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COMMONWEALTH OF PENNSYLVANIA
HOUSE OF REPRESENTATIVES
APPROPRIATIONS COMMITTEE

MAIN CAPITOL
ROOM 140
HARRISBURG, PENNSYLVANIA

PUBLIC HEARING
DEPARTMENT OF AGING

TUESDAY, FEBRUARY 28, 2012
2:01 P.M.

BEFORE:

- HONORABLE WILLIAM F. ADOLPH, JR.,
Majority Chairman
- HONORABLE MARTIN CAUSER
- HONORABLE GARY DAY
- HONORABLE GORDON DENLINGER
- HONORABLE BRIAN ELLIS
- HONORABLE MAUREE GINGRICH
- HONORABLE GLEN GRELL
- HONORABLE DAVID MILLARD
- HONORABLE MARK MUSTIO
- HONORABLE BERNIE O'NEILL
- HONORABLE MICHAEL PEIFER
- HONORABLE SCOTT PERRY
- HONORABLE SCOTT PETRI
- HONORABLE TINA PICKETT
- HONORABLE JEFFREY PYLE
- HONORABLE THOMAS QUIGLEY
- HONORABLE MARIO M. SCAVELLO
- HONORABLE CURT SONNEY

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BEFORE: (cont'd)

HONORABLE JOSEPH MARKOSEK, Minority Chairman
HONORABLE MATT BRADFORD
HONORABLE MICHELLE BROWNLEE
HONORABLE H. SCOTT CONKLIN
HONORABLE PAUL COSTA
HONORABLE DEBERAH KULA
HONORABLE TIM MAHONEY
HONORABLE MICHAEL O'BRIEN
HONORABLE CHERELLE PARKER
HONORABLE JOHN SABATINA
HONORABLE STEVE SAMUELSON
HONORABLE MATTHEW SMITH
HONORABLE GREG VITALI
HONORABLE RONALD WATERS

ALSO PRESENT:

HONORABLE ELI EVANKOVICH
HONORABLE MARK GILLEN
HONORABLE TIM HENNESSEY
HONORABLE MARK KELLER
HONORABLE JERRY STERN
HONORABLE DICK STEVENSON
HONORABLE KATHY WATSON
HONORABLE LAWRENCE CURRY
HONORABLE PAMELA DELISSIO
HONORABLE JOSEPH PETRARCA

ED NOLAN, MAJORITY EXECUTIVE DIRECTOR
MIRIAM FOX, MINORITY EXECUTIVE DIRECTOR
DAN CLARK, COMMITTEE CHIEF COUNSEL

BRENDA J. PARDUN, RPR
REPORTER - NOTARY PUBLIC

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1 P R O C E E D I N G S

2 CHAIRMAN ADOLPH: Good afternoon. I'd
3 like to call to order the House Appropriations
4 budget hearing for the Department of Aging.

5 Certainly my pleasure to introduce the
6 secretary of Aging, Mr. Brian Duke; Tom Snedden,
7 the director of PACE program; as well as David
8 Gingrich, director of the Department of Aging.

9 Mr. Secretary, if you would like a
10 brief opening comment.

11 SECRETARY DUKE: Sure. Pleasure to be
12 with everyone today.

13 Chairman Adolph, Chairman Markosek, and
14 distinguished members of the House Appropriations
15 Committee, Chairman Hennessey, Chair of the Aging
16 and Older Adult Services Committee, it's a pleasure
17 to be here and thank you for the opportunity to
18 meet with you today to discuss Governor Corbett's
19 proposed FY12-13 budget for the PA Department of
20 Aging.

21 As you're aware, the PA Department of
22 Aging and the Office of Long-Term Living are proud
23 to support Governor Corbett's commitment to older
24 Pennsylvanians and persons living with disability.
25 And, through our mission, enhancing the quality of

1 life of all older Pennsylvanians by empowering
2 diverse communities of the family and individual,
3 the department provides service and leadership on
4 behalf of PA's older citizens and persons living
5 with disabilities.

6 Through our fifty-two front doors
7 across the Commonwealth, the Area Agencies on
8 Aging, through the PACE program, and many other
9 community partners, we carry out this vital
10 mission.

11 Our focus is centered on two main
12 efforts: Prevention and protection.

13 In prevention, through the Area
14 Agencies on Aging, we're able to determine the
15 needs of older Pennsylvanians and persons living
16 with disabilities through our assessment program,
17 the Area Agencies on Aging developed care plans for
18 older adults and coordinate services which help
19 Pennsylvanians remain independent and stay in their
20 homes, not only because it is an effective setting
21 of care but also a desired setting of living.

22 Through the administration of the home-
23 and community-based service waiver programs, we
24 help those in greatest economic and social need.
25 Older adults benefit from access to nutrition

1 through congregate and home-delivered meal
2 programs, through the support of the department,
3 and provides support, also, to senior community
4 centers.

5 The department accommodates access to
6 medical and social services through the support of
7 transportation. Senior employment and volunteerism
8 is encouraged as we help people become engaged in
9 their communities, through PACE and PACENET and
10 support from the legislature of the PACE
11 moratorium, which provided continued access to
12 prescription medications to over 350,000 older
13 adults.

14 And, finally, we traveled a journey
15 with PA's caregivers, through services provided by
16 the support of the PA Caregivers Support Act. Our
17 thanks are extended to the legislature for passing
18 this important piece of legislation.

19 In the area of protection, we protect
20 through protective services our most vulnerable
21 citizens from abuse and neglect, exploitation, and
22 abandonment. We serve as the state ombudsman, and
23 through this, help older adults who live in nursing
24 homes and other settings to address issues related
25 to their quality of living. And we protect through

1 the continual monitoring of how services are
2 delivered.

3 We need to make sure what we do
4 fulfills what we need to do in the current time,
5 but we also need to plot our course for the
6 future. We're working on a four-year state plan
7 for the years 2012 through 2016, and the plan will
8 address three main strategic directions.

9 One, it will ensure that Pennsylvanians
10 can age and live well and communities will be
11 placed to age and live well. Two, it will ensure
12 that Pennsylvanians will have access to care in the
13 right setting, at the right time, with the right
14 intensity. Three, we'll bring the best of PA to
15 Pennsylvanians, through the replication of best
16 practices and through the support of innovation.

17 I am grateful to those I work with each
18 day at the Department of Aging and the Office of
19 Long-Term Living and the Commonwealth to make an
20 impact in the lives of older Pennsylvanians and
21 persons living with disabilities.

22 I welcome your questions today, and
23 look forward to working with you in the future.

24 CHAIRMAN ADOLPH: Thank you,
25 Mr. Secretary.

1 It is certainly my pleasure to
2 introduce and acknowledge that the -- both the
3 Republican and the Democrat chairs of the community
4 -- of the Aging and Older Adult Services standing
5 committee is here, Mr. Tim Hennessey and Chairman
6 Larry Curry.

7 And we're going to start off the
8 questioning with Rep. Day.

9 REP. DAY: Thank you, Mr. Chairman.
10 Thank you for being here today.

11 My questions center around nursing home
12 eligibility and also the home- and community-based
13 services.

14 It's my understanding that for those
15 who are nursing home clinically eligible for the
16 Medicaid program, those decisions are made by the
17 Area Agencies on Aging. And my question relates
18 to, how does the department monitor consistency
19 within the agency and also across agencies?

20 SECRETARY DUKE: That's a good
21 question. Thank you, Representative.

22 The important balance between home- and
23 community-based services and nursing facility care
24 is one that we continue to support as we move
25 forward. Your question about how we monitor the

1 effectiveness of the level of care assessment
2 that's conducted by our Agencies on Aging is that
3 each individual service plan that is completed is
4 sent to the department for review and approval
5 before it's actually implemented.

6 And in that centralized approach, which
7 is new, I guess, just a little bit over year we've
8 been implementing that process. Before that, we
9 didn't have such a robust program in place. But
10 this one in place to review the plan as they're
11 created.

12 REP. DAY: Do all the agencies use
13 the -- going to try to get a lot of my questions
14 into one question.

15 SECRETARY DUKE: Okay.

16 REP. DAY: But do all the agencies use
17 the same form, complete the same form? Or do
18 they -- I think sometimes you use a physician's
19 determination. So I'm trying to understand, in
20 uniformity, do they use the same form, always have
21 to complete the same form? Or do, sometimes, we
22 use physician --

23 SECRETARY DUKE: We utilize a uniform
24 form for level of care assessments across the
25 Commonwealth. And right now we do require a

1 physician's certification, if services are going to
2 be provided. And we're questioning right now
3 looking into whether that will be necessary. Of
4 course, for the ones where it's required by
5 licensure for deliver of service, prescribed
6 services, you need it, but in this case, we may not
7 need it.

8 We found it was a significant time gap
9 obtaining the physician's certification. When you
10 look at the process from beginning to end, when you
11 look at their entry into the system and their
12 actual beginning of delivery of service, that that
13 was a time gap, so it may be one we can do without.

14 REP. DAY: And just to drill down onto
15 that a little bit, do you evaluate determinations?
16 I really don't know whether you do or not, so I'm
17 interested. Do you evaluate the determinations and
18 the consistency, and I would throw in there
19 integrity of the determination? Is there a way --

20 SECRETARY DUKE: We have an
21 extensive -- couple things that we do. One is, we
22 have a benchmarking system in place in the
23 department that we use to monitor our progress.
24 That's one way we do it. And also, I think,
25 through the individual service plan, reviewing the

1 technical assistance we provide back to the aging
2 network and other providers, we do do that review.

3 REP. DAY: Okay. Switch a little bit,
4 but in the same ballpark.

5 Given that the Area Agencies on Aging
6 are evaluators, they're also service providers, so
7 I'm interested, how do you address any potential
8 impropriety, either actual or perceived, in
9 potential self referral?

10 SECRETARY DUKE: It's a good question,
11 and actually, the answer would flip to us as to why
12 Area Agencies on Aging throughout the Commonwealth
13 are a strength. While they do provide some
14 services, most of the services are done by contract
15 and must offer choice to the consumer. So the AAA
16 itself is not offering those services. So they
17 are, indeed, a strength in that they are an
18 objective source of assessment in terms of
19 determining what is needed, level of care
20 assessment, and then the service plan to follow.

21 REP. DAY: And, specifically, do they
22 refer to themselves as self-referral?

23 SECRETARY DUKE: They do not, that I
24 know of.

25 REP. DAY: Nursing home Medicaid

1 payment comes from federal, state, local
2 regulations, including inspections. The home- and
3 community-based services, come with -- my own
4 qualified opinion -- less regulation. Under the
5 home- and community-based services, how does this
6 state assure that money is spent correctly?

7 SECRETARY DUKE: Providers of home- and
8 community-based service do have to be licensed,
9 right? And then we also do provider monitoring of
10 these providers in order to determine their
11 compliance with the factors of either being a
12 provider and also the services they're delivering;
13 so we do do that.

14 You would say, is there a higher bar of
15 regulatory approaches to nursing home care, you're
16 probably correct. And we continue to work in our
17 efforts to make sure there's a consistency of care
18 delivery across the Commonwealth through these
19 aforementioned methods.

20 REP. DAY: Mr. Chairman, I'm going to
21 wrap this up in one more question -- one or two
22 more questions here, quickly.

23 Have you identified fraud in the home-
24 and community-based service system? And can you
25 explain what type of fraud you've identified and

1 any steps that you've taken to address this?

2 SECRETARY DUKE: Our office is
3 continuing to review the caseload that we have to
4 determine if there is any fraud, waste, abuse. At
5 this time, I'm not aware of any top contributing
6 factors to fraud, waste, and abuse among the older
7 persons we serve.

8 REP. DAY: Can you be a little bit more
9 specific on -- and this is my last question,
10 Mr. Chairman -- the standards that you use, the
11 department uses, to monitor that services that are
12 billed for, that are paid for, are actually
13 provided? I don't understand that at all.

14 SECRETARY DUKE: So we have
15 administrative policy directives. We're required
16 to review somebody's care plan up to twice a year
17 and do a full assessment at least -- is it once a
18 year? We do a full assessment every year. We
19 review the billing records and compare them to the
20 service plans to -- it's a methodology we can
21 follow.

22 REP. DAY: Anything in your budget that
23 changes the ability to take care of the questions
24 that I just talked about? Any reductions or
25 anything like that that --

1 SECRETARY DUKE: We have a level of
2 funding that we know will be challenging in these
3 difficult financial times, but we're confident with
4 the management, moving forward, we'll be able to
5 provide those services.

6 REP. DAY: Thank you for your answers.
7 And, thank you, Mr. Chairman, for your
8 indulgence.

9 SECRETARY DUKE: Thank you,
10 Representative.

11 CHAIRMAN ADOLPH: Thank you,
12 Representative.

13 The next question will be by Rep. Deb
14 Kula.

15 REP. KULA: Thank you, Mr. Chairman.
16 I'm over here, Mr. Secretary.

17 SECRETARY DUKE: Hello, Representative.
18 How are you?

19 REP. KULA: I am fine. And you?

20 SECRETARY DUKE: Good. Thank you.

21 REP. KULA: Good.

22 Just this past Friday, Secretary
23 Alexander's Act 22 regulation was published, which
24 would lump the aging waiver into a new DPW care
25 management system, establishing service

1 coordination entities.

2 I was wondering if you could tell me,
3 based upon Act 22 regulation, has Secretary
4 Alexander expressed any intention to take care
5 management for consumers in the medical assistance
6 aging waiver away from the local AAA? And I'll
7 just kind of give it to you all in one lump
8 question. Do you support taking care management
9 for aging waiver clients away from the AAA? And
10 could you assure this committee that the AAA's will
11 continue to provide care management for aging
12 waiver consumers?

13 SECRETARY DUKE: I think that in
14 responding to Rep. Day's questions as well as
15 yours, let me start with the fact that I believe
16 the Area Agencies on Aging, in their valued role
17 across the Commonwealth, not only provide care
18 management but many other services for which
19 they're respected. And I think their role is
20 essential, both in terms of their wholistic view of
21 the person before us that we serve, the older
22 person in the community, and in terms of their
23 knowledge of that same community where the person's
24 living or living with a disability takes place.
25 And so I think they have a very important role and

1 a very valuable role in terms of determination of
2 how we assess somebody and then how a care plan's
3 established.

4 So let me start with the answer to the
5 middle question. The Act 22 program, while members
6 of the office of Long-Term Living and department of
7 Aging were involved in helping to look at the
8 preparation of those regulations, we are in process
9 of reviewing the same document that came out on
10 Friday. As you're aware, with any document like
11 that, you can contribute to and then it goes
12 through a variety of offices, and then the document
13 you see is before you.

14 So we're reviewing those regulations
15 now, and then we'll be offering comment on those
16 regulations as we see them.

17 And can I assure the future of care
18 management with the Area Agencies on Aging? It is
19 a preference that I would prefer to see assessment
20 and care management for the aging waiver remain
21 with the Area Agencies on Aging, but at this time,
22 we can't predict what the future will be or the
23 evolution of how things will take place.

24 The Department of Aging has long been a
25 provider of assessment and care management for the

1 aging wavier since its inception.

2 REP. KULA: Well, as someone that has
3 used those services, the AAA services, on a
4 personal basis as well as constituent referral, I
5 can truly attest to their expertise in this area,
6 keeping it on a local level, to allow our counties
7 to be a part of this process that will assure that,
8 as these waivers are granted, that everything is
9 taken into consideration

10 Thank you, Mr. Chairman.

11 SECRETARY DUKE: Thank you.

12 CHAIRMAN ADOLPH: Thank you,
13 Representative.

14 Rep. Mario Scavello.

15 REP. SCAVELLO: Thank you,
16 Mr. Chairman.

17 And, good afternoon, Mr. Secretary.

18 SECRETARY DUKE: Good afternoon.

19 REP. SCAVELLO: I -- first, I start off
20 every one of these, for the last six years since
21 I've been on the Appropriations, commenting about
22 my director back home in Monroe. She's a magician
23 on the -- with the dollars that she continues to
24 receive, and to be able to provide services and she
25 does the best that she can.

1 My first question, the PennCare budget
2 information shows that you have 3.886 million in
3 reserve in Fiscal Year 2011-2012. Why are these
4 dollars not being held in reserve, first?

5 One portion of those dollars -- and it
6 relates to dollars that aren't expended, right? In
7 a given year, let's say.

8 REP. SCAVELLO: Right.

9 SECRETARY DUKE: And the reason for
10 those dollars not being expended is connected to a
11 lot of factors, but one of them is, and we're
12 finding in the Department of Aging and working hard
13 to correct it right now, is the way we reconcile
14 our dollars with the local Area Agency on Aging
15 through the current financial reporting systems we
16 have.

17 And then, by the end of the year, you
18 may be aware of an amount of money that's available
19 to be spent, but the clock runs out because you
20 give somebody eight -- six weeks to go in a fiscal
21 year and they can't spend it.

22 And what restricts us to move the money
23 to where it's needed is the hold harmless
24 provision. Right? So these are all related
25 factors.

1 So I thank you for the question. And
2 we are looking into it to see what we can do to
3 make sure that the money gets to where it's needed
4 and we hopefully aren't rescinding that kind of
5 money moving forward.

6 REP. SCAVELLO: Well, you lit up a
7 light bulb, because the hold harmless is where I
8 was going.

9 SECRETARY DUKE: I don't know if that's
10 good.

11 REP. SCAVELLO: Have you made any
12 changes in the agreements with Area Agencies on
13 Aging to address the inequities that exist? I've
14 heard you talk about it the last time around as
15 well.

16 SECRETARY DUKE: Thank you.

17 REP. SCAVELLO: The allocation form
18 and, particularly, the hold harmless provision.
19 It's just killing the growing area.

20 SECRETARY DUKE: I think -- last year I
21 had shared this and this year I share as well, but
22 I still maintain that we're in a fiscal environment
23 right now where this issue cannot be addressed,
24 unfortunately, but it is one that tells us that,
25 administratively, we need to address the allocation

1 formula. And then we know, through the act of
2 legislature, we need to address the hold harmless
3 provision. And if we were to address both at the
4 same time, I believe we can bring our Area Agencies
5 on Aging to an equity position.

6 One next question may be, Well, how
7 much is that? And we, right now, have a figure
8 that's about three and a half years old, so we need
9 to run that formula again to see if that number
10 still holds. It was about 24.8 million then, but I
11 don't know what it is today.

12 And we also have to look at what it
13 means in terms of the cost of providing care once
14 you bring people to equity. And we're going to be
15 working on that.

16 REP. SCAVELLO: I have your budget book
17 that you handed to us, and I looked at -- if you
18 don't mind, if you can pull yours out. On page 88,
19 under the Philadelphia line. Philadelphia.
20 Philadelphia. The PennCare line there.

21 SECRETARY DUKE: Yes.

22 REP. SCAVELLO: Am I seeing that
23 correctly? They got an \$836,000 increase? Is that
24 a mistake? Because, you know, the growing areas
25 got cut, the ones that have had more population.

1 SECRETARY DUKE: You're referring to
2 demographic changes, and so that goes back to the
3 allocation formula and hold harmless issue, but I
4 can confirm these specific numbers for you and get
5 back to the committee through the chair, if you
6 wish.

7 REP. SCAVELLO: Yeah. I would assume,
8 because they're hold harmless, you know -- you
9 know, we got cut in Monroe. Monroe got cut,
10 because I guess it's a cut across the board. But
11 Monroe's population's tripled since 1990 -- well,
12 I'll say doubled. Doubled since -- tripled since
13 from 1980. And we're cut. And I'm looking at
14 this, and they're getting 836,000 more. And per
15 person -- no disrespect to the folks from Philly --
16 but, per senior, you know it is a tremendous
17 difference in what they're getting versus what
18 we're getting in the rural area.

19 SECRETARY DUKE: Right. We know that
20 there's demographic imbalance across the
21 Commonwealth as it relates to the dollars that are
22 distributed. So we know that. And then, as to the
23 specific dollars of allocation, I will look at both
24 Philadelphia and Monroe and get back to you.

25 REP. SCAVELLO: And on both -- I'm

1 looking at all of them. What's the preadmission
2 access and the federal -- because I notice that
3 those dollars have been cut for everyone.

4 SECRETARY DUKE: The preadmission
5 assessment is a level of care assessment that's
6 done for both entry into nursing homes and home-
7 and community-based services.

8 REP. SCAVELLO: So those dollars are
9 cut; they're not available anymore to -- or
10 they're --

11 SECRETARY DUKE: They're still
12 available.

13 REP. SCAVELLO: They're not in 2012. I
14 see 2011, but it's a blank for everyone in 2012.

15 MR. GINGRICH: One of the reasons that
16 it shows as a blank in 2012 is, we entered into new
17 five-year agreements with the Area Agencies on
18 Aging, and so preadmission assessments was moved
19 from the agreement that contained the PennCare
20 appropriation to a separate agreement where all
21 Medicaid-matched services are contained.

22 REP. SCAVELLO: So those dollars are
23 still there in the service --

24 MR. GINGRICH: They're still there, and
25 there was actually an increase in '11-'12 in

1 preadmission assessment funding, but it's in a
2 separate agreement now.

3 REP. SCAVELLO: Mr. Secretary, it's
4 times that, you know, when new dollars are set out
5 there, those -- the areas that have been lacking
6 all these years need to be addressed. And I'm
7 assuming that when we cut, you know, the cuts
8 should be differently as well, because the areas
9 that have traditionally not been funded properly,
10 and you know the numbers, you know who the counties
11 are, those should be addressed as well. And it's
12 not happening. I don't see it in this budget. I'm
13 sorry. I don't think it's fair.

14 SECRETARY DUKE: Thank you.

15 REP. SCAVELLO: Thank you,
16 Mr. Secretary.

17 SECRETARY DUKE: Thank you.

18 CHAIRMAN ADOLPH: Thank you.

19 Rep. Parker.

20 REP. PARKER: Thank you, Chairman
21 Adolph.

22 And welcome, Mr. Secretary.

23 SECRETARY DUKE: Thank you.

24 REP. PARKER: Just -- let me just start
25 by noting that, as it relates to PennCare and other

1 AAA allocations, I just want to make sure I state
2 for the record -- and you correct me if I'm
3 wrong -- Aging allocates PennCare funds in the form
4 of block grants to AAAs based on census data, so
5 that's the number of elderly poor, the number of
6 rural poor, elderly minority, I mean, based on the
7 service area, but you use census data. You sort of
8 just don't come up with the formula and decide
9 we're going to give this area X amount of money
10 because it's what you feel like. You do it based
11 on census data. Is that correct?

12 SECRETARY DUKE: Representative, your
13 description of the allocation formula and the
14 factors that are included is correct.

15 REP. PARKER: Thank you.

16 SECRETARY DUKE: The census data,
17 though, that we're using is outdated.

18 REP. PARKER: Okay.

19 SECRETARY DUKE: So it's a base that
20 we're using that's outdated. And there's -- in the
21 allocation formula methodology in the hold harmless
22 provision, that's where you have to look. It's --
23 hold harmless provision says that the AAA basically
24 will get the same amount of money they received the
25 year before, and it doesn't take into account

1 changes in the demographic.

2 REP. PARKER: Okay. But I just wanted
3 to just state for the record and, particularly for
4 the benefit of the public watching, that Aging
5 just, sort of, doesn't pull a figure out of a hat.
6 You do this based on need.

7 SECRETARY DUKE: No. No, we do not.
8 No.

9 REP. PARKER: Okay.
10 I just want to go back to an earlier
11 question that you responded to in regards to the
12 Act 22 and the AAAs. One, personally, I've also
13 had a heavy experience with the AAAs with my own
14 grandfather, who I was raised by. And for us, the
15 AAA represented a one-stop shop for any and
16 everything you needed associated with aging. So it
17 was a coordinated approach versus having to run
18 from one department to the other.

19 And, although I know you mentioned in
20 your response to the earlier question, that you,
21 like others, are just receiving the reg that was
22 released last week, and you're sort of combing
23 through it and you will make some determination
24 about it. I just wanted to note that a few of the
25 AAA that are sort of incorporated as nonprofits,

1 they may still be able to provide their direct care
2 as a result of the new reg that was recently
3 released, but there are several others that are not
4 incorporated as nonprofits that would be impacted
5 by this. I do want to state that for the record.

6 You know, I represent Philadelphia, and
7 obviously our corporation for aging is incorporated
8 as a non-profit, but because we don't govern simply
9 thinking about our regions, we think about the
10 entire Commonwealth, many in rural PA are not, and
11 so those -- we're also concerned about those.

12 In addition to that, when we passed Act
13 22 last year -- and I know some of this is for
14 DEP -- there was sort of like a verbal handshake or
15 sort of a shake-hand agreement in regards to a
16 comment period when, you know, a regulation was
17 being proposed and/or passed, and it was thirty
18 days. And I wasn't sure whether or not your
19 department, do you respond within the comment
20 period, the thirty days? Because I've recently
21 heard that that was no longer thirty days, it's now
22 fifteen.

23 Do you communicate during that time?

24 SECRETARY DUKE: I wouldn't want to
25 comment on the comment periods and the process

1 because it is under another department of state so
2 let me defer to the Department of Public Welfare to
3 obtain those answers. I think that would be best
4 in terms of the process that's being followed in
5 that review.

6 REP. PARKER: But how do you respond as
7 it relates to Aging's position on the reg that was
8 passed if you don't use the comment period?

9 SECRETARY DUKE: I'm not sure -- I know
10 we have to do it within, probably, the comment
11 period, but I don't have the definition to tell
12 me -- I don't have that with me. And I know we
13 will be offering comments, though, to the --

14 REP. PARKER: Okay. And it is our
15 hope, because it's very important what your
16 department thinks. I appreciated your constantly
17 noting that, you know, you place great value on our
18 AAAs and the service that they provide, but it's
19 important that your department's position,
20 particularly on these newly published regs, that it
21 is known to the public and it's known to the
22 legislature.

23 SECRETARY DUKE: Thank you.

24 REP. PARKER: In addition to that, let
25 me just note that the chairman of our policy

1 committee, Rep. Sturla, from Lancaster, recently
2 forwarded some information to us regarding a poll
3 that was released from a group, the AARP, noting
4 that home care services, you know, were 80 percent
5 of the concern of people who were over the age of
6 50, and I thought to myself, that was very
7 poignant. But along the same lines, it came to my
8 mind, from my personal experience, that one of the
9 key turnaround, sort of, professions that we have
10 in the Commonwealth is home care aides who directly
11 deliver the services. I went through, probably,
12 about, you know, five of them, trying to choose the
13 right person to stay in my home with my grandfather
14 so that I could do this job.

15 Are we working with any of our service
16 providers to ensure that they find a way to
17 maintain some sense of consistency so -- to have a
18 higher percentage of retention of experienced
19 employees who are directly going into the homes of
20 Pennsylvanians to provide them?

21 SECRETARY DUKE: You bring up
22 recruitment and retention. It's always a top
23 concern of ours. These are the people who are
24 actually laying on of hands to do the work, in the
25 outstanding work they do across the Commonwealth,

1 for which we're grateful.

2 We're always speaking to our providers
3 about the need to enhance quality of care and how
4 we do that through training programs with the
5 people that deliver that care. How do we do that
6 in terms of monitoring the services that are
7 provided, so that, in knowing what they should do
8 and being taught how to do it in a high quality of
9 fashion, hopefully the work they do will be even
10 more fulfilling than it is on a day-to-day basis
11 through the interaction with the care recipient.

12 So it is a concern of ours and it's one
13 we do pay attention to.

14 REP. PARKER: That will be it,
15 Mr. Chair. Thank you for your indulgence.

16 CHAIRMAN ADOLPH: Thank you,
17 Representative.

18 Rep. Dave Millard.

19 REP. MILLARD: Thank you,
20 Mr. Chairman.

21 Secretary Duke, before I ask my
22 questions here, I'd be remiss if I didn't mention
23 to you that your opening statements, you mention
24 the fact that you deal with the vulnerable segment
25 of our society. In my office, with all the calls

1 that we receive and the clientele that we deal
2 with, we count on not only our Area Agency on Aging
3 to assist us a great deal or our constituents, but
4 we count on your office as well. And we deal an
5 awful lot with Kelly in your office, and I just
6 want to thank you and your staff for the fine
7 cooperation we have with you, and we look forward
8 to having that continue.

9 SECRETARY DUKE: Thank you,
10 Representative.

11 REP. MILLARD: My first question is,
12 the overall national economy is obviously having an
13 impact on all of us, but especially on our senior
14 population. Savings for retirement have
15 diminished. Seniors are working longer. The cover
16 letter on the first page of your budget
17 presentation indicates that this budget will allow
18 for the reinvention and the re-architect of aging
19 services.

20 Are you looking to revise or change the
21 department's operations to create more efficiencies
22 administratively and streamline services so that
23 more services can target what we have in this
24 Commonwealth as a growing senior population?

25 SECRETARY DUKE: I'm going to answer

1 two fold. One is, we would always look for
2 efficiency, but whenever we look for efficiency, we
3 have to look at efficacy. Right? So we can look
4 at it costing less, but we have to make sure the
5 services provided are also having an effect, the
6 desired effect, on the individuals we're serving,
7 so it's a two-fold effort.

8 The second thing is, we look at this --
9 we need to be concerned about how we look towards
10 the Older Americans Act services, which are the
11 founding services that the department was created
12 by. And in recent times, not through any, I think,
13 intentional mal intent, we may have not paid as
14 much attention to those services, as an
15 organization, as we should. And so when we say
16 "re-architect," it's really calling us a little bit
17 back to our roots, to look at those services which
18 are so valued by the citizens of the Commonwealth
19 and seeing what we can do to pay attention to those
20 and develop an organizational structure that looks
21 at those a little bit more.

22 REP. MILLARD: Well, as we go into the
23 future, all budgets are prepared based on
24 estimates, and, certainly, we're working on the
25 next fiscal year's budget, but we always have to

1 look beyond that.

2 It's estimated that by 2020, one in
3 five PA residents will be over 65 years of age and
4 that during that same time period, those in the 20-
5 to 64-year-old range are expected to shrink by 2
6 and a half percent. Are you concerned about the
7 integrity of the lottery fund in future years? We
8 know that that fund provides, really, the lifeline
9 to a lot of services for our seniors. You know,
10 again, in looking toward the future, are you
11 concerned about that?

12 SECRETARY DUKE: We're grateful. And
13 as the committee knows, we don't receive any
14 support from the general fund of the Commonwealth.
15 Our support is, in large part, due to the lottery
16 and its success. And we're grateful to the
17 lottery. We're grateful for the achievements
18 they've made in this past year in increasing sales
19 and the dollars that are available to support those
20 services that are supported by the lottery now.

21 As to the lottery's viability and its
22 strength, I would defer to the secretary of
23 Revenue, Dan Meuser, and his staff to answer that
24 question because I'm certainly not an expert in
25 running a lottery.

1 The concern about the population is
2 one, though, that calls us to say, not only do we
3 have to look carefully at the services we're
4 providing, we have to see if those services are the
5 appropriate services. Are they going to be the
6 ones that will carry us into the future?
7 Hopefully, our four-year plan will spell out some
8 of this.

9 We also have to be concerned about
10 effective community public-private partnerships,
11 which may be able to help us reach to people who
12 haven't knocked on our door yet, possibly deferring
13 their access to our service, or find creative ways
14 to offer services in the community, because, as
15 anyone knows who looks at the number, those
16 demographic numbers, the government can't be the
17 sole source of the provision of service to meet
18 total need. So whatever we can do at the local
19 level to create effective public-private
20 partnerships, to share best practices, I think will
21 help us move forward to meet the needs moving
22 forward.

23 REP. MILLARD: Okay. Thank you.

24 Thank you, Mr. Secretary.

25 SECRETARY DUKE: Thank you,

1 Representative.

2 CHAIRMAN ADOLPH: Thank you.

3 At this time, I'd like to acknowledge
4 the presence of Rep. Kathy Watson, of Bucks
5 County.

6 And Chairman.

7 REP. MARKOSEK: Rep. Steve Samuelson,
8 the Lehigh Valley, has arrived.

9 Thank you.

10 CHAIRMAN ADOLPH: Thank you.

11 The next question is by Rep. Paul
12 Costa.

13 REP. COSTA: Thank you, Mr. Chairman.
14 Over to your left, Secretary.

15 SECRETARY DUKE: Thank you. Thanks.
16 Sorry.

17 REP. COSTA: How you doing?

18 SECRETARY DUKE: Good. How are you?

19 REP. COSTA: Very good. Thank you.

20 I'm not sure if you have this number
21 with you, but is it possible to tell us the
22 percentage of eligible seniors that are on our
23 PACE, PACENET, PACEPLUS programs?

24 SECRETARY DUKE: We have about -- I
25 guess 1.3 million Pennsylvanians would be eligible

1 for the program. Right? And about 300,000, Tom,
2 are receiving PACE benefits right now.

3 REP. COSTA: Is that, like, 25
4 percent?

5 SECRETARY DUKE: Yeah. And that -- but
6 I don't think it's -- and Tom could offer some more
7 information, but really, you have to consider that
8 in the population you have people that aren't
9 taking prescription medications. Right? And then
10 you have people who may have benefits that are paid
11 for through some other means other than PACE and
12 PACENET.

13 REP. COSTA: It's my understanding that
14 if we have our seniors that are on the PACEPLUS
15 Medicare program, we get reimbursements from the
16 federal government. Is that accurate?

17 MR. SNEDDEN: We don't get a
18 reimbursement, but we're able to shift our costs
19 over to Medicare Part D.

20 REP. COSTA: So they would pay for it
21 instead of the state.

22 MR. SNEDDEN: That's correct.

23 REP. COSTA: Okay. So what are you
24 guys doing to actually increase the number of
25 citizens that we have, and what more can we do, as

1 state reps, what can we do to get more people
2 knowledge of this program and, ultimately, help out
3 the state by bringing more money in?

4 SECRETARY DUKE: I mean, I think each
5 and every day Tom and his team do a great job of
6 outreach in terms of the PACE program, its benefits
7 and eligibility criteria. We have an active phone
8 center that we use that does engagement with the
9 population in order to even reach out to people who
10 are eligible that we know aren't accessing the
11 services, and so I believe our outreach is really
12 good.

13 In terms of how we look at Medicare
14 Part D and its impact on the program, it's
15 something that Tom and his staff, through research
16 and implementation, continually look and monitor to
17 make sure we're taking advantage of all levels of
18 support to support the distribution of
19 pharmaceutical medications to Pennsylvanians.

20 REP. COSTA: Thank you very much.
21 Thank you, Mr. Chairman.

22 CHAIRMAN ADOLPH: Thank you.

23 The next question will be offered by
24 Rep. Mark Mustio.

25 REP. MUSTIO: Thank you, Mr. Chairman.

1 Mr. Secretary, thank you for your
2 testimony today.

3 SECRETARY DUKE: Thank you.

4 REP. MUSTIO: In your opening
5 statement, you mentioned the importance of
6 monitoring of the delivery of service and care.
7 And we appreciate all that your department does in
8 that area.

9 Home- and community-based services
10 obviously are provided in the individuals' homes.
11 And I'm going to make an assumption, I don't know
12 if it's correct or not, but I'm going to assume
13 that it's more difficult to monitor those programs
14 because they're in individuals' homes and to ensure
15 that the consumer is receiving all of the services
16 in the specific care plan.

17 So could you, please, describe for me
18 the standards that your department uses in
19 monitoring the care plans in the individual homes?

20 SECRETARY DUKE: We can get the
21 standards to you in terms of what we actually do on
22 a day-to-day basis to do that. But, basically,
23 it's reviewing the care plan, reviewing the billing
24 system to see what services are billed for. You're
25 right in regards to we don't have a camera in the

1 home to actually see the actual hands-on delivery
2 of care. It makes it difficult to do a care
3 monitoring that you may do if you were in a nursing
4 home where you can walk by a room and see what a
5 nursing aide is doing in a room or a nurse.

6 And so we believe the system we have --
7 we also do -- we monitor benchmarking data to look
8 at how people's services are delivered. That can
9 help us at least have a global measures and look
10 for variance in those measures to see what's
11 occurring.

12 REP. MUSTIO: Are the services always
13 provided by a professional provider or are,
14 sometimes, services provided by family or friends
15 in the home-based setting?

16 SECRETARY DUKE: Informal supports can
17 be provided by anyone the care recipient's
18 comfortable with, as long as they can meet the
19 needs. And when level of care assessment's done,
20 both formal and levels of support are looked at in
21 terms of that person's needs.

22 REP. MUSTIO: Okay. Thank you.

23 The nursing facilities that are
24 licensed by the state, they're also inspected by
25 the state.

1 SECRETARY DUKE: They are.

2 REP. MUSTIO: I know a couple years
3 ago, Rep. Watson and I actually had legislation as
4 it related to carbon monoxide detectors. And at
5 the hearing, when I was on Aging Committee, it was
6 indicated that the inspections were a little bit
7 behind schedule.

8 Can you tell us where we are now as far
9 as the facilities being inspected?

10 SECRETARY DUKE: Yes. The nursing
11 homes are licensed and inspected by the PA
12 Department of Health, so I don't have those
13 statistics.

14 REP. MUSTIO: That's correct. I do
15 recall that flashback right now. That was brought
16 up at that same hearing. Right.

17 So you would not, then, be able to tell
18 me -- or do you weigh in on this at all, as far as
19 the inspection criteria as far as what items would
20 be looked at when an inspection takes place in a
21 facility?

22 SECRETARY DUKE: I'm sure we can get
23 access to those for you from the Department of
24 Health, but I would defer to the secretary of
25 Health and his team to talk about the actual

1 inspection of nursing homes.

2 If you had a specific concern, you
3 could bring it up with us. If it's a quality of
4 life issue, we can have our ombudsman go to a
5 facility to look into an issue, but just let us
6 know if there's a --

7 REP. MUSTIO: I guess that -- the
8 specific issue was the death of people in a nursing
9 home. So I don't know that I -- I want to find how
10 we take care of that in the future, that that
11 doesn't occur. We're having trouble getting the
12 legislation actually passed, and I just wanted to
13 make sure that we had enough resources in the
14 budgets to do inspections.

15 SECRETARY DUKE: Death related to CO2.

16 REP. MUSTIO: Correct.

17 SECRETARY DUKE: Yeah.

18 REP. MUSTIO: So anything you can offer
19 in that area would be appreciated.

20 Thank you, Mr. Chairman.

21 CHAIRMAN ADOLPH: Thank you.

22 Rep. Samuelson.

23 REP. SAMUELSON: Thank you,
24 Mr. Chairman.

25 Two questions. One about the

1 PACENET program, PACE and PACENET, and then the
2 main question would be about the transfer out of
3 the lottery fund for long-term care over in the
4 Department of Public Welfare.

5 The quick question about the PACE and
6 PACENET program is, when I look at these figures
7 here, 303,000 Pennsylvanians receiving PACE and
8 PACENET. Two years ago, it was 300,700. So it's
9 down about a percent in the last two years.

10 I wanted to get your take on what you
11 think the reason is for the decrease. Perhaps, is
12 it because the last time we raised the income
13 limits was eight years ago, January 1st of 2004?
14 The upper income limit here is 23,500 for a single
15 person, 31,500 for a married couple.

16 Is it time to raise those income limits
17 again? Or is there some other factor that's --
18 that's causing the decrease -- slight decrease in
19 the number of PACENET recipients?

20 SECRETARY DUKE: One thing we can be
21 grateful for is the PACE moratorium legislation
22 that passed and the governor signed that preserved
23 benefits to those who receive cost-of-living
24 increases from Social Security that would have made
25 them ineligible for benefits. So we're grateful

1 for that, to include that population.

2 As far as the specific eligibility
3 question, Tom, why don't you answer that.

4 MR. SNEDDEN: The reason for the
5 decline from 307 to 303,000 over the past few years
6 is largely attributable to Medicare Part D and the
7 catastrophic drug coverage that they provide.

8 As the secretary said a moment ago, in
9 response to the question about eligibles who are
10 not enrolled in the benefit, not everybody needs a
11 comprehensive drug benefit like you have in the
12 PACE program. A lot of people of quite satisfied
13 with the benefit that provides them with less than
14 comprehensive coverage. So what we're finding is
15 people are going into Medicare Part D and not
16 needing any further assistance, so they're not
17 signing up for PACE, despite our outreach efforts
18 to encourage them to do that.

19 REP. SAMUELSON: Thank you. And I'd
20 like to continue to work with you on ways to
21 increase the number of people receiving PACE and
22 PACENET.

23 My main question is about a large
24 transfer here in the budget, \$250 million, taken
25 out of the lottery fund and put over in the

1 department of public welfare to pay for long-term
2 care, to pay for something that, you know, state
3 tax dollars could also pay for over in Department
4 of Public Welfare.

5 Now, 250 million is up significantly
6 from last year. Last year, the transfer out of the
7 lottery fund for this purpose was a hundred
8 seventy-eight million. Now, 250. That's an
9 increase of \$71 million.

10 In fact, when I look at all of the
11 things coming out of the lottery fund, it's over
12 1.1 billion, many different programs that benefit
13 senior citizens. It is up about 40 million.

14 But if you took away that one large
15 increase, the rest of all the programs that benefit
16 senior citizens, it's actually down 30 million.
17 You know what I'm saying? A \$40 million increase
18 overall, but the largest component is a \$71 million
19 increase of moving dollars from the lottery fund
20 over to DPW to pay for long-term care.

21 My concern is, couldn't this money,
22 this \$71 million additional that the governor wants
23 to take out of the lottery fund, couldn't that help
24 to reduce waiting lists for programs like the
25 Options program? For something like the aging

1 waiver, where the goal is to keep people in their
2 homes rather than go to the more expensive nursing
3 home care. Wouldn't that \$71 million be better
4 used to attack some of those waiting lists?

5 SECRETARY DUKE: Thank you. This
6 amount's been noted in other discussions. And when
7 we think about the care of our older
8 Pennsylvanians, we have to think of a continuum.
9 And that continuum consists of home- and community-
10 based services as well as nursing facility care.

11 And when I think about the use of
12 lottery dollars to support services that, by the
13 tag line, benefit older Pennsylvanians, I most
14 certainly think of our citizens in all parts of the
15 continuum of care, both nursing home and home-,
16 community-based services. And so when you look at
17 the increase that's being proposed here, 250
18 million going to skilled care, the same time, if we
19 add up a couple categories in the budget, through
20 assessments and a few other things, we see 270
21 million going for home- and community-based
22 services, neither of which are probably the ideal
23 funding levels we need, but in the environment
24 we're in, they are the funding levels which we have
25 and we believe, through management, we'll be able

1 to address.

2 And so, my answer would be, that we
3 have to look at the entire continuum, if the
4 support is necessary. It doesn't negate that we
5 have that tell us home- and community-based
6 services can benefit people, perhaps, in a more
7 efficient way. I don't know if we're at a place,
8 when you look at this funding as it's proposed, to
9 make that comparative in terms of where the dollars
10 should go when we're in an ever-growing need in the
11 continuum and what we need to address.

12 REP. SAMUELSON: My understanding is, a
13 year ago, there was a projection that that hundred
14 seventy-eighty million-dollar transfer would
15 actually decrease this year. So now, when we open
16 up our budgets, we see it increasing by \$71
17 million.

18 SECRETARY DUKE: Yeah. I don't have
19 that particular change with me, but I'd be happy to
20 look into it and get back through the chair.

21 REP. SAMUELSON: But the point of my
22 question is, I wonder if there are better ways to
23 utilize that \$71 million. The representative from
24 Monroe County was talking about flat funding in the
25 AAAs. Well, if that 71 million went to the AAAs,

1 that would be a significant increase, 20, 30
2 percent for AAAs. Or if that money went to home-
3 and community-based services, as it had in the past
4 decade, maybe that would be a way to keep -- help
5 people stay in their homes instead of nursing
6 homes.

7 SECRETARY DUKE: Yeah. I thank you for
8 your comment on that. You know, as we look at
9 rebalancing discussion of home- and community-based
10 services versus nursing home care, it's been an
11 "us" versus "them" dialogue for a long period of
12 time. And I don't think it's gotten us very far in
13 terms of where we need to do -- we need to do to
14 look at the care that's being provided.

15 And I think that second strategic
16 direction I'm suggesting for our next four years is
17 right care, right time, right intensity, inclusive
18 of the entire continuum. I think that may get us
19 closer to where we need to be.

20 But I thank you for your comments about
21 the budget.

22 REP. SAMUELSON: Thank you.

23 SECRETARY DUKE: Thank you.

24 CHAIRMAN ADOLPH: Thank you.

25 Rep. Mauree Gingrich.

1 REP. GINGRICH: Thank you,
2 Mr. Chairman.

3 Thank you, Mr. Secretary and team, for
4 being here.

5 I do want to say that the people of the
6 Commonwealth really appreciate your accessibility,
7 as well.

8 SECRETARY DUKE: Thank you.

9 REP. GINGRICH: And your open door for
10 questions and assistance across the state. We
11 really appreciate that.

12 We are challenged, I guess I would say,
13 with serving a growing number of older
14 Pennsylvanians, but at the same time we're blessed
15 with some really good programs, and, of course, our
16 challenge is to maintain, sustain, and, hopefully,
17 continue to fund them.

18 We utilize a number of waivers when we
19 look at the home- and -- we look at the constant
20 rebalancing effort that we're all committed to.
21 Certainly, the home- and community-based factor
22 being one of them, and a primary, at times.

23 How many waivers -- just educate our
24 committee and the people watching us today, how
25 many waivers do we use in the home- and community-

1 based service arena?

2 SECRETARY DUKE: There are several
3 waivers, about four or five. We have the aging
4 waiver, which is that which serves persons over the
5 age of sixty. We have the Act 150 waiver program.
6 We have the attendant care waiver that serves both
7 under and over sixty. We have the Commcare waiver,
8 which serves persons with brain injury, traumatic
9 brain injury. We have the independence waiver and
10 the OBRA waiver. So we have one, two, three, four,
11 -- six.

12 REP. GINGRICH: Six of them. Do you
13 mind talking a little bit about the acuity level in
14 each one? Or would you rather just supply that to
15 the committee, so we all understand what those
16 waivers do?

17 SECRETARY DUKE: Why don't we supply
18 that to the committee by definition as to what each
19 waiver is, the population it serves, maybe some
20 current volumes of who we're serving, so you have
21 an idea of what's being addressed.

22 REP. GINGRICH: That would be helpful.
23 And then that leads me to the
24 discussion on the way the cost factors are
25 determined. I know originally it was calculated an

1 individual average cost that would not exceed the
2 Medicaid payment in a nurse home environment. But
3 then, at some point, changed to using an aggregate
4 amount. Is that the way it's currently done now?
5 That was done, I think, in order to expand the
6 availability. Are they still doing it that way?
7 And is it time to take a look at that?

8 David, if you want to answer that
9 question.

10 MR. GINGRICH: It's currently -- all
11 the waiver programs are looked at as an aggregate
12 cost. So the cost, on average, within the program
13 can't exceed the cost of the institutional setting
14 for which the individual would otherwise be served.

15 As far as looking at changing that, one
16 of the requirements related to the Affordable Care
17 Act is maintaining -- if you have an aggregate cost
18 associated with it, maintaining that level. You
19 can't convert it to an individual cost.

20 REP. GINGRICH: I know we're just
21 looking for a way to serve the most people and to
22 keep the most frail individuals at the level of
23 care they need while caring for those that we can
24 in home- and community-based.

25 I have one other -- one other thought

1 that is another growing problematic area, and I
2 want to know what you see your role in the elder
3 financial abuse. We talk about elder abuse at all
4 different levels, but I've actually seen a number
5 of these cases locally, which brings it to my
6 attention very acutely. Oftentimes, we see this
7 resulting directly within families. Very few get
8 reported. You know that; I know that. There's
9 lots of reasons for that. There's intimidation
10 factors. There's "where am I going to live"
11 factors, "what would I do without them" factors.

12 And aside from that, there's all kinds
13 of scams going on that are happening outside the
14 families too, which our communities and facilities
15 working with seniors are having a very difficult
16 time keeping up with because that comes through the
17 mail. So there are all levels.

18 How do you see your role? Tell me what
19 you're doing. Are you partnering with the AG's
20 office? How can we help with that? Because I do
21 see that growing.

22 SECRETARY DUKE: First, we thank Chairs
23 Hennessey and Curry and yourself and all members of
24 the committee for most recently having two hearings
25 looking into this very important issue of elder

1 abuse, and in particular, during those hearings, we
2 discussed the growing cases of financial
3 exploitation, as you've indicated. So it is an
4 area of concern that we have through our protective
5 services division of the department. It's an area
6 that we're trying to look into what we can do to
7 enhance skill sets at the local community. We can
8 address it in several different ways.

9 We're, right now, under consideration
10 of a rewrite of the Older Adults Protective
11 Services Act. I can't definitively say what will
12 be in the rewrite or not, but one of the areas
13 we're actually looking at, as we think about it, is
14 financial exploitation and do we have to look at
15 revising some of the language and requirements of
16 that statute as to what would be necessary to
17 address the issue.

18 We're also looking at how protective
19 services -- we monitor our protective services very
20 closely, as they're provided by our fifty-two Area
21 Agencies on Aging across the Commonwealth. We also
22 want to work, as we do those reviews, with the Area
23 Agencies to determine what may be needed at the
24 local level in terms of technical assistance or
25 resources to help in this regard.

1 REP. GINGRICH: Well, I appreciate
2 that, and I think we all recognize as a key need as
3 we move forward on the protective services.

4 Thank you all for testifying.

5 SECRETARY DUKE: Thank you.

6 CHAIRMAN ADOLPH: Thank you.

7 Rep. Ron Waters.

8 REP. WATERS: Thank you so much. Thank
9 you, Mr. Chairman.

10 Thank you, Secretary, for being here
11 today to testify before us.

12 I wanted to -- let me see, I guess I'll
13 start with this one first. Legislative initiatives
14 that members have, ideas that members have, that
15 would relate to your department, how often do you
16 look to see what's -- what's being proposed right
17 now and maybe weigh in on if you favor or think
18 that this would help in any way to provide better
19 services to the senior population?

20 SECRETARY DUKE: In my administrative
21 structure is a director of legislative affairs,
22 legislative office, and that office is continually
23 monitoring all pieces of legislation as it relates
24 to older Pennsylvanians, persons living with
25 disabilities. And then we also are cognizant of

1 the committees, both in the House and the Senate,
2 and the action of legislation that may be proposed,
3 what's going on the floor debated and what has
4 eventually passed.

5 So we're constantly monitoring those,
6 and then we offer our comment as invited, and also
7 offer comment if we believe there's a need to
8 comment on a particular service as it relates to
9 the scope of services we provide.

10 REP. WATERS: Okay. So I'm happy to
11 hear that.

12 I serve on -- I don't serve on Aging
13 and Older Adults as I once did, but I do serve --
14 in my legislative area, I have a lot of senior
15 citizens who live there, and I'm always concerned
16 about what is going on, to make sure that they're
17 getting the services that they need.

18 And I've had a chance -- my mother, who
19 is eighty-two years old, had fallen ill, and she
20 had to have some surgery. And as a result of that,
21 she had to go into a nursing home for
22 rehabilitation. And she was getting well enough to
23 go home, the Department of Aging had given her a
24 home care assistant who was coming out.

25 And my sister was involved with the

1 interview process that was taking place, but
2 questions were being asked of this home care
3 personnel, and it seemed like they were very vague
4 on their responses. One of the concerns that I had
5 was the paydown -- or what do you call it,
6 spenddown program, that my mother wasn't aware of
7 that and neither was my sister clear on how that
8 was going to affect my mother and her home and
9 property.

10 How educated are the people who come
11 out that's supposed to be able to explain how this
12 is going to impact?

13 SECRETARY DUKE: I would hope that if
14 it was a representative of the Area Agency On Aging
15 in the Commonwealth, that they were well informed
16 of what needed to be communicated to your mother
17 and the family in terms of eligible criteria. If
18 you were looking toward a nursing home admission,
19 they may have spent -- talked to you about the
20 spenddown requirements in order to be eligible for
21 medical assistance. I'm guessing there because I'm
22 not as intimately involved in the case as you and
23 your family are.

24 And if you're finding that that's not
25 the case, then that's something that needs to be

1 brought to our attention so we can follow up with
2 the Area Agency on Aging in the region that's
3 applicable.

4 REP. WATERS: Thank you for that.

5 One other question I want to ask you,
6 dealing with legislation. I -- earlier, one of the
7 gentlemen, one of the members asked a question
8 about nursing homes. And they had -- I'm sure
9 you've heard it, like all of us have heard of
10 patient care, either good or bad. Many times, when
11 you hear something bad, that seems to automatically
12 rise to the attention of everyone.

13 When you hear of problems, like
14 bedsores or other types of abuses that are being
15 made or claimed that are being made -- and I know
16 that there's no way for a person to be everywhere
17 every time to see how -- or the inspections might
18 not even be able to pick up that this is valid or
19 not.

20 We have a legislative idea that was
21 introduced, House Bill 1144, which some states have
22 implemented a camera inside of nursing homes, paid
23 for by the family, where the -- it would be always
24 running, the video always running, paid for by the
25 family, that would hopefully ensure that the

1 patient is getting the best care possible.

2 Have you had a chance to look at that
3 legislation?

4 SECRETARY DUKE: I have not,
5 Representative, but thank you for calling it to my
6 attention.

7 REP. WATERS: Okay.

8 Some states have done it. Off the top
9 of your head, I know you haven't had a chance to
10 look at it, but if family members are willing to
11 pay for the use of a camera to be placed inside of
12 a home -- I mean, inside of the nursing home, that
13 is directly focused on their loved one, do you see
14 where that would be a problem?

15 SECRETARY DUKE: I don't -- I don't
16 want to comment on it until I look at the
17 legislation and what's necessary. I -- in my head
18 right now are pros and cons, but I don't want to
19 comment on it without looking at the legislation to
20 see.

21 I do want to assure the citizens of the
22 Commonwealth and yourself, though, that if there's
23 any concern a family has the care that's being
24 delivered in a nursing home, they should first seek
25 out the ombudsman. If they think it's a case of

1 abuse, they should contact protective services
2 because it's available to protect all our
3 citizens. And so, first thing, when you mentioned
4 bedsores and other issues, they're the things we
5 want to hear about, and we can either use our
6 ombudsman or protective services to respond.

7 And also, then, we, in turn -- let's
8 say it was a protective services case, if we go in
9 and find need, we do share with other departments
10 of state. We would share with the Department of
11 Health, since they do the licensure of the nursing
12 home, and they, in turn, would keep that in mind
13 when they go back -- when they go in to respond.

14 REP. WATERS: And your studies with
15 your ombudsman or whoever does inspections, how
16 many -- how often do you close down nursing homes?

17 SECRETARY DUKE: I don't think I have a
18 statistic with me, but I'm happy to share through
19 the chair the closure rate of nursing homes as it
20 may relate to care issues. I could do that, find
21 out that number through -- in concert with the
22 Department of Health.

23 REP. WATERS: Okay. Thank you.

24 Thank you very much.

25 Thank you, Mr. Chairman.

1 SECRETARY DUKE: Thank you.

2 CHAIRMAN ADOLPH: Thank you.

3 Rep. Gordon Denlinger.

4 REP. DENLINGER: Thank you,
5 Mr. Chairman.

6 Good afternoon.

7 One of the smaller lines on your budget
8 relates to Alzheimer's outreach, and I just wanted
9 to touch on that briefly, if we can. Two hundred
10 fifty thousand dollars in the budget. A new person
11 is diagnosed every seventy seconds with
12 Alzheimer's, and their association estimates we
13 have 280,000 people in PA living with Alzheimer's.
14 It seems like a fairly modest budget.

15 Could you share with us how you're
16 utilizing that and its effectiveness in reaching
17 the community?

18 SECRETARY DUKE: We utilize that budget
19 in concert with the Alzheimer's Associations in
20 PA. There are two main chapters. There's the
21 southeast chapter, Delaware Valley chapter, and
22 then the PA chapter. And we use it with them in
23 terms of outreach, mainly interacting with families
24 and those in need who are living with this disease,
25 Alzheimer's disease or related dementias. And

1 that's how we do it.

2 It's a very important issue. And the
3 growing statistics you've noted are noted by me
4 scientifically, and they're noted by me personally,
5 having -- the son of my mother, who lived with
6 Alzheimer's disease until her death from that
7 disease. And so it is a personal issue also for
8 me, so know that.

9 And we, at the department, will be
10 integrating Alzheimer's into our strategic plan.
11 Looking forward over the next four years, we'll be
12 working with the two Alzheimer's chapters as they
13 begin to look at the possible preparation of a
14 state plan on Alzheimer's, that will look at the
15 disease and what's necessary.

16 I've had the honor and privilege of
17 visiting people such as Drs. John Trojanowski and
18 Virginia Lee, at the University of Pennsylvania,
19 who are, probably, national leaders in seeking to
20 find the cause and/or cure for this devastating
21 disease. And we know, in PA, we're blessed with
22 many other leaders and experts, and, hopefully, the
23 next four years will afford us an opportunity to
24 bring the right people together around the table
25 and talk about what we need to address Alzheimer's,

1 both in terms of a cure and also in terms of care.

2 REP. DENLINGER: Very good.

3 And the, sort of a related question,
4 not directly related. The home- and community-
5 based waiver services, I'm going to presume that
6 perhaps, at the front end of Alzheimer's treatment,
7 that most services are provided through that
8 network. Would that be --

9 SECRETARY DUKE: Well, for those who
10 would be eligible, right? So those who are
11 eligible for medical assistance would be cared for
12 through the waiver program. Right. So the aging
13 waiver program may be a front door for those that
14 are late-stage, early- to mid-stage Alzheimer's.
15 I'm not a clinician, so I can't diagnose when
16 somebody may actually go -- access formal
17 services. But those in-home services may be --
18 community and in-home services would probably be a
19 first point of contact.

20 REP. DENLINGER: Very good.

21 I'm just wondering, how do you, in the
22 Department of Aging, monitor that network to make
23 sure that, in fact, these taxpayer-provided
24 services are actually occurring? What's the
25 monitoring system?

1 SECRETARY DUKE: I think through review
2 of the individual service plans that are created
3 before they're actually implemented, I think that's
4 one key way of reviewing. I think the monitoring
5 visits that we mandate, as long as services are
6 being provided, I think that also helps us make
7 sure that the services are being provided. I think
8 our provider monitoring also helps us to determine
9 what's being provided from the provider's side.

10 So, I think, by looking at it from the
11 care recipient's side and the provider's side, we
12 are, in fact, monitoring and always looking to
13 improve our monitoring.

14 REP. DENLINGER: Very good. Well, it
15 sounds like you have a system in place that works
16 very well.

17 SECRETARY DUKE: Thank you. Thank you,
18 Representative.

19 REP. DENLINGER: Thank you,
20 Mr. Chairman.

21 CHAIRMAN ADOLPH: Thank you.

22 Rep. Brian Ellis.

23 REP. ELLIS: Thank you, Mr. Chairman.

24 And, Mr. Secretary, just to kind of
25 follow up on what Rep. Denlinger was suggesting

1 about Alzheimer's, obviously, the number of cases
2 is a growing concern for all of us. And whenever
3 we talk about the Alzheimer's patient, we also have
4 to talk about the caregivers.

5 But one of the areas that -- and I'm
6 not even sure a hundred percent that it would fall
7 under your purview, but whenever they're diagnosed
8 at a younger age, how are you prepared to deal with
9 that growing trend across the United States, where
10 folks are getting diagnosed well before they're
11 sixty years old?

12 SECRETARY DUKE: Yeah. It is a trend.
13 And I think, right now, it wouldn't fall under our
14 purview of the Department of Aging, though we would
15 share that concern of those persons maybe in their
16 fifties or sometimes even as early as thirties or
17 late forties being diagnosed with Alzheimer's
18 disease.

19 REP. ELLIS: Will you be working with
20 DPW and any kind of -- some program that would work
21 together in that capacity?

22 SECRETARY DUKE: You've introduced a
23 topic that I hope in the planning discussions that
24 we have that I just referenced with Rep. Denlinger
25 that we do address how we serve all persons living

1 with Alzheimer's disease.

2 REP. ELLIS: And then my final question
3 on that is, and I appreciate that, is do you
4 have -- you know, depending on what statistic you
5 hear, we don't -- what's the actual number? Do you
6 have any way of tracking the actual number of folks
7 that we believe to be diagnosed with Alzheimer's?

8 SECRETARY DUKE: You know, right now,
9 our intake system doesn't mandate that we use a
10 ICD-9 code, or a diagnostic code, to determine any
11 particular diagnosis in terms of that. It may be
12 noted in the assessment and care plan that the
13 person's living with the Alzheimer's disease.

14 Soon, in response to CMS mandates, we
15 will be using ICD-9 codes, and, perhaps, eventually
16 that will lead to more accurate accounting of the
17 number of persons we're serving who live with
18 Alzheimer's disease or related dementia. So it's a
19 hoped for.

20 REP. ELLIS: So maybe in years to come
21 we can sit down and ask you specifically --

22 SECRETARY DUKE: Of the population we
23 serve, right. We can give a guesstimate now, but
24 we can't refine it to an actual --

25 REP. ELLIS: And what is your

1 guesstimate this year?

2 SECRETARY DUKE: I don't know -- I
3 don't have the guesstimate with me. It's certainly
4 one -- I can try to guesstimate what percentage of
5 our population --

6 REP. ELLIS: Well, I guess, the numbers
7 that most of us hear are between 270,000 and
8 400,000 Pennsylvanians.

9 SECRETARY DUKE: Are -- at any one
10 time?

11 REP. ELLIS: Yeah, at any given time,
12 whether it be Alzheimer's or some form of dementia
13 so --

14 SECRETARY DUKE: Right. Okay. Thank
15 you.

16

17 REP. ELLIS: Thank you very much,
18 Mr. Secretary.

19 SECRETARY DUKE: Thanks.

20 CHAIRMAN ADOLPH: Thank you.

21 Rep. Scott Petri.

22 REP. PETRI: Thank you, Mr. Chairman.

23 And thank you, Mr. Secretary, for being
24 here.

25 SECRETARY DUKE: Representative, good

1 to be here.

2 REP. PETRI: I'm going to ask a couple
3 questions that Rep. Watson and I always focus on.
4 She'll be the angel sitting on my shoulder, and on
5 the other shoulder, well, you know, that's just
6 me.

7 The AAA, you mentioned that there's a
8 new agreement. Can you tell us a little bit more
9 what's the purposes of this new agreement and what
10 are we hoping to accomplish?

11 SECRETARY DUKE: So CMS conducted an
12 audit, I think about three years ago, and during
13 that audit, they wanted to see a more defined
14 approach to a single payer authority that exists
15 with medical assistance. And they also wanted to
16 see that the state had authority over the provision
17 of services in home- and community-based services.
18 And one way to do that was to make sure that we
19 executed clearly worded agreements before the Title
20 19 services that were provided were integrated with
21 the Older Americans Act services and other services
22 into one agreement with the Area Agencies on
23 Aging.

24 To make the definitions clearer, as
25 requested by CMS in their audit, we decided to have

1 two separate agreements. So one relates to the
2 Title 19 medical assistance services, and all other
3 services reside in the separate agreement with the
4 Area Agencies on Aging. Both of those agreements
5 run on identical time frames.

6 REP. PETRI: Now, did the
7 implementation of these two separate agreements
8 change any of the PennCare dollars that would be
9 available for these various counties that are
10 underfunded?

11 SECRETARY DUKE: It didn't, at this
12 time.

13 REP. PETRI: Okay. I'd like to see if
14 you can bring us up to date with the status of this
15 discussion that has been, I know, riddled with
16 complications over the distribution of the PennCare
17 dollars.

18 We have winners and we have losers, and
19 if I recall the last time I saw, we had about eight
20 winners, and whatever the other number is forty-
21 three, if you will, losers. And some of those
22 numbers are pretty staggering on both sides of the
23 equation.

24 Your predecessor was working on this
25 through a task force group, and I know you were a

1 member. And correct me if I'm wrong on any of the
2 facts as I kind of lay them out. I believe that
3 there were many people in this building who were
4 concerned that the funding formula that was
5 established and used in the last decade may not
6 have properly weighted, particularly factors such
7 as minority status, poverty status, and then those
8 over a certain age. The idea being that seniors
9 may have different needs, based upon those kind of
10 factors, and so that while they were weighted in
11 that formula, it wasn't clear that they were
12 appropriately weighted across the board.

13 Does that -- does that sound correct?

14 SECRETARY DUKE: It does, yeah. The
15 allocation formula needed work in several efforts.
16 One was to make sure that we were looking at the
17 right factors. Older Americans Act would tell us a
18 lot of services that we provided from our origin
19 should be for those in greatest economic and social
20 need. But our experience also told us that the age
21 of who we served shifted. Right? The average
22 person we're serving right now with aging services
23 is probably a widow who is about eighty to eighty-
24 four years old, who's living on her own, and
25 probably does not need medical assistance criteria

1 but probably isn't exactly considered middle income
2 or wealthy, either. So they're probably bordering
3 on the need for medical assistance.

4 And so, when we looked at the formula
5 also, when we considered the age categories, we had
6 discussions about whether we should shift so there
7 wasn't just age sixty years or sixty-five and
8 older, maybe we needed to look at a number that was
9 closer to the age group we were serving.

10 But your characterization of the need
11 to look at the percentages and weights as it
12 applied to the criteria of minority, rural, and
13 poverty are all ones that we still maintain need to
14 be there.

15 REP. PETRI: And do I understand that
16 that formula allocation really has not, in your
17 opinion, reached its conclusion?

18 SECRETARY DUKE: It has not. And
19 the -- because we need to do the hold harmless, we
20 need to address hold harmless at the same time. If
21 you were to just modify the allocation formula as
22 an administrative task and get it done, the
23 solution would be very short term. And if you were
24 to address it with hold harmless provision, I
25 believe we'll be able to address the inequities

1 that have existed.

2 REP. PETRI: Okay. So I've been
3 working on this topic for, I don't know, five or
4 six years at least, maybe longer.

5 SECRETARY DUKE: I've heard.

6 REP. PETRI: Yeah, I know you know. So
7 the question really remains, you know, when are we
8 going to get it done and what do we have to -- what
9 are the specific steps we have to take to get it
10 accomplished?

11 SECRETARY DUKE: You know, I think we
12 haven't conducted that push right now because we
13 look at the economic times we're in and we say, is
14 it the right time to push forward with this
15 solution. You know, the number that I said we have
16 to rework was 24.8 million spread over three years.
17 It's not a number, right now, I can look at with
18 comfort in the current financial times and say,
19 well, let's do it.

20 And I think we'll be able to do it,
21 hopefully, in another year or two, providing our
22 financial environment gets better. But that's the
23 best I can estimate a timeline.

24 REP. PETRI: Do I understand from your
25 comment that the reason you think we can't get it

1 done is because what you would be seeking to do is
2 add 24.8 million to the funding so that those that
3 are overfunded would stay at their level and then
4 everybody else would move up?

5 SECRETARY DUKE: Right. The other
6 factor you have to look at is not only that cost,
7 you also have to look at a cost that hasn't been
8 discussed to date yet in this dialogue, which is
9 the cost of providing the actual services. So once
10 you bring someone to equity, you're not guaranteed
11 that you're wiping out their entire waiting list at
12 a particular Area Agency on Aging. Or -- you still
13 have the cost of those added services. So then you
14 have to say, can the Commonwealth, right now, look
15 for that kind of growth in the service provision?

16 REP. PETRI: Let me play devil's
17 advocate. Why, in your opinion, if we could come
18 to an appropriate allocation formula, couldn't we
19 just even the slate at the moneys that we have
20 available as proposed in budget? In other words,
21 248 million.

22 SECRETARY DUKE: I think if you look
23 at -- to do that without addressing the hold
24 harmless provision, you won't enable the system to
25 adjust itself to address changing demographics

1 going forward, and you'll be in the same position
2 you're at now.

3 REP. PETRI: Yeah. You would have to
4 agree just to adjust it at some other time.

5 SECRETARY DUKE: Well, yeah, but based
6 on -- you'd want to have a system in place that
7 adjusted the demographics on a regularly scheduled
8 basis or adjusted the funding according to those
9 demographics on a regularly scheduled basis. And
10 you need to modify the hold harmless provision to
11 make sure that's a possibility. The current hold
12 harmless provision as it exists won't allow for
13 that.

14 REP. PETRI: Well, we can talk more off
15 line.

16 SECRETARY DUKE: Would welcome that.

17 REP. PETRI: And I think we have to --
18 I mean, at this point, I owe it to my county -- and
19 my county's probably under water by \$3 million, and
20 that's a lot of services for seniors that I'm sure
21 those commissioners would like to have available to
22 them and you would have liked to have had when you
23 were there.

24 SECRETARY DUKE: I agree that the
25 equity issue needs to be addressed.

1 REP. PETRI: Thanks.

2 SECRETARY DUKE: Thanks.

3 CHAIRMAN ADOLPH: Thank you.

4 It's customary that when we have the
5 chairmen of the standing committee present at these
6 hearings we will allow them opportunity to make a
7 brief comment and a question.

8 So it's certainly my pleasure to have
9 both chairmen here, and we'll start with the
10 Republican chair, Rep. Tim Hennessey.

11 REP. HENNESSEY: Thank you,
12 Mr. Chairman.

13 Hi, Secretary.

14 First let me compliment you, your
15 administration, your staff in the Department of
16 Aging. And also let me salute the AAAs, as many of
17 our members have talked about the AAAs, in my view,
18 do a yeoman's job in terms of dealing with our
19 seniors and their concerns across the Commonwealth
20 each and everyday.

21 It's been a difficult time in the
22 desert for them, so to speak, because they've been
23 relatively flat funded for about ten years now,
24 and, you know, again, I compliment them. I know
25 we're trying to do what we can. But they do do a

1 tremendous job for our seniors, and I think we need
2 to recognize that.

3 One of the issues that confronts you,
4 and you've addressed it a little bit, was the
5 rebalancing of our senior populations who are
6 receiving care, and that's, you know, considering
7 the population who are receiving services in
8 institutional setting, in a nursing home, and those
9 who are receiving community-based care or home-
10 based care.

11 In the last three years, I think the
12 statistics show that we've moved from a 64 percent
13 portion, slice of the pie, so to speak, in nursing
14 homes down to 58 percent, and that's a move in the
15 right direction, because the alternative type of
16 care is much less expensive than nursing home
17 care. And I know there's pressure to do even more
18 in terms of moving -- you know, allowing more and
19 more of our funding to go to home- and community-
20 based services.

21 It seems to me that when we've
22 addressed this in the past, we run head long into
23 federal regulations through CMS that say you can't
24 do that. And I guess what I am trying to ask you
25 is, what efforts are underway through your

1 department to try to get CMS to change -- or get
2 congress to change some of those federal
3 regulations which really get in the way of
4 providing a more efficient type of care for our
5 seniors, rather than nursing home or institutional
6 care?

7 SECRETARY DUKE: I think it's something
8 we're always cognizant of. Thank you for citing
9 the numbers and thank you for your comments about
10 the Area Agencies on Aging and the department,
11 Mr. Chairman.

12 And, you know, we look at 48,000 people
13 we're serving in nursing homes and about 40,000
14 we're serving in home- and community-based services
15 right now, they're reflective of the percentage
16 that you just indicated.

17 But as to the changes that are
18 necessary in terms of nursing homes being an
19 entitlement, right, a service that we're mandated
20 to fulfill, and what home- and community-based
21 services are, we need to look at the Centers for
22 Medicare and Medicaid regulations, as you've
23 indicated, and maybe recommend changes to the
24 definitions of service as they exist here in the
25 Commonwealth.

1 It's something that requires an intense
2 review and effort to know what the impact would be
3 on service delivery system, but I thank you for
4 highlighting the importance of it. It's -- we
5 carefully monitor what the Centers for Medicare and
6 Medicaid are promulgating and what rules we have to
7 fulfill and we'll continue to monitor them.

8 REP. HENNESSEY: Okay. I guess those,
9 specifically, do we have any person or persons
10 within your department that are trying to take
11 that, you know, as part of their everyday efforts
12 to try to fashion an approach to CMS, to the people
13 that we need to deal with in congress to try to get
14 these regulations changed?

15 SECRETARY DUKE: I mean, it falls under
16 the office of legislative affairs and the office of
17 policy that both look into this issue and as far as
18 how we address rebalancing moving forward,
19 cognizant of CMS's regulations and the state
20 definitions as they exist in our plan.

21 REP. HENNESSEY: Okay. One other quick
22 question. I realize we're, you know, nipping at
23 the heels of another scheduled presentation to the
24 committee here.

25 The medical assistance transportation

1 program, I don't know that you deal with that
2 directly, but I know that you and I have spoken
3 about it. It basically provides transportation to
4 people to community settings where they can receive
5 some sort of training. And the way I'm led to
6 understand the problem, if we don't provide that
7 training to community setting, these people will
8 probably end up being treated at hospitals in a
9 day care type of setting or an outpatient setting,
10 but basically grouping in hospitals and receiving
11 some sort of clinical care that they're better off
12 getting in the communities, by my view.

13 There has been some, I think,
14 inadequate reimbursement through the feds as far as
15 that program's concerned, but the problem seems to
16 be that the reaction, I think, through the
17 department of welfare has been basically to say
18 they're not going to pay for it anymore. And as I
19 see it, that just dumps that whole population back
20 into our hospitals and we're going to hear from a
21 different group of providers about the expenses
22 that we're dumping on them.

23 To the extent that you could do
24 anything to try to steer that policy decision in
25 the right direction, I would appreciate it, because

1 I think it's very, very important that people
2 understand that there's an alternative cost, not
3 just a saving.

4 Thank you.

5 Thank you, Chairman. Thank you very
6 much.

7 I don't really have any other
8 questions. I'm sorry. Did you want to respond to
9 that?

10 SECRETARY DUKE: Just MATP, we're aware
11 of changes that were made and looking at those in a
12 collaborative fashion, not only the Department of
13 Public Welfare, as you've mentioned, but also
14 PennDOT, to talk about how we provide services.
15 And I know that DPW, I think, Department of Public
16 Welfare, as of this morning, was sharing
17 information on some ways they're addressing that.
18 So I would defer to Secretary Alexander and his
19 team.

20 REP. HENNESSEY: Mr. Secretary, thank
21 you.

22 SECRETARY DUKE: Thank you.

23 REP. HENNESSEY: Mr. Chairman, thank
24 you.

25 CHAIRMAN ADOLPH: Thank you.

1 It's now my pleasure to introduce the
2 Democratic chair of the committee, Larry Curry.

3 REP. CURRY: Mr. Secretary, thank you
4 for your time.

5 SECRETARY DUKE: Mr. Chairman.

6 REP. CURRY: Just a quick question.
7 How do we do with the -- with our waiting list? I
8 know -- you know, that's a problem that spills
9 over, probably, into each of our offices locally.
10 And I wonder, at the state level, how we're
11 handling the waiting list issue.

12 SECRETARY DUKE: Thank you. We have
13 waiting lists right now for our Act 150 waiver, our
14 OBRA waiver, our Commcare waiver. The numbers are
15 not large numbers, but they exist, nonetheless, and
16 give us concern.

17 In terms of how those waiting lists are
18 addressed, we try, at assessment, to see if waivers
19 that have capacity can meet the needs of the person
20 before us and try to direct them in the direction
21 of those waiver programs.

22 The other waiting list that exist is
23 for our options program, which is the lottery
24 funded, home- and community-based services that
25 provide, and that program has seen a waiting list

1 that's grown a little bit in the last year. It is
2 an area of concern. We try to work with the Area
3 Agencies on Aging, some of which monitor their
4 waiting lists and manage it by looking at acuity of
5 need. And at the state level, we look at it in
6 terms of first come, first serve -- or what is it,
7 yeah, first come -- we look at the list in terms of
8 when we receive it, when someone enters the waiting
9 list. And then look to continue those efforts to
10 see what we can do through management of cases to
11 hopefully open up more slots so that people can
12 come off the waiting list.

13 REP. CURRY: Do you have any idea what
14 number of people we're talking about?

15 SECRETARY DUKE: On the options program
16 right now, we have just over 3300 people on the
17 waiting list. On the other, the Act 150 program,
18 there's just over 200. The OBRA program, there's
19 thirty-four individuals. And Commcare, about a
20 hundred.

21 REP. CURRY: Thank you.

22 CHAIRMAN ADOLPH: Thank you, Chairman
23 Curry.

24 Rep. Parker for a quick comment.

25 REP. PARKER: Thank you so much,

1 Mr. Chairman, for your patience. I know we're
2 getting ready for the Auditor General's office.

3 Secretary Duke, I just want to know if
4 you can turn back to page 88 that was referenced by
5 one of my colleagues in earlier discussions
6 regarding the increase that Philadelphia received
7 in its PennCare funding. And it noted an \$836,323
8 increase.

9 I just wanted to note, Mr. Secretary --
10 you can travel through this with me -- on the same
11 page, on the same section, after further review, I
12 noted that Philadelphia, in other lines, loses a
13 total of \$846,523. And we just went down first,
14 after PennCare, if we skip down to Title 3 funding,
15 Philadelphia lost \$384,023. Then if we skip down
16 to the elder rights protection funding, we lost a
17 hundred fifty-four thousand, one hundred eighty-
18 three dollars. And also the chronic disease
19 funding, there was a loss of 308,000, 317,000
20 totaling the \$846,523.

21 So it was noted that on one instance we
22 lost -- I mean, we gained \$836,323 in PennCare
23 funding, but in those total three lines, we lost
24 846,000. So I just wanted to note that for the
25 record and also wanted you to knowledge it.

1 SECRETARY DUKE: Thanks. I acknowledge
2 what you just shared with me, but I have learned in
3 budgets that there other line items in other
4 places, so I want to make sure that we're comparing
5 apples to apples. And I think in the information
6 we'll provide to the chair, we'll do a review of
7 that.

8 REP. PARKER: Thank you.

9 SECRETARY DUKE: Thank you.

10 CHAIRMAN ADOLPH: And thank you,
11 Mr. Secretary.

12 SECRETARY DUKE: Thank you.

13 CHAIRMAN ADOLPH: I want to thank you
14 and your staff for testifying before our committee
15 this afternoon.

16 I want to thank the members for the
17 their patience and for the questions.

18 As a result of running a little longer
19 than normal, that just shows you the interest that
20 the legislature has on the aging issues. And we
21 appreciate the good work that you're doing and
22 looking forward to working with you over the next
23 several months.

24 SECRETARY DUKE: Thank you. Same here,
25 Mr. Chairman.

1 CHAIRMAN ADOLPH: Thank you.

2 We'll start the next hearing in exactly
3 five minutes with the Auditor General.

4 Thank you.

5 (Whereupon, the hearing concluded
6 at 3:24 p.m.)

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REPORTER'S CERTIFICATE

I HEREBY CERTIFY that I was present upon the hearing of the above-entitled matter and there reported stenographically the proceedings had and the testimony produced; and I further certify that the foregoing is a true and correct transcript of my said stenographic notes.

BRENDA J. PARDUN, RPR
Court Reporter
Notary Public