

**PENNSYLVANIA
DEPARTMENT OF AGING**

INFORMATION REQUIREMENTS

2020-2024 STATE PLAN ON AGING | ATTACHMENT B

State Plan Guidance

Attachment B

INFORMATION REQUIREMENTS

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring 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;

The primary mechanism is the Intrastate Funding Formula (IFF) which targets Older Americans Act dollars to those in greatest economic and social need. The department's field and fiscal staff oversee AAAs to continuously monitor their implementation. While this has been the primary mechanism for ensuring funds reach older individuals with greatest economic and social need, the department will be evaluating our own plans regarding effective outreach to target populations and will evaluate data on the effectiveness of our outreach. The department has a Cultural Diversity Advisory Committee who advises the department in diversity and language diversity. Target groups include individuals living in poverty over age 60, rurally isolated individuals over age 60, minority individuals over age 60, individuals over age 75, and individuals over age 60.

Section 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

Each of the 52 AAAs is within one of the 15 ADRC regions throughout the state and both within their AAA and their PSA, conducts person-centered counseling and planning for older adults and people living with disabilities. As part of a newly awarded \$3M grant, ACL is requiring that a portion of the funds be directed toward assistive technology (AT) activities. Specifically, to partner with the state's Assistive Technology Act program to develop and provide AT assessments, technology devices, and training for older adults, people with disabilities, caregivers and clinicians for telehealth and social isolation mitigation activities. PDA has a statewide program manager for the ADRCs, and that staff person meets with regional representatives and counselors regularly to disseminate information. PDA further approves AAA Area Plans and assures coordination with PDA is included to disseminate information about this and other programs to older individuals throughout all PSAs.

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency

preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

The mechanism for disaster relief service is covered in our Area Plan Aging Program Directive, and it's organized and coordinated through the Department's Agency Representative to the Pennsylvania Emergency Management Agency (PEMA). Each AAA area plan must include a specific section on local emergency responsiveness and how the AAA will coordinate with the department and PEMA.

Disaster relief services during a declared disaster's response phase are coordinated through the department's representative to the PEMA Commonwealth Response Coordination Center (CRCC). This individual coordinates state level intra-agency and inter-agency responses for issues identified at the local level. During the recovery phase of a disaster, an ad hoc committee is created between the department and the AAA network to develop solutions related to remaining issues.

Section 307(a)(2)

The plan shall provide that the State agency will —...

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306

(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)

The department, through its program directives, specifies a minimum proportion of the funds received by each AAA will be used to carry out part B requirements, including access, in-home, and legal assistance. Oversight for this is provided by the department's fiscal (oversight) staff.

AAAs are required to meet established standards for funding services provided primarily to individuals in their residence.

In FY 2018-19, the AAA network spent:

Access	10%
Legal Assistance	1%
In-Home Services	56%

The remaining 33% was spent on Administration, Congregate Meals, Senior Centers, Employment Services, Volunteer Services, Ombudsman, Domiciliary Care and Provider Certification.

The minimum required percentages to be spent on each are as follows:

Access	8%
Legal Assistance	1%

Section 307(a)(3)

The plan shall—

...

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;

(ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and*

(iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

The state agency assures that it and AAAs will not spend less for each fiscal year of the plan than the amount expended for such services for fiscal year 2000. According to the allocation methodology utilized by the department and approved by ACL, the population of a AAA's PSA, as noted by the latest approved census, is a weighted factor in calculating the Block Grant allocation for the agency. This calculation can and often is overridden by state law that contains a hold harmless (state funding only) provision requiring each AAA receive no less Block Grant funding than they received in the prior fiscal year.

To the matter of access, Pennsylvania has a network of 52 area agencies on aging to cover our 67 counties, the majority of which are rural. In areas where a PSA covers multiple rural counties, there are often satellite offices in each county that is part of the joinder. The benefit of this widespread coverage is that local agencies are able to be embedded in the community and understand the population landscape and plan for outreach to their most rural older adults. Many local communities see significant involvement from county commissioners and councils who, seeing the needs of their constituents themselves, assure that their localities back up the agencies in making sure that waiting lists are minimized and emergency services are connected to older residents, for example. There are no additional costs incurred providing access to rural individuals in Pennsylvania.

Section 307(a)(10)

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

According to the allocation methodology utilized by the department and approved by ACL the population of a AAA's PSA, as noted by the latest approved census, is a weighted factor in calculating the Block Grant allocation for the agency. (Block grant referring to state fund allocations only.) In our 52 statewide area agencies on aging, local autonomy is encouraged to ensure the needs of rural older adults are met. For example, many of our senior centers are in rural communities and serve as congregate meal sites that are places of gathering for rural older adults not only for meals, but daily socialization. The PA Farmers Market Nutrition Program allows low income seniors to use vouchers to receive free nutritious, unprepared, locally grown fruits, vegetables, and herbs from approved farmers' in Pennsylvania. We also find that local governments are very involved, especially with our rural AAAs in ensuring seniors in those

communities are referred for services when necessary and often serve as the first source of a referral. Consideration has been given in that there are local area agencies on aging that cater to the needs of each specific community, and these AAAs customize their area plans based upon the demographics and trends.

Section 307(a)(14)

(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.*

From the US Census Bureau, of the 345,079 minority individuals age 60 and over in Pennsylvania, 106,383 are low income. Further, of the 345,079 minority individuals age 60 and over in Pennsylvania, 29,160 were low income and spoke English less than "very well."

This data comes from the 2014 American Community Survey 1-Year Public Use Microdata File. Individuals who are low income are those whose income is 150% of the federal poverty level and less.

The department's Cultural Diversity Advisory Committee advises the department on both diversity and limited English proficiency issues. Some of the department's publications are in Spanish, and AAAs have materials published in languages appropriate to their consumers' languages.

Section 307(a)(21)

The plan shall —

...

(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.*

While there are no formal Native American tribes in Pennsylvania, PDA will focus outreach efforts on ensuring we reach older native Americans residing in the state. In partnership with the applicable local AAAs, we will outreach to the following organizations and provide written materials and education on our programs in a manner consistent with suggestions by those organizations:

- Northern Arawak Tribal Nation of Lancaster, Pennsylvania
- Western Pennsylvania Native American Association
- Yukayeke Taino of Pennsylvania
- Eagle Medicine Band of Cherokee Indians (Philadelphia)
- Lena'pe Nation/ Thunder Mountain Lena'pe Nation

Section 307(a)(27)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

Pennsylvania's older adult population is growing and becoming more diverse. Currently, one in four Pennsylvanians is over 60 years old, but in the next twenty years, the population shift is expected to be such that nearly one third of our population will be over 60 years old. This is nearly 4M older Pennsylvanians. In terms of diversity, our projections are:

2019-white 88%, black 7%, Hispanic 2%, other 3%

2030-white 86%, black 8%, Hispanic 3%, other 3%

2050-white 78%, black 9%, Hispanic 7%, other 6%

Not only is the over 60 population growing and becoming more diverse, but our oldest older adult population of 85+ is expected to nearly double in size by 2040 and be on a steady incline until that time. Since this age group is more likely than younger age groups to need services, action plans to prepare for the growth are especially important. The department has not developed plans specific to this population but considers it important as the current state plan was developed and will organize a focus group around this topic.

Age 85+ PA Population Projections

2010-307,373 (actual)

2020-354,171

2030-415,797

2040-609,720

7.4% of PA's over 60 population speaks a language other than English, and 3.8% say they speak English less than "very well", according to the 2018 American Community Survey 1-year estimates.

PDA is preparing and must continue to ready itself to leverage additional resources and expand capacity to serve the aging and diversifying population in the commonwealth. In order to continue to adhere to the OAA preference of providing service to individuals with greatest economic and social need, PDA will rely on data to ensure that requirements are met and use data to inform planning around current and future actions to ensure low-income individuals, minority individuals, low-income minority individuals, limited-English proficient individuals, those with disabilities, rural individuals and LGBTQ individuals, who also may be isolated.

Data may reveal the need for some programmatic adjustments to ensure the most in need are served. The population growth and shift also indicates a possible need for PDA and its stakeholders to revisit the Intrastate Funding Formula, last modified in 2004. At the very least, this growth strongly signals the need for us to closely monitor our progress in serving diverse communities and ensure we are nimble in adjusting our approaches to outreach through the AAAs.

Section 307(a)(28)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

Within the Area Plan Aging Program Directive there is a section requiring all Area Plans to include both their local emergency plan as well as how the AAA will coordinate their needs with the department. Periodically the Department's Representative will review AAA plans and provide technical assistance as needed.

- PDA will ensure temporary program policies exist to be implemented in times of disaster declarations so that crucial services to older adults can continue.
- PDA will ensure that during emergencies, AAAs are updated regularly via webinar with department leadership to share state issued and department guidance and answer questions to ensure consistent response.
- PDA will serve on the statewide emergency operations center and act as a liaison to AAAs when they are unable to source supplies needed for the performance of their work through local government entities.
- PDA will coordinate with AAAs when made aware of capacity issues in delivering services to ensure services can continue or that extra capacity can be leveraged to assist other communities.
- PDA will make AAAs aware of updates to messaging and guidance coming from state and federal partners which may affect them.

Section 307(a)(29)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

The Secretary of the Department of Aging has been leading the department and its staff on all aspects of emergency preparedness. The Secretary also routinely meets with other state cabinet secretaries, and the Departments of Health, Insurance, and Human Services on many matters, including emergency preparedness. Additionally, the Secretary and the Agency's Representative to PEMA attend various exercises to ensure interdepartmental responses to anticipated activities are coordinated and planned.

Section 705(a) ELIGIBILITY —

In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307— . . .*

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307—

(1) an assurance that the State, 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) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State 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) an assurance that the State 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) 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 State agency will conduct a program of services consistent with relevant State law and coordinated with existing State 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 individuals 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) the State 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.

The state assures that in carrying out any chapter of this subtitle for which the state receives funding under this subtitle, it will establish programs in accordance with the requirements of the chapter and this chapter.

In June 2020, the Department conducted a needs assessment by using a survey available online or by phone. The PA State Plan on Aging 2020-2024 Community and Stakeholder Survey was available on the PDA website, through direct a direct hyperlink, or could be completed by phone, and was available in English and Spanish.

We relied on and were appreciative of the support of the Pennsylvania Council on Aging, AARP Pennsylvania, the Pennsylvania Commission on LGBTQ Affairs, the Pennsylvania Commission on Latino Affairs as well as many other commissions and stakeholders, to assist in getting the survey press release distributed and encourage participation. We also outreached directly to many community organizations to ask for participation and shared several different versions of culturally affirming marketing materials with a direct link to the survey.

In the survey, we sought to gauge public awareness of aging services and how to access them, including protective services. We also asked respondents to rate factors important to age-friendly communities over the next five years, including what was most important. Finally, we asked respondents to consider the next 10 years and beyond and freely share thoughts on what would be needed to maintain age-friendly communities in the future.

In July 2020, the department held two Statewide Virtual Community Conversations to formally present the State Plan and to hear from stakeholders, advocates, older adults and caregivers. Online meetings which could be joined by tablet, computer or telephone, were held in lieu of in-person public hearings due to the social-distancing requirements of the ongoing COVID-19 pandemic and for the safety of all those who might want to attend.

The first Community Conversation was held specifically for the members of the five regional councils of the Pennsylvania Council on Aging as a follow-up to the formal presentation of the plan to the council a month earlier. Prior to the safety precautions brought on by the pandemic, our in-person conversations would have been held in the regions represented by these dedicated council members, and they were instrumental in the planning of these events before the department elected the virtual format ultimately used. Nearly half of the 60 members of the five regional councils participated in the conversation. The department welcomed comments and recommendations for the plan shared by the Pennsylvania Council on Aging following their review of the draft.

The second Community Conversation was statewide, open to the public, and was well attended with over 200 people from across the commonwealth participating virtually either online or by phone. The state plan was posted for review on the website prior to its presentation on during the community conversation. Participants were required to register in advance and could request time to present public testimony. In all, eight stakeholders, advocates and community members presented testimony on a variety of topics. All the valuable testimony was considered

in furthering the development of a responsive State Plan. Participants in the Community Conversation were also given the opportunity to submit questions about the plan, which were answered during the event. The results of these, along with other avenues for public input detailed in the plan itself were important to ensuring the plan meets the needs of older adults in the commonwealth.

Pennsylvania's State Health Insurance Assistance Program (APPRISE) will work in partnership with the Senior Medicare Patrol to extend fraud education efforts to include information on elder abuse. The APPRISE program will also disseminate information to beneficiaries through activities conducted as part of Medicare Improvements for Patients and Providers Act (MIPPA) outreach.

Through collaboration between both the Pennsylvania Department of Aging (PDA) and the 52 Area Agencies on Aging (AAA), the Older Adults Protective Services Act (OAPSA) is consistently implemented to ensure that older adults who lack the capacity to protect themselves and are at imminent risk of abuse, neglect, exploitation, or abandonment shall have access to and be provided with the services necessary to protect their health, safety, and welfare.

In accordance with this Act (35 P.S. §§10225.101, et seq.), the Pennsylvania Department of Aging (PDA) works with the AAA network to increase public awareness regarding elder abuse, neglect, exploitation, and abandonment. This public outreach and education includes providing for an ongoing educational campaign regarding the causes and warning signs of elder abuse, profiles of victims and perpetrators and the voluntary and mandatory reporting requirements of Pennsylvania's Older Adults Protective Services Act and Adult Protective Services Act. In addition, AAAs work tirelessly to employ prevention, identification, and abuse mitigation/elimination strategies.

Woven throughout the execution of older adult protective services is the requirement of person-centered care planning so that the older adult is very involved in how a substantiated PS case is resolved. PS caseworkers/investigators are trained to ask the older adult how they would like to resolve the issue. If the older adult provides a method, that method is discussed and if appropriate to reduce or eliminate the identified risk(s), that method is tried initially. If their method does not reduce or eliminate risk, the PS caseworker/investigator will discuss that with the older adult and present enhancements to that method or alternative interventions for their consideration. This approach stresses the foundations of Pennsylvania's Older Adults Protective Services Act, including the key concepts of obtaining consent before accessing confidential records and implementing services, ensuring that the older adult's right to self-determination and participation in the development of their service plan and our obligation to employ least restrictive interventions whenever possible. The repetitive theme being woven into every training acts to reinforce Pennsylvania's commitment to ensure that older adults are not coerced to accept or participate in services that they do not want or need. Reference in statute can be found in 6 Pa. Code § 15.112 (relating to uses of funding authorized by the act); and 6 Pa. Code § 15.155 (relating to investigation and resolution of substantiated reports).

PDA is responsible to administrative oversight, technical assistance, and quality oversight while the local AAAs are responsible for the intake, investigation, and resolution of elder abuse allegations. All information is maintained within strict confidentiality provisions although limited sharing of information between protective services, law enforcement, and service providers is permitted when appropriate. Release of confidential information does require either consent of the older adult or a court order.

PDA assures services are in accordance with the Older Americans Act. AAAs, ADRCs, and Long-term Care Ombudsman programs are monitored for compliance and a plan for remediation is developed as necessary.

PDA assures there are no restrictions other than those included in Section 712(a)(5)(C)(i)-(iv), regarding the eligibility of entities for designation as local Ombudsman entities. All local Ombudsman entities shall follow Pennsylvania Department of Aging 71 P.S. §§581-1 et seq. and its Aging Program Directive 16-10-01 Long-term Care Ombudsman Program.

PDA assures it 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 protections.