Pennsylvania State Plan on Aging

2008-2012

DRAFT

Edward G. Rendell
Governor

Nora Dowd Eisenhower
Secretary

PENNSYLVANIA DEPARTMENT OF AGING

TABLE OF CONTENTS

A Message from the Secretary ..... **iii**

Executive Summary **1**

I. State Plan Vision and Purpose **3**
Introduction 3
Our Mission and Values 3

II. Context **4**
Organization of the Pennsylvania Aging Services Network 4
Who Are the Aging? What Are Their Needs? 6
Developing the State Plan 7
Our Challenges and Opportunities 9

III. Goals/Objectives/Strategies/Outcomes and Performance Measures **11**
Goal 1 – Solid Decisions, Solid Planning 11
Objective 1.1 11
Objective 1.2 12
Objective 1.3 13
Goal 2 – My Home, My Independence 13
Objective 2.1 13
Objective 2.2 14
Goal 3 – Active Aging 15
Objective 3.1 15
Objective 3.2 16
Objective 3.3 16
Goal 4 – Prevention & Protection 17
Objective 4.1 17
Objective 4.2 17
Objective 4.3 18
Objective 4.4 18

IV. Medicaid Long-Term Care Reform **19**

V. Medicare Modernization Act **19**

VI. Emergency Preparedness Plans **20**

VII. Transportation Coordination **21**

VIII. State Plan Assurances **22**

DRAFT

Appendices:

Appendix A: Organizational Charts
Appendix B: 2006-07 Governor's Report on State Performance
Appendix C: Pennsylvania Department of Aging Programs and Services
Appendix D: Pennsylvania Area Agencies on Aging Map and Contact Information
Appendix E: Town Meeting Presentation
Appendix F: Town Meeting Summary
Appendix G: Summary of Public Opinion Poll (Interactive Internet) Survey
Appendix H: Summary of Area Agencies on Aging 2008-2012 Area Plans
Appendix I: Intra-State Funding Formula and Background
Appendix J: Notice of Public Hearings
Appendix K: Public Hearing Summary (*pending*)
Appendix L: List of Assurances

DRAFT

A Message from the Secretary

Dear Fellow Pennsylvanians:

On behalf of Governor Edward G. Rendell, I am pleased to present the 2008-2012 Pennsylvania State Plan on Aging. This important document will guide our efforts to improve programs and services for our older citizens over the next several years.

The Department of Aging has been working for many months and our staff has traveled across the state to gather comments and ideas about what is needed to best provide for our seniors. The plan reflects that input and it will be a blueprint for how we manage the many and complex needs of the elderly.

The populations of the world and the country are changing and Pennsylvania is a primary example of an area with a growing number of residents over 60. In fact, the commonwealth is third – behind Florida and West Virginia – in the percentage of older citizens. And this will change very quickly as the 'baby boomer' generation joins the ranks of senior citizens in greater numbers. The State Plan addresses this population change and the cultural diversity that demands new ways to communicate and serve the entire citizenry.

The goals and objectives set forth in this plan have been developed to serve the greatest number of seniors in the most comprehensive manner. It describes the priorities of the Department of Aging and the Commonwealth of Pennsylvania as we set forth to enhance and improve the quality of life for older residents. Our mandate is to meet the ever-changing needs of the older population and to listen with full attention as seniors inform us about these needs and desires so they can live meaningful lives with dignity and cheer.

Approximately 2,500 citizens, caregivers and providers of health services across the state responded to my invitation to attend eight town meetings to let us know their thoughts on the status and future of caring for seniors. They wrote, phoned, e-mailed and spoke with us at the meetings. They proclaimed their disappointments and their hopes – and we listened. The State Plan on Aging reflects this exchange of information and the deep desire of the department to lead the way in developing better ways for people to live in their older years.

Nora Dowd Eisenhower
Secretary

DRAFT

Executive Summary

Every four years, the Department of Aging is required to develop and submit to the Administration on Aging a "State Plan on Aging." The plan is mandated by both federal and state law and is required in order for the commonwealth to receive federal funds under the Older Americans Act of 1965, as amended. Additionally, the State Plan on Aging helps to structure the department's priorities and to set an aging agenda for the commonwealth.

A review of demographic data shows that the number of Pennsylvanians age 65 and older is rapidly increasing. This trend is projected to continue through the year 2020. Additionally, the number of older persons ages 85 and older is anticipated to increase by 52% between the years 2000 and 2020. This data clearly indicates that the number and composition of older adults requiring services through the aging network will significantly change. To address this, Pennsylvania has a rich system of state and community-based organizations and advocacy group referred to as the aging services network. It is comprised of thousands of individuals serving older Pennsylvanians. Three major components of the network are the Department of Aging, the Office of Long Term Living and the Area Agencies on Aging (AAA), of which there are 52 in Pennsylvania.

The 2008-2012 State Plan presents goals and strategies to improve the lives of persons living throughout Pennsylvania, especially older persons and their families. This plan will be reviewed and updated regularly based on new information, new opportunities, new challenges and new mandates. The planning process seeks to improve the lives of people in need, to build on Pennsylvania's capacity to provide comprehensive services to older people and to use allocated resources more efficiently. The plan also serves as an educational tool for the public including providers, public officials, advocates, caregivers and consumers. While this plan does not include all the programs and activities of the department, it does provide a clear direction for the department and the department's priorities over the next four years.

The four goals detailed in the 2008-2012 State Plan assist the department in fulfilling its mission by structuring the department's priorities and setting an aging agenda for the commonwealth. These goals, along with their objectives are listed below. The State Plan also documents strategies for achieving each objective, which will help the department reach their goals. Through the implementation of this plan, the Pennsylvania Department of Aging seeks to provide greater education and understanding of the choices and opportunities that exist to enhance the quality of life of all older Pennsylvanians, including those from diverse backgrounds. Performance measures have also been established by this plan so that the department can measure their progress in reaching these goals.

DRAFT

Pennsylvania Department of Aging Goals and Objectives for 2008-2012

Goal 1-Empower older Pennsylvanians and their families, including those from diverse communities, to make informed decisions on their health care and long-term living options.

Objective 1.1: Educate the public on planning for their future needs.
Objective 1.2: Educate the public on the availability of services to foster independence and self-sufficiency in consumers and caregivers.
Objective 1.3: Ensure inclusion of diverse cultures and abilities in all aspects of the aging network.

Goal 2-Enable older Pennsylvanians, including those from diverse communities, to remain in the setting of their choice to improve their quality of life and to actively participate in the services they receive.

Objective 2.1: Improve the "long-term living" systems so that people who receive publicly funded support services have more opportunities to choose how and where they receive their service and support.
Objective 2.2: Continue to enhance community integration strategies in community-based services to prevent isolation and enable older Pennsylvanians to stay involved in their communities.

Goal 3-Empower older Pennsylvanians, including those from diverse communities, to stay active and healthy.

Objective 3.1: Promote health and wellness initiatives.
Objective 3.2: Encourage an active lifestyle.
Objective 3.3: Improve the quality of life for those older Pennsylvanians living with, or at risk for, behavioral health issues.

Goal 4-Ensure older Pennsylvanians, including those from diverse communities, are free from abuse, neglect, exploitation and abandonment.

Objective 4.1: Strengthen the protective services program to prevent abuse for older adults.
Objective 4.2: Enhance collaboration with existing local entities and other state agencies to maximize outreach efforts regarding elder justice.
Objective 4.3: Promote statewide consumer self-advocacy.
Objective 4.4: Increase awareness of the problem of suicide in older adults.

DRAFT

I. State Plan Vision and Purpose

Introduction

Every four years, the Department of Aging is required to develop and submit to the Administration on Aging a "State Plan on Aging." The plan is mandated by both federal and state law and is required in order for the commonwealth to receive federal funds under the Older Americans Act of 1965, as amended. Additionally, **the State Plan on Aging helps to structure the department's priorities** and to set an aging agenda for the commonwealth.

The State Plan is the principal means by which the commonwealth identifies the needs, expectations and choices of older Pennsylvanians and describes how its systems of access and services will address the challenges posed by a growing and increasingly diverse population. Because Pennsylvanians of all races and ethnicities overwhelmingly indicate that they prefer to age in place within their own homes and communities, we anticipate a burgeoning demand for home and community-based services. Currently Pennsylvania spends 80% of its long-term care dollars on institutional care and only 20% on home and community-based services. Accordingly, Pennsylvania will need to expand and enhance its continuum of institutional care, with a goal of establishing a 50:50 balance between its spending on institutional facilities and home and community-based services. Creating viable community alternatives to institutional care is essential to the success of Pennsylvanians' efforts to rebalance.

The 2008-2012 State Plan presents goals and strategies **to improve the lives of persons living throughout Pennsylvania, especially older persons and their families**. This plan will be reviewed and updated regularly based on new information, new opportunities, new challenges and new mandates. The planning process seeks to improve the lives of people in need, to build on Pennsylvania's capacity to provide comprehensive services to older people and to use allocated resources more efficiently. The plan also serves as an educational tool for the public including providers, public officials, advocates, caregivers and consumers.

Our Mission and Values

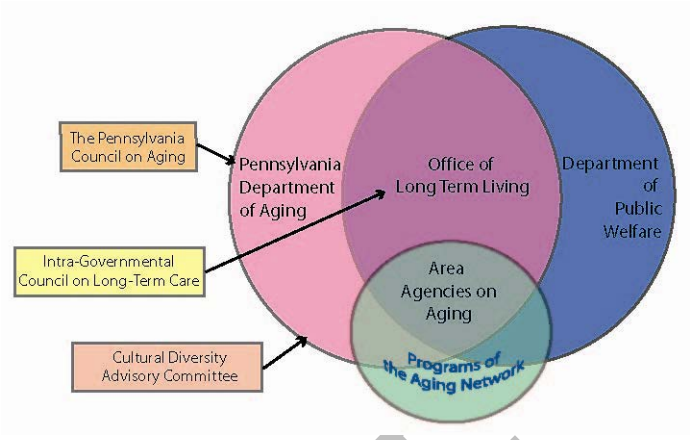
The Pennsylvania Department of Aging's mission is "**to enhance the quality of life of older Pennsylvanians by empowering diverse communities, the family and the individuals**." The four goals detailed in the 2008-2012 State Plan assist the department in fulfilling its mission by structuring the department's priorities and setting an aging agenda for the commonwealth.

The Pennsylvania Department of Aging's state plan supports the mission of the Older Americans Act to help elderly individuals maintain independence and dignity in their homes and communities. Additionally, the department's State Plan closely correlates with and supports the *Administration on Aging's Strategic Goals 2007-2012*.

DRAFT

II. Context

Organization of the Pennsylvania Aging Services Network



The Pennsylvania aging services network is a rich system of state and community-based organizations and advocacy groups. It is comprised of thousands of individuals serving older Pennsylvanians. Three major components of the network are described below.

- **The Department of Aging** was created in 1978 by the state legislature after years of intensive lobbying by individuals and groups representing the rapidly growing elderly population. The Older Americans Act and the Pennsylvania General Assembly charge the department to advocate for the interests of older Pennsylvanians at all levels of government. While the department receives federal funds, the majority of its budget comes from the Pennsylvania Lottery Fund. The department works hand-in-hand with the Governor's Office and the General Assembly on legislation to improve the quality of life of older Pennsylvanians. Additionally, the department is the focal point for state coordination and planning initiatives for older Pennsylvanians, including long-term living programs for the frail and chronically ill. Most of the services and benefits are administered by the 52 Area Agencies on Aging who in turn contract with local providers of services. Appendix A provides an overview of the department's organizational structure. Appendix B contains an overview of the department's programs, services, major achievements, budget highlights and key performance measures as stated in the 2006-2007 *Governor's Report on State Performance*. A list of the Department of Aging's programs and services is included in Appendix C.

- **The Office of Long Term Living** was established in January 2007 by the Governor's Long-Term Living Council, which is made up of several members of the Cabinet and key advisors to the Governor. The Office of Long Term Living combines the Department of Public Welfare's Office of Social Programs Bureau of Home and Community Based Services, the Department of Public Welfare's Office of Medical Assistance Programs Bureau of Long-Term Care Programs and several functions within the Department of Aging, including licensing for DomCare and Adult Day, and the administration of the Aging Waiver. The Office of Long Term Living holds a critical position in Pennsylvania

DRAFT

government to drive the system reforms necessary to ensure that the Commonwealth can meet the growing demand for long-term living services in the coming years. Coordinating work across the Pennsylvania Departments of Aging and Public Welfare will result in a more efficient system that promotes reform as a key strategy for the commonwealth as it prepares to meet the demographic and fiscal challenges of a growing aging population.

Appendix A provides an overview of the Office of Long Term Living's organizational structure. Appendix B provides an overview of the Office of Long Term Living's programs, services, major achievements, budget highlights and key performance measures as stated in the 2006-2007 *Governor's Report on State Performance*.

- **Area Agencies on Aging (AAAs)** are the local representatives of the Department of Aging, carrying out their duties under contract with the department. AAAs operate in 52 planning service areas encompassing all 67 counties in the commonwealth. These local agencies are staffed with care managers trained in geriatrics, social work and community resources. The AAAs serve as local resources providing information and referrals on issues and concerns affecting older people, their caregivers and providers including home and community-based services, care facilities and assistance with a wide range of other services. While the menu of available services varies with each agency and planning service area, each agency provides a wide array of services that respond to their local constituent needs as identified through their local planning process. A map and list of contact information for all Area Agencies on Aging are included in Appendix D.

The following advisory councils provide input and coordination to assist with the above-referenced components of the aging network.

- **The Pennsylvania Council on Aging** advises the Governor and the Department of Aging on the planning, coordination and delivery of services to older persons. The council, which is comprised of 21 members, advocates for the elderly in the commonwealth, the majority of whom are 60 years of age or older. Council members are nominated by the Governor and confirmed by the Pennsylvania Senate. The Council on Aging is supported by five Regional Councils on Aging.

- **Intra-Governmental Council on Long-Term Care** studies the long-term living system in Pennsylvania from a funding, operational and consumer perspective and makes recommendations to the Governor, the Pennsylvania Department of Aging and the Office of Long Term Living on ways to develop a full, yet streamlined, spectrum of options for consumers and their families. The council is comprised of members of the Governor's cabinet, the General Assembly, representatives of institutional care sectors and consumers appointed by the Governor.

- **Cultural Diversity Advisory Committee** advises the Department of Aging in its efforts to develop a network that is culturally and linguistically sensitive and responsive to and inclusive of the diverse needs of all older Pennsylvanians. The committee is composed of 25 members including representatives of the major racial or ethnic (cultural) groups as

DRAFT

defined by the U.S. Bureau of the Census, including African American, Latino/Hispanic, Asian Pacific Islander, American Indian and Caucasian.

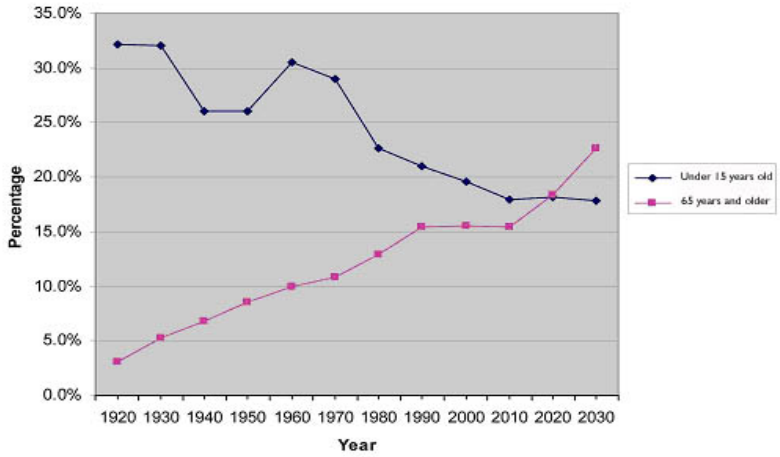
Who Are the Aging? What Are Their Needs?

To identify the makeup and needs of the older population in Pennsylvania, we conducted a detailed review of census data and other related demographic data.

It is projected that the older population in the United States, currently over 12% of the general population, will increase significantly as the "baby boomers" (persons born between 1946 and 1964) begin to reach the age of 65. The 65-year-old and older population will increase 15% from 2000 to 2010 and 36% from 2010 to 2020. Additionally, for the United States, the population age 85 years and older, currently 1.5% of the population, will increase 40% by 2010 and 44% by 2020.

Pennsylvania is among the "oldest" states in the nation and **currently ranks third in the nation in the percentage of people age 65 and older** (representing 15.6% of the state population). **By 2020, for the first time in history, the percentage of Pennsylvanians under age 15 will equal the percentage of Pennsylvanians over age 65.** The chart below shows the older population continuing to grow and outpacing the population under age 15 years.

Pennsylvania Population under age 15 years and over age 65 years



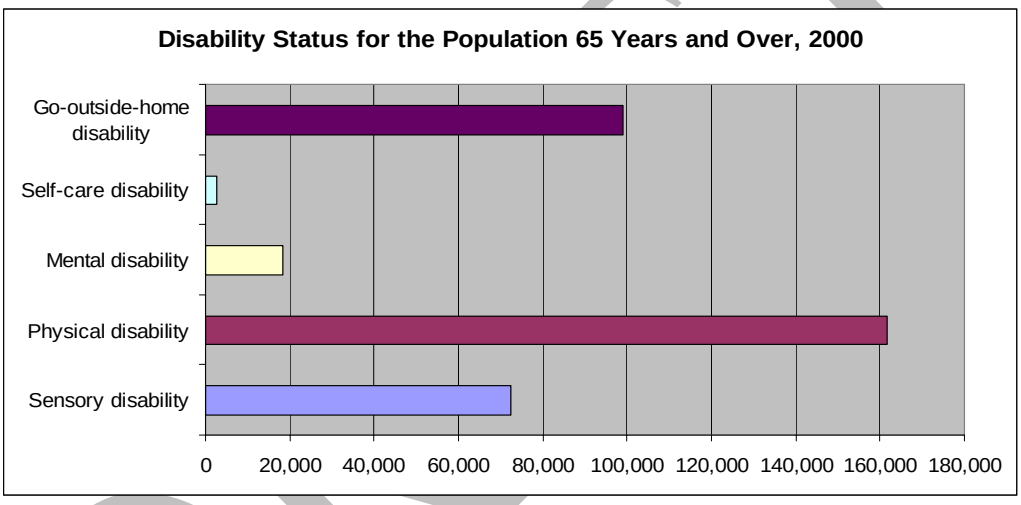
Pennsylvania's 85 and older population will also continue to grow. Currently, **Pennsylvania ranks fourth among states in the proportion of people age 85 and older,** encompassing 1.9% of the population. This population is projected to increase by 52% between 2000 and 2020. This will present major challenges to the commonwealth, especially in the provision of health care and long-term living services for low-income elderly and others who require, but cannot afford, these services. Additionally, **Pennsylvania ranks fifth in the nation in the number of residents over 100 years old.** Of the more than 50,000 persons in the nation who are age 100 years or older, 2,400 are Pennsylvania residents.

Minorities in the United States, including African Americans, Hispanics and Asian or Pacific Islanders, represent 19% of persons age 65 years and older. The growth of these diverse groups is expected to increase to 20.1% in 2010 and 23.6% by 2020. **In Pennsylvania, 8% of persons**

age 65 years and older are minorities, and it is expected that the state will trend similar to the national growth of the minority older population.

There are over 450,000 grandparents in the United States age 65 years and older who have primary responsibility for their grandchildren. They often lack the legal authority that would allow them to obtain much-needed services for these children. **In Pennsylvania, approximately 164,354 children under age 18 (5.6% of all Pennsylvania children under 18) are reared by grandparents**. Almost one-quarter of these children live in poverty.

In 2002, 52% of older persons in the United States reported some type of sensory, physical and/or mental disability. Of these individuals, 37% had severe disabilities and approximately 16% needed some type of assistance for everyday living. In contrast, only **40% of Pennsylvanians 65 years and older report having one or more disabilities**. The Pennsylvania demographics for persons with disabilities in 2000 are shown below:



In the general population, slightly over 9% live below the poverty level in both the United States and Pennsylvania. In the United States population age 65 and older, 10% are at or below the poverty level, while in Pennsylvania, this percentage is slightly lower at 9%. The near-poor, persons living between the poverty level and 150% of poverty, comprise over 34% of the older population in the U.S. A lower percentage of white Pennsylvanians (7%) live in poverty when compared to half of the total minority population who live in poverty.

Pennsylvania has one of the largest rural populations in the nation. Based on a population density of less than 274 persons per square mile, 48 of Pennsylvania's 67 counties are considered rural, representing 28% of the state's residents. Of Pennsylvania's rural residents, **16% are age 65 or older** and 4% are minorities.

Developing the State Plan

This State Plan outlines the strategies the Pennsylvania Department of Aging will use to achieve its new goals and objectives. The Plan includes four goals, each encompassing strategic objectives that focus on the department's key policy and program activities on behalf of older adults, their family caregivers and the public. The development of the 2008-2012 State Plan

involved significant efforts to gather stakeholder input, including the seven major activities listed below:

1. Internal **pre-planning** by the Department of Aging and Office of Long Term Living;
2. Meetings with advisory groups;
3. A series of eight "**Town Meetings**" across the commonwealth in early 2008;
4. An **interactive Internet survey**;
5. **Local Area Plan**s submitted by the AAAs to the Department of Aging;
6. Three **public hearings** to receive final input on the Draft Plan; and
7. **Finalizing the state plan** consistent with comments received during the hearings.

Pre-Planning
In October 2007, a retreat of Executive Staff and Division Chiefs from the Department of Aging and Office of Long Term Living was held to discuss the development process of the State Plan. The strategic goals specified by the Administration on Aging were discussed and four goals were identified as the basis of the State Plan. The department then invited its advisory groups to provide comments. These groups included AAAs, the Pennsylvania Council on Aging, the Intra-Governmental Council on Long-Term Care and the Cultural Diversity Advisory Committee.

Town Meetings
From January to March 2008, the department convened Town Meetings in eight locations including Elizabethtown, Clarion, Pittsburgh, Nanticoke, West Chester, Williamsport, Huntingdon and Philadelphia. The sites were selected to reflect Pennsylvania's geographic, racial and ethnic diversity and assure diverse participation. To facilitate public participation, meeting notices were translated into six languages. A discussion guide was developed, an interactive survey was created and all materials were made available through the department's Web site. A copy of the slide show presented at the Town Meetings is included in Appendix E.

Consumers, caregivers, families, public and elected officials, advocates, staff from sister agencies and providers attended the meetings in impressive numbers to **voice their ideas and concerns on the challenges and opportunities expected to confront Pennsylvania in the years 2008 to 2012**. Attendance was excellent with over 2,500 participants across all locations.

Department staff facilitated focused discussion consistent with the goals of the federal Administration on Aging and focused specifically on issues that included **public awareness of health care and institutional care options; enabling individuals to live in the setting of their choice; empowering individuals to stay active and healthy and ensuring the rights of individuals to prevent abuse, neglect, exploitation and abandonment**. The Town Meetings offered valuable feedback and comments from across the commonwealth. A summary of the meetings is attached in Appendix F.

Additional input was obtained through the submission of written comments.

Internet Survey
The department conducted an innovative, interactive opinion poll using the Internet to **reach people who otherwise might not have an opportunity to express opinions** on the issues and

DRAFT

priorities. The survey was available through the department Web site January 2008 through April 2008.

Over 240 survey responses were received. According to survey respondents the three most effective ways of informing older Pennsylvanians and their caregivers is through senior centers, home visits by counselors and through physicians offices. The three least effective ways are through billboards, the Internet, and their legislators. Survey respondents also supported the creation and expansion of support groups and mentoring programs for Grandparents who are the primary caregivers for their Grandchildren. Survey respondents were also concerned about the high cost of health care. A summary of the survey findings is attached in Appendix G.

Area Agencies on Aging Area Plans
Federal law mandates that each Area Agency on Aging to develop a local Area Plan. The department incorporates the 52 local Area Plans into its State Plan. The department and AAAs worked together to develop a new Area Plan format that fulfilled requirements of the Older Americans Act. This uniform format enabled the Area Agencies on Aging to **educate and inform the public, service providers and local officials**. It also guided aspects of the local AAA initiatives, decision-making and budget development. A summary of these plans is included in Appendix H.

In addition in February 2008, the department conducted a survey of the Area Agencies on Aging seeking input on the current Intra-state Funding Formula. From the comments received, 40 of the 52 Area Agencies on Aging or 77% recommended that the formula remain the same and/or suggested minor changes to the weights assigned to the individual criteria utilized. The department plans to continue to discuss with both our internal and external business partners the current formula weights. At this time, the Department plans to utilize the current Intra-state Funding Formula that has been approved by the Administration on Aging on September 30, 2004. The Intra-state Funding Formula and background information are included in Appendix I.

Public Hearings
The department will accept **written comment on the draft plan and testimony at three public hearing locations** as part of the final step in the state planning process. Notice of the public hearings appears in Appendix J. The State Plan Public Hearing Composite Summary, a summary of the key issues and recommendations from the hearings, will appear in Appendix K. Public input from the hearings will be incorporated, as appropriate, throughout the finalized plan that will be submitted to the federal Administration of Aging under the Governor's signature.

Results of Data Gathering
From the sources outlined above, the Department of Aging developed this State Plan on Aging. The top priority issues identified from the above sources of input were **housing, transportation, family caregivers, wellness and fitness programs, public awareness, community partnerships, Senior Centers, legal assistance and institutional care options**.

Our Challenges and Opportunities

Over the next four years, the Department of Aging, the commonwealth and the entire aging network will face many challenges and opportunities. These issues **reach across all the goals**

DRAFT

and objectives the department has outlined and will be considered in all of its decisions, programs and activities.

As noted previously, **the number of Pennsylvanians entering the age 65 and older population is rapidly increasing.** This trend is projected to continue through the year 2020. Additionally, the number of older persons ages 85 and older is anticipated to increase by 52% between the years 2000 and 2020. This data clearly indicates that the number and composition of older adults requiring services through the aging network will significantly change. Changes in the composition of the population include an increase in Pennsylvania's racial-ethnic and geographic diversity and marked differences in the values and attitudes brought about by the various age groups that will comprise Pennsylvania's older population. In this context, the services and delivery of services for the baby boomer generation will differ substantially from those that the post-war and Depression age groups find acceptable. Pennsylvania's aging network will need to expand its capacity in the coming years to deliver needed services in a manner that is palatable to the many and changing faces of older Pennsylvanians.

Given growing demand for services and the finite nature of funding, agencies within the commonwealth must find ways to use existing resources more efficiently and to ensure that services reach those who need them the most. This will require intense insight and resourcefulness from the entire aging network. Pennsylvania is the only state to use lottery funds exclusively for services to support older Pennsylvanians. When asked if these funds should be allowed to be used by other groups, over two-thirds of respondents to the Internet survey felt strongly that the Pennsylvania lottery funds should be used exclusively for support services for older Pennsylvanians.

Pennsylvania is one of the most rural states in the nation. Over the past 20 years, studies have consistently shown that **older adults living in rural areas have greater difficulty accessing and becoming aware of the services and programs available** to meet their needs. Because many areas in Pennsylvania contain populations of less then 50 people per square mile, transportation in rural areas is a key challenge. The special needs of older people residing in rural areas must be considered during the development of all actions and initiatives of the department.

Many older citizens do not drive and rely on other modes of private or publicly funded transportation to get to medical appointments, workplaces and Senior Centers. As mentioned above, Pennsylvania is the only state in the nation to use lottery funds to fund support services for older persons. This includes transportation services for older persons, such as the Shared-Ride program and free transit service. The Shared Ride Program is available in all 67 Pennsylvania counties. Free transit service is available in all areas of the commonwealth with fixed route (e.g., bus and train etc.) transportation systems. The AAAs purchase transportation services from Shared-Ride Program Providers. Due to the increase in fuel costs, personnel costs and insurance costs, there is a great need to ensure that all transportation services are provided in the most efficient and cost-effective way, while still maintaining service to as many older adults as possible.

Pennsylvania is a culturally diverse state and this diversity is reflected within the older population as well. The department is **aware of the many cultures represented with the**

DRAFT

commonwealth and is sensitive to their needs. The federal and state goals of cultural inclusion challenge the department to meet the needs of a diverse population in terms of race, ethnicity and sexual orientation. The Cultural Diversity Advisory Committee provides recommendations and comments to the department on these matters. The Council is also actively involved in the department's Title VI compliance efforts including employment, workforce training and leadership development. The department has implemented all mandatory *Culturally and Linguistically Appropriate Services in Health Care* (CLAS) standards and will continue its efforts to address the standards recommended in its State Plan. The department has taken steps to ensure that the needs of diverse populations are recognized and addressed in all of its services, programs and literature (e.g., brochures from the Pennsylvania Department of Aging are available in five different languages). The department will continue to increase these efforts in the future.

The challenges and opportunities in the next four years will require reworking existing programs and services to ensure that they are being used effectively and efficiently. Data gathered through the use of technology is extremely important to the department, as it performs its quality monitoring and accountability oversight functions. The department will continue to explore **the latest technologies to additionally enhance outreach, program utilization and referral efforts**.

III. Goals/Objectives/Strategies/Outcomes and Performance Measures

Outcome: Through the implementation of this plan, the Pennsylvania Department of Aging seeks to provide greater education and understanding of the choices and opportunities that exist to enhance the quality of life of all older Pennsylvanians, including those from diverse backgrounds.

Goal 1 - *Solid Decisions, Solid Planning*: Empower older Pennsylvanians and their families, including those from diverse communities, to make informed decisions on their health care and long-term living options.

Objective 1.1: Educate the public on planning for their future needs. Providing people with information regarding long-term living is vitally important to ensure that all Pennsylvanians are aware of the resources and options available to meet their long-term living needs. It is also important to provide this education in advance to prepare Pennsylvanians before they need such documents as a living will or advance directive. This reduces pressure on family members who may be trying to make important decisions during stressful times.

Strategies:

- Develop a public education program to enable individuals to plan for their long-term needs and to access services at the local level.
- Educate and offer assistance to caregivers who provide critical services that allow older Pennsylvanians to remain in the setting of their choosing.
- Ensure that long-term living providers, health care providers and other relevant professionals are well-informed about long-term living options to enable them to identify individuals in need of these services, provide accurate information to consumers and families and make appropriate referrals to services.

DRAFT

- Inform state legislators and their staff about the "Own Your Future" campaign and the long-term living outreach and education division. Invite their participation in outreach efforts.
- Develop and implement a media strategy to support long-term living outreach.
- Provide information on the pros and cons of purchasing long-term care insurance, including the newly available asset protection option.

Objective 1.2: Educate the public on the availability of services to foster independence and self-sufficiency in consumers and caregivers. The Department of Aging provides many programs and resources to the aging network, older Pennsylvanians and caregivers. Through education, the department can ensure that individuals receive appropriate services or referrals. This education will give older Pennsylvanians greater independence and freedom to make the choices that are best for them.

Strategies:

- Expand the Aging & Disability Resource Center (ADRC) program, known as the PA Link Network. The goal of this initiative is to streamline access to long-term living services in the community. Through community partnerships, Link Networks will work to provide consumers with information, assistance and a seamless process to access available services through both government and private entities.
- Train health and human service providers to educate consumers and caregivers on receiving services and obtaining referral services.
- Enhance inter-agency collaboration to ensure all agency efforts consider the needs of older Pennsylvanians.
- Promote better prescription drug usage. The Independent Drug Information Service (iDiS) offers Pennsylvania physicians' offices a non-commercial source of information about the drugs they frequently prescribe. Pennsylvania drug information consultants offer intervention to community physicians who see above average numbers of people enrolled in the PACE program.
- Educate the aging network about the unique challenges faced by grandparents raising grandchildren. Foster inter-agency collaborations to assist these individuals.
- Inform care providers of older Pennsylvanians of the unique needs of older persons with mental illness.
- Assist and educate older Pennsylvanians living with behavioral health and developmental delay challenges regarding the preparation and planning for quality living arrangements when families and caregivers are in declining health.
- Continue to support and recognize the importance of Senior Centers as the first point of contact for many older Pennsylvanians and a major source of information and referral services as they age.
- Continue intensive outreach efforts to enroll eligible older Pennsylvanians into the PACE senior pharmacy benefit program and consider increasing income eligibility and/or lowering age requirement.
- Continue to provide enrollment services in other pharmacy benefits to individuals not eligible for PACE, through the PACE Clearinghouse.

DRAFT

- Provide on-line services to educate consumers about prescription drug prices and which pharmacies are offering the lowest prices.

Objective 1.3: Ensure inclusion of diverse cultures and abilities in all aspects of the aging network. Pennsylvania is a diverse state and the department will continue to ensure that people receive the information and services they need in language- or ability-appropriate formats. The department will also continue to support and encourage the employment of people of diverse backgrounds within the aging network.

Strategies:

- Promote adherence to the Cultural and Linguistically Appropriate Services in Health Care (CLAS) within the AAAs.
- Continue to monitor to ensure that all mandatory CLAS standards continue to be met by the department and explore options to implement recommended standards not already in place.
- Examine barriers faced by consumers with limited English proficiencies and/or hearing or visual impairments.
- Promote the employment of people of diverse cultures across the aging network.

Goal 1 Performance Measures

Objective	Performance Measure	Target Date
1.1	Achieve 170,000 requests for "Own Your Future" toolkits.	June 2009
	Deliver Long-Term Living information to employees at 100 employers around the commonwealth.	June 2009
	Create a community-based educational toolkit for use by community partners upon completion of a Train the Trainer's course regarding long-term living and deliver 65 presentations.	June 2009
	Implement an earned media campaign to ensure ongoing media exposure on planning and providing for long-term living through appearances on 20 radio or television shows and weekly articles in 50 publications.	June 2009
1.2	Expand LINK Networks (ADRC) to nine additional counties.	December 2012
	Tally consumer satisfaction survey from Link Network consumers and ensure that a majority are satisfied with information provided.	Annually
1.3	Achieve 100% compliance within AAAs to meet Culturally and Linguistically Appropriate Services mandates.	June 2012

Goal 2 - *My Home, My Independence*: Enable older Pennsylvanians, including those from diverse communities, to remain in the setting of their choice to improve their quality of life and to actively participate in the services they receive.

Objective 2.1: Improve the "long-term living" systems so that people who receive publicly funded support services have more opportunities to choose how and where they receive their service and support. The term "long-term living" is typically used to describe a wide range of services and supports available to older Pennsylvanians. The continuum provides a broad array

DRAFT

of services and supports, including services to assist consumers to maintain their independence such as personal care, home health, home modifications, home-delivered meals, adult day care, Domiciliary Care, Personal Care Home or Assisted Living or care provided in institutional facilities.

Strategies:

- Increase community-based services for older persons with disabilities.
- Create systems to license, certify and inspect assisted living residences in the commonwealth.
- Continue pilot program for tenant-based rental assistance and expand statewide.
- Expand adult daily-living centers in targeted counties to help seniors to stay at home longer while giving their families the support they need. Examine the rates paid to adult daily-living centers and adjust as necessary.
- Expand "Community Choice", a process that helps older adults with disabilities to enroll in home-based services quickly, statewide.
- Expand "Domiciliary Care," which provides a homelike living arrangement in the community for adults age 18 and older who need assistance with activities of daily living and are unable to live independently and improve the Domiciliary Care supplement.
- Promote the Family Caregiver Support Program to assist families providing home support for elderly relatives with long-term living needs.
- Partner with Pennsylvania Housing Finance Agency and other housing-related agencies to encourage and promote home modifications for accessibility, home repair and improvements to accommodate consumer housing needs.
- Develop strategies enhancing current services such as Personal Assistance, Home Modification and Home Health Care.
- Strengthen the Nursing Home Transition program to address Pennsylvania's Money Follows the Person strategy and offer increased alternatives to people residing in institutional facilities.
- Raise awareness of increased need for accessible housing options for individuals of all income levels.

Objective 2.2: Continue to enhance community integration strategies in community-based services to prevent isolation and enable older Pennsylvanians to stay involved in their communities. Studies have shown that older Pennsylvanians wish to stay in their communities for as long as possible and the department is committed to ensuring that this is an attainable goal by funding transportation services and providing nutrition services and quality programs at Senior Centers through the AAAs.

Strategies:

- Strengthen and foster community partnerships to ensure that the needs of older Pennsylvanians are included.
- Assist the Pennsylvania Department of Transportation with its study to evaluate the effectiveness and efficiency of community transportation service delivery as it relates to older Pennsylvanians.
- Enhance and assist Senior Centers to ensure that they meet the needs of the "baby boomers" and older Pennsylvanians, such as increasing technology needs, providing a variety of health and wellness activities and partnering with other

DRAFT

community entities to provide programming which will create a "Center without Walls" concept.

- Promote education and choices regarding nutrition services, such as offering choice menus at Senior Centers.
- Promote advanced technologies to improve communication between consumer and caregiver.
- Increase efforts to address current and future needs for an expanded direct care workforce.

Goal 2 Performance Measures

Objective	Performance Measure	Target Date
2.1; 2.2	Establish a 50:50 balance between home- and community-based care and institutional care.	Annually
2.1; 2.2	Increase number of people transitioning from institutional facilities to community settings by 5% per year.	Annually
2.1	Expand adult daily-living services to all 67 Pennsylvania counties.	2011
2.1	Increase counties participating in tenant based rental assistance program by 10 counties per year.	Annually
2.1	Expand Community Choice to all 67 Pennsylvania counties	2011
2.1	License 250 Assisted Living Residences	2011

Goal 3 - *Active Aging*: Empower older Pennsylvanians, including those from diverse communities, to stay active and healthy.

Objective 3.1: Promote health and wellness initiatives. The department seeks to empower older Pennsylvanians to take charge of their health and "age actively." To do so, the department utilizes programs such as Healthy Steps for Older Adults and Healthy Steps in Motion, Pennsylvania's nationally recognized evidence-based fall risk reduction initiative, and PrimeTime Health, which focuses on health promotion and disease prevention.

Strategies:

- Expand prevention and exercise programs to reduce falls.
- Maintain health promotion and disease prevention programs.
- Collaborate with Medicare programs, encouraging older Pennsylvanians to participate in preventative measures.
- Encourage local programs to use interventions for older adults that are documented to be effective in reducing the risk of disability and/or disease. These areas include physical activity, sound nutrition, smoking cessation, medication management, disease self-management (e.g., diabetes), falls prevention and screening for depression, arthritis and cancer.
- Encourage community partnerships to promote and deliver health and wellness education.

DRAFT

- Increase participation of the Healthy Steps for Older Adults and the Healthy Steps in Motion programs in partnership with Senior Centers and other community-based organizations statewide.

Objective 3.2: Encourage an active lifestyle. Providing employment and volunteer opportunities enables older Pennsylvanians to stay active and involved in their communities. Programs such as the Senior Community Service Employment Program promote an active lifestyle. This program provides unemployed, low-income older Pennsylvanians the opportunity to provide services for their communities while receiving on-the-job training and income.

Strategies:

- Promote awareness and increase access to meaningful volunteer opportunities for older Pennsylvanians.
- Continue to advocate and provide employment and training opportunities for older Pennsylvanians through the department's Senior Community Employment Program.
- Strengthen collaboration with community-based resources to promote and provide mental stimulation and physical activities.
- Create new partnerships with colleges and universities that conduct research on evidence-based practices.

Objective 3.3: Improve the quality of life for those older Pennsylvanians living with, or at risk for, behavioral health issues. In order to support older Pennsylvanians with behavioral health issues, services need to be coordinated across agencies and service providers, ensuring that older persons are receiving the care they need.

Strategies:

- Promote interagency agreements that reinforce collaboration between AAAs and county behavioral health programs.
- Educate older Pennsylvanians, their caregivers, professionals and the larger community of the unique needs of older people with behavioral health issues.
- Assist and educate those older Pennsylvanians living with behavioral health issues regarding preparing and planning for quality living arrangements when families and caregivers are in declining health.
- Develop a mental health resource center to provide assistance for older adults and other eligible persons by helping to bridge gaps in service provision and identify supportive relationships with the behavioral health community.

Goal 3 Performance Measures

Objective	Performance Measure	Target Date
3.1	Increase the number of educational sessions and number of participants in PrimeTime Health Programs by 10% each year.	Annually
	Increase the number of participants in the Healthy Steps for Older Adults and the Healthy Steps in Motion programs by 5% each year.	Annually
3.2	Create a survey regarding the availability of volunteer opportunities and the sufficiency of such programs.	June 2009
	Increase the percentage of individuals who obtain employment after	Annually

DRAFT

	exiting the Senior Community Service Employment Program by 5% each year.	
3.3	Establish baseline data for the number of people contacting the Mental Health Resource Center and track the usage each year.	June 2009 and annually after that
	Introduce depression risk scale for consumers to the AAAs and track the number of scales administered, reaching 100% over four years.	June 2012

Goal 4 - *Prevention & Protection:* Ensure older Pennsylvanians, including those from diverse communities, are free from abuse, neglect, exploitation and abandonment.

Objective 4.1: Strengthen the protective services program to prevent abuse for older adults. For a variety of reasons, older Pennsylvanians are targets of fraud and abuse. The department wants to ensure that the older population is protected.

Strategies:

- Continue to support the Statewide Toll Free Elder Abuse Hotline (1-800-490-8505).
- Continue to provide, support and increase training to the aging network on issues surrounding the detection, reduction, correction and elimination of abuse.
- Enhance monitoring and oversight of the local protective service programs to ensure consistency and quality service provision in accordance with the Older Adult Protective Services Act (OAPSA).
- Enhance the Pennsylvania Department of Aging's Institute on Protective Services, which provides expert consultation and assistance on all types of abuse.
- Maintain existing elder abuse task forces and expand efforts across the commonwealth.
- Continue to work with the Pennsylvania State Police and Federal Bureau of Investigation regarding criminal history background checks for employees of designated facilities.
- Continue to serve on committees designed to educate and share information and resources regarding elder abuse.

Objective 4.2: Enhance collaboration with existing local entities and other state agencies to maximize outreach efforts regarding elder justice. By working with other organizations and agencies, the department can ensure that everyone is aware of the legal needs of older Pennsylvanians and how to best assist them in legal issues that arise.

Strategies:

- Assess the legal needs of older Pennsylvanians and current legal assistance programs and develop a plan to improve these programs.
- Strengthen existing legal services provided through AAAs and expand outreach to rural and underserved populations.
- Support the efforts of the Pennsylvania Department of Aging's Institute on Protective Services to identify resources on preventing elder abuse.
- Promote outreach efforts at the local level to provide public information on elder abuse.

DRAFT

- Identify other educational resources for AAAs who directly service older adults.

Objective 4.3: Promote statewide consumer self-advocacy. The Pennsylvania Empowered Expert Residents (PEER) are residents of institutional facilities who assist other residents in learning about their rights and resolving disputes. This program empowers residents to be their own advocates.

Strategies:

- Maintain and increase the number of active PEER graduates.
- Continue to coordinate statewide planning meetings and statewide advisory council meetings for PEERs in order to enhance their quality of life in institutional facilities.
- Increase training sessions for the local ombudsmen and PEERs.
- Support existing PEER sites and increase facility sites in other counties.
- Continue to provide resources in support of PEER expansion.

Objective 4.4: Increase awareness of the problem of suicide in older adults. Many people are unaware of the increase in the number of suicides that occur among older adults. Raising the awareness of the problem of the risk of suicide among older Pennsylvanians is a crucial step in addressing the problem.

Strategies:

- Enhance existing assessment tools to include suicide screening.
- Develop a program for physician outreach relative to suicide prevention.
- Collaborate with community partners to facilitate training on suicide prevention at the local level.
- Provide outreach to new community partners to share information and resources.

Goal 4 Performance Measures

Objective	Performance Measure	Target Date
4.1	Increase the number of elder abuse task forces across the commonwealth by 25% over four years.	June 2012
4.1	Increase the number of elder abuse and fraud-related training sessions and the variety of enrichment courses available to the aging network staff.	June 2009
4.2	Strengthen existing legal services provided through AAAs and expand outreach to rural and underserved populations.	Annually
	Develop and distribute best practices for providing legal services to older adults based on successful programs in Pennsylvania and other states.	Summer 2010
	Conduct a survey and focus groups to determine the legal needs of older Pennsylvanians and use this information to strengthen the legal services provided.	January 2009
4.3	Increase the number of facilities participating in the Pennsylvania Empowered Expert Residents (PEER) program at the county level, as well as by total facilities and PEER advisors by 25% over four years.	June 2012

DRAFT

4.4	Introduce suicide risk scale for consumers to the AAAs and track the number of scales administered, reaching 100% over four years.	June 2012

IV. Medicaid Long-Term Care Reform

The Office of Long Term Living was established in January 2007 by the Governor's Long-Term Living Council, which is made up of several members of the Cabinet and key advisors to the Governor. The Office combines the Department of Public Welfare's former Office of Social Programs Bureau of Home and Community Based Services, the Department of Public Welfare's former Office of Medical Assistance Programs Bureau of Long-Term Care Programs and several functions within the Department of Aging, including certification for Domiciliary Care and licensing Adult Daily Living, and the administration of the Aging Waiver. The Office of Long Term Living was established for two purposes. First, was a need to provide consistency in Pennsylvania's eight home and community based waivers that encompass those over the age of 60 and those under 60 with physical disabilities. These waivers had previously been administered inconsistently by different offices. Second, was a desire to undertake initiatives that would bring us closer to a balance between receipt of services through the home and community based system and institutional settings. The Office of Long Term Living holds a critical position in Pennsylvania government to drive the system reforms necessary to ensure that the commonwealth can meet the growing demand for long-term living services in the coming years. Coordinating work across the Pennsylvania Departments of Aging and Public Welfare will result in a more efficient system that promotes reform as a key strategy for the commonwealth as it prepares to meet the demographic and fiscal challenges of a growing aging population.

V. Medicare Modernization Act

The Department of Aging, through the APPRISE State Health Insurance Assistance program, is committed to ensuring that Medicare beneficiaries have face-to-face access to insurance counseling and assistance in their community. Pennsylvania's Medicare Part D outreach strategy is focused on opening over 200 enrollment centers where Medicare beneficiaries can receive personalized assistance in the selection of their Medicare health plan options and a comparison of the Medicare Part D Prescription Plans. The department also screens individuals for their eligibility for the Medicare Part D Low Income Subsidy and the Medicare Savings program and, if eligible, will complete and submit their applications.

The department puts special emphasis on providing services to those with special needs. It works with the Deaf and Hard of Hearing Services to ensure that those in need have sign language interpreters during benefits counseling. Additionally, arrangements have been made for language interpreters and bilingual counselors to assist beneficiaries who have limited English proficiency. The department established a Resource Center for Medicare Beneficiaries with Behavioral Health Difficulties to provide counseling and enrollment assistance with their Medicare Part D benefit and to serve as advocates to immediately assist the beneficiaries to obtain their psychotropic prescription medications.

DRAFT

Special emphasis is given to providing Medicare plan comparisons at subsidized housing facilities across the state. One way that this is accomplished is by loaning laptop computers equipped with remote Internet broadband access to counseling sites without Internet access so that citizens can compare different plans.

VI. Emergency Preparedness Plans

The Pennsylvania Department of Aging is actively involved in the emergency management planning and operations of the Commonwealth of Pennsylvania. The Secretary of Aging has appointed a team of nine Emergency Preparedness Liaison Officers, at least one of whom can be reached on a 24 hour, 7 day and 52-week basis by the State Emergency Operations Center operated by the Pennsylvania Emergency Management Agency.

The Aging Emergency Preparedness Liaison Officers Team is responsible for:

1. Staffing the State Emergency Operations Center when requested by Pennsylvania Emergency Management Agency.
2. Keeping the Secretary of Aging and other Pennsylvania Department of Aging executive staff appropriately advised of emerging events.
3. Facilitating communication between the state and local levels on aging-related emergency issues.
4. Ensuring that the special needs of members of the older population, particularly vulnerable consumers of in-home services, are met during emergencies.

In Pennsylvania, the standard Incident Command Structure flows from the Federal Emergency Management Agency to the Pennsylvania Emergency Management Agency, to the 67 County Emergency Management Agencies and to the local Emergency Management Agencies (if applicable). The Pennsylvania Department of Aging is responsible for supporting Pennsylvania Emergency Management Agency's activities and is specifically identified as a support agency on seven of the 15 Emergency Support Functions. Pennsylvania AAAs are similarly responsible for supporting their respective County Emergency Management Agencies. The work of the Pennsylvania Department of Aging Emergency Preparedness Liaison team in communicating information from the State Emergency Operations Center to AAAs and vice-versa, is considered a constructive redundancy that complements the standard Incident Command Structure.

In addition to this largely supportive role with respect to most types of emergencies, the Pennsylvania Department of Aging and AAAs take a lead role in response to heat, cold weather and energy emergencies as they affect older Pennsylvanians. Each Area Agency on Aging is required to have both a Heat Emergency Plan and a Cold Weather/Energy Emergency Plan on file with the Pennsylvania Department of Aging. In consultation with Pennsylvania Emergency Management Agency, the Department of Aging provides information to the AAAs when conditions are such that activation of these plans may be necessary.

Above and beyond response to ongoing emergency response activities, the Department of Aging and AAAs are actively involved in strategic planning for emergencies in Pennsylvania. The Department of Aging contributes to development of the overall State Emergency Operations Plan

DRAFT

and contributes to the completion of the National Incident Management System compliance document. Planning includes readiness for man-made and natural disasters of which recent examples include the 2001 attack on the World Trade Center and 2005's Hurricane Katrina. The Department of Aging also supports the efforts of the Pennsylvania Emergency Management Agency and the Pennsylvania Department of Health in preparation for potential health emergencies such as a flu pandemic. Additionally, the Department of Aging supports the Pennsylvania Emergency Management Agency's frequent and aggressive exercise drills to hone our ability to respond quickly and effectively to Pennsylvania's most common disasters, which include flooding and road icing.

Similarly, Pennsylvania AAAs support the planning efforts of the County Emergency Management Agencies. Aside from having their own plans on heat and cold weather/energy emergencies, they are a part of each county's overall emergency plans.

VII. Transportation Coordination

The Department of Aging has collected input from older consumers regarding transportation needs as part of the town meetings for the four-year plan. It had previously developed a list of transportation service priorities and shared them with the Pennsylvania Department of Transportation (PennDOT). These priority areas were developed based on previous consumer input and contacts made to the department from consumers and advocates. The department plans to continue to work with PennDOT on these and other transportation issues as a partner in the development of a study to evaluate the efficiency and effectiveness of coordinated human services transportation, as required by PA Act 44 of 2007. Information from the Administration on Aging toolkit will be shared with PennDOT in this study process.

The Department of Aging has worked with PennDOT to survey coordinated transportation systems. The survey collected information on the service accommodations that local shared ride transportation service providers may offer such as door-through-door transportation or same day service. These results were considered by the department with PennDOT input. The department had discussions with PennDOT on possible pilot projects to determine the feasibility of such options. The department plans to work with PennDOT to continue to enhance the service options for older Pennsylvanians. These enhancements will be discussed as part of the study required by Act 44.

The Department of Aging participated in a United We Ride funded project by contributing funding and staff time to an in-depth report on coordinated transportation in Pennsylvania. The information gained in this effort will provide some background information for a further evaluation study of the efficiency and effectiveness of human services coordination in Pennsylvania as required by Act 44. It will also serve to address issues raised by the President's Executive Order on efficiency and access to service. It will provide an opportunity to address transportation needs of older people and also look into the efficiencies that can be made in the coordinated systems operating throughout the commonwealth.

It should be noted that through cooperation among state level departments over the years, coordination of local transportation services has been strongly encouraged. This has been done

DRAFT

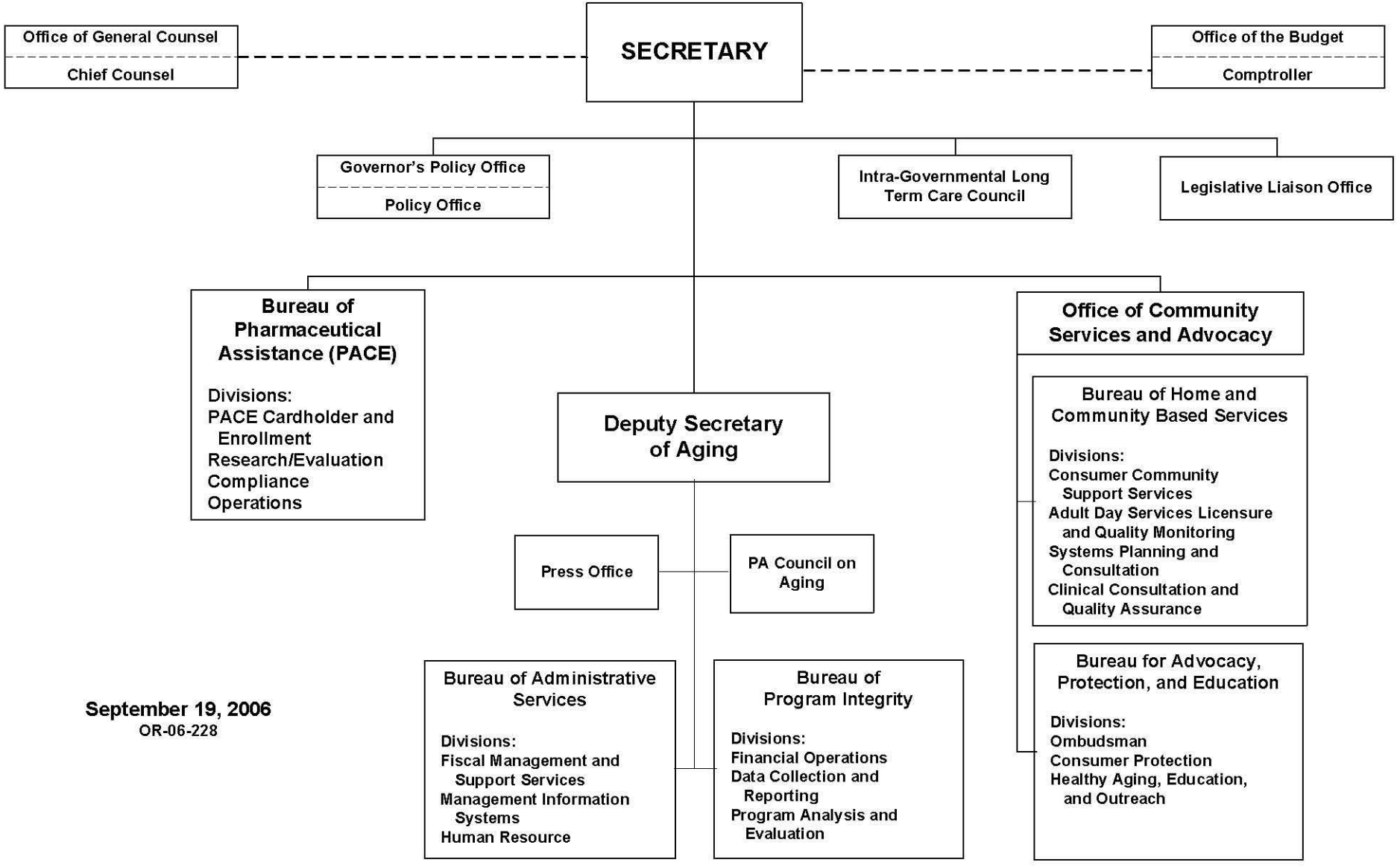
through both policy and state level oversight. It is evidenced by the United We Ride Leadership Award received by Allegheny County, Pa. The award was announced in 2005 by U.S. Secretary of Transportation Norman Mineta at the Community Transportation Association of America conference recognizing the excellence of local communities.

VIII. State Plan Assurances

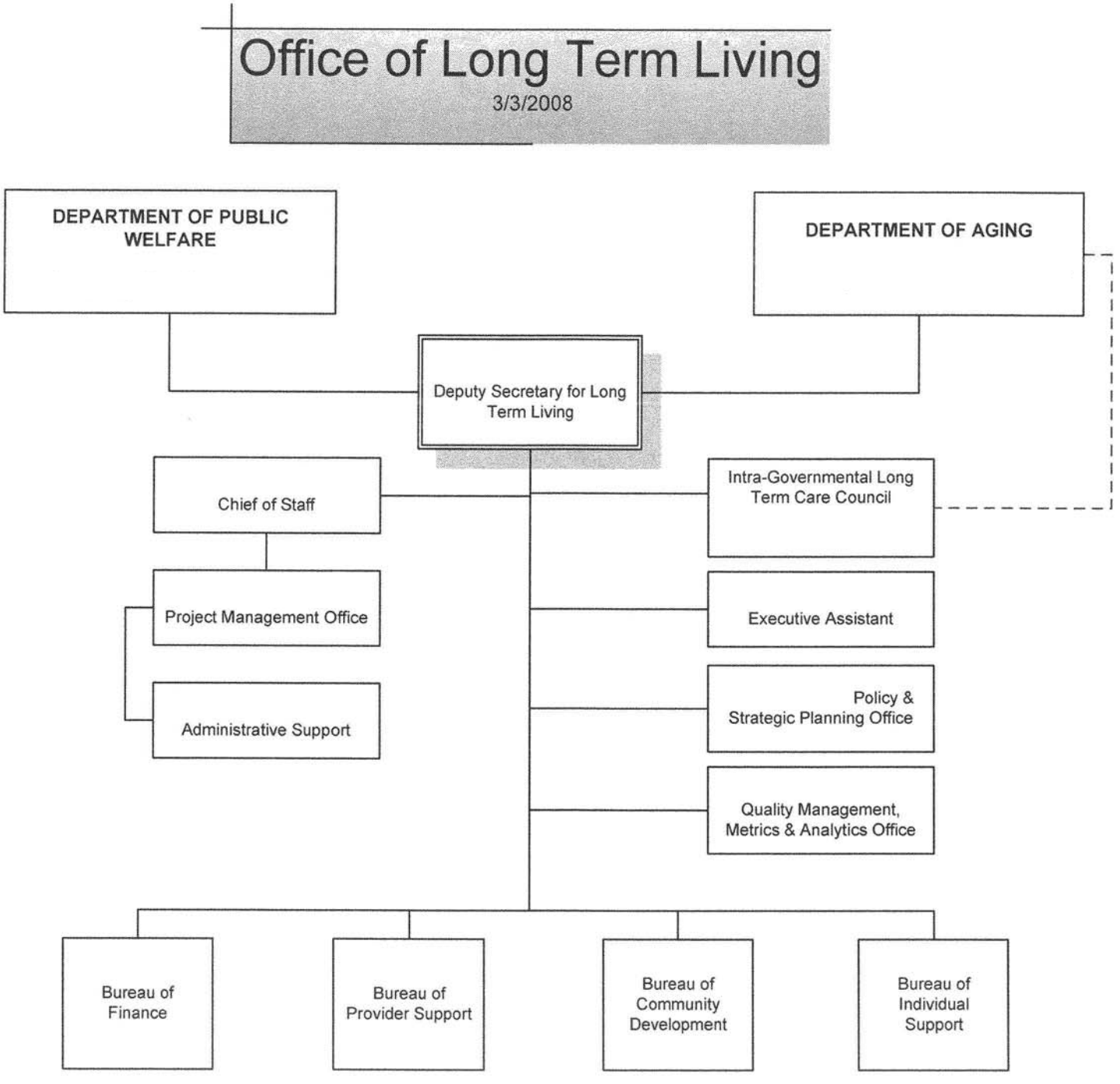
The Listing of State Plan Assurances and Required Activities Older Americans Act, As Amended in 2006 is included in Appendix L. This attachment along with the requirements listed in the State Plan Guidance Program Instruction (PI) make up the package of instructions for development of the State Plan.

DRAFT

DEPARTMENT OF AGING



September 19, 2006
OR-06-228


Office of Long Term Living
3/3/2008
DEPARTMENT OF PUBLIC WELFARE
DEPARTMENT OF AGING
Deputy Secretary for Long Term Living
Chief of Staff
Project Management Office
Administrative Support
Intra-Governmental Long Term Care Council
Executive Assistant
Policy & Strategic Planning Office
Quality Management, Metrics & Analytics Office
Bureau of Finance
Bureau of Provider Support
Bureau of Community Development
Bureau of Individual Support

Health & Human Services

Department of Aging

Nora Dowd Eisenhower,
Secretary
www.aging.state.pa.us

Mission Statement

The mission of the Department of Aging is to enhance the quality of life of all older Pennsylvanians by empowering diverse communities, the family and the individual.

Overview of Programs and Services:

- Oversees the provision of vital services and benefits to older Pennsylvanians through a network of Area Agencies on Aging (AAAs) that operate in all counties across the commonwealth.
- Partners with advocacy groups in support of safety, security and an improved quality of life for older Pennsylvanians.
- Provides a system of home and community-based services for eligible older Pennsylvanians in cooperation with the Department of Public Welfare.
- Provides pharmaceutical assistance programs (PACE and PACENET) to eligible state residents age 65 or older.

Major Agency Objectives for 2006-07

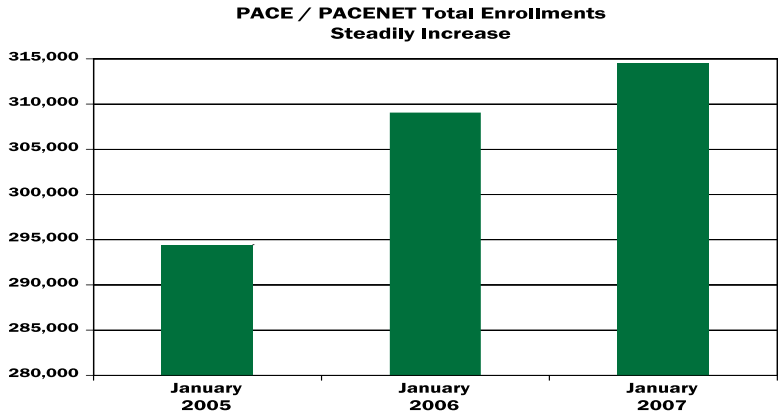
1. **Increase the number of older Pennsylvanians enrolled in the PACE program by running the program with maximum efficiency and creativity.**
2. **Provide meaningful education to older residents of Pennsylvania about their health insurance options – especially options pertaining to the new Medicare Part D program.**
3. **Ensure the inclusion of diverse communities and cultures in all aspects of the aging network.**
4. **Provide a diverse array of community-based services to older individuals across Pennsylvania.**
5. **Protect older Pennsylvanians from fraud and abuse.**

Major Achievements and New Initiatives in 2006-07

1. Increase the number of older Pennsylvanians enrolled in the PACE program by running the program with maximum efficiency and creativity.

The PACE program provides pharmaceutical assistance to qualified state residents 65 years of age and over who face a growing burden in paying for the prescription drugs they require to maintain healthy and independent lives. The Lottery and revenues from the Tobacco Settlement Fund support the program, which has two components:

- **PACE** is a comprehensive assistance program for persons with income at or below $14,500 for single persons and $17,700 for married couples. The annual growth rate for the number of PACE participants has been more than 30 percent since fiscal year 2002-03, a trend that is expected to continue.
- **PACENET** is a companion program to PACE with higher consumer cost-sharing and income limits of $23,500 for single persons and $31,500 for married couples. These income limits reflect a major eligibility expansion for seniors that occurred in 2004. PACENET has grown by nearly 110,000 enrollees since 2002-03.



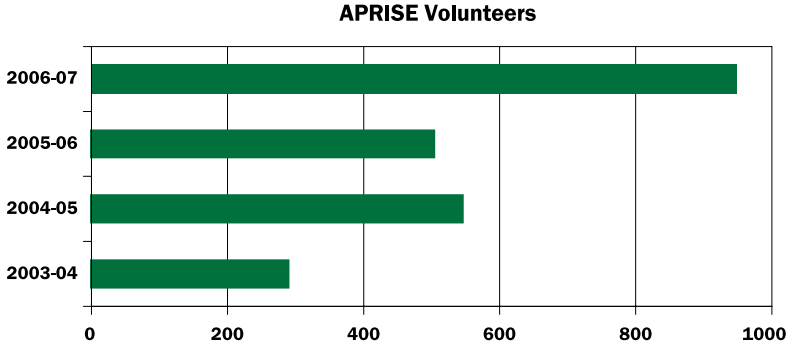
The federally funded Medicare Part D pharmacy program has reinforced the need for comprehensive pharmaceutical assistance services. The Department of Aging has relieved the anxiety of thousands of Pennsylvania seniors by revamping the PACE program so that there is full, seamless integration between PACE and Medicare Part D. Aging has been able to maximize the number of older Pennsylvanians currently enrolled in the PACE program,

while saving valuable state resources, by wrapping PACE around the Medicare drug benefit. By realizing significant savings, estimated to be $170 million in state-funded expenditures, as a result of the PACE "wrap-around," Aging has been able to support the enrollment of an additional 120,000 people in the PACE program.

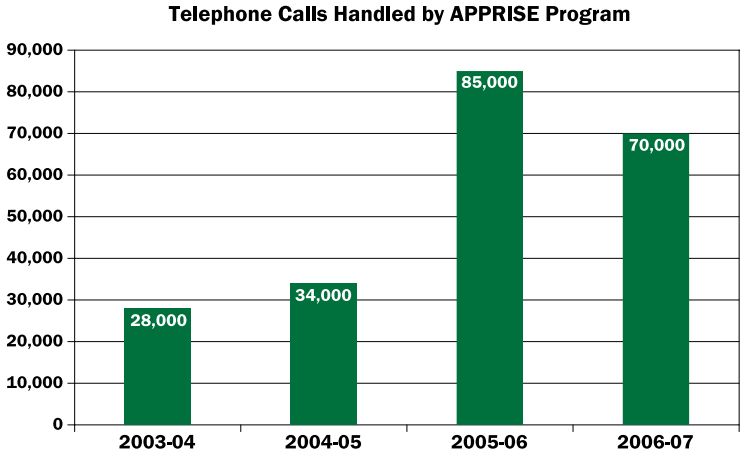
2. Provide meaningful education to older residents of Pennsylvania about their health insurance options – especially options pertaining to the new Medicare Part D program.

The **APPRISE** health insurance assistance program helps provide effective education to older residents of the commonwealth about their health insurance options – especially options pertaining to the new Medicare Part D program. Pennsylvania's Medicare beneficiaries and their families must navigate a maze of health insurance benefits and options, and APPRISE helps older Pennsylvanians understand their choices and make critical, well-informed decisions.

During the past year, APPRISE counselors helped more than 135,000 individual Pennsylvanians, by holding 3,150 Medicare informational and enrollment meetings and 67 Limited English Proficiency Medicare informational and enrollment meetings. Vital to the continued success of APPRISE are its well-trained volunteer counselors. Pennsylvania volunteers completed counselor training in record numbers in 2006-07, as demonstrated by the graph below.



The APPRISE help line has responded to more than 217,000 calls since 2003-04.



The Department of Aging and the Insurance Department also partnered in 2006-07 to alert older Pennsylvanians to the possibility of fraudulent marketing practices related to the numerous plans offering Medicare Part D coverage with a **"Stop, Call and Confirm"** campaign.

3. Ensure inclusion of diverse communities and cultures in all aspects of the aging network.

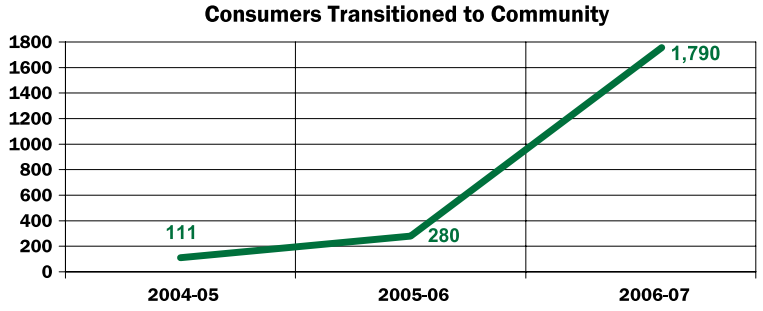
As the size and diversity of Pennsylvania's older population grows, the Pennsylvania aging network must respond effectively. "Cultural inclusion" refers to efforts to reach and include people from diverse cultures and communities in all aspects of the aging network, including employment, workforce training and leadership development.

The Department of Aging pursued a number of initiatives to increase access to services among Pennsylvania's diverse older population in 2006-07. These efforts included a technology literacy initiative focusing on the Latino population of the Lehigh Valley. This was an innovative, accredited Vocational English as a Second Language/Nursing Assistant project that trained and provided career ladders for Limited English Proficiency students. The department also expanded its Asian-American outreach projects in 2006-07. The number of people served in these programs increased by 21 percent from 2003-04 to 2005-06. In addition, the department funded other intensive benefits counseling projects directed at more effectively reaching the African-American community.

4. Provide a diverse array of community-based services to individuals across Pennsylvania.

Aging's **OPTIONS** program provides a spectrum of home and community-based services to persons age 60 and older whose income levels do not qualify them for participation in home and community-based programs sponsored by the **Medical Assistance Program** (MA). The services provided depend on the circumstances of the recipient. Some people need very modest assistance (i.e., home-delivered meals), while others have needs very similar to those of participants in the department's Medicaid program, even though they are financially or functionally ineligible for the MA program. OPTIONS uses a consumer cost-sharing system with a sliding scale based on income; this promotes the efficient use of public dollars.

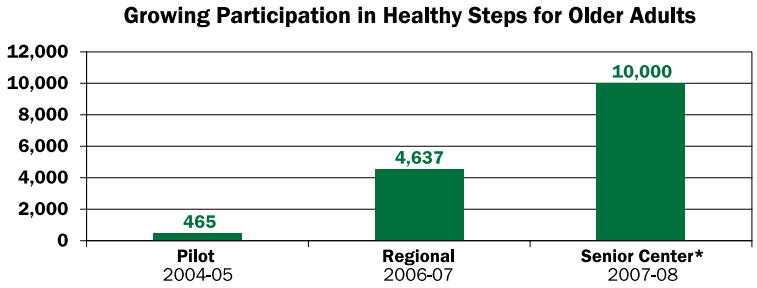
The Department of Aging supports the Nursing Home Transition program (NHT) to help persons in nursing homes who can be served more comfortably and effectively in their home by home and community-based service providers. The graph below shows that 1,790 nursing home residents returned to the community in 2006-07.



Department of Aging *(continued)*

Health & Human Services

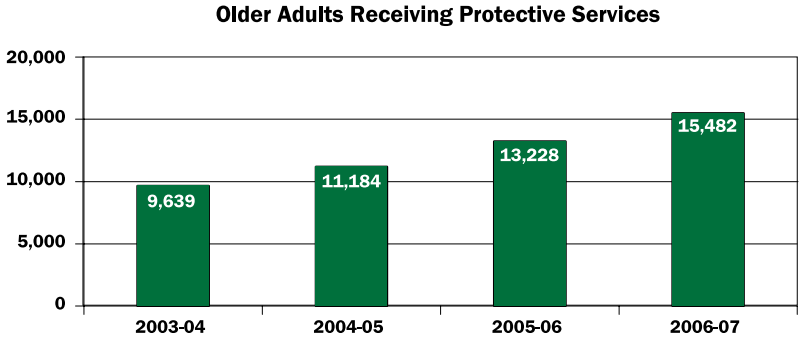
Maintaining healthy lifestyles is central to enable older persons to "age in place" in their home and community. Through Pennsylvania's network of 650 senior centers, the Department of Aging sponsors health and wellness programs as well as a vast array of social and community programs, that enrich and diversify the lives of older persons living in their own homes and communities. One notable program being sponsored in senior centers across the state is the award-winning Healthy Steps for Older Adults, a falls risk-reduction program that has enjoyed growing participation by older adults as noted in the graph below. A pilot project began in 2004-05, followed by three 10-county regional efforts in 2006-07. For 2007-08, more than 10,000 seniors have signed up for the program. Healthy Steps for Older Adults received first place in the American Public Health Association's Public Health Education Promotion Award program.



5. Protect older Pennsylvanians from fraud and abuse.

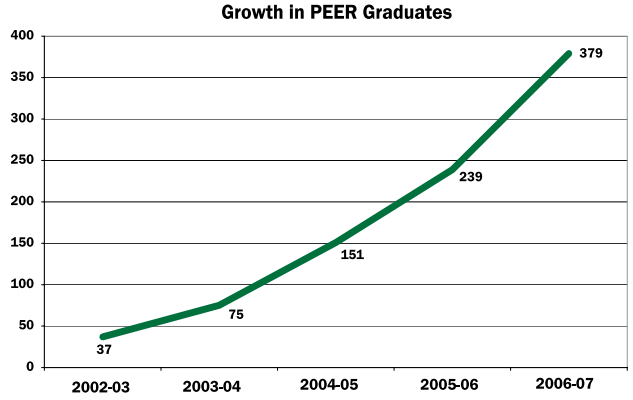
While the Department of Aging cannot directly control all of the people and circumstances that result in abuse, neglect, exploitation and abandonment of older Pennsylvanians, the department protects older Pennsylvanians from fraud and abuse by developing effective methods to detect, investigate and refer for prosecution all cases brought to its attention.

According to the U.S. Census, the number of Pennsylvanians over age 60 increased by approximately 45,000 - or 1.8 percent - from 2000 to 2005. During this same period, the number of protective service reports of need increased by more than 18 percent. For 2005-06, the number of protective service reports of need totaled 11,574. Of these reports, 1,791 (15.5 percent) cases were substantiated as needing protective services.



In the five-year period beginning July 1, 2000, Pennsylvania's Area Agencies on Aging received more than 63,000 reports of need for protective services. After thoroughly investigating these reports, they substantiated the need for protective services in more than 13,000 cases. AAAs received an average of 12,630 reports of the need for protective services each year, and substantiated an average of 2,738 cases in 2006-07. In each substantiated case, AAAs carefully investigated the facts, followed up with a thorough assessment of the older adult's needs and developed a comprehensive plan of care and services tailored to the needs of the older adult.

Another service that ensures that the rights of older Pennsylvanians are protected is the Ombudsman program. The **Ombudsman Pennsylvania Empowered Expert Residents (PEER) Program** was started by the Pennsylvania Department of Aging in 2002 and trains residents to be volunteer advocates within their long-term care facility. PEERs work with facility staff and other residents to enhance the quality of care and the quality of life for resident peers. The graph below demonstrates the exponential increase in residents who have become PEER-certified, allowing them to be a proactive voice for the rights of the elderly in the facilities in which they live.



Awards and Recognition

The department's APPRISE program was awarded the Social Security Administration's Public Service Award for its exceptional work in educating consumers about the new Medicare Prescription Drug Benefit Program.

Healthy Steps for Older Adults was awarded first place for the American Public Health Associations's Public Health Education Promotion Award.

Budget and Complement Highlights

Budget Highlights *(Dollar Amounts in Thousands)*	2004-05 Actual	2005-06 Actual	2006-07 Actual
State General Funds	$35,954	$20,223	$19,950
Federal Funds	129,512	128,216	160,814
Special/Other Funds	743,903	744,008	533,742
Department Total	**$909,369**	**$892,447**	**$714,506**

Complement	2004-05 Actual	2005-06 Actual	2006-07 Actual
Authorized Complement	109	109	107

Key Performance Measurements

Key Performance Measurements	2004-05 Actual	2005-06 Available	2006-07 Projected
Comprehensive PACE program:			
Older Pennsylvanians enrolled (average)	192,485	189,124	181,876
Average PACE cost per prescription	$44.26	$41.83	$26.49
PACE Needs Enhancement Tier (PACENET):			
Older Pennsylvanians enrolled (average)	97,997	117,014	131,813
Average PACENET cost per prescription	$52.40	$54.05	$25.49
Pre-admission assessment:			
Eligibility/care plan assessments	68,851	78,989	94,317
Referrals to nursing homes	34,727	30,777	32,446
Referrals for community services	34,021	27,292	38,064
Community Services:			
Persons served in the community who are clinically nursing home–eligible	37,652	36,064	31,184
Persons receiving attendant care services	844	954	1,019

Health & Human Services

Office of Long Term Living

Estelle B. Richman, Secretary
Department of Public Welfare
www.dpw.state.pa.us

Nora Dowd Eisenhower,
Secretary, Department of Aging
www.aging.state.pa.us

John Michael Hall,
Deputy Secretary,
Office of Long Term Living

Overview of Programs and Services:

- Administers programs to increase the independence and improve the quality of life of eligible older adults and persons with disabilities who require skilled nursing services and assistance with activities of daily living through placement in nursing homes and through the provision of Medicaid funded home and community-based services.
- Enhance and expand efforts to assist nursing home residents who wish to leave a facility-based care setting to return to their home or community.
- Ensure that the supply of nursing home beds properly matches the need for such facilities while providing opportunities for nursing facilities and other service providers to expand their continuum of care.
- Maximize available resources to serve as many eligible consumers in the aging and disability communities as possible, while ensuring the provision of high-quality care and services.

The Office of Long Term Living is a joint initiative of the **Department of Public Welfare** and the **Department of Aging** and was created to improve coordination across state departments, support long-term living reform, and achieve a balanced, consumer-driven long-term living system that ensures consumer choice.

Major Agency Objectives for 2006-07

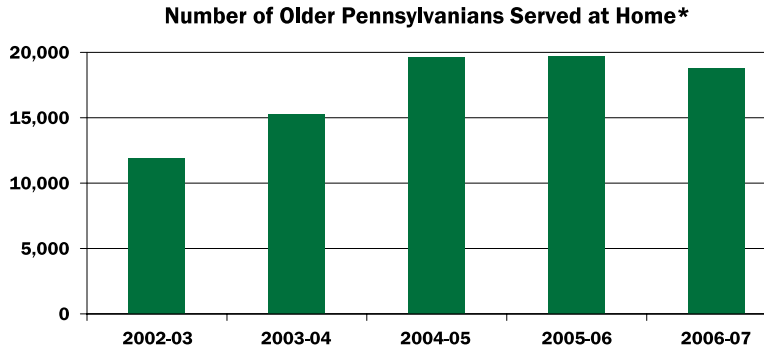
1. **Serve as many eligible consumers as possible with high-quality long-term living services.**
2. **Expand efforts to help nursing home residents who wish to move out and receive care in their own home or community.**
3. **Ensure that the supply of nursing home beds reflects consumer demand for such care while providing opportunities for nursing homes and other care providers to expand their continuum of care.**
4. **Remove barriers to providing care in homes and communities.**

Major Achievements and New Initiatives in 2006-07

1. Serve as many eligible consumers as possible with high-quality long-term living services.

Pennsylvania has made a significant financial investment to serve as many eligible consumers as possible with high-quality in-home and community-based long-term services. Between 2002 and 2007:

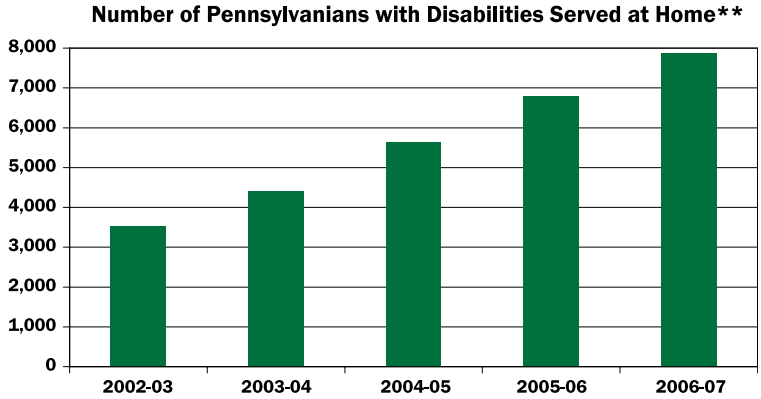
- ✔ The amount of money spent on home and community-based long-term living services more than doubled
- ✔ The number of older Pennsylvanians served at home grew from 12,000 in 2002-03 to more than 18,700 in 2006-07 (see charts below)
- ✔ The number of persons living with disabilities receiving care in the home rose from more than 3,500 in 2002-03 to more than 7,800 in 2006-07 (see charts below)



* Number represents annual unduplicated consumers age 60 and older in the PDA 60+, Attendant Care 60+, Independence and OBRA Waivers.

Office of Long Term Living *(continued)*

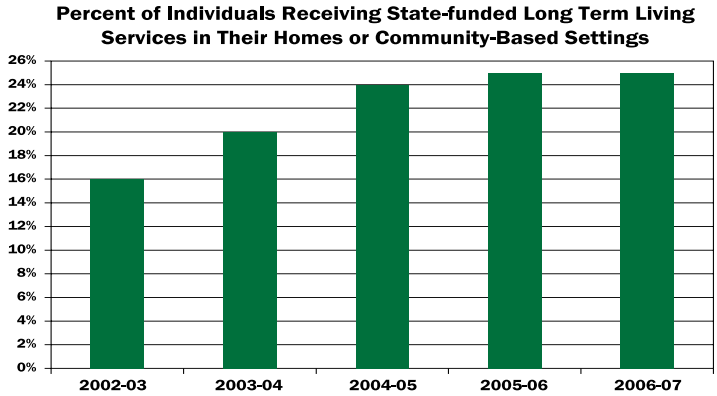
Health & Human Services



** Number represents annual unduplicated consumers under age 60 in Attendant Care, Independence and OBRA Waivers.

Long Term Living — QUICK FACTS

In 2006-07, approximately 25 percent of individuals receiving state-funded long-term living services reside in homes or community-based settings. This compares to approximately 16 percent in 2002–03.



According to U.S. Census data, Pennsylvania's over-85 population grew by nearly 13 percent between 2000 and 2004, while the state's total population increased by less than one percent. The Pennsylvania State Data Center estimates that by 2010, the over-85 population segment will grow an additional 18 percent to 365,000.

Given the rapid growth in the number of older Pennsylvanians, state government is very focused on more effectively managing resources to meet the increased demand for long-term living services among the low-income elderly and others who require these services but cannot afford to obtain them without financial assistance. Pennsylvania's efforts to meet this goal include:

- ✔ In 2006-07, the commonwealth designed and implemented a new care plan review process for MA-funded home and community-based long-term living services for the elderly to more efficiently and effectively determine eligibility and design appropriate service delivery plans for applicants to these programs. Implemented in March 2006, this care plan review process resulted in cost savings of $1.76 million as of June 30, 2007.
- ✔ While maintaining program quality, the Office of Long Term Living achieved additional savings of more than $3.3 million in 2006-07 in three state-sponsored long-term living programs for persons with disabilities.

2. Expand efforts to help nursing home residents who wish to move out and receive care in their own home or community.

Entering a nursing home does not automatically mean that a person has to stay there permanently. In 2006-07, the commonwealth's nursing home transition program was expanded statewide to work with all county Area Agencies on Aging and other partner agencies to identify and support nursing home residents who seek help returning to a community setting or their own home. As a result of this program, 1,790 nursing home residents returned to the community during 2006-07, more than three times as many as in the transition program's first 18 months.

3. Ensure that the supply of nursing home beds reflects consumer demand for skilled nursing facility care while providing opportunities for nursing homes and other care providers to expand their continuum of care.

Surveys have consistently shown that Pennsylvanians in need of assistance with activities of daily living prefer to receive services in home and community-based settings rather than in institutional settings. In response, the commonwealth and local **Area Agencies on Aging** have been working to steadily increase the number and quality of local home and community-based long term living options. As a result, certain regions of Pennsylvania now have more nursing home beds than consumers need and some nursing homes have begun to convert traditional skilled nursing beds into more modern independent living units. The Office of Long Term Living has assisted in this transition, so that the supply of nursing home beds is adequate to meet consumer needs and nursing homes and other care providers have expanded opportunities to expand their range of care, resulting in a decline in nursing home beds and an increase in consumer choice. Since 2002-03, Medicaid licensed nursing facility beds have decreased by 5 percent, from 88,950 to 84,587. During this same time, the number of older Pennsylvanians and Pennsylvanians with disabilities served in the community grew from about 15,500 in 2003-03 to more than 26,500 in 2006-07.

4. Remove barriers to providing more long-term care in homes and communities.

Local Area Agencies on Aging do a comprehensive assessment of an individual's needs and resources to determine if they are eligible for the programs that provide money for home and community care. In 2006-07, Pennsylvania removed barriers to providing care in homes and communities by decreasing the time of the assessment from 30 to 60 days to 48 hours when necessary. This more efficient assessment enables people to receive the services that they need at a much quicker rate.

Office of Long Term Living *(continued)*

Health & Human Services

Budget Highlights

Funding for the Office of Long Term Living is provided by the departments of Aging and Public Welfare.

Key Performance Measurements

Key Performance Measurements	2004-05 Actual	2005-06 Actual	2006-07 Actual
Recipients receiving home and community-based services (monthly average):			
Over age 60	13,101	14,540	13,604
Under age 60	4,569	5,709	6,793
Average monthly cost of home and community-based waiver services	$1,788	$2,008	$2,064
Recipients receiving institutional care (monthly average):			
Over age 60	53,058	52,825	52,285
Under age 60	4,262	4,448	4,449
Average monthly cost of nursing home care	$3,938	$4,033	$4,152

APPENDIX C – PENNSYLVANIA DEPARTMENT OF AGING PROGRAMS AND SERVICES

APPRISE
APPRISE - State Health Insurance Assistance Program provides assistance with understanding Medicare and Medicaid eligibility benefits, Medicare supplemental insurance, Medicare HMOs Medicare prescription (Part D) benefits, and long-term care insurance. Trained volunteers and staff assist in filing appeals and grievances for denied services.

Attendant Care
This program provides in-home personal care services to persons who cannot perform daily living tasks by themselves to remain independent in their own homes.

Domiciliary Care Services
Supervised living arrangement in a home-like environment for adults who are unable to live alone because of difficulties in accomplishing activities of daily living or who experience social or personal adjustments resulting from disabilities.

Employment Assistance
The Senior Community Service Employment Program (SCSEP) provides low-income older persons part-time employment in public and non-profit agencies. In addition, most Area Agencies on Aging provide job brokerage services for older workers, matching job seekers with available jobs in businesses, private industries and public agencies.

Family Caregiver Support
Qualified families may receive financial support in caring for an older person in their home. In addition, one-time grants for renovations and on-going support to cover out of pocket expenses are available. There are financial eligibility criteria.

Foster Grandparent
Serve as mentors, tutors and caregivers for at-risk children and youth with special needs through a variety of community organizations including schools, hospitals, drug treatment facilities, correctional institutions, Head Start and day care centers.

Healthy Steps for Older Adults and Healthy Steps in Motion
An evidence-based fall risk reduction initiative the department intends to use to educate older adults statewide about the multiple factors that predispose them to falls and the proactive steps they can take to reduce their risk of falling.

Housing
The Department of Aging and the local Area Agencies on Aging can provide lists of retirement communities and long-term care facilities. Additional information is also available regarding reverse mortgages and assisted rental housing. Area Agencies on Aging may also offer information on local programs available to help with home repair and rehabilitation.

Information/Referral
Each Area Agency on Aging has trained staff available to answer questions and make referrals to other agencies in the community that provide the specific services needed by the individual.

Legal Assistance
Counseling on benefits and rights, wills, taxes and other legal matters may be provided by an attorney or non-lawyer to older persons with economic or social needs.

Community Transition Services
Assists institutional facility residents who choose to live independently in the community to access support and services in the community.

Older Adults Daily Living Centers
Older adult daily living centers provide therapy, recreation, meals and support to families and other caregivers who work, or for other reasons can't provide around-the-clock care for a dependent adult.

Ombudsman
An ombudsman is a resource available to investigate and help resolve complaints made by or for older consumers of long-term care services residing in institutional facilities, personal care homes, older adult daily living centers and community settings. Ombudsmen provide information about consumer rights and long-term care issues. Ombudsman services are confidential and available at no charge.

Options Program
Provides comprehensive assessment, care management and in-home services for persons over age 60 who wish to remain at home with adequate care.

PACE
Pharmaceutical Assistance Contract for the Elderly (PACE) helps to pay for prescription medications for Pennsylvania residents, 65 years of age and older. There is financial eligibility criteria.

PACENET
A second tier of eligibility under the PACE Program which extends eligibility income limits. There is financial eligibility criteria.

PRIMETIME HEALTH
A program designed to encourage disease prevention and provide health information and programs for older consumers regarding chronic conditions, nutrition, exercise, incontinence, mental health, injury prevention, alcoholism and medication management. Programs are offered at senior community centers, senior housing facilities, retiree clubs, church groups and community health events.

Protective Services
This program protects Pennsylvanians 60 years of age and older from abuse, neglect, exploitation and abandonment. Reports may be voluntary/confidential. Reports are investigated to determine if the older person is being abused. The types of services depend on the abused person's immediate needs.

Senior Community Centers
Most communities have senior community centers where older people can get together for social, recreational or educational activities and nutritious meals. Some centers also provide older adult daily living, employment opportunities and transportation.

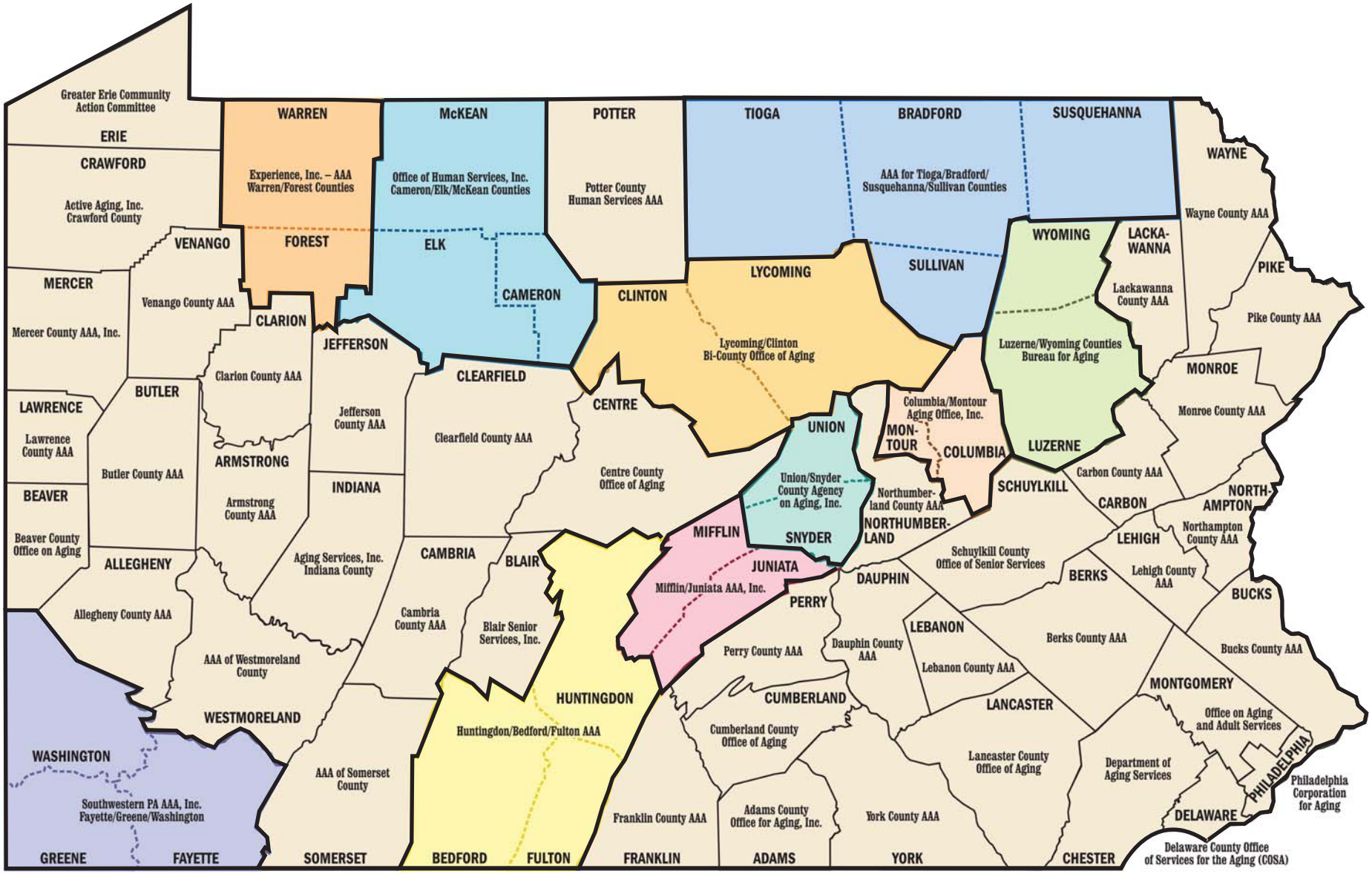
Services Provided in the Home
Services covering a wide range of needs are provided in the home such as home health care, personal care, respite care, household chores and home-delivered meals.

Transportation
Area Agencies on Aging provide transportation assistance to older persons in getting to and from senior community centers, medical facilities, human service agencies and stores for shopping.

Volunteer Services
Volunteer opportunities available through Area Agencies on Aging typically include such activities as helping in senior community centers, escorting frail individuals to medical appointments, delivering meals to homebound individuals, serving as friendly visitors and companions and helping in older adult daily living centers.

Waiver Program
Provides in-home services to consumers age 60 and over who have increased medical needs but would like to be cared for at home. There are financial eligibility criteria.

APPENDIX D - MAP OF PENNSYLVANIA AREA AGENCIES ON AGING



APPENDIX D - PENNSYLVANIA AREA AGENCIES ON AGING CONTACT INFORMATION

Adams County Office for Aging, Inc., 318 West Middle Street, Gettysburg, PA 17325, (717) 334-9296

Allegheny County AAA, 441 Smithfield Street, 2nd Floor, Pittsburgh, PA 15222-2219, (412) 350-4234

Armstrong County AAA, 326 South Water Street, Kittanning, PA 16201, (724) 548-3290

Beaver County Office on Aging, 1020 8th Avenue, Beaver Falls, PA 15010, (724) 847-2262

Berks County Office of Aging, 633 Court Street, County Services Center, 8th Floor, Reading, PA 19601-4303, (610) 478-6500

Blair Senior Services, Inc., 1320 12th Avenue, Altoona, PA 16601-3308, (814) 946-1235

Bradford / Sullivan / Susquehanna / Tioga, AAA For the Counties of, 220 Main Street, Unit 2, Towanda, PA 18848, (570) 265-6121

Bucks County AAA, 30 East Oakland Avenue, Doylestown, PA 18901, (215) 348-0510

Butler County AAA, 111 Sunnyview Circle, Suite 101, Butler, PA 16001-3547, (724) 282-3008

Cambria County AAA, Central Park Complex, 110 Franklin Street, Suite 400, Johnstown, PA 15901-1831, (814) 539-5595

Office of Human Services, Inc. (Cameron/Elk/McKean Counties), P.O. Box A, Ridgway, PA 15853, (814) 776-2191

Carbon County AAA, 401 Delaware Avenue, 3rd Floor, Palmerton, PA 18071, (610) 824-7830

Centre County Office of Aging, Willowbank Office Building, 420 Holmes Street, Bellefonte, PA 16823-1488, (814) 355-6716

Department of Aging Services (Chester County), 601 Westtown Road, Suite 320, P.O. Box 2747, West Chester, PA 19380-0990, (610) 344-6350

Clarion County AAA, 12 Grant Street, Clarion, PA 16214, (814) 226-4640

Clearfield County AAA, 103 North Front Street, P.O. Box 550, Clearfield, PA 16830, (814) 765-2696

Lycoming/Clinton Bi-County Office of Aging, P.O. Box 3156, 2138 Lincoln Street, Williamsport, PA 17701, (570) 323-3096

Columbia/Montour Aging Office, Inc., 702 Sawmill Road, Suite 201, Bloomsburg, PA 17815-7727, (570) 784-9272

Active Aging, Inc. Crawford County, 1034 Park Avenue, Meadville, PA 16335, (814) 336-1792

Cumberland County Office of Aging and Community Services, Human Services Building, 16 West High Street, Carlisle, PA 17013-2922, (717) 240-6110

Dauphin County AAA, Administration Building, 3rd Floor, Two S. 2nd Street, P.O. Box 1295, Harrisburg, PA 17101-2025, (717) 780-6130

Delaware County Office of Services for the Aging (COSA), 206 Eddystone Avenue, 2nd Floor, Eddystone, PA 19022-1594, (610) 490-1300

Greater Erie Community Action Committee, 18 West Ninth Street, Erie, PA 16501, (814) 459-4581

Experience, Inc. – AAA (Warren/Forest Counties), 905 4th Avenue, Warren, PA 16365, (814) 726-1700

Franklin County AAA, 600 Norland Avenue, Suite 11, Chambersburg, PA 17201, (717) 263-2153

Huntingdon/Bedford/Fulton AAA, 240 Wood Street, P.O. Box 46, Bedford, PA 15522, (814) 623-8148

Aging Services, Inc. (Indiana County), 1005 Oak Street, P.O. Box 519, Indiana, PA 15701-0519, (724) 349-4500

Jefferson County AAA, 186 Main Street, Brookville, PA 15825, (814) 849-3096

Mifflin/Juniata AAA, Inc., 1 Buena Vista Circle, P.O. Box 750, Lewistown, PA 17044-0750, (717) 242-0315

Lackawanna County AAA, Lackawanna County Office Building, 200 Adams Avenue, Scranton, PA 18503, (570) 963-6740

Lancaster County Office of Aging, 150 North Queen Street, Suite 301, Lancaster, PA 17603, (717) 299-7979

Lawrence County AAA, Shenley Square, 2706 Mercer Road, New Castle, PA 16105-1422, (724) 658-3729

Lebanon County AAA, 710 Maple Street, 2nd Floor - Senior Centers, Lebanon, PA 17046, (717) 273-9262

Lehigh County Office of Aging and Adult Services, 17 South 7th Street, Room 230, Allentown, PA 18101-2400, (610) 782-3034

Luzerne/Wyoming Counties Bureau for Aging, 111 North Pennsylvania Boulevard, Wilkes-Barre, PA 18701, (570) 822-1158

Mercer County AAA, Inc., 133 North Pitt Street, Mercer, PA 16137-1206, (724) 662-6222

Monroe County AAA, 724B Phillips Street, Stroudsburg, PA 18360, (570) 420-3735

Montgomery County Aging & Adult Services, Human Services Center, 1430 DeKalb Street, P.O. Box 311, Norristown, PA 19404-0311, (610) 278-3601

Northampton County AAA, Governor Wolf Building, 45 North Second Street, Easton, PA 18042-3637, (610) 559-3245

Northumberland County AAA, 322 North Second Street, Sunbury, PA 17801, (570) 495-2395

Perry County AAA, Rhinesmith Building, Center Square, P.O. Box 725, New Bloomfield, PA 17068, (717) 582-5128

Philadelphia Corporation for Aging, 642 North Broad Street, Philadelphia, PA 19130-3409, (215) 765-9000

Pike County AAA, 150 Pike County Boulevard, Hawley, PA 18428, (570) 775-5550

Potter County Human Services AAA, 62 North Street, P.O. Box 241, Roulette, PA 16746-0241, (814) 544-7315

Schuylkill County Office of Senior Services, 110 East Laurel Boulevard, Pottsville, PA 17901, (570) 622-3103

Union/Snyder County Agency on Aging, Inc., 116 North Second Street, Lewisburg, PA 17837, (570) 524-2100

AAA of Somerset County, 1338 South Edgewood Avenue, Somerset, PA 15501, (814) 443-2681

Venango County AAA, 1283 Liberty Street, P.O. Box 1130, Franklin, PA 16323, (814) 432-9711

Southwestern PA AAA, Inc. Fayette/Greene/Washington Counties, 305 Chamber Plaza, Charleroi, PA 15022-1607, (724) 489-8080

Wayne County AAA, 323 Tenth Street, Honesdale, PA 18431, (570) 253-4262

AAA of Westmoreland County, 200 South Main Street, Greensburg, PA 15601, (724) 830-4444

York County AAA, 100 West Market Street, Suite 102, York, PA 17401-1341, (717) 771-9610

2008-2012
State Plan on Aging

Sets Our Aging Agenda

Seeks stakeholder input

Focuses on older adults

Assigns accountabilities

Measures our progress

2008-2012
State Plan on Aging

Required by State & Federal Laws

- Title III OAA 1965 as Amended
- Act 70 1978

Incorporates "Local Area Plans" by Area Agencies on Aging

Current Plan expires 2008

New Plan is for 2008 – 2012

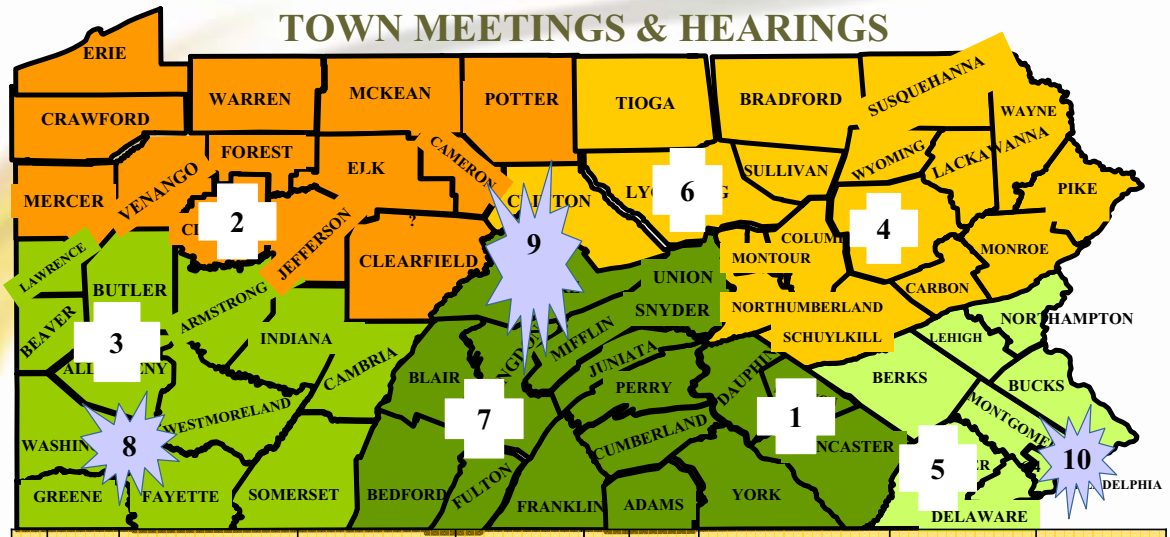
2008-2012
State Plan on Aging

Our Time Line

July – Nov 2007	Pre-planning Activities
Jan – March 2008	Public "Town Meetings" Interactive Web Survey
April 15, 2008	Local Area Plans
June 2008	Public Hearings
August 1, 2008	Plan to AoA

2008-2012
State Plan on Aging

TOWN MEETINGS & HEARINGS



#		SITE	LOCATION	MEETING
1	1/31	Masonic Village	Elizabethtown	Town
2	2/07	Clarion Holiday Inn	Clarion	Town
3	2/08	Allegheny CC (N)	Pittsburgh	Town
4	2/21	Luzerne CC	Nanticoke	Town
5	3/14	W. Chester Univ	Delaware	Town
6	3/17	Penn College Tech.	Williamsport	Town
7	3/28	Lake Raystown	Huntingdon	Town
8	6/03	Allegheny CC (S)	Allegheny	Hearing
9	6/04	The Oaks	Centre Co	Hearing
10	6/06	Cortland	Philadelphia	Hearing

2008-2012
State Plan on Aging

Presentation Outline

The Demographic Trends

- Global
- National
- Pennsylvania

The Challenges

Snapshot of Accomplishments

2004-2008

Next Steps

2008-2012
State Plan on Aging

Global Demographic Trends

- By **2015**, a majority of the world's population will live in cities
- By **2030**, all developed countries will have a larger percentage of their population over 65 than under 15
- By **2050**, the number of the world's population age 65 or older will be nearly 1.5 billion, or 16% of the world's population

2008-2012
State Plan on Aging

National Population Projections

- By **2030**, the number of Americans over 65 will more than double to 71 million, or 20% of the U.S. population
- In some states, **1/4** of the population will be over 65

2008-2012
State Plan on Aging

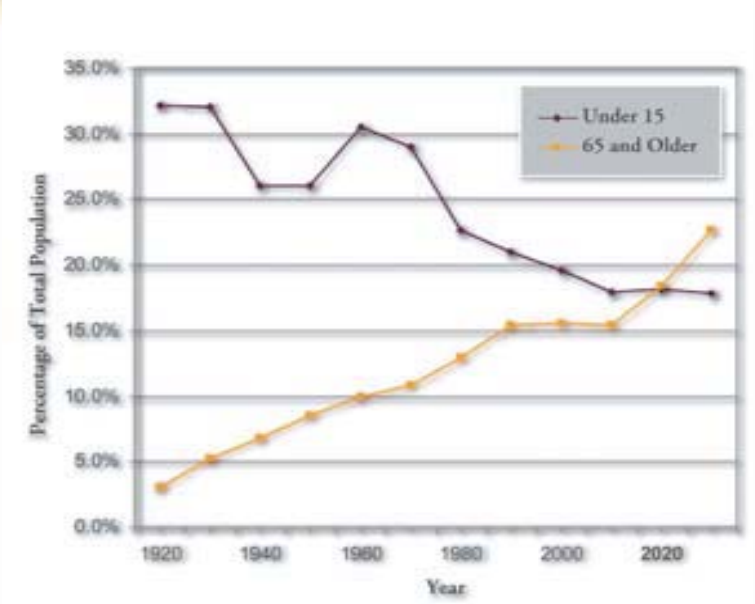
Demographic Trends in Pennsylvania

2010 – 2020

- By **2020**, the Pennsylvania population over 65 will be 1/3 larger than today – 3.3 versus 2.5 million
- There will be a significant
  - increase in 60 – 80 year-old group (boomers)
  - Decrease in younger groups

2008-2012
State Plan on Aging

Percent of Pennsylvania Population Under Age 15 & Over Age 65



2008-2012
State Plan on Aging

Besides the Numbers… Boomers are Changing Aging as We Know It

The Boomer effect will become more evident over the next decade, as the majority of boomers pass age 60

2008-2012
State Plan on Aging

Boomer Values

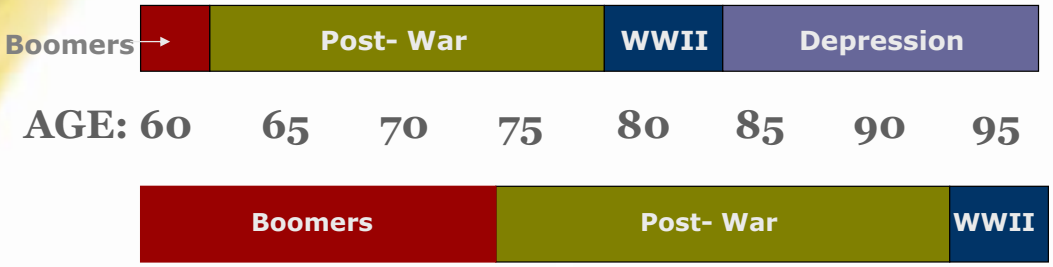
"60 ain't what it used to be!"

Boomers have a very different mindset & value structure from "seniors" as we know them

2008-2012
State Plan on Aging

60+ Age Cohorts: 2006 & 2020

In 2006



In 2020

You Can't Focus on an Age

Cohorts are in constant flux, with new cohorts added at the younger end of the age spectrum, and old cohorts depleted at the older end.

2008-2012
State Plan on Aging

Our Challenge

Our services & programs must be responsive to the needs, values & preferences of 4 very different generational cohorts

2008-2012
State Plan on Aging

To Meet this Challenge to Enhance our Services

We need your input.
Thank you for coming !

2008-2012
State Plan on Aging

Our Accomplishments

2004 – 2008 by priority area

2004-08 State Plan Established 10 Priority Areas	
■ Senior Centers	■ Accessible, Affordable Housing Options
■ Health & Wellness	■ Home & Community-based Services
■ Civic Engagement & Volunteerism	■ Behavioral & Developmental Health
■ Public Awareness	■ Fraud & Abuse
■ Accessible Transportation Services	■ Cultural Inclusion

2008-2012
State Plan on Aging

Senior Centers

2006-07

- **Capital Assistance Grants**
- **Over 203,000 Seniors participated**

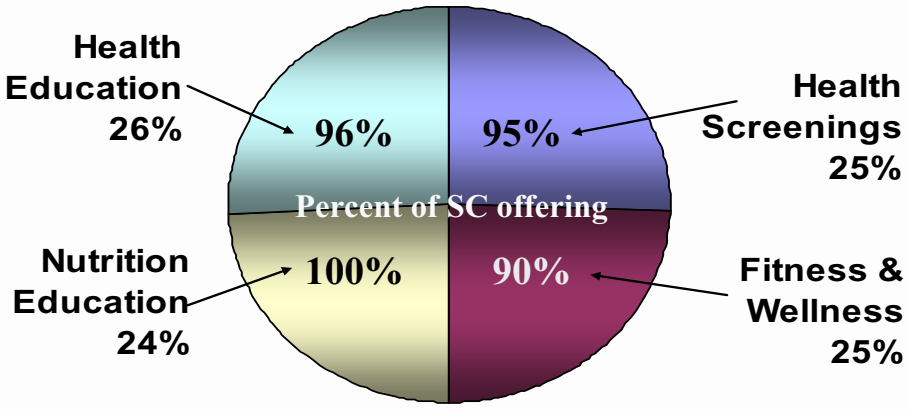
5% increase (FY 03-04 to 04-05)

4% increase (FY 05-06 to 06-07)

2008-2012
State Plan on Aging

Senior Centers

Breakout of Educational sessions were evenly distributed across all Senior Centers



2008-2012
State Plan on Aging

Health & Wellness

- 15% growth in outreach & education sessions
- 8% increase in consumer participation
- All AAAs involved in community partnerships

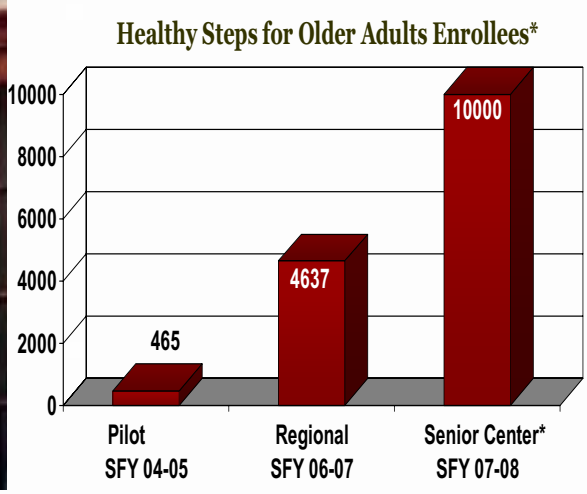
2008-2012
State Plan on Aging

Health & Wellness

PrimeTime Health Area	% Change 2004 – 06
Nutrition	**+208%**
Exercise	**+147%**
Mental Health	**+127%**
Medication Management	**+28%**
Alcoholism	**+23%**

2008-2012
State Plan on Aging

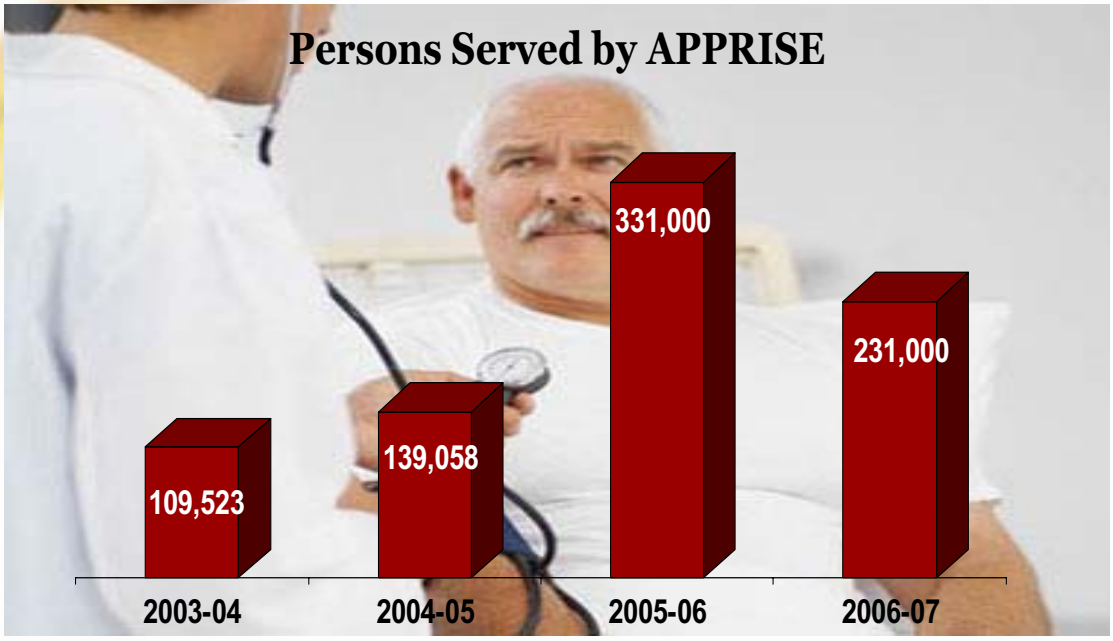
Health & Wellness



07-08 Added Investment in Senior Center Programs
$530,000

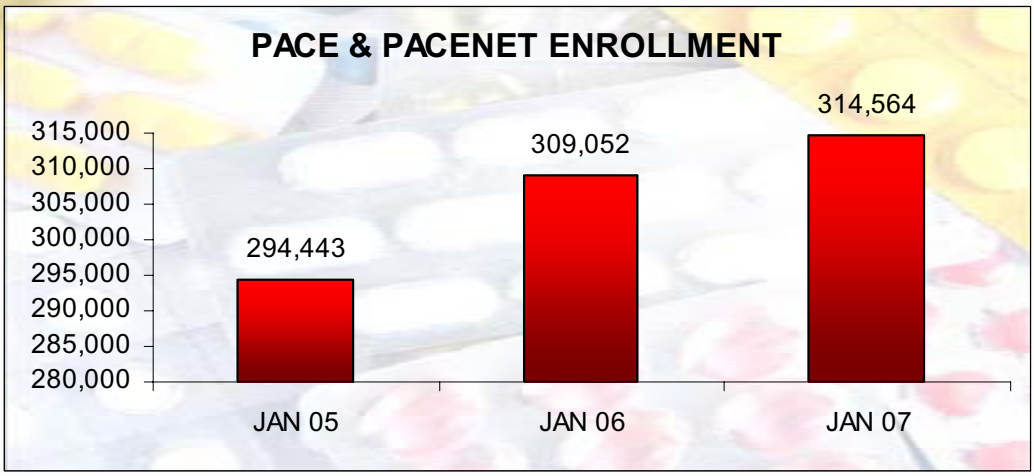
2008-2012
State Plan on Aging

Health & Wellness



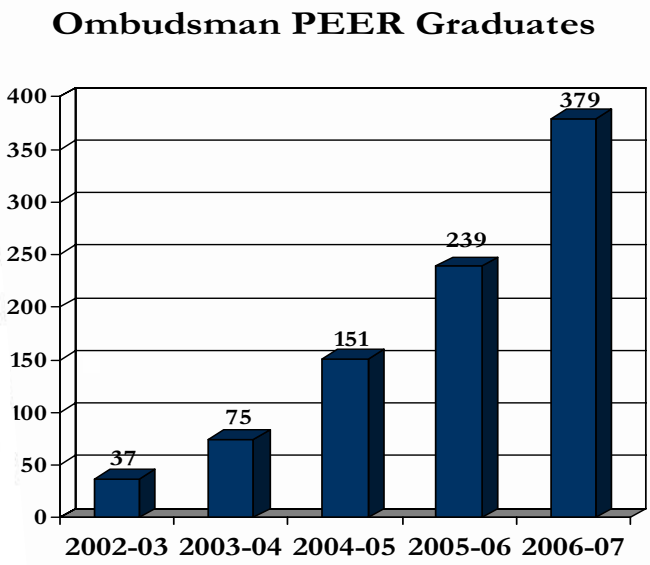
2008-2012
State Plan on Aging

Health & Wellness



2008-2012
State Plan on Aging

Civic Engagement & Volunteerism



2008-2012
State Plan on Aging

Raising Public Awareness

Report to Improve Services at the End of Life

PA 2020 Vision Project

Enhanced PDA Web Site

PA Council on Aging Outreach Campaign

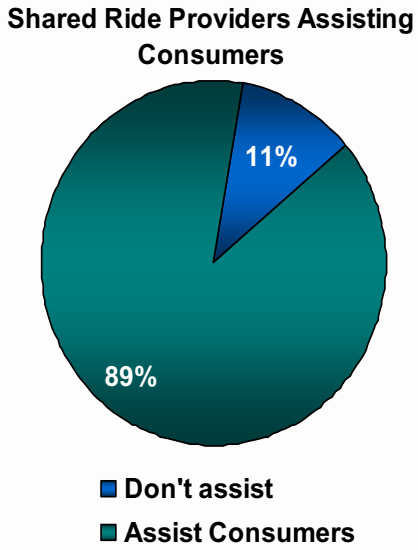
Own Your Future Model Approach Coop. Agreement

$1 M Public Awareness Campaign (2007-08)

Public Education and Information Unit

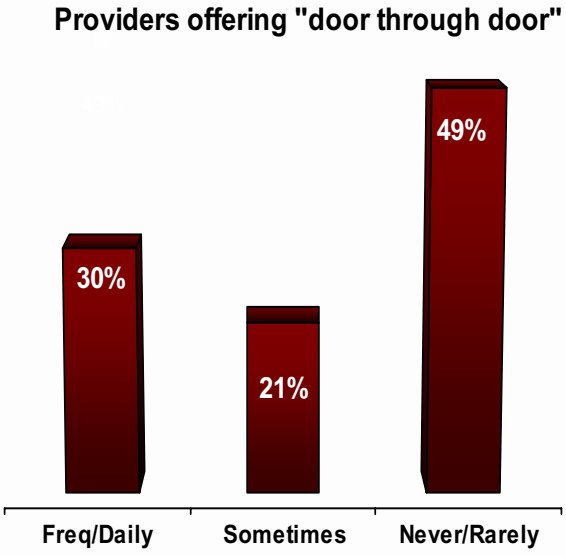
2008-2012
State Plan on Aging

Transportation Services



2008-2012
State Plan on Aging

Transportation Services



2008-2012
State Plan on Aging

Transportation Services

Supporting public transportation, especially for the needs of older & disabled Pennsylvanians, is critical to improving the quality of life for all residents.

Gov. Ed Rendell 10/17/07

Accessible Transit

- $10.7 Million for
  - New accessible vehicles
  - Computers,
  - Garage equipment
  - Communications equipment
- 56 Counties & 43 Shared Ride Transit Providers

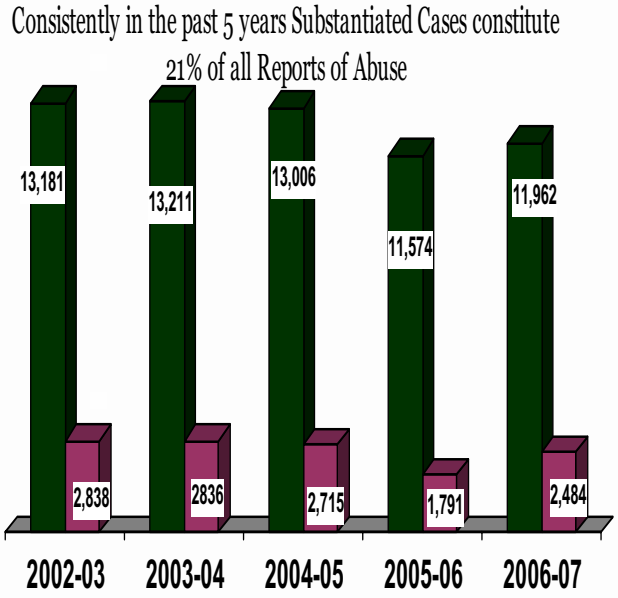
2008-2012
State Plan on Aging

In Home Services

- Assisted Living Legislation
- Aging & Disability Resource Centers
- Care Plan Review Process
- Centralized Citric Server
- TeleCare in PDA Waiver
- Training Institute $3 Million

2008-2012
State Plan on Aging

Fraud & Abuse Prevention



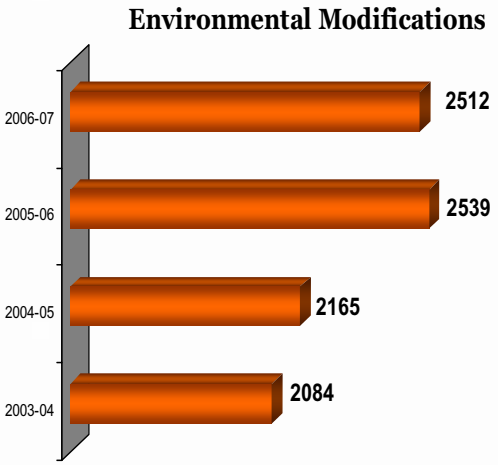
2008-2012
State Plan on Aging

Fraud & Abuse Prevention

- Expanded our Consumer Protection Division
- Enhanced our Protective Services Quality Oversight
- Expanded Legal Services Helpline
- Heightened Ombudsman Visibility in "High-Risk" Facilities

2008-2012
State Plan on Aging

Affordable Accessible Housing



2008-2012
State Plan on Aging

Mental & Developmental Health

- Aging & Behavioral Health Forums
- DPW/PDA Memorandum of Agreement (MOA)
- 51 County Memorandum of Agreement (MOA)
- Case Reviews
- APPRISE Mental Health Resource Center

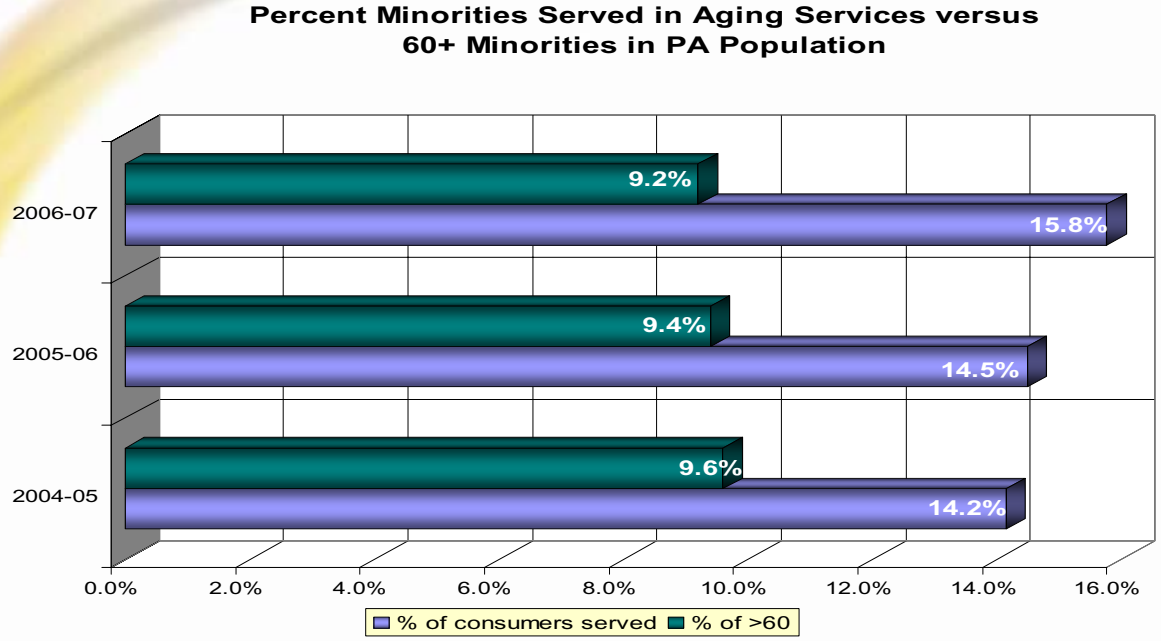
2008-2012
State Plan on Aging

Mental & Developmental Health

- PDA holds appointments to:
  - Governor's Cabinet for People with Disabilities
  - Statewide Independent Living Council
  - Governor's Developmental Disabilities Council
- MR-Aging County Teams (ODP & PDA)
- Aging-MR Building Bridges Conference

2008-2012
State Plan on Aging

Cultural Inclusion



2008-2012
State Plan on Aging

Cultural Inclusion

- Institutionalized Cultural Advisory Committee
- CLAS Standards & Training
- More translated materials & signage
- Culturally diverse graphics & photos

2008-2012
State Plan on Aging

Breakout Session Logistics

Where do we go from here?

2008-2012
State Plan on Aging

Goal #1 State Plan on Aging

As proposed for FY 2008-2012

Empower older Pennsylvanians & their families, including those from diverse communities, to make informed decisions on their healthcare & long-term living options.

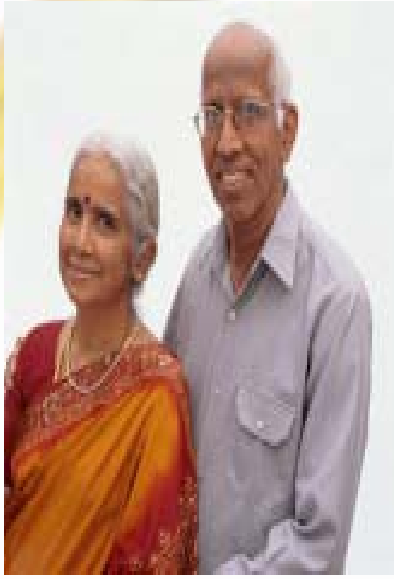
Key Items for Discussion

1. Health care options
2. Long-term living options
3. Health insurance
4. Public awareness
5. Cultural inclusion
6. Advance Directives

2008-2012
State Plan on Aging

Goal #2 State Plan on Aging

As proposed for FY 2008-2012



Enable older Pennsylvanians, including those from diverse communities, to remain in the setting of their choice, improve their quality of life, & to take individual & economic responsibility via the development of needed infrastructure & provision of home & community-based services, including supports for family caregivers.

Key Items for Discussion

1. Choice of care setting
2. Quality of Life
3. Individual Responsibility
4. Public awareness
5. In-Home Services
6. Family Caregivers
7. Developmental Programs
8. Cultural Barriers

2008-2012
State Plan on Aging

Goal #3 State Plan on Aging

As proposed for FY 2008-2012

Empower older Pennsylvanians including those from diverse communities, to stay active & healthy.

Key Items for Discussion

1. Health & Fitness
2. Senior Centers
3. Civic Engagement & Volunteerism
4. Healthy Brains
5. Senior Employment

2008-2012
State Plan on Aging

Goal #4 State Plan on Aging

As proposed for FY 2008-2012

Ensure the rights of older Pennsylvanians including those from diverse communities, to prevent abuse, neglect, exploitation & abandonment.

Key Items for Discussion

1. Abuse & Exploitation
2. Neglect & Abandonment
3. Behavioral Health
4. Public awareness
5. Suicide
6. Emergency Planning
7. Family Caregiver Supports
8. Grandparents Raising Grandchildren

2008-2012
State Plan on Aging

Thank You!

APPENDIX F - TOWN MEETING SUMMARY

The Department of Aging conducted eight town meetings between January 31 and March 28, 2008. At each meeting, facilitated discussion sessions were held where consumers, providers and caregivers could offer their comments on each of the four goals identified by the department. Participants were provided with a discussion guide listing the goals and identifying key topics to spark discussion. However, all comments and suggestions were welcomed.

Consumers and providers were afforded the opportunity to give input at separate sessions, if they chose, in order to better foster discussions. However, consumers and providers were not restricted to sessions and most meetings experienced a mix of attendees across sessions. As a result, responses collected reflect both consumer and provider perspectives.

The following contains a summary of issues that garnered the greatest attention across all town meetings. Issues are not listed in any particular order.

Goal 1:

- Educate all medical professionals and hospital facilities about the services available to older Pennsylvanians.
- Rebalance the system between nursing home and home and community based services.
- Educate individuals about long term care planning with special attention to younger populations (under the age of 60).
- Continue consumer education and counseling on health insurance options.
- Provide education to families and caregivers on the availability of services rather than limiting focus to consumers.
- Develop a single source of information for all services regardless of the agency providing the service.
- Identify and address language and cultural barriers.
- Provide assistance for hearing and visually impaired individuals.
- Provide easy to understand information about Advanced Directives to consumers and their families; educate hospitals and care facilities about honoring those directives.
- Prohibit lottery dollars from funding programs other than for older Pennsylvanians.
- Educate individuals and providers about medication management.

Goal 2:

- Improve transportation:
    1. Many home and community based services are dependent on effective transportation including Adult Day and Senior Centers.
    2. Eliminate disparity between senior transportation and medical assistance transportation.
    3. Improve accessibility for individuals with disabilities.
    4. Improve service to rural areas.
- Housing and home modifications:
    1. Increase housing options for low income individuals.
    2. Increase home modifications.
    3. Increase accessible housing options for individuals of all incomes.
    4. Develop a web-based database of housing services, contractors and organizations assisting with modifications.

    5. Expand community partnerships and volunteer efforts.
- Expand the roles of Adult Day Facilities to provide increased respite assistance to family caregivers and to offer increased services to individuals with dementia.
- Increase supports for family care givers including respite programs and training.
- Direct care workers:
    1. Increase recruitment and retention.
    2. Improve conditions (wages, driving time)
    3. Require background checks or bonding for workers.
- Explore new technologies including telehealth, life alert, Wii interactive game systems and adaptive equipment for individuals with disabilities; however, recognize that technology poses a barrier for many consumers including automated phone systems and personal computers.
- Expand the hours of operation of AAAs to better serve working seniors.

Goal 3:

- Focus on preventive care and healthy living.
- Encourage volunteering among younger adults including partnering with the RSVP program and other intergenerational programs.
- Establish neighborhood watch programs for individuals without families.
- Promote healthy brain programs to deter dementia.
- Provide education and support for grandparents raising grandchildren; raise awareness of special legal and financial needs of these individuals.
- Senior Centers:
    1. Centers should be wellness centers offering activities promoting physical fitness, nutrition and mental acuity.
    2. Expand the hours that centers are open to attract seniors who are still employed and meet their need for socialization; offer special evening activities like dancing.
    3. Improve food choices and explore nutrition options.
    4. Explore new programming and marketing options to appeal to the boomer generation.
- Top media avenues recommended for reaching older Pennsylvanians include television, radio, newspapers, Senior Centers and faith-based partnerships.

Goal 4:

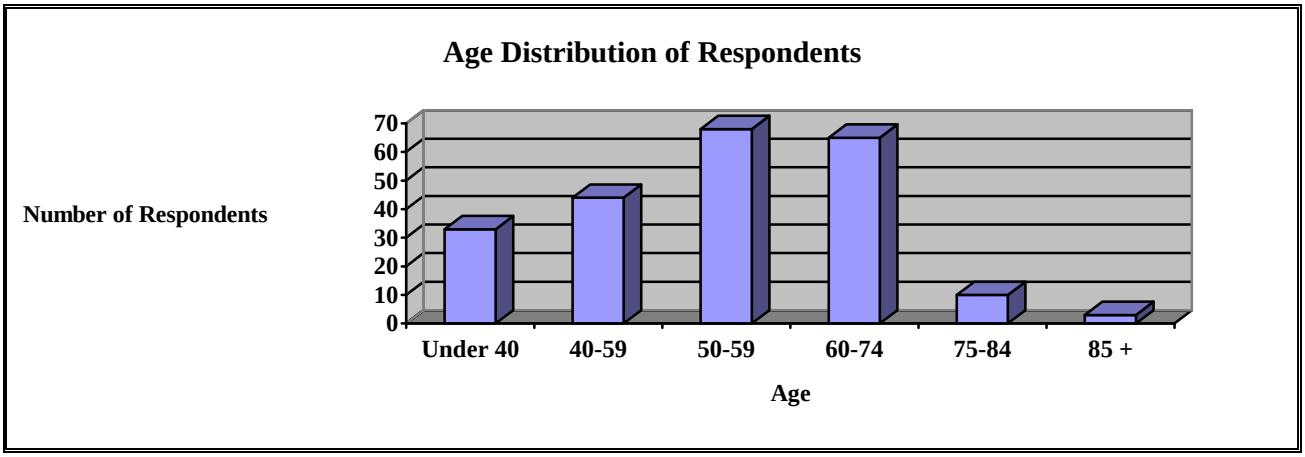
- Increase public awareness of Protective Services and who they should contact for help or to report abuse.
- Examine effects of drug abuse on older populations including abuse by caregivers and self-neglect by prescription drug users.
- Raise awareness of issues of abuse, neglect and abandonment recognizing that financial exploitation and fraud, also important issues, receive more public attention.
- Increase caregiver supports and respite programs to avoid fatigue and increase the possibility of becoming potential abusers; raise public awareness of warning signs and resources for caregiver fatigue.
- Increase collaboration between the aging and mental health network.

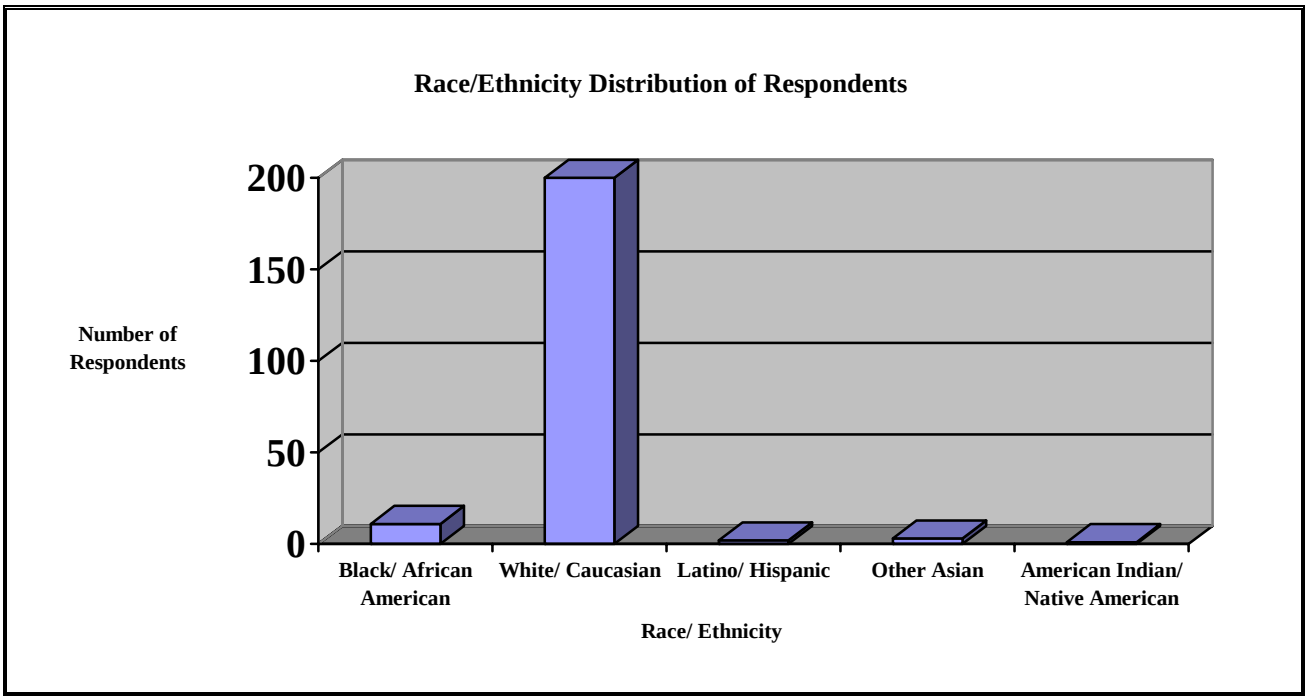
- Remove consumer stigma about asking for assistance with mental health issues; decrease negative public perceptions about mental health issues.
- Encourage consumers to be prepared for emergencies; encourage individuals needing special assistance to register with their local emergency responders.
- Increase access to free legal advice.
- Provide greater public awareness and education about estate recovery.
- Educate consumers and caregivers about mental health and behavioral health issues; provide additional assistance to plan for their long term care needs.

Cross-cutting issues: The following issues were relevant to multiple goals.

- Develop community partnerships with public and private agencies, local businesses, professionals and faith-based organizations. Local partnerships can potentially foster support in many areas including:
    - Raise public awareness about programs and services.
    - Educate the public about pertinent issues.
    - Provide opportunities for funding and service collaboration.
    - Recruit professionals to share their talents with older residents.
    - Expand the volunteer base.
- Increase funding for programs; change allocation formula for existing funding.
- Collaborate with agencies that also serve the aging population including:
    - Department of Corrections
    - Veterans Administration
    - Department of Pubic Welfare
    - Department of Health
    - Department of Transportation
    - Department of Conservation and Natural Resources

The Department received 245 responses to the State Plan Public Opinion Poll Survey. The charts below show the age and race/ethnicity distributions of the respondents.





In addition, 24 percent of respondents identified themselves as a caregiver for a consumer over 60 years of age and 44 percent as an advocate for adults 60 years and over.

Below is a summary of the survey responses as they relate to the four goals of the State Plan:

Goal 1: Solid Decisions, Solid Planning
Ensuring that the consumer and family have a clear understanding of how to acquire services and know that available information is objective and easy to read were the top two factors in communication with older adults and their families. The most effective ways in which to inform older persons and families were utilizing Senior Centers, home visits by counselors and

physician visits. A streamlined application process and the quality of home and community-based services rated the highest for making it easier for seniors to enroll in services. Keeping the use of Pennsylvania lottery funds exclusively for supporting services to older Pennsylvanians was the top ranked choice of respondents. Comparing the cost of home and community-based services with the cost of nursing homes is reported to be the most effective way to measure the department's progress.

Goal 2: My Home, My Independence
Providing services in the consumers' homes or communities for as long as possible was the top factor identified in helping older Pennsylvanians remain in the setting of their choice. Current facilities or programs in need of improvements were home and community-based services, housing and residential options and nursing home and specialty rehabilitation facilities. Assessing consumers' satisfaction with the quality of the services they receive in the setting of their choice is reported to be the most effective way to measure the department's progress.

Goal 3: Active Aging
The two highest ranked initiatives for empowering Pennsylvanians to stay active and healthy were encouraging preventative steps (including regular medical check-ups, vaccinations and health screenings) and informing people on how to keep their brains healthy to reduce the onset of dementia and Alzheimer's. Training and recognition were the top ranked methods to support volunteers helping older Pennsylvanians in their communities. Assessing consumer satisfaction with Senior Center programming and educational programs is reported to be the most effective way to measure the department's progress.

Goal 4: Prevention & Protection
Educating and providing training were the top ranked ways to support family caregivers in recognizing warning signs of abuse, exploitation or abandonment and in seeking guidance. Cost was identified as the greatest challenge older Pennsylvanians face in obtaining assistance with a legal problem. Conducting surveys is reported to be the most effective way to measure the department's progress.

Following this section is a printout of the actual survey results.

PA 2008-2012 State Plan on Aging On-Line Survey

1. If you are a caregiver, please check the categories below that best fit you. (Check all that apply)

	Response Percent	Response Count
Caregiver for a consumer 60 years of age or greater	**67.8%**	59
Caregiver for a consumer under the age of 60	16.1%	14
Grandparent caring for a child who does not have a disability	6.9%	6
Grandparent caring for a special needs child	3.4%	3
Grandparent caring for an adult with a disability	0.0%	0
Direct Careworker for an adult under 60 years old	3.4%	3
Direct Careworker for an older adult 60 years old or over	5.7%	5
Direct Careworker employed directly by the consumer (not agency)	3.4%	3
Direct Careworker employed through an agency.	23.0%	20
Other (please specify)		36
answered question		**87**
skipped question		**158**

2. If you are an advocate, please check the categories below that best fit you. (Check all that apply)

	Response Percent	Response Count
Legal Services Advocate	3.6%	4
Advocate for Older Adults (60 years old and over)	**96.4%**	107
Advocate for Adults under the age of 60.	36.0%	40
Other (please specify)		14
answered question		**111**
skipped question		**134**

3. If you are a provider, please check the categories below that best fit you. (Check all that apply)

	Response Percent	Response Count
Nursing Home	11.0%	14
Special Rehabilitation facilities	4.7%	6
Personal Care	10.2%	13
Continuing Care Retirement Community	5.5%	7
Independent Living	13.4%	17
Mental Health	9.4%	12
Substance Abuse	5.5%	7
Developmental Disabilities	1.6%	2
Home Health Services	3.9%	5
In-home services	11.0%	14
Home Care	8.7%	11
Area Agency on Aging	**21.3%**	27
Center for Independent Living	3.9%	5
Adult Daily Living Center	8.7%	11

Senior Center		13.4%	17
Adult & Disabilities Resource Center (ADRC)		2.4%	3
Hospice / Palliative Care		2.4%	3
Hospital (General) - In patient exclusively		12.6%	16
Hospital (General) - In-patient & Out-patient		10.2%	13
Hospital (Specialty) - Psychiatric		0.8%	1
Hospital (Specialty) - Rehabilitation		2.4%	3
Ambulatory Care Facility		3.1%	4
Transportation - Public		1.6%	2
Transportation - Shared Ride		2.4%	3
Housing Financing		3.1%	4
Housing, Repairs &/or Environmental Modifications		1.6%	2
Government		7.1%	9
Domiciliary care facilities		0.8%	1
Community living settings (MH/MR)		1.6%	2
PACE/Life programs		4.7%	6
		Other (please specify)	18
		answered question	**127**
		skipped question	**118**

4. Age

	Response Percent	Response Count
Under 40	14.8%	33
40-49	19.7%	44
50-59	**30.5%**	68
60-74	29.1%	65
75-84	4.5%	10
85+	1.3%	3
	answered question	**223**
	skipped question	**22**

5. Race/Ethnicity

	Response Percent	Response Count
Black/African American, (non-Hispanic)	5.0%	11
White/Caucasian, (non-Hispanic)	**91.3%**	200
Latino/Hispanic,	0.9%	2
Russian	0.0%	0
Korean	0.0%	0
Vietnamese	0.0%	0
Other Asian	1.4%	3
American Indian/Native American	0.5%	1
Other (please specify)	0.9%	2
	answered question	**219**
	skipped question	**26**

6. Do you live in Pennsylvania?

	Response Percent	Response Count
Yes	**96.9%**	218
No	3.1%	7
	answered question	**225**
	skipped question	**20**

7. County of Residence

	Response Percent	Response Count
Adams	0.9%	2
Allegheny	**23.8%**	53
Armstrong	0.0%	0
Beaver	2.7%	6
Bedford	0.4%	1
Berks	2.7%	6
Blair	0.9%	2
Bradford	0.9%	2
Bucks	4.5%	10
Butler	0.4%	1
Cambria	3.6%	8
Cameron	0.0%	0
Carbon	1.3%	3
Clinton	0.9%	2
Columbia	0.0%	0
Crawford	0.9%	2
Cumberland	0.9%	2
Dauphin	1.3%	3

Delaware	2.7%	6
Elk	0.4%	1
Erie	1.8%	4
Fayette	0.9%	2
Forest	0.0%	0
Franklin	0.4%	1
Fulton	0.0%	0
Greene	0.0%	0
Lackawanna	1.3%	3
Lancaster	3.6%	8
Lawrence	0.9%	2
Lebanon	1.3%	3
Lehigh	2.2%	5
Luzerne	3.1%	7
Lycoming	2.2%	5
McKean	0.0%	0
Mercer	0.0%	0
Mifflin	0.4%	1
Monroe	0.0%	0
Montgomery	2.7%	6
Montour	0.0%	0
Pike	0.4%	1
Potter	0.0%	0
Schuylkill	1.3%	3
Snyder	0.4%	1
Somerset	0.0%	0
Sullivan	0.0%	0
Susquehanna	0.4%	1

Tioga		0.0%	0
Union		0.0%	0
Venango		1.3%	3
Warren		0.0%	0
Washington		3.1%	7
Wayne		0.9%	2
Centre		0.9%	2
Chester		6.3%	14
Clarion		0.0%	0
Clearfield		1.3%	3
Huntingdon		0.4%	1
Indiana		0.4%	1
Jefferson		0.0%	0
Juniata		0.0%	0
Northampton		1.8%	4
Northumberland		1.3%	3
Perry		0.0%	0
Philadelphia		6.3%	14
Westmoreland		0.9%	2
Wyoming		0.0%	0
York		1.8%	4
		answered question	**223**
		skipped question	**22**

8. Please list any additional information you would like the Department to know about you.

	Response Count
	49
answered question	**49**
skipped question	**196**

9. Are you retired and have returned to the workforce?

	Response Percent	Response Count
Yes	10.2%	25
No	**89.8%**	220
answered question		**245**
skipped question		**0**

10. Since you returned to the workforce are you working full or part-time?

	Response Percent	Response Count
I am working full time	23.1%	3
I am working part time	**76.9%**	10
Other (please specify)		4
answered question		**13**
skipped question		**232**

11. Where did you seek employment assistance when you decided to return to the workforce?

	Response Percent	Response Count
Area Agency on Aging	23.1%	3
Career Link	23.1%	3
Job Fairs	0.0%	0
Employment Agencies	7.7%	1
Senior Community Service Employment Program	7.7%	1
Other (please specify)	**76.9%**	10
	answered question	**13**
	skipped question	**232**

12. COMMUNICATION WITH OLDER ADULTS & THEIR FAMILIES: On a scale of 1 to 5, (5 being the most important and 1 being the least), please indicate how important each issue is in COMMUNICATING WITH OLDER ADULTS & THEIR FAMILIES? This question requires an answer in each row.

	1	2	3	4	5	Rating Average	Response Count
Assuring the consumer and family have a clear understanding on how to get services	2.7% (5)	0.5% (1)	3.8% (7)	7.0% (13)	**86.0% (160)**	4.73	186
Information that is available, objective and easy to read	1.6% (3)	2.2% (4)	1.6% (3)	17.2% (32)	**77.4% (144)**	4.67	186
Careful selection of the media for communication, including use of traditional news sources and/or advance technologies	2.2% (4)	3.2% (6)	14.5% (27)	30.1% (56)	**50.0% (93)**	4.23	186
Educating the public during early adulthood to help them prepare for their future health care and long-term living needs and financing	4.3% (8)	2.7% (5)	15.6% (29)	21.5% (40)	**55.9% (104)**	4.22	186
Communicating with consumers in the language they best understand	3.8% (7)	2.2% (4)	9.1% (17)	16.7% (31)	**68.3% (127)**	4.44	186
Knowledge of the available long term living options	2.7% (5)	3.2% (6)	6.5% (12)	21.0% (39)	**66.7% (124)**	4.46	186
The reading level of the information	2.7% (5)	2.7% (5)	10.2%	24.2%	**60.2%**	4.37	186

given to consumers			(19)	(45)	**(112)**		
Availability of language and sign interpreters	4.3% (8)	4.8% (9)	18.8% (35)	22.6% (42)	**49.5% (92)**	4.08	186
Clear understanding on how to get services	3.2% (6)	0.5% (1)	2.2% (4)	11.8% (22)	**82.3% (153)**	4.69	186
Face to face discussions that include family members or others who the consumer wants to include	3.2% (6)	2.7% (5)	9.7% (18)	16.1% (30)	**68.3% (127)**	4.44	186
						answered question	**186**
						skipped question	**59**

13. Please describe any other ways we can better communicate with older persons and their families.

		Response Percent	Response Count
1.		**100.0%**	81
2.		56.8%	46
3.		34.6%	28
		answered question	**81**
		skipped question	**164**

14. MOST EFFECTIVE WAYS TO INFORM OLDER PERSONS/FAMILIES From the list below, please check three method(s) that you believe are the MOST EFFECTIVE in assisting older consumers and their families in getting objective information that is timely and up-to-date. (Check ONLY 3 -- THE ONES THAT YOU BELIEVE ARE MOST EFFECTIVE)

	Response Percent	Response Count
Radio	10.8%	20
Television	33.3%	62
Internet	17.2%	32
Newpapers	28.0%	52
Brochures	9.1%	17
Billboards	5.4%	10
Toll free telephone helplines	14.0%	26
Home visits by counselors	36.0%	67
Senior centers	**39.2%**	73
Health fairs	15.1%	28
APPRISE Counselors	16.1%	30
Libraries	4.3%	8
Physician's Office	35.5%	66
Through Health Care Facilities (Hospitals, Nursing Homes, Personal Care Homes, etc.)	32.3%	60
Your Legislators	3.8%	7
	Other (please specify)	26
	answered question	**186**
	skipped question	**59**

15. LEAST EFFECTIVE WAYS TO INFORM OLDER PERSONS/FAMILIES From the list below, please check three method(s)that you believe are the LEAST EFFECTIVE in assisting older consumers and their families in getting objective information that is timely and up-to-date. (Check ONLY 3 --THE ONES THAT YOU BELIEVE ARE THE LEAST EFFECTIVE.)

	Response Percent	Response Count
Radio	24.7%	46
Television	8.1%	15
Internet	41.9%	78
Newpapers	10.8%	20
Billboards	**49.5%**	92
Brochures	14.5%	27
Toll free telephone helplines	21.0%	39
Home visits by counselors	4.3%	8
Senior centers	4.8%	9
Health fairs	18.3%	34
APPRISE Counselors	8.6%	16
Libraries	37.6%	70
Physician's Office	10.2%	19
Through Health Care Facilities (Hospitals, Nursing Homes, Personal Care Homes, etc.)	7.0%	13
Your Legislators	38.7%	72
	Other (please specify)	11
	answered question	**186**
	skipped question	**59**

16. Identify 3 topics concerning older Pennsylvanians that you believe are VERY important for us to address.

	Response Percent	Response Count
1.	**100.0%**	153
2.	95.4%	146
3.	83.7%	128
	answered question	**153**
	skipped question	**92**

17. Please list 3 ways in which we can better educate older Pennsylvanians and promote the importance of healthy brain aging to combat the potential onset of Alzheimers Disease and dementia.

	Response Percent	Response Count
1.	**100.0%**	131
2.	84.0%	110
3.	66.4%	87
	answered question	**131**
	skipped question	**114**

18. Name 3 ways in which we can provide better education or support for family caregivers.

	Response Percent	Response Count
1.	**100.0%**	137
2.	78.8%	108
3.	66.4%	91
	answered question	**137**
	skipped question	**108**

19. Please list your thoughts on special cultural/linguistic considerations that we should consider when addressing end of life care to diverse populations. (If you have none, indicate N/A on the first line)

	Response Percent	Response Count
1.	**100.0%**	144
2.	25.0%	36
3.	14.6%	21
4.	9.0%	13
5.	6.9%	10
	answered question	**144**
	skipped question	**101**

20. Please list your thoughts on special cultural/linguistic considerations that we should consider when promoting healthy aging to diverse populations (for example: religious food restrictions, education, special health concerns) (If you have none, indicate N/A on the first line)

	Response Percent	Response Count
1.	**100.0%**	141
2.	18.4%	26
3.	8.5%	12
4.	5.0%	7
5.	2.8%	4
	answered question	**141**
	skipped question	**104**

21. The Department has made efforts to translate documents to improve our outreach to people with limited English proficiency. We also provide interpreter services. What other things can we do to reach people who have trouble speaking and/or understanding English?

	Response Percent	Response Count
1.	**100.0%**	112
2.	26.8%	30
3.	9.8%	11
4.	4.5%	5
5.	3.6%	4
	answered question	**112**
	skipped question	**133**

22. MAKING IT EASIER FOR SENIORS TO ENROLL IN SERVICES: On a scale of 1 to 5, (5 being the most important and 1 being the least), please indicate how important each issue is in making it easier for older Pennsylvanians to enroll in a broad range of services that will help them remain in their homes and communities as long as possible. This question requires an answer in each row.

	1	2	3	4	5	Rating Average	Response Count
Referral to advocates or legal representatives	3.1% (5)	1.9% (3)	15.7% (25)	25.2% (40)	**54.1% (86)**	4.25	159
Referral to financial resources	3.1% (5)	2.5% (4)	7.5% (12)	28.3% (45)	**58.5% (93)**	4.36	159
Provide information on governmental AND non-governmental resources, programs and services	3.1% (5)	1.3% (2)	6.3% (10)	23.3% (37)	**66.0% (105)**	4.48	159
Periodically assessing the consumer's/family's understanding of the services that are available to them.	3.1% (5)	1.3% (2)	15.1% (24)	30.2% (48)	**50.3% (80)**	4.23	159
A streamlined application process	3.1% (5)	0.0% (0)	11.3% (18)	15.1% (24)	**70.4% (112)**	4.50	159
Less stringent eligibility requirements	4.4% (7)	6.3% (10)	16.4% (26)	17.0% (27)	**56.0% (89)**	4.14	159
A "no wrong door" referral to long term living services	5.0% (8)	2.5% (4)	20.8% (33)	29.6% (47)	**42.1% (67)**	4.01	159

The quality of home and community based services	2.5% (4)	0.6% (1)	5.0% (8)	21.4% (34)	**70.4% (112)**	4.57	159
A "211" telephone referral system that Pennsylvanians can call when they need assistance with health and human services and are referred to the right place. (Works like "911" but for non-emergency health and human services.)	4.4% (7)	3.1% (5)	16.4% (26)	16.4% (26)	**59.7% (95)**	4.24	159
						Other (please specify)	17
						answered question	**159**
						skipped question	**86**

23. What changes should we make to improve the ability of older Pennsylvanians to get a broad range of services to help them remain in their homes and communities?

		Response Percent	Response Count
1.		**100.0%**	106
2.		55.7%	59
3.		35.8%	38
4.		18.9%	20
5.		8.5%	9
		answered question	**106**
		skipped question	**139**

24. USE OF PA LOTTERY FUNDS Pennsylvania is the ONLY state that uses its lottery funds exclusively for services to support older Pennsylvanians. Recently advocates have asked legislators to consider allowing other populations to tap into lottery proceeds, thereby diverting funding from programs for older Pennsylvanians. Should Pennsylvania allow lottery funds to be used for services to support groups other than older Pennsylvanians?

	Response Percent	Response Count
Absolutely Not!	**68.6%**	109
Not sure.	13.2%	21
We should consider it.	13.2%	21
Yes!	5.0%	8
	answered question	**159**
	skipped question	**86**

25. ADVANCE DIRECTIVES & DURABLE POWER OF ATTORNEY: When people use the terms 'advance directive and durable power of attorney forms', what do you think they mean?

	Response Percent	Response Count
An advance directive form expresses a person's desires for care at the end of their life. It tells health care professionals in certain settings the types of life-sustaining treatment you do or do not want.	5.3%	8
A durable power of attorney is a legal instrument which grants another person the authority to act as your legal representative, and to make binding medical, legal and financial decisions on your behalf.	2.0%	3
Both of the above	**90.0%**	135
I'm not sure what they mean	2.7%	4
	answered question	**150**
	skipped question	**95**

26. Please suggest ways in which we can promote the use of Advanced Directive and Durable Power of Attorney forms so that individuals and their families are prepared for decisions that may occur at the end of life or during a medical crisis. (If you have none, please type N/A in the first line)

	Response Percent	Response Count
1.	**100.0%**	130
2.	37.7%	49
3.	16.9%	22
	answered question	**130**
	skipped question	**115**

27. MEASURING OUR PROGRESS: The Department will measure its success in empowering people to make informed decisions about health care and long-term living options. Below is a list of areas on which we could measure our progress. Please mark all the ones you believe would be effective measures.

	Response Percent	Response Count
The rate of persons enrolled in home & community based services.	62.1%	90
The average time people spend in nursing homes.	36.6%	53
The rate of persons admitted to nursing homes.	31.0%	45
The rate of persons that have been successfully transitioned from a nursing home to the community.	60.7%	88
The rate at which people who have been transitioned to the community return to nursing homes.	44.8%	65
Comparisons between the cost of home & community based services and the cost of nursing home services.	76.6%	111
Comparisons between the quality of home & community based services and the quality of nursing home services.	**77.2%**	112
	Other (please specify)	25

	answered question	**145**
	skipped question	**100**

28. Are Public transportation services available where you live?

		Response Percent	Response Count
Yes		**73.6%**	117
No or Do not know		26.4%	42
	answered question		**159**
	skipped question		**86**

29. Check the types of public transportation that you use. (Check all that apply)

		Response Percent	Response Count
Public Bus		**47.9%**	56
Taxi		26.5%	31
Public Van Services		17.9%	21
Subway		15.4%	18
Train		20.5%	24
Other		37.6%	44
	answered question		**117**
	skipped question		**128**

30. Check all of the characteristics below that apply to public transportation where you live. (Check all that apply)

	Response Percent	Response Count
affordable	**72.6%**	85
not affordable	12.8%	15
accessible (wheel chair or other special need)	58.1%	68
safe	44.4%	52
friendly	23.9%	28
convenient	38.5%	45
timely	27.4%	32
Other Comments about the Public Transportation system where you live.		30
answered question		**117**
skipped question		**128**

31. If you do NOT use the public transportation services that are available where you live, please tell us why?

	Response Count
	55
answered question	**55**
skipped question	**190**

32. This question requires an answer in each row. In your opinion, do the following approaches help older Pennsylvanians to remain in the setting of their choice? Please indicate your level of agreement with each.

	Strongly disagree	Disagree	Not sure	Agree	Strongly agree	Rating Average	Response Count
Provide special supports to older parents who care for offsprings who have developmental disabilities in their homes, so that they can continue to care for their child and themselves	2.0% (3)	2.0% (3)	17.7% (26)	25.9% (38)	**52.4% (77)**	4.24	147
Availability of affordable and accessible transportation	1.4% (2)	0.7% (1)	6.8% (10)	34.7% (51)	**56.5% (83)**	4.44	147
Availability of affordable and accessible housing	2.0% (3)	5.4% (8)	4.1% (6)	33.3% (49)	**55.1% (81)**	4.34	147
Affordable health care coverage	2.7% (4)	4.1% (6)	2.7% (4)	29.3% (43)	**61.2% (90)**	4.42	147
Property Tax Rebates	2.0% (3)	4.8% (7)	19.7% (29)	26.5% (39)	**46.9% (69)**	4.12	147
Rent Rebates	1.4% (2)	2.7% (4)	21.8% (32)	34.0% (50)	**40.1% (59)**	4.09	147
Availability of a qualified, trained direct care work force	0.7% (1)	3.4% (5)	7.5% (11)	33.3% (49)	**55.1% (81)**	4.39	147
Availability of providers and services in rural areas	1.4% (2)	2.7% (4)	7.5% (11)	32.7% (48)	**55.8% (82)**	4.39	147
Opportunities for recreation	0.7% (1)	6.1% (9)	23.1% (34)	**40.8% (60)**	29.3% (43)	3.92	147
Opportunities for socialization	0.7% (1)	5.4% (8)	12.9% (19)	**46.9% (69)**	34.0% (50)	4.08	147
Safe neighborhoods	0.7% (1)	3.4% (5)	8.2% (12)	29.3% (43)	**58.5% (86)**	4.41	147
Provide more flexibility on how consumers can receive services in their homes & communities	1.4% (2)	0.7% (1)	11.6% (17)	26.5% (39)	**59.9% (88)**	4.43	147
Costs to the consumer / family of available long term living options	4.1% (6)	5.4% (8)	12.9% (19)	29.3% (43)	**48.3% (71)**	4.12	147
Cost of LONG TERM LIVING INSURANCE (Insurance to pay for your long term living service expenses)	4.8% (7)	8.2% (12)	12.2% (18)	28.6% (42)	**46.3% (68)**	4.03	147

Cost of HEALTH CARE INSURANCE (Insurance to pay for your medical expenses.)	3.4% (5)	6.1% (9)	4.1% (6)	23.1% (34)	**63.3% (93)**	4.37	147
Providing services in the consumers' homes or communities for as long as possible	0.7% (1)	2.0% (3)	6.1% (9)	19.7% (29)	**71.4% (105)**	4.59	147
Services that are offered in a manner that respects cultural values and sensitivities	1.4% (2)	4.1% (6)	15.0% (22)	36.1% (53)	**43.5% (64)**	4.16	147
Provide palliative (end of life) care as a mandated benefit in all state programs and insurance so that consumers can die at home if they so wish.	1.4% (2)	2.0% (3)	10.2% (15)	19.7% (29)	**66.7% (98)**	4.48	147
						answered question	**147**
						skipped question	**98**

33. This question requires exactly 3 choices. Existing long term living infrastructure may need to be enhanced in Pennsylvania's long term living system to address the needs and preferences of current and future generations. Below is a list of Pennsylvania's current infrastructure. From the list, check the top 3 areas that you believe need to be improved.

		Response Percent	Response Count
Nursing home/special rehab facilities		28.6%	42
Transportation Options		39.5%	58
Housing & Residential Options		41.5%	61
Personal care homes		24.5%	36
Domiciliary care facilities		4.1%	6
Community living settings (MH/MR)		13.6%	20
Adult daily living services centers		27.2%	40
PACE/Life programs		11.6%	17
Hospice		10.9%	16
Home Health Agencies		24.5%	36
Assisted living		25.9%	38
Home & community based		**48.3%**	71

	answered question	**147**
	skipped question	**98**

34. How can we improve each of the long term living options that you identified above as needing to be enhanced?

	Response Percent	Response Count
1.	**100.0%**	101
2.	74.3%	75
3.	61.4%	62
answered question		**101**
skipped question		**144**

35. How do we limit increases in public expenditures while also providing quality long-term living services in Pennsylvania?

	Response Percent	Response Count
Make sure everyone pays according to their ability (fair share / sliding fee scale)	**88.5%**	115
Increase the level of income that would make consumers eligible for services	37.7%	49
Provide only medically necessary services	8.5%	11
Remove supports such as cleaning, cooking meals, cutting grass from the available services	9.2%	12
Other (please specify)		30
answered question		**130**
skipped question		**115**

36. MEASURING OUR PROGRESS: The Department will measure its success in enabling older Pennsylvanians to remain in the setting of their choice, improve their quality of life, and to take individual economic responsibility. Below is a list of areas on which we could measure our progress. Please mark all the ones you believe would be effective measures.

	Response Percent	Response Count
Number of consumers that have been educated on long term living options	50.7%	70
Consumers' satisfaction regarding living in the setting of their choice	73.2%	101
Consumers' satisfaction on the quality of the services they receive in the setting of their choice	**79.0%**	109
Number of options for consumers to choose while requiring long term living services	56.5%	78
Other (please specify)		7
	answered question	**138**
	skipped question	**107**

37. Are Shared Ride transportation services available where you live?

	Response Percent	Response Count
Yes	43.4%	62
No or Do not know	**56.6%**	81
	answered question	**143**
	skipped question	**102**

38. Do you use the Shared Ride transportation that is available where you live?

	Response Percent	Response Count
Yes	16.7%	10
No	**83.3%**	50
	answered question	**60**
	skipped question	**185**

39. Check all of the characteristics below that apply to the Shared Ride transportation that is available where you live. (Check all that apply)

	Response Percent	Response Count
affordable	59.2%	29
not affordable	8.2%	4
accessible (wheel chair or other special need)	**93.9%**	46
safe	55.1%	27
friendly	42.9%	21
convenient	49.0%	24
timely	18.4%	9
Please provide other comments about the Shared Ride system where you live		16
	answered question	**49**
	skipped question	**196**

40. If you do NOT use the shared ride services that are available where you live, please tell us why?

	Response Count
	41
answered question	**41**
skipped question	**204**

41. Please provide 3 recommendations on how we can assure transportation services meet the needs of older members of the community.

	Response Percent	Response Count
1.	**100.0%**	100
2.	66.0%	66
3.	36.0%	36
	answered question	**100**
	skipped question	**145**

42. We need your input/ideas on how to build a network of community supports to assist individuals who may not have FAMILY support. Please provide your ideas.

	Response Percent	Response Count
1.	**100.0%**	94
2.	67.0%	63
3.	36.2%	34
4.	20.2%	19
5.	12.8%	12
	answered question	**94**
	skipped question	**151**

43. According to the 2000 census, there were 80,000 grandparents serving as the primary caregivers for over 165,000 children. Through the family caregiver support program, the department provides assistance to them through counseling, respite, and limited financial reimbursement. Please suggest other ways in which we can help older grandparents who are primary caregivers for their grandchildren.

	Response Percent	Response Count
1.	**98.7%**	75
2.	63.2%	48
3.	23.7%	18
	answered question	**76**
	skipped question	**169**

44. Please provide 3 suggestions on how we can improve services and supports to older persons caring for adults with developmental disabilities (mental retardation) and for older adults with developmental disabilities.

	Response Percent	Response Count
1.	**100.0%**	72
2.	59.7%	43
3.	37.5%	27
	answered question	**72**
	skipped question	**173**

45. Emergency planners recognize that they must include provisions for vulnerable populations in the event of an emergency. Please list special emergency preparedness challenges associated with the needs of older adults.

	Response Percent	Response Count
1.	**98.8%**	79
2.	68.8%	55
3.	40.0%	32
	answered question	**80**
	skipped question	**165**

46. This question requires an answer in each row. Rank the importance of the initiatives that you feel are the most effective methods we can use to empower older Pennsylvanians to stay active and healthy.

	Not Important	Important	Very Important	N/A - Undecided	Rating Average	Response Count
Encourage preventative steps including regular medical check-ups, vaccinations, health screenings.	1.5% (2)	21.3% (29)	**69.1% (94)**	8.1% (11)	2.74	136
Teach proper nutrition and dieting	2.9% (4)	25.0% (34)	**61.8% (84)**	10.3% (14)	2.66	136
Inform people on how to keep their brains healthy and reduce the onset of dementia or Alzheimers.	2.9% (4)	20.6% (28)	**67.6% (92)**	8.8% (12)	2.71	136
Recruit volunteers to promote healthy aging. (Volunteers and consumers benefit from these efforts)	4.4% (6)	24.3% (33)	**61.8% (84)**	9.6% (13)	2.63	136
Presentations/screenings at health fairs, senior centers, etc.	5.9% (8)	32.4% (44)	**52.2% (71)**	9.6% (13)	2.51	136
Advertise existing active and healthy living opportunities/health & exercise programs	2.9% (4)	31.6% (43)	**58.1% (79)**	7.4% (10)	2.60	136
Expand media coverage of current health and exercise programs	3.7% (5)	35.3% (48)	**50.0% (68)**	11.0% (15)	2.52	136
Promote education and screenings paid by Medicare	1.5% (2)	21.3% (29)	**66.2% (90)**	11.0% (15)	2.73	136
Expand exercise programs targeted to older adults' needs	1.5% (2)	30.1% (41)	**60.3% (82)**	8.1% (11)	2.64	136
Doctors should take a large role in encouraging consumers to be more active	1.5% (2)	30.1% (41)	**60.3% (82)**	8.1% (11)	2.64	136
Encourage insurance companies to reward consumers involved in healthy lifestyles with financial incentives through insurance premiums, co-pays, etc.	9.6% (13)	18.4% (25)	**61.0% (83)**	11.0% (15)	2.58	136
Use community resources (e.g. local colleges, Granges, Fire Halls etc.) to promote programs such as health screenings and fall prevention initiatives	4.4% (6)	25.7% (35)	**61.0% (83)**	8.8% (12)	2.62	136

Use bilingual students to outreach for hard to reach populations	7.4% (10)	33.8% (46)	**47.8% (65)**	11.0% (15)	2.45	136
					Other (please specify)	10
					answered question	**136**
					skipped question	**109**

47. This question requires an answer in each row. Rank the importance of what you feel is most effective in supporting volunteers for activities in their community.

	Not important	Important	Very Important	N/A - Undecided	Rating Average	Response Count
Pay them	**36.0% (49)**	30.1% (41)	19.1% (26)	14.7% (20)	1.80	136
Train them	0.7% (1)	14.0% (19)	**83.8% (114)**	1.5% (2)	2.84	136
Use them as role models	5.9% (8)	33.1% (45)	**59.6% (81)**	1.5% (2)	2.54	136
Recognize or award them	1.5% (2)	19.9% (27)	**76.5% (104)**	2.2% (3)	2.77	136
					Other (please specify)	20
					answered question	**136**
					skipped question	**109**

48. Senior Centers across the commonwealth are rethinking their service offerings in order to serve the very different needs of 4 generations (Depression, WWII, Post War and Boomers). Please provide ideas on how you think they could entice these 4 generations to use Senior Centers.

		Response Percent	Response Count
1.		**100.0%**	88
2.		62.5%	55
3.		48.9%	43
4.		34.1%	30
5.		26.1%	23
		answered question	**88**
		skipped question	**157**

49. MEASURING OUR PROGRESS: The Department will measure its success in empowering older Pennsylvanians to stay active and healthy. Below is a list of areas on which we could measure our progress. Please mark all the ones you believe would be effective measures.

	Response Percent	Response Count
Rate of increase for nutrition programs meals served	48.8%	62
Number of education programs offered	48.8%	62
Number of web site hits	30.7%	39
Number of identified best practices related to recruitment and retention of volunteers	54.3%	69
Number of community partnerships developed	67.7%	86
Number of best practices identified and disseminated relating to healthy aging	51.2%	65
Rate of increase for senior center use	65.4%	83
Rate of increase for consumer satisfaction with senior center programming and educational programs	**78.0%**	99
Other (please specify)	11.0%	14
	answered question	**127**
	skipped question	**118**

50. Please provide recommendations on ways in which we can better educate and support family caregivers to recognize potential warning signs of abuse, exploitation or abandonment and seek assistance.

	Response Percent	Response Count
1.	**100.0%**	82
2.	61.0%	50
3.	31.7%	26
	answered question	**82**
	skipped question	**163**

51. Between 18 and 25% of older adults need mental health & substance abuse services. To address this issue, we have engaged in various initiatives, including but not limited to: (1) The Department's APPRISE Health Insurance Counseling Program has established a Mental Health Resource Center to assist Medicare beneficiaries in purchasing their prescriptions drugs at a reasonable cost. (2) We have actively advocated for older consumers with mental health & substance abuse services. (3) We have worked with other entities to raise public awareness on addressing depression and suicide among older adults, whose rates are the highest of any other age group in Pennsylvania. (4) We have collaborated with the Department of Public Welfare, Office of Mental Health & Substance Abuse on assuring older Pennsylvanians have affordable access to mental health & substance abuse services. Please recommend other ways in which the department could support and educate older persons with mental health & substance abuse concerns.

	Response Percent	Response Count
1.	**100.0%**	68
2.	52.9%	36
3.	32.4%	22
	answered question	**68**
	skipped question	**177**

52. In October of 2007 the department received a federal grant to work with the Philadelphia-based SeniorLAW Center to develop a program of delivery systems and strategies that will result in improved access to legal advice and representation. The department recognizes that low income and language can be barriers that consumers face while accessing traditional legal services. Please list the 3 greatest challenges older Pennsylvanians face in obtaining assistance with a legal problem or advice about a legal question.

	Response Percent	Response Count
1.	**100.0%**	85
2.	80.0%	68
3.	58.8%	50
	answered question	**85**
	skipped question	**160**

53. Please list other ways in which the department can assist older Pennsylvanians in obtaining assistance with a legal problem or advice about a legal question.

	Response Percent	Response Count
1.	**100.0%**	67
2.	44.8%	30
3.	23.9%	16
	answered question	**67**
	skipped question	**178**

54. Please provide recommendations on partnerships that can be developed or enhanced to improve Pennsylvania's implementation of the Older Adults Protective Services Act. (The Older Adults Protective Services Act requires the department to take steps to protect older adults from abuse, neglect, abandonment and exploitation and to advocate on their behalf.)

	Response Percent	Response Count
1.	**100.0%**	63
2.	50.8%	32
3.	23.8%	15
	answered question	**63**
	skipped question	**182**

55. MEASURING OUR PROGRESS: Please suggest ways in which we can measure our success in ensuring the rights of older Pennsylvanians are upheld and that they are protected from abuse, neglect, abandonment or exploitation?

	Response Percent	Response Count
1.	**100.0%**	60
2.	36.7%	22
3.	16.7%	10
	answered question	**60**
	skipped question	**185**

APPENDIX H - SUMMARY OF AREA AGENCIES ON AGING 2008-2012 AREA PLANS

Background:
All 52 Area Agencies on Aging (AAA), which cover the 67 individual counties in Pennsylvania, are required to develop a four-year plan. These plans were required for submission of a draft version by April 15, 2008. The final approved version of the individual Area Plans will be signed and submitted to the PA Department of Aging by June 1, 2008. Each plan was constructed to be a planning tool for the AAA. The content of the plan was to include an overview of the agency, goals/objectives, strategies, outcomes and performance measures.

Overview Summary:
The Agency Overviews were to contain not only specific information about the AAA itself and its organizational structure, but also information about the demographics on the population that the AAA services and within the county(s) of service in general. Specific attention was to be detailed on those demographic trends that are or would be affecting the population that the AAA services within the community. The Overview also addressed the challenges, critical issues and opportunities that were specific to each AAA's county(s).

A review of the individual plans and a comparison of the individual plans to each other and to the State Plan produced the following:

Critical Issues/Trends:

- Over 50% of the AAAs reported that the 85+ population is and will continue to experience the greatest percentage of growth followed closely by the "boomer" generation that will be entering into the service system over the next several years.

- Over 38% of the AAAs reported that the number of elderly living alone as they continue to age will also rise. In line with this will be the continued trend for a higher percentage of women living alone than men.

- Only 30% of the AAAs specifically identified an increasing trend in below poverty income for the county consumers. However, many did address that there are more consumers who will be making above poverty guideline income, though their cost of living expenses will minimize the consumer's income to provide for all their needs.

- Over 40% of the AAAs identified increases in the percentage of culturally diverse populations within their communities and specifically within their targeted consumer age groups. The minority population growth trends were identified with the Latino, African American, Asian and newly immigrated Eastern European populations.

Common Barriers/Needs:

- 100% of the AAAs identified stagnant state funding as a barrier to services for the consumers in their regions. While consumers in need and their needs for services will grow, the AAAs identified the need to pursue alternative means to assist consumers in addition to current funding.

- 56% of the AAAs identified that there is not enough information for the communities they serve about the services that are available to consumers and their caregivers.

- 42% of the AAA identified current public and shared ride transportation services as a barrier to access for consumers. Limits by the local carriers to distance and types of rides available prevent full access by consumers to services.

- 35% of the AAA identified insufficient affordable housing and also the need to maintain pre-1950 built homes that are falling into disrepair as physical and financial barriers for consumers.

Goals/Objectives/Strategies:
The AAAs' goals, objectives and strategies provided an overall plan for areas of need that the AAA would address as identified through the demographic information and analysis for each county, feedback from town/county public meetings and surveys conducted with stakeholders in their service areas. When compared with the State Plan's goals, objectives and strategies, the following was identified:

- 87% of the AAAs had identified "Empowering older Pennsylvanians and their families, including those from diverse communities, to make informed decisions on their health care and long-term care living options" as a goal for the AAA.

- 90% of the AAAs had identified " Enabling older Pennsylvanians to remain in the setting of their choice, improve their quality of life, and to take individual economic responsibility via the development of needed infrastructure and provision of home and community-based services, including supports for family caregivers" as a goal for the AAA.

- 77% of the AAAs had identified "Empowering older Pennsylvanians, including those form diverse communities, to stay active and healthy" as a goal for the AAA.

- 71% of the AAAs had identified the need to "Ensure older Pennsylvanians, including those from diverse communities, are free from abuse, neglect, exploitation and abandonment" as a goal for the AAA.

These four goals are in line with the primary goals that have been developed for the State Plan also. It is at the local level that the AAAs distinguish their specific strategies to reach the overall goals set. This has frequently included increased collaborative partnerships or the development of new collaborations with other community resources that provide services to and interface with the same targeted consumer populations.

The majority of the specific area plans also included other goals that were reflective of the needs assessment and feedback from their stakeholders as areas they need to try to address. These included transportation service improvements, increases in collaborative partnerships for housing

resources and pursuit of alternative funding sources to supplement state funding (i.e. grants, partnerships, diversification).

Of note, there were some alternative or innovative strategies that were identified by AAAs. These objectives/strategies included:

- Partnership with county Tax Claim office to prevent active program consumers who are homeowners from default on their taxes
- Relationship with local Office of Housing and Community Development, housing counselors, agencies and legal services to link seniors with unaffordable mortgages to resources to renegotiate their mortgages.
- Development of a Wellness Center via United Way grant targeting minority population
- Development of Naturally Occurring Retirement Communities (NORCs)
- Replicate “Coming of Age” program in local county
- Reestablish a caregiver mentoring program
- Caregiver Institute to train caregivers
- Increase use of and access to internet and technology via Senior Centers
- Partnerships with community programs to develop more “Seniors Center without walls” programs.
- “Green” goal to implement recycling procedures at all Senior Centers.
- Identify and assist in developing or income producing avenues to enable Senior Centers to be self supporting
- Develop private care management services within agency organizational design.

APPENDIX I – INTRA-STATE FUNDING FORMULA AND BACKGROUND

Background

The current Intra-state Funding Formula, or "allocation formula," was developed in 2004 and was approved and implemented for first time beginning with State Fiscal Year (SFY) 2005-06 allocations.

The 2000 census data revealed significant shifts in the older populations served by the Area Agencies on Aging. Pennsylvania's population aged considerably during the period between 1990 and 2000. Accordingly, Planning and Service Areas (PSAs), across Pennsylvania experienced high levels of growth in their older population with changes in their consumer mix. The seventy-five years of age and older cohort grew much faster than the total sixty-plus population. The proposed formula responds to these demographic shifts.

Model Development

The department examined the current model, reviewed federal and state laws and regulations governing the intra-state allocation of funds, and gave due consideration to the Area Agencies on Aging recommendations. It researched available empirical data and conducted a literature review to ascertain the impact of various subsets of the elderly population on the Area Agencies on Aging resources. It confirmed that clear differences existed on how the various demographic subsets of a population impact an Agency's resources.

The department's overarching goal was to arrive at a model by which to optimize the allocation of state and federal funds to the Area Agencies on Aging while minimizing any adverse impact. The following objectives facilitated the achievement of this goal:

- The model must operate within the parameters established in State and Federal law and regulation;
- The model must be populated with criterion variables for which data values are available from common, readily accessible and reliable sources;
- Updates or changes to the model data, input variables, and decision variables must be easily accomplished;
- The model must contain within its logic alternative decision points that will accommodate changes in State and Federal law and regulations;
- The model must fit all possible foreseeable situations and provide accurate and reliable output.

The New Allocation Formula ~ Public Review and Comment Process

The development of the department's Intra-state Allocation Formula is the result of a nine month, highly interactive process between the department, Area Agencies on Aging, state legislators, and other interested individuals. In October 2003, at its Annual Joint Quarterly meeting of the Area Agency on Aging and Pennsylvania Council on Aging, the department invited the agencies to become active participants in the process of informing the department's determination. Secretary Nora Dowd Eisenhower committed to an open, inclusive process, stating that the department would give full consideration to all recommendations. She asked the

Pennsylvania Association of AAA Directors (P4A) and its members to recommend strategies that would lead to an optimal, equitable formula, responsive to the panoply of service needs of older Pennsylvanian's.

As a result of this invitation, the P4A Board took the lead as the representative body for its constituent members. With full support from its membership, P4A endeavored to satisfy the department's request for a unified recommendation. As noted in their response letter to the department, "Faced with this unquestionably challenging opportunity, the Association began work in October – inviting Members to submit comments…in anticipation of a December meeting. These actions recognized the significance of affording 'all AAAs an equal voice and opportunity to exchange viewpoints in an informal and open forum.'" Members responded positively to this invitation as evidenced by the attendance of forty-four (44) persons representing thirty-five (35) AAAs in a December 4, 2003 meeting held by P4A.

On December 9, 2003, the department received P4A's letter advising that it would be unrealistic to incorporate all the factors discussed in the letter. Instead, it specifically requested that the department consider four factors: the number of persons 60+, poverty, minority, and rural status. P4A further advised that it would "rely on the department's ingenuity and experience" to decide how these factors should be weighted. (See attached letter). The Association also asked that the department make every effort to minimize the financial harm and avoid undue hardship to any AAA.

In response to these recommendations, the department hosted a day-long session on March 4, 2004, which included a half-day comprehensive training to familiarize AAA directors with the background and requirements of the formula and to facilitate individual and collective analyses and dialogue among Pennsylvania's fifty-two Area Agencies on Aging (AAA) and the Board of the P4A Directors. In preparation, the department developed a spreadsheet to facilitate "what if" analyses of the formula's components, factors and weights, which in addition to the four factors noted in the P4A recommendation, included others the department was considering. The department also provided an electronic spreadsheet to all interested AAAs. The afternoon was spent in a closed AAA session. In its on-going support of these efforts, the department provided technical assistance, as requested either by the P4A, or an individual AAA.

It can be readily seen that the department exercised due diligence in including the four recommended factors, utilized its insight and experience in assigning their respective weights, and made every effort to minimize financial harm to any single AAA by setting a 4% financial minimization cap on losses, consistent with the P4A recommendations. Most important, it sought a funding formula that would distribute dollars optimally across all the diverse constituencies and interests within the commonwealth. In meeting this daunting challenge, the department necessarily chose a formula that would benefit the collective "whole" as opposed to an individual PSA. Using strategies to minimize losses, only twelve AAAs stand to lose less than 1% of their funding.

Not only did the department work closely with Area Agencies on Aging to develop the model, the department also convened a meeting in early July of interested state legislators and their representatives to review the formula. A great level of detail was provided on

Pennsylvania's changing demographics and the need to adjust the old formula to better address the needs of older Pennsylvanians.

The department made the allocation formula available to members of its primary advisory group, the Pennsylvania Council on Aging. No comments have been received from this sector to date. An educational segment on the allocation formula is planned for a future Council meeting.

In mid-July, 2004, the department posted on its web site the draft allocation formula for review and comment by the general public. Five comments were received, all from AAAs. The main trend in the comments from AAAs stressed the need to keep the rural factor in the formula, along with the total age 60 plus factor (a factor that had never before been used in Pennsylvania's allocation formula). As seen in the final allocation formula discussed below, these comments were accommodated.

In summary, the review and comment process on the new allocation formula was a detailed and meaningful endeavor. Not only did the department actively seek input from those most affected, it made strong efforts to ensure that the views of those who provided comments were accommodated in a meaningful fashion. At the same time, the department believes that the formula that has been put forth is the one most responsive to the changing needs of Pennsylvania's older population.

Model Description

The model consists of two distinct parts: a formula and a distribution methodology.

The first part, the formula, consists of selected factors, the factor weights, the values of the factors, census data, and calculated indices. The purpose of this part of the model is to determine the number of equivalent consumers within each Area Agency.

The formula composition and definition are as follows.
$(w_1F_1 + w_2F_2 + w_3F_3 + w_4F_4 + w_5F_5 + w_6F_6)$ = AAA Value

Where w_f is the weight assigned to each of the Factors. The weights were determined by the Pennsylvania Department of Aging with input from the Pennsylvania Association of Area Agencies on Aging. The weight provides the level of importance to the factor in relation to the other factors.

Where F_f is the factor. The factor, which can also be defined as an attribute of the consumer, is the level of demand or requirement placed on an Area Agency by a particular type of consumer. It is the census count of consumers of that type.

The State adjusted value is the sum of all Area Agency values and is the State number of Equivalent Consumers. Once the State number of equivalent consumers is calculated each Area Agency value is divided by the State value providing an index number for each Area Agency. This index number is simply the Area Agency's proportion of State equivalent consumers.

The second part, the distribution methodology, consists of allocation decision variables. These determine how and when the formula is applied.

The model takes into account the following precepts from the law and regulations:

- The federal rules require that the model take into account the geographical distribution of older persons across the state, including the proportion of the older persons with the greatest economic and social needs. It must also pay particular attention to low- income minorities.

- The state rules require that the model take into account that the allocation must be weighted by the proportion of the older poor in each Planning and Service Area (PSA), or AAA, in relation to the total older poor in Pennsylvania. State law incorporates a "hold harmless" provision that specifies that no AAA may receive less state funding than it received in the preceding year.

The formula is a mathematical expression of the requirements/needs of the consumer population within each AAA in relation to all the AAAs. Different types of consumers have different needs and therefore require varying levels of resources. Consumer characteristics are represented within the formula as "factors." Each factor represents a demographic subset of the overall sixty-plus population.

There are two criteria for considering a factor for inclusion in the formula. The first is that each factor must represent an exceptional or unique set of demands or requirements on an AAA's resources. The second is that there is a disproportionate distribution of the factor (consumer type) among the various AAAs.

In all cases the formula was first applied to the available funds to calculate the index base amount by AAA. Then, parameters that affect the allocation (i.e., hold harmless or loss minimization) are applied. The difference between the preceding (base) year's allocation and the current budget year index base amount is used to calculate the marginal indices.

This methodology permits a gradual shift in allocations preventing AAAs from taking a drastic loss in one year. Conversely it prevents others from receiving a disproportionately large gain in a single year. The change can be spread over a period of years allowing AAAs to adjust and plan for changes in allocations. The rate at which the change occurs is a decision that can be made in conjunction with the AAAs and other stakeholders.

Current Status

After full consideration of many factors and weights, including those discussed with Area Agencies on Aging, the following factors and weights were chosen:

Factor	Weight
1. Poor (at or below 100% poverty)	.25
2. Rural	.25

3. Minority	.20
4. 75+	.20
5. 60+	.10
100%	

To focus resources on targeted, at risk populations, the poor and rural factors were weighted most heavily, followed by minority and persons 75 years of age and older. To respond to overall shifts in the older population, persons age 60 and older were also included as a factor and weighted accordingly. The department opted to minimize single agency losses to four percent (4%) in response to the Area Agencies on Aging' request. Using the factors and weights selected, the four percent loss minimization assures that only twelve of the 52 AAAs will receive fewer federal dollars. In addition, the "hold harmless" provision in Pennsylvania state law requires that the state funds AAAs be at least equal to the amount received in the previous year further minimizing the losses to any single AAA while being responsive to PSAs that experienced increases in various populations.

As a matter of policy, the department will utilize the most recent census data available when it allocates dollars annually. Pennsylvania's proposed allocation formula was approved by the Administration on Aging on September 30, 2004 and the department plans to continue to utilize the current allocation formula for the foreseeable future.

2008-2012 State Plan on Aging

Every four years the Department of Aging is required by both state and federal law to develop and submit to the Administration on Aging a "State Plan on Aging." The plan is mandated by both federal and state law and is a requirement in order for the Commonwealth to receive federal funds under the Older Americans Act. Additionally, the State Plan on Aging helps to structure the Department's priorities and to set an aging agenda for the Commonwealth.

The Department conducted Town Hall Meetings at eight locations across the commonwealth between January and March. Attendance was excellent with over 2000 participants across all locations. Comments received will be incorporated into a draft State Plan which will be posted for public review in early May. In addition, the Department will accept written comment on the draft plan and testimony at three public hearing locations. Check back in early May for a copy of the draft and for additional information on providing written comment or public testimony.

Public Hearing Locations

June 3, 2008
Community college of Allegheny County
South Campus
Auditorium in Building B
1750 Clairton Road
West Mifflin, PA 15122

June 4, 2008
The Oaks at Pleasant Gap
Community Room
200 Rachel Drive
Pleasant Gap, PA 16823

June 6, 2008
New Courtland Germantown Home
Education Building, Auditorium
6950 Germantown Avenue
Philadelphia, PA 19119

APPENDIX K – PUBLIC HEARING SUMMARY

The public hearing summary will be included following the public hearing.

Listing of State Plan Assurances and Required Activities
Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and required activities.

ASSURANCES

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose Senior Centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-
(A) services associated with access to services (transportation, health services **(**including mental health services**)**, outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(C) legal assistance;
and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—
(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas; and
(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);
(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency and older individuals residing in rural areas in the area served by the provider;
(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency and older individuals residing in rural areas in accordance with their need for such services; and
(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency and older individuals residing in rural areas within the planning and service area; and
(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--
(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
(II) describe the methods used to satisfy the service needs of such minority older individuals; and
(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--
(I) older individuals residing in rural areas;
(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement; and
(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:
in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-
(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--
(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement

of and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--
(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000 and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that Area Agencies on Aging will--
(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
(ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished

with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--
(A) public education to identify and prevent abuse of older individuals;
(B) receipt of reports of abuse of older individuals;
(C) active participation of older individuals participating in programs under this Act through outreach, conferences and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—
(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and
(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—
(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--
(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—
(A) identify individuals eligible for assistance under this Act, with special emphasis on—
(i) older individuals residing in rural areas;
(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas;
(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas;
(iv) older individuals with severe disabilities;
(v) older individuals with limited English-speaking ability; and
(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A) and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--
(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall
(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--
(A) to coordinate services provided under this Act with other State services that benefit older individuals; and
(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION and ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State plan shall provide an assurance that Pennsylvania, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that Pennsylvania will hold public hearings and use other means, to obtain the views of older Pennsylvanians, area agencies on aging, recipients of grants under title VI and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that Pennsylvania, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older Pennsylvanians have access to and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that Pennsylvania will use funds made available under this subtitle for a chapter in addition to and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that Pennsylvania will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect and exploitation under chapter 3—
(A) in carrying out such programs the Pennsylvania Department of Aging will conduct a program of services consistent with relevant State law and coordinated with existing Pennsylvania adult protective service activities for--
(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;
(iii) active participation of older Pennsylvanians participating in programs under this Act through outreach, conferences and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
(B) Pennsylvania will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order.

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

(1)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
(B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:
(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance and transportation services), nutrition services and multipurpose Senior Centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas). *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

(5) The State agency:
(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and
(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The State agency will make such reports, in such form and containing such information, as the Assistant Secretary may require and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically and with comparable quality, by such State agency or area agency on aging.

_____ _____

Signature and Title of Authorized Official Date