



2024-2028 State Plan on Aging Pennsylvania Department of Aging

October 1, 2024 through September 30, 2028

Verification of Intent

The Pennsylvania Department of Aging (PDA), serving as the State Unit on Aging, hereby submits the Pennsylvania State Plan on Aging for the period October 1, 2024 through September 30, 2028 and certifies that the development of the state plan is and its administration by PDA shall be in compliance with the required assurances and provisions of the Older Americans Act.

This State Plan will serve as a blueprint over the next four years to ensure that older adults can age within their communities in a manner that aligns with their preferences and needs, promotes independence, embraces diversity, and builds capacity for our aging network to better support older adults, caregivers, and care partners. build capacity for our aging network, promote innovation, implement best practices, improve data management and reporting, support healthy living and active engagement, embrace diversity, honor individual choice, advocate and protect against elder abuse and strengthen accountability.

PDA is committed to providing person-centered planning and services that meets the needs of older adults within the communities of their choosing.



Jason Kavulich, Secretary of Aging



Josh Shapiro, Governor

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Executive Summary

Introduction

Every four years, Pennsylvania submits a State Plan on Aging to the federal Administration for Community Living (ACL). Completing a state plan at specific time intervals is one of the requirements set by the Older Americans Act (OAA) to receive funding under OAA. The State Plan on aging provides goals and objectives related to assisting older residents, their families, and caregivers.

According to State Plan Guidance provided by ACL, the State Plan¹.

- Documents the tangible outcomes expected from state long-term care reform efforts
- Translates activities, data, and outcomes into proven best practices, which can be used to leverage additional funding
- Provides a blueprint for coordination and advocacy activities the state will undertake to meet the needs of older adults, including integrating health and social services delivery systems
- Builds capacity for long-term care efforts in the state

The state plan provides an opportunity to create an age- and disability-friendly community for all Pennsylvanians. Creating a Commonwealth that is longevity-ready is a key priority for the current Pennsylvania Governor's administration, community-based organizations, and older adults themselves across the state.

Pennsylvania, like many states across the nation, currently sits at a crossroads with a large and rapidly growing older adult population. This demographic shift provides a unique opportunity to create a plan that will not only advance PDA's core mission to promote independence, purpose, and well-being for older adults, but truly create a Commonwealth that is age- and disability-friendly. The partnerships between federal, state, and local agencies that make up the aging network are critical to improving the quality of life for older adults across the state through completing the goals, objectives, and strategies outlined in this plan.

In addition to a rapidly growing population, the demographics of the older adult population are changing. Older adults are becoming increasingly diverse - representing a broad range of ethnicities, races, languages, and gender and sexual identities. This increasing diversity challenges Pennsylvania to create programs that are founded in justice and equity and provide historically underserved and minority groups with the services they need and desire.

¹ ¹ Alison Barkoff, Assistant Secretary for Aging. State Unit on Aging Directors Letter #01-2023. (2023).

On May 25, 2023, Governor Josh Shapiro signed Executive Order 2023-09, formalizing a project that directed the Secretary of Aging to develop a Multisector/Master Plan for Older Adults, now known as *Aging Our Way, PA*. To develop this plan, PDA convened multiple departments, agencies, and stakeholder organizations to improve the overall infrastructure and coordination of services within the aging network to ensure they are both scalable and sustainable. The Plan was made available for public comment on February 20, 2024.

Pennsylvania is required to submit a State Plan on Aging every four years to the ACL. The four-year State Plan must outline goals and objectives on programs and initiatives authorized by the Older Americans Act (OAA). The plan outlined in this document will serve as the blueprint over the next four years to build age-friendly communities that meet the needs of older adults across the Commonwealth. This plan is distinct from *Aging Our Way, PA* and to avoid confusion, the OAA federally required plan has been titled 2024-2028 Aging Four-Year State Plan.

The 2024-2028 Aging Four-Year State Plan draws upon insights and experiences gained from the intensive community outreach and feedback process used to create *Aging Our Way, PA*. It aligns with the priorities outlined in *Aging Our Way, PA*, which were established through stakeholder engagement utilizing AARP's Eight Domain of Community Livability Framework.

This Plan aims to connect the strategies and key topic areas of the 2020-2024 Four-Year State Plan, the priorities identified in *Aging Our Way, PA*, and the key topic areas established by the ACL in 2021, including:

- Older Americans Act (OAA) Core Programs
- COVID-19
- Equity
- Expanding Access to Home- and Community-Based Services (HCBS).
- Caregiving

The goals and objectives included in the 2024-2028 Aging Four-Year State Plan will coincide the priorities identified in *Aging Our Way, PA* and will also closely align with the local area plans created by the Area Agencies on Aging (AAAs).

With a shared goal and vision, PDA commits to drive meaningful change in the way programs and services are created, offered, and delivered to older adults and create a state in which older adults can age with the independence and dignity they deserve.

Goals

Over the next four years, PDA will collaborate with the AAAs, the public, and other key stakeholders on the following four goals to better meet the needs of older adults across the state:

Unlocking Access: Design and offer equitable, affordable, and available options and opportunities that older adults may choose from for healthy and engaged lives, regardless of ability; socioeconomic status; racial, ethnic, linguistic, or cultural backgrounds; or geographical location.

Aging in Community: Remediate barriers that prevent older adults from remaining in their own homes, maintaining familiar surroundings, staying connected to their communities, and living in secure dwellings.

Caregiver Supports: Build a comprehensive catalog of supports and enhancements that provide caregivers with help at home, respite, training, and navigational tools.

Education & Navigation: Lead a pervasive, coordinated network of community and academic partners to raise public awareness of services for older adults, provide information that reaches everyone and is understandable by all, ensure timely and streamlined connection to assistance with any needed resource, and resolve the challenging problems that older adults face in their daily lives.

Mission Statement, Vision, and Values

PDA Mission: The mission of the Pennsylvania Department of Aging is to promote independence, purpose, and well-being in the lives of older adults through advocacy, service, and protection.

Vision: The 2024-2028 Four-Year State Plan, in coordination with *Aging Our Way, PA*, will guide PDA and the 52 AAAs in Pennsylvania's Aging Network as we work collectively to provide older adults across the Commonwealth with the resources they need to age with dignity and respect and remain vital, active members of their communities. With this approach, we commit to creating a state in which older Pennsylvanian can experience happiness, dignity, and fulfillment.

Values:

- Diversity and inclusion strengthen us.
- Innovation drives us.
- We are passionate about the customer experience. We lead strategically to meet future needs.
- We listen and effectively communicate with consumers and partners.
- We act with integrity.
- We value our workforce.
- Partnership and collaboration enhance our capacity.
- We hold ourselves and partners accountable for results.
- We manage resources entrusted to us responsibly.

Description of PDA

The Pennsylvania Department of Aging (PDA), established by Act 70 in 1978, is Pennsylvania's designated State Unit on Aging (SUA) under the Older Americans Act (OAA). This landmark legislation, in conjunction with the OAA 2006 Reauthorization, charge the Department "to advocate for the interests of older Pennsylvanians at all levels of government."² Unlike many of its sister agencies across the Commonwealth, such as the Department of Human Services (DHS) or the Department of Health (DOH), PDA has the unique charge to advocate for the over 3.5 million older adults of Pennsylvania. The organizational structure of PDA can be seen in Appendix A.

PDA provides leadership and coordinates with the state's 52 Area Agencies on Aging (AAAs) to develop and provide older adults services authorized under OAA. In addition to providing technical assistance, PDA provides policy guidance, data collection systems management, education, quality assurance, and training. Senior community centers (SCCs), adult day living centers (ADLCs), and PA Link (Pennsylvania's Aging and Disability Resource Centers) are also vital components of the aging network and continuum of service offerings. Each of these distinct resources are critical in improving the lives and well-being of older adults.

Federal resources provided by OAA fund, at least in part, the core programs that are provided to older adults, their families and care partners, and older adults with disabilities across the state. Unlike many other states, Pennsylvania's older adults also benefit from the state lottery. Lottery funds provide 80% of PDA's budget. This funding is critical to the creation, development, and dissemination of many of PDA's programs and services.

Federal funds are allocated across service areas by the Intrastate Funding Formula (IFF), which can be seen in Attachment C. The weighted formula considers the older adults in both greatest economic need and greatest social need, as described by the OAA (Section 101 (28)(E)(i)(ii)). The 2024-2028 State Plan and IFF considered greatest economic need and greatest social need as required by the Older Americans Act with particular attention to low-income minority older individuals, older persons with limited English proficiency, older individuals living in rural areas, and older adults with a disability.

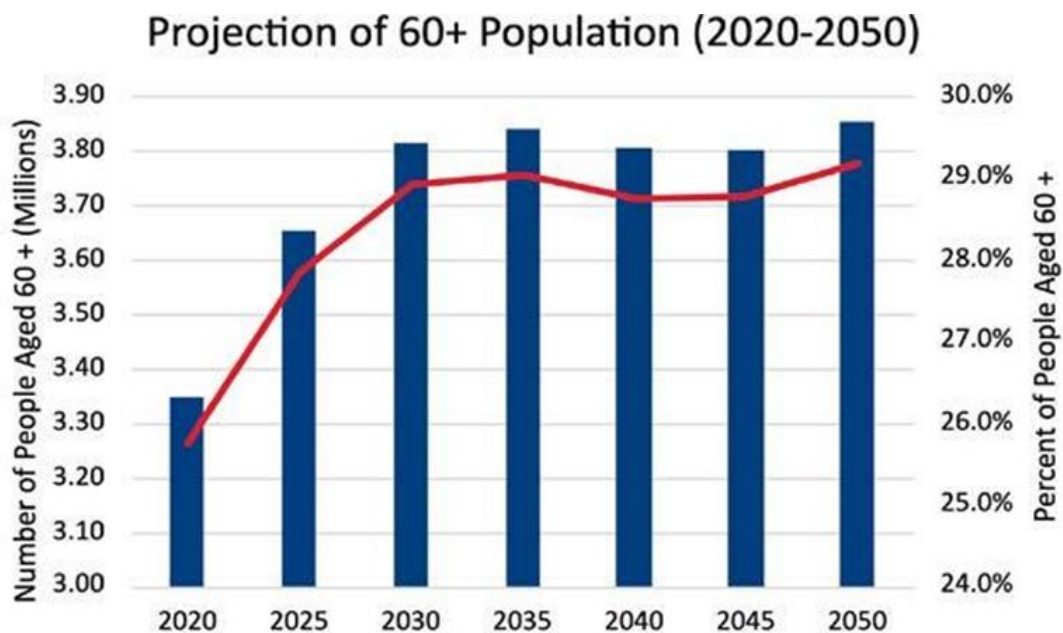
The State Plan outlined in this document is the product of internal strategic planning and robust stakeholder engagement. The goals, strategies, and objectives described below provide a visionary strategy for the Department to achieve over the next four years.

Population, Socioeconomic Demographics, & Priority Populations

Like many states across the nation, Pennsylvania has a large and rapidly growing older adult population. There are nearly 3.5 million older adults aged 60+ in Pennsylvania and almost one out of every four residents are an older adult, making PA home to the fifth largest older adult population in the nation.

This number is expected to shift to one in three by the year 2030. This marked increase in the sheer size of the population indicates that Pennsylvania needs to evaluate and assess the existing systems and aging infrastructure of today to ensure that it is prepared for the expanding number of older adults over the next decade. Understanding the population growth and projections of the population of older adults is a critical component of any state plan as older adults face unique challenges and barriers related to quality of life. While the Department characterizes older adults as individuals 60 and over, much of the publicly available data is based on 65 and over. To account for this, we have identified throughout this document when the data is based on age 60+ versus 65+.

Figure 1: PA Population Demographic Trends



Based on the most current American Community Survey Census data, of the older adult population aged 60+ in Pennsylvania, 85.9 % identify as white, 7.6% of older adults identify as Black or African American, 2.2% identify as Asian, 1.5% identify as “some other race”, 2.7% identify as 2 or more races, and 3.1% identify as Hispanic or Latino. Pennsylvania’s older adult population is also becoming linguistically diverse with 495,797 older adults speaking a language other than English at home. Language and cultural differences create a specific barrier for older adults that have different ethnicities, cultures, or backgrounds as they seek services and supports. Placing diversity and equity at the forefront of every conversation, and including members of the community, will help PDA to develop services that are culturally sensitive and appropriate².

Furthermore, as we age, we are more likely to age into a disability, with 45% of the world population over the age of 60 having an expressed disability. In Pennsylvania, 690,807

² .US. Census Bureau. (2022). DP05: ACS Demographic and Economic Characteristics. Census Bureau Table

individuals aged 65+ have a described self-care need according to the Center for Rural PA⁵. Older adults are also more likely to have complex needs and multiple chronic conditions that require individualized care³.

The U.S Surgeon General brought loneliness and isolation in the United States to the forefront of public conversation in 2023. Older adults remain central to this concern, as those who live alone are more likely to suffer from social isolation, which has been linked to increased risk of developing dementia or even premature death⁴. Currently, 20% of those aged 65+ live alone in Pennsylvania based on reports gathered from the Penn State Data Center and the American Community Survey.

Pennsylvania has a large population living below or near the federal poverty line (FPL). Individuals vulnerable to falling below the FPL are referred to as the “near poor” population. Normally, the near-poor population represents those between 100%-125% of the FPL or 100-150% of the FPL. Understanding the needs of the near poor population is crucial, given that 17% of individuals aged 60+ in Pennsylvania live at or below 150% of the FPL.

Throughout the planning process for the 2024-2028 State Plan on Aging, special consideration was given to ensuring this plan equitably addressed the needs of all of Pennsylvania’s older adults, especially those in both greatest economic and social need. Older adults that may fall into the greatest social and or the greatest economic need may include, but are not limited to, older adults of minority status, including Asian Americans and Pacific Islanders, older Native Americans, older Hispanic Americans, older African Americans, adults with disabilities, older adults who identify as LGBTQ+, those with limited English proficiency, and those that are living below or near poverty. It also important to note that many of these factors are intersectional and often hard to understand independent of one another.

Historically, the individuals that fall into these categories have been disenfranchised and marginalized, preventing many older adults from receiving the services they require. Pennsylvania will benefit by increasing outreach and services to these diverse populations, which add to the vibrance of our communities. Engaging in a strategic planning process driven by equity is key to ensuring that the aging network is prepared to help all older adults across the commonwealth lead healthy fulfilling lives.

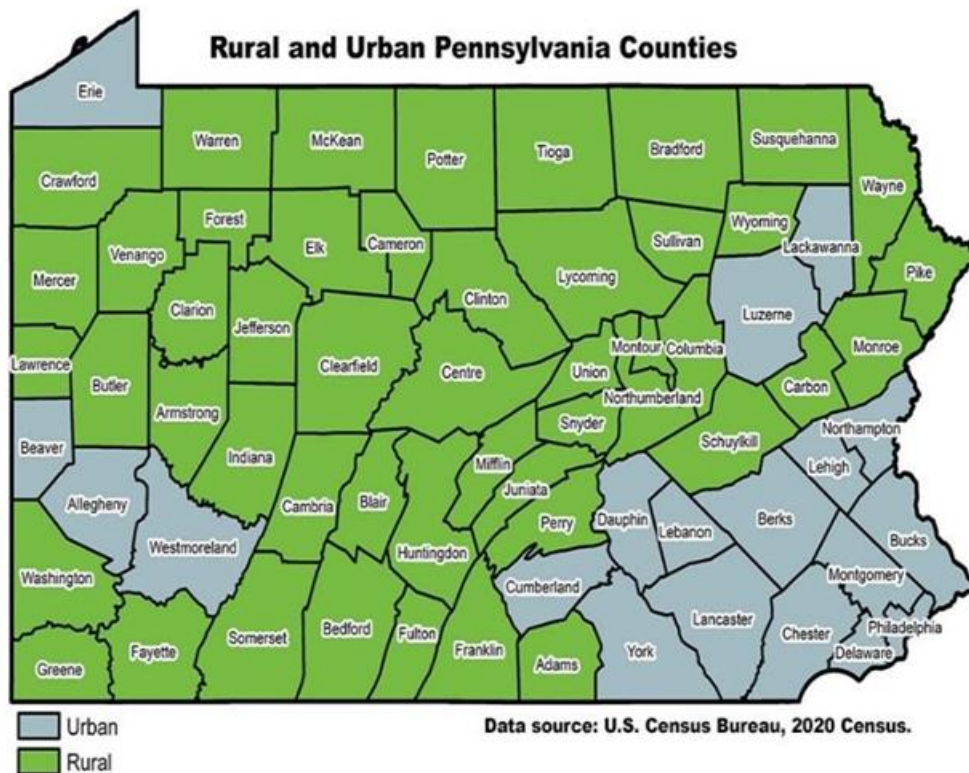
Finally, by prioritizing populations that have greatest economic and/or greatest social need, Pennsylvania strives to offer accessible and effective programs and services through its aging network.

Geography

³ Centers for Disease Control and Prevention. (2022). Disability & Health U.S. State Profile Data: Pennsylvania. CDC

⁴ Senior Health Rankings. 2023 Senior Report. (2023).

Considering the geography and distribution of older adults across Pennsylvania is critical in ensuring that services reach all community members. Urban suburban, and rural communities face common and unique barriers with changing needs and resources.



Older adults in urban areas may face other unique challenges.

Historically marginalized and underserved communities often face low food access or food deserts. Food deserts are areas that have limited access to affordable and nutritious foods⁵

Figure 2: PA Rural/Urban Map by County

While Pennsylvania has large and mid-sized urban centers, many residents live in remote locations. According to the Center for Rural PA, 48 of Pennsylvania’s 67 counties are considered rural ⁶. Older adults living in rural areas often face greater challenges in accessing public transportation or must drive further distances to hospitals or urgent care centers. Additionally, there is an extreme shortage of primary care providers and specialists practicing in rural areas of Pennsylvania, further exacerbating health inequities.

Programs, Services, and Funding

The Department provides a range of services and programs that directly benefit older Pennsylvanians, their families and care partners through our AAA network. These services are funded through both state and federal funding to Planning and Service Areas (PSAs) across the commonwealth through allocations to AAAs calculated by an Intrastate Funding

⁵ [USDA ERS - Go to the Atlas](#)

⁶ [Official Website of the Center for Rural Pennsylvania \(pa.gov\)](#)

Formula approved by ACL. A full list of the Department's core services can be seen in Appendix C.

Individuals interested in enrolling and receiving services through any of the Department's aging services programs are assessed using the Department's assessment tool. The assessment tools are designed to capture essential information about an individual's functional abilities, met and unmet needs, and the need for services. Individuals that are assessed and meet the financial and clinical eligibility requirements for Medicaid Long-Term Services and Supports are referred to the PA Department of Human Services' independent enrollment broker to begin the Medical Assistance Eligibility

Determination Process. This collaboration is essential to ensuring that older adults are directed to the program and services that best support their needs. The assessment tools include:

- **Needs Assessment Tool (NAT):** A comprehensive assessment that captures information about the individual and acts as a foundation for developing the person-centered care plan. The NAT specifically collects information on cognitive and mental status; medical, neurological, intellectual, and mental health conditions; depression and life satisfaction, and includes a suicide screening. Based on responses to questions in the NAT, Care Managers will make appropriate referrals for medical and/or psychiatric intervention.
- **Express Needs Assessment Tool (NAT-E):** A shortened version of the NAT which is used only for individuals in the OPTIONS Program receiving specified limited services and individuals receiving congregate meals at a senior community center.
- **Caregiver Assessment Tool (CAT):** A comprehensive assessment that collects data and information about a caregiver and acts as a foundation for developing the Person-Centered Care Plan for individuals enrolling in or receiving services in the Caregiver Support Program.

Caregiver Support Program

The Caregiver Support Program provides assistance and support to primary caregivers to encourage a healthy, ongoing relationship with their care receivers. The program aims to alleviate the stresses associated with caregiving by focusing on the well-being of the caregiver, providing access to respite care, addressing the need for formal and informal supports, and providing financial reimbursement for out-of-pocket costs associated with caregiving-related services and supplies. The program is designed to serve primary caregivers who meet one of the following eligible categories:

- Individual 18 or older who is the Primary Caregiver for:
- An individual age 60 or older with functional deficits

- An individual of any age who has a diagnosis of Alzheimer’s Disease or other Dementias
- Individual 55 or older who is the Primary Caregiver for:
- A dependent child under 18 and related by blood, marriage, or adoption
- An individual age 18-59 with a disability and related by blood, marriage, or adoption

This program provides reimbursement to caregivers for out-of-pocket expenses they incur associated with caregiving related services and supplies.

Nutrition Services

Nutrition services are designed to reduce hunger and food insecurity and promote socialization, health, and overall well-being through improved nutrition. Nutrition services include nutrition screening, education, counseling, and direct meal services to older adults, with particular focus given to those deemed nutritionally at-risk, due to social or economic need, or who experience isolation due to geographic location or disability, and those residing in rural areas. Direct meal services are comprised of congregate and home-delivered meals.

OPTIONS Program

OPTIONS is a home and community-based services program for individuals 60 years of age or older who do not qualify for Medicaid long-term services and supports. Services include, but are not limited to, adult day care, care management, home-delivered meals, personal care, home support, home modifications, personal emergency response systems, and medical equipment, supplies, and adaptive devices.

Senior Community Centers

Senior Community Centers (SCCs) are in community settings that facilitate the social, emotional, and physical well-being of older Pennsylvanians as part of a comprehensive and coordinated system of programming and services. They offer a wide variety of activities, programs, and services that vary from center to center depending on the needs and desires of the consumers and community being served.

Services and programs are provided at no cost to participants age 60 and older. Required services offered at a SCC include:

- Nutrition services such as:
 - Congregate meal services
 - Nutrition education
 - Nutrition screening and counseling
- Fitness and well-being classes
- Educational programs for creative instruction, self-enrichment, and independent living

- Volunteering opportunities

SCCs must also facilitate access to services that may be available within the local Area Agency on Aging's Planning and Service Area. Usually this involves making a referral to the local AAA on a participant's behalf. Many SCCs offer the following additional services or access to representatives for the following services:

- Providing information, referral, and outreach
- Transportation
- Legal and advocacy assistance
- Employment services
- Volunteer services
- Long-Term Care Ombudsman services
- Housing and placement services and assistance
- Other services that may be available in the local community

Transportation

Transportation is a fundamental aspect to healthy communities. Access to reliable transportation, especially in rural areas, is a social determinant of health that can often determine how socially connected an individual is to their communities or if they can access their local health care services.

Because transportation is imperative to our healthy communities, Pennsylvania offers free transit and shared-ride programs to help provide affordable transportation options for older adults. Both programs are funded by proceeds from the Pennsylvania lottery and administered by the Pennsylvania Department of Transportation (PennDOT).

Individuals aged 65 and older may ride for free at all times, any day of the week, on the fixed route services of local public transit systems throughout Pennsylvania.

Shared-Ride is a demand-responsive, curb-to-curb transportation service for older adults. Older adults may use Shared-Ride for any reason, such as rides to senior community centers, medical appointments, Adult Daily Living Centers, social service agencies, grocery stores, etc.

Legal Services

The Legal Assistance Program provides older adults with the greatest social and economic need access to free legal advice and representation by an attorney including, to the extent possible, counseling, or other appropriate assistance by a paralegal or law student under the supervision of an attorney, and counseling or representation by a non-lawyer were permitted by law.

Long-Term Care Ombudsman Program

The Long-Term Care Ombudsman Office, established within the PDA, protects the health, safety, welfare and rights of individuals receiving long-term care. Pennsylvania long-term care ombudsmen (both paid and volunteer) serve residents of skilled nursing facilities and other residential care communities.

Pennsylvania's Empowered Expert Residents (PEER) are long-term care residents who are trained to self-advocate and empower their fellow residents to improve their quality of life and quality of care in long-term care facilities. PEER is a partnership between residents, facility staff, and the local ombudsman.

PACE and PACENET Programs

The Pharmaceutical Assistance Contract for the Elderly (PACE and PACENET) programs offer low-cost prescription medication to qualified Pennsylvania residents, age 65 and older who meet the income requirements. The Program has an open formulary that covers most medications that require a prescription. PACE and PACENET are funded by the Pennsylvania Lottery. Individuals can enroll in PACE or PACENET while also receiving benefits from another insurer, including a former employer-retiree plan, the Veterans Administration, a Medicare Advantage Plan, or a Medicare Part D plan. Individuals enrolled in the Pennsylvania Department of Human Service's Medical Assistance prescription benefit are not eligible for PACE or PACENET.

The PACE Clearinghouse

The Clearinghouse provides the expertise necessary to determine the likelihood of enrollment for persons of all ages who are seeking assistance from manufacturers' medication programs. The Clearinghouse has evolved since its beginning in 1999. It handles applications from individual patients, physician offices, social workers, and other agencies. The staff gather the patient information required to complete applications and offer guidance and assistance to the patient throughout the application and reapplication processes. In addition, the Clearinghouse helps individuals apply for and access all of the social support services integrated into the PACE application center, such as Supplemental Nutrition Assistance Program (SNAP), Low Income Home Energy Assistance Program (LIHEAP), and the Property Tax Rent Rebate (PTRR), providing necessary connections for navigating social drivers of health. The Clearinghouse has coordinated pharmaceutical assistance to nearly 109,000 individuals since its inception.

Re-entrant Placement and Related Services

PACE co-administers parts of the Pennsylvania Department of Corrections (DOC) pharmacy benefit. Additionally, it works with the DOC to assist re-entrants returning to the community. The comprehensive program knowledge and ongoing

coordination provided by the Clearinghouse was identified by the Department of Corrections (DOC) as having potential to be particularly helpful for parolees upon release. For the past 10 years, PACE and DOC have partnered to use the Clearinghouse to assist reentrants with obtaining medications, transportation, and social services, and with finding furniture, physicians, housing, food, grants, and other support. These efforts have provided ongoing coordination and support to nearly 3,000 reentrants just in 2023. The sustained support provided through the partnership has proven to be remarkably beneficial: recidivism among reentrants using the Clearinghouse services is below 2%.

Veterans Outreach and Benefit Application Services

In November 2022, in conjunction with the Pennsylvania Department of Military and Veterans Affairs, the United States Department of Veterans Affairs, and the Pennsylvania Department of Transportation, the PACE Program began a statewide services enrollment outreach project. This major effort sends 5,000 outreach letters per week to 540,000 veterans and will continue until all veterans have been contacted. Two PACE call centers handle inquiries stimulated by the outreach, one center for veterans under the age of 65 and one call center for persons aged 65 and older. More than 167,000 letters have been mailed, more than 6,389 calls received, and 4,097 veterans have been assisted with benefits and referrals.

Senior Food Box Program

The PACE Program, in collaboration with the PA Department of Agriculture, continues to expand enrollment in the Senior Food Box Program (SFBP), which improves the health of low-income seniors by supplementing their diets with nutritious USDA foods. In August of 2021, the PACE Cardholder Call Center began outreach efforts to eligible PACE enrollees and thereafter, a second call center was added at the PACE Application Center (Benefits Data Trust). More than

32,000 applications have been received since 2021 and 93% of the applications have been approved. PACE transfers the applications to Hunger Free PA where they are distributed to one of the network's 17 food banks. In some areas of the state, food boxes are delivered through an agreement with Door Dash.

Naloxone Copay Assistance

In partnership with the Pennsylvania Department of Drug and Alcohol Programs, the Naloxone Copay assistance program provides a benefit of up to \$50 on each naloxone prescription for people with insurance. The benefit can be used at any PACE provider pharmacy and no prescription is needed when using the state standing order.

Outreach to unenrolled eligibles and facilitated enrollment

The PACE Application Center for the Department of Aging has conducted data-driven outreach and application assistance to connect older Pennsylvanians with public benefit programs to help cover the cost of prescriptions, shelter, and food. The Center identifies older Pennsylvanians who may be eligible for PACE and other benefit programs including the Supplemental Nutrition Assistance Program (SNAP), Senior Food Box Program, Property Tax/Rent Rebate (PTRR), Low-Income Home Energy Assistance Program (LIHEAP), Medicare Savings Programs (MSP), Medicaid coverage, and Medicare Part D Extra Help Low-Income Subsidy (LIS). The Center conducts outreach to those who may be eligible for benefits and completes and submits applications on behalf of older Pennsylvanians.

The Center uses multiple sources of federal, state, private, and public data and funding to conduct outreach. Since the Center began working with PACE, outreach efforts have resulted in over 240,500 applications for the PACE and PACENET programs and 157,500 applications for LIS. In addition, the Center has submitted over 178,500 other benefit applications on behalf of Pennsylvania's seniors. In total, seniors received approximately \$1.35 billion in benefits to help them afford their prescriptions, age in place, and live with dignity.

Pennsylvania Medicare Education and Decision Insight (PA MEDI)

The Department established a statewide program, previously known as APPRISE, in Pennsylvania in 1900. The grant is administered through ACL. In 2021, the Department rebranded and renamed APPRISE as the Pennsylvania Medicare Education and Decision Insight or PA MEDI.

Using SHIP grant funds, the PA MEDI Program provides free, in-depth, unbiased, one-on-one health insurance counseling to Medicare beneficiaries, their families, and caregivers about Medicare and Medicaid benefits and eligibility, Medicare supplement insurances, Medicare Advantage Plans, Medicare prescription (Part D), and Medicare Savings Programs. The Department is responsible for the statewide management of the program and oversees the operation of a statewide toll-free hotline (800-783-7067) for Medicare-related inquiries. Area Agencies on Aging are responsible for PA MEDI's local administration.

Senior Community Services Employment Program (SCSEP)

PDA is the grantee for the Senior Community Services Employment Program (SCSEP) administered by the United States Department of Labor. Seven (7) Area Agencies on Aging (AAAs) and one contracted vendor, currently AARP, serve as sub-grantees of the Department. PDA participated in a collaboration with the Department of Labor and other state agencies to provide input on the 2024-2028 Workforce Innovation and Opportunity Act (WIOA) Combined State Plan. During this process, PDA highlighted the importance of

increased coordination with OAA programs and SCSEP¹⁰. This is now a key goal in the WIOA plan.

Health & Wellness Programs

PDA's Title IIID funded services focus on keeping older adults healthy, manage chronic conditions and preventing injury and disease through evidence-based programs. Programs include workshops on chronic conditions, injury and disease prevention, mental health, substance abuse, medication- management, exercise, and nutrition. There are approximately 32 Health & Wellness Evidence-Based Programs available offered by the Area Agencies on Aging across the state. Either in person or virtual free to anyone 60 or older.

PDA owns a Self-Management Resource Center multi-agency license so all 52 AAAs may provide at least one of the CDSME programs. In addition, PDA is the proprietary owner of HSOA and HSIM which allows all 52 AAAs to conduct at least one PDA owned falls prevention program each year.

PDA provides bi-monthly meetings and technical assistance to all 52 AAAs to support and enhance their Title IIID offerings as well outreach to underserved populations in PA by offering EBPs in senior centers, faith-based organizations, community centers, parks, health care organizations etc.

Some of the most widely available programs and Endorsed by PDA include:

- [Chronic Disease Self-Management Program \(CDSMP\)](#) reviews healthy ways to manage living with a chronic condition through six workshops covering managing medications, improving nutrition, increasing fitness and exercise, communicating with your doctor, managing the daily emotions that often accompany a chronic condition, and learning to work within the health care system.
- [Diabetes Self-Management Program \(DSMP\)](#) like CDSMP reviews healthy ways to manage living with diabetes through six workshops.
- [Chronic Pain Self-Management Program \(CPSMP\)](#) like CDSMP and DSMP reviews healthy ways to manage living with chronic pain through six workshops.
- [Healthy IDEAS](#) (Identifying Depression Empowering Activities for Seniors) provides depression screening and depression intervention to older adults and empowers them to manage their depression through a behavioral activation approach that encourages involvement in meaningful activities.
- [Healthy Steps for Older Adults \(HSOA\)](#) is an evidence-based falls prevention program that is designed to raise awareness of falls, screen for falls risk, introduce methods to prevent falls, and provide referrals and resources through two workshop sessions.
- [Healthy Steps in Motion \(HSIM\)](#) is an evidence-based falls prevention exercise program open to participants of all fitness levels and designed to increase strength and balance through eight workshop sessions.

Housing Services

Access to suitable and safe housing is a noted social determinant of health as it can directly impact the overall health and wellbeing of an individual ¹¹. Safe housing can not only protect physical health but can also promote social connectedness and emotional well-being. The Department facilitates housing programs described below and are offered through AAAs who have elected to participate and administer these services.

The Domiciliary Care Program

Domiciliary Care (Dom Care) program provides a supervised, homelike living arrangement for adults aged 18 and older who are unable to live independently in the community. Dom Care homes are certified by the local Area Agency on Aging for three or fewer residents. Area Agencies on Aging match eligible residents to Dom Care providers with consideration of their mutual needs, preferences, and interests. Area Agencies on Aging also provide ongoing care management services to residents and conduct annual Dom Care home inspections. Residents of the Dom Care home receive assistance with self-help activities such as bathing, grooming, and laundry. Dom Care providers assure the resident receives nutritious meals, transportation to medical appointments, and assistance with self-administration of medication, when needed.

Shared Housing and Resource Exchange Program

SHARE is a housing program of the Pennsylvania Department of Aging (PDA) and is administered by Area Agencies on Aging (AAAs). SHARE is an affordable housing choice that matches homeowners who want to share their home with home sharers who are looking for housing in exchange for contributions towards shared living expenses, help around the house (examples include lawn care, snow removal, and transportation), companionship, or a combination. The sharer has a private bedroom and shares the living, dining, and other common spaces with the host. Participants must be at least 18 years of age, and one of the individuals in the match must be age 60 or older. The amount the home sharer contributes towards the cost-of-living expenses may not be more than 30% of the individual's gross income.

Elder Cottage Housing Opportunity (ECHO):

Elder Cottage Housing Opportunity (ECHO): The Pennsylvania Department of Aging partners with the Pennsylvania Association of Area Agencies on Aging (P4A) to offer the Elder Cottage Housing Opportunity. Elder cottages are small, separate, manufactured residences for older adults that are temporarily placed in the side or backyard of a host family (relatives or close friends). The arrangement provides independence and privacy for its resident along with easy

access to family or friends who can provide assistance. When living requirements of the resident change, the cottage will be relocated to the home of another host family. All seniors served are lower income and pay no more than 30% of their monthly incomes to reside in the cottage. The cottages will be made available through a local collaboration between the Area Agencies on Aging (AAAs) and a local housing partner.

Collaborative Impact

To better serve older Pennsylvanians statewide, the Department fosters partnerships with other state agencies, home-and community-based organizations, and academic partners to integrate health, health care, and social services systems. These strategic alliances allow the Department to leverage the expertise of multiple sectors and better meet the needs of older adults in a more holistic approach.

Through collaboration, the Department plays a critical role in integrating these systems more effectively. Below are a few examples of these collaborations, which provide the Department with the knowledge we need to better serve our constituents.

- **National Technical Assistance Center** – The Department participates in meetings the National Technical Assistance Center hosts with other states and stakeholders. These meetings are designed to brainstorm and share ideas. Additionally, the National Technical Assistance Center hosts presentations and technical assistance webinars which Department staff attend. As a result of a recommendation provided by the National Technical Assistance Center, the Department participates on the PA Partners Supporting Families Workgroup which was formed to collaborate with other stakeholders in PA. The Department will continue to attend and participate in events hosted by the National Technical Assistance Center to continue to gain valuable information and share ideas with other stakeholders.
- **Temple University** – The Department's Protective Services Bureau collaborates with Temple University's Institute on Protective Services to ensure that we are up to date on best practices and providing quality services. Based on recommendations from the Institute on Protective Services and the 2021 Protective Services Conference, basic training for PS investigators was revised to incorporate trauma-informed components in October, 2023.
- **Pennsylvania Association of Community Health Centers (PACHC)** – Medical assistance programs often have lengthy and sometimes confusing application processes. The Department uses PACHC services to screen applicants for Medicare Savings Programs and to provide assistance with applications for these programs. Utilizing PACHC helps the Department reach more individuals every year and ensures that older adults have access to the benefits they qualify for.

- **Benefits Data Trust (BDT)** – The Department has an ongoing agreement in coordination with Benefits Data Trust and administered through one of the AAAs to provide benefit coordination to older adults. This agreement allows BDT to have a dedicated phone line that conducts eligibility screenings and assists with submitting applications on behalf of those likely to be eligible for Extra Help and/or Medicare.

Learning from Our Past for a Better Tomorrow: Lessons from COVID

Throughout the execution of the previous 4-year state plan spanning from 2020 to 2024, the Pennsylvania Department of Aging, alongside the Commonwealth and the entire nation, remained entangled in the complexities of the COVID-19 pandemic and its multifaceted repercussions. This federal public health emergency highlighted and exacerbated the health disparities that affect individuals and communities in the greatest economic and social need. With older people experiencing the greatest risk of infection, the Department of Aging had not only the responsibility, but the opportunity to respond with innovation and collaboration in an efficient manner. American Rescue Plan Act funding (ARPA) was instrumental in ensuring that the Department and the AAAs could continue to provide quality services and supports to older adults. The Department has requested a no-cost extension to continue to provide quality services. These funds have been requested to further support Congregate Meals, Family Caregiver Support, Home-Delivered Meals, COVID-public Health Workforce Expansion, and other programs that are delivered through the Department and the 52 Area Agencies on Aging to older adults across the Commonwealth.

In response to the COVID-19 epidemic, the Department collaborated with agencies across the Commonwealth to ensure that older adults were receiving timely information. Partnership with the Pennsylvania Department of Health (DOH), Department of Human Services (DHS), Pennsylvania Emergency Management Agency (PEMA), and others was critical in this effort. During the height of the pandemic, every agency in the Commonwealth, including the Department of Aging had staff continuously report to the PEMA Offices to answer phone calls and concerns from older Pennsylvanians. The rotating staff members who supported the PEMA efforts would receive critical information and report out PDA's own continued efforts. Furthermore, Long-Term Care ombudsmen were key in providing information to long-term care facilities on how to request and receive personal protective equipment (PPE), cleaning supplies, and how to stay open to the public to continue to provide services. The lessons learned during this time has made the Department more agile in its services and better prepared for future emergencies.

During the pandemic, the Department, through the flexibilities provided by the COVID-19 Federal Public Health Emergency and ACL, was able to offer more effective and efficient responses in delivering essential services to older Pennsylvanians throughout the pandemic. The Department found that these more flexible options were more accessible for all older adults and allowed more older adults experiencing accessibility options to receive needed services.

- **Data Collection & Reporting:** Collecting data related to the federal public health emergency was essential in an effective response to COVID. Through the Department's online reporting tool, the Bureau of Quality Assurance tracked COVID-19 vaccine uptake and booster shots among older adults.
- **Protective Services:** To ensure our Protective Services continued, staff members utilized remote communication platforms to provide consistent technical assistance and training to AAA protective services staff, as well as for PS investigators to communicate with older adults in need of protective services. COVID-19 guidance in conducting face-to-face visits was provided to mitigate the spread of COVID-19 for older adults and AAA PS investigators. Furthermore, PDA collaborated with Temple Institute to create an online training module for PS investigators entitled "PS Standard Precautions for Infection Control When Working with Older Adults (PPE) Training Course" which remains on the
- **PDA learning management system (LMS).** This education course was critical in providing the most up-to-date information possible efficiently. PS investigator can still access these courses.
- **Meals:** During the COVID-19 pandemic, Senior Community Centers (SCCs) were closed to in-person services and programs across the Commonwealth. The Department provided guidance to the AAA network and SCCs related to meals provided by SCCs. AAAs and SCCs responded to the changing landscape of the pandemic by finding creative, innovative approaches to serve participants. These approaches changed the method of providing traditional programming and meals to older adults, including the use of Grab and Go meals, also commonly referred to Carry-Out, Take-Out, or Drive-Thru Meals. Grab and Go meals have become an effective means of providing nutrition services to older adults through the SCCs. The Department has provided guidance to the AAAs and SCCs to continue the use of Grab and Go meals, at their discretion, after the Federal Public Health Emergency ended to best serve older adults in their communities.
- **Vaccine Education:** During the pandemic, the Department's Education and Outreach office and the Communications office partnered with sister agencies including DOH and DHS to share best practices related to social distancing, handwashing, and eventually, vaccines. This huge effort to provide materials to older adults both aging-in-place and in community-based settings was integral in the high uptake of the Covid-19 vaccine. The department continues to foster our relationship with sister agencies to create

materials on vaccine education to disseminate to hard to reach older adults, including those in long-term care settings.

- **Long-Term Care Communication:** The pandemic highlighted a clear communication gap between commonwealth media outlets and individuals residing in long-term care facilities in the state. During this time, the Long-Term Care Ombudsman Office collaborated with the Department of Health to create and distribute interactive materials directly to long-term care residents related to emergency preparedness, mask-wearing, handwashing, social distancing, and vaccines. In the face of newly emerging health crises, the Department can easily update these materials. Additionally, these educational materials can be distributed in perpetuity in the case of another public health emergency or natural disaster.
- **Prescription Assistance:** At the onset of the pandemic, the PACE Program adjusted prescription parameters to lessen cardholder burden by easing the requirements on early refills and prescription quantities.
- **COVID Call Center and Outreach:** As COVID vaccines became available, specific steps by the Department's PACE Program and the local aging network led to targeted outreach to Pennsylvania's older adult population. Through inbound and outbound telephone call center explanation and targeted postcard outreach, the PACE Program assisted consumers with assessing vaccine eligibility, directed them to local vaccination providers, scheduled appointments, offered transportation assistance, and shared up-to-date and accurate vaccination information. There were over 120,000 inbound and outbound calls. These telephone-based direct to consumer actions contributed substantially to the state quickly reaching one of the highest COVID-19 vaccination rates in the country for persons 65 years and older. PACE also arranged various community vaccination events, accounting for 25,000 vaccinations. Additionally, PACE arranged vaccination appointments at pharmacies and in-home appointments for people who were home-bound, or otherwise unable to get to an appointment. The PACE program will continue to make vaccination appointments for older adults that need assistance in securing an appointment.

Community Outreach & Needs Assessment

The 2024-2028 State Plan was developed by the PDA with input from stakeholders, AAAs, the Pennsylvania Council on Aging (PCOA), the Long-term Care Council (LTCC), and other state agencies and commissions. Research for this plan utilized the World

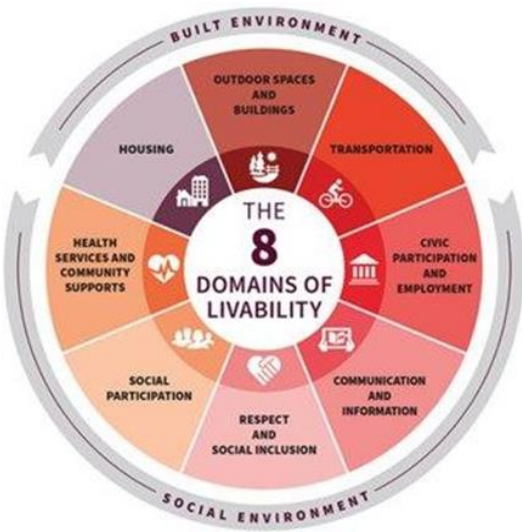


Figure 3: Eight Domains of Livability

Health Organization’s (WHO) framework to support the advancement of age-friendly and livable communities. This framework was adapted by AARP for the United States and is based upon the eight (8) domains of livability that have been found to have a direct impact on the health and well-being of older adults across the world¹².

The 8 domains, seen in Figure 3 and further explained in Appendix B, are inextricably linked to social determinants of health (SDH). These non-medical factors have long been noted for their influence on health outcomes and are the conditions and wider set of systems that shape individuals everyday lives ⁷. Social Determinant of Health have a strong influence of health outcomes and health

inequities. Exploring SHD through the framework of the 8 domains of livability provided the Department with unique insight into how older adults across Pennsylvania interact with each factor and how that impacts both their daily lives and their overall health and well-being.

PDA relied on the Pennsylvania Association of Area Agencies on Aging (P4A) and the network of 52 AAAs to lead listening sessions and community engagement to gain a better understanding of the barriers that older adults face in accessing services. This direct stakeholder engagement and iterative analysis guided the development of the goals and strategies outlined in both this document for the 2024-2028 State Plan as well as *Aging Our Way, PA*. AAAs and PDA completed over 200 in-person and virtual listening sessions. At least one listening session was held in all 67 counties. This tremendous stakeholder effort allowed the department to collect over 10,000+ comments between listening sessions, emails, letters, and an online form.

In addition to the 10,000+ comments collected directly from stakeholders, PDA completed a needs assessment survey in partnership with the University of Pittsburgh. The final Needs Assessment Survey can be seen in Appendix D. The University of Pittsburgh conducted a 900-person random sample. telephone survey. PDA and the University also distributed a survey, available as an online form and requested paper copies, which yielded nearly 7,000 responses. Using existing relationships and building new partnerships with community-based organizations allowed PDA to distribute the survey widely. The Needs Assessment Survey was distributed and completed in multiple

⁷ [Social determinants of health \(who.int\)](https://www.who.int)

languages, including Spanish, Korean, Mandarin, and Spanish. By partnering with Long-term Care facilities, PDA distributed paper surveys in congregate-home settings.

PDA staff, with technical assistance from the LTCC analyzed and interpreted the data collected through the Listening Sessions, emails, comment cards, and the Needs Assessment Report to produce a compiled list of common themes that illustrate the barriers that older adults consistently face every day.

In addition to the 2024-2028 State Plan being rooted in stakeholder feedback, the draft of *Aging Our Way, PA* was published on the department's website on February 20th for a 30-day public comment period. The draft was available in HTML, which can be translated into any language that the viewer is using on their personal device.

Goals, Objectives, Strategies, and Outcome Measures

The Department of Aging developed four goals based upon the five key topic areas designated by the Administration for Community Living and guided by the comments and concerns expressed during the stakeholder engagement sessions.

Unlocking Access: Design and offer equitable, affordable, and available options and opportunities that older adults may choose from for healthy and engaged lives, regardless of ability; socioeconomic status; racial, ethnic, linguistic, or cultural backgrounds; or geographical location.

Aging in Community: Remediate barriers that prevent older adults from remaining in their own homes, maintaining familiar surroundings, staying connected to their communities, and living in secure dwellings

Caregiver Supports: Build a comprehensive catalogue of supports and enhancements that provide caregivers with help at home, respite, training, and navigational tools.

Education & Navigation: Lead a pervasive, coordinated network of community and academic partners to raise public awareness of services for older adults, provide information that reaches everyone and is understandable by all, ensure timely and streamlined connection to assistance with any needed resource, and resolve the challenging problems that older adults face in their daily lives becomes increasingly challenging. Regardless of ability, socioeconomic status, race, ethnicity, language, culture, location, or age, people should have access to ample and accessible options that allow us to age in the way we choose.

Unlocking Access will enable older adults to engage and access available resources to have healthy and engaging lives. As we age, our ability to obtain the services and supports we need becomes increasingly challenging. Regardless of ability, socioeconomic status, race, ethnicity, language, culture, location, sexual-orientation, or age, people should have access to ample and accessible options that allow us to age in the way we choose.

This priority aims to dismantle barriers and foster respectful and inclusive environments for older adults across diverse backgrounds.

Key Topic Areas addressed: OAA Core Programs, HCBS, Equity

Goal 1: Unlocking Access

Objective 1.1: Improving access and availability of LTSS among vulnerable populations

Strategies:

- Expand and fund the scope of the Office of the Long-Term Ombudsman to serve individuals receiving HCBS long-term supports and services.
- Advocate for funding to establish and maintain an appropriately staffed Alzheimer's Disease and Related Disorders (ADRD) office within PDA.
- Author a Long-Term Care Patient Bill of Rights that will protect the rights and dignity of older adults in the long-term care system, especially historically marginalized people including those living with HIV/AIDS, minority individuals, and older adults who identify as LGBTQ+.

Objective 1.3: Increasing access to nutritious food

Strategies:

- Expand awareness among older adults and throughout the Aging Network of eligibility for nutrition-related programs, such as SNAP, Senior Food Box, and the Senior Farmers Market Nutrition Program.
- Revise the existing assessment tools for the Department's nutrition programs to incorporate malnutrition screening for individuals determined to be at nutritional risk.
- Increase enrollment through identifying new individuals and re-enrolling eligible older adults in the Senior Food Box program and where necessary arranging transportation for individuals that can not pick up food themselves. (30,000)

Objective 1.4: Offering language and accessibility

Strategies:

- Create and distribute a comprehensive accessibility guide and assessment tool for outreach and communication, including parameters for multiple languages,

accessible formats, print and digital media, and dissemination channels to ensure cultural and linguistic sensitivity.

- Increase awareness of the Pennsylvania Technology Foundation to ensure older adults have access to the assistive technologies.

Objective 1.5 Promoting Inclusive Social Opportunities

Strategies:

- Ensure social engagement opportunities are designed for diverse individuals to be inclusive for all older individuals, including Asian Americans and Pacific Islanders, older Native Americans, older Hispanic Americans, older African Americans, and older LGBT persons.
- Develop a statewide online platform that offers virtual health and wellness programming, connection to information and resources, and opportunities for virtual social engagement.¹

By 2028, the Department plans to have:

- Developed and implementation of virtual health and wellness programming.
- Measured the number of older adults reached by virtual health and wellness programming.
- Distributed accessibility guide to 100% Area Agencies on Aging and Senior Community Centers.
- Promoted virtual health and wellness programming to reach 5% more older adults annually.
- Improved access to older adult services for historically marginalized and underserved populations.
- Decreased food insecurity among older adults through increased awareness and access to nutrition programming such as SNAP, Senior Food Box, and the Senior Farmers Market Nutrition Program.

Aging in Community involves fostering supportive, inclusive, accessible, and affordable environments in which older adults feel valued and can live comfortably. This goes beyond "aging in place". Due to challenges in adapting homes to changing needs and limited access to assistance programs for those with modest incomes. Providing home-based care services is crucial for maintaining independence and is more cost-effective than residential care.

Maintaining social connections as we age is essential for a sense of belonging, purpose, and well-being. This includes enabling older Pennsylvanians to continue working, utilizing their skills, and helping address workforce shortages. Embracing technology is key, with many older adults interested in training and access to broadband for secure and consistent device use. This approach ensures older adults can thrive in their chosen environments.

ACL Key Topic Areas addressed: OAA Core Programs, Equity, HCBS

Goal 2: Aging in Community

Objective 2.1: Protecting older adults financial and personal safety

Strategies:

- Expand partnership between Attorney General's Office, Department of Banking & Securities (DOBS), and community advocacy organizations such as Center for Advocacy for the Rights & Interests of Elders (CARIE) and AARP Pennsylvania to expand educational programs that inform older adults about how to recognize and report common scams and frauds.
- Expand the existing PDA Financial Exploitation Task Force with state and local law enforcement agencies to investigate and combat fraud and scams targeting older adults.
- Implement the Older Adult Suspicious Death Multidisciplinary Review Team (SDMART) to identify gaps in services and inform best practices.
- Advocate to update the Older Adults Protective Services Act to better serve and protect older adults.

Objective 2.2 Identifying and supporting programs that help older adults live in the community

Strategies

- Expand and increase the number of people served and access to more services in the Help at Home (OPTIONS) program.

- Expand and fund Shared Housing and Resource Exchange (SHARE) model to additional counties and expand the model to more populations including veterans and reentrants.
- Support funding and policy to create age-friendly, dementia-friendly, and ADA-compliant communities to improve access and availability.
- Support the 1115 waiver authority to expand access and supports for housing for individuals who are eligible for Pennsylvania's Medicaid program.
- Expand the Elder Cottage Housing Opportunity program (ECHO) to more AAAs
- Engage in recruitment and retention efforts to increase the number of Domiciliary Care Providers to expand supportive housing opportunities.
- PA Link will continue to provide education and training for partners on home and community-based services and resources.

Objective 2.3: Promoting a diverse range of social opportunities

Strategies

- Collaborate with arts and cultural organizations to provide meaningful ways for different generations to connect and participate that foster dialogue and appreciation between groups, community enrichment, and self-expression, including art exhibitions, museum visits, concerts and festivals.
- Develop artist-in-residence program opportunities to connect Senior Community Centers and artists who have completed the Pennsylvania Council on the Arts Academy for Creative Aging.
- Encourage the growth and creation of innovative respite programs, including Memory Cafes and other models to support persons living with dementia and their care partners.
- Explore opportunities for congregate-meal providers to attract program participants by offering medically-tailored meal options in addition to traditional hearty meals.
- Provide culturally appropriate meal options at senior community centers to the maximum extent possible.
- Engage in recruitment and retention efforts to increase the number of Domiciliary Care Providers to expand supportive housing opportunities in the community.

Objective 2.4: Increasing the capacity and capability of the Aging Network

Strategies

- Provide educational workshops and resources to advance the Aging Network's ability to form and maintain relationships with other local and regional organizations, create diverse funding streams, develop new or innovative services and supports, and modernize the delivery of services to address the evolving needs of the older adults they serve in their community.

Design and launch a grant writing education program to advance the Aging Network's ability to pursue competitive grants.

- Encourage relevant state and local agencies within the Aging Network to use validated tools (e.g., UCLA Scale of Loneliness) to measure loneliness and social isolation and provide direction with subsequent interventions to connect those at risk to social participation opportunities.¹
- Create grant opportunities for Aging Network Partners to enhance local communication, outreach, and branding efforts
- Create a Community Needs Assessment template to assess and improve the quality and satisfaction with Senior Community Center service and program offerings, operations, and environment.
- Develop and implement a comprehensive toolkit to monitor the performance of all 52 AAAs in administering Older Adult Protective Services, Caregiver Support Program (CSP) and OPTIONS.
- Incorporate supplemental fiscal measures into the evaluation of CSP and OPTIONS.
- Continue the Department's partnership with Sage care to provide LGVTQ+ cultural competency training for department staff.
- Promote Senior Community Service Employment (SCSEP) within both Area Agencies on Aging and Senior community centers through distribution of electronic marketing materials

By 2028, the Department plans to have:

- Received state-wide age-friendly designation from AARP that signifies the state commitment to support existing Age-Friendly Community coalitions and expanding the capacity of the Age-Friendly Network within the state.
- Distributed SCSEP marketing materials to 100% of senior community centers and AAAs.
- Expanded the SHARE program to three (3) additional AAAs.
- Increased awareness of home and community-based service options among older adults to allow more older adults to age in the communities of their choosing.
- Expanded access to medically tailored meals for older adults.
- Increased awareness of frauds and scams among the older adult population through the PDA Financial Exploitation Task Force.
- Initiated the Older Adult Suspicious Death Multidisciplinary Review Team (SDMART) and identified gaps in services and quick wins.

Caregiver Supports aims to bolster the direct care workforce and aid care partners through improved systems of support, education, and assistance. This goal seeks to ensure sustainable,

competent, and exceptional care for older adults. Caregivers fulfill a vital role in maintaining the well-being of older adults, yet their demanding work often lacks adequate recognition and support.

Pennsylvania, like many states, grapples with a shortage of direct care workers and high turnover rates due to factors like low wages, limited training, and scant opportunities for advancement. This scarcity of skilled workers further compounds the challenges families encounter as they seek to arrange support and services for their loved ones.

ACL Key Topic Areas addressed: Caregiving

Goal 3: Caregiver Supports

Objective 3.1: Strengthening the direct care workforce

Strategies

- Update and develop an implementation plan for the 2019 Blueprint for Strengthening Pennsylvania's Direct Care Workforce starting with recommendations to enhance wages, benefits, training, and development of a career ladder.
- Change Scope of Practice laws to allow healthcare paraprofessionals and other individuals involved in supporting the clinical and long-term care needs of older adults and individuals with disabilities to perform functions they are qualified to perform.
- Advocate for changes to federal and state laws to allow legal immigrants and refugees to be hired as direct care workers.

Objective 3.2 Supporting caregivers and care partners

Strategies

- Develop a statewide Caregiver Toolkit, utilizing recommendations from the RIASE Family Caregiver Advisory Council to provide best practices and available supports and resources for caregivers.
- Utilize recommendations from the National Technical Assistance Center on Grand families and Kinship families to inform the Caregiver Toolkit
- Expand existing opportunities for education, training, and case management for caregivers.
- Explore the establishment of a tax-free savings and incentives account for caregivers.

By 2028, the Department plans to have:

- Developed and distributed a caregiver toolkit, utilizing recommendations from our community and federal partners.
- Distributed caregiving toolkits to every AAA and encourage local AAAs to share them with their community partners.
- Updated and partly implemented the recommendations from the 2019 Direct Care Workforce blueprint.
- Increased awareness among caregivers of respite programs.
- Provided education to caregivers on best practices and available resources and supports.

Education & Navigation includes coordinating research with academic and community partners to address complex social and cultural issues that hinder older adults from actively participating and engaging in their communities. This goal works to ensure that older adults and adults with disabilities can easily access the information they need to better understand the services and programs that are available.

ACL Key Topic Areas addressed: COVID-19, Equity, HCBS, Caregiving

Goal 4: Education & Navigation

Objective 4.1: Augmenting navigation

Strategies

- Establish at least one dedicated navigator in every AAA equipped with standardized training in case management, information and referral tools, customer service, and resources related to health services and community supports, housing, social engagement, and transportation.
- Refresh the PA Link program by conducting a comprehensive program evaluation, redesigning a local and statewide No Wrong Door system, establishing channels for information and referral, managing a statewide resource database for case management, exploring outreach systems for follow-up and assistance, and launching a public awareness campaign.
- Enhance coordination to optimize the referral system between State Health Insurance Assistance Programming (PA MEDI) and the PA Link
- Continue to provide training for the PA Link on person-centered counseling.
- Expand person-centered training for Long-term Care Ombudsman volunteers.

Objective 4.2: Preparing for emergencies

Strategies

- Develop and build upon activities and mechanisms for older adults, families, and communities to plan and prepare for individual and public emergencies, especially those who live in nursing homes, are homebound, or belong to historically marginalized communities.
- Expand awareness among older adults and caregivers of protocols for emergency communication, including those available in multiple languages and accessible formats.

Objective 4.3: Educating the Community

Strategies

- Distribute existing resources for victims of abuse and neglect, including intimate partner or family member abuse, that contains resources for immediate help and assistance in multiple languages.
- Distribute existing resources to educate older adults in senior community centers and congregate home settings about the negative health effects associated with social isolation.
- Increase awareness and resources dedicated to early detection, diagnosis, and treatment of dementia, especially in diverse and underserved communities and populations with greater risk factors.
- Increase outreach and education on Medicare Benefits such as preventative health benefits and Medicare savings programs.
- Provide trauma-informed care training for protective services workers and care management staff with external subject matter experts and law-enforcement partners.
- Continue to provide educational resources to senior centers, AAAs, PA Link, and the PACE Clearing House on infectious diseases and vaccine preventable diseases.
- Encourage local SHIPs to continue to build partnership with government agencies and local community partners to educate Medicare beneficiaries.
- Partner with the Department of Health to provide education and end stigmatization against older adults living with HIV.

Objective 4.4: Raising Awareness of existing opportunities

Strategies

- Launch a public awareness campaign to expand the availability and use of Older Adult Daily Living Centers and LIFE programs and promote the broad range of services as an alternative option to more costly service utilization, such as personal assistance, nursing facilities, and hospital stays.
- Develop and provide a toolkit to Senior Community Centers and other community-based organizations and for legislators to use at older adult fairs and similar locations to address volunteer and mentorship opportunities in their area.
- Expand an awareness campaign of volunteer opportunities, utilizing existing resources, including information on the social and mental health benefits of volunteering.
- Increase outreach to art and culture professionals to enroll in the Pennsylvania Council on the Arts Academy for Creative Aging.
- Lead an education and awareness campaign for community-based organizations on best practices for intergenerational programming, such as the models promoted by the Pennsylvania Intergenerational Network (PIN) and Generations United.
- Expand the Healthy Steps for Older Adults Fall Prevention Program and the Healthy Steps in Motion (HSOA) to reduce the risk of falling and fall related traumatic brain

injuries (TBI) and provide referrals and resources to improve health and promote an active lifestyle.

- Expand the Health IDEAS (Identifying Depression & Empowering Activities for Seniors) to promote awareness of depression, anxiety, and loneliness among older adults.

By 2028, the Department Plans to have:

- Distributed educational materials on infectious and communicable diseases to 100% of senior community centers and AAAs.
- Provided trauma informed care to 50% of all caseworkers and Ombudsman volunteers.
- Trained 100% of Ombudsman staff on person-centered planning.
- Improved older adults knowledge and awareness of existing resources.
- Improved the aging network's ability to respond to individualized care needs with person-centered planning.
- Expanded the Health IDEAS program to four (4) additional Area Agencies on Aging

Quality Management

Quality Management is critical in providing quality services and is central to PDA's mission in serving older adults. The Bureau of Quality Assurance within PDA is dedicated to developing and implementing policies and procedures for continual quality assessment and evaluation of programs within the Aging Network.

The Bureau of Quality Assurance collects data, monitors, and reports on the service delivery of programs across the state. AAAs and contracted service providers collect and enter specific information in an online database known as Aging & Disability (A&D), formerly known as the Social Assistance Management Software (SAMS). Data collected includes program participants, services, expenditures, and more. Utilizing databases like this allows the Bureau of Quality Assurance to create reports at specified time intervals on the utilization rate of programs and more.

The department is in the process of finalizing a new monitoring tool which is being referred to as the C.A.P.E. (Comprehensive Aging Performance Evaluation). The C.A.P.E. will transform the Department's monitoring function from a siloed program approach to a more holistic philosophy, in which each AAA will be evaluated for performance in OPTIONS, Caregiver Support Program, and Older Adult Protective Services during a singular review. The C.A.P.E. is being piloted in three AAAs during the April-June 2024 timeframe and then, upon successful pilot, will be rolled out statewide in July 2024. The Department will also be utilizing monthly reports to gauge and monitor ongoing compliance with the Protective Services Program. The C.A.P.E. was designed with specific measures to identify compliance with Protective Services (among other Older Americans Act Services). If, after the C.A.P.E. has been completed, the Agency has identified areas of non-compliance with specific program measures, the AAA will be required to submit a Performance Improvement Plan (PIP) to the Department for review and approval. Once the PIP

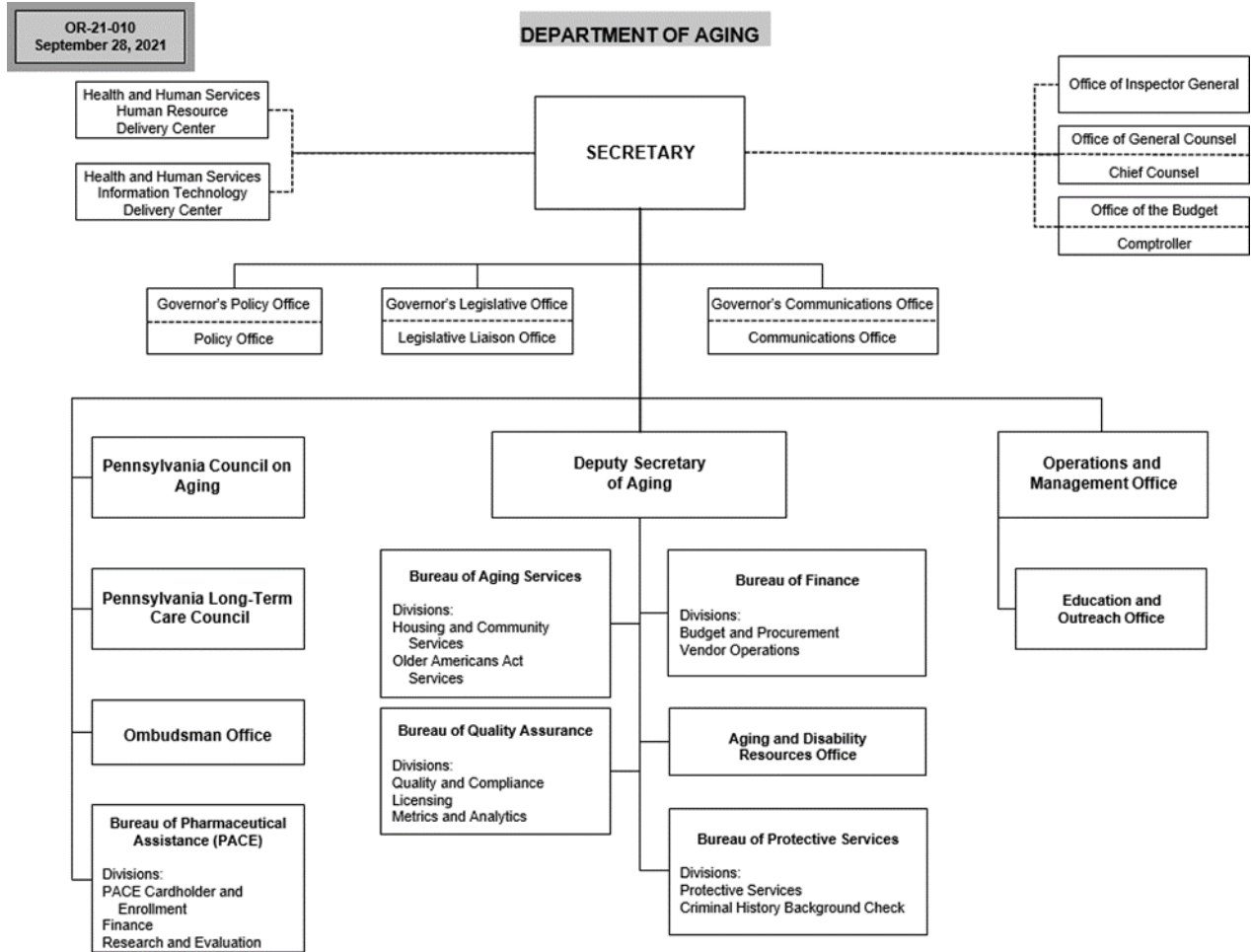
has been reviewed and accepted, the Bureaus of Protective Services, Aging Services and Finance will have engagement with the AAA to provide TA in the areas of Protective Services non-compliance /OPTIONS/CSP/Fiscal and to ensure that the PIP was implemented. Continuous quality improvement will be achieved through routine monitoring.

Next Steps:

Continued coordination and collaboration of public and private stakeholders, transparency, and accountability are critical to advancing the 2024-2028 State Plan on Aging and achieving the goals identified through direct stakeholder engagement. The Department has committed to a transparent data collection and modelling system for the implementation of *Aging Our Way, PA*. Overlapping tactics between the 2024-2028 State Plan on Aging and *Aging Our Way, PA* will be tracked on an online public-facing platform. This transparency is essential to ensuring the Department and our partners are accountable for implementing and achieving the goals that were identified by older adults during the stakeholder engagement process. This State Plan, in coordination with *Aging Our Way, PA* will guide the Department's strategic planning efforts over the next four years to ensure not only that older adults and adults with disabilities have the resources they need to thrive in their communities, but that the Commonwealth of Pennsylvania is longevity-ready and age-friendly for all.

Appendix A: PA Department of Aging Organization Structure

Department of Aging Organization Structure



Appendix B: 8 Domains of Age-Friendly Communities in PA

Respect and Social Inclusion: Pennsylvania is characterized by inclusivity and appreciation for the contributions, wisdom, and experiences of older adults. Stereotypes and prejudices are actively challenged, ensuring that older Pennsylvanians of all backgrounds are valued members of their communities, free from discrimination based on age, ability, race, ethnicity, gender, sexual orientation, religion, or other characteristics.

Housing: Older adults live where they choose, in well-maintained structures, universally functional quarters, in safe neighborhoods, and hospitable communities. Alternative and affordable options and adaptations are readily available to meet changing needs and desires for housing. Older adults can choose a housing option that includes appropriate housing design and close proximity and access to services and amenities such as grocery stores, libraries, and community centers. Alternative options and adaptations are readily available to meet changing needs and desires for housing.

Transportation: Older Pennsylvanians can move throughout their community and never feel isolated due to a lack of transportation options or mobility impairment. Pedestrian modes of travel, which may be aided by mobility devices like wheelchairs, walkers, and scooters, are enjoyable and facilitated over smooth and well-maintained sidewalks. Pedestrians are not impeded by cracked pavement, overgrown roots, snow and ice coverings, or other hazards. Drivers are responsive to the rules around crosswalks. Older adults are practicing safe driving, agreeing to driving exams as appropriate, and are freshly aware of alternative means of mobility. If an older adult is not comfortable operating a personal vehicle, they can depend on reliable, timely, accessible, and useful transit options with stops that provide shelter from the elements, a place to sit, and are well-placed near community resources.

Outdoor Spaces and Buildings: Our public community spaces like playgrounds, state parks, libraries, places of worship, and businesses will be vibrant, clean, accessible, and comfortable, offering inviting and safe atmospheres that encourage physical activity, social interaction, local shopping, and activity in shared community spaces.

Social Participation: A thriving culture offers older Pennsylvanians numerous opportunities for social engagement and recreation. Essential community spaces host workshops, art exhibitions, games, and other options for socialization with people of the same and different ages and backgrounds. These opportunities help counter the loneliness and social isolation many older adults experience as part of their daily lives.

Civic Participation and Employment: Older Pennsylvanians are encouraged and supported in their endeavors to contribute to the workforce or engage in volunteer opportunities. Businesses and organizations recognize the wealth of experience and

knowledge older individuals bring, pay fair wages for time and expertise, and accommodate requests for flexibility that enable workers to be effective in their positions.

Health and Community Supports: Comprehensive, holistic healthcare services promote physical, behavioral, financial, social, and emotional wellness, prevention, and early intervention. The network of public and private providers offers high-quality community supports and health services that are affordable and readily available. Older adults and caregivers are informed and empowered to heal and thrive in the manner that they choose, that best suits their preferences and circumstances.

Appendix C: PA Department of Aging Core Services

Adult Daily Living Centers	Available through our OPTIONS program, Adult Daily Living Centers can provide supervision and support for older adults one or more days a week
APPRISE	Free and objective one-on-one Medicare counseling from trained APPRISE volunteers
Caregiver Support Program	Program of supports and services designed to ease caregiver stress
Education Programs	Medication management, nutrition classes, health screenings, and more
Health & Wellness	Evidence-based exercise, chronic disease management, falls prevention and other classes
Nutrition Services	Provide direct meal service and nutrition counseling at no charge to eligible individuals
Older Pennsylvanians Legal Assistance Program	Provides legal assistance, advocacy, and counseling for qualifying older adults on a variety of issues
Office of the Long-term Care Ombudsman	Advocacy and complaint resolution for individuals living in long term care facilities such as nursing or personal care homes and assisted living facilities
Ombudsman: PA Empowered Expert Residents (PEERs)	In-facility long-term care advocate residents, available to assist other residents in understanding their rights
Options- Help at Home	Cost-shared in-home services which could include care management, personal care, home modifications, home health care, adult day care, home-delivered meals, transportation, and other services
PA Link to Aging & Disability Resources	Person-centered information and assistance for accessing long-term services and supports for adults 18 years and older. PA Link: 1(800)753-8827
PACE & PACENET Prescription Assistance	Income-based eligibility low-cost prescription medications for qualified residents age 65 and older. PACE/PACENET: 1(800)225-7223
PA Patient Assistance Program Clearinghouse (Sponsored by PACE)	Adults 18 and older can call the Clearinghouse for assistance with a variety of medical, food, housing, employment, and other programs. Statewide Clearinghouse: 1(800)955-0989
Protective Services	Protection for adults 60 years old and older from physical, emotional, and financial abuse, exploitation, neglect, and abandonment. Statewide hotline: 1(800)490-8505
Senior Center	Offer socialization, activities, and free, nutritious meals in a congregate setting

Senior Employment	Federally funded program providing job training and employment for low-income adults 55 and older
Transportation	Free and discounted rides to assist older adults getting to medical appointments, senior centers, and other essential destinations
Volunteer Opportunities	The Department has many volunteer opportunities for older adults and others.

Appendix D - University of Pittsburgh Needs Assessment Survey

State Plan Guidance Attachment A

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

Older Americans Act, As Amended in 2020

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—. . .

(2) The State agency shall—

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

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

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

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)

(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(c) An area agency on aging designated under subsection (a) shall be—...

(5) in the case of a State specified in subsection (b)(5), the State agency;

and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

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

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual

adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and

participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4) (A)

(i)

(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low- income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items

(aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will

prepared —

(I) specify how the provider intends to satisfy the service needs of low- income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

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

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C) (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic

Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

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

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making

behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) provide assurances that the area agency on aging, in carrying out the State

Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

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

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

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

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency

that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled

with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;

- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

- (1) contracts with health care payers;
- (2) consumer private pay programs; or
- (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

- (1) The plan shall—
 - (A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) be based on such area plans.

(2) The plan shall provide that the State agency will—

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

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

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

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

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

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

(5) The plan shall provide that the State agency will—

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.

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

(7) (A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

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

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

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

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

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

(11) The plan shall provide that with respect to legal assistance —

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

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to

concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

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

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of

such information, except that such information may be released to a law enforcement or public protective service agency.

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

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

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

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

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

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

(21) The plan shall—

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

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

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

(23) The plan shall provide assurances that demonstrable efforts will be made—

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

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

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

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

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

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

(28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for

emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

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

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

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

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used

to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

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

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

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

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

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

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

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order...

A handwritten signature in blue ink, appearing to read "Jason Kavulich". The signature is fluid and cursive, with a large initial "J" and "K".

Jason Kavulich, Secretary of Aging

08/02/2024

State Plan Guidance Attachment B

INFORMATION REQUIREMENTS

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

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

RESPONSE:

PDA utilizes the intrastate Funding Formula (IFF) to ensure preference will be given to providing services to older adults in greatest economic and or older individuals with greatest social need. Socioeconomic factors that are directly related to economic and social need are utilized within the IFF to better reach older adults that fall within these categories.

PDA will also continue to evaluate how we can better reach older adults that are in the greatest economic and/or greatest social need. This will allow PDA to develop programs that are better serving our communities.

Section 306(a)(6)(I)

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

RESPONSE:

Each of the 52 AAAs is within one of the 15 ADRC regions throughout the state and both within their AAA and their PSA, conducts person-centered counseling and planning for older adults and people living with disabilities. Furthermore, PDA has a statewide program manager for the ADRC's. This individual regularly updates and coordinates with counselors to disseminate the most up to date information. Finally, PDA reviews and approves AAA Area Plans and assures coordination is included to disseminate information about State assistive technology.

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

RESPONSE:

The mechanism for disaster relief service is covered in the Department's Area Plan Guidance, and it's organized and coordinated through the Department's Agency Representative to the Pennsylvania Emergency Management Agency (PEMA).

Each AAA area plan must include a specific section on local emergency responsiveness and how the AAA will coordinate with the department and PEMA. Disaster relief services during a declared disaster's response phase are coordinated through the department's representative to the PEMA Commonwealth Response Coordination Center (CRCC). This individual coordinates state level intra-agency and inter-agency responses for issues identified at the local level.

Section 307(a)(2)

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

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)

RESPONSE:

The department, through its program directives, specifies a minimum proportion of the funds received by each AAA will be used to carry out part B requirements, including access, in-home, and legal assistance. Oversight for this is provided by the department's fiscal (oversight) staff. AAAs are required to meet established standards for funding services provided primarily to individuals in their residence. Minimum proportions for access, in-home, and legal assistance are as follows:

- Access 7%
- Legal Assistance 1%
- In-Home 60%

Section

307(a)(3) The

plan shall—

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

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

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

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

RESPONSE:

The Department uses data from the Center for Rural PA to estimate the total number of older adults in each PSA and across the state Fifty (50) of the fifty-two (52) Area Agencies on Aging have some rural population, according to the Center for Rural PA. The state agency assures that it and AAAs will not spend less for each fiscal year of the plan than the amount expended for such services for fiscal year 2000.

This rural population is considered and weighted in the current formulation of the Intrastate Funding Formula, which helps direct funding at this specific and historically underserved population. The Department currently provides services and programs for rural older adults across the state. Transportation is offered, where applicable, to transport older adults in rural areas that would otherwise not have access to their transportation needs.

FFY2025: \$18,162,712

FFY 2026: \$18,162,712

FFY2027: \$18,162,712

FFY2028: \$18,162,712

Section 307(a)(10)

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

RESPONSE:

Pennsylvania's IFF provides greater weight to people who are 60 and older and reside in a rural area than those are not. The formula assigns a weighted percentage of 10% to this factor currently. Local autonomy is encouraged throughout our 52 AAAs to specifically meet the needs of rural older adults.

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

- (A) *identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and*
- (B) *describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.*

RESPONSE:

According to recent data provided by the Administration for Community Living, there are 23,248 low-income minority older adults who speak English less than "very well" in Pennsylvania.

PDA's and AAAs' data collection and analysis assists with determining the population and location of low-income minority older individuals and those with limited English proficiency in each Planning Service Area (PSA) and supports targeted outreach and service delivery. ACS five-year estimate from Penn State Data Center for the 60+ low-income minority population that doesn't speak English at all or well is 17,667.

The Department of Aging and AAAs utilize translation services to the maximum extent possible to target older adults that primarily speak another language other than English. In areas with high concentration of English-second language speaking older adults, AAAs regularly utilize translation services to translate outreach materials that contain information on health and wellness, services, programs, and beyond. During the data collection process of the State Plan

and Aging Our Way, PA, listening sessions were done in multiple languages and offered in areas with high concentration of older adults that spoke languages other than English, including Spanish and Mandarin.

Further, the current IFF highly weights older adults that live below the federal poverty line (FPL). PSAs that have a large number of older adults that live at or below the FPL benefit from this weighted factor to offer services to low-income older adults, some of whom are minority

Section 307(a)(21) The plan shall —

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

RESPONSE:

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

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

Section 307(a)(27)

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

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

RESPONSE:

The Department, in partnership with the University of Pittsburgh completed a statewide needs assessment for older adults. The results from that needs assessment directly inform the 2024-2028 State Plan on Aging.

PDA has partnership with the Center for Health Care Strategies (CHCS) to advance Master Plans for Aging. CHCS was critical to the creation of *Aging Our Way, PA*. PDA has also been selected to be part of a Cross-State Learning Collaborative for Caregiving. These partnerships are essential to anticipating and preparing for a growing number of older adults in the state of Pennsylvania and creating a service infrastructure that is sustainable.

Section 307(a)(28)

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

RESPONSE:

The Secretary of the Department of Aging leads the Department and staff on all aspects of emergency preparedness. The Secretary regularly meets with sister agencies, including the Department of Health, the Department of Human Services, and the Department of Drug and Alcohol to ensure that all agencies are aligned in strategic planning efforts, such as emergency preparedness plans. The Secretary also has appointed an official representative from the Department of Aging to represent the Department when necessary, with the Pennsylvania Emergency Management Agency.

PDA included a section on the Area Agency on Aging templates for local area plans to be completed. Additionally, AAAs each sign an assurance related to emergency preparedness. A Department Representative reviews AAA plans and provides technical assistance as needed.

- PDA will ensure temporary program policies exist to be implemented in times of disaster declarations so that crucial services to older adults can continue.

- PDA will coordinate with AAAs when made aware of capacity issues in delivering services to ensure services can continue or that extra capacity can be leveraged to assist other communities.
- PDA will make AAAs aware of updates to messaging and guidance coming from state and federal partners which may affect them

Section 307(a)(29)

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

RESPONSE:

The Secretary of the Department of Aging has been leading the department and its staff on all aspects of emergency preparedness. The Secretary also routinely meets with other state cabinet secretaries, and the Departments of Health, Insurance, and Human Services on many matters, including emergency preparedness.

Section 705(a) ELIGIBILITY —

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

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

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

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

(1) *an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;*

- (2) *an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;*
- (3) *an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;*
- (4) *an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;*
- (5) *an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);*
- (6) *an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—*

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

RESPONSE:

The Pennsylvania Department of Aging requires, through the annual Area Plans, that Area Agencies on Aging gather public input regarding their programs and services, establish and work through their local advisory boards to make funding decisions on programs and services, ensure access to their programs and benefits, and protect the rights of vulnerable elders through provision of legal education and legal assistance. The MBA administers the Ombudsman for Long-Term Care Program and, in partnership with the MN Department of Human Services, the Adult Protection Program (which is managed locally by the counties) to protect elders' rights. The staff of the Ombudsman Program are state employees and are located in each region of the state.

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

The creation of this plan utilized the input from the statewide needs assessment survey that could be completed in multiple languages, including English, Korean, Spanish, Chinese, and Russian. In addition to the needs assessment survey, PDA used the direct input from stakeholders from over 200 listening sessions and comments made via an online form, letters, and emails. The Department also completed virtual listening sessions for individuals that were not able to participate in an in-person session. Virtual listening sessions were completed in English, Spanish, and American Sign Language. The Department also held a town hall specific for LGBTQ+ older adults to gather feedback on the specific barriers that LGBTQ+ older adults face and services they need greater access to.

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

Through collaboration between both the Pennsylvania Department of Aging (PDA) and the 52 Area Agencies on Aging (AAA), the Older Adults Protective Services Act (OAPSA) is consistently implemented to ensure that older adults who lack the capacity to protect themselves and are at imminent risk of abuse, neglect, exploitation, or abandonment shall have access to and be provided with the services necessary to protect their health, safety, and welfare. In accordance with this Act (35 P.S. §§10225.101, et seq.), the Pennsylvania

Department of Aging (PDA) works with the AAA network to increase public awareness regarding elder abuse, neglect, exploitation, and abandonment. This public outreach and education includes providing for an ongoing educational campaign regarding the causes and warning signs of elder abuse, profiles of victims and perpetrators and the voluntary and mandatory reporting requirements of Pennsylvania's Older Adults Protective Services Act and Adult Protective Services Act.

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

The Bureau of Older Adult Protective Services strives to protect older adults from abuse, neglect, maltreatment and exploitation. The Department has contracted with 52 Area Agencies on Aging (AAA) who are responsible for investigating all reported cases of abuse, neglect, abandonment and maltreatment. There has been a distinction with responsibilities within the department which now provides a clear path to receiving technical assistance and educational supports to all AAA as it pertains to addressing needs of older adults in need of protective services. The restructured technical assistance team serves as the primary oversight for support to the AAA and aid in investigations conducted by the AAAs.

The State imposes no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C) on entities seeking designation as local Ombudsman programs. The State, through the AAAs, coordinates services locally with funds expended under Title VII, Chapter 3, and maintains the confidentiality of any reports of abuse or neglect. The state assures that all information gathered in the course of receiving reports and making referrals shall remain confidential except in the cases outlined in section 705(a): Per 6(C). Additionally, the state assures that it will not permit coerced participation in the programs identified in Section 705(a)(6).

PDA assures services are in accordance with the Older Americans Act. AAAs, ADRCs, and Long term Care Ombudsman programs are monitored for compliance and a plan for remediation is developed as necessary. PDA assures there are no restrictions other than those included in Section 712(a)(5)(C)(i)-(iv), regarding the eligibility of entities for designation as local Ombudsman entities.

PDA assures it will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protections.

Intrastate Funding Formula Attachment C

INTRASTATE (IFF) FUNDING FORMULA REQUIREMENTS

Each State IFF submittal must demonstrate that the requirements in Sections 305(a)(2)(C) have been met:

OAA, Sec. 305(a)(2)

“States shall,

(C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account--

*(i) the geographical distribution of older individuals in the State;
and*

(ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals.”

- For purposes of the IFF, “best available data” is the most recent census data. More recent data of equivalent quality available in the State may be considered.
- As required by Section 305(d) of the OAA, the IFF revision request includes: a descriptive Statement; a numerical Statement; and a list of the data used (by planning and service area).
- The request also includes information on how the proposed formula will affect funding to each planning and service area.
- States may use a base amount in their IFFs to ensure viable funding across the entire state.

INTRASTATE FUNDING FORMULA BACKGROUND

The Intrastate Funding Formula (IFF) or “allocation formula” is used to allocate federal funding to Pennsylvania’s 52 Area Agencies on Aging (AAAs). The current IFF was developed in 2020 and implemented for the beginning of the State Fiscal Year 21.

On September 22, 2020, the Administration for Community Living (ACL) issued a conditional approval of Pennsylvania’s current 4-year (2020-2024) State Plan on Aging which required the Pennsylvania Department of Aging (PDA) to revise its previous allocation formula method used to distribute Older American’s Act (OAA) federal funds to AAAs in order to comply with OAA requirements.

The OAA requires that any updates to the IFF must be completed in accordance with Sec. 305(a)(2) which notes that:

“States shall,

(C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account--

(i) the geographical distribution of older individuals in the State; and

(ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals.”

Model Development

PDA examined the previous IFF model, reviewed federal requirements governing the intrastate allocation of funds, compared what factors several other states considered in their models and collaborated with the AAA network during the planning and development of the new IFF. PDA obtained and researched available empirical data from the Pennsylvania State Data Center, reviewed demographics of consumers who utilized aging services and conducted modeling to ascertain the impact of various scenarios on the AAA resources.

PDA’s overarching goal was to arrive at a model that would optimize the allocation of federal funds to serve older adults as directed by federal requirements, while complying with OAA requirements and considering mitigation of any adverse impact to AAAs. The IFF methodology is required to meet the following federal objectives:

- Operates within the parameters established by federal laws and regulation
- Uses criterion variables for which data values are available from common, readily accessible and reliable sources
- Accomplishes updates or changes to the model data, input variables, and decision variables easily
- Provides accurate and reliable output

AAA Engagement and IFF Public Review and Comment Process

The Department engaged with leadership of the AAA network to receive their input and feedback on revisions to the IFF. In January of 2021, PDA began to meet with P4A leadership to discuss these changes. We discussed the factors, weights and other considerations, i.e. past efforts on IFF, comparisons to other states and AAA utilization data. We also considered financial impacts and mitigation strategies. Subsequent steps included meeting with the board of directors of P4A and a presentation to the whole network of 52 AAAs.

Pennsylvania has a statutorily created Council on Aging (PCoA) whose members are primarily older adults from throughout Pennsylvania. This council was informed in March, 2021 of the procedure being followed to address the IFF issue, and a formal overview was provided to PCoA on April 22, 2021 after publication of the summary and financial impacts.

To meet the requirement for public review and comment, PDA issued a press release with a link to the IFF summary and a related spreadsheet with the financial impacts on April 2021. We also pushed the press release directly to aging network stakeholders such as AARP, the Alzheimer's Association, SeniorLaw and others so that they could provide their feedback. Legislative oversight committees, the House Committee on Aging and Older Adult Services and the Senate Aging and Youth Committee were also sent the information for review and comments.

PDA reviewed the feedback received and took steps to respond to stakeholder questions and concerns, including meeting with the AAA network and responding to and meeting with legislators who have requested meetings.

Comments were received through PDA's website feedback option, and through emails or letters sent to the Legislative Affairs Office and the Office of the Secretary.

A summary of responses received related general themes or questions that we responded to are as follows:

1. Stakeholders requested additional information regarding the data PDA used to inform its selection of factors, weights, and mathematical calculations.

2. Stakeholders requested an understanding of all definitions, particularly “poverty” and “rural”, that PDA used to inform the factors included in the proposed IFF.
3. Stakeholders shared concerns regarding reductions in funding and its possible impact on nutritional programs, such as home-delivered meals, congregate meals, and general concern over the nutritional well-being of older adults in adversely affected service areas.
4. Stakeholders requested either an extension of the comment period, typically from 7 days to 30 days, or a delay in the implementation of the proposed IFF.
5. Stakeholders shared comments regarding data used to determine population shifts.
6. Concerns were shared regarding the timing of the changes to the IFF, specifically citing the COVID-19 pandemic.

Most of the feedback received came from the southwestern Pennsylvania region, serviced by Southwestern PA AAA, which covers three counties, Washington, Fayette, and Greene.

Stakeholders, including county commissioners, state representatives, state senators, providers of senior services, senior citizen centers, AAA representatives, submitted comments primarily focused on the impact of the shifts in funding for these three counties.

Additional feedback was submitted on behalf of Philadelphia, Lebanon, Lackawanna, and Potter counties. Issues raised included request for more information to validate the formula, advocacy for more flexibility in how federal and state funds could be used and support for the shift in funds for AAAs that stand to gain increased funding.

There were several stakeholders that submitted feedback. These stakeholders included AARP Pennsylvania, the Alzheimer’s Association of Greater Pennsylvania, State Senator Judy Ward, Majority Chair of the Senate Aging & Youth Committee, CARIE (Center for Advocacy for the Rights & Interests of the Elderly) and P4A (Pennsylvania Association of Area Agencies on Aging).

Descriptive Statement of the IFF Model

The IFF model allocates federal funding administered by ACL, as authorized by the OAA, to the following service areas:

- Title III B - Supportive Services
- Title III C1- Congregate Meal Services
- Title III C2 - Home Delivered Meal Services
- Title III D - Health Promotion Services
- Title III E - Caregiver Services
- Title VII - Ombudsman and Protective Services

Funds are not deducted from Title III funds for State Plan Administration and Area Plan Administration prior to the distribution under the IFF. Additionally, the Department does not pull out Title III-B funds for LTCO activities before applying to the Intrastate Funding Formula.

The IFF is not used to allocate funding Pennsylvania receives for the Nutrition Services Incentive Program (NSIP). The distribution of NSIP awards are based on the number of certified eligible meals reported to ACL. Each AAA's annual allocation is based on their percent of statewide certified eligible meals that they report the previous year.

The models allocation is based on the following data sources:

2022 American Community Survey 5-Year Estimates

- Lives Alone 65+
- Incomes Below Poverty 60+

2022 Census Bureau Vintage Population Estimates, prepared by the Penn State Data Center

- Age Population breakdowns
- Race_Ethnicity 60+

2020 Urban and Rural Definition according to the Center for Rural PA and Penn State Data Center

- Rural 60+

The formula is a mathematical expression of older adult consumer population attributes within each AAA's planning and service area (PSA). Consumer characteristics are represented within the formula as

factors. Each selected factor represents a demographic subset of the eligible population that meets two primary criteria:

- Represents a unique or exceptional set of demands or requirements on an AAA’s resources
- An uneven distribution of the factor exists within the AAA network

The following six factors that are used in the IFF incorporate census data for the population within each factor:

Factors, Rationale, and Data Source for the updated IFF:

Factors	Rationale	Data Source
Persons Age 60-74	Modified existing Age 60+ factor to Age 60 – 74 to decrease overall weight given to age	2022 Census Bureau Vintage Population Estimates, prepared by the Penn State Data Center
Persons Age 75+	Kept existing factor because the number of consumers seeking services tend to increase once they reach a minimum age of 75 years old	2022 Census Bureau Vintage Population Estimates, prepared by the Penn State Data Center
Age 65+ who Lives Alone	Added this new factor because this is a noted indicator of	2022 American Community Survey 5-Year Estimates

	greatest social need and presents a risk of social isolation	
Age 60+ who are Minority	Kept existing factor because this is a noted indicator of social need	2022 Census Bureau Vintage Population Estimates, prepared by the Penn State Data Center
Age 60+ in a Rural Setting	Kept existing factor because this is a noted indicator of social need	2020 Urban and Rural Definition according to the Center for Rural PA and Penn State Data Center
Age 60+ Living In Poverty	Kept existing factor because this is a noted indicator of economic need	2022 American Community Survey 5-Year Estimates

The weighted population for each factor is calculated by multiplying the census data by the factor's weight.

AAA Allocation Determination

Each AAA's census data is multiplied by the following factor's fixed weighted percentage.

Factors

Fixed Weighted Percentage

Persons Age 60-74	1%
Persons Age 75+	4%
Age 65+ who Lives Alone	10%
Age 60+ who are Minority	15%
Age 60+ in a Rural Setting	10%
Age 60+ Living In Poverty	60%

AAA Weighted Population = (1% x Age 60-74) + (4% x Age 75+) + (10% x Age 60+ - Living Alone) + (15% x Age 60+ - Minority) + (10% x Age 60+ - Rural) + (60% x Age 60+ - In Poverty)

Each AAA's Weighted Population is then divided by the total for the AAA network to determine its AAA Index Percent.

AAA Index Percent = *AAA Weighted Population* / *AAA Network Total Weighted Population*

Each AAA's Index Percent is then multiplied by the total available funding to determine its allocation.

AAA Allocation = *AAA Index Percent* x *Available Funding*

Descriptive Statement of IFF Mitigation Strategy

To mitigate the effects of major funding shifts created by this transition from the current funding formula to a new formula, PDA is electing to limit the funding reductions any AAA may incur within a given year. PDA has elected to exercise this option to allow for this transition to occur gradually and minimize impacts to older adults. As a result, a five percent (5%) cap will be placed as a maximum reduction a AAA will incur in any year, based on its fiscal year 2020-21 (July 1 – June 30) allocations which will serve as the base year for this calculation. This cap will be applied annually until the full reduction required, because of the transition to a new formula, is achieved. This mitigation process will also limit the increases that AAAs will gain in a given year to the total capped amount for that specific year. The distribution of the capped amount, in a given year, will be prorated across all AAAs gaining funds based on the percentage of funds due to them from the overall shift in total funds.

AAA FY 2020-21 (Base Year) Allocation x 5% = *Maximum Reduction in a Year (MRY)*

Each year the MRY amount will be applied until the total IFF Determined Reduction is achieved. The IFF Determined Reduction is the total funding reduction to a AAA caused by the implementation of the proposed IFF using updated census data.

In any given year, if the remaining IFF Determined Reduction amount is equal to or greater than the MRY, the beginning allocation amount for the year will be reduced by the MRY. If the remaining IFF Determined Reduction amount is less than the MRY, the beginning allocation amount for the year will be reduced by the IFF Determined Reduction.

If a AAA's IFF Determined Reduction amount is greater than the MRY:

Beginning allocation – MRY = Annual Allocation

If a AAA's IFF Determined Reduction amount is less than the MRY:

Beginning allocation – IFF Determined Reduction amount = Annual Allocation

Any future distribution of new federal funds will be determined using the approved IFF and added to AAA existing allocations after mitigation efforts are applied.

Ongoing Updates to IFF

As a matter of policy, PDA will update the census data used in this allocation formula on a periodic basis, not to exceed at least once every four years, in order to limit the funding impact of future demographic shifts when it allocates federal dollars using the IFF.

Any future changes to the IFF formula, beyond updates to census data used in the formula, must be done in accordance with the prescribed update procedures required by the OAA.

Data Per PSA

PSA	AAA	Age 60-74 (wt. .04)	Age 75+ (wt. .04)	Age 65+ Living Al	Age 60+ Minorit	Age 60+ Rural	Age 60+ Below P
		2022	2022	2022	2022	2022	2022
01	ERIE	50347	20933	15,426	4,923	14697	6,886
02	CRAWFORD	17260	7563	4,604	641	19436	2,100
03	CAM/ELK/MCKEAN	15768	7161	4,912	422	18819	1,707
04	BEAVER	35333	15966	11,046	2,863	13242	3,678
05	INDIANA	16256	7120	4,558	608	14933	2,178
06	ALLEGHENY	230673	102771	81,596	43,725	5000	30,152
07	WESTMORELAND	78184	35450	23,424	3,555	27648	9,382
08	WASH/FAY/GREENE	78405	33119	23,030	4,631	55669	10,716
09	SOMERSET	16002	7516	4,663	402	20459	2,138
10	CAMBRIA	29079	13065	9,460	1,412	25407	4,345
11	BLAIR	24513	11929	8,027	885	19513	3,460
12	BED/FULT/HUNT	21804	10391	6,447	880	28213	2,855
13	CENTRE	22003	10328	6,404	1,458	13393	1,501
14	LYCOM/CLINTON	29036	13221	8,545	1,489	23754	3,642
15	COLUM/MONT	15912	7470	4,730	768	13671	2,233
16	NORTHUMBERLND	18249	8501	6,202	718	14585	2,682
17	UNION/SNYDER	14024	7045	4,423	674	16378	1,741
18	MIFF/JUNIATA	13220	6848	3,628	404	18099	1,495
19	FRANKLIN	28328	14279	8,038	2,238	20962	2,567
20	ADAMS	21057	9168	5,110	1,386	21618	1,767
21	CUMBERLAND	45925	21762	13,378	4,482	12688	3,423
22	PERRY	9193	3500	2,412	306	11753	855
23	DAUPHIN	50783	19657	13,777	14,994	11549	5,821
24	LEBANON	26272	13243	7,393	3,177	7969	2,930
25	YORK	81519	34497	22,169	9,291	25363	8,788
26	LANCASTER	94052	48237	24,841	12,623	22783	10,498
27	CHESTER	90484	38121	21,137	14,439	6753	6,188
28	MONTGOMERY	149658	70141	41,106	34,833	802	12,662
29	BUCKS	125897	52992	28,670	16,488	8791	9,327
30	DELAWARE	98747	41455	27,508	29,720	0	10,744
31	PHILADELPHIA	229894	91819	79,401	184,838	0	64,214
32	BERKS	74231	32532	20,231	14,101	23810	9,041
33	LEHIGH	63803	28361	16,328	16,219	7000	6,853
34	NORTHAMPTON	58482	26633	15,736	10,362	9852	5,492
35	PIKE	13312	5076	2,930	2,450	18213	1,467
36	B/S/S/T	30637	14191	8,592	1,243	40581	4,099
37	LUZERNE/WYOMING	67041	30791	21,128	6,378	30985	8,708
38	LACKAWANNA	40872	19380	13,398	3,747	10379	5,663
39	CARBON	13784	5764	4,227	871	12584	1,674
40	SCHUYLKILL	29267	13027	8,019	1,258	28354	3,593
41	CLEARFIELD	16094	7623	4,755	454	18499	2,563
42	JEFFERSON	9199	4342	3,029	226	9411	1,335
43	FOREST/WARREN	10017	4484	2,746	350	12158	1,371
44	VENANGO	11530	4809	2,978	389	12168	1,532
45	ARMS TRONG	14450	6215	4,059	372	18790	1,885
46	LAWRENCE	18095	8456	5,560	978	10829	2,208
47	MERCER	22635	11235	7,379	1,645	19053	2,500
48	MONROE	32529	11073	6,262	11,133	21006	3,960
49	CLARION	7367	3464	2,105	212	9650	1,136
50	BUTLER	37579	16123	11,046	1,412	24457	3,665
51	POTTER	3763	1727	1,009	124	5535	424
52	WAYNE	11901	5045	3,225	826	15602	1,109
	TOTALS	2,364,465	1047641	692829	476045	874885	304975

FFY 2020 Funding Sources with 2022 Census Data:

PSA	AAA	IFF Affected Funding Sources with 2022 Census Data						Distribution Amount
		Title III-B	Title III-C1	Title III-C2	Title VII	Title III-D	Title III-E	
01	ERIE	364,506	364,506	364,506	16,613	21,927	160,379	1,292,438
02	CRAWFORD	280,170	280,170	280,170	12,770	16,854	123,272	993,406
03	CAM/ELK/MCKEAN	1,303,732	1,303,732	1,303,732	59,421	78,428	573,627	4,622,671
04	BEAVER	291,658	291,658	291,658	13,293	17,545	128,326	1,034,138
05	INDIANA	189,080	189,080	189,080	8,618	11,374	83,193	670,426
06	ALLEGHENY	863,791	863,791	863,791	39,370	51,962	380,058	3,062,762
07	WESTMORELAND	263,742	263,742	263,742	12,021	15,866	116,043	935,156
08	WASHINGTON/GREENE	263,972	263,972	263,972	12,031	15,880	116,144	935,970
09	SOMERSET	201,547	201,547	201,547	9,186	12,124	88,678	714,628
10	CAMBRIA	200,132	200,132	200,132	9,122	12,039	88,056	709,613
11	BLAIR	85,271	85,271	85,271	3,886	5,130	37,518	302,346
12	BEDFORD/HUNT	114,228	114,228	114,228	5,206	6,872	50,259	405,021
13	CENTRE	173,321	173,321	173,321	7,900	10,426	76,259	614,547
14	LYCOMING/CLINTON	108,843	108,843	108,843	4,961	6,548	47,889	385,926
15	COLUMBIAN/MONT	91,414	91,414	91,414	4,166	5,499	40,221	324,127
16	NORTHUMBERLAND	127,833	127,833	127,833	5,826	7,690	56,245	453,260
17	UNION/SNYDER	197,135	197,135	197,135	8,985	11,859	86,737	698,987
18	MIFFLIN/JUNIATA	168,253	168,253	168,253	7,669	10,121	74,029	596,577
19	FRANKLIN	145,159	145,159	145,159	6,616	8,732	63,868	514,693
20	ADAMS	157,931	157,931	157,931	7,198	9,501	69,488	559,981
21	CUMBERLAND	219,630	219,630	219,630	10,010	13,212	96,635	778,748
22	PERRY	146,315	146,315	146,315	6,669	8,802	64,377	518,793
23	DAUPHIN	195,914	195,914	195,914	8,929	11,785	86,200	694,656
24	LEBANON	124,584	124,584	124,584	5,678	7,494	54,815	441,739
25	YORK	368,382	368,382	368,382	16,790	22,160	162,084	1,306,179
26	LANCASTER	462,646	462,646	462,646	21,086	27,831	203,559	1,640,415
27	CHESTER	359,961	359,961	359,961	16,406	21,654	158,379	1,276,322
28	MONTGOMERY	694,426	694,426	694,426	31,650	41,774	305,539	2,462,240
29	BUCKS	506,416	506,416	506,416	23,081	30,464	222,817	1,795,611
30	DELAWARE	534,476	534,476	534,476	24,360	32,152	235,163	1,895,104
31	PHILADELPHIA	2,538,807	2,538,807	2,538,807	115,713	152,725	1,117,045	9,001,905
32	BERKS	355,266	355,266	355,266	16,192	21,371	156,313	1,259,673
33	LEHIGH	370,505	370,505	370,505	16,887	22,288	163,018	1,313,709
34	NORTHAMPTON	259,916	259,916	259,916	11,846	15,636	114,360	921,590
35	PIKE	105,444	105,444	105,444	4,806	6,343	46,394	373,876
36	BETHLEHEM	261,928	261,928	261,928	11,938	15,757	115,245	928,725
37	LUZERNE/WYOMING	362,524	362,524	362,524	16,523	21,808	159,506	1,285,409
38	LACKAWANNA	227,220	227,220	227,220	10,356	13,669	99,974	805,658
39	CARBON	96,940	96,940	96,940	4,418	5,832	42,652	343,722
40	SCHUYLKILL	206,236	206,236	206,236	9,400	12,406	90,741	731,254
41	CLEARFIELD	131,220	131,220	131,220	5,981	7,894	57,735	465,269
42	JEFFERSON	68,699	68,699	68,699	3,131	4,133	30,227	243,588
43	FOREST/WARREN	80,988	80,988	80,988	3,691	4,872	35,634	287,161
44	VENANGO	86,958	86,958	86,958	3,963	5,231	38,260	308,327
45	ARMSTRONG	116,903	116,903	116,903	5,328	7,032	51,436	414,505
46	LAWRENCE	116,858	116,858	116,858	5,326	7,030	51,416	414,346
47	MERCER	149,600	149,600	149,600	6,818	8,999	65,822	530,440
48	MONROE	225,596	225,596	225,596	10,282	13,571	99,259	799,899
49	CLARION	65,664	65,664	65,664	2,993	3,950	28,892	232,828
50	BUTLER	202,413	202,413	202,413	9,226	12,176	89,059	717,701
51	POTTER	30,100	30,100	30,100	1,372	1,811	13,244	106,727
52	WAYNE	94,081	94,081	94,081	4,287	5,659	41,394	333,584