

PENNSYLVANIA
DEPARTMENT OF AGING

STATE PLAN ON AGING

AGING IN PLACE | ELDER JUSTICE

2016 – 2020

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**GOVERNOR TOM WOLF
SECRETARY TERESA OSBORNE**

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EXECUTIVE SUMMARY

As the State Unit on Aging, the Pennsylvania Department of Aging (PDA) is responsible for providing the leadership necessary to develop, implement, and administer a State Plan on Aging in accordance with all Federal statutory and regulatory requirements. PDA is required to submit its State Plan on Aging to the United States Department of Health and Human Services' Administration for Community Living (ACL). The state plan carries out the complementary objectives of the Older Americans Act (as amended and reauthorized in 2016), ACL, the department, and the commonwealth. PDA submits this plan every four years in order to provide a vision and direction for Pennsylvania's network of aging services. This plan will be effective from October 1, 2016 through September 30, 2020.

As the State Unit on Aging, PDA is responsible to serve as an effective and visible advocate for older Pennsylvanians and to coordinate all state activities related to the purposes of the Older Americans Act. In order to uphold these responsibilities, PDA laid out core principles that will guide the operation of the organization over the course of the next four years. Mission, Foundation, Values, and Goals – these principles, first and foremost, are crucial to understanding the vision that PDA has for aging services in the Commonwealth of Pennsylvania. The plan embraces two key initiatives: Aging in Place and Elder Justice.

In designing the State Plan on Aging, the department sought to create a document and an approach that are responsive and responsible, considered the needs of the people we serve, and continued to incorporate their feedback. PDA created and carried out a process which solicited input from the entire spectrum of stakeholders – department staff, consumers of services, caregivers, professionals, and anyone who had an interest in the future of aging services. The department convened internal workgroups and a series of facilitated conversations, held seven community listening forums throughout the commonwealth to hear about how aging services are or are not fulfilling the needs of older Pennsylvanians, released a draft state plan, and received testimony on that plan at three public hearings. Additionally, Pennsylvania residents were able to submit feedback through an online survey, via email, regular mail, or even call in by phone.

All of this feedback made it possible to craft a plan that was truly considerate of the needs of Pennsylvania's older adults and those who serve them. The core vision for the plan resonated with those who provided feedback. PDA heard repeated calls for innovation and collaboration, as well as recognition of the



importance of Aging in Place and Elder Justice. PDA received valuable input on what needed to improve, all of which has been incorporated into the plan.

Pennsylvania has a diverse population of older adults with different needs, and the aging services network must be prepared to effectively serve those needs. The commonwealth is home to more than 12.8 million residents. Of these, approximately 2.9 million are adults age 60 and older, and more than 300,000 are aged 85 and older. By 2020, the population of older Pennsylvanians is projected to increase by 25%, and the population of Pennsylvanians aged 80 and over is projected to increase by 20,000 individuals.

The Department of Aging was created by Pennsylvania's Act 70 of 1978, which established "a cabinet-level State agency whose jurisdiction, powers, and duties specifically concern and are directed to advancing the well-being of Pennsylvania's older citizens." It further established that PDA would "serve as an advocate for the aging at all levels of government."

In conjunction with administering the Older Americans Act and the Administration for Community Living Discretionary Grants, PDA coordinates a comprehensive array of services that benefit older Pennsylvanians, their families, their caregivers, and the aging network. These services are made available primarily through a network of 52 local Area Agencies on Aging (AAAs), which are responsible for planning, developing, and implementing a system of services for persons age 60 and over in their respective planning and service areas.

The aging network is also composed of senior community centers, adult daily living centers, and Aging and Disability Resource Centers (ADRCs). These linkages are crucial to the delivery of services and the well-being of older Pennsylvanians. Senior community centers promote socialization, engagement, and a positive quality of life. Adult daily living centers provide social, recreational, therapeutic, and nutritional support. ADRCs improve access to long-term care supports, expanding the use of community-based solutions, promoting consumer-directed decision making through person-centered counseling, and improving the quality of services regardless of an individual's age, physical or developmental disability, or ability to pay.

PDA also benefits from several advisory councils, such as the Pennsylvania Council on Aging and the Cultural Diversity Advisory Council, which provide recommendations on aging services, diversity, inclusion, and other long-term care issues. Additionally, beginning in the fall of 2016 the Pennsylvania Long-Term Care Council will be initiated in order to advise the Secretary of Aging on topics ranging from facility-based care to home and community-based service systems.

PDA facilitates the provision of important aging services, including caregiver support, employment, health and wellness, help at home, housing, insurance, legal assistance, meals, ombudsman, prescriptions, protective services, and transportation. The 2016-2020 State Plan on Aging recognizes the role of each of these services and lays out an approach to improving their provision in the goals, objectives, strategies, and performance measures.

The state plan also accounts for several ongoing initiatives that touch aging services in Pennsylvania, including Community HealthChoices (a managed care long-term services and supports program), the State Plan for Alzheimer's Disease and Related Disorders, the Governor's Office of Transformation, Innovation, Management and Efficiency (GO-TIME), the Governor's Food Security Partnership, the Reauthorization of the Older Americans Act, and the Affordable Care Act.

There are four state plan goals – promote existing services, improve access to services, enhance quality of services, and empower the workforce. These are designed to encompass all initiatives that the department will undertake to improve aging services in Pennsylvania. As conditions change, the department may find it necessary to retool its approach to certain services. An objective may need to be reshaped, or some strategies may not work and will need to be replaced by new ones, but the goals are comprehensive and will provide a lasting way of thinking about the department's initiatives.



CONTEXT

The Pennsylvania Department of Aging has laid out core principles that will guide the operation of the organization over the course of the next four years – mission, foundation, values, and goals. These principles are crucial to understanding the vision that PDA has for aging services in the Commonwealth of Pennsylvania.

MISSION

Enhance the quality of life of older Pennsylvanians by empowering diverse communities, the family, and the individual

The Department of Aging is required by ACL to draft and submit a state plan, and from a legal standpoint, that is why we created this plan. More importantly though, this plan outlines how PDA intends to follow through on its duty to serve and protect older Pennsylvanians. Even in the absence of federal requirements, PDA would still create a strategic plan, and our values would not waiver. Older adults deserve to live well and free from all types of abuse, and we strive to ensure they are able to do that because it is our mission. In this 2016-2020 State Plan on Aging, the Department of Aging attempts to refine our vision for the services we provide and the actions we take that enhance the quality of life of older Pennsylvanians.

FOUNDATION

Prevent instability of health and wellness by enabling citizens to age in place with dignity | Protect the most vulnerable from abuse, neglect, abandonment, and exploitation

Older Pennsylvanians face many obstacles to remaining healthy in the environment of their choice – nutrition, transportation, the cost and availability of health care and prescriptions. They are also more likely to become victims due to their vulnerability, and too often they are abused, neglected, abandoned, and exploited.

For these reasons, the foundation of the Department of Aging is twofold: *to prevent and protect.*



VALUES

Innovation and collaboration, focusing on stakeholder engagement, to further improve the provision of person-centered services

Our values statement clarifies how the department aims to carry out the actions which will enhance the quality of life of older Pennsylvanians. We are dedicated to innovation because the way aging services have been provided in the past will not be sufficient to face the challenges of the future. Collaboration – working together and establishing partnerships – will allow us to accomplish much more than we would alone.

Our efforts to innovate and collaborate will be informed by consistently seeking stakeholder engagement. We will listen to older Pennsylvanians, their families, and those who serve them in order to better understand the needs that we seek to address. Ultimately, this will allow us to better provide services that are person-centered and built around the needs and understanding of the consumer.

GOALS

Promote existing services | Improve access to services | Enhance quality of services | Empower the workforce

The plan contains four goals, each of which was specifically designed to capture the initiatives that PDA uses to improve aging services. Every action the department takes to carry out its mission falls into one of these categories.

The department promotes services to connect people with the resources they need. We improve access to services so that consumers do not come up against barriers. We enhance the quality of services in order to better provide for the needs of consumers. We empower the workforce – meaning all those who serve older Pennsylvanians, paid or unpaid – to ensure that they are supported and well-equipped.

OBJECTIVES, STRATEGIES & PERFORMANCE MEASURES

Finally, the objectives and strategies are the initiatives that PDA will undertake to achieve the goals. For example, an objective under the first goal – promote existing services – describes what services will be promoted and in what way. The strategies under that objective describe concrete actions that will be taken to accomplish it. Performance measures will allow the department to evaluate the progress of these efforts and recalibrate as the landscape of aging services of Pennsylvania evolves. Each of these components is designed to be flexible and responsive to changing needs.

DESIGNING THE PLAN

In designing the State Plan on Aging, the department sought to create a document and an approach that is responsive and responsible, which considered the needs of the people we serve and continued to incorporate all feedback received. This approach allowed us to account for the valuable input of the public and the aging services workforce as well as our organizational capacity and legal limits. The plan would have to be flexible to best deal with the challenges that lay ahead, and it would have to be coherent so that everyone could understand what it intended to accomplish, and how it would be done. It needed to be a

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clear and human document.

The process began by reviewing the 2012-2016 State Plan on Aging and identifying what we could do better. In the fall of 2015, the secretary convened the State Plan Steering Committee, composed of the department's executive staff, bureau directors, program leads, and other subject matter experts. Together, they assembled a vision for the department: our mission, foundation, values, and goals. Then PDA began to solicit input to make the 2016-2020 State Plan on Aging a reality.

We began by listening to our own staff. We coordinated workgroups and held meetings internally where we discussed what each program area was working on and what needed to be accomplished in the next four years. These discussions helped form preliminary objectives and strategies, which were reviewed by the department's entire workforce at a February 2016 all-staff meeting. Staff shared their observations and suggestions via a facilitated discussion.

In March 2016, PDA, the Pennsylvania Association of Area Agencies on Aging, and Pennsylvania Council on Aging held their annual convention. A full session was devoted to a facilitated discussion to encourage dialogue while soliciting feedback from these vital aging services network partners.

Next, to ensure that we understood the needs of our consumers and the workforce, we held seven community listening forums throughout the state. The public also submitted input through a survey on our website. This was done to solicit their input on programs and priorities, and to measure their awareness of services and supports. 230 individuals participated in the sessions and 400 individuals responded to surveys. The results represent a broad cross-section of consumers, aging network partners, advocates for older adults, caregivers, and government representatives.

Like PDA, the Area Agencies on Aging develop plans in order to fulfill the requirements of the Older Americans Act. PDA issued an Aging Program Directive in March 2016 which outlined the department's philosophy for the new state plan and how the department and the AAAs could be mutually responsible for aligning their efforts in the future. The AAAs later submitted area plans to PDA to identify critical issues and trends as well as common barriers and needs that served as the basis for developing goals and objectives common to both the state plan and local area plans.

Finally, a draft version of the plan was presented on the department's website and opened for comment at three public hearings in May 2016. This testimony, along with the concerns and suggestions that Pennsylvanians shared via the department's website and email, were used to revise the 2016-2020 State Plan on Aging.

CONCLUSIONS & ADJUSTMENTS

The community listening forums and public hearings affirmed much of what we had laid out in our vision for the plan. We heard time and again about the importance of services and supports that allow older Pennsylvanians to age in place and secure justice in instances of elder abuse. We were told that the solutions of the past would not solve the problems of the future; we would have to innovate. We were told that so much more could be accomplished through effective partnerships and alignment; we would have to collaborate.

There was also much that we hadn't fully accounted for. We heard calls for increased cultural competency and the need to focus on serving diverse and hard-to-reach populations. In particular, we heard about the changing needs of LGBT seniors and those living with HIV/AIDS (the majority of people living with HIV/AIDS in the U.S. are now over the age of 50), as well as the needs of older adults with limited English proficiency. We revised the plan to renew our commitment to engaging with trusted community organizations, providing language-appropriate resources, and conducting cultural competency training.

Many people felt it was important that we recognize the changing nature of being an older adult. People are living longer and healthier lives than ever before, and a new generation with different values and lifestyles is entering retirement. This calls for new ways of thinking about aging services to include flexibility,

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adaptability, and continuous quality improvement.

PDA further recognizes the importance of effective communication to ensure that efforts throughout the commonwealth are aligned to enhance the quality of life for older Pennsylvanians. For that reason, PDA has built in strategies for communicating the rationale for all regulatory, policy, and programmatic changes to the aging network partners and stakeholders.

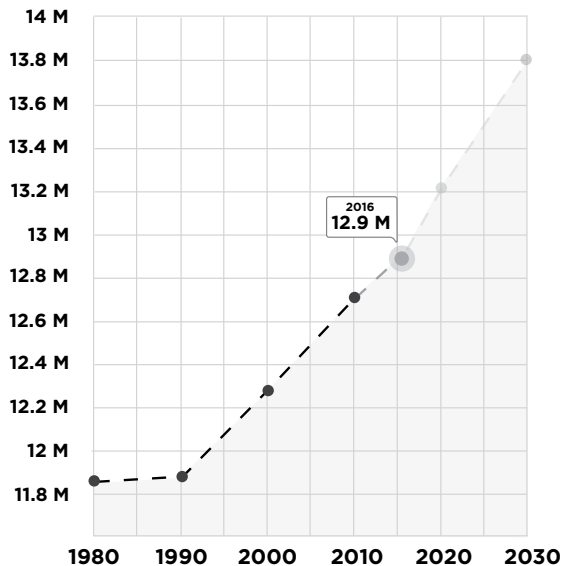
We were also fortunate to receive valuable input on a wide variety of topics and services, which was vital in building and revising the plan. This input was used to make significant revisions to the objectives and strategies contained in the plan, which will ultimately ensure that the department is appropriately directing its efforts over the next four years.



PENNSYLVANIA & THE SENIOR POPULATION

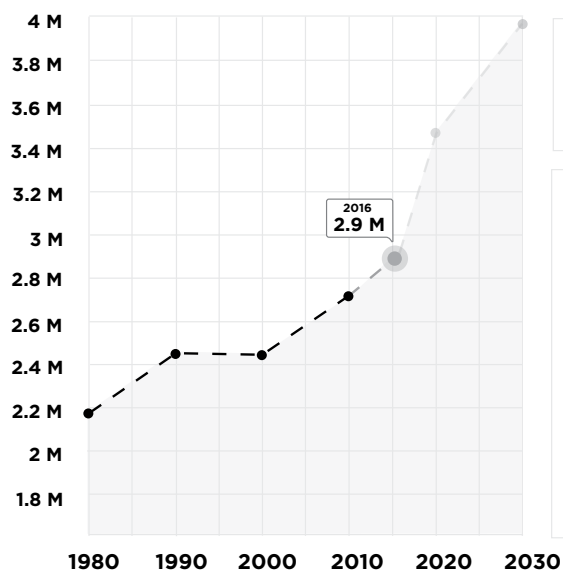
TOTAL POPULATION

16% INCREASE



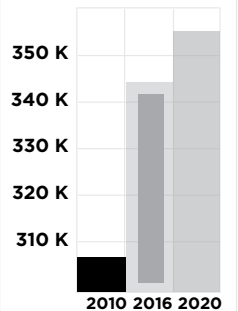
60+ POPULATION

83% INCREASE



PAST ●
PRESENT ●
PROJECTED ●

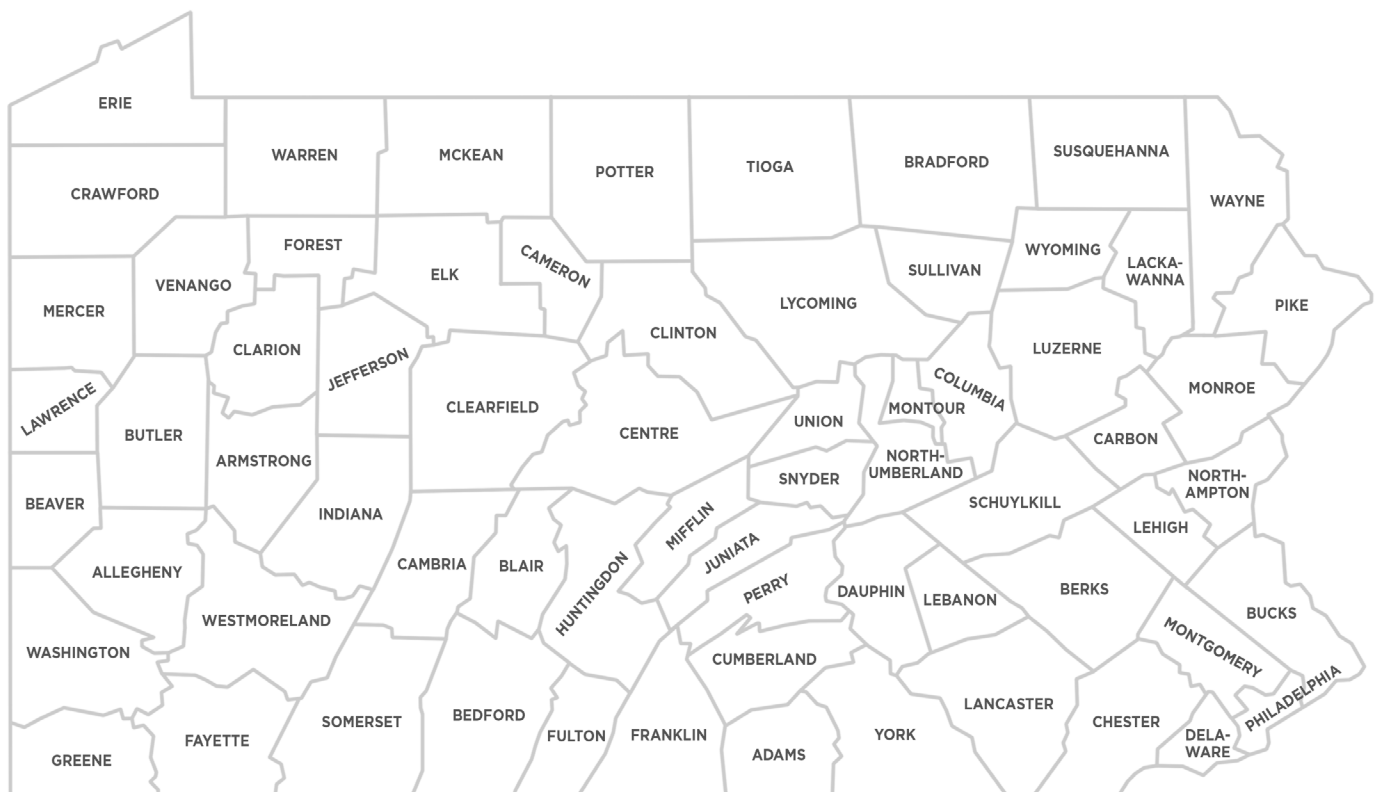
85+ POPULATION



OVER 55%
of households in
PA have someone
age 60 or older
living in them.



OVER 240,000
Pennsylvanians over the
age of 60 live below the
poverty line.



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WHO WE ARE

THE DEPARTMENT OF AGING

The Department of Aging was created by Pennsylvania's Act 70 of 1978, which established "a cabinet-level State agency whose jurisdiction, powers, and duties specifically concern and are directed to advancing the well-being of Pennsylvania's older citizens." It further established that PDA would "serve as an advocate for the aging at all levels of government."

As such, the department serves as the State Unit on Aging for Pennsylvania and is formally charged by the Older Americans Act and the Pennsylvania General Assembly with representing the interest of older Pennsylvanians throughout the commonwealth.

In conjunction with administering Older Americans Act Titles III and VII and ACL Discretionary Grants, the department coordinates a comprehensive array of services through the network of 52 local Area Agencies on Aging. The department is also responsible for representing the state's interests in the design, implementation, and continuous improvement of all long-term services and supports.

THE AGING SERVICES NETWORK

Aging services in Pennsylvania are carried out through a robust network made up of Area Agencies on Aging, senior community centers, adult daily living centers, and the PA Link to Aging and Disability Resources. This network is vital to ensuring the effective provision of services so that older Pennsylvanians receive the support and services they need.



The department and AAAs collaborate with other state agencies in the delivery of shared supports. These include Pennsylvania's Department of Health on transition and diversion activities from nursing facilities to private residences, facilities licensing, and health and wellness initiatives; the Department of Transportation on coordinating transportation for older adults; the Department of Community and Economic Development and Pennsylvania Housing Finance Agency on housing and community development programs; the Department of Agriculture on nutrition programs; the Department of Human Services on home and community-based services, and coordination of long-term services and supports; and the Department of Labor and Industry on employment programs, direct care worker initiatives, and programs focused on independent living for persons with physical disabilities.

SENIOR COMMUNITY CENTERS

Senior community centers are a vital linkage in the distribution of aging services, promoting socialization, engagement, and a positive quality of life. Nearly 93,000 individuals participate in senior community center programming annually with an aggregate of more than 3.8 million annual visits.

Over the past three years, PDA has awarded over \$6 million in state lottery-funded grants to senior community centers to update facilities or implement innovative programs to ensure that these vital resources can remain a focal point in the community. To preserve the viability of these resources, the department recognizes that it must not only promote existing services and enhance the quality of services, but also improve cultural competence to draw a larger, more diverse population that is fully inclusive.

ADULT DAILY LIVING CENTERS

PDA licenses 277 adult daily living centers, providing social, recreational, therapeutic, and nutritional support for more than 16,000 older Pennsylvanians. Adult daily living centers provide core services, including personal care, nursing services, therapeutic activities, social services, nutritional and therapeutic diets, and emergency care. 127 centers primarily serve older adults with dementia-related conditions, and 113 serve adults with developmental or intellectual disabilities.

Stakeholders said that adult daily living centers are vital not only for older individuals but also for caregivers who need this support and the respite it provides them. The state plan extends this support for individuals and their caregivers specifically through Objective 2.4, by exploring the viability of expanding access to adult daily living centers and increasing the number of centers throughout the state.

PA LINK TO AGING & DISABILITY RESOURCES

Pennsylvania's Aging and Disability Resources Centers are known as PA Link. They are dedicated to improving access to long-term care supports, expanding the use of community-based solutions, promoting consumer-directed decision making through person-centered counseling, and improving the quality of services regardless of an individual's age, physical or developmental disability, or ability to pay. PA Link functions are coordinated with other core Older Americans Act services and discretionary grants. Fifteen regional Links are made up of AAAs, Centers for Independent Living, county assistance offices, and other local partners.

ADVISORY COUNCILS

THE PENNSYLVANIA COUNCIL ON AGING

The Pennsylvania Council on Aging serves as an advocate for older individuals and advises the governor and the department on planning, coordination, and delivery of services to older individuals. The 21 members who make up the council (the majority of whom are required to be age 60 or older) are nominated by the governor and subject to senate confirmation. Five additional members of the council are chairs of the five regional councils.



THE PENNSYLVANIA LONG-TERM CARE COUNCIL ---

The Pennsylvania Long-Term Care Council consults with various departments and agencies to make recommendations on regulations, licensure, financing, or any other responsibilities of those departments or agencies relating to long-term care. The council's scope includes institutional long-term care as well as home and community-based long-term care. The council replaces the Intergovernmental Council on Long Term Care and will begin its work in 2016.

THE CULTURAL DIVERSITY ADVISORY COUNCIL ---

The Cultural Diversity Advisory Council advises the department on developing an aging services network that is culturally sensitive, responsive, and inclusive of the diverse needs of Pennsylvania's older adults. The council is made up of members from diverse backgrounds and perspectives.



WHAT WE DO, WHAT NEEDS TO BE DONE

AGING SERVICES

CAREGIVER SUPPORT

In fiscal year 2014-15, more than 5,500 caregivers received support through this service.

The Pennsylvania Caregiver Support Program reduces stress on primary, informal, unpaid caregivers. The program supports individuals who care for a spouse, relative, or friend who requires assistance due to disease or disability. The program also supports individuals age 55 and older caring for related children. The program provides coordinated support through an appointed care manager. Services may include caregiving assistance, education and counseling, and reimbursement for supplies used to provide care. Participation is projected to increase due to the broadening of enrollment eligibility.

On April 20, 2016, Governor Wolf signed the Caregiver Advise, Record, Enable Act (CARE) to ensure that caregivers receive the information and knowledge needed to safely care for their loved one after being discharged from a hospital.

Stakeholders advocated for increased support of caregivers during our community listening forums. The state plan extends this support specifically through the strategies in Objective 4.2.

EMPLOYMENT

Approximately 700 older adults participate in the Senior Community Service Employment Program (SCSEP) and other employment programs.

SCSEP helps unemployed, low-income adults age 55 and older with employment and training services. The department also connects older adults to the Commonwealth Workforce Development System and the Office of Vocational Rehabilitation.

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Strategies for enhancing employment opportunities for older adults are included within Objective 4.1.

HEALTH & WELLNESS

Approximately 24,000 individuals participate annually in health and wellness services.

Every year, more than 80 different types of wellness programs are offered to individuals age 50 and older through AAAs, senior community centers, hospitals, physicians' offices, community organizations, and educational institutions throughout the commonwealth. Programs include a wide array of options such as medication management, aquatic exercise, health screenings, nutrition classes, and more. The most widely available classes offered by the Department of Aging are:

Chronic Disease Self-Management (CDSM) Workshops – Self-Management Skill Development

“10 Keys™” to Healthy Aging – Disease Prevention

Healthy Steps for Older Adults – Falls Prevention

Healthy Steps in Motion – Falls Prevention

In federal fiscal year 2016, PDA and the aging network will ensure that Title IIID funds are utilized solely for health and wellness programming that meets the definition of “evidence-based” as prescribed by the Older Americans Act.

Stakeholders cited the effectiveness of these programs during community listening sessions but indicated that many older adults are either unaware of these services or have difficulty accessing them.

State Plan Objective 3.2 within Goal 3 expands and enhances preventive health promotion efforts to encourage older Pennsylvanians to develop healthier lifestyles.

HELP AT HOME

The Pennsylvania Department of Aging's OPTIONS Program helps individuals age 60 and older to remain in their homes and communities. A comprehensive interview is conducted by the local Area Agency on Aging to determine eligibility and identify consumers' needs. A Care Manager is assigned to work with the consumer to develop a plan of care, and coordinate and arrange for the provision of services. The Aging Waiver Program, which is administered by the Department of Human Services, as the state Medicaid agency, provides in-home services to consumers who are age 60 and older who meet both functional and financial eligibility requirements. Services may include adult day services, care management, counseling, emergency services, home-delivered meals, home health services, home modifications, home support services, personal care, personal emergency response systems, respite care, and transportation.

HOUSING

Over the course of the 2012-2016 state plan, PDA developed a housing strategy to address the growing need for safe, affordable, accessible housing and services for older adults so that they can remain in their communities and setting of choice. Initiatives focused on identifying housing needs and solutions in collaboration with AAAs, the PA Link, and other community partners, which included four housing technical assistance pilots in different parts of the state.

As a result, PDA developed and conducted a housing needs survey, hosted two regional housing summits targeted at developers to provide education and develop relationships, identified specific senior housing projects for development, developed a shared housing program called SHARE (Shared Housing and

Resource Exchange) to help seniors remain in their homes, and developed protocols for cross-systems communication between AAAs, human services agencies, and public housing authorities.

In 2016, PDA was awarded a Money Follows the [Person Rebalancing Demonstration Grant](#) to address an

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increasing need for affordable housing options for older adults and older adults with disabilities. The pilot of the program will be launched in three of Pennsylvania's counties.

Stakeholders noted that older adults face significant challenges in maintaining their homes, finding affordable housing, and modifying existing housing to enable aging in place. Objective 2.6 addresses the role that PDA will serve in continuing to advocate and collaborate to create housing opportunities for older Pennsylvanians.

INSURANCE

Pennsylvania's free health insurance counseling program, APPRISE, served approximately 295,000 of the commonwealth's 2.5 million Medicare beneficiaries in calendar year 2015 through AAAs and a vast array of partnerships at the state and local level.

APPRISE is designed to empower Medicare-eligible individuals, their families, and caregivers through outreach, counseling, and training so they can make informed health insurance decisions that optimize access to care and benefits. Counselors are specially trained staff and volunteers who can answer questions about Medicare and provide older adults with objective, easy-to-understand information about Medicare, Medicare Supplemental Insurance, Medicaid, and Long-Term Care Insurance. APPRISE will have an important role leading up to and following the implementation of Community HealthChoices in July 2017 as the dual-eligible population will continue to rely on the APPRISE counselors as trusted resources for Medicare and Medicaid information.

Currently, there are 755 volunteers who support the program. Through local and state initiatives, over 7,000 outreach and educational events were held during 2015. The APPRISE program currently ranks seventh in the United States among state health insurance assistance programs.

In grant year 2015, PDA completed the Medicare Improvements for Patients and Providers Act, enrolling 6,541 individuals in low-income subsidy and 2,787 in Medicare supplement programs.

Although APPRISE is one of the aging services network's most recognized programs, Objective 1.2 addresses increasing awareness of APPRISE among Medicare recipients and across diverse populations. Objective 1.5 focuses on outreach to increase enrollment in Medicare Part D and in the low-income subsidy among unenrolled individuals eligible for Medicare Part D.

LEGAL ASSISTANCE

In fiscal year 2014-15, PDA and its aging network partners provided more than 56,000 legal assistance sessions.

Pennsylvania's Legal Assistance Program provides counseling through an attorney or non-lawyer advocate. The program also provides representation for eligible older adults, with priority to those with concerns related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination. Additionally, the legal service developer participates in state-level elder justice activities.

Stakeholders expressed frustration with how difficult it is to obtain legal services in some regions, and they called for greater advocacy and legal protections for all older Pennsylvanians, including LGBT and minority communities, veterans, and those with mental health issues.

Many of the objectives within the state plan support promotion and enhancement of legal services for older adults, and Objective 3.4 specifically focuses on improving the quality and consistency of guardianship services.



MEALS

In fiscal year 2014-15, PDA and its AAAs served 3,110,972 congregate meals and 5,581,225 home-delivered meals.

The Department of Aging provides nutritious meals at Senior Community Centers and through home-delivered meal programs to Pennsylvanians age 60 and older and their spouses. Meals are available free of charge or through an anonymous donation. The meals follow the Dietary Guidelines for Americans and are reviewed and approved by a dietitian to provide 1/3 of the Recommended Daily Allowances (RDAs). Nutrition education and counseling are available upon request for older adults found to be nutritionally at risk. PDA recognizes that nutrition services reduce hunger and food insecurity, promote socialization, and address the health needs of older adults.

PDA also participates in the Senior Farmers' Market Nutrition Program (SFMNP) in collaboration with the Department of Agriculture so that eligible older adults can purchase locally grown, nutritious produce from participating farmers.

Food waste is a growing concern. In fiscal year 2014-15, 100,321 congregate meals and 69,032 home-delivered meals were prepared but not served. Pennsylvania is currently participating in the "What A Waste™" program through a pilot program with eight senior community centers that aims to reduce waste, reduce costs, improve senior nutrition program operations, and promote menu and purchasing modifications.

Objective 3.1 promotes the dissemination of best practices in the administration of existing and new nutritional support programs.

OMBUDSMAN

In fiscal year 2014-15, ombudsmen provided over 12,000 consultations with facility residents and their families.

Ombudsman advocate for and protect the rights of older adults receiving long-term care services. They receive confidential complaints from individuals living in long-term care settings and work to investigate and resolve these complaints. Ombudsmen services are confidential and free to individuals who receive long-term care services, reside in a long-term care facility, or attend an Older Adult Daily Living Center (OADL). Over the next four years, the Department of Aging will continue to focus our efforts on implementing the revised Older Americans Act requirements regarding the provision of ombudsman services.

Objective 2.3 seeks to increase awareness of and access to ombudsman services by examining evaluation protocols and evidence-based approaches. Objective 3.3 also addresses coordination between the Ombudsman's Office and stakeholders to increase protection and improve the quality of care for consumers.

PRESCRIPTIONS

In fiscal year 2014-15, PACE provided pharmaceutical assistance to an average of 128,200 consumers each month; PACENET provided assistance to an average of 184,826 consumers monthly.

Pennsylvania's Pharmaceutical Assistance Contract for the Elderly (PACE) and Pharmaceutical Assistance Contract for the Elderly Needs Enhancement Tier (PACENET) programs provide prescription drug coverage to individuals age 65 and older who meet the program's income requirements. The PACE enrollment process also evaluates the eligibility of older adults for programs such as Medicare Part D, LIHEAP, and property tax and rent rebate assistance.

PACE and PACENET are perhaps the most recognized aging services. Building on this recognition, Objective 1.4 addresses targeting hard-to-reach populations to increase PACE and other program enrollments.



PROTECTIVE SERVICES

In fiscal year 2014-15, PDA (through the AAAs) received 20,133 reports of need for individuals age 60 or older and conducted 15,029 investigations.

The Older Adults Protective Services Act protects Pennsylvanians 60 years of age and older against physical, emotional, or financial abuse as well as exploitation, neglect, or abandonment. Reporting abuse is mandatory for employees and administrators of nursing homes, personal care homes, assisted living homes, domiciliary care homes, adult day services centers, home health care providers, and other facilities specified by their licensing body. For the general public, reporting of abuse is voluntary and can be anonymous. The law protects all reporters from retaliation and civil or criminal liability. Under this law, the Area Agencies on Aging receive reports of need for protective services 24 hours a day, 7 days a week, and are responsible for initiating an investigation within prescribed time frames (immediate, within 24 hours, or within 72 hours).

PDA is dedicated to raising awareness of and ultimately preventing elder abuse, neglect, and exploitation, an issue that impacts the lives of thousands of older Pennsylvanians. PDA is involved with the Supreme Court of Pennsylvania's Advisory Council on Elder Justice in the Courts, along with other efforts that focus on education and prevention, while advocating for an adequate system of older adult protective services and access to justice for older victims of abuse.

In 2015, ACL awarded PDA a discretionary grant to enhance adult protective services statewide. PDA partners with many other advocacy organizations and offers ongoing training to protective service investigators. During fiscal year 2014-15, 15 courses were offered to a total of 658 protective service investigators. In addition, 1,142 professionals participated in training on elder abuse prevention and reporting and other elder-justice-related topics. Through PDA's Institute on Protective Services at Temple University in Harrisburg, AAAs, and law enforcement, 11 arrests were made, a total of \$568,359 in recoveries or court ordered restitution were realized, and \$1.25 million in older adults' assets were protected.

Objective 1.3 addresses improving awareness and collaboration in providing adult protective and referral services. Objective 4.1 focuses on standardized training for protective services investigators and other professionals.

TRANSPORTATION

In fiscal year 2014-15, Pennsylvanians age 65 and older received more than 38 million free or reduced-fare rides through the Pennsylvania Department of Transportation's lottery-funded transit programs.

Area Agencies on Aging help coordinate transportation services and assist older adults in getting to and from senior community centers, medical facilities, and other essential destinations. The services utilized includes Pennsylvania's Free Transit Program, which allows senior citizens to ride free on local fixed-route service, and the Shared-Ride Program, which enables older Pennsylvanians to use shared-ride, demand-responsive services and pay only a small portion of the regular shared-ride fare.

Stakeholders expressed a need for flexible, affordable, and reliable transportation, particularly in rural areas. Transportation is often a barrier to accessing services. Issues include affordability, scheduling, coordination of door-to-door and door-through-door transit, reliability, and flexibility. Objective 2.7 covers how PDA will work to address these needs.

FUNDING

Pennsylvania is the only state in the nation that dedicates its lottery revenue solely for programs and services that benefit older Pennsylvanians. These include property tax and rent rebates, free and reduced-fare transit services, PACE and PACENET low-cost prescription drug programs, nursing facility services, and an array of home and community-based services through the network of local Area Agencies



on Aging. In fiscal year 2014-15, the lottery generated \$522,790,000 toward services and supports for older Pennsylvanians. This represents 78% of the total budget for PDA-administered programs and services. PDA's budget also included \$143,317,000 in federal funding and \$314,000 in other augmentations.

Pennsylvania, like other states, must address budgetary constraints and competing priorities for funding. Within the state plan, a number of objectives and strategies address ways to maximize and leverage financial resources. These include developing a robust and diverse volunteer network across all program areas, promoting collaboration and communication across the entire aging network and among all stakeholders, implementing evidence-based and best practices to ensure a more effective delivery of new and existing services, securing sustainable grant funds that match our organizational capabilities and capacity, and eliminating redundancy in program administration through improved data and information collection and quality assurance protocols.

QUALITY MANAGEMENT & METRICS

The Department of Aging is committed to continuous quality improvement and has reaffirmed this value through our state plan development efforts. This commitment is shared by the aging network and is communicated on a regular basis in a variety of methods: monthly conference calls focused on improving our data systems and sharing of best data management practices, a presentation of a benchmark report and key performance measures during each quarterly meeting with the aging network, and rigorous efforts to validate data before it is reported as final.

At all levels, PDA is focused on transparency and open data, and recognizes the importance of ensuring that the public is aware of how federal and state dollars are being invested to better the lives of older Pennsylvanians. The use of data in our planning efforts is a requirement across all programs and services to ensure that the most prevalent needs are being addressed. The necessity of maintaining data in a secure way is emphasized at least annually to staff at the department through cyber security training and testing.

Through the state plan, the Department of Aging will continue to focus on continuous quality improvement, and stakeholders will be and must be engaged in and committed to this process. Training will be ongoing and developed to ensure alignment with both the department's mission, foundation, and values as well as those of the Area Agencies on Aging.

OTHER INITIATIVES

COMMUNITY HEALTHCHOICES

Under Governor Tom Wolf's leadership, the Department of Human Services (DHS) and PDA are developing a new program for older Pennsylvanians and adults with physical disabilities called Community HealthChoices (CHC). CHC represents a major state initiative in reforming the delivery of long-term services and supports via a managed long-term care environment. The program will roll out in three phases over three years, beginning in July 2017. The commonwealth is committed to creating a system that allows Pennsylvanians to receive services in the community, preserves consumer choice, and ensures that consumers will have an active voice in the services they receive. The commonwealth plans to coordinate health and long-term services and supports through CHC managed care organizations (CHC-MCOs). Participants will have a choice of between two and five CHC-MCOs in each region. The CHC rate model will include value-based incentives to increase the use of home and community-based services and meet other program goals. CHC will use standardized outcome measures at both the program and participant level to assess overall program performance and improve the CHC program over time.



STATE PLAN FOR ALZHEIMER'S DISEASE AND RELATED DISORDERS

The Alzheimer's Disease Planning Committee was established in 2013 by executive order. The purpose of the committee was to create a comprehensive plan for a thoughtful, integrated, and cost-effective approach to addressing the needs of people living with Alzheimer's Disease and Related Disorders (ADRD). Twenty-six committee members, composed of legislators and stakeholders, were appointed for their expertise and leadership from across the ADRD care and research spectrum. Seven recommendations were made to the governor.

On September 24, 2014, the Department of Aging hosted the first ADRD Summit. The summit brought together over 150 stakeholders, including several government officials, Alzheimer's Associations chapters, other advocacy groups, and leading academic researchers. The keynote speaker was Dr. Randi Chapman, Director of State Affairs for the National Alzheimer's Association. Breakout sessions for each of the recommendations identified action steps for the implementation of the plan. A second ADRD Summit is planned for Fall of 2016.

GOVERNOR'S OFFICE OF TRANSFORMATION, INNOVATION, MANAGEMENT AND EFFICIENCY (GO-TIME)

The Governor's Office of Transformation, Innovation, Management, and Efficiency was established in April of 2015 by Governor Tom Wolf in recognition of the need to be innovative and collaborative and to maximize the efficiency that working together across state agencies will provide to the residents of Pennsylvania. The Department of Aging participates in GO-TIME through an innovation team, which is responsible for implementing initiatives identified by our agency.

FOOD SECURITY INITIATIVE

In September 2015, Governor Tom Wolf announced an executive order that coordinates Pennsylvania's food and nutrition programs and updates the Blueprint for a Hunger-Free PA, which was originally published in 2007. This executive order was announced at the 2015 Pennsylvania Food Security Summit at the Farm Show Complex in Harrisburg and was sponsored by the Departments of Aging, Agriculture, Education, Community and Economic Development, Health, and Human Services. These agencies have committed to working together and establishing public and private partnerships to address the issue of hunger across the commonwealth.

REAUTHORIZATION OF THE OLDER AMERICANS ACT

The Older Americans Act Reauthorization Act of 2016 reauthorizes programs for fiscal year 2017 through fiscal year 2019. It includes provisions that aim to protect vulnerable elders by strengthening the Long-Term Care Ombudsman program as well as elder abuse screening and prevention efforts. It also promotes the delivery of evidence-based programs, such as falls prevention and chronic disease self-management programs. PDA will work to implement the changes in the recent reauthorization within the aging network.

AFFORDABLE CARE ACT

Over the course of the 2016-2020 state plan, Money Follows the Person (MFP) program funding will help the department strengthen the state's No Wrong Door infrastructure through education and outreach efforts aimed at strengthening relationships between community-based human service and health care organizations, and directing consumers to their local community resources. Additionally, MFP funds will assist us in building capacity for person-centered counseling, Certified Older Adult Peer Specialists, and piloting a shared housing match-up program aimed at addressing the need for affordable housing options and helping older Pennsylvanians remain in their homes and communities, reducing the need for long-term care placement.

Through the Balancing Incentive Program (BIP), the department is currently in the process of building a

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public-facing website that will allow consumers and family caregivers access to information and resources that will provide the services and supports needed to remain as independent as possible for as long as possible in the setting of their choice.

The department will continue to encourage the development and continued expansion of Care Transitions efforts throughout the state by promoting collaborations with other community-based organizations, the sharing of best practices and the utilization of evidenced-based practices to increase successful transitions from hospital to home and reduce the need for readmission. The department is currently developing a Care Transitions Toolkit to support the AAA network in the development, expansion, and sustainability of Care Transitions programs.



GOALS, OBJECTIVES, STRATEGIES, AND PERFORMANCE MEASURES

The state plan includes four goals, each supported by objectives, strategies, and performance measures.

GOAL 1: PROMOTE EXISTING SERVICES

Part of our job at PDA is to ensure that services reach those who need them most, yet many Pennsylvanians are unaware of services that they qualify for. The objectives under Goal 1 expand promotion and outreach efforts to reach more consumers, especially those in the greatest need or in under-served populations.

OBJECTIVE 1.1

Increase the knowledge and awareness of services supporting older Pennsylvanians among potential consumers, service providers, partners, and the public.

STRATEGIES

Promote aging services. Identify target markets for all aging services. Coordinate promotion with AAAs.

Collaborate with legislators on events related to aging services.

Collaborate with sister agencies to promote similar services or services that serve shared populations.

Collaborate with organizations representing diverse communities to promote aging services.

Develop and update publications. Publish them in multiple languages to reach target populations.

Develop a social media presence.

Rebrand services to be more comprehensible to consumers.

Utilize the PA Link network to collaborate with social service and health care organizations.

Hold events in more underserved communities to better reach target populations.

PERFORMANCE MEASURES

Increase in number of communications vehicles with multiple language options

Increase in traffic and engagement with communication vehicles

Increase in number of consumer inquiries for Aging Services

OBJECTIVE 1.2

Increase awareness of health insurance counseling and services available to all Medicare beneficiaries.

STRATEGIES

Develop and implement a promotion strategy to connect target populations to APPRISE services.

Ensure APPRISE is aligned to the baby boomer lifestyle and technology.

Increase the number of trained APPRISE volunteers through targeted recruitment and training to serve targeted populations, including those with limited English proficiency, and meet the needs of the CHC rollout.

Conduct a needs assessment to determine the most effective means of connecting with Pennsylvania's diverse populations.

PERFORMANCE MEASURES

Percent increase in consumer contacts in targeted populations over baseline established in 2018-2019

Percent increase in baby boomer consumer contacts over baseline established in 2016-2017

Percent increase in trained APPRISE volunteers per year over current baseline

OBJECTIVE 1.3

Increase awareness of protective services and referral procedures by enhancing collaborations with federal, state, and local agencies.

STRATEGIES

Work with federal partners to implement enhancements to the Social Assistance Management System (SAMS) and protective services tools.

Pursue a Pennsylvania Commission on Crime and Delinquency grant to train protective services workers on the availability of local victims' services and train local law enforcement on protective services.

Partner with Pennsylvania's Department of Banking and Securities to train attorneys on the provisions of the Older Adults Protective Services Act.

Standardize forms, training, and enrichment opportunities.

Collaborate with Pennsylvania's Department of Health to align training relating to falls, neglect, and electronic notification, and to use data to better define and advocate for public policy priorities.



PERFORMANCE MEASURES

Number of collaborations with federal, state, and local agencies

Number of trainings held

OBJECTIVE 1.4

Expand outreach to hard-to-reach populations to increase enrollments in PACE and other services.

STRATEGIES

Collaborate with trusted organizations, counties, and health systems. Deploy linguistically appropriate signage.

Expand outreach through established relationships.

Expand efforts of PACE to participate in community events and varied locations.

Collaborate with the Pennsylvania Medical Society to train physicians to connect individuals to PACE/PACENET.

Coordinate with AAAs to increase PACE enrollments.

Develop enrollment file-matching system to target PACE outreach.

Develop and implement outreach strategy in coordination with the department's overall promotion strategy.

PERFORMANCE MEASURES

Percent increase in enrollment in PACE and other services per year

Number of community events PACE participated in per year

Percent increase in trained physicians per year

Percent increase in PACE/PACENET physician referrals per year

Percent increase in PACE/PACENET enrollment via AAA referrals per year

OBJECTIVE 1.5

Target outreach to increase enrollment in Medicare Part D and the Low Income Subsidy benefit among unenrolled eligibles.

STRATEGIES

Work with the Centers for Medicare and Medicaid Services (CMS) and propose a strategy to use their data to focus outreach on the 500,000 Medicare Part D and Low Income Subsidy benefit-eligible but unenrolled individuals.

Use APPRISE and department information to focus outreach on the 500,000 Medicare Part D and Low Income Subsidy benefit-eligible but unenrolled individuals.

PERFORMANCE MEASURES

Percent increase in Medicare Part D and Low Income Subsidy benefit enrollment via PACE per year

Percent increase in Medicare Part D and Low Income Subsidy benefit enrollment via APPRISE outreach per year



GOAL 2: IMPROVE ACCESS TO SERVICES

Consumers often come up against barriers which prevent them from obtaining the services they need. PDA will make services more accessible by expanding volunteer services, expanding the scope and reach of the PA Link network, and improving access to ombudsmen and adult daily living centers.

OBJECTIVE 2.1

Increase the number of aging network volunteers.

STRATEGIES

Assess current volunteer capacity and establish a baseline for each program, then conduct a gap analysis comparing current capacity to projected need.

Develop and implement volunteer engagement approaches.

Develop and implement volunteer retention approaches.

Engage volunteers from diverse communities to serve as liaisons.

Leverage existing volunteer programs, retiree organizations, and trusted community groups to expand the pool of potential volunteers.

PERFORMANCE MEASURES

Percent increase over the baseline number of volunteers in programs

OBJECTIVE 2.2

Position the PA Link as the preferred coordinating entity for all aging and disability services at the local level.

STRATEGIES

Reevaluate the existing system structure to potentially transition from a loose association of organizations to a committed network of partners with the PA Link Office as its core. Explore the operations model of existing regional PA Link brick-and-mortar centers and other models that provide a personal advocate call-center approach.

Obtain formal partner agreements or memorandums of understanding within the PA Link structure both at the local level and within PDA and DHS in order to strengthen the PA Link infrastructure.

Minimize customer handoffs by empowering the first customer contact to assess and connect the individual with services.

Engage with community organizations to coordinate services and to promote PA Link as the main entry point to person-centered services.

Publish the PA Link program guide.

Finalize the design, development, and maintenance strategy for the website in coordination with the overall promotion strategy.

Document key processes and develop and implement staff orientation and training.



PERFORMANCE MEASURES

Number of trainings provided to community organizations in all 15 service areas

Percent increase in referrals to person-centered services

OBJECTIVE 2.3

Improve access to ombudsman services for long-term care consumers.

STRATEGIES

Collaborate with long-term care facilities to increase the number of ombudsman program representatives who advocate for the rights of the long-term care consumers.

Collaborate with local program entities to encourage increased visitation to long-term care facilities within their jurisdiction.

Provide enhanced training and tools to local program entities to ease documentation and data collection requirements and improve the consistency of data captured at facility visits.

Encourage resident participation in the Pennsylvania's Empowered Expert Residents (PEER) program.

Conduct evidence-based analysis of PEER program.

PERFORMANCE MEASURES

Ombudsman staffing and volunteer to bed-count ratio

Percent increase in community education activities over current baseline

Percent increase in number of completed and received PEER monthly activity logs over current baseline

Increase in number of PEER facilities

OBJECTIVE 2.4

Improve access to older adult daily living centers.

STRATEGIES

Promote the services and benefits of adult daily living centers.

Collaborate with AAAs, managed care organizations, and other organizations to support the growth in capacity of adult daily living centers.

PERFORMANCE MEASURES

Increase in number of adult daily living centers

Increase in number of adult daily living center enrollees



OBJECTIVE 2.5

Enhance person-centered counseling to enable individuals to age in place.

STRATEGIES

Develop a person-centered counseling program that trains and evaluates person-centered counselors in order to certify them.

Identify specialists by population segment and provide specialized counseling.

Enhance collaboration between benefits enrollment and aging network benefits.

Provide training to PA Link staff and partners to integrate services into the counseling process.

Raise awareness of cognitive, mental, and behavioral health issues among the aging network partners in coordination with the Bureau of Aging Services.

Ensure the certification training process for all person-centered counselors and specialists contain elements addressing cultural competency.

PERFORMANCE MEASURES

Full certification of all person-centered counselors

Number of trainings provided in all 15 service areas

OBJECTIVE 2.6

Improve access to affordable and accessible housing for older adults.

STRATEGIES

Develop and implement housing pilots.

Collaborate with state agencies In order to align housing efforts.

Advocate for housing models that allow older adults and persons with disabilities to age in place.

Investigate ways to attract and retain domiciliary care providers.

PERFORMANCE MEASURES

Number of housing matches facilitated

Increase in number of domiciliary care providers

OBJECTIVE 2.7

Improve transportation resources by collaborating with state and local government entities.

STRATEGIES

Advocate on behalf of the older adults most likely to have limited access to transportation.

Collaborate with state and local government to facilitate the exchange of information regarding transportation resources.

Determine number of rides utilized across various government services.



GOAL 3: ENHANCE QUALITY OF SERVICES

We can always improve our services. Goal 3 lays out PDA's approach to enhancing the quality of our services. We will expand and improve services, collaborate with partners, provide training, define key measures, and utilize data to become more efficient and consistent. Only through continuous improvement can we meet the needs of the future.

OBJECTIVE 3.1

Identify and disseminate best practices to enhance aging services.

STRATEGIES

Survey stakeholders for best practices, then prepare and distribute a case study.

Pilot the identification and dissemination of best practices in a program.

Establish public-private partnerships to deliver services.

PERFORMANCE MEASURES

Percent increase in participation in aging services over the baseline

OBJECTIVE 3.2

Expand and enhance evidence-based preventive health promotion efforts.

STRATEGIES

Revise the bulletin for Title III-D and issue updated policy.

Increase number of implementation sites.

Increase frequency of workshop sessions with a focus on diverse populations.

Expand non-English program offerings.

Expand Chronic Disease Self-Management Programs (CDSMP) and Diabetes Self-Management Programs (DSMP).

Provide outreach and technical assistance to AAAs and senior community centers related to Affordable Care Act disease self-management.

Promote expansion of Healthy Steps for Older Adults (HSOA) in-state and out-of-state.

Update the Healthy Steps in Motion (HSIM) workbook.

Certify HSIM as evidenced-based by 2017.

Certify "10 Keys[™]" to Healthy Aging as evidence-based.

PERFORMANCE MEASURES

Percent increase in the number of CDSMP and DSMP implementation sites

Percent increase in the number of workshops conducted in rural or medically underserved areas over baseline year of 2016-2017



Percent increase in number of non-Caucasian participants in workshops over baseline year of 2016-2017

Percent increase in the number of bilingual trainers recruited to conduct evidence-based programs over baseline year of 2016-2017

Percent increase in the number of AAAs and senior community centers certified to bill Medicare/Medicaid for self-management programs over baseline year of 2016-2017

Percent increase in the number of out-of-network providers that adopt HSOA within the state and outside of the state over baseline year of 2016-2017

Percent increase in the number of AAAs implementing HSIM programs over current baseline

Percent increase in the number of AAAs implementing “10 Keys”[™] for Healthy Aging programs

OBJECTIVE 3.3

Enhance collaboration with entities responsible for various components of the long-term care system.

STRATEGIES

Enhance collaboration with Pennsylvania’s Department of Human Services and Department of Education.

Engage entities in cross-training and information exchanges to ensure consumer needs are met by ombudsmen, providers, regulators, and protective services.

Engage with entities and meet with them at least three times per year to discuss scope, limitations, and systems improvement.

Ensure that publications demonstrate collaborative activities and public information sheets describe issues of importance to long-term care consumers and their families.

Develop a departmental customer satisfaction survey for key programs and services in collaboration with PDA program areas and AAAs.

PERFORMANCE MEASURES

Number of times stakeholders are engaged

Number of informational communications developed and circulated

OBJECTIVE 3.4

Improve the quality and consistency of guardianship services for older adults.

STRATEGIES

Develop guardianship policies and procedures regarding documentation and standards of practice.

Develop and implement guardianship care program within SAMS to ensure availability of demographic information on individuals supported by PDA resources.

Develop and provide training on guardianship law, standards of practice, and newly developed policies and procedures to PDA and AAA staff responsible for guardianship program implementation.

Review, prioritize, and implement the recommendations of the Supreme Court of Pennsylvania’s Elder Law Task Force.

Implement biannual quality assurance monitoring on guardianship cases wherein PDA resources are used to support an older adult.



PERFORMANCE MEASURES

Number of guardianship trainings conducted to all appropriate PDA and AAA staff

OBJECTIVE 3.5

Evaluate the value and impact of PACE and PDA programs on the health and well-being of program enrollees through evidence-based research methods.

STRATEGIES

Identify programs to be evaluated in collaboration with PDA program areas.

Develop and implement research design and protocol using Medicare Part A and Part B data and information.

Survey individuals who receive PDA services to measure the perceived value and identify the need for other potential assistance.

Coordinate research efforts with AAAs. Match their enrollment files on specific programs and issues identified for improvement.

PERFORMANCE MEASURES

Number of individuals surveyed per year

OBJECTIVE 3.6

Support the success of local senior community centers and the quality of services they provide.

STRATEGIES

Engage with AAAs to evaluate the current role of senior community centers.

Provide access to senior community center grants intended to help modernize sites, improve programs, or both.

Advocate on behalf of senior community centers to stimulate additional funding.

Hold forums for senior community centers to share best practices.

Provide cultural competency training to create a welcoming environment.

Identify and implement a senior community center competency assessment tool.

PERFORMANCE MEASURES

Percent increase in enrollments over baseline year 2016-2017

Percent increase in training attendance

Percent of senior community center AAA partners provided cultural competency training

Level of senior community center competency

OBJECTIVE 3.7

Enhance senior legal service delivery systems with a focus on victims of elder abuse and exploitation.



STRATEGIES

Assess capacity of current legal service delivery system.

Develop a statewide legal service delivery, data collection, and reporting system.

Create new low-cost and no-cost legal service mechanisms targeted at the most underserved.

Create innovative outreach and targeting strategies for the most underserved.

Establish formalized partnerships with aging and elder rights networks for effective legal responses to abuse and exploitation.

Develop and implement a statewide legal training agenda for professionals and advocates.

Collaborate in the development of a guardianship bench book.

Increase partnerships with local bar associations.

Enhance education for judges and attorneys developed by the Administrative Office of Pennsylvania Courts (AOPC) and the Office of Elder Justice in the Courts (OEJC), focusing on creating uniformity in the guardianship process.

Adopt a volunteer monitoring program to assist the courts in their monitoring of guardianship matters. Collaborate with financial institutions to educate the public regarding financial fraud and financial exploitation of the elderly.

Facilitate efforts to increase the assistance of financial investigators to local prosecutors and AAAs.

PERFORMANCE MEASURES

Number of outreach activities directed at the most vulnerable senior victims of elder abuse, neglect, and financial exploitation

Number of formalized partnerships between aging/disability and elder rights networks

Post-training survey results regarding the quality, usefulness, and impact of training events

Number of formal collaborations between partner agencies

Percent compliance with delivery standards and guidelines

OBJECTIVE 3.8

Develop formal partner arrangements, including formal work plans that identify roles, responsibilities, resources, and timelines to address Alzheimer's disease and related disorders.

STRATEGIES

Hold an Alzheimer's Disease and Related Disorders (ADRD) Forum to convene stakeholders and partners.

Provide training and education for caregivers and those living with ADRD.

PERFORMANCE MEASURES

Number of formal partnerships

Increase the number of physicians using the physician app

Increase the number of physician referrals using the referral form tool



OBJECTIVE 3.9

Develop and implement a continuous quality improvement program within the aging network.

STRATEGIES

Develop an incentive system for high-performing AAAs. Evaluate options to transition the system to a performance-based pay structure.

Define key measures, quality targets, and minimum standards of compliance. Involve stakeholders in the process.

Establish a single measure of organizational performance.

Improve the funding and reporting module or create a new one to support data-driven decision-making.

Provide training aligned to continuous quality improvement efforts. Maintain program and operations manuals.

Communicate key performance measures to the aging network.

Engage AAA directors to ensure alignment with the direction of the department.

In collaboration with PDA program areas and AAAs, develop a departmental customer satisfaction survey for key programs and services.

PERFORMANCE MEASURES

Percent increase in continuous quality improvement program performance measures

Number of training held for PDA and AAA staff

OBJECTIVE 3.10

Improve data collection and integrity to better measure activity, performance, and quality.

STRATEGIES

Facilitate a development process to reach consensus on key data elements, definitions, collection and submission of essential data and information, and measures for programs. Collaborate with PDA program areas and aging network partners.

Identify data and information required to measure the value of aging network programs and services.

Identify data and information required to certify the evidence-based foundation of programs.

Develop and implement a strategy to secure important data and information from aging network partners.

Improve funding and reporting module to support data requirements.

Update and maintain the Aging Services Policy and Procedure Manual.

Develop and deliver training, educational materials, and technical assistance to AAAs.

PERFORMANCE MEASURES

Percent decrease in AAAs reporting data entry issues over baseline

Percent decrease in missing data for each National Aging Program Information Systems (NAPIS) data element

Percent decrease in errors in SAMS data by monitoring period

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GOAL 4: EMPOWER THE WORKFORCE

A vast workforce serves older adults, ensuring that they have the quality of life they deserve. PDA must empower this workforce - paid and unpaid caregivers, researcher partners, health care providers, aging network staff, and more - in order for older adults to be able to age in place and secure justice in instances of elder abuse.

OBJECTIVE 4.1

Improve the capabilities of protective services investigators and other professionals through standardized training.

STRATEGIES

Develop and implement a standardized curriculum for protective services investigators and intake personnel based on national standards and minimums recommendations.

Expand training to nontraditional venues.

Enhance SAMs data by coordinating with the data improvement strategy.

Develop a research agenda regarding the transfer of learning from the classroom to the field. Coordinate with other program areas.

Align training with improved quality assurance methods and tools, SAMS data, policies and procedures, standardized national tools, and updated guidance documents.

Enhance case consultation guidance regarding neglect and financial exploitation.

PERFORMANCE MEASURES

Standardized curriculum training to all appropriate protective services investigators and intake personnel

Percent increase in training conducted over baseline year 2016-2017

Percent increase in number of compliance audits over baseline year 2016-2017

OBJECTIVE 4.2

Foster career development and support for the workforce that serves older adults.

STRATEGIES

Facilitate volunteer and internship connections for students as a path to a career in aging services.

Provide education to support direct care workers and caregiving career opportunities.

Create career opportunities for individuals as care providers by leveraging the Senior Community Service Employment Program (SCSEP), and partnerships with the Pennsylvania Department of Labor and Industry and local Workforce Investment Boards. Encourage SCSEP providers to train participants in the direct care field.

Advocate for paid and unpaid caregivers (in support of Executive Order 2015-05).

Identify and remove barriers to entering the direct care workforce. Promote incentives to entry.

Develop and deliver education and training targeted toward volunteer and family caregivers.

Collaborate with existing providers and organizations in developing, delivering, and promoting training for family and

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volunteer caregivers.

Develop a promotion strategy to raise awareness of caregiver support and respite care.

PERFORMANCE MEASURES

Percent increase in SCSEP participant employment rate

Percent increase in the 6-month employment retention rate of SCSEP participants

OBJECTIVE 4.3

Enhance the capabilities of aging network volunteers through education and training.

STRATEGIES

Improve the management capacity of volunteer coordinators through education and training, dissemination of best practices, and on-site support.

Develop and implement a process for auditing the quality of local volunteer management programs.

Identify best practices of local volunteer management programs.

Provide cultural competency training for volunteers who will serve diverse communities.

PERFORMANCE MEASURES

Percent increase in the number of counties trained to conduct local program audits

Percent increase in the number of counties that implement the recommendations provided by volunteer audit teams

Percent increase in the number of volunteers that receive cultural competency training per program in each county





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**PENNSYLVANIA DEPARTMENT OF AGING
555 WALNUT STREET, 5TH FLOOR
HARRISBURG, PA 17101**