EXECUTIVE SUMMARY

The Pennsylvania Department of Aging (Department or PDA) is providing this detailed response to a performance audit by the Department of the Auditor General into the Department's oversight and monitoring of the Area Agencies on Aging (AAA) network and its investigations into allegations of elder abuse.

Despite the Department's full cooperation and access to personnel and documentation, the Auditor General's report does not accurately reflect the Department's work, standard processes, or legal responsibility. In fact, the audit was conducted during the active roll-out of a brand-new protective services monitoring system that – at the time of the audit's announcement – was just seven weeks old. An entire cycle of monitoring had not occurred under the new system and therefore, any audit of its effectiveness is neither complete nor accurate.

Prior to the Shapiro Administration taking office, the Department relied on a deficient Legacy system to monitor AAA performance, allowing subjective oversight and individual staff preference to score a AAA rather than a formalized, objective process. Secretary Kavulich recognized that process was flawed – and some of those flaws are detailed in this process – and took action to implement a new system called the Comprehensive Aging Performance Evaluation (CAPE).

CAPE is an entirely new, objective tool that leaves behind the flawed Legacy monitoring system that allowed deficiencies to be hidden by subjective scoring. CAPE now evaluates how well a AAA is doing by scoring dozens of performance metrics in a ***singular*** visit, prohibiting any one problematic metric from flying under the radar. The Department has also strengthened its ability to take punitive action against chronically non-compliant AAAs; published AAAs' monitoring results on its public website for the first time ever; and is now conducting needs assessments to identify and implement improved education and training for Department and AAA staff.

CAPE's novel, holistic approach is already delivering tangible, consumer impacting results with notable improvements to 20-day determinations and timely face-to-face visits. The Department continues to improve its processes and has proposed several important reforms to Pennsylvania's Older Adult Protective Services Act (OAPSA) – and the Department is currently waiting on the legislature to make those reforms, as Governor Shapiro has proposed in his 2026-27 budget. The audit recognizes the importance of these legislative changes that would allow the Department to improve the review process of older adult suspicious deaths, require financial institutions to report suspected financial exploitation to AAAs, grant financial institutions the authority to hold transactions and establish penalties, thereby strengthening OAPSA to help ensure the protection of older adults from financial exploitation and abuse.

Still, the audit report is inaccurate in its understanding, application and representation of the regulations, policies and laws the Department must follow in its mission to protect older adults, and repeatedly mis-defines key metrics, descriptions and phrases that protective services workers deal with every day. Rather than a collaborative, constructive assessment that could help the Department in its endeavor to improve and enhance its systems and processes, the report takes a

backward-looking, punitive approach that neither effectively identifies root causes, nor offers reasonable solutions to correct deficiencies, or implement sustainable long-term improvements. Basing an entire report and its recommendations on flawed, incomplete findings and misunderstandings does not help the Department improve its processes nor keep older adults safe.

COOPERATION BY THE DEPARTMENT OF AGING

During the entirety of the audit, the Department fully cooperated with and provided responses and requested documentation, in a timely manner, to the Auditor General, in addition to making appropriate and relevant personnel available for interviews.

BACKGROUND – The Department's Legal Mandate to Provide Protective Services

Under the Older Americans Act and Act 79 of 1987, the Department is the State Unit on Aging responsible for administering programs and services to adults 60 years of age and older through contracts with 52 local AAAs.[1] The Department is legally mandated to monitor the AAAs to ensure their programs and services are administered in compliance with federal and state law, applicable regulations, Department policies, and the terms and conditions of their contracts.

Among the numerous programs and services administered on behalf of the Department, the AAAs provide protective services to those older adults who meet the legal standard of an older adult in need of protective services. The Older Adult Protective Services Act (OAPSA)[2] and accompanying Departmental regulations[3] establish a system of protective services to detect, prevent, reduce or eliminate abuse, neglect, exploitation and abandonment of Pennsylvanians 60 years of age and older. OAPSA also created a corresponding system for reporting and conducting investigations of such allegations and providing protective services where necessary.[4] Pursuant to 6 Pa. Code § 15.41, investigation reports must note the "steps that are necessary to remove or reduce an imminent risk to person or property."[5] Under OAPSA and the Department's regulations, an older adult with capacity to make decisions has the legal right to refuse services even if it is determined that they are in need of services.[6] On the other hand, an older adult who is determined to not meet the legal standard for protective services under OAPSA may still be eligible for other services provided by the Department or may be referred to another agency for services; the Department, through the AAAs, routinely provides these other services and referrals.

The Department of Aging takes its legally mandated obligations seriously and is committed to continuously and consistently making improvements that ensure the delivery of services by the AAA network is timely and responsive to the specific needs of the older adults they serve. The Department fulfills this mission through strict adherence to the law, transparency, and accountability.

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[1] 42 USCS § 3001, *et seq*.; 35 P.S. § 10225.101 *et seq*.
[2] 35 P.S. §10225.101 *et seq*.
[3] 6 Pa. Code § 15.1 *et seq*.
[4] 35 P.S. §§ 10225.301 - 312.
[5] 6 Pa. Code § 15.41.
[6] 35 P.S. § 10225.103; 6 Pa. Code § 15.81(5).

Since the beginning of the Shapiro Administration, the Department has taken deliberate action to conduct internal assessments and reviews of the Department's processes, utilizing the Executive Summary of the January 2019 Office of State Inspector General's (OSIG) Investigation Report as a guide.[7] Throughout this process, the Department has sought to improve, enhance and update the systems, methods and processes by which it provides programs and services to Pennsylvania's older adults. Because of that work, the AAAs are now subject to more robust enforcement and oversight from the Department. That increased oversight has included historic boosts in transparency with the posting of AAA monitoring results online for the first time ever. The Department has also leveraged new and existing relationships with state, local and national stakeholders to create solutions and implement changes that have eliminated outdated, ineffective or costly systems and processes that repeatedly failed to meet the needs of older adults under previous leadership. The most significant of these necessitated a complete elimination of the Department's prior Legacy system for monitoring AAAs, which was at the heart of many reported deficiencies in the Executive Summary of the 2019 OSIG Report. The Legacy monitoring system:

- lacked objectivity in its measures;
- produced inconsistent results;
- included performance measures and standards not authorized by statute or regulation;
- allowed monitoring staff's judgment to replace an older adult's decision-making; and
- failed to address and correct systemic issues of AAAs that were repeatedly non-compliant in providing protective services.

In its place, the Department launched the Comprehensive Aging Performance Evaluation (CAPE) system, which specifically addresses and improves upon the deficiencies of the Legacy system.

THE PERFORMANCE AUDIT

By letter dated March 6, 2025, the Auditor General initiated this performance audit of the Department's protective services monitoring and training of the AAAs for the period of July 1, 2022, through June 30, 2024. On May 5, 2025, the Auditor General revised its audit period to January 1, 2024, through June 30, 2025, because the Department was no longer utilizing the Legacy system for monitoring AAAs. The CAPE pilot began in June of 2024 (with five participating AAAs) and lasted approximately six months.[8] The Pilot focused exclusively on the monitoring tool used by Department staff to evaluate the performance of AAAs. This was meant to specifically address shortcomings of the Legacy tool, which did not appropriately monitor or address systemic, re-occurring deficiencies of the AAAs' investigation and provision of protective services (see Exhibit A at the end of the document). Following the Pilot phase, the Department made improvements prior to officially rolling out the CAPE in January of 2025. The Auditor General chose to initiate this performance audit just seven weeks into an active roll-out of a new

[7] The Executive Summary of the 2019 OSIG Report can be found at the following link: https://www.pa.gov/content/dam/copapwp-pagov/en/osig/documents/reports/documents/osig%20pda%20-%20aaa%20summary%20web%20-%20january%208.pdf

[8] The AAAs included in the pilot program were: Clearfield, Indiana, Lackawanna, Mercer, Union/Snyder.

monitoring tool, which does not accurately reflect how this monitoring process is being performed at this point. While the audit period was adjusted from its original scope, the final report in no way captures the full picture of how the Department has improved protective services for older adults and, ultimately, kept them safe.

RESPONSE TO THE REPORT'S FINDINGS AND RECOMMENDATIONS

The Department has reviewed the draft audit report dated June 9, 2026. While the Department appreciates the efforts of the Auditor General's Office, the Department found that the report is inconsistent with the cited U.S. Government Accountability Office Government Auditing Standards that govern professional audits.[9] The Government Auditing Standards mandate that at its core, audit conclusions must be objective and unbiased, fact-based and supported by sufficient, reliable and relevant evidence. Section 1.21 of the 2024 Revision provides that "Performance audits provide objective analysis, findings, and conclusions to assist management and those charged with governance and oversight with, among other things, improving program performance and operations, reducing costs, facilitating decision making by parties responsible for overseeing or initiating corrective action, and contributing to public accountability."[10] Generally, the tone and tenor of the Auditor General's draft audit report do not reflect those standards. Rather, significant portions of the report contain conclusions, findings, opinions and recommendations that:

- demonstrate a serious lack of understanding of the roles and responsibilities of the Bureau of Protective Services (promulgation of policy, procedure, and training materials) and the Bureau of Quality Assurance (data collection and reporting) in the AAA protective services monitoring process;
- misstate or misinterpret the laws governing the Department's mandates, policies, procedures, obligations or authority;
- fail to acknowledge that the CAPE system being audited was approximately seven weeks old when the audit began and had not completed a full monitoring cycle;
- seek to criticize and penalize a system that was in the process of changing and evolving to make necessary revisions that were discovered during the just-completed pilot program;
- fail to clearly identify how the Department deviated from its legal obligations or failed to comply with the required legal standard(s);
- are not supported by objective, unbiased, verifiable evidence;
- lack sufficient detail and clarity that would allow the Department to take appropriate, practical steps to effectively address root causes, implement corrective measures or remediate stated deficiencies;
- offer suggested compliance improvements that would not resolve or address the root cause of the findings; and
- suggest that the Department revert to components of the weak and inconsistent Legacy monitoring system, although that system has been continually decried by

[9] *See* GAO-24-106786, Government Auditing Standards 2024 Revision, https://www.gao.gov/assets/d24106786.pdf
[10] Government Auditing Standards 2024 Revision §1.21.

current and former employees as ineffective and was identified as seriously deficient and tied to compliance violations in the Executive Summary of the 2019 OSIG Report which also investigated the monitoring of AAAs' handling of elder abuse reports.

The Department welcomed the audit as a collaborative opportunity wherein the auditors, as an external, expert resource, would review and accurately evaluate its systems and processes, identify weaknesses, and provide objective findings and actionable recommendations that would aid the Department in implementing a monitoring system with increased oversight of protective services to better protect Pennsylvania's older adults. To that end, to ensure an effective and meaningful audit, the Department provided requested information and data, including those that may have described potential vulnerabilities. Furthermore, Department personnel engaged auditors in honest, open discussions about the CAPE system's achievements and challenges. The Department respectfully disagrees with the findings as indicated below. Accordingly, the Department respectfully requests that all the findings noted in the draft report be re-evaluated based on the clarifying information and documentation provided below.

RESPONSE – FINDINGS

Finding #1 - "*PDA's monitoring process does not effectively assess risk or detect when older adults are left at risk of harm and mistreatment.*"

Department's Position:

This finding wrongly conflates "risk" and "imminent risk" and inaccurately states the legal standard outlined in PA law governing the legal requirements for protective services. The laws governing the Department's prerequisite for protective services has no requirement for standard "risk."[11] Rather, the law specifically delineates that the requirement is "imminent risk."[12] The law aside, it would be entirely illogical to conclude that any risk assessment or evaluation in determining whether or when to take immediate action would rest on basic risk as the standard. This would mean that the Department is required to protect every single person 60 years of age and older in all of Pennsylvania from every perceived or conceivable risk. It would then stand to reason that the Department would have to treat every single protective services call, (regardless of the facts and circumstances), as an emergency requiring immediate action. This would simply not

[11] *See* 6 Pa. Code § 15.41(b): "The agency shall provide for an investigation of a report received under § 15.23 and referred under § 15.26...to determine if the report can be substantiated and, if so, immediate steps that are necessary to remove or reduce an **imminent risk** to person or property.; *see also* 6 Pa. Code § 15.26(b)(1) : Referral categories and actions. (1) Emergency. A report placed in this category requires immediate attention because specific details in the report indicate the possibility that the older adult reported to need protective services is at **imminent risk** of death or serious physical harm."[emphasis added].

[12] *Id. See also* 6 Pa. Code § 15.26(b)(5) No need for protective services. (i) A report shall be placed in this category when the person reported to be in need of protective services meets one or more of the following criteria: (A) Is under 60 years of age. (B) Has the capacity to perform or obtain, without help, services necessary to maintain physical or mental health. (C) Has a responsible caretaker at the time of the report. (D) Is not at **imminent risk** of danger to his person or property.

be sustainable. It would lead to organizational disruption and operational paralysis due to the significant amount of resources that would be required to accomplish this feat. Rather, and in compliance with the law, the Department utilizes the CAPE tool to effectively and objectively evaluate the assessment and mitigation of risk using a structured hierarchy of categorization and escalation which prioritizes those cases which are such that immediate action is taken to intervene and protect the older adult and monitor the efficacy of such interventions without infringing on the rights of the older adult.

For those cases categorized as non-emergencies, all the necessary steps are taken to timely provide appropriate services or referrals as necessitated by the identified need. In such instances where necessary and appropriate, the older adults are referred to other social service agencies for non-protective services assistance and/or are connected to resources either externally or within the respective AAA. These offerings include, but are not limited to: food and nutrition programs such as home delivered meals; the OPTIONS program, which provides in-home care and assistance for a variety of services such as meals, bathing and dressing, house cleaning, chores or transportation; home modifications and adaptability services; pest control services; Adult Day Services which offers supervised, interactive care for older adults with functional impairments including Parkinson's, dementia and related disorders; Care Management which provides ongoing care plan management; Emergent Services which offers emergency services such as life-sustaining supplies, in-home meals, and overnight shelter; Home Health Services which offers skilled nursing, physical therapy, occupational therapy, speech therapy, and home health aides; Home Support which provides basic housekeeping, shopping, and laundry; Medical Equipment, Supplies, and Assistive Devices services; Personal Emergency Response System which offers electronic devices for emergencies; and Specialized Medical Transportation services.

Additionally, the Report's finding entirely misinterprets or misunderstands what non-compliant determinations mean for *unsubstantiated* or *unable to determine* (UTD) cases. Simply put, a non-compliant determination for an unsubstantiated or unable to determine case does not mean that an older adult did not receive non-protective services.

Response to Recommendations:

This finding lauded the discontinued Legacy monitoring system's risk assessment component, noting that under the Legacy system "PDA focused more intently on assessing risk of harm to vulnerable older adults" and recommended a return to components of that system. However, the very same Legacy system being heralded as the standard to which the Department should strive was deemed deficient by the Executive Summary of the 2019 OSIG Report, which found systemic monitoring failures including those related to timeliness of face-to-face interviews and 20-day determinations.

Recommendation 1: "*Evaluate substantiated, unsubstantiated, and UTD cases for compliance with risk mitigation or reduction measure. If PDA determines that risk was not mitigated or reduced, the performance measure should be scored non-compliant and corrective action should be required of the AAA.*"

The Department disagrees with this recommendation. As noted in the Department's position statement, a non-compliant measure does not equate to an older adult left at risk. The above recommendation misunderstands the determination criteria and operational definition of "an older adult in need of protective services." The risk mitigation or reduction measure is already appropriately applied to *substantiated* cases. However, applying it to *unsubstantiated* or *UTD* cases would not serve older adults in any way, and would result in a duplicative finding. For example, if the measure was scored compliant for CAPE measure 4C or 4D for an *unsubstantiated* or *UTD* case, then (if applied) it would also be compliant for CAPE Measure 2G, Documentation of Risk Mitigation/Reduction. Likewise, if an *unsubstantiated* or *UTD* case was non-compliant for CAPE Measure 4C or 4D, then it would be non-compliant for Measure 2G. If at any time Department staff suspects an older adult is left at imminent risk, a specific process is followed to immediately escalate and address the concerns. This process is contained in the NOTE of the CAPE Procedures document. It requires the reviewer to immediately report the matter to their supervisor, who will then escalate to the Bureau of Protective services for follow up which includes reporting the flagged case to the AAA director and working to resolve the case based on the specific, individual circumstances.

Recommendation 2: "*Consider reincorporating older adult left at risk measure, formerly included in the Legacy system into the CAPE tool, which would identify any instance in which an older adult was found to be left at risk.*"

The Department disagrees with this recommendation. The recommendation is entirely antithetical to the criticisms and deficiencies identified by the Department, stakeholders (including current and former Department employees) and the 2019 OSIG Executive Summary which found the Legacy system to:

- be outdated;
- produce inconsistent results; and
- result in conclusions that lacked validity or trustworthiness because they were based on or influenced by personal opinions, biases and viewpoints rather than law, regulations or Department policy.

On the other hand, the CAPE monitoring system is in strict alignment with the Department's statutory mandate to monitor AAAs to ensure that older adults in need of protective services are receiving said services. The fundamental purpose of the protective services CAPE tool monitoring is to ensure that risk is appropriately identified, cases are accurately categorized, and that the appropriate services were put in place to mitigate the identified risk; and that risk identification and mitigation are fully and correctly documented. In that regard, the CAPE tool evaluates risk in a more meaningful and constructive way than the Legacy system. Rather than focusing on individual opinions and hypothetical situations of risk, the CAPE focuses on the legally required standard of imminent risk by using objective measures that require interrater reliability and produce meaningful, constructive feedback and areas for improvement if the standard is not achieved. Further, CAPE uses a "category score" to capture multiple performance measures that

feed into "Risk Mitigation and Safety" category, which are then posted online, providing the public – for the first time ever – with a transparent view of how AAAs are performing.

Evidence: Measure 2g applies to substantiated records being reviewed and describes whether documentation supports that all identified risks were mitigated or reduced.[13]

Finding #2 - "*PDA's follow-up processes and record retention period provides limited oversight and may leave older adults at risk of harm and mistreatment.*"

Department's Position

The Department disagrees that current follow-up and record retention processes provide limited oversight of protective services. The Governor's Office of Administration (OA) is responsible for creating and establishing management directives and policies that govern the retention, maintenance, and safe disposal of executive agency records. The Department's records retention periods are consistent with, and comply with the law, Department regulations, and Commonwealth management directives and policies. There is no evidence to support a finding that current records retention policy is either non-compliant or linked to or has the potential in and of itself to cause an older adult to be left at imminent risk of harm. Additionally, this finding also inaccurately states the legal standard of an "older adult in need of protective services." As stated above in response to Finding 1, it is "imminent risk of danger" and not "risk of harm" that is the required legal standard for protective services determinations relating to older adults.

The Department's review of No Need (for protective services) RONs is a built-in, key component of the CAPE.[14] The Auditor General's report is limited in sample size and "judgmentally selected" five AAAs monitored through CAPE, representing cases from less than 10% of the entire AAA network. While the report's sample size selection criteria are unknown, the Department is providing a holistic overview of the total number of No Need (for protective services) RONs reviewed via CAPE through June 2026 (see chart below). Based on trends identified, the Department has already recognized the need to make edits and improvements to the reporting tools in order to better capture reasons for No Need (for protective services) category designations. This change is anticipated to be effective in the fall of 2026 and data trends will subsequently be available for publication in the SFY26-27 annual older adult protective services report.

[13] CAPE Measure 2g.
[14] CAPE Measure 1c

CAPE Measure 1c: No Need (For Protective Services) Cases Reviewed as of June 29, 2026 Out of 33 AAAs' Data to Date

Total Monitored by PDA	Total
No Need (for protective services) RONs	852
Compliant	697
Non-Compliant	155
Percentage	
Compliant	82%
Non-Compliant	18%

When a AAA reviews RONs, the Intake Worker assigns an initial categorization based on the information provided by the reporter. This initial categorization is then reviewed by a protective services caseworker, pursuant to Department Regulations, to confirm or reject the No Need (for protective services) categorization.[15] Although not required under Department Regulations, this review is traditionally conducted by a protective services supervisor. A No Need (for protective services) categorization means that the person reported to be in need of protective services did not meet one or more of the following criteria: 1) is not at imminent risk of danger to his person or property; 2) is under 60 years of age; 3) has the capacity to perform or obtain, without help, services necessary to maintain physical or mental health; 4) has a responsible caretaker at the time of the report; or 5) is not a resident of Pennsylvania.[16] If the protective services caseworker confirms the No Need (for protective services) categorization, that does not mean that the individual does not receive other services. The protective services caseworker is required to make any referrals to the appropriate AAA's care management system, other non-protective services social service agency or resource, or state having jurisdiction over the individual. For example, an individual under 60 years of age may be referred to the Department of Human Services; an individual needing assistance with utilities or cleaning services will be referred to the appropriate local service provider; or an individual from another state will be referred or transferred, as appropriate, to their respective state's protective services office. Referrals to the appropriate care management system ensure that older adults who have needs other than for protective services are connected with relevant providers.

The report finding also misinterprets what the CAPE's non-compliant score means for a No Need (for protective services) record. The record may have been found to be non-compliant for a lack of information for any of the criteria used under § 15.26(b)(5)(i). Any RON not categorized as a No Need (for protective services) still requires an investigation as outlined in 15.41 (reports

[15] 6 Pa. Code § 15.26(b)(5)(ii).
[16] 6 Pa. Code § 15.26(b)(5)(i).

required to be investigated) in order to determine if the report can be substantiated and, if so, immediate steps that are necessary to remove or reduce an imminent risk to person or property. The finding wrongly presumes any non-compliant record means an older adult was potentially left at risk. As stated in the Department's response to Finding 1 above, a non-compliant score or noted deficiency in a record reviewed via CAPE does not automatically equate to an older adult being left at imminent risk of danger to their person or property.

The finding claims the Department did not provide evidence of the process followed when a case is found non-compliant during CAPE monitoring. As explained above, this misinterprets what a CAPE non-compliant score means. A non-compliant score for a No Need (for protective services) RON, an unsubstantiated case, or an UTD case does not automatically mean that an older adult was left at imminent risk of danger or harm. A non-compliant score indicates that the record did not meet the compliance threshold for that performance measure, which may have been attributed to lack of documentation of pertinent details within the case record. In cases where the Department's team of professionals has a concern that an older adult was left at imminent risk, those staff responsible for monitoring elevate that case in writing up to the BQA director. For this Finding, the report "judgmentally selected" 34 out of a total of 131 (only 26%) sampled cases to inquire about follow up steps to alleviate risk to older adults. This follow up on selected cases stems again from the report's incorrect presumption that a non-compliant score requires proof that an older adult was not "left at risk." Non-compliant scores are provided for a variety of reasons, such as a lack of documentation for referrals, lack of documents proving an older adult's capacity or incapacity, or a lack of documentation proving an older adult has a responsible caretaker. Non-compliant scores do not indicate that older adults were left at risk, let alone imminent risk. Additionally, although a CAPE monitoring reviewer's note may indicate a disagreement with whether a AAA should have provided protective services, that reviewer's note does not, on its own, establish that no services were provided, nor is it an indication that an older adult was left at imminent risk. In some instances, the AAA had indeed provided other relevant and necessary non-protective services but had failed to include supporting documentation regarding the type of services actually provided.

The finding notes that the Department's regulations require No Need (for protective services) RONs, unsubstantiated, and UTD cases be retained for only six months. While this does present a smaller sample size for CAPE monitoring, any trends identified (such as a pattern of mis-categorization), will be corrected through a Performance Improvement Plan required to be completed by any non-compliant AAA. Any AAA that fails to achieve a score of at least 85% in any one performance measure is placed on a Performance Improvement Plan (PIP). A PIP explains how a AAA will come into compliance after not meeting expectations during their monitoring. The purpose of a PIP is to address what specific action steps the agency will take to not only reach but maintain full compliance. In response to the AAA's PIP, the Department provides personalized, direct technical assistance that can also include training, as necessary, to improve the AAA's performance. Similar to the audit, which sampled a selection of CAPE monitorings for a six-

month period, the Department also samples a selection of protective services cases but over a 12-month period. The finding's suggestion for a continuous, complete review of all protective service cases throughout the Commonwealth is impractical, as there is no complement at the Department that would be able to accomplish such a review. Furthermore, it is the standard procedure for protective services supervisors at the AAA level to review and sign-off on all protective services cases.

Evidence: *See* CAPE page on Department website; CAPE Development Background and Internal Control Assessment, *https://www.pa.gov/agencies/aging/aaa-monitoring/cape-development.*

Recommendations:

Recommendation 1: "*Create a separate review process for No Need RONs, independent of CAPE monitoring, to ensure No Need RONs were categorized correctly. Because these RONs are high-risk, reviews should occur on a more frequent basis than every six months to identify issues before records are deleted.*"

PDA disagrees with the finding that No Need (for protective services) RONs are, or should automatically be, considered high-risk. RONs that are categorized as No Need (for protective services) do not equate to no services provided. To reiterate, an initial No Need (for protective services) categorization is reviewed by a protective services caseworker to confirm or reject the No Need (for protective services) categorization, and the caseworker is subsequently required to make any necessary referrals to the appropriate AAA's care management system or other non-protective services social service agency or resource. The Department is currently in the process of including additional fields within the RON and ISA that will capture the specific reason for the categorization of each "No Need (for protective services)." This will provide better data and allow the department to monitor and evaluate No Need (for protective services) trends, in addition to CAPE, and follow-up on any specific anomalies.

Recommendation 2: "*Implement a comprehensive and well thought out process for maintaining documentation that PDA took action on No Need RONs and unsubstantiated or UTD cases scored as non-compliant during CAPE monitoring. This should include documentation that the BPS staff reached out to the applicable AAA, reopened the case, if necessary, and documented any protective services, AAA program services, or referral services provided to ensure the needs of the older adults were properly addressed.*"

During the pendency of the audit, the Department implemented a process wherein CAPE cases identified as non-compliant No Need (for protective services) are elevated to the Bureau of Protective Services (BPS), which engages with the respective AAA and requests that a full investigation be conducted to ensure that any potential imminent risk to the older adult is addressed. All these steps must be thoroughly documented. This process improvement was identified during the early onset of CAPE phase one cycle after communications and collaboration with the auditors.

Additionally, during the CAPE pilot, documentation (a lack of, or inadequate) was also identified as a major factor tied to several non-compliance measures of AAAs monitored under CAPE. While the audit was ongoing, the Department commissioned a survey of all the AAAs which had undergone CAPE monitoring to discuss trends, systemic issues and gaps identified during the monitoring that led to AAAs being non-compliant. Based on the issues identified in CAPE, conversations with the auditors and discussions with the AAAs' management and supervisory staff, the Department determined that training related to documentation was essential to correct issues related to non-compliance. Beginning July 2026, the Department will offer statewide training specifically targeting the necessity and importance of documentation, including the key skills associated with proper, accurate and complete documentation.

Not all non-compliant No Need (for protective services), unsubstantiated, or UTD cases will require Department action such as those described above. However, where the Department determines that further action is necessary, BPS contacts the AAA and requests a full investigation be conducted to ensure that any potential imminent risk to the older adult is addressed or mitigated. The Department further requires that the AAA provides documented proof of the steps taken or services provided to address or mitigate imminent risk to the older adult. Additionally, BPS will provide any necessary technical assistance.

Recommendation 3: "*Update PDA regulations and record retention policies to ensure documentation for all No Need RONs and unsubstantiated or UTD cases is available for CAPE monitoring.*"

The Department disagrees with this recommendation. It would not make sense to retain files or records of a case for performance monitoring when said case was found to be unsubstantiated. The regulations as written are intended to protect the identity of persons reporting elder abuse from potential retaliation; and protect the constitutional rights of persons alleged to be perpetrators of abuse where such allegations were found to be unsubstantiated. Under Department regulations, upon determination that a RON is unsubstantiated, it is required that the corresponding case be closed and any information identifying the reporter and information identifying the alleged perpetrator be immediately deleted from the case record.[17] To include purged or redacted records in CAPE monitoring would cause inconsistent results, as not all measures would be applicable to the record.

Finding #3 – "*PDA needs stronger oversight of death reviews, caseload monitoring, and reassessments to better protect older adults.*"

Department's Position:

The Department disagrees with the finding that during the Audit Period the Department (i) did not conduct monthly reviews of suspicious deaths and failed to maintain documentation indicating that

[17] 6 Pa. Code § 15.43; 6 Pa. Code § 15.102.

required notifications were made to the appropriate authorities, (ii) did not monitor the caseloads of protective services staff, and (iii) did not require AAAs to perform reassessments for substantiated cases prior to termination of protective service cases.

The finding states that during the audit period, the Department "did not conduct monthly reviews of suspicious deaths and failed to maintain documentation indicating that required notifications were made to the appropriate authorities."

This is simply untrue. During the audit period, each AAA that was reviewed followed its legally mandated requirements for recording and reporting any death of an older adult during an active investigation to law enforcement and the coroner.[18] Those deaths were recorded on the Investigation Summary and Assessment (ISA) form within the Aging and Disability case management software system (A&D). If there is a "nexus between the death and the need for protective services," the AAA is required to report the death to law enforcement and the county coroner.[19] Further, the Department also used the A&D system to track such deaths and reviewed the underlying case files to determine whether the case was properly reported or should have been reported.

Of the 524 cases that the report reviewed, 22 involved an older adult who died prior to case closure. All such deaths were reviewed by the AAAs and the Department, resulting in four referrals to law enforcement. As stated in the finding, the Department was not legally authorized to provide the Auditor General with supporting documentation regarding these cases and referrals, as the underlying case files are confidential and are subject to strict restrictions on their dissemination.[20] In addition, if these ultimately become criminal referrals, there is an added layer of confidentiality. The confidentiality provisions of the Older Adult Protective Services Act and accompanying Departmental regulations are not discretionary, and the Department should not be criticized for its adherence to them.

It is clear that, during the audit period, the Department followed an official review process when an older adult reported to be in need of protective services died prior to, during an investigation, or at any time prior to the closure of the protective service case, to ensure that the AAAs followed the legally required reporting procedures.

Further, in December 2024, the Department's Bureau of Quality Assurance ("BQA") improved the review process for all older adult deaths by matching data in the Aging and Disability case management software system to the Department of Health's vital records on a monthly basis. Additionally, as of July 2025, all cases identified as a suspicious death related to suspected abuse are forwarded to the Bureau of Protective Servies ("BPS") for additional review. Finally, as part

[18] *See* 6 Pa. Code § 15.46(g).
[19] *Id*.
[20] *See* 35 P.S. § 10225.306; 6 Pa Code § 15.105; 6 Pa Code § 15.157.

of the CAPE monitoring system, the Department tracks and measures AAA's compliance with the reporting requirement under 6 Pa. Code § 15.46(g).

The finding also criticizes the Department for not requiring AAAs to create or join a Suspicious Death Multidisciplinary Review Team ("SDMRT"). As noted by the finding, there is no statutory or regulatory requirement for the Department to do so. Importantly, this also means that there is no corresponding statutory or regulatory authorization for the Department to require AAAs to create or join a SDMRT. Without express statutory authorization, the Department is unable to require AAAs and other stakeholders to participate in an official SDMRT review process.

The Department values and recognizes the importance of utilizing a multidisciplinary team at the state level as an essential tool to bring diverse professionals together to address the complex and evolving challenges of an ever-increasing older adult population in the Commonwealth. To that end, the Department has been in discussions with the Office of Attorney General and the Office of Elder Justice in the Courts, and has engaged with and sought the expertise of national elder justice professional organizations such as Advancing States and the National Collaboratory to End Elder Mistreatment, in an effort to identify solutions that are individualized and target multiple aspects of an older adult's wellbeing.

The finding cited House Bill 1611 containing the Department's proposed amendment to OAPSA that will help safeguard the well-being of Pennsylvania's older adults by empowering AAAs to create fatality review teams to review potentially suspicious deaths. The Department has been diligently meeting with various members of the General Assembly and interested stakeholders regarding its potential passage.

The finding also states that during the audit period, the Department did not review active protective services staff caseload reports "to ensure that protective services caseworkers had no more than 30 ongoing cases at a time." The finding misstates the requirements applicable to the Department. In 6 Pa. Code § 15.13(b)(5), it states that the "protective services caseload assigned to a protective services caseworker may not *be planned to* exceed 30 ongoing protective services cases." The inclusion of the words "be planned to" demonstrates that there is not an outright bar on assigning a protective service caseworker 31 or more cases at any given time.

Further, the number of cases that an individual protective services worker can effectively handle is specific to both the individual and the details of the cases they are assigned. The raw number of cases is only one of several factors that impact the quality of the caseworker's investigations and reports. Additionally, it is inaccurate to suggest that the Department does not review caseload reports. The Department utilizes the active caseload reports by AAA and caseworker to help ensure that caseworker workloads are appropriate. This is a component of the CAPE Technical Assistance process.

The finding further states that the Department did not require AAAs to perform reassessments of protective services cases prior to their termination. This is false. The Department, in accordance

with 6 Pa. Code § 15.95, requires AAAs to perform reassessment before a protective services case is terminated or transferred, or if in the AAA's judgment a reassessment is appropriate or the older adult's condition has changed.

The Department does not require AAAs to perform a reassessment only under the following circumstances: (i) the death of the older adult, (ii) the older adult is no longer in the jurisdiction of the Commonwealth, (iii) protective services were not implemented in the case, or (iv) the older adult withdrew their consent to receive protective services.

The Department agrees that reassessing older adults' cases prior to termination helps to ensure that all identified risks are reduced or eliminated and that the steps to keep the older adult safe were effective. However, it is not necessary or required in all instances.

Finding #4 – "*PDA considered the 20-day investigation timeframe, a key performance measure required by its own regulations, as merely a goal and not a requirement.*"

Department's Position:

The Department disagrees with Finding 4, as it misstates the requirements of the regulation against which the Department is being evaluated. The regulation clearly and unambiguously sets forth the intent relating to the timeframe within which cases of neglect and abuse should be completed. 6 Pa. Code § 15.42(d) specifically states that: "The agency shall *make all reasonable efforts to* complete an investigation of a report of need for protective services under this section as soon as possible and, in cases of abuse and neglect, at least within 20 days of the receipt of the report." (emphasis added). The finding's assertion that the Department is "obligated to ensure that an investigation is completed within 20 days" is simply an incorrect interpretation of 6 Pa. Code § 15.42(d). If the records in a case file reflect that a AAA fully and completely documented all activities engaged in during an investigation, and those records demonstrate that all reasonable efforts were made yet there was a failure to complete the investigation within a 20 day timeframe, the Department cannot deem the AAA to be non-compliant; the documentation clearly reflects that pursuant to the regulatory requirements all reasonable efforts were taken. For example, well documented case records will reveal investigations stymied by delays in receiving medical records, uncooperative older adults or caretakers, or older adults who are declared missing or without a fixed residence. The Department recognizes the importance of ensuring that actions are timely taken to ensure the safety of an older adult. However, it is precisely a recognition of and accounting for the day-to- day realities of unpredictable circumstances encountered by investigators why the standard is that reasonable efforts be made to complete the investigation within the timeframe.

The Pennsylvania Code & Bulletin Style Manual Section 6.7(a) defines "shall" as the "expression of a duty or obligation." Thus, the AAA's duty or obligation under 6 Pa. Code § 15.42(d) is to "make all reasonable efforts" to complete investigations of reports of need within 20 days of receipt of the report.

The Department has interpreted the "reasonable efforts" described in 6 Pa. Code § 15.42(d) to mean the steps that a prudent and diligent protective services investigator would take to complete an investigation within 20 days, based on the circumstances of the investigation. There are many investigations that are delayed through no fault of the AAA. For example, the AAA may be required to petition a court for access to the older adult, or there may be a delay in receiving requested medical information.

The Department monitors the AAAs to ensure that investigations *are* completed within 20 days unless there is sufficient justification. When a AAA does not complete an investigation within 20 days, the protective services investigator is able to document an explanation on the Investigation Summary and Assessment form in the Aging & Disability case management system. The Department then reviews the explanation and the rest of the investigative file to determine whether the explanation provided is appropriate and justified. The finding's focus on the Department's description of the 20-day turnaround as a "goal" completely ignores the fact that the AAAs make every effort to complete investigations within 20 days unless there is an appropriate explanation for why that was not possible.

The finding's argument that the Department's interpretation of 6 Pa. Code § 15.42(d) artificially inflates the AAAs' compliance scores is exactly backwards. Requiring all investigations to be completed within 20 days regardless of the circumstances would artificially deflate the AAAs' compliance scores and would waste valuable time and resources by holding the AAAs accountable for factors that are outside of their control.

Response to Recommendations for Finding 4

Recommendation 1: *"Update PDA's website to indicate the 20-day determination is a regulatory requirement that has been effective since 2002, and not just a goal, for cases of abuse and neglect to ensure that the requirement is closely followed."*

The Department declines to implement Recommendation 1 for Finding 4, because the Department disagrees with the finding's conclusion. The Department's website contains an accurate recitation of the requirements of 6 Pa. Code § 15.42(d), as it states that "AAAs shall make all reasonable efforts to complete an investigation of a report of need within 20 days of receipt of the report." Further, the website accurately states that AAAs are able to report a reason(s) when an investigation takes longer than 20 days to complete. Implementing Recommendation 1 would require the Department to misstate the requirements of its own regulation.

Recommendation 2: *"Create a new category to score cases as non-compliant and exceeding 20 days with justification to provide the public with an accurate representation of timely determinations."*

The Department declines to implement Recommendation 2 for Finding 4, because the Department disagrees with the finding's conclusion. The Department already posts data regarding the AAAs' completion of investigations within 20 days (excluding financial exploitation cases) on its website

on a monthly basis. This data is measured without any review of the justifications provided by the AAA. It is only during CAPE monitoring that the Department evaluates the justifications provided by the AAA. The Department is already providing the public with an "accurate representation of timely determinations."

Finding #5 – "*Lack of a time limit for financial exploitation investigations increases the risk of harm to older adults.*"

Department's Position:

This finding is not supported by verifiable evidence and lacks a fundamental understanding of Pennsylvania law relating to investigations of financial exploitation by non-law enforcement entities such as the AAAs.

AAAs are not expected to complete financial exploitation cases within 20 days because such cases are inherently complex and involve weeks or months long processes of securing, collecting and navigating voluminous and/or complex and confidential financial records from external third parties such as financial institutions which have no legal obligation or authorization to disclose such records. Additionally, consent in such cases is either unavailable or impractical due to lack of capacity or cooperation by the older adult victim. These factors often result in prolonged investigations. However, there is no evidence to support a finding that setting a specific time limit for the completion of financial exploitation investigations would have any effect on reducing the harm caused by such exploitation. In fact, the opposite is more likely to be true.

Federal and Pennsylvania confidentiality laws restrict or prohibit financial intuitions from sharing customer information or data to non-law enforcement entities without the appropriate legal authority or the customer's explicit consent.[21] AAAs are not law enforcement agencies and thus lack the legal tools such as subpoena or search warrant powers necessary to compel financial intuitions to produce records and otherwise cooperate with investigations, let alone to do so within a specific timeframe. Further, many older victims of financial exploitation are reluctant to cooperate in the AAAs' investigations, particularly in cases involving family members. Other older adults may feel shame or embarrassment and choose not to cooperate with the investigation. Others may simply be unable to cooperate due to their cognitive or physical health. Such reluctance or inability to cooperate can lead to delays in completing the investigation.

[21] *See* 31 Pa. Code § 146a.21 - Limits on disclosure of nonpublic personal financial information to nonaffiliated third parties; *see generally* 31 Pa. Code § 146a.33 Other exceptions to notice and opt out requirements for disclosure of nonpublic personal financial information; Right to Financial Privacy Act, 12 U.S.C. §§ 3401-342 (creating a statutory 4th Amendment protection for bank records).

Finally, some financial exploitation investigations are extremely complex and necessitate the expertise of trained financial auditors or forensic accountants. Requiring such investigations to be completed within 20 days is unrealistic. However, the Department and the AAAs make referrals to, and work closely with law enforcement agencies such as the Office of Attorney General which has expertise in such investigations and has jurisdiction to investigate and prosecute financial exploitation cases. In fact, the Office of Attorney General has launched a newly created Elder Exploitation Section, a unit specifically dedicated to investigating and prosecuting the financial exploitation of older adults. The announcement was made at a joint press conference with the Attorney General and the Secretary of Aging on November 18, 2025.[22]

Notwithstanding the prolonged nature of a financial exploitation investigation, there is no evidence to support a finding that a specific time limit for the completion of financial exploitation investigations would have any effect on reducing the harm caused by such exploitation. In fact, it stands to reason that setting rigid timeframes would have the very opposite effect. Rather than decreasing the harm, setting a rigid timeframe may indeed highly likely increase the harm to older adults. Instead of taking the necessary time to secure relevant financial records, seek the necessary expertise to review complex financial records, and coordinate efforts with law enforcement and financial institutions, protective services investigators will have no choice but to prematurely make a determination on cases to meet timeframes and risk closing cases as "unsubstantiated" if records have not being received at the deadline timeframe or a forensic accountant has not yet completed their review of complex records. This may result in the decrease or inability to freeze assets, identify and catch the culprit, and a corresponding decrease or inability of the older adult victim to recover assets or receive restitution. This could cause severe emotional trauma to the older adult and a lack of trust in the system that they relied on to protect them.

The Department agrees that financial exploitation is the fastest growing and most reported type of abuse. As noted by the report, the Department has already recognized the importance of strengthening the AAAs' powers to investigate financial exploitation and has taken steps to do so. The Department provided the General Assembly with the first draft of House Bill 1611, which includes a section specifically dedicated to financial exploitation. The proposed language authorizes financial institutions to report suspected financial exploitation to AAAs and law enforcement, temporarily delay such suspicious transactions, and provide requested information

[22] AG Sunday Launches Elder Exploitation Section to Expand Protections for Older Pennsylvanians; Focus will be on Financial Theft and Fraud, Pennsylvania Office of Attorney General (Nov. 18, 2025), https://www.attorneygeneral.gov/taking-action/ag-sunday-launches-elder-exploitation-section-to-expand-protections-for-older-pennsylvanians-focus-will-be-on-financial-theft-and-fraud/;

ICYMI: PA Department of Aging Joins Attorney General's Launch of New Elder Exploitation Section, Pledges Partnership to Further Protect Older Adults (Nov. 21, 2025), https://www.pa.gov/agencies/aging/newsroom/pda-joins-attorney-general-launch-of-new-elder-exploitation-section

to aid in investigations without liability for any good faith action taken under the statute. Mandatory reporting requirements for financial institutions who encounter potential exploitation, allows financial institutions to temporarily halt suspicious transactions, and provides immunity for financial employees and institutions that report suspected exploitation or delay transactions in good faith. The legislation aims to provide a more robust and coordinated system for detecting, preventing, and responding to the actual or suspected financial exploitation of Pennsylvania's older adults, with an emphasis on protecting those who are more vulnerable or susceptible to financial exploitation and scams, while respecting their personal autonomy and right of self-determination to engage in financial transactions of their choosing.

Response to Recommendations for Finding 5

Recommendation 1: "*Implement a reasonable and standardized timeframe as a benchmark in PDA's regulations to complete financial exploitation investigations, such as 45 days from the RON, to provide consistency and accountability.*"

Without statutory authorization compelling or authorizing financial institutions to produce requested records, the Department cannot comply with Recommendation 1. However, the Department will confer with the Department of Human Services and other State Units on Aging to discuss the effectiveness of their requirements to complete financial exploitation investigations within a specific timeframe.

Recommendation 2: "*Require documentation of the reason(s) for delay for all financial exploitation investigations to ensure transparency and accountability. The Department will work to update the ISA form to include recording of the reason(s) for delay.*"

The Department will confer with the Department of Human Services to discuss the effectiveness of its requirement to provide documentation regarding delays in the completion of financial exploitation investigations.

The Department agrees with the finding's recommendations for the General Assembly to pass legislation relating to financial exploitation of older adults.

Finding #6 – "*PDA failed to conduct required annual evaluations of the Area Agencies on Aging and provide public access to written reports of those results as required by statute.*"

The Department's Position:

The Department strongly disagrees that it failed to conduct annual evaluations of the Area Agencies on Aging, or that it failed any statutory obligation in that regard. The report's erroneous

basis for this finding is that CAPE is the only monitoring that satisfies annual evaluations of Area Agencies on Aging. CAPE is a key component of the Department's monitoring, and at the conclusion of CAPE's first cycle the Department will conduct a statewide evaluation of trends to provide the Area Agencies on Aging with tailored education and training opportunities. While CAPE is a detailed, holistic review, it is not the only monitoring the Department conducts. The Department continuously reviews and evaluates the programs of Area Agencies on Aging in a variety of ways, including: through monthly reporting (e.g. 20 day compliance, Face-to-Face); Annual Reports (e.g. the Older Adult Protective Services Report); PACE reports, and the Pennsylvania State Plan on Aging.

The finding selectively cites to the Administrative Code of 1929, 71 P.S. § 581 (Adm. Code § 2202-A), which established the Department of Aging. Read in its entirety, the Administrative Code references the Federal Older Americans Act of 1965, and uses terminology from the Older Americans Act throughout the statute (e.g. Area Plan). The Federal Older Americans Act was last reauthorized in 2020, and introduced significant changes to reporting. Instead of requiring annual State and Area Plans, the new requirement is for 4 year plans. This change reduced the administrative burden placed on both the Department and Area Agencies on Aging, while still requiring all content be produced in written form.

The finding does not reference the Department of Aging's 2024-2028 State Plan on Aging or the Older Adult Protective Services Report. The State Plan on Aging addresses the impact and effectiveness of all Department of Aging programs administered through the Commonwealth, obtains the views of program beneficiaries, and is a written, published report of the Department's findings. The Older Adult Protective Services Report is published annually and provides a detailed overview of protective services administered by Area Agencies on Aging and is made available to the General Assembly. By omitting the State Plan on Aging and the Older Adult Protective Services Report, the report erroneously rests its finding on a determination that the only acceptable evaluation is CAPE. CAPE is the Department's detailed evaluation of Area Agencies on Aging's programs and services, but as noted above, it is not the only evaluation.

Additionally, in 2020 the Department began conducting monthly reviews of key metrics of Area Agencies on Aging's protective services. Theses metrics are 20-day investigation determinations and face-to-face compliance results. These metrics are posted monthly to the Department's website in effort of greater transparency. Further, the Department provides technical assistance to any Area Agency on Aging that either requests assistance or is identified as in need of assistance through these monthly reviews.

Recommendations:

Recommendation 1: "*Monitor all 52 AAAs during the CAPE tool monitoring process annually in accordance with the statutory requirements of the Administrative Code.*"

The Department disagrees with this recommendation. As stated above, the Department continuously evaluates the programs and services administered by AAAs and publishes a variety of written reports detailing those findings.[23] The CAPE is a key monitoring tool used by the Department, but it is neither the only monitoring that the Department conducts nor the only monitoring that satisfies the requirements of the Administrative Code.

Recommendation 2: "*Publish written reports on its website as required by statute under the Administrative Code. Written reports should include the 25 distinct monitoring measures for each AAA to ensure public transparency, accountability, and statutory compliance.*"

As noted above, the Department disagrees that publishing written reports of CAPE monitoring on its website is the only way to comply with the Administrative Code. However, the Department is already publishing the 25 distinct, protective services CAPE monitoring measures for each AAA. This is a new level of public transparency and accountability that the Department began in early June of 2026.

Finding #7 "*Reporting deficiencies related to the reliability and accuracy of monitoring results caused a lack of accountability and public transparency.*"

Department's Position:

The Department disagrees with the finding regarding reporting deficiencies and the reliability of monitoring results. The finding claims the data is self-reported, and that the Department does not verify the accuracy of data entered into the Aging and Disability case management software. However, that is incorrect. The Department, through CAPE, takes randomized samples of the data entered into the case management software. When conducting CAPE monitoring, the underlying case records are reviewed for accuracy and compliance. The finding presumes that the Department's lack of verifying each and every data entry into the case management system renders the data, and the Department's posting of the data, inaccurate.

The finding fails to identify any specific instances of data being intentionally entered inaccurately by Area Agencies on Aging. Further, the finding ignores CAPE as a verification source for data entered into the case management software system. To date, neither the Department nor the Auditor General has found any issue with the accuracy of the underlying monthly face-to-face visit compliance data or the underlying 20-day determination data. Additionally, the Department's Metrics and Analytics Supervisor verify the data pulled by running SAP Crystal Reports to match data. This verification step is done prior to posting of the data on the website. In contrast to the finding's assertion, the Department's monthly reporting of current data pulled from the case management system provides greater transparency to ongoing trends in protective services.

[23] *See* Older Adult Protective Services Annual Report - Fiscal Year 2024-2025; *see also* 20-Day Investigation Determination Report.

The finding claims the Department did not provide evidence that the Department's publishing of 20-day determination compliance data and provision of technical assistance led to an increase in AAAs' 20-day performance improvement. However, as noted in the report, the Department provided the dates of the technical assistance provided to the two AAAs identified by the auditors. The Department's technical assistance involved calls and meetings between Department staff and the AAA to identify and correct root causes of the AAAs' difficulties with meeting 20-day determinations. Following the Department's technical assistance, the AAAs' 20-day determination compliance data substantially improved.[24]

The finding appears to downplay the significance of technical assistance in enhancing or improving the performance of AAAs. Technical assistance is a critical component and vital resource for the continuous training, skill development and support that the Department provides to the AAAs, oftentimes bridging the gap between clinical knowledge and practical solutions. In circumstances where AAAs are seeking to improve in particular areas deemed deficient or identified by CAPE as a systemic issue, the Department engages the AAA and provides specifically targeted education, customized problem-solving, or actionable guidelines for navigating complex issues. This allows for better delivery of services by the AAAs in the specified deficient areas. For example, as noted above many AAAs have clearly shown marked improvements following dedicated technical assistance from the Department. Technical assistance is a vital resource that aids the AAAs in maximizing their ability to provide essential services to older adults, protect them from abuse and exploitation and allow them to remain in their homes and communities.

Recommendations:

Recommendation 1: "*Indicate on the website that the face-to-face and 20-day compliance data posted on PDA's website monthly is information that is self-reported by each AAA.*"

The Department disagrees with this recommendation. As noted above, the Department conducts randomized samples to confirm accuracy through CAPE. Additionally, the "reason for delay" report, which is already provided and included in the Departments website of monthly posted written reports (complying with finding #6), does specifically indicate the information is self-reported.

Recommendation 2: "*Develop guidelines and a process to verify the accuracy of the data obtained from the A&D system for the face-to-face and 20-day determination compliance posted monthly on PDA's website.*"

The Department disagrees with this recommendation. As was discussed in great detail with the Auditor General during their interview process, and noted above in our position statement above, data reports are thoroughly verified by metrics and analytics staff prior to publication. The validation and verification are specific to report logic and results. To insinuate that the actual inputted data itself needs verified prior to publication is unrealistic. This would require the

[24] For examples of improvements to 20-day determination data, please see the Department's results at Area Agency on Aging Monitoring | Department of Aging | Commonwealth of Pennsylvania.

Department review and verify the thousands of fields entered by hundreds of protective services workers on a consistent basis. This would require zero trust of the AAA's protective service workers staff, and ignores the fact that CAPE monitoring, which does analyze underlying case records, has not found any widespread data inaccuracies.

Recommendation 3: "*Ensure sufficient documentation, such as support for technical assistance, is maintained to support improvements in monthly AAA performance results.*"

The Department disagrees with this recommendation, as documentation is already kept. This documentation was provided to the Auditor General upon request. While the Auditor General remains unconvinced that this documentation shows technical assistance occurred, or that it had any impact on overall performance results, the Department is proud of the work the protective services community has put into improving 20-day determination results.

Recommendation 4: "*Allow AAAs more than one business day to review the details of the CAPE monitoring results and findings, including the case records with identified errors, to provide the AAAs with the opportunity to dispute any of the findings or errors prior to or during the results call and prior to posting results on PDA's website.*"

The Department will consider this recommendation further. The current procedures allow AAAs 10 business days to reply with questions regarding specific records and to review findings and ask questions on specific records before they are considered final. Any questions or points of clarification received from the AAA are then taken into consideration by the Department prior to finalizing performance measure results and category results.

Recommendation 5: "*Ensure via signature approval by a supervisor in the Bureau of Quality Assurance that the results from the CAPE tool monitoring are final prior to posting results on PDA's website.*"

The Department has already implemented this recommendation. Approval by the bureau director is already required and documented prior to publishing AAA results online. The supervisor reviews the information and sends an email (written and documented correspondence) to the Bureau Director for approval. The Bureau Director confirms the accuracy of the information and then follows-up with an email prior to any information being posted on the website. This documented "sign-off" process ensures the most accurate information is posted to the website. In addition, and as noted on the Department's website, "PDA posts category results after all Performance Improvement Plans are approved. Based on individual case discussions with the AAAs, the category results are subject to change." Again, it is worth noting that the Auditor General's revised audit period was real-time and prospective and was evaluating first-time processes as they were being rolled out. The Department made every effort to have the publicly posted monitoring results posted as quickly and in the most accurate way possible. As areas for efficiency and improvement were noted, they were revised and processes were amended. However, the recommendation was for an initial rollout practice that has since been improved.

Finding #8 "*PDA did not implement appropriate quality assurance controls for its CAPE tool.*"

Department's Position:

The Department disagrees with the findings regarding appropriate quality assurance controls for its CAPE tool. This finding erroneously citates to Management Directive (MD) 205.43 upon which it primarily relies to support this conclusion. OA is responsible for providing business supports such as information technology (IT) to the agencies under the Governor's jurisdiction. In doing so, it issues management directives establishing detailed policies and procedures which function as the binding operational rules of all the agencies. Included among the management directives issued by OA are those that set mandatory IT standards, requirements and acceptable use of all the executive agencies. These include MD 205.43, titled *Quality Assurance for Business Productivity Tools*, which establishes the mandatory quality assurance policies, responsibilities and procedures for spreadsheets, databases, and other business productivity tools used to support "business transactions and financial reporting". It is meant to "mitigate the risk of inaccurate financial data and insufficient security for business productivity tools that support financial reporting."

It is clear from the language that MD 205.43 does not apply to social services monitoring processes of the agencies. The finding appears to assume that solely because the term "quality assurance" is included in the title that it applies to the CAPE monitoring tool. There is no evidence presented to indicate how the finding could have come to that conclusion, particularly when the exact language of the MD specifically states and defines what processes are covered therein. As the Department explained through the Performance Audit, the CAPE tool is not a Business Productivity Tool defined by MD 205.43, and therefore, not subject to MD 205.43. MD 205.43's purpose is to establish policy, responsibility, and procedures for spreadsheets, databases, and other tools that support commonwealth business transactions and financial reporting. It defines Business Productivity Tools as "Spreadsheets, databases, or other similar tools that calculate or support material balances in, or footnotes to, commonwealth financial statements; manipulate large numbers of records or amounts of data that support financial reporting; support purchasing, contracting, program, or budget decisions; or provide information that is used in other agency or enterprise systems." The CAPE tool is not used in commonwealth business transactions or financial reporting. Additionally, the CAPE tool does not: 1) calculate or support material balances in Commonwealth financial statements; 2) support purchasing, contracting, program, or budget decisions; or 3) provide information that is used in other agency or enterprise systems. The CAPE tool is used to evaluate an Area Agency on Aging's compliance with applicable law, regulation, and policy over a wide range of services. This tool, and the data it produces, is only used in the evaluation of that specific Area Agency on Aging. The CAPE tool is not used in any financial statement, program or budget decision, or in any other agency or enterprise system; nor is its use analogous to any of these systems and programs defined under MD 205.43. As such, MD 205.43 does not apply to the CAPE tool.

Despite the inapplicability of MD 205.43, the Department has implemented some best practices for quality assurance control. Following conversations with the auditors about best practices, the Department created a change control log for the CAPE tool. The change control log documents the date of any change to the tool, the individual responsible for the change, and reason for the change.

The finding additionally cites to the Commonwealth's *Minimum Standards for ID, Passwords, Sessions, and Multi-Factor Authentication Standard*. It is important to note that the CAPE tool is not a public facing application. Access to the document is limited to select individuals, with editing privileges and is password protected. While the password is not complex nor does it change every 60 days, it is not a high IT security risk document. The added levels of complexity and rotating password change would prove an undue burden for the staff that have access to the document. This password protects editing privileges for the document, promotes version control, and in the event of a breach the change control log and SharePoint back-ups would enable the original CAPE tool to be restored.

Recommendations:

Recommendation 1: "*Develop and maintain documentation describing the functionality and design of the CAPE tool, including formulas, calculations, macros, and other key design elements, in accordance with Management Directive 205.43,* Amended, Quality Assurance for Business Productivity Tools."

As stated above, the Department disagrees with this recommendation. Management Directive 205.43 does not apply to the CAPE tool. Management Directive 205.43's clearly stated purpose is to establish policy, responsibilities, and procedures for the quality assurance of spreadsheets, databases, and other similar tools that support commonwealth business transactions and financial reporting. CAPE is not a tool that supports commonwealth business transactions nor is it a tool for financial reporting. The CAPE tool is to review and evaluate the administration of social services programs provided by the AAAs and determine whether they comply with the law, regulation, Department policies and the terms and conditions of their contracts. It has nothing to do with the Department's business productivity, business transactions or financial reporting.

Recommendation 2: "*Implement more secure password controls by assigning ownership of the password to an individual who makes changes to the CAPE tool. This individual's responsibilities should include regularly changing the password and maintaining a detailed log of when the password is requested for use and by whom.*"

The CAPE tool is currently password protected as a measure to maintain version control. However, the Department will confer with OA-IT to ensure that the CAPE tool is meeting current commonwealth of Pennsylvania acceptable standards that are being used by other sister agencies for similar tools.

Recommendation 3: "*Coordinate with the OA-OIT to establish procedures that allow PDA supervisors to review and monitor shared network location access to the CAPE tool and ensure that access is appropriate based on employees' job responsibilities.*"

The CAPE tool is housed in an online SharePoint location with limited internal staff access. The Department will confer with OA-IT to review procedures the supervisors should exercise to ensure that appropriate access is granted or terminated based on a specific individual's roles and responsibilities regarding the CAPE tool.

Recommendation 4: "*Establish minimum password requirements for the CAPE tool that meet commonwealth security standards, including minimum complexity requirements and periodic password changes.*"

In addition to the follow-up with OA-IT mentioned in responses to Recommendations 2 and 3, the Department will confer with OA-IT to establish minimum password requirements for the CAPE tool that meet commonwealth security standards and comply with practices adopted by sister agencies for similar tools.

Recommendation 5: "*Implement formal change management procedures for the CAPE tool, including maintaining a change history log that documents the nature of the change, who made the change, the testing performed, and management approval.*"

The Department has already implemented this recommendation. The Department developed and now follows a formal change log process for the CAPE tool, where the date of change, individual responsible for the change, and reason for the change is formally documented as part of a change control log.

Finding #9 "*Addressing deficiencies related to Comprehensive Aging Performance Evaluation (CAPE) monitoring would strengthen PDA's oversight of the Area Agencies on Aging.*"

Department's Position:

The Department disagrees with the finding regarding deficiencies of the CAPE monitoring. Some of the process improvements identified by the finding have been implemented; however, the finding misstates or misunderstands aspects of the CAPE tool.

The finding claims that Department staff did not follow CAPE sample guidelines for two of the AAA's CAPE monitoring the Auditor General selected for review. The finding noted two instances where randomized sample records were not selected in direct, sequential order. The Department provided an explanation for why records would be skipped, such as for data entry errors or duplicate records of older adults.

There is no evidence to support the conclusion, or suggestion thereof, that "... a risk exists that staff completing the monitoring might intentionally avoid specific records." The Department's staff training and supervisory review processes have built-in safeguards to alleviate, or remediate

any such concern. Furthermore, like any other Commonwealth agency, the Department relies on the integrity of its employees to build and maintain public trust and operational credibility while ensuring that decision-making is fair, objective and impartial and complies with the law, Department Regulations, Commonwealth and Department policies and procedures.

The Department acknowledges that at the time of the Performance Audit, there was not a process in place to document why the next sequential record was not chosen during monitoring. However, there is no evidence to demonstrate that Department staff deviated from the Sample Guidelines. As a best practice, the Department has implemented a procedure to document selection of replacement records.

The finding correctly identifies that the 24-hour Elder Abuse Helpline (Helpline) handles a significant portion of the RONs received throughout the Commonwealth. At the start of CAPE's first cycle in January of 2025, the Department originally slated the Helpline for monitoring in the Fall of 2025. As the audit period was from January 1, 2024, through June 30, 2025, the Department did not produce the Helpline's CAPE results. The Department does not publish the Helpline results to its website to avoid public confusion, as the Helpline monitoring is limited only to RONs and is not tied to any one AAA or county. The Department will consider publishing the Helpline results, but as it is not tied to any one geographic location the information is not of much use to the general public.

Recommendation 1: "*Immediately update the CAPE Sample Guidelines to include a procedure to review and document the approval of the CAPE monitoring sample selections and implement the revisions beginning with the next scheduled monitoring to ensure that the CAPE Sample Guidelines are followed correctly.*"

As a best practice, the Department has implemented a documentation practice for the selection of sample records in accordance with the CAPE Sample Guidelines. The Department reiterates that the Audit Period covered the first 6 months of CAPE's real-time rollout.

Recommendation 2: "*Immediately update the CAPE Sample Guidelines to include a procedure in the CAPE Sample Guidelines to require the process of maintaining documentation justifying when a replacement record is used and implement the revisions beginning with the next scheduled monitoring.*"

As a best practice, the Department has implemented a documentation practice for the selection of sample records in accordance with the CAPE Sample Guidelines. The Department reiterates that the Audit Period covered the first 6 months of CAPE's real-time rollout.

Recommendation 3: "*Immediately require that staff document, and the supervisor review, the CAPE tool to sign the tool upon completion of the AAA monitoring to ensure compliance with the applicable policies, procedures, and regulations.*"

The Department agrees with the finding's recommendation to document staff responsible for the monitoring and supervisory sign-off. The Department is currently designing a process to implement this recommendation.

Recommendation 4: "*Immediately complete and finalize written CAPE Procedures, and update when necessary.*"

The Department finalized the written CAPE Procedures in April of 2026. The Department will continue to update as necessary.

Recommendation 5: "*Immediately develop a formal standardized training program for the completion of the CAPE tool and CAPE Procedures.*"

The Department agrees with this recommendation and is working on a training to incorporate all aspects of CAPE (e.g. Aging Services, OPTIONS, Protective Services, etc.).

Recommendation 6: "*Include the Helpline on the public CAPE monitoring schedule and publish a written report of the results for the CAPE monitoring of the Helpline completed in the Fall of 2025 and going forward on PDA's website.*"

The Department will consider adding the Helpline CAPE results to the Department's website.

Finding #10 "*PDA's failure to ensure comprehensive staff training by AAAs, combined with a lack of monitoring procedures, creates a competency gap that could leave older Pennsylvanians at risk.*"

Department's Position:

The Department disagrees that its current training and monitoring process creates a gap that could leave older Pennsylvanians at risk. However, the Department recognizes the need to continue developing and improving a formal process for monitoring the training and experience of protective services staff. The Department is working with Temple University to improve its training offerings and develop a better method of tracking training requirements.

The finding identifies that Intake Workers receive the least amount of training. Intake Workers do perform a vital protective services function in receiving and documenting the RONs. However, Intake Workers are the first step of the protective services process, and any initial categorization is then required to be reviewed and approved by a protective services caseworker. While Intake Workers do initially assess a RON, they are not signing off on the categorization like a protective services caseworker, nor are they conducting the investigation to verify the claims like a protective services caseworker. Intake Workers, given their limited function, do not require the same level of training as a protective services caseworker or supervisor.

The finding states that a collaborative consultation process with the AAAs could improve training curriculum. The Department of Aging consults with the Pennsylvania Association of Area Agencies on Aging (P4A) on training. P4A routinely surveys the AAAs and hosts Quarterly meetings between the AAAs and the Department.

Recommendation 1: "*Update the Comprehensive protective services investigation training curriculum to include the two missing mandated training topics, "The Criminal Justice System" and "Presenting Testimony in Court" required by the Older Adults Protective Services regulations.*"

The Department agrees with this recommendation. The Department is working with Temple University to improve the training; implementation is scheduled for July 13, 2026.

Recommendation 2: "*Conduct a comprehensive analysis of all currently employed protective services staff within 60 days to identify individuals who do not meet the minimum training requirements and ensure those staff complete that training within six months.*"

The Department agrees with this recommendation. The Department is developing a process to conduct a comprehensive analysis.

Recommendation 3: "*Develop and implement policies and procedures to monitor training and experience standards on an annual basis and to ensure protective services staff at the AAAs are adequately prepared to conduct elder abuse investigations, as a best practice. Assign a PDA official the responsibility for overseeing the monitoring process, including written evidence of regular monitoring activities.*"

The Department agrees with this recommendation. The Department is developing policies and procedures to better monitor training and experience standards.

Recommendation 4: "*Document that personnel records contain proper approval, signature, and date when reviewing for completion of required staff training.*"

The Department agrees with this recommendation and, as noted and extensively discussed during the interview and documentation gathering process, the Department's Vendor, Temple's Institute on Protective Services, currently tracks who has attended training, who has completed trainings and who has been credited for said courses. Additionally, PDA will consider building out a process for AAAs to document that personnel records contain proper approval, signature, and date for Department staff to have available for review.

Recommendation 5: "*Evaluate the current intake worker training requirements within 60 days to ensure they provide staff with adequate training to receive, document, and categorize a RON. If weaknesses are found, PDA should implement a mandatory supplemental training program within six months to strengthen the skill of current and future intake workers.*"

The Department recognizes the need to continue evaluating and developing improved training and is working to do so in consultation with Temple University, P4A, and the AAA network.

Recommendation 6: "*Obtain input from management and protective services staff at the AAA level, as well as state associations (including older adult advocacy groups) etc., incorporate additional best practices, and update and expand the training curriculum and related oversight.*"

The Department recognizes the need to continue evaluating and developing improved training and is working to do so in consultation with Temple University, P4A, and the AAA network.

Recommendation 7: "*Explore and assess training requirements and efforts in other states (e.g., Colorado and Texas) including best practices such as the use of staff surveys, researching new and innovative training and experience requirements and topics, obtaining input from national organizations, such as NAPSA, and periodically consider utilizing a subject matter and/or data specialist to analyze trends with regard to training topics and staff compliance among AAAs.*"

The Department recognizes the need to continue evaluating, developing and implementing improved training to bridge critical skill gaps and is working to do so in consultation with Temple University, and collaboration with P4A and the AAA network. Additionally, the Department is reviewing and comparing different state models to identify best practices to adapt and incorporate into its training.

Conclusion

While the Department acknowledges additional improvements can always be made with monitoring, it is an incredible achievement that Department staff launched an overhauled, comprehensive monitoring approach within two years of the new administration. Unlike the Legacy system, CAPE is not limited to only evaluating Older Adult Protective Services, but also evaluates the OPTIONS program, the Caregiver Support Program, and multiple fiscal components. This holistic approach has garnered national attention and recognition from states, associations and federal oversight authorities. Additionally, other states have sought guidance from the Department on best practices and assistance with the development of a comprehensive monitoring approach. While improvements can and will continue to be made, it is vital and extremely important to recognize the value, hard work and unprecedented timeframe that went into the development, piloting and rollout of the CAPE. The administration would like to thank all the staff who have contributed, persevered, and continue the work to better support the mission and values of the Department of Aging to better support Pennsylvania's Older Adults.

Exhibit A

Key Highlights (not exhaustive)	Legacy (Prior System of Monitoring)	CAPE (Current System of Monitoring)
Below information pertains to Finding 1 and is in response to Appendix D		
Version Control	N/A	The monitoring tool that is used to evaluate the AAA's performance is locked to prevent edits and promote version control. There is one master file located within a documented and secured location, and all staff must use the most recent version of the tool during monitoring. This version control process is validated and verified by the supervisor and multiple staff who are completing the review. The master tool is password protected and end users are not able to make changes to the underlying tool and related formulas. These controls did not exist with the legacy tools.
Change Control Log	N/A	Any changes that are needed to the tool (updated legal citations, reviewer instructions, spelling, etc.) are documented in a change control log. This change log documents when a change was made, who made the change, and the reason for the change. All changes are documented with supervisory signoff. This ensures appropriate version control and historically identifies changes that were made. For example, if a policy is updated and the citation changes, this would need to be updated and noted in the reviewer instructions. The change would be reviewed, approved, noted in the change log, and the tool would be updated. Once the tool is updated, the older versions are archived and the newest version is made available for upcoming monitoring reviews

Legal and Policy Citations	In the legacy process, the reviewer instructions were in draft form, incomplete, and stored in a separate document. The legacy process caused staff to inconsistently adhere to reviewer instructions, use outdated materials, and ultimately provide varying results.	Performance Measures, legal citations, and reviewer instructions are embedded within the tool for version control. This means that the reviewers always have the most recent version of the tool, legal citations, and reviewer instructions.
Interrater Reliability	N/A	Interrater reliability is a cornerstone of CAPE. Interrater reliability is achieved through two methods: objective measures based on legal citation/policy, and peer-reviewed results. Through CAPE, teams of individuals are assigned records to review and consensus meetings are held to ensure that staff are achieving consistent results.

Scoring	In the legacy tool one, overall score was assigned to an agency indicating whether they passed or failed their monitoring. This overall score combined all metrics evaluated for the AAA and subjectively weighted certain measures based on the reviewers discretion. The weights were not locked down and could be changed at any point (which created an issue with version control, tool control, reliability and consistency).	During development of the CAPE, categories were developed, which grouped certain areas of performance measures together. This was designed so the general public would have a better idea of how their local AAA is performing in specific areas. It also helps the monitored AAA understand which area(s) needs improvement and assists the Department in seeing trends and identifying specific trainings to help AAAs improve on their work. Some of these categories cross over to different program areas (for example "Documentation Requirements," "Data Management," and "Administrative Oversight"). If an AAA is struggling in one of their program area categories, but not in the other similar program area category, the category scores could identify best practices within the agency. Or, if the AAA is struggling in both program areas, the category scores may be identifying systemic issues. In either instance, the Department is ready to provide Technical Assistance and training to the AAAs for any areas of non-compliance. Additionally, if any one performance measure is under 85% compliance, then a Performance Improvement Plan (PIP) is assigned to the AAA.
Consistent Program Evaluation Standards	Inconsistent thresholds and criteria - from numerical scores to colors were used to show compliance.	Consistent standards and thresholds for expectations is a key focus of CAPE. CAPE has clearly identified thresholds for compliance at 75% for category scores and 85% for each individual performance measure – which has created a standard for program evaluation.
Trend Analysis	N/A	CAPE is administered consistently for every AAA, which means that trends are able to be identified. This level of consistency and the ability to analyze data is a key advancement in our monitoring system capabilities.

Set Monitoring Schedule	N/A	The CAPE monitoring schedule is publicly posted and adhered to for each cycle of CAPE. A cycle is completed once all 52 area agencies on aging (AAAs) are monitored. Historically the monitoring cycle was not shared and was not publicly available. Additionally, the legacy system did not consistently ensure each AAA was evaluated during review periods. In some instances, some AAAs were monitored many times over a two or more year period, while others may have only been monitored once
Training	Inconsistent training and not available based on identified trends.	Because CAPE takes a consistent streamlined approach to monitoring across all 52 AAAs, trends are able to be identified, and training is able to be tailored to the AAA network.
Performance Improvement Plans	N/A - used Corrective Action Plans	Performance Improvement Plan (PIP) thresholds are established and adhered to consistently. If any one Performance Measure is found to be non-compliant (less than 85%), then the AAA must complete a PIP for that measure. A set number of non-compliant measures requires technical assistance, and a higher threshold requires leadership meetings. For instance, any Protective Services Program that has 10 or more non-compliant Performance Measures is required to receive mandatory Technical Assistance from the Department. And similarly, for the OPTIONS/CSP program, if any agency has 14 or more non-compliant Performance Measures, that AAA is required to receive mandatory technical assistance from the Department. Mandatory Technical Assistance is put in place to ensure that the AAA is receiving direction and support from the Department to fully understand the areas of non-compliance and to confirm that the Performance Improvement Plans are targeting the root cause of non-compliance. The Department's technical assistance is designed to improve AAA performance during subsequent CAPE monitoring cycle(s). Additionally, if 25 performance measures are non-compliant between both the Protective Services program and the OPTIONS/CPS program, the Department sends a formal letter to the AAA letting them know that they are required to have a leadership discussion with the Department regarding the AAA's overall performance. This is designed as a higher level of accountability,

		which will promote consistent practice and encourage change and remedial action at the AAA level.
Block Grant Agreement Language Tied to Compliance	N/A	For the first time – the Department's block grant agreement with the 52 AAAs has accountability language that is tied back to their performance in the CAPE monitoring. This formal documentation adds a level of additional accountability and oversight. It also adds consistency to the evaluation of each AAA's performance.
Sample Size	In the legacy process, sample size logic existed; however, it was often up to the reviewer to determine which cases to include, the number of cases for the sample size, and whether	In development of CAPE, sample size was another key improvement area. CAPE identifies specific sample size logic that is adhered to for all AAAs. A minimum number of records to be reviewed for every record type is identified. This improvement promotes consistency and standardization to monitoring practices.

	additional cases should be reviewed.	
Record Keeping	During the legacy process, record keeping was not consistent.	In CAPE, not only are final results of category and performance measure records stored in specified locations, they are also made publicly available. This creates greater accountability and consistency for the AAAs and for the Department.
Accountability and Transparence	N/A	Ultimately, CAPE has introduced a new level of accountability and transparency. The Department is holding itself accountable via public data regarding monitoring cycles, standards, and performance measures. The AAA network is held accountable through public data, standardized performance measures, and enhanced performance expectations in their individual grant agreements. Transparency is evident through continued dialogue and information and performance outcomes being continuously added to the Department's website. The goal is to make improvements to the AAA network and thereby making improvements to the lives, safety and well-being of older adults across Pennsylvania.
Comprehensive Approach	N/A	The CAPE was designed to evaluate multiple program areas within an AAA. Historically, these multiple program areas were evaluated independently, on different schedules and with inconsistent methodology. Now, under CAPE the Department has made the review more efficient by streamlining the approach and minimizing disruption to the AAA's provision of services. The CAPE was also designed to be modular in nature, meaning additional programmatic areas of review can be (and are anticipated to be) appended to the CAPE making an even more robust and meaningful evaluation.

Review of Active Cases	Only included at the sole discretion of the monitor.	Consistently includes active cases as a part of the standard sample of records review to ensure active cases are also in compliance with statute, regulation, and policy.