNP or by its gold, but by the care and the compassion they demonstrate toward their older citizens. That is how we measure the value of a society. I suspect that we have not done very well by that standard, especially in the last 10 years in which the purchasing power of our older people has declined so drastically.

When we first started talking about social security, the age of 65 was 10 years longer than the life expectancy of most blue-collar workers. Now, through tremendous breakthroughs in medicine and science, we live longer, long beyond 65. We are more productive long beyond 65. We are healthier beyond 65. We are destroying some of the myths about aging, such as the myth that your mind starts to deteriorate after the age of 65. We are doing that right here in Bar Harbor, at the Jackson Laboratory where they are finding that the IQ does not decline with age. What it takes is stimulation.

When people stay isolated and have no human contact, then they start to deteriorate. So we have a self-fulfilling prophesy. People are shuttled off to the side, put on the shelf, and they sit there. They start to decline and say it is old age setting in when, in fact, it is only isolation which is setting in. So we are making some changes. Believe it or not, these are coming about. But it takes a lot of pressure, it takes a lot of effort, and it takes a lot of participation by the people who are most directly affected.

I want to express my thanks not only to this panel, but to those who have preceded it. We now follow the panels with what we call an open forum, a town forum.

If I don't stop talking, I won't get my flight. But I can be here for about 5 or maybe 8 minutes of that open forum. I want to reiterate to you that David and Betty are going to stay as long as you are willing to stay to ask the questions or make any statements that you want to make. Your statements and questions will become a part of the hearing record. So I will stay for another 5 minutes and call on John Bullard and then Mr. Kidd to make whatever statements they would like. Again, please don't misinterpret my quick departure for a lack of interest in the following program.

Thanks very much to the members of this panel. [Applause.]

Mr. Bullard.

STATEMENT OF JOHN BULLARD, BELFAST, MAINE

Mr. BULLARD. Thank you for the opportunity to talk to your committee.

First of all I would like to address one important point. We have here in Maine several places to which the elderly are relegated when the need arises. The nursing home has been spoken of several times here this afternoon. We also have boarding homes, we have foster homes, and we have, hopefully, a veterans' home coming up for the veterans as most people in the State know.

In the nursing homes those are the ones that are bedridden, as I understand it, but the boarding homes are those private homes. Generally speaking, they are private homes where they take from two to six people and the reward or the money associated for that per month

is ridiculous. Part of it is paid by the State and part of it by the Federal Government. If they have three to six patients, they get only $275 per person.

Now that is pretty low. I think it comes out to something like under $10 a day to keep a person, to feed them, to heat, and to keep the rain off their head in these private homes. Then they have the foster homes which is an unlicensed home which get $225 apiece for two people.

Now, regarding both the foster home and the boarding homes here in the State of Maine, I wish I had the opportunity to take the committee or any representative of the committee and show you what some of the elderly have to live through in these boarding homes and foster homes here in the State of Maine. You would not put your father and mother in them. I hope you would never go to them as they exist today. The foster homes are not licensed, the boarding homes are but they are in sad, sad shape.

Before I go much further I would like to correct the statement that I have made on a number of occasions. I don't call the people senior citizens. I qualify by age to be called that, but I would rather use the expression experienced adults. Doesn't that sound a little better? [Applause.]

The one thing I would like to leave with this committee in my brief remarks here is this. I have been in industry for 40 years in the upper corporate levels of industry in this country, and my job, many times, has been to find what the problems are and what to do to correct them. I have used that same energy and that same experience to examine some of the programs of the elderly or the experienced adult; namely the busing, the meal sites, and others.

The one thing that I wish to leave with you that was not mentioned here today is this, that the money is being spent, the contracts with these various organizations are formed, but there is no examination by anybody that I can find to know where the dollar is going and how much we are getting for it. That is one of the basic problems we have today in the senior citizens program. They don't know whether or not down in Waldo County, which I come from, the bus was taken off last week. Now they put it on a limited service for medical and so forth and so on.

I know from my own knowledge and observation the bus has been wasted. As I said the other day, the senior citizens have been robbed down there because of the way these people have run the buses empty around town. I can tell you a lot about that but time won't permit. I am sure it would embarrass a great many people who are responsible.

Again we have got to get a better handle on the moneys and what is really being done with the money and how well it is being spent. Are we getting a dollar's worth for the dollar we are giving them? Are we getting 50 cents worth or are we getting $1.25? We don't know now the way the program goes.

Thank you very much for the time. [Applause.]

Senator COHEN. Thank you very much for your presentation.

As I listened to you and the other witnesses who testified there is a very general and logical distinction between the need for flexibility which has been emphasized over and over here again today, and is the—not conflicting but, I think, compatible—need to monitor and

audit to make sure that the money is being properly spent. That can be done at the local level without having a whole bevy of regulations coming from on high in Washington.

Mr. BULLARD. May I add one brief statement. They tell me they do send the reports in. I said I can write a report. I want to know for a fact that that 10 gallons of gas in that new bus for the senior citizens is not going somewhere else, and that we are getting the dollar's worth for the program at the meal sites and everywhere else.

Senator COHEN. I am going to run now but I call on Mr. Kidd.

Mr. Kidd.

Mr. KIDD. Do you want to catch a plane?

Senator COHEN. Yes.

Mr. BULLARD. He is not kidding.

Senator COHEN. Bad joke, bad joke.

Mr. KIDD. It goes on all the time.

STATEMENT OF WILLIAM C. KIDD, AUGUSTA, MAINE

Mr. KIDD. I would like to bring out one particular section I found very interesting, in fact something I am doing myself, and that is the companionship program for the senior citizen. It is a major problem, but there is a situation here in a State that could really help us and that is the talking book program. I was down in the State library and discovered that there were 10,000 books down there that require assistance to get them distributed. It is the same old story. I volunteered to assist in distributing these books. The key factor is that the mentally handicapped have not received these books because, according to the program, they are not classified as handicapped. There is a twist in the law somewhere. [Applause.] They are currently giving out the books, but not legally.

Senator COHEN. There are a lot of twists in our system. You may be reading about how our social security system is such that those who are in prison can qualify for social security benefits because they may be disabled even though the taxpayer is paying for their food and the shelter. Under those circumstances the taxpayers are paying twice.

Mr. KIDD. That little manual I gave you, "Introduction to Success," I saw the other day down in Boston. I think that would be a helpful manual, if we could start a program up here in Maine.

Senator COHEN. Mr. Kidd has given this to me to read. It is a book, "Planning and Developing a Shared Living Project, a Guide for Community Groups." I will see to it that you get it back.[1]

Mr. KIDD. Thank you.

Mr. RUST [presiding]. I was going to say for those of you who are interested, we will stay as long as you would like to speak orally. If any of you would like either to receive the transcript of the record that we are making today or if you have additional comments but don't choose to make them orally, you just give this form to us today or mail it in and we will be glad to see that your comments are made part of the official record and are part of this hearing.

Anyone else?

Mr. CARSON. My name is Michael Carson. I am a young disabled person.

[1] Copy on file with committee.

Mr. RUST. After you speak it would be very helpful to us if you would let us have your name and address which we will need in order to get back to you to correct the record. If you could do it in the order that you speak, then that would help us to keep it all straight.

STATEMENT OF MICHAEL E. CARSON, BANGOR, MAINE

Mr. CARSON. You want the name and address. Michael Carson. I am a younger disabled citizen. This thing with so much emphasis on the elderly, it seems to me that being a disabled citizen some of us are put aside in some ways. I represent a group, Pioneering to Freedom, and we are people with hidden disabilities, the type that you don't see normally in wheelchairs or crutches or things of this nature, or mental disability. Let me get back to what I was thinking.

The emphasis on the elderly is great but my feelings are that we are left in the background here in some way where our feelings are getting hurt. I am 31 years of age. I am going to get old some day, I am going to be 65 or 70, and when I reach that age I hope that services will be available to me at that time. Like I say, it is 34 years but right now there is a lot of emphasis.

I am originally from Boston, Mass. From State to State that I go to, the emphasis is on the elderly. What I am asking is why are we so left in the background? Why can't programs be consolidated for both the elderly and the disabled together and to be one equal proposition for each other?

My feelings as it goes, I spent 18 years in a hospital accomplishing what I have this far, coming to Bangor. I have heard many, posing issues regarding the elderly. Nothing is more dear to me than the disabled and the elderly at the same time. But like I said, we are left in the background and I wondered if the State and Federal Government alone could do something for us as well as the elderly.

Thank you.

Mr. RUST. I was just going to say some States and cities do have combined programs for the aging and handicapped and other States run them differently.

Mr. CARSON. Yes, but it is just like the information and referral. A lot of us get, "Oh, yes, we can give you this information and tell you where to go," but when you get there you don't get that information. You are tossed about as I have been tossed about up here in the State of Maine, several times, from the Department of Human Services saying they could not appropriate me with services in some way because I was not disabled. Then I was contradicted by the Social Security Administration saying I was not disabled. Then I had a hearing for social security benefits, saying I was disabled, by a Federal judge.

Now it seems to me that Government agencies have the tendency to contradict themselves in some way and get messed up in some way and don't know where they are headed or what they are doing. It seems to me that they could get their heads together and have a little more understanding of these things.

I have been to several agencies and I have been put down, sir. I can formally tell you that because I talked with many people here in the

State of Maine. But like I said before, I am all for the elderly but let's show a little feeling for the disabled, let them know that you care, too, because they are lonely, they get depressed, and they feel a need for companionship and the things that the elderly feel.

As a matter of fact, I had a lady here in the Bangor House call the Eastern Task Force to have some traverse rods put up and the first thing they asked her was, "Are you elderly?" She said, "No, I am disabled." "Then we cannot put your traverse rods up." This lady could not do it herself without the help of somebody else.

So I mean this alone is a put down to anyone who is disabled because we are going to get to be 65 or 70. The years are going by faster for us as well as anybody else.

Thank you.

Mr. RUST. Thank you.

STATEMENT OF FRED S. WEBER, BANGOR, MAINE

Mr. WEBER. Good afternoon. My name is Fred Weber. I am a CSA with the Eastern Task Force on Aging.

My concerns for the elderly first regard social security benefits and regulations. Without a doubt, social security benefits are the greatest concern and the greatest benefit to the average elderly citizen. However, rules and regulations are so written and followed as to cause great concern and anguish when an elderly person receives a letter from the Social Security Administration concerning his or her account. Computer letters are usually complex and not understandable by the average elderly citizen. I note a few adjustments that could be made to help both the elderly and the administration serve the needs more satisfactorily and I believe at a saving of time and money.

No. 1, regulations in simple language and out on time.

No. 2, overpayment rules and claims manuals need simplification. Small amounts, under $250, should be automatically waived when it is the Bureau's initial determining of benefit that is faulty.

No. 3, social security limits on earnings should be eliminated. Elderly, who keep on working, keep on paying social security taxes. Also, it would give them a chance to upgrade earnings total.

No. 4, under social security program the low-income elderly are unable to pay for dentures, eyeglasses, hearing aids. This is the cause of further health problems which can only lead to greater medicare problems and more expensive cures. In these times, many elderly have all they can do to exist under inflationary prices and forego medical necessities in place of food and shelter.

Other certain options to help the elderly:

Food stamps. Of great concern to diabetic elderly is the cost of special foods for their menu. A doctor's certification of diabetes should give an automatic one-third extra amount for food stamps.

The energy program. Only one application should be needed and self-determination mandated. More allocation should be mandated for outreach workers to reach rural elderly. Coordination of services should be attempted with visiting outreach people of Social Security, Veterans' Administration, food stamps, and other Government agencies in one town at one time so that an elderly person saves time and money by having to make only one visit to take care of needs.

All Federal benefit programs for the elderly should mandate use of area agencies on aging's outreach staff, when at all possible, to insure widest possible participation.

Thank you. [Applause.]

STATEMENT OF HON. SANDRA K. PRESCOTT, HAMPDEN, MAINE, MEMBER, MAINE LEGISLATURE

Ms. PRESCOTT. Thank you for the opportunity to address you this afternoon.

I am Representative Sandra K. Prescott from Hampden and I serve in the legislature as House chairman of Health and Institutional Services so I am very aware of the elderly problems that we are facing and have been discussing here today.

I also serve as a member of Governor Brennan's long-term care task force. Earlier this afternoon Mr. Farnham did mention to you some of the problems of long-term care as it relates to the elderly. He mentioned the institutionalization and the $58 million that the State does spend on institutionalization.

I would like to talk to you today about the money that is ahead in the decade of the 1980's. The Nation's health care system is going to be presented with significant challenges to manage our large scale health financing programs effectively. We must assure that our many citizens in the long-term care system who depend upon these services will continue to have access to a quality care.

Over the past 8 months, as I mentioned earlier, Governor Brennan's task force on long-term care for adults has been studying the quality of life for our elderly and disabled citizens. We have found that there is an absence of a full array of available options and that people who need the services have had severely limited freedom of choice.

I would like to cite two examples that we have heard from the testimony that has been presented to the task force. One example cites an elderly woman who lives on SSI who found a superb eating and lodging facility. When she moved in, however, she lost her eligibility for medicaid which she needed to pay her $70 a month medicine bills. This meant that she didn't have enough money to pay for her room and her board and her medicine.

The State proposed a solution to this predicament. The solution was to move the woman to a boarding home which costs a lot more and which the woman did not want to be transferred to. Luckily this story has a happy ending because the lodging facility found a private home in which the woman could both live and feel useful by helping to care for an ill man. This is an example of the companionship program that has been mentioned earlier here today.

Another example is an elderly woman who is partially blind, severely hard of hearing, and over 80 years of age. She is visited by a homemaker each week. The homemaker helps out with the washing and the cleaning and because the woman cannot go out the homemaker does the grocery shopping and the errands. During the title XX cutback scare the woman was concerned and upset with the real threat of losing her homemaker program. She realized that the only alternative available to her then would be going to a nursing home.

I think that sometimes with the elderly we all too often forget that their age is their age and not their limitations. The Federal programs, regulations, and guidelines encourage the cost extensive form of Federal care. Institutionalized care is a vital component of essential health care system for our long-term care population. However, we are failing to integrate the social and the medical needs of the long-term care constituency.

States need more flexibility, especially if we are going to be able to develop community-based delivery systems. The present myriad of Federal categorical grants too often requires seemingly endless paperwork simply because of rigid and unnecessary regulations.

What can the U.S. Congress do to make these options available to us at the State?

No. 1. Do not cut back the title XX program. This is one of the most flexible funding sources for long-term care services. It pays for the community-based services, such as the homemaker program I mentioned earlier. The big dollar programs such as titles XVIII and XIX will not pay for these services. I understand that if Congress does not take action, then the national Federal level will be $2.7 billion and not $2.8 billion and that difference to Maine will mean $1 million of long-term care services to be lost.

No. 2. We ask that you move swiftly to add title XXI to the Social Security Act. I understand that earlier today Senator Cohen mentioned that he is a cosponsor of that very legislation. We would urge that that take place, so that we can have enactment of that legislation.

The Federal Government must take action to strike a better balance between the expensive and intensive nursing home care and care provided in the community. Title XXI combines under one title of the Social Security Act those noninstitutional long-term care services that are presently provided under titles XVIII, XIX, and XX, for those who are not aware of that proposal.

Finally, I would like to recommend that you require Federal governmental agencies to develop uniform and consistent policies as they relate to long-term care. It is time that the Federal Government and the State government put our public medical dollars to better use. I submit that if we used our moneys for services such as preventive health we would eliminate the need for more costly institutionalized care on the other end.

Thank you. [Applause.]

Mr. RUST. In the first example you gave us where the woman lost medicaid benefits because she moved into a certain housing situation, can you give us a little information about what that housing situation was?

Ms. PRESCOTT. In the State of Maine, we have eating and lodging facilities which are only licensed for eating and lodging, they are not licensed for any type of care that is provided for the individual. What happened when she moved into this facility, it meant that her bills were too great so that she lost her medicaid requirement. She lost medicaid so she had to move elsewhere, into a nursing home. She was asked to—I can see the confusion on your faces.

Mr. RUST. I don't see why she should lose her medicaid eligibility for that.

Ms. PRESCOTT. That is what was told to us at the public hearing. I can get the further information for documenting it. I cited it as the overall general example where she did lose because she didn't meet the eligibility requirements. I would be happy to present you with the further reasons if you would want to have that information.

Mr. RUST. I would appreciate it if you would provide it.

Ms. PRESCOTT. The amount that the State would have had to pay to the eating and lodging establishment to supplement the elderly lady's SSI check and to allow her to remain at that establishment would have been less than the amount that the State pays under its boarding home provisions. If a person moves into a nursing home, then the amount that the State pays is again greater, and so on up the ladder to an acute care facility.

Thank you.

Mr. RUST. I would also comment, it is going to be very difficult for us to get those consistent, uniform, long-term national care policies. If you look at the way Congress enacts this and then how the different agencies in the Federal Government implement it and then the States, the whole system is very complex making it difficult to coordinate it. What we tend to do at the national level is to turn to the States and local governments and say we will send these programs, half a dozen programs, down to you and you make sense of them and coordinate them at the local level. You then, of course, have an impossible job trying to do that. I think it is a good point, but it is going to be very difficult for the Congress and the executive branch to overcome the problem.

Ms. PRESCOTT. The Federal Government should provide the States with the flexibility to do a little more than they are permitted. Presently, all we can do is apply for the waivers of medicaid. At the State level, through the task force, we are now trying to address the State problems as they relate to long-term care. I think the Federal Government can address similar Federal level problems through the Advisory Committee on Long-Term Care. I understand there are five advisory committees on long-term care at the Federal level so perhaps you will have a better chance of organizing your guidelines than we.

Mr. RUST. It took our committee 2 years to find out who, within HEW, now the HHS organization, was in charge of long-term care policy. We were just told over the weekend at a meeting in West Virginia by the Chairman Designate of the Federal Council on Aging, Monsignor Fahey, that there are 19 different agencies within the Federal Government that have something to do with long-term care. When the FCA started a special study of the long-term care they didn't know how many agencies there were. The longer they looked, the more they turned up and now it is up to 19 different agencies from the Veterans' Administration to Social Security and so forth that have some piece of the action in long-term care. Apparently under the Federal Council for the first time all 19 agencies have been brought together for monthly meetings.

Ms. PRESCOTT. I can believe that. As I understand it further, and not to prolong this discussion, but there are 147 different agencies that deal with the elderly also at that level.

Mr. RUST. Programs?

Ms. PRESCOTT. Programs and agency groups, whatever, working for the same cause. If we could all get together, we might perform those tasks in less time.

Mr. RUST. Thank you.

[Applause.]

STATEMENT OF JAMES O. WILCOX, WEST ROCKPORT, MAINE, HOUSING REHABILITATION SPECIALIST, MID-COAST HUMAN RESOURCE COUNCIL, ROCKLAND, MAINE

Mr. WILCOX. My name is Jim Wilcox and I am from West Rockport in Knox County.

I work as a housing rehabilitation technician out of the Mid-Coast Human Resource Council, which is a subgrantee under Tim Wilson's shop in the Community Services Administration, at Augusta, Maine.

I am mandated to search out and qualify low-income citizens of all ages in an endeavor to make their homes safe, sanitary, and conserving energy, thus eliminating hazards to themselves and to the community at large and by so doing enhance the State as a whole, through the conservation of costly energy supplies.

I work mainly with the Farmers Home Administration—FmHA—title 504 moneys and I am very happy to say that every dollar of those moneys that I generate in Knox County goes directly into the economy of the county in either wages paid or materials purchased within the county or services rendered by the soil analysts who must do their work first, when we are designing septic systems. There are no administrative moneys taken out of these Farmers Home funds that is generated for the benefit of the people served.

This is why I can relate to this program, because it is putting the money directly where the need is, and the need is there and very apparent. To make a case in point, I have 13 clients on North Haven Island, who have been certified as eligible for my program. This was done through a preapplication sheet, completed by an outreach person, covering the island for the Mid-Coast Human Resource Council. She sent the results back and certified these people as being eligible for me to go and see them and write a package to get them qualified for the program.

Ms. STAGG. Are you speaking of both the grants and the loan program?

Mr. WILCOX. They are both, yes. As you probably know, the loans are 1-percent interest loans for people who are not 62 years of age but for those over 62 years of age we have a grant.

Ms. STAGG. But they are also eligible for the loan and grant program?

Mr. WILCOX. Yes. I would like to point out to you that not only are the levels of income very, very poor for these folks, the costs especially to islanders of anything they have to have are out of proportion to anywhere else in the State for the simple reason that everything has to be freighted out there. For instance, kerosene and fuel oil—to make a case in point—the freight charge is 10 cents a gallon just to get it there and then of course the regular charges are added on.

Of this group of folks, there are 13 of them that range in age from 65 to 104 years old and when we are able to service them, they will all

qualify for grants because they do not have the income to repay even a 1-percent loan. When I say income, I am talking about incomes from $1,800 a year to maybe $4,400 a year to live on.

Ms. STAGG. What is the maximum amount of the grant that they will be able to get now?

Mr. WILCOX. The grant portion has not been increased beyond $5,000. With a combination of grant and loan now, we are allowed to spend $7,500 on each house one time only. It is a one-shot deal. I can't do them. Our grant money is exhausted. I went to Vinalhaven the first part of the week. The total of the three grants was $6,000 and that is money for this quarter. Unless we go into Federal pooling of funds, successfully, that is it, until the end of the fiscal year which is the first of October.

I wrote the Senator a letter and sent copies of two letters that I had in my file which demonstrates what happened to the grant portion and the 504 program as far as the funding formula is concerned. The simple deletion of a very minor thing perhaps to some people, but very important to us in the Northern States was the elimination of degree days from consideration in that formula. The result was that we had less money for grants this year than we had 1 year ago even though the State of Maine, through a very good mailing campaign, was able to increase the funds nationally from $19 to $24 million.

Ms. STAGG. Maine is fifth in terms of degree days in the Nation so that would be very helpful to you as a State.

Mr. WILCOX. If it was in there, we would have been in good shape.

I didn't have much time to prepare things for this particular session because I was asked very late to come and do my thing so that I am a little bit handicapped. I did leave you a paper with some information on it but that is not the point that I want to make now. The point that I want to make now is that we need to do something about that funding desperately not only for the State of Maine but all the northern tier States. To that end I recommend the—how shall I say—participation in the New England-Midwest coalition of Senators and Congressmen and it would be very beneficial, I think, if there was participation in that coalition so that we might get our share. We don't want more than our share, just our share from the formulas.

Another thing is that in going through the newspaper to find out about this meeting—I didn't have any idea where it was going to be held or anything—I found this article in which our Ambassador to Canada, Hon. Kenneth Curtis, recommended that oil from Canada, through the Maritimes, could help the Northeast.

I very respectfully urge that the Senator and all of the congressional delegation from Maine support Mr. Curtis in what he is proposing here—that is, except for a few minor changes. I mean we have the machinery in place to allow the Canadians to support us, especially in the State of Maine. We have the pipelines under the ground. We have the storage facilities in existence. It would be very cost effective to use the existing facilities. I am speaking of the crude oil line into Montreal and the finished product lines from Portland up through Auburn and Hallowell to Bangor and also the line from Searsport that goes to Bangor and on to Presque Isle. These facilities are all in place.

The storage facilities are all in place in every area that these pipelines hit all the way up through.

It would mean so much energywise to the State of Maine, if we could utilize the crude oil that is in Canada at present, and the refining capabilities that exist there. By just reversing the flow on that crude oil line toward Portland and use it as a finished product line; and by constructing connector lines to the existing facilities already in place and operating throughout the State, this would be the most cost-effective method of relieving our problem.

The rights of way have all been gotten a long time ago. As the Ambassador says, to get this material out of Nova Scotia would be much more costly.

Ms. STAGG. Mr. Wilcox, would you share the article with us before you leave?

Mr. WILCOX. I would be very happy to leave it.[1]

I thank you very much.

Ms. STAGG. Thank you. I think you were very well prepared.

[Applause.]

STATEMENT OF E. STUART FERGUSSON, NORTH WHITEFIELD, MAINE

Mr. FERGUSSON. My name is Stuart Fergusson. I am both disabled and retired and elderly, 65.

I am a member of Governor Brennan's task force for long-term care for adults and chairman of the finance committee of that task force.

First, Peter Mills, the task force chairman, was here earlier but had to leave. He wished to make some comments on the problems of the employees in the long-term care system, particularly nurses' aides in nursing homes. He has asked me to give to you a preliminary report on employees and the long-term care system which has been adopted by the task force as one of the first documents adopted.

His major concerns are the working conditions and pay levels particularly for nurses' aides. The pay level is lower than for those nurses' aides in State hospitals and so are their benefits, such as pension plans, and so on, resulting in high turnover which creates a serious problem for the patients. He would have made a few remarks. He asked me to submit the preliminary report.

Mr. RUST. The report will be made part of the record.[2]

Mr. FERGUSSON. Thank you.

I have a few comments.

First I would like to speak in support of Representative Prescott's comments. Please do not cut title XX and come along with title XXI.

The other two comments I would like to make are largely in support of many claims made here this afternoon. In the first place, the blanket inflexibility of medicaid is placing many people in nursing homes that don't belong there either in their own interests as patients or in terms of the public's financial interest. Many of those people could be taken care of at less expense elsewhere and if they were it would reduce the total medicaid expenditure. There are people that need nursing home care and are not getting it, but are waiting. It would be more cost effective and it would be better for the patient population if medicaid regulations allowed greater prudence in the selection of care for the individual patient.

[1] See appendix 1, item 12, page 116.
[2] See appendix 1, item 7, page 106.

I know Representative Claude Pepper wants to give this greater flexibility and every comment that I have heard here today, every comment that I have heard in the task force and the finance committee goes in the same direction, that the greater flexibility would benefit the patients and also benefit the taxpayer.

Finally, in the area of options, which has been discussed many times this afternoon, we find in the finance committee that it is impossible to develop indexes for quality of care for the implementation of an incentive payment system for providers to give incentives for better quality of care. It is difficult to find indexes of quality of care—measures of quality of care—and there have been a number of professional papers written in this area and almost all seem to think that some system which will allow greater options for patients, more choice, such as a voucher system for example, in which case the money would go basically to patients and the patient would be able to bring a degree of competition in the nursing home, the boardinghome, the home facility type of thing, could help with this problem.

This degree of competition—not price competition, you understand—but competition in terms of quality of care would then give criteria for the measurement of quality of care for incentive payment systems to providers and therefore anything that can be done in the direction of increasing the options, the choices that patients have in the long-term care system would be beneficial. The voucher system comes to mind because that is one that has already been proposed on the Federal level.

Thank you very much. [Applause.]

STATEMENT OF JOSEPH LAPLANTE, VAN BUREN, MAINE

Mr. LAPLANTE. My name is Joe Laplante, and I am the owner of a small boardinghome for six beds. I am from Van Buren up in Aroostook County.

There was a gentleman here a while ago that I don't know where he is from but he didn't talk too good about the small boardinghome. Probably in his area the care is not good but up our way it is pretty good. Our rate is $9.01 a day for taking care of a patient paid by SSI. Larger boardinghomes are getting $19 a day, mental correction homes are getting $22 a day. Now that is a quite a difference, $9 and $22.

We do what we can for these people. The State would pay but these people have been in our home for 4 to 6 years, and they all refuse to move, so I am almost stuck with them. At this rate I see no other alternative than shutting down.

Lastly, we had a letter from the Human Services telling us that we are increasing our rate by $30 a month. Now the last increase we had was in 1978. Now with the rate increase of about 12 percent a year and this year predicted at 18 percent, that comes out to about 8 percent, the increase we are going to get. That is really too small to stay in business.

Now I don't see why you should pick on these SSI recipients who are at the bottom of the financial ladder. Not increasing their pay by 14 percent as all SSI recipients are going to get and social security recipients are going to get, I don't know who is in charge but I think we are being cheated of something here.

This is about all I have to say. I am not too well versed in English and I think this might be it.

Thank you. [Applause.]

Mr. RUST. Mr. Laplante, can I ask you one question?

Mr. LAPLANTE. Sure.

Mr. RUST. What services do you provide for that $9.01 per day?

Mr. LAPLANTE. Everything from A to Z. The food—well, not their clothing, but the room. He has his own room and that is something that a larger place does not have. I have seen some larger places with from three to four in one room. At our home they each have a private room and we provide a lot of transportation for them because they depend on us. They stay with $25 a month. That is all they have to spend for a room. That is almost not enough.

Mr. RUST. SSI pays you to take care of them and then gives them the $25 for their own personal use?

Mr. LAPLANTE. They get the check for $300. We get $275 and we give them back $25.

Mr. RUST. For personal use?

Mr. LAPLANTE. Yes; starting in July we are going to get $30 more, $1 a day more. That is going to come up to $10.01 a day.

Mr. RUST. How many people did you say you have?

Mr. LAPLANTE. Six.

Mr. RUST. Six people.

Mr. LAPLANTE. Yes.

Mr. RUST. Is that the maximum you can take?

Mr. LAPLANTE. Yes, that is right.

Mr. RUST. Thank you, sir.

Mr. LAPLANTE. OK.

ADDITIONAL STATEMENT OF JOHN BULLARD, BELFAST, MAINE

Mr. BULLARD. These boarding homes here in the State of Maine, I must say that there are a great many of them that do it out of the kindness of their heart. They have it within them and this gentleman may well be one of them—he sounds like it.

The average boarding home, first of all we don't have enough of them. We had a patient waiting 3 months to be admitted to a boarding home. In that period of time the family looked at a number of boarding homes and refused because of the health conditions. These are approved by the State, remember. You go in and take a look at it.

I frankly went over with one of them and you would not put your chickens in them. They are deplorable. The people are at the bottom of the ladder financially, they see a way to try to make a little money by taking these boarders in and they can't make any money with them. The top they can get, as I told you, is $275.

Now starting at the top of the list, the best paying boarding home is that that is an institution-type of boarding home where they have a number of patients, more than six, and those people get a cost-plus deal. The SSI pays the $325 a month I believe it is or $300-odd. The $275 is paid by the recipient of the services, the patient, the client, whatever you want to call it. The rest is given to them as money to spend for their necessities. That includes clothing, dentist

eyeglasses if they need them, all their personal effects. Their clothing, everything must come out of that. That is hard to believe. I know you look at them and really it is unbelievable. Do you expect people to live that way?

Mr. RUST. They remain medicaid eligible though, don't they?

Mr. BULLARD. Yes; but medicaid does not cover dental or it does not cover eyeglasses. It covers eye examination and it covers any medical problem, yes, but I think they are examined twice a year for regular physical examination to be sure they are in good shape. I would like the opportunity of showing the people that are responsible for these programs the homes which they relegate these people to and most of them are senior citizens.

I have one case here that I got from the files relative to the fuel assistance fund. If you remember, they sent out all the recipients of SSI $226. Right across the board, whether they had a furnace to feed or not, they got $226. Now, many of these were boarding homes or in other institutions. They got them and there was a great deal of confusion—why did they get it?

Well, I think the best way—they didn't want to say it out loud but a few occurred and it cost more than it was worth. The Commissioner of Human Services, Michael Petit, sent a letter out:

Dear SSI Recipient: The President of the United States has signed the fuel emergency bill recently passed by Congress. Because you received the Federal SSI benefits you will also receive a special SSI check for $226 sometime in January. The check is being sent to the Federal SSI recipients to help with the cost of heat and lights. Since your heat and lights are being provided by the boarding home, it is expected that you will turn over the full amount of the $226 check to the boarding home administrator when you receive it. Thank you for helping us meet the increased cost of boarding home care given by this check to the administrator of your home.

Signed, Michael Petit, Commissioner, State Department of Human Services, Augusta.

Now many of these homes, the administrators of the homes, the owners of the homes, receive these checks on behalf of their clients. Their clients are unable to handle these things because of physical or mental problems and the checks are sent directly to the homes and the homes administer them.

Now there were three clients at this home. They sent a notice out to the one who she did not administer the funds for. She had the other two funds and she says, no, I was told you didn't receive one of these letters so I am sending you another one. I have already received the other ladies' checks in the amount of $226 for their fuel for this winter. Paragraph 2 of the letter will explain what you are to do with the check when you receive it.

Signed, the administrator of this home.

Being president of the senior citizens of the Belfast area, I was called by a number of people. What shall we do? I called the Social Security office as they requested to find out what they should do. Hold on to them was their first suggestion until we clarify the problem. After they clarified the problem they said, well, the check is yours, the recipient of the check, it is theirs, they can do what they want with it. If they feel they want to give something to the boarding home, that is their business. If they want to spend it on themselves, they can.

I can give you some very heart-warming stories on this $226 that came to my attention because of people who didn't have a fuel bill to meet and used it on themselves. One lady had her first new dress in 40 years. Her first new dress in 40 years. She said, "I'm keeping warm with this money for the fuel." And many other such things.

Well, this particular case I worked on and I told the administrator that the check was not—she had no right to collect from these other ladies this same check. I turned that information over to the State authorities, whether or not they got the money back from these people I don't know.

This house is brand new, electric heated, three patients or clients. They live there with two children, husband and wife. These women, three of them, are in one room. They go from that one room, to the bathroom, and back to the room again, and out to the kitchen table to have their meals and back to the room again. They don't have use of the living room. They have this one room.

I said to the authorities in Augusta it is just like the county jail or the State prison only there are no bars on the window. They have to stay in their room which is a pretty, pretty awful thing. A brand new home, too. However, the State authorities looking it over, there is no violation of the regulations. I showed them plenty, including mental harassment for this check.

This particular patient had no handling of her money at all, it was handled by the family and she kept harassing these women and finally the patient was asked to leave and told that she was undesirable. She was undesirable because that $226 check did not go to the administrator of the home. The other ladies, the administrator said, had paid this other lady's way. That is how bad it got. So you see these problems are pretty stiff.

Let's get back to the boarding homes we see around the area here. As I said, there are boarding homes that are large in size that handle 25 or 30 patients which is an institution practically. There are boarding homes in the private homes. Some of them are really hard-working people and they dig in their own pockets to supply the necessities, their comforts, the conveniences, automobile trips, shopping trips, it is their home, too, type of thing, the motherly type. We see those, too, but there are not anywhere enough. As I say, this one patient had to wait 3 months to get into a boarding home in our area.

There just are not any because they are not paid enough to go into business. They can't make ends meet and these people have out of the kindness of their hearts put their own dollars to help. Is it fair? I don't think so.

We have the foster home which is less than two—or two or less, I believe it is, that gets $225 a month and some of these foster homes are deplorable. They are terrible. I would like to recite what I found in one that was shown to me but I don't think the description of it would be a very healthy thing for most people to listen to, it was that bad. I would like to show it to people who are interested enough to take a look and see how our elderly are being handled today. It is not fair.

Perhaps this is the last witness you will hear. I didn't intend to wind this thing up but I do have to recite again the experienced adult deserves more than that. Do you know why? You, too, I hope,

will be one and I do hope you will live a lot more comfortably than some of the people I have seen.

Thank you. [Applause.]

Ms. STAGG. Thank you, Mr. Bullard.

Mr. RUST. Would anyone else like to participate in our town meeting? If not, the Senate Special Committee on Aging stands adjourned. Thank you.

[Whereupon, at 6:25 p.m., the committee adjourned.]

APPENDIXES

Appendix 1

MATERIAL RELATED TO HEARING

ITEM 1. STATEMENT ON ENERGY AND AGING BY DR. ROBERT N. BUTLER, DIRECTOR, NATIONAL INSTITUTE ON AGING, GIVEN BEFORE THE U.S. SENATE SPECIAL COMMITTEE ON AGING, APRIL 5, 1977, SUBMITTED BY JOYCE S. HARMON [1]

I greatly appreciate this opportunity to present to you a summary of the special medical needs of the aged for adequate means of heating and cooling their homes, and the particular threat that a lack of energy for such purposes poses to their health. The extremes of climate that occur in this country place a great deal of stress on the physiology of all Americans. For most of us, though, normal physiologic mechanisms and a minimum of heating are sufficient to maintain proper body temperature in any weather. Home temperatures of 65° Fahrenheit or even somewhat lower may, therefore, be well within the appropriate range for good health for the majority of us and proper winter heating goals for energy conservation. Unfortunately, the normal physiologic mechanisms that compensate for variations of temperature in our environment are generally least efficient in the elderly and are sometimes so weak that they allow body temperatures in older persons to fall or rise to dangerous levels with even modest changes in air temperature. These changes in body temperatures can produce disease, permanent damage to the body, or death.

A shortage of energy to maintain proper indoor temperatures, if combined with the reduced ability of older persons to compensate for temperature changes can, therefore, have devastating effects on the aged.

The detrimental effects of an excessively cold environment, in particular, have been documented both in my clinical experience and in textbooks of internal and geriatric medicine. Simply put, an excessively cold environment can lead to a progressive fall in body temperature, the collapse of the cardiovascular system which maintains the flow of blood to various parts of the body, and death. This condition is called "hypothermia" and that diagnosis is ordinarily made when the rectal temperature has fallen to 95° Fahrenheit or below from the usual 98.6°. Oral temperatures are not reliable when hypothermia is present.

Hypothermia can affect persons of all ages. Young hikers stranded on a mountain on a cold night or young sailors wrecked in cold waters may die very rapidly of hypothermia. But while young people may die of hypothermia on a cold mountainside, the special susceptibility of older people to the cold may cause them to die of hypothermia in mild weather. Some older people cannot even maintain their own body heat at temperatures commonplace in many homes.

We know something about how the body reacts to protect itself from cold. Nervous pathways come from special temperature receptors on the skin and are integrated in the complex central structures of the brain. The nervous and cardiovascular systems then work together to redistribute the blood so that vital central structures will remain warm. The blood vessels of the skin constrict, reducing the flow of blood to the outer layers of the body, and thereby reduce heat loss from body surfaces. Shivering, which is simply a series of rapid muscular contractions, is triggered to convert stored energy such as sugar to heat energy. Usually, this heat production is sufficient to protect the body against hypothermia. However, if the external temperature is too low, these compensatory mechanisms fail and the exposed person goes into cardiovascular collapse:

[1] See statement, page 32.

blood flow to the organs becomes inadequate, blood pressure falls, and the exposed person dies.

We do not know exactly how this reaction to cold differs between young and old persons. Few studies incorporating age as a variable have been done. Those that have been done have had few subjects over 65 years of age. The few studies done, exposing subjects to temperatures from 50° to 63° Fahrenheit, have concluded that the body as it ages is less efficient in all aspects of temperature regulation.

Some of these studies have reported that the aged do not show increased heat production to the extent that young subjects do when exposed to cold. The aged also seem to have a decreased ability to control their heat loss in a cold environment by constriction of the blood vessels of the skin. In addition, scientists have reported that the old are less able than the young to sense that it is cold. One study reported that the aged complained less of the cold than young subjects, although they were clearly adapting to the cold environment less well.

The response of older persons to cold needs to be studied with many more subjects before valid conclusions can be drawn for the entire aged population. One of the general principles that has emerged from NIA studies on the aged is that their physiologic responses are more variable as a group than as those of the young. That is, for any given function—for example, kidney function—different older persons give a larger range of responses than different young persons. At one extreme, some old persons respond almost as well as young adults. Others may give a very much less adequate response. Thus the sampling that we have of the responses of older persons to cold is both inadequate because few really old persons have been studied and because a large sample is needed to find the entire range of responses.

We do know, though, that some aged persons seem particularly susceptible to hypothermia even when compared with others of their own age. They may develop hypothermia even though covered with a blanket in a heated room. If properly treated, they can recover, although they can usually be shown to still have poor temperature regulation and to be subject to repeated attacks of hypothermia. Because this extreme impairment of physiologic response to cold is not characteristic of all old people, minimum guidelines for temperatures in the dwellings of older persons will have to give special consideration to those who are known to be particularly susceptible to cold.

Even though a room temperature of 65° Fahrenheit has generally been considered safe for most older persons since the 1973 energy crisis, fear has been expressed that such temperatures might lead to trouble, particularly for persons with peripheral vascular disease.

Atherosclerosis, an accumulation of fatty materials in the walls of the large- and middle-sized arteries, is a pervasive pathological process among our elderly. The accumulation of fatty materials narrows the arteries and impedes the blood flow through them. One set of arteries that is commonly affected is that which supplies the legs, producing one form of peripheral vascular disease (PVD). The impaired blood flow characteristic of this disease can lead to various problems—the development of chronic ulcers or the occurrence of gangrene with death of tissue requiring amputation.

In a cold environment the first line of defense that the body has to conserve heat is constriction of the small vessels to the peripheral portions of the body, including the legs. This reduction in flow plus that already caused by the atherosclerosis can make persons with peripheral vascular disease highly vulnerable to ulcer formation or gangrene. For this reason, some physicians have recommended that patients with PVD try to maintain a home temperature higher than 65° Fahrenheit. The exact temperature in individual cases should be decided by the attending physician based on his evaluation of the patient.

One source[1] suggests that evnironmental temperatures as high as 85° Fahrenheit could be of value for patients with extreme ischemia (deficiency of blood in a body part due to constriction or obstruction of blood vessels).

Excessive heat can also create problems. There is a condition analogous to hypothermia known as hyperthermia. It is also called heatstroke. Heatstroke occurs following exposure to high temperatures and is characterized by failure of the central nervous system mechanisms that control body temperature. Sweating,

---

[1] Allen, Edgar V., et. al. "Peripheral Vascular Diseases," Philadelphia: W. B. Saunders Co., 1955.

a major regulatory mechanism, ceases; the body temperature rises precipitously; and death usually results unless proper therapeutic measures are applied. Body temperature may rise well above 140° Fahrenheit. If the temperature remains above 106° for very long, permanent brain damage or death usually occurs.

Older individuals with chronic cardiac disease form a large segment of the persons who suffer heatstroke. Heatstroke usually occurs after susceptible individuals are exposed to high temperatures for a long period. The condition is most common after several days of a heat wave.

For this reason and because of the susceptibility of elderly persons with pulmonary or cardiovascular disease to the stresses imposed by heat and humidity, steps should be taken to maintain temperature and humidity at a comfortable level during the summer. This can be accomplished with fans, air-conditioners. and dehumidifiers, but does require an additional expenditure of energy.

In summary, a shortage of energy will pose a threat to the health of the old during periods of winter cold and summer heat. Although energy conservation is a goal toward which we all must strive, we will have to make a special effort to maintain the older person's environment safe for his or her minimum physical needs.

ITEM 2. STATEMENT OF DAVID S. MARKOCHICK, EXECUTIVE DIRECTOR, FRANKLIN COUNTY, MAINE, COMMUNITY ACTION COUNCIL, INC.

Mr. Chairman, members of the committee concerning the problems of Maine's rural elderly; as executive director of the Franklin County Community Action Council, Inc., an agency providing social, medical, and energy-related services to the elderly and low-income individuals in Franklin County, Maine, I can only affirm much of what was said at this hearing. My purpose however, is not to reiterate those facts presented by the elderly witnesses, elder advocates, or other social service deliverers like myself. My purpose is to bring to this committee's attention a systematic problem which, in the not too distant future, will become a major stumbling block that will inhibit the successful delivery of needed services to the poor and elderly not only in my county, but to every rural area. In the case of community action, the Community Services Administration serves as its own worst enemy. We, at the local level, are faced daily, with a growing abundance of redtape, new regulations, and directives from the Federal Government that are supposedly designed to improve management and planning, but in reality negatively impact upon our local service delivery capabilities.

Many of my colleagues and myself are faced with the growing frustration of dealing with a bureaucratic administration out of touch with the real issues of poverty and aging in rural America. We are frustrated, when a poverty agency like Community Services Administration begins to place more emphasis and importance on paper exercises and reporting than on an individual agency's ability to address the needs of its low-income and elderly residents. At a time when more attention must be turned to addressing the needs of those hard pressed, Community Services Administration has elected to act in an adverse sense, by promulgating new directives designed to make up for years of inept management and monitoring incapability. This overreaction has and will continue to significantly reduce and in some cases render local community action agencies incapable of meeting client needs. Further, the almost daily publication of new instructions which require local agencies to make up for Federal and regional deficiencies reduces the amount of administrative efforts into a morass of paper shuffling exercises designed to fill files of regional bureaucrats.

In an era of tight money, and a sagging economy, taxpayers deserve better. They should be assured that local community action agencies, which spend millions of taxpayers' dollars annually to assist the poor and elderly, spend it to maximum advantage for the purposes for which the money is intended. Under Community Services Administration monitoring and management efforts, American taxpayers have no guarantee, that money is being spent as intended because regional and central administrators are incapable and unable to measure local effectiveness. The paper exercises currently promoted by Community Services Administration are ineffectual management and monitoring tools and at best serve to proliferate an already too large bureaucracy with too many jobs serving no useful purpose.

The current approach utilized by the Community Services Administration to manage local agencies is rapidly undermining the intent of community action.

Besides serving to render local management ineffective, the Community Services Administration is usurping the local decisionmaking perogatives of each community action board, through its attempt to standardize reporting and operation. In so doing, Community Services Administration has lost sight of the founding philosophy of community action, striving to eliminate the principle of local control and decisionmaking functions of a volunteer board of directors. In so undermining the decisionmaking process of individual boards, the priority needs of poor and elderly living in a given service area may well go unaddressed; for priority needs are rapidly becoming the needs of Federal and regional offices rather than the needs of the local poor and elderly.

For 15 years, community action has prided itself on the ability of local individuals to determine local needs and to design local programs to address those needs. Today, however, my concerns are expressed because we are moving away from the funding philosophy of "helping people to help themselves" to a philosophy of proliferating the bureaucracy at all costs.

Today you heard mention of many problems affecting the elderly including: The cost of fuel, transportation, medical services, cost of food, and access to a variety of social services. If local community action agencies continue to have their local initiatives undermined by the system, then these problems will persist; since one of the most effective local delivery mechanisms for addressing these problems will have been rendered useless.

ITEM 3. STATEMENT OF DAVID R. HICKS, PRESIDENT, MAINE HEALTH CARE ASSOCIATION

My name is David Hicks and I am president of the Maine Health Care Association.

The Maine Health Care Association's membership consists of skilled nursing facilities, intermediate care facilities, ICF's for the mentally retarded, and residential care facilities, MHCA represents the majority of Maine's long-term-care providers.

Previous speakers have testified as to the problems facing Maine's rural elderly. I am here, today, to suggest that Maine's long-term-care industry, which I represent, can assist you in finding the solutions to the gaps in available services for Maine's elderly.

The 1980's may be characterized as an era of "alternatives to institutionalization." However, I prefer to think in terms of "adjuncts" not alternatives.

As many have pointed out, there are very few community-based services available to frail, dependent elderly, except nursing homes. Even if the services are available, with the proposed cutbacks in title XX, their future is bleak.

In these cases where an elderly person needs temporary or limited services to maintain their independence, there should be "alternatives" to nursing home placement.

However, for the great majority of nursing home residents, the care and services they require could not be as reasonably or economically provided through any other setting.

Now we are faced with the question—how do we provide or develop various community-based services at a reasonable cost? I ask you to think about the types of services that nursing homes provide—nursing care, housekeeping, laundry, maintenance, dietary, social service, therapy, and recreation.

By my reintroducing the term "adjunct" you will understand what I am proposing.

In many communities in Maine, the nursing home is the largest employer and the only source of health care services. Why wouldn't it naturally follow that necessary services to keep an elderly person at home and independent be developed and based in the local nursing home.

Many nursing homes could provide onsite meals, therapy and recreation, day care, transportation services, at-home visits by homemakers, nursing or maintenance personnel. All of the needed services at very little additional cost.

I submit for your consideration that rural nursing homes can be the foundation on which to build the necessary community support services which are currently unavailable.

In conclusion, the 1980's will be a challenging decade. With shrinking resources and spiraling costs, we must be creative in developing and implement-

ing the necessary programs to meet the needs of the elderly. The long-term care industry has the expertise to assist the Federal and State agencies in their attempt to provide the elderly a quality life in the least restrictive environment.

ITEM 4. STATEMENT OF SARAH HASBROUCK, BOARD MEMBER, COMMUNITY HEALTH AND COUNSELING SERVICES, BANGOR, MAINE

I am pleased that the Special Committee on Aging is holding hearings today in Bangor on problems of the elderly.

I am Sarah Hasbrouck, citizen and volunteer in the field of home care. I serve on the board of the Community Health and Counseling Services in Bangor, a large and unique agency combining a licensed mental health center with a certified home health agency and an accredited homemaker program, and serving the four counties of eastern Maine.

I also coordinate through a small town volunteer organization in Orono a program supplying self-employed homemakers to ill and elderly people in the Bangor area who need help to maintain themselves in their own homes. This program provides people whom we call trained family aides, to do light housekeeping, errands, laundry, shopping, prepare and serve meals, and give personal care such as baths. The charge is $3.50–$4 an hour, all of which is kept by the aides. Because the program is sponsored and run by volunteers there is practically no overhead; and for people who have to pay for the service and are able to do so, it's about the lowest costing care there could possibly be. This program was a creative response to a desperate need in the community—and I have been in correspondence with a large family service agency in Los Angeles where the same kind of program, on a much larger scale, is being carried out. It is, I believe, in the best tradition of American voluntary and private philanthropy, and it deserves to be emulated elsewhere. It is life-sustaining for those who are thus enabled to return to or remain in their homes, and rewarding to the people who provide the care—working on their own terms, on their own time, and feeling really needed.

But I receive many calls for help from people who desperately need help but cannot pay $3.50 an hour. Here the Government-funded programs provided by the Community Health and Counseling Services come into play. Title XX provides homemaker service, but is being drastically reduced. Medicare provides home health aids, but only to those who also need professional services such as skilled nursing, speech, or physical therapy. There are many elderly people who just need a little help on a daily basis to remain independent, in their own homes, and who want so much to do so. Their children are working, their neighbors are not able to assume the constant responsibility, and the nursing home for many is the only—the last—resort, whether they need it physically or not. The laws are written so that this much more expensive alternative is the only one available.

The Community Health and Counseling Services will be sending detailed written testimony to the committee. Suffice it to say here that we urge you to look closely at the funding regulations currently relating to institutional and home care for the elderly, and to take whatever action is necessary to provide a flexible, coordinated, source of funding that promotes the delivery and use of health and social services according to need, in the least restrictive, least costly, and most humane environment possible.

Senator Cohen's recently introduced bill to encourage "foster-care" for the elderly is an interesting idea and certainly a step in the direction of providing alternatives to institutional care. I commend the committee for its efforts to solve this increasingly pressing problem of our society, and urge you to continue to search for ways to provide our dignified, independent, elderly citizens with a choice.

ITEM 5. STATEMENT OF THE AROOSTOOK COUNTY, MAINE, ACTION PROGRAM, INC., SUBMITTED BY PAULA L. CARTER

The Aroostook County Action Program, Inc., was selected by the Division of Community Services to administer ECAP in the Aroostook County area.

The application period for ECAP was December 6, 1979, through May 30, 1980. A total of 6,816 applications was taken. Out of the 6,195 households actually served, 2,850 or 46 percent were elderly.

Our outreach plan was extensive. Application sites were numerous in the Aroostook County area. A total of 17,698 miles were logged by the outreach staff during the program. Our offices in Presque Isle, Fort Kent, and Houlton were open daily. Other communities were visited on a periodic basis depending on need. Public service announcements on how and where to apply were sent to the media and churches for publication.

Arrangements were made with the Aroostook Regional Task Force of Older Citizens in order to assure outreach for the elderly, particularly shut-ins. This coordination of efforts worked out extremely well for everyone concerned.

There were various types of assistance available under the program depending on need. The majority of the funds expended were in the form of a fuel credit or rent credit.

The maximum benefit level was $350 with the exceptions of SSI and State fund receipts. SSI clients applying after the $226 Federal energy checks were mailed in January were eligible for only $124. State funds (a maximum of $200 per household) were used for elderly households who were over the CSA poverty guidelines and eligible for the tax and rent refund in 1978–79.

Overall the program had many beneficial aspects for the elderly client:

(1) The amount of assistance provided, eased elderly energy budgets.

(2) Elderly clients were less inhibited about applying because many outreach sites were senior citizen and community centers.

(3) The application procedure was less time-consuming and confusing than in previous years basically because the form was filled in by an intake worker trained to do just that.

(4) Home visits were available for shut-ins.

As with other programs, ECAP presented some problems for the elderly:

(1) Many elderly misunderstood the payment process. They would pay their fuel costs on a regular basis and later apply for ECAP. Therefore, these deliveries were not covered under the program.

(2) Varying benefit levels were confusing to elderly clients. There was a discrepancy between SSI, State, and Federal fund recipients.

(3) No exceptions for elderly applicants over the guidelines and not eligible for State funds were made. For example, high medical costs were not a deduction.

(4) Written material mailed from the State level to SSI, AFDC, and food stamp recipients created numerous difficulties, i.e., unnecessary phone calls and reapplications.

(5) Policy changes were very confusing.

Although many of these problems were beyond our control, the ACAP staff dealt with them in an effective manner. Our outreach workers tried to give priority to elderly citizens at application sites to avoid long hours of waiting. According to reports received from various sources, the staff was very patient when difficulties arose.

A late starting date, numerous regulation changes, and lack of adequate staff made the program difficult to administer. However, each problem situation was treated individually and on a personal level.

To eliminate or reduce these problems for the elderly the following recommendations may be helpful in future programs:

(1) Educational information should be sent to social security recipients explaining the program and encouraging them to apply.

(2) Adjusting income guidelines for elderly on a fixed income. For example, use net instead of gross income. Allowances should be made for high medical expenses.

(3) Outreach for the elderly could work more in conjunction with established senior citizen organizations.

Elderly in Aroostook County have unique problems. The distances between towns and less than good road conditions make our extensive outreach efforts inadequate. Living on a fixed income with no definite increases per year makes coping with rapidly rising expenses impossible. In many homes a decision must be made—do they eat or do they stay warm? It's a choice that most of us hope never to face.

ECAP has been as effective as regulations and funding would allow. Even though $200–$350 of assistance doesn't begin to cover the average seasonal fuel bill of $500–$1,200, it is an aid.

According to the 1970 census, there were approximately 9,539 people 65 and over out of a population of 94,000. Assuming that the number of elderly has increased as predicted, less than 40 percent of our elderly in Aroostook County

have applied for and been served with fuel assistance. It would be very interesting to know the reasons for this. Hopefully, the elderly can give us the information we need to understand the problems and possible solutions.

ITEM 6. THE WATERVILLE AREA CASE COORDINATION PROGRAM: DESCRIPTION AND ANALYSIS, PREPARED BY ELIZABETH WEAVER, SOCIAL WORKER/CASE COORDINATOR, CENTRAL SENIOR CITIZENS ASSOCIATION, SUBMITTED BY STEPHEN M. FARNHAM[1]

I. Introduction

In accordance with the philosophy of serving the most frail and vulnerable elderly, Central Senior Citizens Association created the Waterville area case coordination program on February 1, 1979. By design this new program was to be integrated into the spectrum of CSCA-sponsored services by modifying one of the existing services, the congregate meal site to include a day-long program offering socialization, recreation, counseling, health screening and individualized case coordination for those elderly who require continuous support if they are to remain in their own homes and avoid premature institutionalization.

The creation of this program was due, in part, to the urgent need to respond to the plight of 37 frail older people who were displaced by the termination of the Lakewood Manor Adult Day Health Center, a research and demonstration project funded under a grant from the Health Care Financing Administration. These individuals became the focus of the Waterville area case coordination program with additional frail older persons being referred by area hospitals, home health and homemaker agencies, and the home delivered meals program. Title III SPECA funds for an 11-month transition period were made available by the Bureau of Maine's Elderly. Funding from January 1, 1980, through September 30, 1980, has been provided through a title III–B Community Services grant. For the duration the sponsoring agency has been Central Senior Citizens Association.

Goals and objectives for the program were specified in the title III SPECA contract. Included were:

A. GOALS

(1) Achieving or maintaining self-sufficiency including reduction or prevention of dependency.

(2) Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care or other forms of less intensive care.

B. OBJECTIVES

(1) To provide supportive services by means of coordination with local human service agencies in the area of home health, transportation, nutrition services, mental health, and counseling to continue the ongoing independence of the "frail at-risk" elderly.

(2) To provide a congregate setting whereby the at-risk elderly may socialize, be involved with occupational therapy and individualized counseling by a qualified social worker.

(3) Enabling 28 of the 37 adult day health program participants to avoid premature or inappropriate institutionalization and to remain in a status of community-based residence.

These goals and objectives have been achieved. I believe this contention will be supported by the remainder of this report. However, success would not have been possible without the following modifications in the existing structure of CSCA-sponsored services:

(1) The congregate setting for the nutrition program in Waterville had to be changed. Neither of the existing sites were accessible to individuals with physical handicaps. In cooperation with the city of Waterville, we decided to consolidate two existing meal sites and the case coordination program for frail elderly at the new Edmund S. Muskie Community Center. In addition to enabling the congregate site to serve as a focal point for services to frail elderly the move had the additional advantage of providing for the preparation of all home-delivered meals and congregate meals in one central kitchen thereby resulting in a cost saving.

---

[1] See statement, page 65.

Due to structural problems in the Muskie Center, consolidation of all three groups at the new facility did not take place until July 16, 1979. From February 1 until July 16, the case coordination program leased space 3 days per week from the First Congregational Church in Waterville.

(2) Commitment of title V senior center renovation funds to purchase tables, chairs, lounge furniture, and kitchen equipment for the new center.

(3) Because of limited funding and inflation, CSCA has had to establish a quota for the number of meals to be served daily at each of its congregate sites. Rising energy costs have also necessitated setting hard priorities for transportation services. CSCA underscored its commitment to frail elderly and the success of the case coordination program by designating participants of this program to receive nutrition and transportation services on a priority basis.

The quota for nutrition services at the congregate site is 120 meals per day, with up to 40 of the meals reserved for frail individuals who demonstrate great social or economic need. With regard to transportation, the local provider, Kennebec Valley Community Action, has been given a list of individuals enrolled in the case coordination program and requested to serve these individuals first. Thus while no generalized needs assessment exists for all participants of CSCA-sponsored services, those who have been identified as frail and needy through their participation in the case coordination program, have been prioritized for service delivery.

The development of a uniform needs assessment has been hindered by the lack of consensus on the part of local, State, and Federal policymakers as to the definition of "frailty." The initial SPECA grant suggests this operational definition:

> Those older persons who have experienced a reduction of physical and emotional capacities on the loss of a social support system to the extent that the individual is at risk of becoming immobilized and unable to maintain a household or social contacts without continuing assistance from others.

and this definition:

> Those older persons who are former adult day health participants or those current clients of the home-delivered meals program, the home health program, and/or the homemaker program.

Guidance in this matter came from the 1978 CSCA retreat which gave priority to older citizens who:

(1) Lack strength or mobility due to either a physical or emotional impairment.
(2) Lack financial resources.
(3) Are socially isolated, which includes women living alone.
(4) Are geographically isolated.
(5) Are undergoing extreme stress, i.e., widowed; surgery.
(6) Are at risk of losing their home.

II. Program Operation

The need to respond quickly to the January 31, 1979, closing of LMADHC left little time for advance planning. The development of policies and procedures effecting staffing, job descriptions, needs assessments, admission and discharge policies, specific types of services to be offered and recordkeeping had to come later. Direct service to frail elderly who participate in our program has resulted in the evolution of policies and procedures which seem to work. We continue to learn and grow and refine our technique and methods of operation.

STAFFING

The SPECA grant for the transition period from February 1, 1979 to December 31, 1979, provided funding for one full-time position of social worker/case coordinator. This individual was given responsibility for overall program management and development as well as the responsibility for individualized needs assessments, counseling, case management, and advocacy.

Additional staffing included two part-time advocacy aides hired through the title IX senior community service program. In late April 1979, CSCA received two CETA title VI positions: activities director and activity aide. Job descriptions for each of these positions are attached.

The position of social worker/case coordinator has been continued with title HI–B funding. The other positions continue to be funded with the cooperation of local manpower development programs—CETA and title IX SCSP. An additional

CETA worker was hired in October to assist with the home delivered meals program. In addition to her duties with this program, she has worked part-time as an activity aide with the frail elderly.

Current enrollment in the case coordination program totals 62 participants, 25 of these individuals attend the congregate site each day. Many of them require one-to-one assistance if they are to move from place to place, eat lunch, get to the bathroom, and participate in the activities offered at the site. The activities director organizes a diversified recreational program for the entire site. All other case coordination staff are available along with the part-time site manager to help approximately 100 other participants attending the site each day with whatever acute problems they may have. Considering the scope of services offered and the number of participants involved each day, our staffing is scanty. An added difficulty is that the social worker must frequently be away from the site to conduct intakes, home visits, and followup on case plans. We have coped with this problem by acting as organizers and facilitators. We use volunteers extensively, encourage nonfrail participants to help their frail peers, and frail participants to work together to compensate for each others handicaps.

HOURS OF OPERATION

The program operates 5 days per week, Monday through Friday. Most participants using the KVCAP transportation services arrive at 8:30 a.m. and leave by 3 p.m. However, since the staff is at the site from 8 a.m. to 4:30 p.m., we have been able to accommodate participants who need to stay longer.

ADMISSION PROCEDURES

Potential participants in the case coordination program are referred by any of the following sources: (1) Self, (2) family, (3) friends, (4) physician, (5) hospital discharge planner, (6) home delivered meals programs, (7) home health agency, (8) homemaker agency.

After a referral is received, the individual is visited at home and interviewed to determine his level of functioning, his access to and use of informal support systems, and his need for ongoing support and case management. If the person is an older adult, meets the definition of frailty outlined earlier, and needs ongoing support in order to remain at home, he is enrolled in the program.

All participants are encouraged to attend on a regular basis. Because of their fears, isolation, and multiple problems, some of the individuals are either unwilling or unable to attend the congregate setting especially at first. Their multiple problems and difficulty in dealing effectively with the fragmented array of services available to them make them good candidates for case coordination. These people are incorporated into our active caseload and contacted regularly to determine needs and to help them obtain appropriate services.

DISCHARGES

Individuals are dropped from our active caseload for any of the following reasons:

(1) Death.

(2) Functional deterioration requiring admission to an intermediate care facility.

(3) Relocation to a community beyond the target area of the program.

(4) Functional improvement or resolution of acute short-term problem such that the individual is no longer in need of ongoing advocacy and support.

(5) Personal preference on the part of the participant.

Participant dropped from the active caseload, who continue to live at home or in a nearby intermediate care facility are contacted periodically so that they can be readmitted to the program should such action become appropriate.

SERVICES PROVIDED

Services provided by the case coordination program fall into two broad categories:

(1) Services offered in a group setting at the congregate site.

(2) Individualized case management.

Services offered in a group setting at the congregate site:

(1) A friendly environment conducive to socialization between well and frail participants.

(2) Nutrition—noon meal which provides one-third of the daily adult nutritional requirement.
(3) Transportation to and from the site, including use of the wheelchair van.
(4) Recreational program offering a wide range of group activities, as well as individualized programs for participants with special needs.
(5) Daily group exercise program designed to maintain and improve range of motion.
(6) Health screening which includes weekly blood pressure, weight measurement, and nursing intervention.
(7) Nutrition education.
(8) Personal care—bathing, grooming, and nail care.
(9) Opportunity to participate in retired senior volunteer program.
(10) Adult education classes.
(11) Access to information and assistance with entitlements, e.g., income tax, energy program, and food stamps.
(12) Daytime respite for family of participant in need of supervision.
(13) Counseling for personal and family problems.

These services are planned for and available to both frail and nonfrail participants at the meal site. Some services, such as the noon meal and transportation are reserved first for frail participants of the case coordination program. Remaining slots for each of these services are then offered to all other participants on a first-come, first-serve basis. Other services such as information and referral and counseling are utilized by nonfrail participants on an intermittent basis, to help resolve an acute, short-term problem.

The second category of service, case coordination, is unique to the frail elderly served by the site, since these participants clearly are in need of ongoing support. As it is currently being practiced by this program, case production includes the following components:

(1) In-depth interview to assess overall functioning and needs.
(2) Counseling for personal and family problems.
(3) Regular contact with family members—recognizing them as the primary caretakers and offering them support with this task.
(4) Information, referral, and linkage to needed services not provided at the site (i.e. homemaker, home health, home-delivered meals, and voluntary organizations).
(5) Assistance and advocacy with entitlements such as medicare, SSI, food stamps.
(6) Periodic review of needs and coordination of services to meet needs.
(7) Periodic meetings and informal conferences with other service providers to develop common care plans for clients with multiple needs.
(8) At home support (visits, phone calls) to participants unable to attend the congregate site.

PARTICIPANT PROFILE

Over the past year the case coordination program has served an unduplicated total of 85 participants. This includes the 37 participants carried over from the LMADHC. Because of the delay in moving to a permanent facility the case coordination program was unable to accept new referrals until July 1979. Since that time we have served 48 new individuals. Awareness of the program on the part of the community and area service providers has steadily grown. We now receive several new referrals each week. There are now 62 people enrolled in the program including 22 former participants of LMADHC.

The case records maintained for each participant include both subjective and objective data gathered from interviews with the participant, family members, physicians, and other service providers. The following data have not been collected or compiled according to any formal research design and may, therefore, reflect the bias of the author. However, I have tried to present it as objectively as possible and hope that it will offer insight into the characteristics and needs of the people who made use of the program.

Total number of participants, 85. Average age: Males, 70; females, 73.

Note: Excluding two participants in each category who are under 50 years of age the averages become: Males, 72 (31 percent); females, 76 (69 percent).

Marital status, percent of total: Married, 24 percent; widowed, 56 percent; divorced, 7 percent; single, 13 percent.

INCOME RANGE

Annual incomes range from a high of $8,640 for an individual to a low of $1,116. The annual income for most participants was under $4,200, 40 percent received or were eligible to receive SSI benefits.

GEOGRAPHIC AREA SERVED

Although most participants reside in Waterville, where the Muskie Center is located, the program serves individuals from towns within a 20-mile radius of the city:

Waterville, 40; Winslow, 10; Fairfield, 8; Oakland, 12; Smithfield, 1; Norridgewock, 3; Skowhegan, 1; Benton, 3; Clinton, 1; Vassalboro, 2; Hinckley, 2.

Place of residence: 29 live alone. Included in this figure are 8 individuals who live in subsidized residential housing for the elderly; 20 live with a spouse; 35 live with grown children; 1 lives in a boarding home.

Use of other services: Transportation, 74 percent; home-delivered meals, 41 percent; homemaker, 33 percent; home health, 26 percent; outpatient therapy, 6 percent; mental health services, 7 percent.

Transportation was the most commonly used service. Of course, use of this service does not in itself indicate the presence of impaired functional ability, because many older people simply lack the financial resources to own and operate a car. Since all of the participants have at least a mild impairment, it would be reasonable to expect them to require at least one of the services listed in addition to transportation. In fact, 66 percent did use one other service, and 33 percent used two or more services. A mitigating factor is that some participants were able to rely on informal supports (family, friends, and church), thereby reducing their need for the services listed.

LEVEL OF FUNCTIONING

All of the 85 participants served over the past year can be considered frail and vulnerable in that they have required ongoing support from others in order to live safely and contentedly in their own homes. As is typical of the at-risk elderly population, most of these people were forced to cope with a multiplicity of problems. These include stroke, diabetes, heart disease, cancer, aphasia, arthritis, chronic lung disease, alcoholism, depression and anxiety, social isolation, and financial hardship.

Thirteen participants were confined to wheelchairs and 24 required the use of assistive devices (canes and walkers) as well as the supervision and assistance of another person.

Specific impairments are included in the following list. The physicians diagnosis for 75 percent of the participants included two or more of these conditions.

Condition:	*Number of participants affected*
Post CVA	15
Speech impairment	12
Low vision	19
Blindness	4
Hearing impaired	17
Hypertension	27
Diabetes	16
Arthritis	26
Heart disease	22
Seizure disorder	3
Chronic lung disease	11
Limb amputation	4
Incontinence	9
Alcoholism	10
Confusion and disorientation	14
Depression	40
Anxiety	21

A common malady for nearly all of the participants has been social isolation with ensuing loneliness and depression. Frequently this condition is either caused

or aggravated by an individual's physical impairment and lack of mobility. However in some cases, social isolation itself appears to be the precipiating factor for a whole list of physical complaints. Mrs. X is a case in point. Her physician referred her to the program stating that he believed her history of frequent hospitalizations (at least five per year over the past 3 years) was due to the severe depression she experienced when alone during the day. He felt that all she really needed was emotional support and a meaningful social outlet. Mrs. X was a participant of LMADHC for 11 months and has attended the case coordination program for the past 12 months. Although she continues to require supervision and emotional support, she engages readily in all of the social and recreational activities offered at the site. There have been no more hospitalizations.

Another important factor with regard to social isolation is the loss of one's former peer group. Many of the participants we have served have come to the program saying that they have outlived or moved away from all of their old friends. Often they lack the opportunity, strength, or courage to develop new relationships. Participation in the congregate aspect of the program has enabled these people to develop a new peer group. From the participants' point of view, the comfort and support derived from new friends is one of the major strengths of the program. Visitors to the site often observe how supportive these people are of each other. They compensate for each other's physical handicaps; they offer advice and encouragement with problems. This closeness carries over to their lives away from the site. A type of spontaneous telephone reassurance system has developed whereby participants keep in touch by phone during weekends or holidays or when someone is too ill to attend the site.

These data and other information obtained from the case coordination records was used to rate each participant according to the Genelle Williams Functional Scale, the same model used by the Utah alternatives program to determine an individual's need and suitability for home-based care. The results are summarized in the chart below.

FUNCTIONAL STATUS SUMMARY

Category	Level 1	Level 2	Level 3	Level 4	Total
Homebound status	6	20	35	24	85
Mental status	11	23	20	31	85
Mobility status	36	30	12	5	85
Personal care	13	38	31	3	85

A score of 2 or higher indicates a loss of functional ability and a need for at least minimal assistance. None of the CCP participants scored a 1 in all four areas which would indicate complete independence. All scored 2 or higher in at least one area, and 93 percent scored 2 or higher in more than two areas, 51 percent scored 3 or higher in more than two areas, indicating a need for substantial assistance.

ATTENDANCE

Over the past year from February 1, 1979 to February 29, 1980, the program has served 85 participants. As of March 1, 1980, there were 62 participants enrolled in the program, including 22 former LMADHC participants. We do not yet know the optimum ratio of frail to well elderly in a congregate setting. The program currently serves approximately 22 frail participants at the congregate site each day. At our present staffing level we could probably not adequately care for more than 30 per day, particularly if we continue to serve a large number of individuals with severe physical or mental impairments.

From February 1, 1979 to February 29, 1980, 22 participants have been discharged from the case coordination program. There are of course many factors involved in each case, but briefly the discharges can be summarized as follows:

Intermediate care facility—7: In each of these cases admission was sought due to marked deterioration in the individual's health status. The individual became too ill to attend the site, but required more supervision and nursing care than is currently available in the community. In at least three of the cases it is fair to say that the family would have continued to care for the participant at home and would not have looked to ICF admission had more extensive home care supports been available to them.

Living at home—1: Four of these individuals continue to live in their own homes but have moved to communities too distant from the target area of the

program. Three individuals were originally included in the program for acute problems. When the problems were resolved the individuals were able to live at home without the active support of the program. For the remaining four participants a mutual decision was reached between staff and participant that the program was not appropriate for the participant's needs.

Periodic contact is maintained with participants who are living at home or in an ICF facility. This practice assures the participant that he has not been forgotten and enables us to intervene should the participant's needs change.

Deceased—5: One individual lived 40 miles from the program. She had previously commuted with her husband who worked in Waterville. Her worsened medical condition coupled with the long distance, prohibited her from attending the congregate component of the case coordination program. Through continued contact with her husband and occasional home visits, we learned that she had remained home until just prior to her death. In each of the other four cases, participation in the case coordination program enabled the family to keep the participant at home until the acute care admission preceding death.

PROGRAM COSTS

Funding sources: $17,163, February 1, 1979 to December 31, 1979, SPECA grant. $15,000, January 1, 1980 to September 31, 1980, title III–B, Community Social Services of the Older Americans Act.

COST OF OPERATION

The per diem cost of serving frail elderly with the case coordination program has been computed using the figures for the first funding period: February 1, 1979 to December 31, 1979. Unit costs are based upon an average of 25 frail elderly served each day or a total of 125 each week. The per diem cost ranges from a high of $14.03 to a low of $10.37. The cost of serving each individual will vary since one person may attend 5 days per week while another may only use the service 1 day per week. Average attendance is 2.5 days per week so that the average weekly cost of serving each participant ranges from $35.08 to $25.93. Consequently, the average daily cost ranges from $3.70 to $5 per day, which compares with $25 to $35 in a nursing home.

The program costs can be broken down including all costs or just those incurred by the program directly. These two different ways of viewing the costs account for the high and low per diem and weekly rates.

Item	Total cost	Unit cost
ALL COSTS		
1. Personnel services:		
(a) SPECA position—social worker:		
Salary	$10,044	$1.55
Fringe benefits	1,319	.20
(b) CETA positions—Activity director, activity aide:		
Salaries	13,382	2.06
Fringe benefits	2,740	.42
(c) Title IX SCSP positions—Advocacy aides, part-time:		
Salaries	6,032	.92
Fringe benefits	1,025	.16
2. Other: Includes travel for social worker, equipment, supplies, administrative fees	5,800	.89
3. Transportation		5.38
4. Nutrition		2.45
5. Total		[1] 14.03
DIRECT COSTS		
1. Personnel services:		
(a) SPECA position—Social worker:		
Salary	10,044	1.55
Fringe benefits	1,319	.20
2. Other: Includes travel, equipment, supplies, administrative fees	5,800	.89
3. Transportation		5.38
4. Nutrition		2.45
5. Total		[1] 10.37

[1] Per participant per day.

Explanation of Unit Costs.—Personnel and other: Unit=1 participant served each day. Transportation: Unit=1 round trip per day. Nutrition: Unit=1 meal.

III. Program Analysis

The remainder of this report will be devoted to examining the experience of the past year in terms of program strengths and weaknesses, the problems which have been overcome and the problems which loom unresolved. I will also discuss some recommendations for the future of this particular program as well as the feasibility of replacing it.

PROGRAM STRENGTHS

(1) Preventing or forestalling inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care.

I do not have the data which would enable me to offer hard proof for my claim that the program did succeed in preventing or forestalling inappropriate institutional care for a number of the participants. The reason for this is that none of the participants were evaluated with regard to their need for institutional placement *prior to* their admission in the case coordination program. However, we do know from working closely with these people, that either they themselves or the family members responsible for their care were experiencing real difficulty in coping with their present situations. Many of these people viewed participation in the case coordination program as their last resort before considering institutionalization. Had placement occurred in any of these cases, it would have been inappropriate since it would have been precipitated not by a real need for the nursing service offered by an intermediate care facility, but an absence or insufficient amount of social supports required to enable the older person to live safely at home.

A study conducted by the Utah State Division of Aging, in preparation for its alternatives program, documents this problem. The study conducted in 1977, indicated that 40 percent of the nursing home patients interviewed were admitted for social reasons rather than medical reasons.

Social reasons were defined as: (1) A person living alone, (2) the vacation of the family or friend thus requiring nursing home admission, (3) personal choice, (4) the family of the person not being able to provide care to the person, (5) the family not willing to provide the necessary care.

Medical reasons were defined as and included such things as: (1) A broken bone, (2) a terminal illness case, (3) nursing care requirements, (4) rehabilitation therapy, etc.

Applying the criteria listed under social reasons to the knowledge I have of each participant's social history and resources, I think that it is fair to say that at least 20 of the 85 people we served over the past year would have sought institutional placement had intervention not taken place within 90 days. Although all of these people had at least one significant medical impairment, medical need would have been secondary to their social need in their decision to seek institutionalization.

There are other participants in the program whose medical impairments are more severe than those exhibited by the 20 individuals cited above. I did not include them in the list of people in immediate danger of institutionalization, because they currently enjoy strong support from family members. Nonetheless, the respite which this program affords the caretaker has been deeply appreciated by supportive families even though they would probably have continued to care for their older relative at home had the program not existed.

Even in these cases it may be possible that premature institutionalization has been forestalled by providing respite care which prevents the family from becoming too exhausted to continue with a responsibility they wish to assume.

Another faction not included in the group of 20 immediate-risk individuals are the people whose impairments pose no immediate threat to their ability to remain at home but who nonetheless have experienced a reduction in their capacity for self-care. Without intervention, their independence might steadily decline. For these individuals, the program serves a preventive purpose by giving them the support they need to enhance self-sufficiency and reduce their decline toward increasing dependency.

(2) More appropriate use of existing home-based services.

Assessments of the needs of the individuals enrolled in the case coordination program revealed that in several instances homemaker and home-delivered meals programs were being used by older people who admitted to requesting the service more for the social contact it afforded them than of an actual need for the service itself. The presence of support staff at the site enabled these people to participate in the social activities offered at the site. As they became involved

in the program and developed new peer relationships, their need for the social contact provided by the homemaker or the home-delivered meals driver diminished to a point where they could be released from these programs.

(3) Daytime respite for family caretakers of frail older persons.

This has been particularly valuable for families where both the husband and wife work outside of the home. Instead of having to leave a frail relative home alone during the day, the family has the comfort of knowing that he is well cared for. Respite is also important even when the caretaker is home all day. Providing continuous care can be mentally and physically draining. It has been our experience that the caretaker appreciates a few hours to herself to shop, do housework, or relax. One wife uses the time her husband is at the Muskie Center to nap since she is frequently required to get up several times a night to attend to his needs.

Another important aspect is the frequent contact between program staff and the families of our frail participants. This forum where families can express their frustrations over having to cope with an impaired relative, has provided a safe outlet for hostilities and resentments.

(4) A sense of group identity, and a sense of being accepted, appreciated by others for the frail elderly who attend the site.

Although most of the frail participants were reluctant to break their established pattern of isolation and attend the congregate site, they now often say that the program has benefited them most by giving them a renewed sense of community involvement. In fact, many participants have told me that they wish the site were open on Sunday because they consider that to be the loneliest day of the week. Visitors are impressed when they see an obviously frail participant pushing a wheelchair for a friend or getting lunch for a person unable to go through the line.

The daughter-in-law of an elderly male stroke victim told us that after his stroke, her father-in-law seldom contributed to family discussions or chatted with visitors. In fact he seemed to withdraw more as he listened to family members talk about the interesting day they had at work or school. He was quiet at first but we soon discovered a deep vein of humor in this man and a real knack for storytelling. He spends much of his time swapping jokes and stories with other participants. He also enjoys the group exercises and the opportunity to practice walking. His family has noticed a difference in his behavior at home. He now demands equal time at the dinner table to share the events of his day. He seems to draw satisfaction from having a social outlet outside of his family that he can call his own.

(5) One consistent contact who knows the whole story of a client's needs and resources and enjoys the trust of the frail older person.

Problems do exist in the overall case management structure of the program and will be discussed later, but the frail elders regard the staff of this program as their advocates. They look to the staff for information about services, help in obtaining and understanding their entitlements, and intervention when problems arise in receiving or asking for services from local providers. This is important because many older people express frustration with the fragmented array of services; some simply give up trying. What is needed is someone to interpret and broker the services since eligibility requirements and application procedures for each are usually very different.

(6) Benefits to well older people using the congregate site.

As a result of the presence of additional staff to provide support for frail participants, the program offerings for all participants at the site have been greatly enriched. The site now serves more as a focal point for information and access to a variety of services rather than as just a place to get a hot meal.

Nonfrail participants at the site have come to regard the case coordination staff as a valuable resource for the times when they themselves need counseling, information, and referrals. The interaction between support staff and well elderly at the site assures the development of familiarity and trust before a crisis occurs. We have witnessed several instances where a well congregate site participant has suddenly moved to a frail state due to illness or an acute problem like the loss of a spouse. Because the program for frail elderly is an integral part of the congregate site, the structure is already in place to support this person.

(7) Flexibility.

With so many barriers at the local level to overcome we have had to be flexible in order to survive. In my judgment, the adaptability of the program has been its greatest asset. Because program development has occurred simultaneously with

service delivery, we have been able to use the knowledge gained from working daily with frail elderly to structure the program around their needs rather than forcing them to modify their needs to fit a rigid service delivery system. An illustration might better serve:

A 93-year-old woman lives alone in her ancestral homestead which is rurally situated. Physically she has no significant impairments but mentally she is plagued by severe loneliness, depression, forgetfulness, and frequent disorientation. Her self-care skills have lapsed to a point where she no longer bothers to bathe, clean her clothes, or prepare meals. For months, she has allowed piles of garbage to accumulate throughout the house. She is adamant in her desire to continue living in her own home but she rejects all offers of help from homemakers, home health, neighbors, and her only family, the daughter of a dear friend. At the time of her referral to the case coordination program, she was receiving home-delivered meals.

Although our staff is stretched thin, we felt that this was a critical case, particularly since pressure was mounting from a variety of sources to remove her from her home to an institution where she would be safe. Normally, we ask that a participant use the transportation services provided by KVCAP to travel to and from the site. In this case, however, trust had to be established first. She was visited at home several times by the program social worker and then an advocacy aide was assigned to transport her to the site. At first her attendance was sporadic and she stayed only for lunch. Gradually as others reached out to her, she began to make friends and to stay for particular activities. After a long weekend at home, she admitted that she really looked forward to coming. She now goes home on the bus but we still make a special trip for her in the morning. She simply can't get up on time to board the bus by 8 a.m.

Perhaps most important, she has come to trust the advocacy aide and says she no longer feels so alone. Recently she allowed him to remove her garbage from her house and asked him to help her with several minor household repairs. We are confident that, in time, she will allow us to provide her with personal care.

The point is that we have been able to adapt our services and intervention to her needs rather than refusing to help her because she wasn't able to accept the whole package all at once. Helping her has required a major investment of staff time. The Lakewood Manor Adult Day Health Center would have refused her because she lacked a safe environment. The homemakers and home health agencies have similar reservations. We, too, would like to make her surroundings as safe as possible but there is still a long way to go before she is really safe at home. In the meantime, without our intervention her situation would have deteriorated and she might well have lost her battle to remain at home.

PROGRAM WEAKNESSES

1. Case Management

Through frequent contact and occasional meetings, we have succeeded in establishing a solid working relationship with other area service providers. Referrals are shared freely and we have frequent discussions to handle problems that relate to mutual clients.

Progress has been made toward a more formal system of case coordination whereby representatives from each provider meet regularly to develop care plans for clients with multiple needs. Three such meetings have taken place and were considered helpful by all in attendance. However, movement has slowed just as similar initiatives in the past between homemakers and home-health nurses were allowed to lapse. I believe that the interest is still there but that other factors hamper the effort. One problem has been staff changes; another the preoccupation with funding cuts. Lack of a common assessment tool and differences between eligibility and utilization requirements have also been contributing factors.

In the absence of any one provider being vested with the authority and the resources to purchase and actually manage the services of all the others, we, as a group, have not thought through what we want case coordination to entail. There is a consensus that whatever we finally work out should result in better service and easier access for the client and more efficient delivery for the provider, rather than just another layer of paperwork. As a first step, we have encouraged (and I think accomplished) the development of cooperation and communication among the local service providers.

2. Inadequate Case Planning In-House

All too often case work for frail participants in the program occurs on a crisis basis. We feel that some of our caseload individuals are not being adequately served. Staff changes have hindered our continuity but the main problem has been instability in the physical setting of the program. We have moved twice now and soon will have to move again to another temporary location while structural problems in the Muskie Center are corrected. There has also been uncertainty within the city of Waterville as to the operation and regulation of the Muskie Center and the proper role of the senior citizens programs within it.

In sum, we consider ourselves weak in the area of case planning. Our goal is to formalize our approach to the point where CSCA staff (site manager, home-delivered meals coordinator, social services coordinator, and activities director) meet routinely to formulate written case plans that are discussed with the participant and if appropriate, the family caretaker.

3. Lack of Staff Continuity

With the exception of the social worker/case coordinator all of the staff for the case coordination program are provided by local manpower development programs. Since the purpose of these programs is to train people and move them to unsubsidized positions, the tenure of the individuals employed is limited. In a service population where trust is a critical element, continuity of staff is important. It is traumatic for the frail elderly to frequently adjust to new caretakers. The quality of the staff obtained from these programs has been excellent. Certainly using their labor, however short-term, is preferable to not providing the service at all. However, more of the key full-time positions should be funded through a source which does not arbitrarily limit the tenure of the individuals hired.

4. Gaps in Services Provided by the Congregate Site

Of course, many gaps exist in the spectrum of home-based care. We lack the financial resources to address them all. We have, however, isolated a few services which would enhance our program and which are within our grasp, although we would probably have to seek an additional CETA or title IX slot in order to execute them.

Friendly visitor program.—We would like to develop a system for matching homebound individuals with volunteers willing to visit them on a regular basis. The program would help to mitigate the loneliness of frail elderly unable to attend the site. A friendly visitor program would also serve as a first step toward renewing community involvement for older persons whose patterns of social isolation have become firmly established. Volunteers could serve as a mecca of information for the social worker. Volunteers would also free the social workers' time to deal with more complicated cases.

Maintenance therapy.—This service is the one most sorely missed by participants of the Lakewood Manor Adult Day Health Center. We do offer group exercises but there is need to work with each participant, guiding him through maintenance physical therapy exercises geared to particular impairments. There is real promise for this objective since the Mid-Maine Medical Center has offered to support us by loaning a physical therapist to us for half a day each month. What we now lack is a staff member with the time to carry out this program.

We would also seek to establish support groups for individuals with significant handicaps like strokes, blindness, and speech impairments.

FAMILY SUPPORT GROUP

Caring for an impaired relative at home can be an arduous task, creating practical problems as well as physical and emotional stress. Our experience has been that the caretaking relative derives comfort from being able to ventilate his frustration with someone outside of the family.

A family support group meeting on a regular basis would prove to be an important forum where family caretakers could share their insights. Speakers and films could also be used to educate families concerning the nature of certain impairments and attendant services.

PROBLEM AREAS

No description of the case coordination program would be complete without a discussion of some of the barriers encountered along the way. The concept of serving frail elderly and the program itself encountered stiff opposition at the local level. Though many of these obstacles were distinctive to the Waterville site I am sure that similar problems will be encountered when we attempt to duplicate the program at other meal sites.

A problem at the outset, and one that is still present to a lesser extent even now, has been the instability of the program's physical sites. It was difficult to find a building which could house so large a program and be accessible to handicapped individuals, but finding such a building where large numbers of frail older people would be welcome was harder still. With all respect to the city of Waterville for offering the Muskie Center to the nutrition program, it took long and persistent persuasion in order for the case coordination program to be included in the invitation. Possibly the stigma of failure attached to the Lakewood Manor Adult Day Health Center and the fear that the Muskie Center would come to be regarded as a quasi-nursing home were responsible for the city's reluctance. At any rate, we did not enjoy much official support at first, but a year later, city officials point with pride to the services offered at the Muskie Center.

The strongest resistance came from another front: The well elderly who used the two sites prior to consolidation loathed the idea of moving to unfamiliar surroundings. They were unhappy over consolidating the sites because the two sites served different ethnic and socioeconomic factions in the city. Neither group particularly wanted to coexist with the other; both groups were reluctant to have sick people around. They expressed fears that the place would be depressing, "like a nursing home with beds all over the place."

After months of concerted effort the resistance has slowly diminished. Some of our strongest opponents now take an active role in operating the site. Though all three groups have retained their individuality, we have witnessed the forging of a new group identity. It can now be said that the support program for frail elderly at the site is an integral component of the overall nutrition program for the Waterville area. Frail elders take an active role in operating the site from volunteering for special projects to holding seats on the site council.

The problems encountered at the local level appear to be under control, but broader issues remain. These issues must soon be addressed if this program is to flourish.

A concern voiced by the well elderly at the site illustrates an important area requiring policy development: The need to institute a formal assessment and priority system for all site participants using restricted services like nutrition and transportation. Many well elderly support the concept of serving the most needy first, but they fear that priority for frail elderly will exclude all the other older people who have enjoyed the nutrition program for years.

Our experience thus far does not support this fear. Despite expansion in the case coordination program, an allotment of 40 meals per day, which is one-third of the quota set for the Waterville site, is ample to serve frail elders on a priority basis. Because of their fears and isolation, recruitment of frail site participants is a slower process than the recruitment of individuals requiring no special support. In addition, the absentee rate is higher for frail elderly than for others. It is normal, for instance, to schedule 25 participants for any given day and have only 20 of them attend. Furthermore, fewer frail participants elect to attend the site Monday through Friday. Because of their ill health, the frail participants find that they prefer to alternate 1 day of attendance with 1 day at home. Consequently, we serve a larger number of frail elderly on an unduplicated basis. Currently with a total enrollment of 62 frail participants, 26 are scheduled for attendance each day at the site. Each participant attends an average of 2.5 days per week. Actual attendance has averaged 22 participants per day.

The method currently in use at the Muskie Center is to reserve slots for the number of frail participants scheduled to attend. The remaining meals are left to open registration on a first-come, first-served basis. Reservations for these places are made each day for the following day. Since the total attendance at the Muskie Center has yet to exceed 110 participants, the procedure described is workable. However, when demand exceeds the allotted 120 meals, the priority system for restricted services (meals as well as transportation) will have to

become more formal and defined. We trust that Federal guidelines will soon be available to assist with this task.

Another major issue is funding. Ongoing funding needs to be established for case coordination in Waterville and in other areas of the State. Funds are also needed for the purchase of services which are now limited or completely absent from home-based care. More individuals could be assisted in their struggle to remain at home if it were possible to purchase such services as overnight or vacation-respite care and ongoing home-health care for maintenance level patients.

IV. Recommendations for Future Action

Expansion of case coordination program to other congregate meal sites

Our experience at the Waterville site proves that with the right modifications, the congregate meal site can become a focal point for the delivery of a wide range of services to the frail elderly. The site can also offer the same services on an intermittent basis to their well peers. The case coordination program in Waterville reflects the social, political, and economic climate of the city it serves. I suspect that other meal sites in other towns will offer their own distinctive characteristics. These differences should be respected. Some suggestions may prove helpful.

(1) Survey all existing sites to determine such factors as adaptability of the physical setting, social and political climate, expertise and sensitivity of staff, and availability of other supports like transportation, homemaker agency, home-health association, and manpower development programs. With this information we can decide where to concentrate our efforts first. We can also develop a long-range plan for other sites.

(2) Recognize the importance of extra staff to carry out the program. I strongly believe that the success evidenced by the Waterville site would not have been possible without the presence of staff members trained to advocate for the special needs of the frail elderly. Nor do I believe that this effort would be sustained if the support staff were removed. A social services coordinator should be hired early in the process to help gather community support for the program. This person would be responsible for directing the services for frail elderly at the site. The position can be part-time at first, but provision should be made for increasing the hours as the size of the caseload grows.

(3) Build broad-based support for the program by including local officials and service providers in the planning stage. Local participants might include the site council, the site manager, the home-delivered meals coordinator, local officials, and representatives of churches, homemaker, and home-health agencies. Their support will be necessary to sell the concept to the site and to locate and recruit frail participants.

(4) Broaden activities and services at the site so that the current participants will view the change as positive. Because organizing a meaningful and diversified program is time-consuming, plans should be made early on to hire an activities director, probably through the CETA or title IX SCSP manpower development programs.

(5) Recruit referrals for case coordination from the home-delivered meals program. These people frequently require multiple services in order to remain at home and many of them can profit from being included in the activities offered at the congregate site.

V. Conclusion

The case coordination program was created to respond to the service needs of a specific group of people and others like them in the community. A total of 85 frail older people were served during the first year. Emphasis was on serving the needs of these people rather than on research or program design. The result is a program which is not pure day care, senior center, or case coordination, though it incorporates elements of all three models. We have accomplished this in the face of local resistance and without the benefit of sophisticated assessment tools, uniform client and service definitions, and Federal guidelines. We do not pretend to offer the answer for serving frail elderly. Perhaps we have one of many possibilities for future service. We do believe that we have a unique service that has enriched the lives of all the people served and helped a significant number of them avoid premature or inappropriate institutionalization.

ITEM 7. PRELIMINARY REPORT ON EMPLOYEES IN LONG-TERM CARE SYSTEMS, FROM SUBCOMMITTEE ON POLICY OF THE GOVERNOR'S TASK FORCE ON LONG-TERM CARE FOR ADULTS, SUBMITTED BY E. STUART FERGUSSON [1]

In the entire spectrum of long-term care, there is no more important factor than the people with whom the recipient of prospective care comes into contact—from the initiation of inquiries into the possibility of receiving meals-on-wheels, to the placement in a skilled nursing facility; from the release from a mental institution into the community, to the referral to day care centers.

The people in this system have an awesome responsibility, people ranging in status from the laundry personnel in a long-term care facility, to the nurse's aide having the most actual contact, to the person making the decision regarding the most appropriate type of care, to the enforcer of public regulations. All too frequently the workers from one end of the spectrum to the other are undercompensated, overworked, inadequately trained for their job responsibilities, and have little opportunity for promotion from within.

The people who are being served are consumers, but they are helpless consumers for the most part. A typical consumer can decide what he wants to buy from any number of choices and determine how, or indeed if, he can pay for it. A recipient of long-term care of any kind, however, is at the mercy of the system, or lack thereof. More often than not, or so it seems, this consumer does not know where to turn, does not know what rights he has, does not know what alternatives there are, has little control over his own destiny, and may not even have a friend or relative to turn to for help.

It is this plight of the consumer that has led a number of studies to question the desirability of the free enterprise marketplace being such a key ingredient of the long-term care continuum, "The Final Report of the Ohio Nursing Home Commission," the AFL–CIO report, "America's Nursing Homes Profit in Misery," and the Special Committee on Aging, U.S. Senate, for instance, note that in general, conditions often seem to be better in nonproprietary homes than propietary ones. Particularly where there is a prospective system of reimbursement, cutting costs often comes in the areas of staff salary and food.

Since we are specifically concerned with staffing in the areas of wages, working conditions, and training, and since this is an area especially susceptible to cutting costs, should we consider whether it is appropriate for the ethics of the marketplace to occupy such a central role in programs designed to meet human needs?

We are considering, however, the system as it exists at the present time and reasonable suggestions for improvement. All would agree that wages are at unacceptable levels. According to the Maine Department of Manpower Affairs, the average minimum wage offered nurse's aides by nursing home employers using the Maine Job Bank in 1979 was $3.03 per hour for 400 job openings. The figure was $4.07 per hour for 83 job openings for licensed practical nurses. Average weekly wages paid by nursing homes under the employment security law was $103.54 in 1978. Testimony presented at policy subcommittee meetings by nursing and boarding home operators corroborate that the field, and this includes other areas of the spectrum as well, is characterized by minimum wage payments. Good fringe benefit packages, which are essential to making occupations attractive as a career, are difficult to offer with the present restrictive reimbursement system.

Several factors need to be considered in respect to the personnel involved in long-term care. It should be accepted as an axiom that the key element in improving the quality of life for those in need of any kind of long-term care should be the quality, attitudinally as well as professionally, of the personnel administering services. Emphasis on the medical model has been all too prevalent. All people involved, whether they be those responsible for referral, those responsible for care, those responsible for evaluation and reimbursement, should be socially and psychologically receptive as well. Such people must be both adequately paid and adequately trained. Workers in long-term care should be able not only to take pride in their work but also look to it as a career. Such is not the case at the present time. The AFL–CIO report indicates that there is a 75 percent annual turnover rate for workers in nursing homes nationwide. Those who have testified before the policy subcommittee have indicated that turnover is a disturbing phenomenon in Maine. Continuity of care is essential to the quality

[1] See statement, page 81.

of care. If the quality of life for recipients of long-term care is to be improved, the workers must be well paid and must receive good fringe benefits. Working in the system must come to be perceived as an honorable and respected pursuit. After all, few workers have such a burden as caring for those in need.

The personnel, as well as being well paid, must be well trained. Although we recognize the importance of nonhealth care personnel in the area of social services, for instance, we do not have specific training recommendations presently. This is an area that needs attention, however.

Let us concentrate on the health care field presently. There are three main categories—the registered nurse, the licensed practical nurse, and the nurse's aide. We feel that training programs and licensing requirements are in general satisfactory for RN's and LPN's. We would point out, however, that directors of nursing should not only be involved in that and not have responsibilities that should be performed by general administrators. This is not to say, however, that nurses should not have more extensive training in nursing administrative functions, they should. We would further suggest that geriatric training for both RN's and LPN's be stressed and that there be increased enrollment opportunities for LPN's, who occupy a critical role in the long-term-care field in our opinion. There are not enough RN's or LPN's in long-term care. There should be mandatory continuing education requirements.

At the present time there is really no comprehensive system for the training and certification of nurse's aides. There should be one. There should be a standardized curriculum developed. It should emphasize geriatrics with provisions for career mobility built in. All curriculum proposal would have to be approved by a designated body. The Division of Licensing and Certification is presently working on curricula submission. There must be improved communications between the division, the board of nursing, and providers. Instructors in nurse's aide programs should be approved, not only in schools, but in programs performed in-house as well. Any kind of certificate is useless unless it means the same thing everywhere. A nurse's aide certificate should mean the same thing everywhere. A standard testing system should be implemented to insure that not only is curriculum content uniform throughout the State, but also that all holders of certificates have met uniform written and clinical standards.

Furthermore, a person must have such a certificate before assuming patient care. The coordination of area training centers should be considered. Serious consideration should be given to eliminating the present classifications of certified nurse's assistant and medical technician and having one basic classification of nurse's aide. The curriculum for the nurse's aide must be geared to the total needs of the individuals being served. It must focus on more than physical and medical needs. Under such a system the progression would be nurse's aide, licensed practical nurse, registered nurse. Particular training requirements in the area of mental health still need to be addressed.

It should be pointed out that the Commission on Nursing Practice of the Maine State Nurses' Association has established an ad hoc committee, the Committee for Quality Assurance in Long-Term Care Facilities, to investigate the adequacy of the overall situation now and to make recommendations. It is in operation now and the task force should make some provision for considering its findings after the life of the task force has ended.

Prospective applicants for positions in the long-term-care system should include copies of their certificates with their applications. Upon hiring, they should receive written job descriptions. Workers should be required by statute, and they should also be protected, to report any instances of patient abuse and violations of regulation and licensing requirements. Worker-patient ratios, which should be based upon patient needs assessments, and certification requirements must be rigorously enforced. There should be mandatory continuing education requirements for all workers in the system.

We feel very strongly that career development should be emphasized. That is not the case now. A person entering at the most menial level should have avenues open to him to advance through the system if he has the ability and the inclination. These opportunities, as is the case with continuing education, should be available at no loss of salary to the individual.

The general thrust of our remarks apply not only to workers in nursing and boarding homes, but workers across the entire spectrum. There are many specific requirements now relating to employees in regulations governing the licensing and functioning of skilled nursing facilities and intermediate care facilities

and regulations governing the licensing and functioning of boarding care facilities now. We recognize that before we begin to mandate improvements, and we must do this, that we must have an adequate training system in place.

The above report summarizes some of our concerns at the present time. It is by no means complete. More specific recommendations must be forthcoming. We also must work closely with the finance committee to find the dollars to fund the suggestions incorporated above in a general way.

Once again, this is a very preliminary report. We hope it will be useful in stimulating discussion and suggestions from the entire task force.

ITEM 8. EASTERN TASK FORCE ON AGING DIRECTORY OF SERVICE RESOURCES FOR THE ELDERLY IN EASTERN MAINE, SUBMITTED BY LOUISE MURCHESON

The Eastern Task Force on Aging was designated in 1973 under the Older Americans Act to be the area agency on aging in Hancock, Penobscot, Piscataquis, and Washington Counties.

Its purpose is to develop and maintain a network of programs for the older persons of eastern Maine.

"The planning and operation of such programs will be undertaken," states the Older Americans Act," as a partnership of older citizens, community agencies, State, and local governments with appropriate assistance from the Federal Government."

In the fulfillment of its primary goals, the task force has enjoyed the cooperation of many other service agencies whose specialties are concerned either wholly or partially with the older population of the area. These are listed in the following pages. Not listed, but of great importance, are the municipal governments whose assistance has been invaluable.

PROGRAMS MAINTAINED OR SPONSORED BY THE EASTERN TASK FORCE ON AGING

Health Fairs, Screening and Monitoring Clinics.

Community Service Advisors—for questions on social security, supplemental security income (SSI), medicare, medicaid, housing, etc.

Handymen—for minor home repairs.

Sen-Cit representatives of ETFA in the field.

Sen-Cit newsletter.

Eastern transportation for the elderly in Penobscot and Piscataquis Counties.

Meals for Me, Inc.

Legal assistance and the Elderly Resources Department which has compiled—and constantly updates—a file of persons, agencies, and organizations through which the elderly of eastern Maine can turn for assistance with problems that confront them.

MAINE DEPARTMENT OF HUMAN SERVICES

396 Griffin Road, Bangor, Maine 04401, 1-800-432-7825—Bangor 947-0511

Area offices

Calais, 87 Main Street, ZIP 04679, 454-2131.

Dover-Foxcroft, 51 East Main Street, P.O. Box 70, ZIP 04426, 1-800-432-1641.

Ellsworth, 415 Water Street, ZIP 04605, 1-800-432-7823—667-5361.

Lincoln, 53½ Main Street, ZIP 04457, 794-6644.

Machias, 100 Court Street, ZIP 04654, 1-800-432-7864—255-8641.

The Department of Human Services covers a wide range of interests and ages. Among the programs of special interest to the aging are: Adult protection, eye care, food stamps, rehabilitation, medicaid, and catastrophic illness.

COUNSELING CENTER

43 Illinois Avenue, Bangor, Maine 04401, 1-800-432-7930—Bangor 947-0366

Area offices

Bar Harbor, 33 Ledgelawn Drive, ZIP 04609, 288-3363.

Dover-Foxcroft, 14 Summer Street, ZIP 04426, 564-8175.

East Machias, Box 122, ZIP 04630, 255–8311 (home health, 255–8603 or 8604).
Ellsworth, 78 Union Street, ZIP 04605, 667–5357.
Lincoln, P.O. Box 385, ZIP 04457, 794–3554.
Millinocket, 276 Katahdin Avenue, ZIP 04426, 723–9739.
Counseling center programs affecting the aging are home-health care, homemakers, mental health, alcoholism, speech, and physical therapy.

PENQUIS COMMUNITY ACTION PROGRAM (CAP)

262 Harlow Street, P.O. Box 1162, Bangor, Maine 04401, 1–800–432–7868 or 1–800–432–7876—Bangor 947–6931

Area offices

Dover-Foxcroft, 14 Summer Street, ZIP 04426, 564–7627.
Patten, Katahdin Community Center, ZIP 04765, 528–2610.
Lincoln, 63 Fleming Street, ZIP 04457, 794–6167.
(RSVP can be reached through the above numbers.)

WASHINGTON-HANCOCK COMMUNITY AGENCY

Ellsworth, 6 State Street, ZIP 04605. Administration 667–5903. Fuel 1–800–432–1715 and 667–5387. Transportation 1–800–432–7312 and 667–4601.
Machias, Post Office Building, ZIP 04654. Administration 255–3431. Fuel 1–800–432–4733. Housing 255–3431.
Both CAP agencies provide low-cost FMHA loans, grants, winterization, weatherization, and health clinic nursing.

ELDERLY HOUSEHOLDERS TAX-RENT REFUND

Eastern Task Force on Aging.
Maine Bureau of Taxation, State House, Augusta, Maine 04333, 1–800–452–1924—289–3695.

EMPLOYMENT AFTER RETIREMENT

Maine Employment Security Commission (Maine Job Service)—Bangor, 45 Oak Street 04401, 942–6351; Calais, 171 Main Street 04619, 454–7551; Ellsworth, 75 Washington Street, 667–2554; Machias, Lower Main Street 04654, 255–3428.
Eastern Task Force on Aging: Elderly Resources Department, Preretirement Committee.
CETA—1 Illinois Avenue, Bangor 04401, 945–9431; Pleasant Street, Dexter 04930, 924–3410; 93 High Street, Ellsworth, 04605, 667–9314; 22 West Broadway, Lincoln 04457, 794–8501; Cooper Street, Machias 04619, 255–8808; Spring Street, Millinocket 04462, 723–8173; Patten 04765, 528–2263.
Foster Grandparent Program—Levinson Development Center, 159 Hogan Road, Bangor 04401, 947–6136.
HOME, Inc.—Route 1, Orland 04472, 469–7961.
Senior Community Service Project—Cooperative Extension Service, University of Maine, Orono 04473, 581–2513.

FOOD STAMPS

Maine Department of Human Services, Food Stamp Program, 1–800–432–7825.
Eastern Task Force on Aging, 947–0561—1–800–432–7812.
Social Security Office, Federal Building, Bangor, Maine 04401, 947–6717.

FUEL ASSISTANCE

Penquis CAP. During the emergency, Penquis CAP shared offices with Washington-Hancock Community Agency. Check, also, Department of Human Services, Eastern Task Force on Aging and local town offices.
HOME, Inc., Orland, Route 1, ZIP 04472, 469–7961.

SOCIAL SECURITY, SUPPLEMENTARY SECURITY INCOME

On matters of social security, supplemental security income (SSI), medicare, medicaid, etc., contact Eastern Task Force on Aging, CSA; Maine Department of Human Services, or the Social Security Bureau.

MEAL SITES

Since Meals for Me, Inc. is sponsored by the Eastern Task Force on Aging, information on any of the 19 sites can be received through the task force telephone numbers.

Local numbers are needed for reservations.

MEALS FOR ME, BANGOR THROUGH EASTPORT

Bangor, 947–4063, Knights of Columbus Hall, 95 Court Street, Monday through Friday.

Bar Harbor, 288–3514, Bar Harbor Congregational Church, Tuesday and Thursday.

Blue Hill, 374–5592, First Congregational Church, Wednesday and Friday.

Calais, 454–3143, St. Croix Club, Monday through Friday.

Dexter, 924–3369, First Universalist Church, Tuesday and Thursday.

Dover-Foxcroft, 564–8986, St. Thomas Church, Tuesday and Thursday.

Eastport, 853–2364, Senior Citizen Center, Monday through Friday.

MEALS FOR ME, ELLSWORTH THROUGH MACHIAS

Ellsworth, 667–9039, Meadowview Apartments, Monday and Friday. Catholic Church, Tuesday and Thursday.

Greenville, 695–3844, Holy Family Hall, Wednesday and Friday.

Hampden, 862–3700, Kiwanis Hall, Thursday.

Howland, 732–3513, Town Hall, Tuesday and Friday.

Indian Island, 827–6101, Health and Social Services Building, Monday through Friday.

Lubec, 733–2858, Sacred Heart Church, Thursday.

Machias, 255–6665, Center Street Congregational Church, Monday through Friday.

MEALS FOR ME, MILO THROUGH PLEASANT POINT

Milo, 943–2202, Town Hall, Tuesday and Thursday.

Newport, 368–5558, United Methodist Church, Tuesday and Thursday.

Old Town, 827–5198, St. Mary's School, Tuesday and Thursday.

Patten, 528–2610, Katahdin Community Center, Wednesday and Friday.

Pleasant Point, 853–2537, Monday through Friday.

HOMEMAKERS

Counseling Center Homemaker Service (Bangor and area offices)—Calais, Washington County Homemakers, 22 Calais Avenue, ZIP 04619, 454–2382; Orono, Family Aides, Orono Help Center, Town Hall, Main Street, ZIP 04473.

HOME REPAIRS (INCLUDING WINTERIZATION AND WEATHERIZATION)

Eastern Task Force on Aging Handyman Service, contact headquarters for entire area.

Machias, UMO Extension Service, Federal Building, ZIP 04654, 255–3345 and 255–3346.

Penquis CAP area offices, weatherization, low-cost loans, grants.

Washington-Hancock Community Agency, area offices, weatherization, low-cost loans, grants.

HOUSING AUTHORITIES

For information on privately owned housing for the elderly and towns not mentioned here contact the Task Force Elderly Resources Department or the various town offices.

Bangor Housing Authority, 161 Davis Road, ZIP 04401, 942–6365.

Bar Harbor Housing for the Elderly, 80 Mount Desert Street, ZIP 04609, 288–4770.

Brewer Housing Authority, Heritage House, Chamberlain Street, ZIP, 04410, 989–7890.

Northeast Housing for the Elderly, Maple Lane, Bar Harbor, ZIP 04609, 244–7896.

Old Town Housing Authority, South Main Street, Old Town, ZIP 04468, 827–5985.

Orono Housing Foundation, Talmar Woods, Orono, ZIP 04473, 866–4300.
Off Reservation Indian Housing, Central Maine Indian Housing, 95 Main Street, Orono, ZIP 04473, 866–5587.
Penobscot Tribal Reservation Housing Authority, 827–7147.
Southwest Harbor Housing for the Elderly, 244 -7896.

HEALTH

ALCOHOLISM

The Counseling Center area offices.
Eastern Maine Medical Center, Bangor, Maine 04401, 947–3711—Dr. Stanley Evans, ext. 2911; Alcohol Institute, ext. 2200; Detoxification Unit, ext. 2210; rehabilitation, ext. 2204.

DENTAL CARE

Adult Dental Clinic, Bangor, 103 Texas Avenue, ZIP 04401, 942–7993. Serving also: Brewer, Hampden, Bradley, Carmel, Bucksport, Hermon, Orono, Old Town, Eddington, Glenburn, Orrington, Veazie. Plus other communities through referrals.
Four-Town Nursing Service, Inc., Blue Hill, Memorial Hospital, ZIP 04614, 374–5510 and 374–9993. Serving: Blue Hill, Brooklyn, Brooksville, Castine, Sedgewick.
Lubec Regional Medical Center, Outpatient Dental Services, Lubec, ZIP 04652, 733–5541, ext. 36.

DRUG PROGRAMS

Eastern Task Force on Aging, low-cost prescription drug program.
Maine Department Human Services, medicaid drug program.
Maine Bureau of Taxation, State House, Augusta, Maine, ZIP 04333, 1–800–452–1924.

EYE CARE

Funds are very limited but may be available for neediest cases through:
Maine Department of Human Services, area offices.
Lions Clubs, local groups.
Four-Town Nursing Association, Blue Hill Memorial Hospital, ZIP 04614, 374–5510 and 374–9993.
Salvation Army, local branches.
Catholic Diocesan of Human Relations, Orono, 95 Main Street, ZIP 04473, 866–4903.
Community Health Services, Old Town, North Brunswick Street, ZIP 04468, 827–5985.
Division of Eye Care, Augusta, 32 Winthrop Street, ZIP 04330, Tax exemption for the legally blind.
Talking Books, available through the Bangor Public Library or local libraries, 1–800–432–7860.

HEALTH CLINICS FAIRS

Eastern Task Force on Aging, in cooperation with Departments of Public Health Nursing, Four-Town Nursing Association, Penquis CAP.

HEARING TESTS

Bangor Regional Speech and Hearing Center, Bangor, 103 Texas Avenue, ZIP 04401, 947–8813.
Community Health Services, Old Town, North Brunswick Street, ZIP 04468, 827–5985.
Conley Speech and Hearing Center, Orono, University of Maine, 581–7872.
Eastern Maine Medical Center, Speech and Hearing Department, Bangor, 489 State Street, ZIP 04401, 947–3711, ext. 2370.

HOME-HEALTH CARE

Most calls for home-health care that come to Eastern Task Force on Aging are referred to the Counseling Center in Bangor or area offices. Many towns, also, have home-health care through their public nurses. This list may not be complete.
Bangor District Nursing, 103 Texas Avenue, 947–0589, after hours, Monday through Friday, 947–3711.

Bangor Home Nursing Care, 96 Harlow Street (24-hour care) 942–3851.
Bar Harbor Public Health, 93 Cottage Street, 288–5584.
Four-Town Nursing Association, Memorial Hospital, Blue Hill 04614, 374–5510 and 374–9993.
Bucksport Regional Health Center, Main Street 04416, 469–7371.
Downeast Health Service, Inc., 264 Main Street, Box 243, Calais 04619, 454–3634; 78 Main Street, Machias 04654. 255–8280; Harrington 04643, 484–2742.
Washington County Home Health Aides, 22 Calais Avenue, Calais 04619. 454–2382.
Dexter Public Health, Municipal Building, 366 Main Street 04930, 924–3241.
Hancock County Division of Public Nursing, 415 Water Street, Ellsworth 04605, 1–800–432–7823 or 667–5361.
Washington County Division of Public Nursing, Talbot Building, Machias 04654, 255–8311.
Millinocket Nursing Commission, Millinocket Insurance Agency, 204 Penobscot Avenue, ZIP 04462, 723–5146.
Old Town Community Health Services, North Brunswick Street, ZIP 04468, 827–5985.
Orono Town Nurse, Home Nursing Care, Medical Treatment Services, Town Office, Main Street, ZIP 04473, 866–2241.

MEDICARE/MEDICAID

Eastern Task Force on Aging, Community Service Advisors.
Department of Human Services, area offices.
Medicare information, Federal Building, Bangor, ZIP 04401, 947–3430.

NURSING HOMES

Eastern Task Force on Aging, Resources Department for up-to-date lists.
Nursing Home Ombudsman, Marjorie Blood, Bureau of Maine's Elderly, State House, Augusta, ZIP 04333, 1–800–452–4640.

REHABILITATION

Department of Human Services, Vocational Rehabilitation, P.O. Box 762, Bangor, ZIP 04401, 947–0511—1–800–432–7825.

RENTALS

Medical Supplies, Bangor-Brewer TB and Health Association, Bucksport Fire Station, St. Regis Paper Co., Bucksport Bar Harbor Public Health.

SPECIAL SERVICES

Telecare, Eastern Maine Medical Center, 947–3711, ext. 2496.
Poison Control Center, 1–800–442–6305.
Cancer Information Service, 1–800–225–7034.
Vial of Life, contact Eastern Task Force on Aging.

PROTECTION

ADULT PROTECTION SERVICES

Maine Department of Human Services, Adult Services, Maine State Chiefs of Police have programs for senior citizens clubs on crime prevention and safety tips for the elderly. Contact Orono Police 866–4451.

COMMUNITY SERVICE ADVISORS

Eastern Task Force on Aging, contact supportive services for list of names.

DISASTER RELIEF

Most municipalities are geared to handle disaster and emergency problems. Check also, the American Red Cross and civil defense organizations locally.

LEGAL ASSISTANCE

Eastern Task Force on Aging, resident attorney from the Bureau of Maine's Elderly, Augusta, ZIP 04333.
Pine Tree Legal Assistance, 61 Main Street, Bangor, ZIP 04401, 942-8241.

NURSING HOME OMBUDSMAN HOT LINE

Nursing Home Ombudsman, Bureau of Maine's Elderly, State House, Augusta, ZIP 04333, 1-800-452-4640—289-2561. Hot line 1-800-452-1912.

SENIOR COMPANIONS

Washington County, East Machias, Department of Human Services, Indian Township Health Unit, Pleasant Point Health Center, 255-8641—1-800-432-7846.
Hancock County, Ellsworth Counseling Center, 667-5357.

TRANSPORTATION

Eastern Transportation for Penobscot and Piscataquis Counties—Eastern Task Force on Aging.
Washington-Hancock Transportation Agency for Washington and Hancock Counties—Ellsworth, 6 State Street, ZIP 04605, 1-800-432-7312—667-4601.
The bus, Bangor, half-fare tickets available through the Eastern Task Force on Aging.

VOLUNTEERING

RSVP—Retired senior volunteer program—Penquis CAP, 262 Harlow Street, ZIP 04401, 1-800-432-7868—947-6931.
Meals for Me sites or Eastern Task Force on Aging.

ITEM 9. LETTER FROM ANDREW M. LONGLEY, JR., D.O., BRUNSWICK, MAINE, TO SENATOR WILLIAM S. COHEN, DATED JUNE 9, 1980

DEAR SIR: This morning I learned that you were holding hearings concerning medical care for the rural elderly. Unfortunately I had not heard of this prior to this date and even if I had I doubt whether I could have taken the time from my practice to attend the hearings. However, I do have some comments that I think you should be aware of.

I am an osteopathic general practitioner practicing in the rural community of Harpswell, Maine. Harpswell, as you probably are aware of, is composed of a peninsula and three large islands with a population composed of a large number of elderly people. Many of their health problems have become apparent to me in the 5 years I have been practicing in the community. In the line of my own practice a recent decision by the medicare administration that does not allow mileage charges for house visits may adversely affect many rural individuals. I have to make a number of house calls on elderly individuals who for lack of transportation or because of a handicap are unable to be seen in my office. With the disallowing of mileage charges it will make it more difficult to justify these house calls. This is going to affect many other physicians not only in my area, but in many areas throughout Maine, and the country. Because of this there will be many elderly people who will find it harder to get physicians to make house calls and consequently they will receive less medical care.

I am also chairman of the Harpswell Health Council which is a council of interested townspeople concerned with different facets of health care delivery within our town. We have been functioning for approximately 2 years and have run up against several situations that might be appropriate in your considerations.

On numerous occasions we have found that health-care-providing agencies have a great tendency to ignore the rural areas. The perennial explanation is that they have to concentrate their efforts to areas where the greatest number of individuals are; hence, the cities. In the Harpswell area we struggled for over 1½ years to arrange home-delivered meals. We were continually ignored when re-

questing information and finally on our own initiative had to start delivery of the meals. Certainly the Central Senior Citizens of Maine has supplied the meals in Brunswick, however all the drivers and organization has had to come from volunteers within the town.

Transportation for the elderly, which presumably is available, has been continually slighted in our town. Again, the reason being, people having more priority in the towns of Bath and Brunswick. Certainly there are some people in the town that have benefited from the elderly transportation, Sea-Me bus program, however, this has been on one-half-day-a-week basis and has been subject to cancellation with a minimal of notice.

These are certainly two specific instances but they seem to reflect a trend among agencies receiving State, Federal, and local funds. These agencies, generally speaking, at least the ones in our immediate area, feel that their efforts should be directed toward the larger communities and not toward the more sparsely settled areas. Therefore you can appreciate that service, general care, and general well-being of rural elderly people, as reflected in the town of Harpswell, leaves a great deal to be desired. A change in this attitude would certainly be beneficial to the rural elderly Americans. How to change the philosophy of these providing agencies is quite a dilemma.

I certainly hope that your hearing will be fruitful and have some concrete suggestions for further improving care for the rural elderly. I would have been interested in hearing the comments of other people and agencies since my views may be too colloquial.

Thank you.

Sincerely,

ANDREW M. LONGLEY, Jr., D.O.

ITEM 10. LETTER FROM DANA HINCKLEY, PRESIDENT, WASHINGTON-HANCOCK COMMUNITY AGENCY, TO SENATOR WILLIAM S. COHEN AND REPRESENTATIVE CLAUDE PEPPER, DATED JUNE 9, 1980

DEAR SIR: My name is Dana Hinckley, of Southwest Harbor and I am here in my capacity as president of the Washington-Hancock Community Agency, and chairman of the board of directors. My comments today are directed to your timely concerns for the rural elderly of this State.

Though not qualifying as an elderly low-income resident myself, I do lay claim to being elderly, having been born here in Bangor 73 years ago in this house, which then, as now, was known as the Bangor House.

The rule of thumb under which our programs operate is that 80 percent of the area clients with whom we work are—and in all likelihood will continue to be low-income elderly. At the same time they are very much our fellow citizens and our own people. We are the frontline of the war on poverty in our bicounty area which has 18 percent low-income residents and a 2-percent growth of elderly residents over a 3-year period.

Both factors point to a high level of need for the programs we operate in our cold northern climate. These programs are emergency fuel relief, home winterization, housing rehabilitation, and transportation. Their crucial nature is attested to by demand for our services which is continually in excess of our capacity to deliver.

Administration and operation of two of our programs are seemingly hamstrung in part by recently enacted and emerging Federal regulation and legislation. The need for the fuel aid program for instance, is indirectly but effectively increased by cutbacks in the CETA program. Our winterization operations, which depend on CETA-funded labor, therefore suffer, because of these cutbacks. This, in turn, reduces our capacity to make existing low-income-elderly housing more fuel efficient. The need for winter fuel assistance consequently increases and is augmented in many cases to the point of desperation by increased fuel costs. Come full circle—and these are vital programs. Elderly people have died from too little heat—few, if any, as a result of living in a warm climate.

It is in addition, my understanding that recently promulgated regulations make it difficult or impossible for small oil suppliers to help the needy. In downeast Maine these small operators have traditionally been a vital link between warmth and freezing for those most in need of help. In effect, they are increasingly called upon to finance oil deliveries on borrowed money at high interest rates, until the slowly turning wheels of reimbursement catch up with them.

Our staff is informed additionally that a system of processing fuel aid is now being set up, so complicated and demanding in its mushrooming requirements for information that only a computer programing expert could operate it. In our opinion less emphasis should be placed on getting statistical information, and much more time devoted to outreach programs organized to reach those elderly who have no means of transportation and no phone.

Before the word got out that we would have no more CETA help for winterization, our board members had felt that we performing a worthwhile and lasting service by winterizing low-income-elderly housing, with the direct benefit of helping to keep older people warm, and next in importance, reduce reliance on scarce and high-priced fuel supplies. The latest conflicting (as noted above) and self-defeating regulations emerging from Washington are frankly incomprehensible and disheartening.

In rural areas there can be no such thing as social or human services in the absence of adequate transportation. Low-income elderly who need medical, psychological, or nursing home services, or indeed services to help them stay out of centralized care facilities; or who may wish to relieve loneliness by going to a Meals for Me program, are often ruled out if transportation is unavailable. No more can handicapped individuals get to special programs designed to help them cope.

Our transportation services at W–HCA are minimal and basic—the smallest in Maine. We are unable to serve many eligible residents because of lack of funding. Rising transportation costs are tantamount to funding decreases which we also face. This is especially ironic since in 1974, the State determined our region to have the greatest need for development in social service transportation.

Our volunteer board of directors and our entire staff are committed, I believe to two basic propositions—to help people in need, and to help the needy help themselves. Whatever impact we can have in these areas we count among our successes. Our failures are a challenge for the future. We hope that the Senate and the House of Representatives share these views, and that you will do your best to make them known where they will count.

Thank you for the opportunity of testifying here; I remain

Sincerely yours,

DANA HINCKLEY, *President.*

ITEM 11. LETTER FROM JOSEPH LAPLANTE,[1] VAN BUREN, MAINE, TO GARRY VEILLEUX, MAINE DEPARTMENT OF HUMAN SERVICES, DATED JUNE 3, 1980

DEAR SIR: I am Joseph Laplante, owner and administrator of a six-bed boarding home. I was glad that finally the SSI recipients in boarding homes are getting an increase.

But, I do not see why they are not getting a 14.3 percent increase like all the other social security recipients. These recipients are at the bottom of the list financially, in the first place, and are in need—more in need than those who are getting from $450 to $500 a month. Yet the recipients of small licensed homes like mine will receive only a 10-percent increase.

How can we expect that the small (six beds) homes like mine can survive? This is the first time in 3 years that we get an increase.

Tell me, how many departments of the State government in Augusta are getting an increase in every 3 years. The larger boarding homes are getting an increase every time the cost of living goes up. These larger homes are getting $570 a month for a boarder client like the boarders I keep in my home. I do not think the small boarding homes like mine are getting a fair deal. Because of rigid frozen budgets imposed on the small homes these are just about forced to close down. Some 25 or 30 of them have closed down within recent months. There is not much else the owners of these homes can do.

It seems to me that the State of Maine is working seriously toward better care all around of the aged population of the State. And what the State seems to be discovering about the situation is that the spread of levels of facilities to meet every need is not a wide enough spread of types of facilities to meet the needs. We see the following:

1. In Aroostook the aged population in need of help from the State stands at around 9,300. Eight nursing homes in Aroostook (with something less than 1,000

[1] See statement, page 82.

clients) absorb 50 percent of the funds available. The administrators of the nursing homes themselves admit to the fact that they are called upon to accept people who do not need the full services of the nursing homes. The cost of the nursing home however remains uniform.

2. The boarding homes (1 to 15 or 1 to 30 beds) are the next highest in cost after the nursing homes and are suitable for the care of people who could be pulled out of the nursing homes where the costs are nearly double.

3. The small boarding home (one to six clients) come next in cost to homes described in No. 2. The difference in treatment and care is not much different from the homes described in No. 2 but the price in the small boarding home is just about half of that for the larger one and here is the explanation of why the small homes have to close down.

4. Some of the aged get home-nursing care, and with that a few hours a week of the services of a homemaker survive very well, everything being considered.

5. Some of the aged—probably too few of them at the present—are cared for in their homes by relatives at the cost of considerable sacrifice. There are plans for the State's coming to the aid of these homesteads. Nothing very definite as yet.

There are other plans in the works no doubt.

The difficulty is that the plans in actual use now in Nos. 2, 3, 4, and 5 have the funds left over after the nursing homes have absorbed a full 50 percent of the total funds now available to the State.

I am happy to have worked on the level of the small boarding home and am willing to continue in that service to the aged. However, I believe that this type of care is in danger of decreasing to zero. It is sad to see this happen because the experience of the community tells us that this level of care should double or triple from its present number.

I am trying to tell you that we need some help. I do not know the ins and outs of the ways and means by which the State will be able to provide a full program for the State—I only hope that our section of the overall program will not overlook us.

Sincerely yours,

JOSEPH LAPLANTE.

P.S.—Taken from the Elder's Advocate of the Task Force, "Nursing home care costs are $975 to $1,400 per month while boarding care is $275 to $570 per month (when available). This program would allow for independent living with basic support services at a reduced cost compared to an institutional alternative.

ITEM 12. LETTER AND ENCLOSURE FROM JAMES WILCOX,[1] HOUSING REHABILITATION SPECIALIST, MID-COAST HUMAN RESOURCE COUNCIL, ROCKLAND, MAINE, TO SENATOR WILLIAM S. COHEN, DATED JUNE 27, 1980

DEAR SENATOR COHEN: In an article printed in the Bangor Daily News, our Ambassador to Canada, the Honorable Kenneth Curtis, suggested a proposal designed to alleviate the energy problems of the New England States.

I am generally supportive of his efforts in this endeavor, however, I feel that the direction of the program would be greatly enhanced costwise, and otherwise, by utilizing the facilities that are now in place, and making whatever accommodations necessary to arrive at the most beneficial results to the citizens of our Northern States.

Because of my knowledge of, and some years working experience in the petroleum industry, I am of the opinion that much of the methodology that would be required, to set in motion the Ambassador's proposal to supply the northern region's energy requirements by way of the Maritimes, would not be as cost effective nor as practical as if handled in another manner as outlined below.

There are at present, a series of pipelines that are linked to various petroleum storage facilities throughout the State. These pipelines and distributing facilities can be linked up to construct a network that can handle the energy needs of the northern New England States in a most cost-effective manner that far away overshadows what has been proposed in Ambassador Curtis' proposal of development in the direction of the Maritimes.

[1] See statement, page 79.

The key to the whole concept of the linkage proposed is the present crude oil line beginning at Portland and ending at Montreal, Canada.

The use of this line can now be changed to a finished product line because the supply of crude to the refinery at Montreal is no longer dependent on it. The product to the refinery is now supplied from a different source.

The flow of refined product can now originate in Montreal and be dispensed to the areas where facilities now exist to the benefit of all.

I most strongly urge that this proposal be given your careful consideration when the matter comes up for discussion, as I am sure that it will.

I stand ready to assist in any manner that can expedite this solution to the immediate problems that will be facing our citizens in this far corner of our country.

Very truly yours,

JAMES WILCOX,
Housing Rehab Specialist.

Enclosure.

[From the Bangor, Maine, Daily News]

CURTIS SAYS OIL FROM CANADA COULD HELP NEW ENGLAND

HALIFAX, N.S. (UPI)—U.S. Ambassador to Canada Kenneth Curtis says oil from Canada's eastern refineries could help solve New England's chronic fuel shortage.

"I've always felt these refineries were built to serve the eastern U.S. market and we have been suffering in that part of the country for many years and should be allowed to take advantage of these facilities," Curtis told a news conference Wednesday.

The former Maine Governor urged Canadian refiners to approach Washington about using their excess capacity to serve New England markets.

He noted the Canadian and United States Governments have already held discussions on the matter with American refineries.

He said the U.S. attitude of the last few years had changed and a proposal from a Canadian refinery would be better received now than in the past.

"What we lack at the moment is an aggressive Canadian application," Curtis said. "I think all the ingredients are now there to make the approval of such an application possible."

The Gulf oil refinery at Point Tupper, N.S., and the Come-by-Chance refinery in Newfoundland were both built in the early 1970's with the eastern seaboard market in mind, but American laws have prevented the export to the United States of petroleum products refined in Canada.

At present, the Gulf refinery operates at about 45-percent capacity. The Come-by-Chance installation has been idle for several years.

Curtis also urged eastern Canadian fishermen to be patient for the U.S. Senate to ratify the Canada-United States east coast fishing agreement, which was signed February 14, 1979.

Curtis said he expects the treaty will be voted on by the Senate before it recesses for the summer.

"The Carter administration is fully committed to supporting this agreement but no one is interested in bringing it to a vote just to kill it," he said, hinting the agreement may be in some difficulty.

"When the votes are there, it will move," he added.

The Ambassador said he hoped the lack of a treaty would not lead to indiscriminate fishing on either side of the border. "Otherwise we'll end up with a fishing industry that is not very lucrative to anybody," he said.

The fisheries agreement calls for the boundary dispute on the Georges Bank and Gulf of Maine, where 200-mile limits overlap, to be settled by arbitration. It also details quotas for the six major fish catches of the disputed area.

ITEM 13. ECAP EVALUATION BY THE STATE OF MAINE DIVISION OF COMMUNITY SERVICES, SUBMITTED BY TIMOTHY P. WILSON [1]

DEFINING EMERGENCY SERVICES

The definition and implementation of emergency service is valid only if program money does not arrive in time for timely dispersal.

There would be no emergency service if money arrives on time.

[1] See statement, page 43.

When an applicant is in an emergency situation, he or she may request immediate certification of the application.

An emergency situation is defined as a client being out of oil, or one who will be out within 24 hours, or a client who is in a documented emergency situation such as one whose house has burned, been robbed, food stamps never came, etc.

In either case the situation is subject to verification by the agency and the client is subject to a penalty for falsely claiming an emergency situation. A statement to that effect should be signed by the applicant.

During office hours, emergencies will be handled by issuance of a P.O. for a predetermined amount based on task capacity. The amount of the delivery slip will be paid instead of the P.O. amount, and the difference will be forfeited. This should discourage a false declaration of an emergency. Payment of benefit will be the amount of the delivery, plus the remainder of the benefit minus any penalty.

After office hours we propose the installment of one statewide hotline referral service. This service would be set up to deal with short-term emergencies or an area-by-area basis. Services will be kept to a minimum (i.e. 10 gallons to get through the night) to allow the people to get to their LPO's and apply for assistance the following day. Local community resources would differ from area to area, but could include such services as: Red Cross, churches, police, sheriffs, Salvation Army, town managers, firemen, local civic groups.

Funds for the implementation of this service could be taken from the 30-percent emergency set-aside in the draft outline of next year's regs and be in the form of LPO stockpiles and/or reimbursement of existing agencies.

A hotline operator would log in a computer information on every emergency to avoid duplication.

We also feel that client education is important. We make the following suggestions:

1. Education as to when clients are out—checking tanks.
2. How to avoid becoming an emergency.
3. Knowing when to order to get around surcharge.
4. False emergency claim penalties.
5. How to get information out before program starts—uniform package designed by State.
6. These may be provided by energy suppliers.

Determining Eligibility for Assistance

SELF-EMPLOYMENT

Any person who earns his/her livelihood by the selling of merchandise, providing services, or labor, or is involved in the rental of housing or equipment. (See Manpower Affairs for definition of self-employment.)

Guidelines to figure net profit should follow those of IRS. Persons who fall into this category should provide the following for their countable income:

1. Provide a written statement containing their gross income per month.
2. Provide a written statement containing their business expenses per month.
3. Business expenses should be subtracted from business income to give net profit.

ZERO INCOME

Recommended that it be changed from zero income to no identifiable income. Space for no identifiable income should be enlarged with two or three lines. A person should state how they subside—food, clothing, toiletries, shelter, etc.

A line should be at the bottom of this space for signature.

Present procedures are acceptable for income verification, time frames, and documentation. The key is that all local program operators interpret the guidelines the same way and the monitors should be sure this is being carried through. When figuring income eligibility the number of weeks to determine 90 days should be clearly defined.

1. Medical expenses should be added as an allowable deduction. Medicare deductions are defined as receipts of payments to doctors, hospitals and other necessary equipment or services which are ordered by a physician.
2. Documentation of need must be provided by a physician.
3. Concern was shown for the working person who has travel and child-care expenses, but we could not arrive at a reasonable solution on how to include this to be treated as a deduction.
4. Establish a board on the State level to deal with self-declaration, clients are found to be over income in the spot check.

Improving Wood Dealer Services

Overview recommendations

It is felt that wood dealers begin to be viewed and treated as a specialized service group, similar to utilities and oil vendors.

We recommend that LPO's and DCS should seek to improve communications and services related to wood dealers. We believe that the primary means of communication with wood dealers must be personal contact supported by a written agreement.

We recommend the following means:

1. Opportunities for wood dealers to give input to agreements and regulations to be created on the State level, with hearings scheduled and comment periods allowed.
2. A list of wood dealers be collected from LPO's and used by the State to contact dealers informing them of wood-dealer hearings.
3. Educational meetings describing the agreements and program held on the local level.

Alternatives to current wood allocation systems

Stockpiling of wood

The stockpiling of wood for future ECAP programs would have several beneficial results:

1. It would assure a known supply of dry wood.
2. It would provide an emergency allocation of wood that is readily available to clients.

Management of stockpiling programs

This would be left up to the individual LPO's discretion. Suggestions are:

1. Purchase of wood to be delivered stockpiled at: (a) a central location; and (b) various distribution points in the service area.
2. Purchase of wood to be stockpiled at selected wood dealers distributed throughout service area (perhaps under open bidding). Delivery of the wood handled by: (a) wood dealer; or (b) pick up by client.
3. Establish cutting programs on lots owned by communities for distribution within that community. Program could: (a) seek CETA or CSA funds to hire personnel to cut the wood; or (b) local community could use underemployed staff (highway crew) to cut wood. (In order to make this program effective, funding for fuel-wood stockpiling would have to be available 6 months before an ECAP in order to allow proper drying time.)
4. To increase the amount of wood to be stockpiled investigation should be made into contracting with dealers to buy wood at their costs with balance of payment due at delivery.

Fuel wood cooperatives

Co-ops for fuel wood have several beneficial effects: (a) it lowers the price of wood by volume purchase; (b) it provides a sense of self-sufficiency, lessening a reliance on social service programs; and (c) it promotes community interaction and cooperation.

LPO's can choose several ways to become involved in the co-op:

1. The LPO can use its contacts to aid local citizens in setting up a co-op. After initial development, the co-op would run by itself receiving no additional funding from LPO.
2. The LPO can organize and finance co-op retaining control over the program.

We recommend that the alternative programs be considered for receipt of a percent of funding.

Client information sheet outline on wood

(A) Concise pamphlet—1–2 pages reading.

(B) What they can expect to receive from program: (1) definition of "cord"; (2) what dealer has agreed to; and (3) approximate delivery time and procedure.

(C) Wood characteristics: (1) quality—(a) dry versus green; (b) hardwood versus softwood; and (c) heating (Btu) potential.

(D) Burning safety: (1) safe installations—(a) free inspection available; and (b) basic hints.

(E) Client responsibilities: (1) awareness of wood supply to avoid emergencies; and (2) emergency contact.

Energy Assistance for Renters

Eliminate landlord agreement.—We propose to eliminate the landlord-tenant agreement. By doing this, the following problems would be solved. All rental applicants would receive benefits regardless of whether the landlord signs an agreement or not. Landlords would not be able to manipulate the program in order to receive the applicants' benefits, for example: Some landlords raised rents for the eligible amount before signing the agreement, following correct procedures, but not actually giving the tenants anything except the feeling the tenants wouldn't be paying rent increases. It would also simplify things if tenants moved because money would not have to be called back from fuel companies and/or landlords. Also, when and if a landlord did not comply there would be no need for enforcement problems or procedures. *Note:* Define household and you eliminate the need to define renters and boarders.

We recommend the payment systems for renters follow the cosigner voucher/check method, covering the necessary energy demand period; checks to be issued in four equal installments and made payable to the applicant and the landlord.

Subsidized housing.—As it relates to payment process: (1) for those whose rent is based on 25 percent of income or less—there should be no assistance; and (2) we further recommend (based on a uniform benefit level) the benefit levels for all certified applicants who: (a) pay their heat directly, or (b) whose rent exceeds 25 percent of income and who have their heat included, receive the same benefits.

Timely and Consistent Regulations

LPO SELECTION

We propose that the criteria for the selection of local program operators include the following considerations:

1. Ability to serve the geographic area.
2. Past performance and demonstrated ability in
(a) administration and fiscal procedures; and
(b) outreach and intake.
3. Knowledge of community or area.
4. Acceptance in community or area.
5. Client-to-program ratio.
6. Ability and willingness to work with appropriate volunteer and advocacy groups.

TYPE AND USE OF ASSISTANCE

We propose that assistance be provided in the form of energy for heating costs. Assistance may also be used for other costs directly related to heating, such as cleaning, repairing, or conversion of heating units as necessary and where no other assistance is available.

Payment will be issued to the supplier in one payment as a credit to the client's account.

The applicant's credit effective date will coincide with the program effective date. We recommend November 1, 1980 through June 1, 1981, as the program effective dates.

INTEGRATION OF CONSERVATION/WEATHERIZATION

We propose the following ways to incorporate conservation and weatherization in ECAP:

1. Institute a client education program including—(a) a brochure listing other services; (b) self-help agreement with applicant; and (c) energy needs questionnaire, a checklist to be completed at time of application.
2. Training of outreach and intake workers in basic weatherization and conservation measures.
3. Institution of local plan for cross-referrals, such as volunteer, self-help, CETA, CAP, etc.
4. Use of application as a general referral tool.

CONSISTENT INTERPRETATION OF REGULATIONS

We propose the following activities to insure a consistent interpretation of regulations including procedures for changes:

1. All local program operators and PAC members must be trained by Division staff who are themselves adequately acquainted with the rules.

2. Local program operators must be given adequate time to thoroughly train their own staff.
3. All changes in the regulations must be presented to the PAC before their implementation.
4. All local program operators must be notified in writing at least 2 working days in advance before changes in regulations become effective.
5. Establish an effective monitor communication system including—(a) consistency—standard treatment; (b) communication—share/exchange of information and problems; and (c) access to monitors at all times or an individual in authority.

VENDOR PARTICIPATION AGREEMENT

We recommend that the vendor participation agreement remain similar to the one used this year with the possible addition of the added requirement of the dealer submitting a statement of the applicant's account for the program period.

TIMELY PLANNING AND ORGANIZATION

In order to have a more effective and better organized energy assistance program, the following issues need to be dealt with in a timely manner:

The State staff should be trained in September and know the fiscal and operational plans so that the local program operators and staff can be trained in October. The training should be done in small groups and have a chance to go over the forms and applications beforehand.

Staffing.—State staff should be in place and trained by end of September. Local training must start in October. Both fiscal and operational training must be clear and concise. Small groups training suggested.

Distribution of funds.—August 1 we should have some idea of what the State appropriations will be. On September 15 we should get State funding of 100 percent. On September 30 local agencies should get 100 percent of that funding. We shall then know what funds we can use for the winter for our people.

Regulations.—We tried to draw up a plan starting with the regulations published today and carrying them through to the date of implementation. Some dates are already in place, others are suggestions to improve operation of the program at both State and local level. Role of the State legislature in this year's program is not clear as yet. New policy advisory council must be in place by September 1. Program should run all year, so the deadlines can be more reasonable and allow for an orderly procedure of realistic deadlines.

Materials/forms/handbook.—All materials and forms be available in September as early as possible. A simple form for application be designed and a standard form for verification of income be designed by State for all program operators to use. A thorough handbook covering all parts of program with sample forms, interpretations of Regulations and standard operating procedures.

Management and operations.—To begin taking applications on November 1. The application form must be designed by August, and finalized sometime before the end of that month. The local operator plans must be submitted and LPO's selected in September with program publicity beginning the first of October.

SIMPLIFIED FISCAL FORMS

(Single Payments, No Installments, If Emergency Still Single Payment)

PROCESS

1. Application taken.
2. Sent to certification officer to be certified and logged, first part.
3. If necessary P.O. issued, logged, and sent to applicant and vendor and third copy attached and filed alphabetically in P.O. file to await return of bill.
4. At time of return with bill or in case of voucher for energy credit.
5. Voucher typed.
6. Voucher sent to program director for authorization of payment.
7. Recorded on voucher log, vendor log, and check register.
8. Check issued.
9. Return application with attached voucher and send voucher copy to client and vendor.
10. Application returned to Certifier to be logged in second part of application log as complete and filed alphabetically.
11. Biweekly report from application log as cash biweekly same as last year.

Training and Communications

Role of Monitor/Training Needs/Schedule of Training

The monitor needs to maintain close contact with the LPO from the training period throughout the program. Monitors need to be well trained in advance. They need to travel to the LPO to train local staffs in the areas of: (a) outreach, (b) fiscal operations, (c) reporting and recording.

If the monitors are properly prepared in advance, they should be able to handle multiple LPO's since they will not need to check each answer and they should be able to schedule their time in advance. If monitors could schedule site visits on a regular basis, it would help LPO's. In addition, monitors should be prepared to inform LPO's about where to go for answers in the monitor's absence (who else to call).

In terms of scheduling training, all training needs to be done and completed in advance of the start date or change date. This is necessary in order to insure smooth startup, lack of confusion, decrease in questions, smoother relationship among client, LPO, and monitor. If start date or change date needed to be delayed in order to allow for prior training, this would be preferable to dealing with problems encountered this time due to inadequate preparation.

Meetings in Augusta or another central location should be held on the program director level for purposes of sharing experiences, getting other program opinions, etc. This would allow programs to operate from a broader viewpoint than that which a single monitor could provide; but training should be done locally.

Appendix 2

STATEMENTS SUBMITTED BY THE HEARING AUDIENCE

During the course of the hearing, a form was made available by the committee to those attending who wished to make suggestions and recommendations but were unable to testify because of time limitations. The form read as follows:

DEAR SENATOR COHEN: If there had been time for everyone to speak at the hearing on "Maine's Rural Elderly: Independence Without Isolation," in Bangor, Maine, on June 9, 1980, I would have said:

[The following replies were received:]

WINIFRED C. BLACK, FREEDOM, MAINE

Do not sacrifice social welfare programs for the elderly in an effort to balance the Federal budget.

Homebound and frail elderly, particularly in Maine, need transportation services to medical and grocery shopping resources. CETA priority should extend to elderly services as it now does to weatherization program support.

Save lives, not dollars.

JOHN F. FARNHAM, NEWPORT, MAINE

When your dad and I were starting out into the business world, similar financial conditions were developing, as they are today, to worry us; but family life had solidity to face these times of depression.

When I entered the funeral service business, there were no funeral homes in the city of Bangor and our work was done in the family home. These were three generation homes, made up of grandparents, parents, and children together. Sickness and death were natural occurrences of life because they happened in the home and were observed by each generation. I also worked in the first funeral home in Bangor. This funeral home was created because family life was changing. Grandpa and grandma had gone to the nursing home. Dad and mom lived in a smaller house or apartment and the home was less important because dad and mom both worked and the children lived at school during the day. There was no place to hold a funeral, so the funeral director rolled with the punch and created one.

Gradually, we had allocated to others all of the services originally done by ourselves as a family. Now we hold seminars to determine why living costs so much. I am not suggesting that we do away with our fine hospitals, our laboratories, day care centers, etc.; but I do pray for a return to family life. I pray for emphasis on early mobilization and if a health care system must come, that consideration be made to assist the family to care for their own, with togetherness.

Somehow, I feel this was what Moses was talking about and recorded in the 20th chapter of Exodus, in verse 12. I know that you can read between the lines of my rambling, because I know that you came from this type of family of which I speak. How can we bring it back?

MARY ALICE GOERING, PORTLAND, MAINE

I have a special interest in the elderly and realize that no doubt the highest priority at this time is the energy/oil/transportation, etc., problem.

However, after doing some intensified research into alcoholism and the elderly, specifically in southern Maine, I feel attention should be considered for possible assistance in this area. Below is a copy of my abstract.

Assessment and potential design for outreach, education, and supportive services for elderly alcoholic residents of Portland, Maine. Alcoholism has been recognized as an increasingly prevalent problem for the elderly population throughout the United States. The following areas are explored: characteristics of elderly alcoholic population, size of U.S. population and research populations, description and size of study area, coordination with existing resources in descriptive area, review of U.S. elderly alcoholic programs, philosophies of elderly alcoholic abuse, recommendations and design for elderly alcoholic program, considerations for funding.

I believe prevention is the key for the present and future.

FRANK HALLOWELL, CARMEL, MAINE

For 24 winters, I have been in Florida and have kept cool and warm as they have breezeways, pools, and beaches to keep cool in. You can always put a sweater on to keep warm or take it off to keep cool. In Maine, it is a little bit different—no pool and no beaches to go to—you got to have oil to keep warm in the winter. Maine's percentage of rural elderly is well above the national average, the income of those families when adjusted to accommodate higher energy costs is the lowest in the country, if the Government would give us a higher rate of income we could pay our own bills. Maybe if the Government would not spend so much foolish money we could get a decent pension. If the Government didn't give $10 million to Cubans, and for jailbirds, etc. What are the people in the South jealous of the Northern people of getting oil money to keep warm with and the South to keep the Cubans cool. They didn't call for help to run air conditioners years ago. Why would they do it now?

ELVIE JOHNSON, STOCKHOLM, MAINE

I am Elvie Johnson. I live in Stockholm, 16 miles from the nearest doctor, dentist, eye doctor, and hospital. The only transportation is by minibus once a week to Caribou, to get our medication, pay our telephone, light, and gas bills and get our groceries. Besides that, we have insurance and taxes that have doubled this year.

My social security check of less than $200 does not pay for all that, so I have to work. I work as an outreach worker, senior community service project. I just attended the university week in senior community service project in Orono where about 150 senior workers attended. Many of the workers, like myself, were over 80 years old. One woman was 87, still working.

We are not asking for charity, but we do need someone to do small repairs during the winter and to shovel snow from our door to the street. We do not want to be kept citizens, humbled and dull by having the State look after us. We prefer the challenges of life to the guaranteed existence. I will not trade freedom for beneficence, nor my dignity for a handout.

It is my heritage to stand erect and proud and unafraid; and I know that I have fought a good fight through all the hardships life has handed out. However, it does seem unfair that old people have to work when a lot of younger men and women who do not want to work are getting everything they need from the State government.

LEROY LANDER, SR., BREWER, MAINE

I feel that more money should be given to the Eastern Task Force on Aging for busing. They have cut back services and we find it extremely difficult to arrange all doctors appointments and such on the one day that transportation is available.

When people get an increase in SS or SSI, they get cut down on their food stamps they receive and do not feel the increase is improving their standard of living at all. This should not be.

MARLON PATTERSON, GUILFORD, MAINE

I would like to see the income guidelines raised to $6,000 and $7,000 total yearly for the tax rent refunds and low-cost drug program for the elderly. Also,

there are many drugs and medications used for arthritis, asthma, and emphysema for the elderly.

Thank you.

VIOLA SMALL, NEWPORT, MAINE

Why is it that a woman that has been a widow for 25 years and lives alone pays all the bills, cannot list herself as head of the house. She is the only one in the house.

And I would like to know when I am getting help with my electric heat, why they only pay part of it. They do not say it's the State tax, they just say pay them. And something else, why are they trying to talk people into paying a certain sum every month under contract, is this legal?

MRS. ERNEST TUTTLE, HAMPDEN HIGHLANDS, MAINE

There are many elderly who are housebound but yet may be able to use their hands and eyes—folks who are very talented and creative. I would like to see them have an outlet for these talents. Perhaps this should be an activity for volunteers; to help them make their products if financial need is a problem.

If the need is more of a loneliness problem the shut-ins might even enjoy teaching a group knitting or whatever if the "students" could be brought to their homes. I believe there are many young folks interested in learning to knit, crochet, quilt, etc., if there were ways of coordinating the whole project.

I'm sure such an opportunity would help to relieve loneliness, and to increase interest, dignity and, self-esteem in the shut-in.

○