Performance-Based Budget

DEPARTMENT OF AGING

Commonwealth of Pennsylvania
Independent Fiscal Office
January 2022

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INDEPENDENT FISCAL OFFICE

January 19, 2022

The Honorable Members of the Pennsylvania Performance-Based Budget Board:

Act 48 of 2017 specifies that the Independent Fiscal Office (IFO) shall "review agency performance-based budget information and develop an agency performance-based budget plan for agencies subject to a performance-based budget review." This review "shall be completed in a timely manner and submitted by the IFO to the board for review."

This report contains the review for the Department of Aging. All performance-based budget (PBB) reviews submitted to the Board contain the following content for each activity or service provided by the agency:

- a brief description of the activity, relevant goals and outcomes;
- a breakdown of agency expenditures;
- the number of full-time equivalent positions dedicated to the activity;
- select currently available metrics and descriptive statistics;
- any proposed metrics that the review recommends; and
- observations that should allow agencies to more effectively attain their stated goals and objectives.

The IFO submits this review for consideration by the PBB Board. The agency received a draft version of this review and was invited to submit a formal response. If submitted, the response appears in the Appendix to this review. The IFO would like to thank the agency staff that provided considerable input to this review.

Sincerely,

Dr. Matthew J. Knittel
Director

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Background on Performance-Based Budgeting

Act 48 of 2017 is known as the Performance-Based Budgeting and Tax Credit Efficiency Act. The act requires the Independent Fiscal Office (IFO) to develop performance-based budget (PBB) plans for all agencies under the Governor's jurisdiction once every five years based on a schedule agreed to by the Secretary of the Budget and the Director of the IFO. The act directs the IFO to evaluate and develop performance measures for each agency program or line item appropriation. As determined by the IFO to be applicable, the measures shall include the following: outcome-based measures, efficiency measures, activity cost analysis, ratio measures, measures of status improvement of recipient populations, economic outcomes or performance benchmarks against similar state programs or similar programs of other states or jurisdictions.

The act requires the IFO to submit plans to the PBB Board for review and approval. The PBB Board reviews plans at a public hearing at which agency heads or their representative must attend to offer additional explanations if requested. The PBB Board has 45 days after submission to approve or disapprove plans.

A performance-based budget differs from a traditional budget in several key respects. The main differences are summarized by this table:

Traditional versus Performance-Based Budget

Criteria	Traditional Budget	Performance Budget
Organizational Structure	Line Items or Programs	Agency Activities
Funds Used	Appropriated Amounts	Actual Expenditures
Employees	Authorized Complement	Actual Filled Complement
Needs Assessment	Incremental, Use Prior Year	Prospective, Outcome-Based

The plans track funds based on agency activities because they can be more readily linked to measures that track progress towards goals, objectives and ultimate outcomes. Activities are the specific services an agency provides to a defined service population in order to achieve desired outcomes. Activity measures can take various forms: inputs (funding levels, number of employees), outputs (workloads), efficiency (cost ratios, time to complete tasks), outcomes (effectiveness), benchmark comparisons to other states and descriptive statistics. The final category includes a broad range of metrics that provide insights into the work performed by an agency and the services provided. Those metrics supply background, context and support for other metrics, and they may not be readily linked to efficiency or outcome measures. The inclusion of such measures supports the broader purpose of the PBB plans: to facilitate a more informed discussion regarding agency operations and how they impact state residents.

Note: Unless otherwise noted, performance metrics used in this report were supplied by the agency under review. Those data appear as submitted by the agency and the IFO has not reviewed them for accuracy. For certain years, data are not available (e.g., due to a lag in reporting). In those cases, "--" denotes missing data. All data related to expenditures and employees are from the state accounting system and have been verified by the IFO and confirmed by the agency.

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Department of Aging Overview

Mission Statement

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

Services Provided

For this report, the services provided by PDA are classified into seven general activities.

Department of Aging: Activities and Primary Services Provided

Activity	Primary Service
1 Pharmaceutical Assistance	Provide prescription benefits to low-income seniors
2 Aging Services	Provide assistance to seniors living in the community
3 Elder Justice and Protection	Investigate and prevent elder abuse and neglect
4 Education, Health and Outreach	Offer health programs and Medicare counseling
5 Adult Daily Living Centers/QA	License centers and monitor program quality
6 Advocate for Older Adults	Advocate for older adults in long-term care settings
7 Administration	Provide organizational leadership and support

Department Resources

PDA Average Weekly FTE Positions by Activity and Fiscal Year

	16-17 Actual	17-18 Actual	18-19 Actual	19-20 Actual	20-21 Actual	21-22 Budget
Pharmaceutical Assistance	8	8	8	7	8	8
Aging Services	12	10	9	10	10	10
Elder Justice and Protection	8	8	10	10	9	9
Education, Health and Outreach	5	6	5	4	4	4
Adult Daily Living Centers/QA	19	17	15	18	17	17
Advocate for Older Adults	4	3	3	4	3	3
Administration	35	30	26	25	28	28
Total	**91**	**82**	**76**	**78**	**78**	**78**

Note: FTE stands for Full-Time Equivalent.

PDA Expenditures by Fiscal Year

	16-17 Actual	17-18 Actual	18-19 Actual	19-20 Actual	20-21 Actual	21-22 Budget
Expenditures by Activity						
Pharmaceutical Assistance	$173.5	$155.8	$145.6	$144.8	$126.4	$139.5
Aging Services	401.3	416.4	362.7	299.7	317.9	322.5
Elder Justice and Protection	52.9	57.8	56.6	56.7	49.3	52.2
Education, Health and Outreach	6.2	6.4	5.6	4.5	4.9	4.9
Adult Daily Living Centers/QA	3.2	3.3	3.4	2.6	2.3	2.2
Advocate for Older Adults	9.6	9.8	9.3	8.1	8.0	7.7
Administration	39.9	44.0	39.2	34.1	34.0	34.4
Total	**686.6**	**693.5**	**622.4**	**550.5**	**542.8**	**563.4**
Expenditures by Object						
Personnel Services	$10.8	$10.0	$9.6	$10.0	$9.7	$10.4
Operational Expenses	52.1	49.5	50.1	48.8	45.0	53.7
Fixed Assets Expenses	2.2	2.7	2.5	2.5	2.7	3.0
Grants	621.4	631.3	560.1	489.1	485.4	496.4
Total	**686.6**	**693.5**	**622.4**	**550.5**	**542.8**	**563.4**
Expenditures by Fund						
General Fund (State)	-$0.4	$0.8	-$1.0	$0.0	$0.0	$0.0
General Fund (Federal)	147.0	159.6	109.8	90.1	111.8	109.2
Lottery Fund (State)	366.0	377.9	359.8	314.5	303.9	315.3
Lottery Fund (Augmentations)	0.4	0.7	0.8	0.7	0.6	0.0
Lottery Fund (Federal)	0.0	0.0	7.4	0.0	0.0	0.0
Pharmaceutical Assistance Fund	173.6	155.9	145.8	145.0	126.3	138.9
Tobacco Settlement Fund	0.0	-1.4	-0.1	0.0	0.0	0.0
Total	**686.6**	**693.5**	**622.4**	**550.5**	**542.8**	**563.4**
Personnel Cost/FTE ($ thousands)	**$119.5**	**$122.4**	**$126.6**	**$127.9**	**$123.9**	**$132.0**

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

Key Agency Performance Metrics

This report includes numerous performance metrics, but certain metrics are critical to the overall operation of the agency. Key agency metrics that policymakers should monitor are displayed in the table. A brief explanation of key metric trends appears on the next page.

Key Metrics to Monitor

	16-17	17-18	18-19	19-20	20-21
PACE/PACENET gross expenditures ($ millions)[1]	**$682**	**$666**	**$689**	**$713**	**$738**
Medicare Part D/other payer offsets	$396	$410	$449	$493	$528
Net state expenditures	$177	$160	$144	$137	$134
Other	$109	$96	$96	$84	$76
Waitlist for OPTIONS services[2]	**2,407**	**1,929**	**3,533**	**3,500**	**3,057**
Waiting for meals (priority 1)	147	171	171	151	65
On waitlist (not for meals)	2,260	1,758	3,362	3,349	2,992
Reports of need (RONs), investigations and substantiated abuse/neglect[3]					
RONs received	28,633	32,253	36,145	36,329	39,780
RONs investigated	20,494	23,552	28,552	31,286	34,833
Substantiated abuse/neglect	6,889	8,408	9,683	11,119	13,149
Share of substantiated abuse/neglect RONS by type[4]					
Self neglect	--	38%	38%	40%	48%
Caretaker neglect	--	20%	21%	20%	19%
Financial exploitation	--	18%	17%	17%	15%
Emotional abuse	--	14%	13%	13%	15%
Physical abuse	--	16%	19%	17%	13%
Sexual abuse	--	1%	1%	1%	1%
Share of older adults in nursing homes[2,5]					
Residents age 75 to 84 in nursing homes	20,102	20,356	20,360	18,015	--
Share of all residents age 75 to 84	3.0%	3.0%	2.9%	2.5%	--
Residents age 85+ in nursing homes	34,308	32,898	32,240	27,103	--
Share of all residents age 85+	10.2%	9.9%	9.7%	8.3%	--

Notes:

1 PACE stands for Pharmaceutical Assistance Contract for the Elderly. By calendar year beginning with 2016. The other category primarily includes cardholder copayments and various recoveries (i.e., manufacturer rebates, audit adjustments, and third party reimbursements).

2 As of last day of fiscal year.

3 Only includes RONs for residents age 60+.

4 Can be multiple RONS within one investigation and multiple abuse types specified. Calculations by IFO.

5 Excludes residents age 60-74 due to low share in nursing homes. Data from PA Department of Health (DOH) Nursing Home Reports and U.S. Census Bureau Population Estimates, Vintage 2020. Calculations by the IFO.

PACE/PACENET gross expenditures

A goal of the PACE/PACENET program is to maximize federal offsets and refunds of expenditures associated with pharmaceutical assistance for older Pennsylvanians. The data show that state PACE/PACENET expenditures have declined since FY 2016-17. That outcome illustrates that over time, the program utilizes a larger share of funds from Medicare Part D and other payer offsets and a smaller share of net state funds. *See pages 7 to 9 for more details.*

Waitlist for OPTIONS services

The OPTIONS waitlist for services peaked prior to the COVID-19 pandemic, and more recent data suggest that COVID-19 federal dollars may have reduced waiting lists for services. The statewide OPTIONS waitlist declined from 3,533 residents at the end of FY 2018-19 to 3,057 residents by the end of FY 2020-21. Of the those waiting for services, 65 were on the waitlist for meals. *See pages 13 to 18 for more details.*

Reports of need (RONs), investigations and substantiated abuse/neglect

One of PDA's primary objectives is to protect older adults who are unable to protect themselves and are at risk of abuse, neglect, exploitation and/or abandonment. From FY 2016-17 to FY 2020-21, the total number of Reports of Need (RONs) filed (+39%), investigations (+70%) and substantiated abuse/neglect found (+91%) among residents age 60+ dramatically increased. It is unclear how much of the increase in elder abuse/neglect cases was driven by increased public awareness, reporting and investigation of such cases. *See pages 19 to 23 for more details.*

Share of substantiated abuse/neglect RONs by type

The COVID-19 pandemic impacted how older adults are cared for in numerous ways. Older adults are at much higher risk for complications related to COVID-19, therefore many traditional in-person resources were suspended during the pandemic. The number of older adults served in senior community centers, adult daily living centers and PDA-endorsed evidence-based health programs all declined in FY 2019-20. Data available for FY 2020-21 continues to show a decline compared to pre-pandemic levels. There was also a material increase in the share of substantiated abuse/neglect cases among residents age 60+ characterized as self-neglect cases. From FY 2017-18 to FY 2019-20, the share of investigations in which self-neglect was substantiated ranged from 38% to 40%. However, in FY 2020-21, that share jumped to 48%. Policy and procedure modifications that impacted the ability to assess older adults in-person may have contributed to the increase in self-neglect cases. *See page 21 for more details*.

Share of older adults residing in nursing homes

Over the last decade, there has been a statewide effort to provide more long-term services and supports within home- and community-based settings to reduce or delay the need for more costly institutional services (i.e., nursing home care). These efforts cross several activities within PDA and the Department of Human Services (DHS). The decline in Aging Services expenditures in recent years reflects a cost shift to the Community HealthChoices (CHC) program in DHS to provide home- and community-based services to residents age 60+. The share of residents age 75 to 84 who resided in a nursing home decreased from 3.0% (20,102 living in nursing home) in June 2017 to 2.5% (18,015) in June 2020. The share of residents age 85+ who resided in nursing homes decreased from 10.2% (34,308) to 8.3% (27,103) during the same time period. While the June 2020 data were significantly impacted by the COVID-19 pandemic, data from June 2019 reveal the same downward trend. *See pages 13 to 15 and 25 to 26 for more details.*

Activity 1: Pharmaceutical Assistance

The department provides pharmaceutical assistance to qualified older Pennsylvanians who are 65 years of age and over through the Pharmaceutical Assistance Contract for the Elderly (PACE) program. The program contains two tiers: PACE provides comprehensive program benefits for older Pennsylvanians with annual income at or below $14,500 (single) or $17,700 (married); and PACENET (PACE Needs Enhancement Tier) provides benefits for older Pennsylvanians with annual income between $14,500 and $27,500 (single) or between $17,700 and $35,500 (married). The program supplements Medicare Part D pharmaceutical coverage. In addition to determinations of eligibility, the program conducts audits of pharmacy providers to ensure compliance with policies and contract provisions and has established both a prospective and a retrospective drug utilization review system to monitor and correct misuse of drug therapies. From 2016 to 2020, the total number of program participants in both tiers declined from 282,000 to 240,000 because income thresholds are not indexed to inflation. While the program also lost providers (pharmacies) over the same period (2,993 in 2016 to 2,933 in 2020), all of the decline was in 2020 and likely due to the pandemic. This activity is primarily funded by a transfer from the Lottery Fund to the Pharmaceutical Assistance Fund.

The primary goals of this activity are (1) to provide pharmaceutical assistance to eligible older Pennsylvanians and (2) to maintain an extensive pharmacy network to serve Pennsylvanians who utilize state sponsored pharmacy programs. The expected outcomes are to (1) provide quality care and outreach for participating cardholders, (2) maintain or increase participating cardholder satisfaction with the program, (3) assist seniors in remaining healthy through the provision of affordable prescription medications and (4) maximize federal offsets and refunds of expenditures to efficiently use state funding for pharmacy benefits.

Resources for Pharmaceutical Assistance

	16-17 Actual	17-18 Actual	18-19 Actual	19-20 Actual	20-21 Actual	21-22 Budget
Expenditures by Object						
Personnel Services	$1.07	$1.01	$0.76	$0.76	$0.86	$0.89
Operational Expenses	47.44	44.39	43.34	44.37	39.30	45.09
Fixed Assets Expenses	1.54	0.00	0.00	0.00	0.00	0.00
Grants	123.46	110.42	101.51	99.71	86.21	93.49
Total	**173.51**	**155.82**	**145.61**	**144.84**	**126.37**	**139.47**
Expenditures by Fund						
Pharmaceutical Assistance Fund	$173.50	$155.81	$145.61	$144.84	$126.18	$138.71
General Fund (Federal)	0.00	0.00	0.00	0.00	0.19	0.76
Total[1]	**173.51**	**155.82**	**145.61**	**144.84**	**126.37**	**139.47**
Average Weekly FTE Positions	**8**	**8**	**8**	**7**	**8**	**8**
Personnel Cost/FTE ($ thousands)	**$133.8**	**$134.7**	**$100.0**	**$110.1**	**$114.7**	**$118.7**

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.
1 Total may include small augmentation and other special fund expenditures.

Performance Measures for Pharmaceutical Assistance

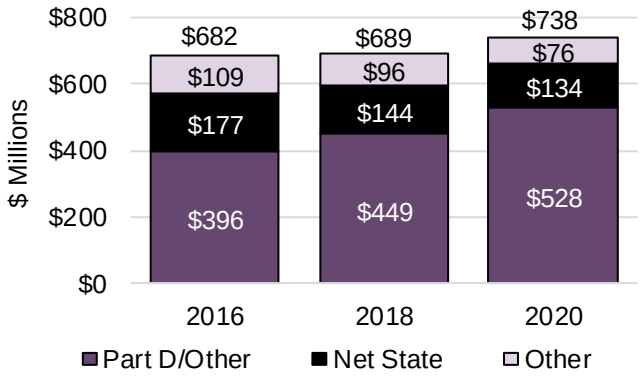
	16-17	17-18	18-19	19-20	20-21
Efficiency					
PACE expenditures/cardholder[1,2]	$1,977	$1,960	$2,076	$2,010	$2,220
PACENET expenditures/cardholder[1,2]	$2,419	$2,520	$2,648	$2,817	$3,218
State share/PACE claim[2]	$26.2	$23.6	$23.5	$24.0	$26.5
State share/PACENET claim[2]	$25.4	$24.1	$24.9	$25.3	$29.3
Outcome					
% Age 65+ enrolled in PACE/PACENET[1,2,3]	12.7%	11.8%	11.2%	10.9%	9.8%
% Agree PACE/PACENET is convenient to use[4]	98.4%	97.9%	97.7%	97.5%	--
% Agree PACE/PACENET has good customer service[4]	97.6%	96.7%	96.3%	96.2%	--
% Agree total out-of-pocket costs are reasonable[4]	92.0%	90.6%	89.7%	90.0%	--
% Enrollees rate their health as fair or better[5]	95.8%	95.5%	95.5%	95.3%	--
% State expend. compared to PACE gross expend.[1,2]	25.9%	23.9%	21.0%	19.1%	18.1%
Statewide Indicators					
Diabetes crude death rate per 100,000[1,2,6]					
Age 65-74 years	71.4	67.2	66.4	63.9	--
Age 75-84 years	145.0	145.4	127.1	140.7	--
Age 85+ years	284.0	286.2	288.1	269.5	--

Notes:
1 See notes on measures below.
2 By calendar year beginning with 2016.
3 Calculations by the IFO.
4 Share of PACE/PACENET survey respondents that somewhat or strongly agree.
5 Share of PACE/PACENET survey respondents that self-rated their health as fair or better.
6 Includes deaths caused by diabetes mellitus (ICD-10 codes E10-E14). U.S. CDC, National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database.

Notes on Measures

- Due to cost-of-living adjustments (COLA) within Social Security, the number and share of residents age 65+ that qualify for the program declines over time. While the program has a "grandfather" clause that allows current enrollees to remain in the program if Social Security COLAs would have disqualified them, the exception does not apply to new members.
- Total expenditures per cardholder increased at an average annual growth rate of 2.9% for PACE and 7.4% for PACENET from 2016 to 2020, likely due to increases in pharmaceutical costs.
- The share of program expenditures that are paid by the state continued to decline from 25.9% ($177 million) in 2016 to 18.1% ($134 million) in 2020. A larger share of the program costs come from Medicare Part D and other payer offsets (see figure on next page).
- The largest share of state expenditures (25.2% in 2020) for the program was spent on hormones and synthetic substances. Over 92% of these expenditures were for antidiabetic agents. Therefore, statewide indicators on program effectiveness include death rates for diabetes which have declined since 2016 for those residents age 65 to 74 years, 75 to 84 years and 85 years and older.

Net State Expenditures for PACE/PACENET Decline Over Time as Overall Gross Expenditures Increase

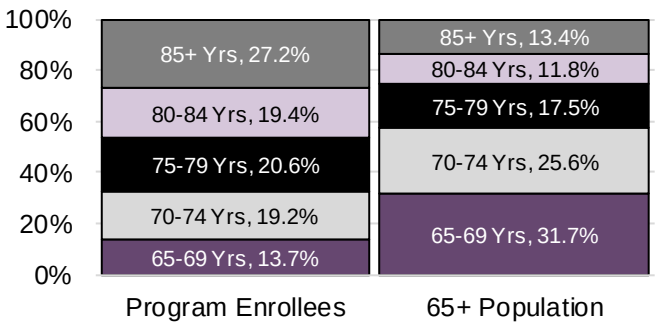


Note: Other primarily includes cardholder copayments and various recoveries (i.e., manufacturer rebates, audit adjustments, and third party reimbursements).
Source: PDA, "PACE Annual Report to the PA General Assembly," Various Years.

One of the activity's expected outcomes is to maximize federal offsets and refunds of expenditures to efficiently leverage state funds for pharmacy benefits. The adjacent figure illustrates that while program expenditures grew 8.1% (+$55 million), net state expenditures declined by 24.3% (-$43 million) from 2016 to 2020. Medicare Part D/Other Payer Offsets more than made up the difference and grew by 33.2% (+$132 million). This growth is partially due to the requirement that PACENET cardholders pay a monthly benchmark payment if they do not elect Part D coverage. In 2020, 97.8% of program enrollees have Part D or other prescription coverage.

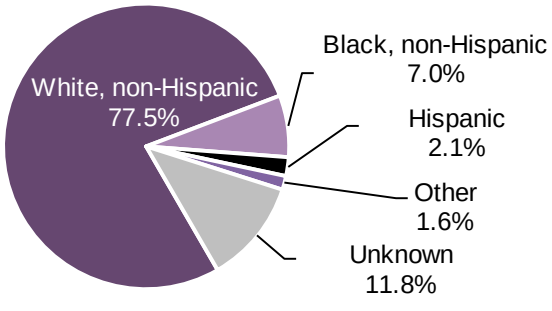
The PACE/PACENET program is income-based and therefore the program enrollee demographics are not directly comparable to the state senior population. However, the adjacent figure compares the program demographics to the general 65+ population to note the similarities and differences. Program cardholders tend to be older than the general 65+ population because many younger seniors may not qualify due to employment income.

Program Enrollees Older than Senior Pop. (2020)



Source: Enrollee data: PDA, "PACE Annual Report to the PA General Assembly, January 1 - December 31, 2020." Population data: U.S. Census Bureau, Vintage 2020 Population Estimates. Calculations by the the IFO.

Program Cardholders by Race/Ethnic Origin (2020)



Source: PDA, "PACE Annual Report to the PA General Assembly, January 1 - December 31, 2020."

The figure to the left displays the race and ethnic origin of program enrollees. While not directly comparable to the general 65+ population since the program has various eligibility requirements and 12% of program enrollee ethnic origin are unknown, Pennsylvania's share of residents age 65+ are as follows: White, non-Hispanic (75%); Black, non-Hispanic (11%); Hispanic (8%); and other (6%).

Statewide Benchmarks

State Comparison of State Subsidy Programs

State	Age Eligibility	Is Eligibility Linked to FPL?	Single Person Income Limit	Married Person Income Limit
Maine	62+ or disabled	Yes - 175%	$22,450	$30,485
Delaware	65+ or disabled	Yes - 200%	25,760	34,840
Pennsylvania	65+	No	27,500	35,500
New Jersey	65+ or disabled	No	28,769	35,270
Nevada	62+ or disabled	No	30,556	40,732
Massachusetts	65+ or disabled	Yes - 500%	64,400	87,100
New York	65+	No	75,000	100,000

Notes: FPL stands for federal poverty level. For states where income eligibility is linked to FPL, the income limit calculations are by the IFO and are based on 2021 federal poverty level.
Sources: Various state websites.

Other states have similar programs to Pennsylvania's PACE/PACENET program. The table above details selected states' pharmaceutical assistance programs for their senior population. For the states shown, about half (Delaware, Maine and Massachusetts) tie income eligibility to the federal poverty level. The states with higher income limits than Pennsylvania include Nevada, Massachusetts and New York.

Pennsylvania 65+ Diabetes Death Rates Near Median Among States (2019)

	Age 65-74		Age 75-84		Age 85+	
Selected States	Crude Death Rate/100,000	State Rank	Crude Death Rate/100,000	State Rank	Crude Death Rate/100,000	State Rank[1]
Massachusetts	44.4	2	106.1	3	238.8	12
Delaware	54.9	10	109.3	5	266.6	22
New York	60.3	12	118.8	9	250.7	16
New Jersey	60.8	13	111.0	6	222.1	8
Illinois	62.7	16	119.0	10	213.1	6
Pennsylvania	63.9	17	140.7	24	269.5	23
Maryland	72.7	30	131.8	16	247.1	14
Michigan	79.8	37	136.4	19	282.4	31
Ohio	85.9	43	165.4	41	298.5	37
West Virginia	133.0	51	199.9	51	438.5	49
U.S. Total	**73.3**	**--**	**138.9**	**--**	**259.5**	**--**

Notes: Includes deaths caused by diabetes mellitus (ICD-10 codes E10-E14). Unless noted, state rank includes all 50 states and Washington D.C.
1 Excludes Alaska and Washington D.C. due to low number age 85+ population.
Source: U.S. CDC, National Center for Health Statistics. CDC WONDER Online Database.

Given that nearly one-quarter of program drug expenditures is used for various antidiabetic agents, the table above details the crude death rate per 100,000 residents in selected states as well as the state rank within three age groups above age 65. Pennsylvania's death rate within the three age groups ranks it within the middle third of all states for 2019 (latest year available).

County Benchmarks

Selected County Measures (2020)

	PACE/PACENET			Providers (Pharmacies)			State Share Cost		
County	Number	% 65+ Pop	Rank	Number	Sq. Miles/ Provider	Rank	Total ($ millions)	Cost/ Enrolled	Rank
State Total	**236,895**	**9.7%**	**--**	**2,933**	**15.3**	**--**	**$129.1**	**$545**	**--**
Somerset	3,212	18.8	1	16	67.1	49	0.9	862	66
Mifflin	1,862	18.2	2	10	41.1	36	12.0	556	40
Northumberland	3,463	17.3	3	23	19.9	26	1.1	563	42
Columbia	2,281	17.3	4	15	32.2	33	2.4	471	17
Schuylkill	4,919	16.5	5	32	24.3	30	1.1	459	14
Clinton	1,226	16.5	6	7	126.9	60	3.0	486	21
Clarion	1,292	16.3	7	9	66.8	48	2.8	540	36
Fayette	4,631	16.2	8	37	21.4	28	0.7	806	65
Bedford	1,843	16.1	9	14	72.3	52	3.8	598	54
Clearfield	2671	15.9	10	16	71.5	51	2.0	545	37
Juniata	824	15.8	11	3	130.5	61	3.7	533	33
Cambria	4,818	15.8	12	41	16.8	23	0.1	770	64
Jefferson	1,446	15.4	13	11	59.3	44	1.0	1,230	67
Huntingdon	1472	15.2	14	8	109.3	58	0.8	616	56
Cameron	192	15.2	15	1	396.2	66	2.2	587	51
Blair	3,811	14.5	16	36	14.6	19	0.7	730	63
Lawrence	2831	14.5	17	23	15.6	20	1.5	519	30
Fulton	467	14.5	18	3	145.9	62	0.6	434	10
Snyder	1,129	14.0	19	6	54.8	42	1.1	519	29
Lycoming	3,199	13.9	20	26	47.3	39	1.4	552	38
Luzerne	8,952	13.9	21	84	10.6	13	2.0	568	46
Carbon	1948	13.7	22	13	29.3	31	1.9	519	28
Potter	556	13.5	23	4	270.3	65	3.8	491	22
Lackawanna	5,802	13.4	24	74	6.2	8	0.5	565	44
Crawford	2,458	13.4	25	21	48.2	40	2.5	571	49
Tioga	1191	12.8	26	9	126.0	59	3.7	564	43
Forest	221	12.7	27	2	213.6	64	0.1	405	3
Mercer	3,133	12.6	28	28	24.0	29	1.2	647	59
Indiana	2,158	12.6	29	17	48.6	41	0.2	516	26
McKean	1,020	12.5	30	9	108.8	57	0.4	421	6
Union	1024	12.1	31	8	39.5	35	0.9	570	48
Elk	828	12.1	32	10	82.7	55	1.1	656	60
Sullivan	214	12.0	33	1	449.9	67	1.8	524	32
Venango	1446	11.9	34	11	61.3	45	0.4	669	61
Wyoming	713	11.8	35	7	56.8	43	3.3	486	20
Bradford	1,592	11.8	36	14	82.0	54	4.0	455	13
Armstrong	1,731	11.6	37	14	46.7	38	1.5	622	57
Perry	1,053	11.6	38	7	78.8	53	1.0	565	45
Westmoreland	9,208	11.1	39	80	12.8	17	2.3	569	47
Beaver	3,956	10.8	40	40	10.9	15	5.1	608	55
Wayne	1,359	10.6	41	11	66.0	47	1.8	522	31
Erie	5,439	10.6	42	61	13.1	18	0.4	466	16
Philadelphia	23,954	10.6	43	441	0.3	1	2.0	426	9

Selected County Measures (2020) - Continued…

County	PACE/PACENET Number	PACE/PACENET % 65+ Pop	PACE/PACENET Rank	Providers (Pharmacies) Number	Providers (Pharmacies) Sq. Miles/ Provider	Providers (Pharmacies) Rank	State Share Cost Total ($ millions)	State Share Cost Cost/ Enrolled	State Share Cost Rank
State Total	**236,895**	**9.7%**	**--**	**2,933**	**15.3**	**--**	**$129.1**	**$545**	**--**
Montour	419	10.5	44	8	16.3	21	1.0	392	1
Warren	943	10.0	45	6	147.4	63	1.4	424	7
Susquehanna	926	9.4	46	9	91.5	56	4.2	419	4
Washington	4,165	9.4	47	43	19.9	27	0.2	627	58
York	7,717	9.3	48	85	10.6	14	2.7	447	11
Butler	3477	9.2	49	41	19.2	25	1.9	581	50
Lebanon	2,584	9.1	50	21	17.2	24	0.6	392	2
Greene	645	9.0	51	9	64.0	46	10.2	693	62
Allegheny	21,430	8.9	52	271	2.7	4	0.4	558	41
Northampton	5,363	8.8	53	68	5.4	7	0.3	497	23
Franklin	2,757	8.7	54	25	30.9	32	2.3	449	12
Adams	1,918	8.7	55	15	34.6	34	0.6	462	15
Monroe	2,684	8.5	56	37	16.4	22	2.8	506	24
Berks	6,356	8.4	57	75	11.4	16	0.1	472	18
Cumberland	3,817	7.8	58	72	7.6	10	0.4	537	35
Centre	1,935	7.7	59	26	42.7	37	0.7	419	5
Pike	1,000	7.4	60	8	68.1	50	0.6	425	8
Lehigh	4,755	7.4	61	78	4.4	6	1.0	482	19
Lancaster	7,561	7.3	62	102	9.3	11	0.4	535	34
Dauphin	3,488	7.0	63	56	9.4	12	2.6	556	39
Delaware	6,452	6.6	64	132	1.4	2	0.7	589	52
Montgomery	8,097	5.2	65	198	2.4	3	5.2	518	27
Bucks	6,478	5.2	66	145	4.2	5	0.3	593	53
Chester	4,383	4.8	67	100	7.5	9	3.4	512	25

Source: PDA, "PACE Annual Report to the PA General Assembly, January 1 - December 31, 2020." Population data: U.S. Census Bureau, Vintage 2020 Population Estimates. County square mile data: U.S. Census Bureau, Geography Division based on the TIGER/Geographic Identification Code Scheme (TIGER/GICS) computer file, 2010. Calculations by the IFO.

The table that begins on the previous page contains the following data by county for 2020.

- Total **number of PACE/PACENET enrollees** and **share of residents age 65 and older** that are enrolled in the program: A high share of the population enrolled could mean that the county has a larger share of eligible population (lower income) or a larger share of the population that is aware of the program. Counties with the highest share of the population enrolled tend to be rural counties such as Somerset (18.8% of 65+ population enrolled).
- Total **number of providers (or pharmacies)** and **square miles per provider**: A high number of square miles per provider could mean that those enrolled in the program may have to travel a greater distance to find a provider that participates in the program. More rural counties such as Sullivan (449.9 square miles per provider), Cameron (396.2 miles) and Potter (270.3) have a high square miles per provider. Both Sullivan and Cameron have one provider in the county.
- Total **state share of PACE/PACENET cost** and **state cost per enrollee**: The state cost per enrollee ranges from $392 in Montour County to $1,230 in Jefferson County. However, Jefferson County is an outlier as the second highest county is Somerset at $862 per enrollee.

Activity 1: Pharmaceutical Assistance (Addendum)

The following data shall serve as an addendum to the initial Performance-Based Budget report for the PDA delivered to the General Assembly on January 19, 2022. This addendum was requested by the Performance-Based Budget (PBB) Board during a hearing on January 25, 2022. The following data are to be used in conjunction with the initial report, and not serve as a replacement for the original measures provided.

The PBB Board requested additional PACE program data related to health outcome measures for program participants. The table below includes these additional measures.

Additional Measures for Pharmaceutical Assistance

	16-17	17-18	18-19	19-20	20-21
General PACE/PACENET measures[1]					
Age-adjusted mortality rate/100,000 enrolled[2]	--	--	5,058	5,705	--
Avg. # therapeutic classes/participant[3]	4.9	4.9	4.7	4.6	--
Opioid use[4]					
% Enrollees with opioid claims[5]	12.1%	10.6%	8.1%	7.1%	7.5%
% Chronic prescription opioid users w/ high dosage[6]	--	7.2%	5.6%	4.5%	--
Survey responses from PACE/PACENET enrollees[4]					
% Enrolled that had 22+ "healthy days" in past 30 days[7]	70.0%	69.4%	69.0%	68.4%	--
% Enrolled stating health did not limit normal activities[8]	73.1%	72.6%	72.3%	71.8%	--
Program enrollees canceled during year due to qualifying for Medical Assistance (MA)[9]					
% Living in a long-term care facility on cancel date	53.0%	50.7%	--	46.1%	44.1%
Mean age for long-term care residents on cancel date	85.2	85.0	--	85.2	84.6

Notes:
1 Data by calendar year beginning with 2017 and from various PACE Annual Reports.
2 For 2020, 554 of the increase in the age-adjusted mortality rate/100,000 enrolled is due to COVID-19.
3 Weighted average of therapeutic classes of medications/participant in PACE/PACENET.
4 Data from various PACE Annual Reports.
5 Average share in each quarter. FY 20-21 only includes the first two quarters.
6 Chronic users include those with a prescription for 91+ days. A high dosage is above 120 morphine milligram equivalents (MME).
7 Combined metric from questions regarding healthy physical and mental health days over last 30 days.
8 Respondents reported that poor health had not kept them from doing their usual activities in last 30 days.
9 Data by calendar year beginning with 2017. 2019 data excluded due to administrative changes that impacted data. See notes on measures below.

Notes on Measures

- PACE/PACENET cardholders/enrollees are disenrolled once they enter Medical Assistance (MA) and are enrolled in the MA prescription benefit. MA is healthcare for low-income individuals with limited assets. Typically, older adults qualify for MA after they have exceeded Medicare allowances for services, and they have spent down their assets. In the past, this typically occurred after a long

stay within a long-term care facility. However, in more recent years, the availability of in-home services has increased the number of individuals that remain in their home. Measuring the share of PACE/PACENET enrollees that are living in long-term care facilities when they are disenrolled in PACE/PACENET because they qualify for MA is an indicator on the success of keeping older adults in their homes and communities for as long as possible.

- The mean age for long-term care residents on cancel date is the mean age of PACE/PACENET enrollees living in long-term care facilities on the day they were disenrolled from the program due to qualifying for MA. This age is a measure of how successful the Commonwealth and the PACE/PACENET program is at keeping lower-income older adults in the community as long as possible.

Activity 2: Aging Services

The Bureau of Aging Services provides administrative oversight for various aging programs and services to help older adults age in place by remaining in their homes and communities of choice. These programs and services are administered through a network of 52 Area Agencies on Aging (AAAs) and include (1) the OPTIONS Program that provides home and community-based services to individuals age 60+ with functional impairments, (2) Caregiver Support Program that provides assistance and support to primary caregivers, (3) Domiciliary Care Program that identifies a homelike living arrangement in the community for adults age 18 and older who need assistance with activities of daily living and are unable to live independently,[1] (4) nutrition services that provide nutrition screening, education, counseling and delivery of direct meals to seniors and (5) senior community centers that facilitate the well-being of older adults as part of a coordinated system of programming and services (e.g., congregate meals). The Bureau develops program policy; provides policy clarification, technical assistance, and training to AAAs; and responds to stakeholder complaints and inquiries regarding aging services.

The primary goals of this activity are to facilitate necessary supports and services for eligible adults to remain in their homes and communities and delay more costly services or institutional care. The expected outcomes are to increase the number of residents age 60+ able to live independently and thereby reduce the share of residents that live in an institutional setting.

Resources for Aging Services

	16-17 Actual	17-18 Actual	18-19 Actual	19-20 Actual	20-21 Actual	21-22 Budget
Expenditures by Object						
Personnel Services	$4.66	$4.09	$3.76	$3.78	$3.69	$4.16
Operational Expenses	2.30	2.59	4.03	2.46	3.75	5.90
Fixed Assets Expenses	0.56	2.17	1.95	1.90	2.08	2.31
Grants	393.74	407.54	352.92	291.53	308.42	310.08
Total	**401.26**	**416.39**	**362.66**	**299.67**	**317.94**	**322.45**
Expenditures by Fund						
General Fund (Federal)	114.99	123.41	83.11	66.26	85.27	81.76
Lottery Fund (State)	286.30	292.86	274.03	232.75	231.98	240.53
Other	-0.03	0.12	5.52	0.66	0.69	0.16
Total	**401.26**	**416.39**	**362.66**	**299.67**	**317.94**	**322.45**
Average Weekly FTE Positions	**12**	**10**	**9**	**10**	**10**	**10**
Personnel Cost/FTE ($ thousands)[1]	**$388.3**	**$405.0**	**$413.2**	**$363.5**	**$369.0**	**$416.0**

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.
1 FTEs listed within the Administration Activity are not allocated among all activities; therefore, the calculation of personnel cost/FTE is overstated.

[1] This activity assists eligible adults to find domiciliary care resources funded by the Department of Human Services (DHS).

Performance Measures for Aging Services

	16-17	17-18	18-19	19-20	20-21	21-22
Activity Cost Analysis						
Total activity costs per resident age 60+[1,2]	$129	$131	$111	$90	$95	$96
Cost per congregate meal served[2]	$8.24	$8.29	$8.66	$9.51	$10.84	--
Cost per in-home meal served[2]	$6.04	$5.79	$5.92	$6.28	$7.77	--
Cost per senior community center unique visitor[3]	$459	$453	$461	$550	$943	--
Outcome						
OPTIONS and Caregiver Support						
Served (000s)[4]	56.5	58.3	60.0	59.8	59.0	--
Served per 100,000 residents age 60+[1]	1,812	1,829	1,841	1,804	1,764	--
OPTIONS waitlist (as of last day of fiscal year)[2]	2,407	1,929	3,533	3,500	3,057	--
Nutrition Services						
Residents served (000s)[5]	100.0	100.6	101.1	101.3	74.3	91.1
Served per 100,000 residents age 60+[1]	3,207	3,154	3,105	3,053	2,220	2,725
Congregate meals served (millions)	2.89	2.77	2.74	2.51	2.29	--
In-home meals served (millions)	6.05	6.14	6.20	6.77	7.12	--
Waiting for meals (subset of OPTIONS waitlist)[2]	147	171	171	151	65	--
Senior Community Centers						
Served (000s)	57.1	58.6	59.7	49.8	36.9	--
Served per 100,000 residents age 60+[1]	1,831	1,837	1,834	1,502	1,104	--
Statewide Indicator						
Share of 75+ population living in nursing home[6]	5.4%	5.2%	5.1%	4.3%	--	--

Notes:
1 Population data from U.S. Census Bureau Population Estimates, Vintage 2020. Calculations by the IFO.
2 See notes on measures below.
3 Average unique visitors by quarter. Includes Aging Block Grant dollars AAAs indicated were for community senior centers. Excludes any expenditures from local funding.
4 Includes unique count of individuals served in OPTIONS and/or Caregiver Support Programs.
5 The quarterly average of unique residents that received at least one meal.
6 Data from PA Department of Health (DOH), Nursing Home Reports and U.S. Census Bureau Population Estimates, Vintage 2020. Calculations by IFO.

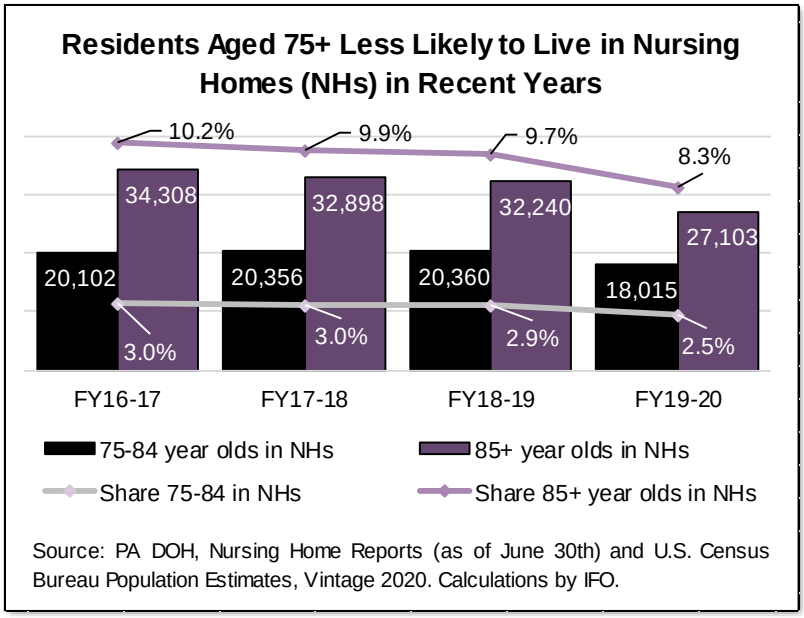
Notes on Measures

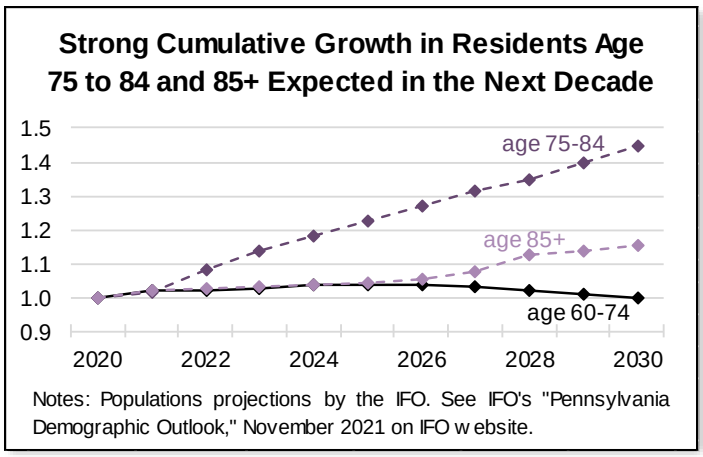
- While activity cost per resident age 60+ declined over recent years, there has been a statewide policy shift to provide more funding to DHS Community HealthChoices (CHC) which also provides home- and community-based services to residents age 60+.
- The costs per congregate and in-home meal served are the total Aging Block Grant dollars the AAAs indicated were for these types of meals divided by the total number of meals served in that year. The AAAs report the number of meals prepared and not served, but these data are excluded from the calculation as they represent only 1% to 2% of all meals prepared.

- The OPTIONS waitlist is as of June 30th each fiscal year. Individuals in need of in-home meal service have highest priority and are placed at the top of the waitlist. Once meals are received, they are returned to the waitlist in the order they qualified for other services (if applicable).
- Metrics that use the number served per 100,000 residents are proxy measures for the utilization rate of aging services by older Pennsylvanians. Age is not the only qualifying factor to be eligible for services.

Statewide Indicators

Over the last decade, there has been a statewide effort to provide more long-term services and supports within home- and community-based settings to reduce or delay the need for more costly institutional services (i.e., nursing home care). These efforts cross several activities within PDA as well as DHS. The number of residents age 75+ living in nursing homes declined from 54,400 in FY 2016-17 to 52,600 in FY 2018-19. The decline continued into FY 2019-20 (45,100), but that larger decline was impacted by the COVID-19 pandemic. The adjacent figure illustrates this trend for residents age 75 to 84 and age 85+. The figure includes residents age 75+ only because over two-thirds of all nursing home residents are over age 75.



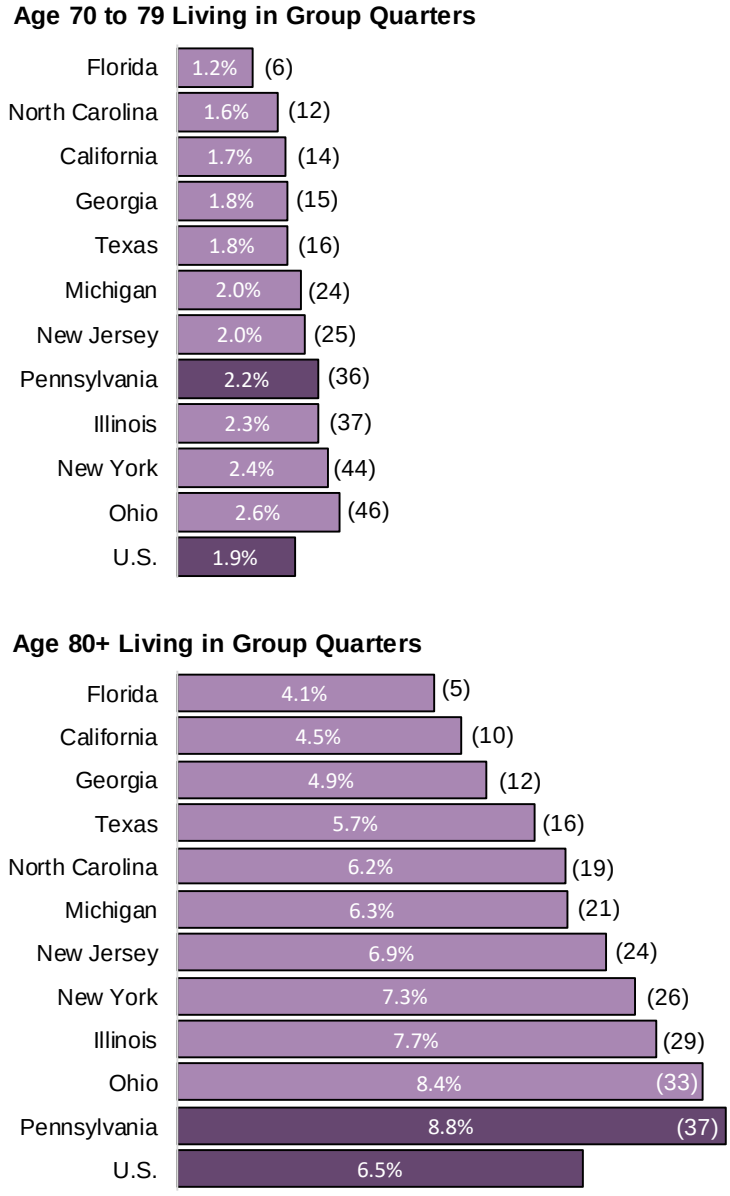


The adjacent figure displays the cumulative projected population growth rates by various age groups over the next decade.[2] Both age 75 to 84 and 85+ groups have strong cumulative growth rates primarily due to the aging of the Baby Boomer Generation. In June 2020 (latest data available), just over 71% of all nursing home residents are over age 75 and many of these residents receive Medicaid, which is funded by state and federal tax dollars. Within the next several years, both age 75 to 84 and 85+ age groups will expand rapidly, and this trend could put a strain on state and federal resources. Given that the annual cost of a Pennsylvania nursing home range from $87,000 to $150,000 for a shared room, serving more older Pennsylvanians in their homes and communities will mitigate the overall costs to care for the Commonwealth's aging population.[3]

[2] IFO. "Pennsylvania Demographic Outlook." November 2021. http://www.ifo.state.pa.us/releases/.
[3] American Council on Aging. "2020 Nursing Home Costs by State and Region." https://www.medicaidplanningassistance.org/nursing-home-costs/.

State Benchmarks

Pennsylvania Has Larger Share of Residents, Age 70+ Living in a Group Setting (2019)



Notes: Group setting uses a U.S. Census Bureau definition of group quarters and most older adults living in group quarters are in skilled-nursing facilities. States listed are states with more than 2 million residents, aged 60+ in 2019. Numbers in parenthesis are state ranks among all 50 states and District of Columbia (1 = lowest share living in group quarters).

Source: U.S. Census Bureau. American Community Survey. 1-Year Public Use Microdata Files. 2019. Calculations by the IFO.

The figure to the left uses U.S. Census data to compare the share of residents, age 70+ living in a group setting instead of a typical home setting in 2019.[4] The data are shown in two age groups because Pennsylvania has a disproportionate share of residents in the age 80+ group compared to some listed states. Those residents under age 70 are excluded from the figure because a small percentage live within a group setting.

Data for both age groups (age 70 to 79 and 80+) show that a larger share of Pennsylvania's older population live in group quarters compared to the U.S. and most other states. However, state differences are not necessarily due to lack of resources to keep individuals in a typical home setting. While Pennsylvania's results are significantly different than the U.S. average, the Commonwealth is similar to the border states of Ohio and New York.

[4] The figure uses a U.S. Census definition of group quarters resident which is a resident that lives or stays in a group living arrangement that is owned or managed by an entity or organization providing housing and/or services for the residents. The vast majority of group quarter residents age 70+ would likely reside in a nursing home.

AAA Benchmarks

Meals Served by Area Agencies on Aging (AAAs) (Average for FY 18-19 to FY 20-21)

	Meals Served		Home-Delivered Meals		Congregate	
AAA	# (000s)	per 1,000 Residents 60+	% Home-Delivered	Cost/ Meal	% Congr. Meals	Cost/ Meal
Somerset	260	11,416	90.6%	$5.79	9.4%	$19.51
Clearfield	184	8,165	89.2	7.35	10.8	7.64
Cambria	294	7,232	68.1	4.37	31.3	2.69
Armstrong	143	7,047	76.9	7.71	23.1	10.60
Washington/Fay/Green	686	6,342	74.8	6.08	25.1	7.94
Wayne	100	5,897	84.6	3.26	14.9	8.95
Crawford	118	4,811	80.0	5.38	20.0	7.84
Philadelphia	1,501	4,776	71.1	6.80	28.7	10.89
Clarion	50	4,679	87.2	9.94	12.8	12.57
Venango	75	4,537	86.5	6.80	13.5	5.10
Blair	146	4,180	81.9	5.60	17.6	6.48
Jefferson	53	4,157	74.6	6.82	25.4	11.29
Northumberland	110	4,147	91.1	5.71	8.5	17.23
Potter	22	4,039	56.4	8.88	43.6	8.98
Mifflin/Juniata	81	4,011	83.4	6.27	16.6	14.85
Lackawanna	219	3,818	78.0	5.73	21.5	4.03
York	427	3,794	55.0	6.34	44.8	7.31
Bradford/Sull/Susq/Tioga	166	3,603	81.5	5.94	18.5	13.27
Indiana	76	3,296	75.0	9.00	25.0	12.07
Luzerne/Wyoming	309	3,280	69.6	5.76	30.3	11.77
Dauphin	215	3,175	85.8	11.10	14.1	11.79
Forest/Warren	46	3,076	76.1	7.54	23.9	20.41
Lycoming/Clinton	126	3,067	86.6	6.77	13.4	16.12
Mercer	101	3,063	69.3	4.00	30.0	9.47
Berks	308	3,015	59.9	4.61	40.0	2.99
Lawrence	79	3,013	87.3	5.31	12.7	***
Schuylkill	118	2,954	77.7	10.37	20.3	6.79
Carbon	52	2,708	78.4	6.89	20.0	10.14
Bedford/Fulton/Huntingdon	86	2,687	46.5	5.83	53.5	10.61
Perry	33	2,645	54.3	12.84	45.7	6.35
Monroe	114	2,602	92.4	6.00	7.5	14.02
Lebanon	90	2,401	96.5	5.42	2.7	***
Allegheny	768	2,363	66.7	8.53	33.3	9.83
Cameron/Elk/McKean	52	2,321	2.8	***	96.5	9.14
Centre	77	2,299	92.5	7.43	7.5	22.55
Union/Snyder	49	2,290	87.3	5.50	12.7	10.91
Montgomery	417	1,989	82.2	5.24	17.3	5.69
Columbia/Montour	46	1,987	82.4	7.56	17.6	10.77
Pike	34	1,886	84.9	10.04	15.1	14.10
Franklin	77	1,851	66.4	6.15	32.1	12.37
Northampton	145	1,786	67.8	5.33	32.1	12.82
Adams	52	1,777	78.7	6.00	15.8	13.79
Erie	119	1,694	74.2	7.70	25.8	6.75
Butler	83	1,613	74.1	7.47	25.5	11.32
Westmoreland	165	1,487	64.3	10.02	35.4	11.18
Delaware	187	1,383	79.2	7.45	20.5	13.50
Lehigh	105	1,210	38.2	9.65	61.6	6.65
Lancaster	154	1,124	55.4	7.05	40.5	6.35
Bucks	167	980	75.4	5.68	23.8	10.71
Cumberland	52	802	38.7	6.06	58.3	10.12
Chester	86	688	30.2	6.49	69.4	6.33
Beaver	26	522	25.3	***	74.7	25.09
Statewide	**9,247**	**2,797**	**72.4**	**6.70**	**27.2**	**9.35**

Notes: Meals served per 1,000 60+ residents are per annum meals divided by 60+ population. Percent of home-delivered and congregate meals are the average share of meals served in those settings over the 3-year time period. A small share (0.5% statewide) of meals are also provided at daily living centers (not shown). Cost per meal reflects total Aging Block Grant expenditures reported by AAAs divided by total meals served. It is unknown if AAAs supplement these expenditures with local resources.

*** Results over 2 standard deviations away from the statewide average are excluded.

Source: PDA. 60+ Population data from U.S. Census Bureau. Vintage 2020 Population Estimates. Calculations by IFO.

The table on the previous page provides AAA-level data for the following:

(1) Meals served and meals served per 1,000 residents 60+: Meals served are the average number of annual meals served over the most recent three fiscal years. The meals served per 1,000 residents age 60+ compares the overall number of residents age 60+ to the number of meals served and varies significantly among AAAs. Note that meals provided through Community HealthChoices and private pay insurance are not included and likely explain some of the variation among counties.

(2) Home-delivered: These two columns display the share of meals that were home-delivered over the past three fiscal years as well as the cost per meal. The cost includes all aging block grant expenditures identified by the AAAs that were spent on home-delivered meals. It is possible that local resources were also used by the AAAs to supplement these expenditures and are not included. The three-year, average statewide cost of a home-delivered meal is $6.70. It is likely that overhead expenses are included in this statewide average.

(3) Congregate: For comparison, the same data are presented for meals provided in congregate settings (senior centers). The average cost of a congregate meal is $9.35, with overhead expenses likely included.

The table below displays the total number of older adults on the OPTIONS waitlist for services as of June 30, 2021 as well as a relative measure for the share of residents age 60+ to account for population variations among counties. Residents are placed on the waitlist after they qualify for services, but resources (either financial or available providers) are not available to provide those services. Waitlist figures vary significantly over the course of a fiscal year and the table below presents a snapshot in time.

OPTIONS Waitlist Varies Across the Commonwealth (as of June 30, 2021)

AAA	# on Waitlist	% 60+ Residents %	% 60+ Residents Rank	AAA	# on Waitlist	% 60+ Residents %	% 60+ Residents Rank
Perry	42	0.33%	1	Monroe	42	0.09%	22
Wash/Fayette/Green	309	0.28	2	Clearfield	18	0.08	23
Hunt/Bedford/Fulton	85	0.26	3	Westmoreland	80	0.07	24
Jefferson	32	0.25	4	Indiana	14	0.06	25
Northumberland	65	0.24	5	Lehigh	53	0.06	26
Butler	125	0.24	6	Dauphin	39	0.06	27
Blair	82	0.23	7	Cumberland	35	0.05	28
Venango	38	0.23	8	Columbia/Montour	12	0.05	29
Lawrence	57	0.22	9	Carbon	10	0.05	30
Clarion	20	0.19	10	Cambria	19	0.05	31
Pike	33	0.18	11	Chester	53	0.04	32
Philadelphia	542	0.17	12	York	42	0.04	33
Armstrong	33	0.16	13	Potter	1	0.02	34
Adams	45	0.15	14	Wayne	3	0.02	35
Allegheny	449	0.14	15	Berks	18	0.02	36
Cam/Elk/McKean	29	0.13	16	Delaware	21	0.02	37
Bucks	205	0.12	17	Mifflin/Juniata	2	0.01	38
Union/Snyder	25	0.11	18	Montgomery	6	<0.01	39
Erie	77	0.11	19	Mercer	93	<0.01	40
Brad/Sull/Sus/Tioga	49	0.11	20	Centre	16	<0.01	41
Lancaster	138	0.10	21	**Statewide**	**3,057**	**0.09**	**--**

Notes: AAAs that did not have any waitlist as of June 30, 2021 include Beaver, Crawford, Forest/Warren, Franklin, Lackawanna, Lebanon, Luzerne/Wyoming, Lycoming/Clinton, Northampton, Schuylkill and Somerset.

Source: PDA. Population data from U.S. Census Bureau. Vintage 2020 Population Estimates. Calculations by the IFO.

Activity 3: Elder Justice and Protection

The department provides elder justice and protections across multiple bureaus and offices including the Protective Services Office, Ombudsman Office (see Activity 6) and Bureau of Pharmaceutical Assistance (see Activity 1). This activity includes the investigatory and protective activities governed by Act 79 of 1987 (known as the Older Adults Protective Services Act (OAPSA)) and provided by the Protective Services Office. The act seeks to protect older adults who lack the capacity to protect themselves and who are at risk of abuse, neglect, exploitation and/or abandonment. Allegations of abuse are received and documented on intake forms known as Reports of Need (RONs). On behalf of the PDA, the AAAs (1) receive and categorize RONs for all vulnerable adults, (2) forward RONs for individuals age 18 to 59 to the Department of Human Services (DHS) (referred to as Adult Protective Services or APS RONs), (3) conduct investigations on RONs for individuals age 60+ (referred to as OAPSA RONs), (4) make case dispositions and (5) provide protective services when necessary to reduce risk or eliminate abuse.

The PDA (1) administers a statewide protective services hotline, which takes calls for alleged abuse and neglect for all adults and forwards information to the appropriate AAA, (2) provides training for AAA staff through a contract with Temple University and (3) reviews the AAAs handling of protective services, which includes examination of RONs categorized as "no need" to ensure that they were properly categorized and monitors each AAA to ensure proper procedures were followed.

The primary goals and outcomes of this activity are to (1) ensure allegations of elder abuse are investigated in a timely and efficient manner, (2) provide education to the public on elder abuse and (3) provide immediate services when necessary to minimize or eliminate risks identified during the investigation.

Resources for Elder Justice and Protection

	16-17 Actual	17-18 Actual	18-19 Actual	19-20 Actual	20-21 Actual	21-22 Budget
Expenditures by Object						
Personnel Services	$1.66	$1.69	$1.77	$1.98	$1.94	$2.03
Operational and Fixed Assets Exp.	0.68	0.92	1.29	1.30	1.25	1.90
Grants	50.57	55.23	53.51	53.39	46.11	48.28
Total	**52.91**	**57.84**	**56.57**	**56.67**	**49.30**	**52.21**
Expenditures by Fund						
General Fund (Federal)	14.98	17.09	13.00	12.53	13.10	13.97
Lottery Fund (State)	37.89	40.69	42.69	43.95	36.03	38.21
Other	0.04	0.06	0.88	0.19	0.17	0.03
Total	**52.91**	**57.84**	**56.57**	**56.67**	**49.30**	**52.21**
Average Weekly FTE Positions	**8**	**8**	**10**	**10**	**9**	**9**
Personnel Cost/FTE ($ thousands)[1]	**$207.5**	**$203.6**	**$178.8**	**$208.4**	**$210.9**	**$220.7**

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

1 FTEs listed within the Administration Activity are not allocated among all activities; therefore, the calculation of personnel cost/FTE is overstated.

Performance Measures for Elder Justice and Protection

	16-17	17-18	18-19	19-20	20-21
Workload					
RONs filed (000s)[1]	28.6	32.3	36.1	36.3	39.8
Total investigations (000s)[1]	20.5	23.6	28.6	31.3	34.8
Substantiated claims of abuse or neglect (000s)[1]	6.9	8.4	9.7	11.1	13.1
Efficiency					
$ Spent per investigation[2]	$1,265	$1,161	$1,098	$1,239	$1,179
% RONs categorized as "no need" by AAA & re-categorized by PDA review[3]	--	--	16%	12%	10%
Outcome					
Clients receiving services from PS (000s)	4.2	7.6	14.1	20.3	13.7
Staff turnover rates[4]					
PDA PS state employees	33%	0%	0%	0%	0%
PDA PS contract employees	67%	0%	75%	57%	36%
% RON subjects interviewed within 72 hours[5]	---- Recommended measure ----				
% RON reports closed within 60 days[6]	74%	78%	71%	73%	74%
Monthly average cases per investigator[7]	--	--	7.3	--	--
Financial assets recovered or protected[5]	---- Recommended measure ----				

Notes: RON stands for Reports of Need. PS stands for protective services.

1 From PDAs "2019-20 Older Adults Protective Services Annual Report." Latest year provided by PDA.

2 Calculated by the IFO. Aging block grant dollars AAAs indicated were for protective services intake/investigation divided by total investigations.

3 FY 18-19 only includes a partial year. The reviews began in January 2019. See notes on measures below.

4 Calculated by the IFO. Total leaving employment during year / average # employees starting and completing fiscal year.

5 PDA indicated this data will be available beginning FY 21-22.

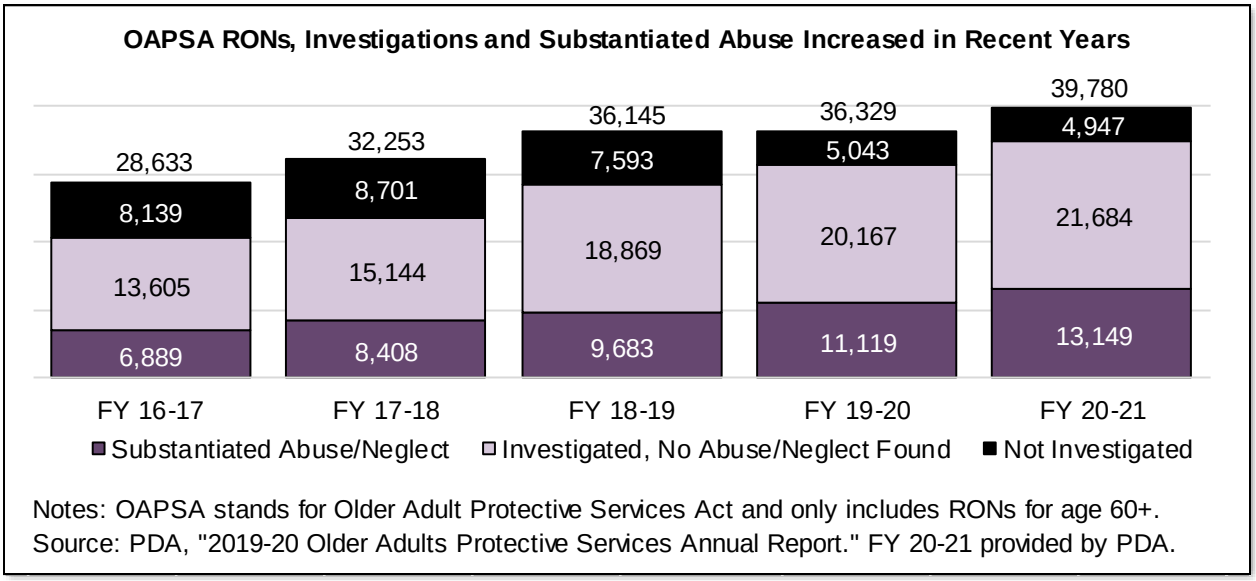
6 Based on RON investigations closed within 60 days and excludes cases of financial exploitation.

7 PDA collected this data once in 2019, and it is recommended that they monitor this metric on a more regular basis.

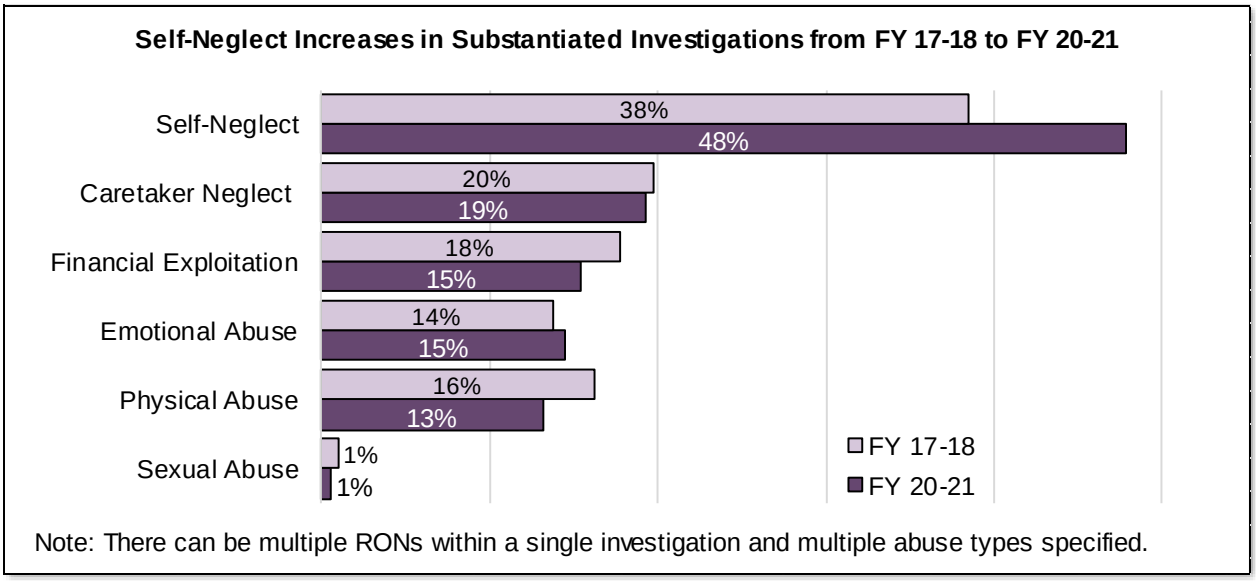
Notes on Measures

- In January 2019, the Office of State Inspector General released an executive summary of PDA's monitoring of county-level protective services. One finding related to how AAAs categorize and investigate RONs. As a result, PDA now reviews all RONs categorized as no need.

Statewide Trends

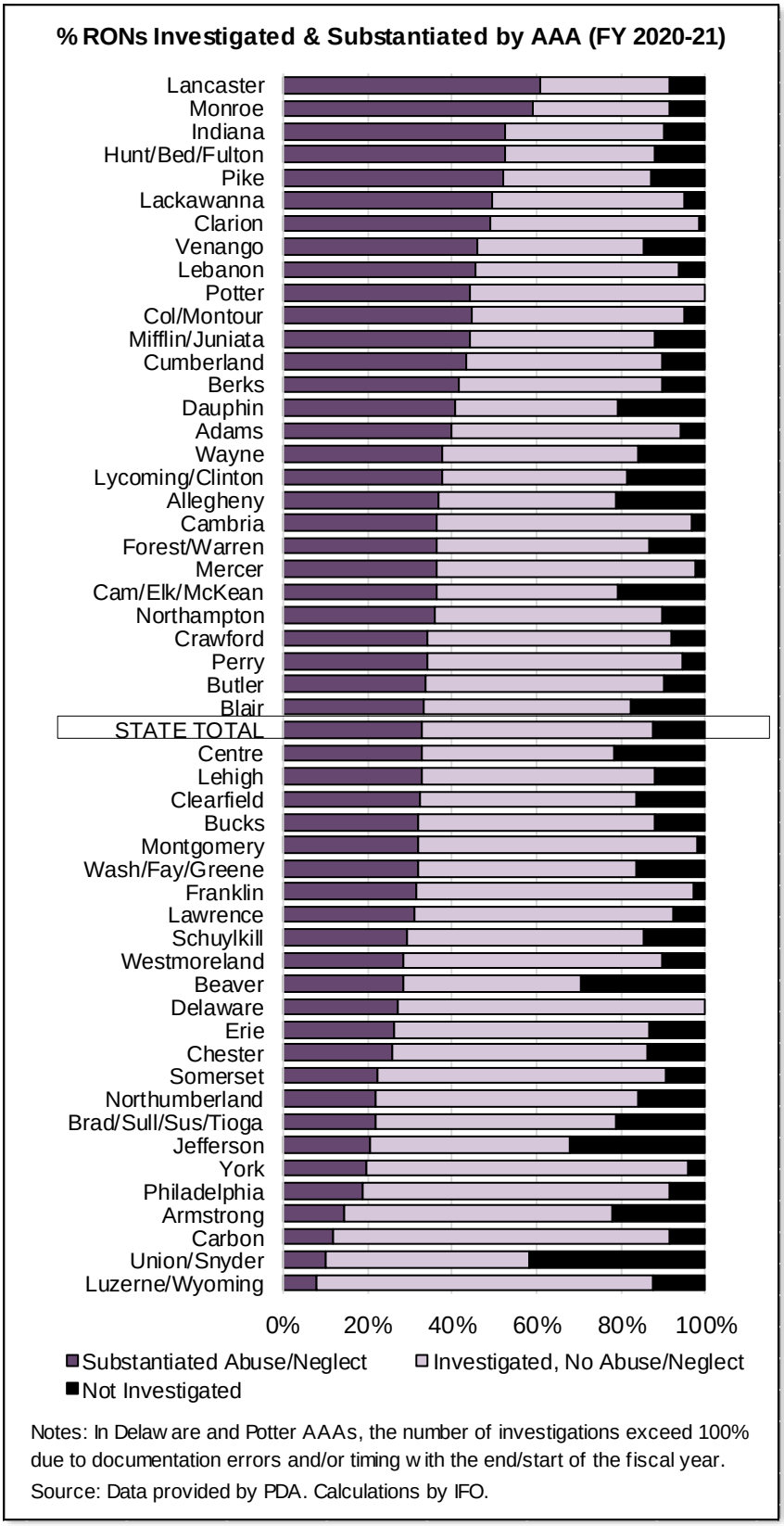


Since FY 2016-17 the total number of RONs increased 39%, the number investigated increased 70% and the number of substantiated findings increased 91%. This dramatic rise is despite the slowdown in reporting during the beginning of the pandemic. According to the FY 2019-20 Older Adults Protective Services Annual Report, during the COVID-19 shutdowns in 2020, statewide weekly RON volumes dropped 26% from 736 (weeks prior to COVID-19 shutdowns) to 545 (period from March 14 to May 22, 2020).



The figure above details the share of substantiated abuse/neglect investigations that were self-neglect, caretaker neglect, financial exploitation, emotional abuse, physical abuse and sexual abuse for FY 2017-18 and FY 2020-21. Nearly half (48%) of all substantiated investigations found cases of self-neglect in FY 2020-21, which is roughly a 10-percentage point increase from prior years. The annual share of self-neglect cases was between 38% to 40% from FY 2017-18 to FY 2019-20. The increase in FY 2020-21 is likely due to the COVID-19 pandemic and increased isolation of older individuals living independently.

AAA Benchmarks



The adjacent figure details the share of RONs that were investigated with substantiated abuse found (dark purple), investigated but no abuse or neglect substantiated (light purple), and not investigated (black bar) by AAA in FY 2020-21.

There were large variations between AAAs and the share of RONs that were investigated and substantiated. While the statewide number of RONs with substantiated abuse was 33% in FY 2020-21, it ranged from 8% in Luzerne/Wyoming AAA to 61% in Lancaster AAA. Additionally, while the state-wide number of RONs that were not investigated was 12% in FY 2021-21, it varied by AAA from 0% (multiple AAAs) to 42% for Union/Snyder AAA.

Most AAA Have Thorough Protective Services Investigations

AAAs that have any of the following:
- **thorough investigations**
- **good documentation**
- **few or no deficiencies**

Adams	Crawford	Monroe
Armstrong	Cumberland	Northampton
Beaver	Delaware	Northumberland
Blair	Franklin	Perry
Bradford/Sull/Susq/Tioga	Hunting/Bedford/Fulton	Pike
Bucks	Indiana	Somerset
Butler	Jefferson	Union/Snyder
Cambria	Lackawanna	Venango
Cameron/Elk/McKean	Lancaster	Warren/Forest
Chester	Lawrence	Wash/Fayette/Greene
Clarion	Lehigh	Wayne
Clearfield	Luzerne/Wyoming	Westmoreland
Clinton/Lycoming	Mercer	York
Columbia/Montour	Mifflin/Juniata	

AAAs that have any of the following:
- **investigations lacking in some aspect**
- **need some technical assistance and additional monitoring by PDA**

Carbon	Lebanon	Potter
Centre	Montgomery	Schuylkill

AAAs that have any of the following:
- **incomplete investigations**
- **insufficient/no documentation investigations**
- **significant and/or repeat deficiencies**
- **left one or more older adults at risk**
- **need on-site assistance and additional monitoring by PDA**

Allegheny	Dauphin	Philadelphia
Berks	Erie	

Notes: Data as of August 27, 2021 and designations change over time.

On at least an annual basis, PDA conducts reviews of sample cases in all AAAs to ensure consistent services across the Commonwealth. If PDA finds no or minimum quality issues and no individuals were left at risk, the department staff will continue with annual reviews. In the table, the top section notes the AAAs that were in this category as of August 27, 2021.

If monitoring results reveal significant or repetitive quality issues, but no individuals were left at risk, department staff will provide technical assistance and monitor again in six months. As of August 27th, six AAAs fell into this category.

If monitoring results reveal significant and/or repetitive quality issues and one or more individuals were left at risk, department staff will provide on-site assistance and will monitor again within 90 days of a valid corrective action plan. The five AAAs that serve Allegheny, Berks, Dauphin, Erie and Philadelphia counties are included in this category. While a limited number of AAAs fall into this category, over 26% of Pennsylvania adults over age 60 reside in one of these five counties.

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Activity 4: Education, Health and Outreach

The Education & Outreach Office administers the State Health Insurance Assistance Program (SHIP) that offers counseling for Pennsylvania's Medicare beneficiaries and enrollment assistance for low-income individuals. The department also interprets federal guidelines regarding the Older Americans Act (OAA) Title IIID funding for disease prevention and health promotion services offered by the AAAs as well as provides training, technical assistance and materials to the AAAs for any PDA-endorsed, evidence-based programs (EBP). The department distributes federal Title IIID funding to the 52 AAAs to administer EBPs. There are six PDA-endorsed EBPs including Chronic Disease Self-Management Program (CDSMP), Diabetes Self-Management Program (DSMP), Chronic Pain Self-Management Program (CPSMP), Healthy Steps for Older Adults (HSOA), Healthy Steps in Motion (HSIM) and Healthy IDEAS (Identifying Depression & Empowering Activities for Seniors) as well as 24 other evidence-based programs provided by the AAAs.

The primary goals and outcomes of this activity are to (1) provide Medicare education to the community to help consumers make informed decisions that optimize their access to health care and cost-savings and (2) provide health and wellness programs designed to educate and enable older Pennsylvanians to remain healthy and independent for as long as possible.

Resources for Education, Health and Outreach

	16-17 Actual	17-18 Actual	18-19 Actual	19-20 Actual	20-21 Actual	21-22 Budget
Expenditures by Object						
Personnel Services	$0.66	$0.62	$0.61	$0.63	$0.58	$0.61
Operational Expenses	0.12	0.12	0.15	0.10	0.05	0.09
Grants	5.42	5.67	4.84	3.77	4.19	4.20
Total[1]	**6.21**	**6.44**	**5.63**	**4.53**	**4.85**	**4.93**
Expenditures by Fund						
General Fund (Federal)	$1.69	$1.93	$1.39	$1.09	$1.38	$1.45
Lottery Fund (State)	4.52	4.51	4.16	3.43	3.47	3.48
Lottery Fund (Federal)	0.00	0.00	0.08	0.00	0.00	0.00
Total[2]	**6.21**	**6.44**	**5.63**	**4.52**	**4.85**	**4.93**
Average Weekly FTE Positions	**5**	**6**	**5**	**4**	**4**	**4**
Personnel Cost/FTE ($ thousands)	**$132.0**	**$106.9**	**$115.1**	**$146.5**	**$138.1**	**$145.2**

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

1 Total may include small fixed asset, non-expense or miscellaneous expense transfer expenditures.

2 Total may include small augmentation and other special fund expenditures.

Performance Measures for Education, Health and Outreach

	16-17	17-18	18-19	19-20	20-21	21-22
Workload						
Participants in PDA-endorsed EBPs[1,2]	4,329	4,103	4,480	2,636	956	4,736
Participants in other EBPs[3]	1,703	3,243	4,871	4,576	1,773	7,958
Individuals receiving Medicare counseling (000s)[4]	--	--	186.6	142.5	105.1	120.0
Efficiency						
Total health promotion funding/participant[5]	$234	$192	$151	$196	$517	$111
SHIP costs/individual receiving counseling[6]	--	--	$9.4	$12.3	$18.1	$15.9
Individuals receiving Medicare counseling/FTE[7]	--	--	5,923	4,522	3,336	3,810
Outcome						
% Participants that complete PDA-endorsed EBPs[2,8]	88%	83%	84%	72%	88%	--
Statewide Indicators						
Share of state population living in a nursing home[9]						
Age 75 to 84	3.0%	3.0%	2.9%	2.5%	--	--
Age 85+	10.2%	9.9%	9.7%	8.3%	--	--

Notes:

1 Includes Chronic Disease Self-Management Program (CDSMP), Diabetes Self-Management Program (DSMP), Chronic Pain Self-Management Program (CPSMP), Healthy Steps for Older Adults (HSOA) and Healthy Steps in Motion (HSIM). Double-counting occurs if individuals participate in more than one program. HSIM was not an EBP until FY 18-19, but participants in this program are included in FY 16-17 and FY 17-18 for consistency.

2 See "PDA-Endorsed Evidence-Based Programs" on next page for descriptions of various EBPs.

3 Includes participants in all other health programs that are not PDA-endorsed, but qualify as EBPs. Double-counting occurs if individuals participate in more than one program.

4 Calendar year data. 2016 and 2017 data are in an older database and not comparable to current data.

5 Includes state and federal funds provided to AAAs for health promotion (funded at $1.412 million in all years of which 85% is federal funds). Participants are double counted if they participate in more than one EBP.

6 FY 17-18 to FY 19-20 includes federal funds of $5.238 million divided over 3 years. FY 20-21 and FY 21-22 are based on a 3/24/20 federal award ($1.842 million/year in federal funds plus $64,880 in state funds).

7 Includes both state and local full-time equivalent (FTE) staff providing Medicare counseling.

8 IFO calculated metric. Uses the completion rate of each of the PDA-endorsed EBP and creates a weighted average based on the number of participants in each program.

9 Data from PA Department of Health (DOH), Nursing Home Reports and U.S. Census Bureau Population Estimates, Vintage 2020. Calculations by the IFO. See notes on measures below.

Notes on Measures

- One of the goals of PDA and this activity is to help older Pennsylvanians remain in a community or home setting. Therefore, the share of residents living in a nursing home declining over time can be viewed as a broad statewide indicator that the state is making progress towards this goal.

PDA Endorsed Evidence-Based Programs

There are six PDA-endorsed, EBPs managed by the AAAs. Below are brief descriptions and metrics for each program. The first three programs are comprised of six, 2.5 hour weekly workshops developed by Stanford University Patient Education Research Center. These three programs collect data on participants' chronic conditions, and at the conclusion of the course participants were asked how confident they were in managing their chronic conditions on a scale of 1 (least) to 10 (most).

- **Chronic Disease Self-Management Program (CDSMP)** assists older adults in the management of their chronic disease conditions. In FY 2019-20, participants averaged 3.4 chronic conditions with hypertension (53% of participants), arthritis (49%) and high cholesterol (40%) being most common. In FY 2019-20, 83.5% of CDSMP participants reported a 7 or above on managing chronic conditions.
- **Diabetes Self-Management Program (DSMP)** assists older adults in the management of their diabetes. In FY 2019-20, participants averaged 3.7 chronic conditions with diabetes (63%), hypertension (57%) and high cholesterol (50%) being most common. In FY 2019-20, 83.7% of DSMP participants reported a 7 or above on managing chronic conditions.
- **Chronic Pain Self-Management Program (CPSMP)** assists older adults who have a diagnosis of chronic pain. In FY 2019-20, participants averaged 3.4 chronic conditions with arthritis (61%), hypertension (59%) and chronic pain (49%) being most common. In FY 2019-20, 91.4% of CPSMP participants reported a 7 or above on managing chronic conditions.
- **Healthy Steps for Older Adults (HSOA)** is a nationally recognized EBP that raises participants' awareness of the causes of falls and introduces steps to reduce falls. The program includes a screening, two educational workshops on preventing falls and staying active, and encourages participants to take action to prevent falls and maintain/improve their health. Participants are asked how often they reported a fall within six months prior to taking the workshop and if they fell within four weeks after the workshop. In FY 2019-20, 28% reported at least one fall in the six months prior to the workshop and 8% reported a fall in the four weeks following the workshop. At the conclusion of the course, participants were also asked how much they learned about fall prevention on a scale from 1 (least) to 10 (most) and in FY 2019-20, 86% of participants reported a 7 or above.
- **Healthy Steps in Motion (HSIM)** is a series of eight, one-hour workshop sessions on strength and balance exercises for adults, age 50+ designed to reduce the risk of falling. Program participants were asked about their activity level prior to and after the program. In FY 2019-20, prior to HSIM, 24% of participants reported not exercising on a weekly basis and 59% reported little or almost no exercise. After the program, 77% of participants reported a fair amount to a lot of activity. Participants were also asked about improvements in their life resulting from the exercises in HSIM and in FY 2019-20, the top two improvements were eating healthier (57%) and feeling less depressed (43%).
- **Healthy IDEAS (Identifying Depression & Empowering Activities for Seniors)** integrates depression awareness and management into existing case management services provided to older adults. Healthy IDEAS ensures older adults receive help to manage symptoms of depression and live full lives. The program was endorsed by PDA in FY 2020-21, and no data are available.

Statewide Indicators

Share of Age 65+ Statewide Health Indicators

	Report Year		
	2013	2017	2021
Reported a fall in past 12 months	15.5%	28.6%	24.2%
Reported mental health was not good 14+ days in past 30 days	2.6	6.6	6.7
Reported physical health was not good 14+ days in past 30 days	--	--	15.5
Medicare beneficiaries in fee-for-service prog. w/4+ chronic conditions	42.7	41.5	42.8
Body mass index 30+ (obesity or greater category)	28.0	30.8	31.9
% In fair or better health who did no physical activity in past 30 days	32.4	33.4	32.1

Notes: Data are the share of those age 65+. Year listed represents when report was published. In most cases, the data are 2 or 3 years older than report year depending on original source.

Source: American's Health Rankings United Health Foundation. "Senior Report [Various Years]."

The United Health Foundation, in partnership with the Gerontological Advanced Practice Nurses Association releases an annual report on various statewide health indicators for residents age 65+. Since the 2013 report, the share of state residents age 65+ that reported a fall in the past 12 months, reported poor mental health or have a body mass index greater than 30 (obesity or greater category) all increased. The share of those residents with four or more chronic conditions, and those that did no physical activity in the past 30 days remained relatively flat.

Statewide Benchmarks

Share of Age 65+ Statewide Health Indicators (Report Year 2021)

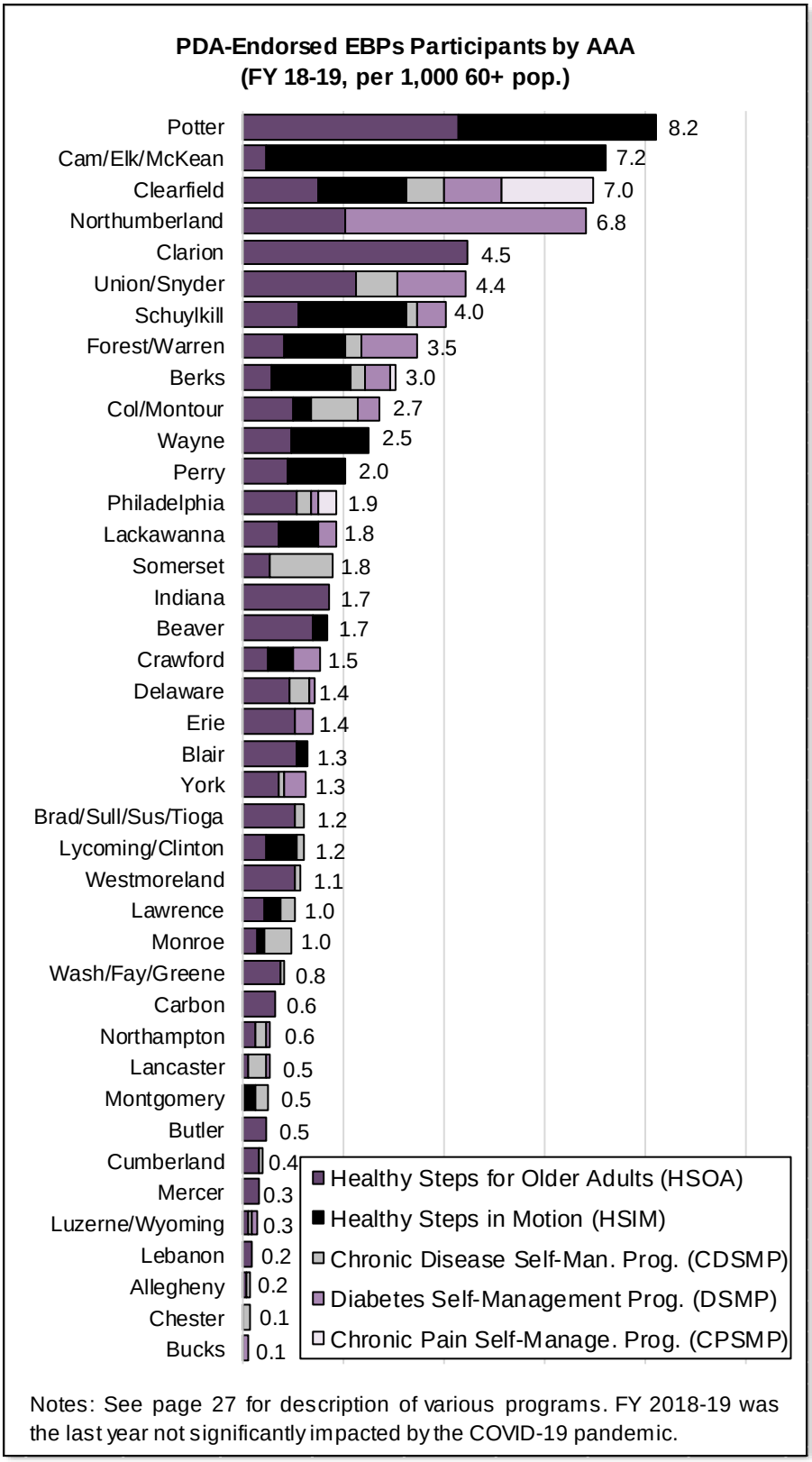
	PA	MD	NJ	NY	OH	VA	US
Reported a fall in past 12 months	**24%**	23%	21%	26%	26%	25%	**27%**
Mental health was not good in past 30 days	**7**	8	12	7	9	7	**8**
Physical health was not good in past 30 days	**16**	15	15	17	19	16	**17**
With 4+ chronic conditions	**43**	43	46	44	43	40	**41**
Body mass index 30+	**32**	30	26	25	34	30	**29**
% With no physical activity in past 30 days	**32**	30	37	33	34	32	**31**

Notes: Data are the share of those age 65+. See Statewide indicators for more detailed description. Shaded data indicate that Pennsylvania ranks better than the state for that measure. Report year represents most recently available data when report was published. In most cases, the data are 2 or 3 years older than report year depending on original source.

Source: American's Health Rankings United Health Foundation. "Senior Report 2021."

The statewide benchmark table above has these same measures from the 2021 report as the statewide indicators table but compares the 2021 report year data to other selected states. The shaded data indicate that Pennsylvania's measurement was lower (i.e., positive direction) than the state's share for the same measure.

AAA Benchmarks



Notes: See page 27 for description of various programs. FY 2018-19 was the last year not significantly impacted by the COVID-19 pandemic.

The figure to the left details the number of participants in PDA-endorsed EBPs by AAA in FY 2018-19. That year is used since it was the last FY that was not significantly impacted by the pandemic. In total, FY 2018-19 had 4,480 participants statewide and that number dropped to 2,636 in FY 2019-20 and 956 in FY 2020-21. However, PDA expects to return to pre-pandemic levels of participation in FY 2021-22.

In FY 2018-19, the AAAs representing Potter, Cameron, Elk, McKean, Clearfield and Northumberland counties all have participation within PDA endorsed evidence-based programs above 6.8 per 1,000 residents age 60+. Twelve AAAs representing 15 counties did not have any participation within PDA endorsed evidence-based programs.

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Activity 5: Adult Daily Living Centers/Quality Assurance

The department regulates and inspects adult daily living centers and monitors quality assurance for the OPTIONS and Caregiver Support Programs (see Aging Services Activity).[5] Adult daily living centers provide assistance to Commonwealth residents age 60+ with activities of daily living, medication management, personal care and therapeutic recreational activities. While center participants still reside in their own homes, these centers provide respite for caregivers and allow staff hours to be spread over several residents. The Licensing Division regulates adult daily living centers for health and safety requirements, such as adequate staffing, physical site requirements and compliance with medication administration. The division also investigates complaints against adult daily living centers and unusual incidents. The division is primarily funded through lottery proceeds and adult daily living center filing fees of no more than $40 per application.

The primary goals and outcomes of this activity are to (1) provide a safe environment for older adults who are unable to safely stay alone during the day and (2) ensure that the department's OPTIONS and Caregiver Support Programs (Aging Services Activity) operate in accordance with state and federal requirements.

Resources for Adult Daily Living Centers/Quality Assurance

	16-17 Actual	17-18 Actual	18-19 Actual	19-20 Actual	20-21 Actual	21-22 Budget
Expenditures by Object						
Personnel Services	$2.15	$2.07	$2.13	$2.22	$2.06	$2.09
Operational Expenses	0.88	0.86	0.68	0.18	0.04	0.04
Grants	0.20	0.30	0.60	0.20	0.20	0.11
Total[1]	**3.23**	**3.25**	**3.42**	**2.59**	**2.30**	**2.23**
Expenditures by Fund						
General Fund (Federal)	$1.09	$1.13	$1.03	$0.80	$0.54	$0.55
Lottery Fund (State)	2.13	2.10	2.37	1.78	1.75	1.68
Total[2]	**3.23**	**3.25**	**3.42**	**2.59**	**2.30**	**2.23**
Average Weekly FTE Positions	**19**	**17**	**15**	**18**	**17**	**17**
Personnel Cost/FTE ($ thousands)	**$113.2**	**$124.7**	**$139.2**	**$122.0**	**$124.1**	**$125.9**

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

1 Total may include small fixed asset, non-expense or miscellaneous expense transfer expenditures.

2 Total may include small augmentation and other special fund expenditures.

[5] While the funding and resources for quality assurance (QA) are included within this activity, many of the output and outcome measures QA are responsible for are included in other activities such as Activity 2 (Aging Services).

Performance Measures for Adult Daily Living Centers/Quality Assurance

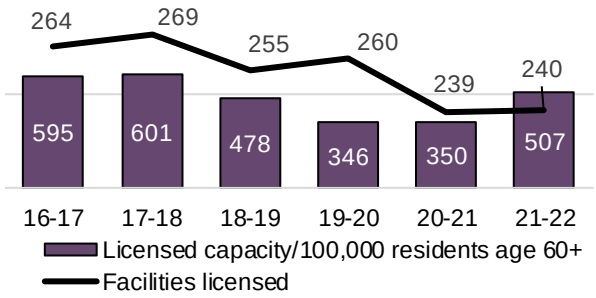
	16-17	17-18	18-19	19-20	20-21	21-22
Workload						
Facilities licensed[1]	264	269	255	260	239	240
Licensed capacity (000s)[1]	18.6	19.2	15.6	11.5	11.7	16.9
Average daily consumers[2]		---- Recommended measure ----				
New facilities licensed	14	5	11	10	16	--
Inspections	270	270	266	258	258	--
Complaints investigated[1]	5	2	6	6	15	--
Efficiency						
Licensing Bureau cost/inspection		---- Recommended measure ----				
Inspections per inspector[3]	68	68	67	65	65	--
Outcome						
% Inspections that result in citations[1,3]	39%	34%	37%	28%	3%	--
Complaints substantiated	3	2	3	2	2	--
Critical or unusual incident reports[1,4]	948	777	690	538	290	--

Notes:
1 See notes on measures below.
2 Consumers are residents that utilize an adult daily living center.
3 Calculations by the IFO.
4 A critical or unusual incident includes (1) an occurrence which seriously threatens the health and safety of a client including death, serious injury or hospitalization (not pre-planned); and/or (2) provider and staff misconduct, abuse, neglect, exploitation, service interruption and medication errors.

Notes on Measures

- During the pandemic, many adult daily living centers closed causing the number of licensed facilities and licensed capacity to fall in FY 2020-21. Complaints investigated increased and the share of inspections that resulted in citations fell in FY 2020-21.

Adult Daily Living Centers Decline During Pandemic



Source: U.S. Census Bureau Vintage 2020 Population Estimates. Calculations by the IFO.

The adjacent figure compares the licensed capacity per 100,000 residents age 60+ and total facility licenses over time. Some centers may have permanently closed as a result of the pandemic. Activity 5 (Elder Justice and Protection) noted a sizable increase in the number of substantiated self-neglect cases in older adults during that same time period. It is possible that some of these cases may have been the result of adult daily living centers closing during the pandemic.

County Benchmarks

Adult Daily Living Center Licensed Capacity by County (June 2021)

County	Licensed Capacity	Licensed Capacity per 1,000 Age 60+ Residents
Philadelphia	4,020	12.7
Beaver	482	9.7
Fayette	331	8.6
Bucks	1,451	8.3
Blair	292	8.3
Somerset	189	8.2
Clinton	83	8.2
Lackawanna	459	7.9
Delaware	1,066	7.8
Clarion	82	7.7
Butler	401	7.6
Huntingdon	97	7.6
Elk	67	7.2
Montgomery	1,427	6.7
Jefferson	84	6.5
Armstrong	131	6.4
Northumberland	158	5.9
Dauphin	405	5.9
Mifflin	74	5.5
Erie	388	5.5
Lawrence	144	5.5
Luzerne	464	5.4
Allegheny	1,681	5.1
Potter	28	5.1
Chester	594	4.7
Venango	71	4.3
Schuykill	166	4.1
Juniata	28	4.0
Northampton	293	3.6
Westmoreland	379	3.4
Mercer	110	3.3
Carbon	62	3.2
Berks	294	2.8
Washington	159	2.6
Lancaster	354	2.5
Tioga	30	2.4
Columbia	42	2.4
Warren	28	2.2
Lycoming	67	2.1
Lehigh	179	2.0
Bradford	29	1.6
Centre	42	1.2
Franklin	50	1.2
Indiana	26	1.1
Wayne	19	1.1
York	122	1.1
Cambria	42	1.0
Cumberland	63	1.0
Adams	23	0.8
Lebanon	21	0.6

Note: Counties not listed did not have any adult daily living centers as of June 2021.

As of November 2021, there were 240 adult daily living centers with a licensed capacity to provide services to a maximum of 16,944 residents at one time. Using the 2020 Census population estimates, this equates to 5.1 per 1,000 Pennsylvania residents age 60+. However, the distribution of daily living center capacity varies considerably throughout the Commonwealth. The data shown in the adjacent figure is as of June 1st, 2021. Seven counties have a licensed capacity greater than 8 per 1,000 residents age 60+, with the highest in Philadelphia (13), Beaver (10) and Fayette (9) counties. There are also 17 counties that have no adult daily living centers. While many of these 17 counties are small rural counties, three of them, including Monroe (44,873), Crawford (24,654) and Clearfield (22,705) had more than 20,000 residents age 60+ in 2020. In total, 6.6% (219,200) of all Commonwealth residents age 60+ live in one of the 17 counties without a licensed adult daily living center.

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Activity 6: Advocate for Older Adults

The department provides advocacy for older adults in long-term care (LTC) settings and person-centered counseling for older adults and adult individuals with disabilities seeking LTC services and supports. The Office of the State LTC Ombudsman works to resolve complaints and concerns on behalf of individuals residing in LTC settings. The office educates residents on their rights under federal and state law and advocate for those who are unable to advocate for themselves. The office trains individuals living in LTC settings to serve as Pennsylvania Empowered Expert Residents (PEERs) and these individuals are (1) equipped to help their fellow residents improve day-to-day life in LTC facilities and (2) advise the Office of State LTC Ombudsman on issues affecting all of Pennsylvania's LTC residents. More recently, the Ombudsman's Office created a Virtual Family Council, which is a resource for people with family members in LTC facilities. Friends and families can use this resource to navigate the changes in protocol, rights and policies within LTC facilities during the COVID-19 pandemic.

The Aging and Disability Resources Center, also known as "PA Link", (1) connects individuals to local services through Link partner agencies, (2) assists families to secure a plan for older adults and those with disabilities, (3) assists consumers with applications to determine funding eligibility and (4) helps consumers with a disability or illness remain or return to their community.

The primary goals of this activity are to (1) receive, investigate and resolve complaints related to health, safety or rights of older individuals who are consumers of LTC services and (2) connect consumers to needed long-term services and supports. The expected outcomes are to (1) ensure adequate living conditions for those unable to advocate for themselves, (2) resolve complaints to the complainant's satisfaction and (3) connect individuals who contact PA Link to needed services.

Resources for Advocate for Older Adults

	16-17 Actual	17-18 Actual	18-19 Actual	19-20 Actual	20-21 Actual	21-22 Budget
Expenditures by Object						
Personnel Services	$0.31	$0.22	$0.31	$0.32	$0.32	$0.28
Operational and Fixed Assets Exp.	0.58	0.66	0.54	0.53	0.53	0.40
Grants	8.71	8.89	8.41	7.22	7.18	7.02
Total	**9.60**	**9.77**	**9.26**	**8.07**	**8.03**	**7.70**
Expenditures by Fund						
General Fund (Federal)	$2.85	$3.00	$2.25	$1.93	$2.23	$1.96
Lottery Fund (State)	6.75	6.77	6.88	6.13	5.78	5.74
Lottery Fund (Federal)	0.00	0.00	0.14	0.00	0.00	0.00
Total[1]	**9.60**	**9.77**	**9.26**	**8.07**	**8.03**	**7.70**
Average Weekly FTE Positions	**4**	**3**	**3**	**4**	**3**	**3**
Personnel Cost/FTE ($ thousands)	**$77.5**	**$66.7**	**$103.3**	**$91.4**	**$97.0**	**$84.8**

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

1 Total may include small augmentation and other special fund expenditures.

Performance Measures for Advocate for Older Adults

	16-17	17-18	18-19	19-20	20-21	21-22
Ombudsman						
Workload						
PEERs completing ombudsman training	174	213	215	80	84	85
Complaints in which ombudsman is complainant[1]	71	134	96	136	130	130
Complaints investigated by ombudsman[1]	2,239	2,524	2,667	3,568	4,453	4,500
LTC facility bed/FTE ombudsman staff[2]	1,769	1,876	1,833	1,895	1,732	1,732
Efficiency						
Complaints investigated/FTE ombudsman staff[2]	25	30	33	43	51	51
Ombudsman expenditures/case closed[2]	$4,560	$3,822	$3,781	$3,321	$2,263	--
Outcome						
% Nursing facilities visited at least quarterly[3]	89%	91%	93%	96%	0%	25%
% Board & care facilities visited at least quarterly[3]	58%	61%	64%	68%	0%	25%
% Complaints resolved to complainant's satisfaction	72%	75%	74%	77%	64%	75%
% LTC facilities with at least 1 PEER	--	--	--	--	10.9%	11.5%
ADRC/PA Link						
Workload						
Person-centered counseling sessions	2,157	3,398	3,669	2,279	1,472	1,500
Calls to PA Link helpline	13,635	16,602	18,037	15,267	28,372	20,000
Individuals assisted	15,276	19,193	21,163	17,183	25,954	21,500
Calls/PA Link FTEs[2]	2,273	2,767	3,607	3,053	5,674	4,000
Efficiency						
Individuals assisted/PA Link FTE[2]	2,546	3,199	4,233	3,437	5,191	4,300
PA Link cost/individual assisted[2]	$103	$86	$81	$100	$63	$76
Outcome						
% Calls abandoned[2,3]	3.8%	4.9%	3.0%	2.4%	13.7%	2.0%
Individuals connected to support through PA Link	---- Recommended measure ----					

Notes:
1 See notes on measures below.
2 Calculations by the IFO.
3 FY 20-21 data were impacted by the COVID-19 pandemic.

Notes on Measures

- The Ombudsman serves as the complainant if they initiate the original report.

Activity 7: Administration

This activity provides organizational leadership and core support services to the PDA and includes the secretary's office, office of the deputy secretary, financial operations, internal support services (IT, vehicles, HR, training and facilities), legislative affairs, office of intergovernmental affairs, policy office, office of the chief counsel, communications office, PA Council on Aging and PA Long-Term Care Council. The activity includes the development and implementation of strategic plans and initiatives which are carried out through policies, programs and actions contained within other activities and helps to drive the department's mission and vision at the local level through the 52 AAAs. This activity supports staff and AAAs to enable the department to achieve the goals set forth in its strategic plan.

Resources for Administration

	16-17 Actual	17-18 Actual	18-19 Actual	19-20 Actual	20-21 Actual	21-22 Budget
Expenditures by Object						
Personnel Services	$0.33	$0.30	$0.27	$0.29	$0.26	$0.29
Operational Expenses	0.21	0.26	0.42	0.27	0.40	0.63
Fixed Assets Expenses	0.06	0.23	0.21	0.21	0.22	0.25
Grants	39.26	43.24	38.30	33.32	33.12	33.22
Total	**39.86**	**44.03**	**39.20**	**34.09**	**34.00**	**34.39**
Expenditures by Fund						
General Fund (State)	-$0.04	$0.07	-$0.09	$0.00	$0.00	$0.00
General Fund (Federal)	11.43	13.05	8.97	7.53	9.07	8.74
Lottery Fund (State)	28.43	30.97	29.63	26.49	24.86	25.64
Lottery Fund (Augmentations)	0.03	0.06	0.06	0.06	0.06	0.00
Lottery Fund (Federal)	0.00	0.00	0.62	0.00	0.00	0.00
Tobacco Settlement Fund	0.00	-0.12	0.00	0.00	0.00	0.00
Total[1]	**39.86**	**44.03**	**39.20**	**34.09**	**34.00**	**34.39**
Average Weekly FTE Positions	**35**	**30**	**26**	**25**	**28**	**28**
Personnel Cost/FTE ($ thousands)[2]	**$9.5**	**$10.0**	**$10.5**	**$11.5**	**$9.4**	**$10.5**

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

1 Total may include small augmentation and other special fund expenditures.

2 FTEs listed within the Administration Activity are not allocated among all activities; therefore, the calculation of personnel cost/FTE is understated.

Performance Measures for Administration

	16-17	17-18	18-19	19-20	20-21	21-22
Personnel						
Agency FTE[1]	91	82	76	78	78	78
Staff turnover rate	26%	23%	16%	16%	14%	--
Office-based positions[2,3]	88	83	78	74	13	39
Full-time telework positions[2,3]	--	--	--	--	56	34
Home-headquartered positions[2]	6	5	7	9	9	6
Information Technology						
IT costs ($ thousands)[3]	$643	$1,531	$1,817	$1,755	$2,758	$2,146
IT cost per agency FTE[4]	$7,092	$18,741	$23,945	$22,505	$35,173	$27,376
Overtime						
Overtime costs ($ thousands)	$0	$1	$6	$0	$0	$0
Overtime cost per agency FTE[4]	$2	$7	$75	$5	$0	$0
Human Resources						
HR costs ($ thousands)[3]	--	--	--	$76	$120	$129
HR cost per agency FTE[4]	--	--	--	$973	$1,525	$1,647
Facilities						
Facility costs ($ thousands)	$1,022	$1,023	$1,057	$1,060	$986	$1,027.2
Facility space (thousands sq. ft.)	36.5	36.5	36.5	36.5	36.5	36.5
Facility cost per square foot[4]	$28.0	$28.1	$29.0	$29.1	$27.1	$28.2

Notes:

1 Average weekly filled FTE.

2 Measure includes filled and vacant positions as of December 31.

3 See notes on measures below.

4 Calculations by the IFO.

Notes on Measures

- In FY 2017-18, executive agency human resources (HR) services and information technology (IT) complement were consolidated under the Office of Administration (OA). During this transitional year, executive agencies continued to pay the personnel costs associated with the HR and IT complement transferred to OA. Beginning in FY 2018-19, agencies are billed for these services and for a portion of the HR and IT enterprise budget previously appropriated to OA.
- Management Directive 505.36 issued in April 2021 defines classifications of workers eligible to telework: (1) full-time telework work remotely each day of their workweek, (2) part-time telework have regularly scheduled days working remotely and in an office and (3) ad hoc telework work remotely only in case of weather emergency or other qualified occurrences. Office-based positions include non-telework, part-time telework and ad hoc telework positions.

Appendix

Performance-Based Budgeting and Tax Credit Review Schedule

Year	Performance-Based Budgets					
1	Corrections	Board of Probation and Parole	PA Commission on Crime & Delinquency	Juvenile Court Judges' Commission	Banking and Securities	General Services
2	Economic & Community Development	Human Services – Part 1	Health	Environmental Protection	PA Emergency Management Agency	State
3	PennDOT	Human Services – Part 2	State Police	Military & Veterans Affairs		
4	Education	Human Services – Part 3	Aging	PA Historical & Museum Commission	Agriculture	Labor and Industry
5	Drug and Alcohol Programs	Insurance	Revenue	Executive Offices	Environmental Hearing Board	Conservation and Natural Resources
Year	**Tax Credits**					
1	Film Production	New Jobs	Historic Preservation Incentive			
2	Research and Development	Keystone Innovation Zones	Mobile Telecom and Broadband	Organ and Bone Marrow		
3	Neighborhood Assistance	Resource Enhancement and Protection (REAP)	Entertainment Economic Enhancement Program	Video Game Production	Keystone Special Development Zones	
4	Educational Tax Credits	Coal Refuse and Reclamation	Mixed-Use Development	Brewers'		
5	Resource Manufacturing	Manufacturing and Investment	Waterfront Development	Rural Jobs and Investment		

IFO Independent Fiscal Office

Agency Response

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

December 16, 2021

Matthew J. Knittel
Independent Fiscal Office
400 Market Street
Harrisburg, PA 17105

Dear Director Knittel:

Thank you for the opportunity to review and comment on the performance-based budget report. We appreciate the time and effort of the Independent Fiscal Office (IFO) in conducting its analysis of the Department of Aging (PDA). At PDA, our mission is to promote independence, purpose, and well-being in the lives of Pennsylvania older adults through advocacy, service, and protection. The small team at PDA provides strategic vision and leadership to develop, administer and monitor programs and services to meet the unique needs of older adults and their caregivers. We do this in partnership with a network of 52 local Area Agencies on Aging (AAAs) that serve the commonwealth's 67 counties.

PDA has two major business areas that support Pennsylvania older adults. The PACE and PACENET (Pharmaceutical Assistance Contract for the Elderly) prescription assistance programs serve qualified older adults through member pharmacies statewide. PDA also coordinates a comprehensive array of home and community-based services that benefit older adults, families, and caregivers. These services are made available primarily through the network of local AAAs across the commonwealth. With guidance and oversight from the department, AAAs are responsible for planning, developing, and implementing a system of services for persons age 60 and over in their respective planning and service areas.

Agency Response to the Performance-Based Budget Report

Since early 2020, our commonwealth, nation and world communities have experienced challenges beyond what anyone has ever experienced. Adults 60 years and older, already a vulnerable population, have suffered the worst impacts of the COVID-19 pandemic and have accounted for 90% of Pennsylvania's COVID-19 attributable deaths[1].

PDA adapted and reacted quickly to the changing environment of the pandemic to create temporary policies that would allow older adults to stay safe within their homes and communities, while still enabling them to receive needed services and supports.

The pandemic gave PDA both cause and opportunity to look at many of our program areas in new and different ways. Older adults continued to need all of the service and supports they had been receiving prior to the onset of the pandemic, however with limitations in technology, impacts on transportation and closure of on-site services, many older adults, especially those living alone, became at-risk for socially isolation. Social isolation can contribute or any number of problems including decreased use of preventative medical services, poor self-care, poor mental well-being, poor physical health, and greater risk for abuse, neglect, and exploitation.

[1] Weekly Report of Deaths Attributed to COVID-19 -- 2021-12-10.pdf (pa.gov)

During 2020, PDA developed its federally required 4-year state plan on aging. This plan, was approved and became effective on October 1, 2020 and runs through September 30, 2024. The plan was developed with valuable input from the Pennsylvania Council on Aging, stakeholder groups and the public. The goals and priorities of the plan focus on a few main themes. The first major theme includes the use of technology very broadly to improve access to services. This includes addressing matters of equity, improving the coordination of health and social services to enhance consumer outcomes, reducing social isolation, and increasing access to telehealth and telemedicine. The second major theme includes developing more partnerships and collaborations with other state agencies and outside entities to expand our capacity to serve older adults in new and innovative ways. The third theme includes thinking creatively about how we conduct our business, both internally and through the engagement of our valuable partners.

Activity 1: PACE

PACE, PDA's pharmaceutical assistance program, is the department's only direct-service program and is the flagship of its offerings. The performance-based budget report demonstrates the program's desirable fiscal results and outcomes. This is a credit to the knowledge and experience of the PACE leadership team and their overall commitment to operational excellence. The efficiency of this program has enabled the Department to leverage the PACE call center and enrollee files to assist older Pennsylvanians in various ways during the pandemic and beyond. The PACE call center was used to support older adults with their COVID-19 vaccine scheduling when this support was critically needed. In addition, the call center has assisted the Department of Agriculture in increasing enrollment of their Senior Food Box program by outreaching to and registering thousands of PACE enrollees.

Activities 2, 3, 4, 5, & 6: Aging Services; Elder Justice and Protection; Education, Health and Outreach; Adult Daily Living Centers/Quality Assurance; and Advocate for Older Adults

These aging programs and services had the most significant temporary policy and procedure adjustments due to the pandemic. To minimize risks to older adults and aging services employees, all in-person services, assessments and activities were either temporarily halted or modified, except where there was imminent risk to the older adult and an in-person visit was necessary to ensure their safety or well-being. For example, senior community centers, which serve thousands of congregate meals every day and give many older adults their only opportunity for socialization, were closed and adjusted their meal services to grab-and-go and home delivered meals.

Aging Services are provided to help older adults stay in their homes and communities as long as they desire. This means providing them with all the necessary supports to enable them to be safe and thrive. Supports like meals, assistance with daily functional activities, transportation, and affordable housing, can make all the difference for some older Pennsylvanians. Innovative programs like PDA's SHARE (Shared Housing and Resource Exchange), bring together home hosts who have extra room in their home with home seekers who are looking for housing in exchange for rent, help around the house, or a combination of both. Programs like SHARE can address, at least in part, some of the challenges being experienced with the direct care workforce. SHARE is in eight counties and there are plans to expand in two more counties.

Elder Justice and Protection continues to be the most critical work of our department. The performance-based budget report accurately reflects year-over-year increases in reports of need for protective services and the resulting workload placed upon investigators. Reports of need have increased 80% since 2015, which we attribute in part to greater public awareness of protective services. In particular, financial exploitation has risen and presents a growing threat to older adults. PDA released a financial exploitation study in 2020, and formed a multi-disciplinary task force which released recommendations in a formal report in June 2021. Several workgroups are actively working on implementing these recommendations.

The activities of Education, Health & Outreach; Adult Daily Living Centers/Quality Assurance; and Advocate for Older Adults were all impacted by pandemic modifications that required they look at their service delivery models in new ways. For example, the Office of the Long-Term Care Ombudsman, which typically sees long-term care facility residents in-person, could not do so during the pandemic and even when a long-term care facility had technology available for a virtual meeting, staffing shortages made it nearly impossible to accommodate. Currently, the Office of the Long-Term Care Ombudsman is developing a technology-based program that will provide an option for residents to engage with long-term care ombudsmen virtually.

The Education and Outreach office provides Medicare counseling through the PA MEDI program, and this service was primarily done in-person prior to the pandemic, however, older Pennsylvanians can now receive Medicare counseling in-person, by phone, or virtually, depending upon their local AAA's offerings. The Education and Outreach office also sought permission from federal partners to offer evidence-based health and wellness programs virtually, which had not been permitted in the past. Looking ahead, we see our department continuing to use these practices to reach new consumers and expand our ability to serve them.

Social isolation became a major concern during this pandemic. Fortunately, this issue was already a priority of the Pennsylvania Council on Aging and they developed a guide to support older adults who were socially isolated. The pandemic drew more attention to the negative effects of this growing problem in the news and scientific research. As part of PDA's response to address this issue, we developed the Intergenerational University Connections partnership in 2020, which has expanded to 5 universities and serves hundreds of older adults and students. We have found this program not only helps to reduce isolation in older adults but gives them purpose. Further, it helps our communities by removing biases related to aging and promotes careers in aging with participating university students.

Throughout our work, we continue to look for new ways to leverage partnerships and collaborations, improve our use of technology and data to effectively measure, manage, and monitor our services, conduct effective outreach, and deliver quality responsive services. We appreciate the review of our programs and will assess the suggested measures to promote incremental improvements where possible. Thank you for helping us to secure our vision of a Pennsylvania where older adults are embraced and empowered to live and age with dignity and respect.

Sincerely,

Robert Torres
Secretary of Aging