COMMONWEALTH OF PENNSYLVANIA HOUSE OF REPRESENTATIVES

APPROPRIATIONS
COMMITTEE HEARING

STATE CAPITOL HARRISBURG, PA

MAIN CAPITOL BUILDING ROOM 140

MONDAY, FEBRUARY 10, 2014 4:02 P.M.

> BUDGET HEARING DEPARTMENT OF AGING

BEFORE:

HONORABLE WILLIAM ADOLPH, MAJORITY CHAIRMAN

HONORABLE RYAN AUMENT

HONORABLE KAREN BOBACK

HONORABLE JIM CHRISTIANA

HONORABLE GARY DAY

HONORABLE BRIAN ELLIS

HONORABLE GARTH EVERETT

HONORABLE GLEN GRELL

HONORABLE SETH GROVE

HONORABLE ADAM HARRIS

HONORABLE TOM KILLION

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HONORABLE MIKE PEIFER

HONORABLE SCOTT PETRI

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HONORABLE CURT SONNEY

HONORABLE JOSEPH MARKOSEK, DEMOCRATIC CHAIRMAN

HONORABLE MATTHEW BRADFORD

HONORABLE MICHELLE BROWNLEE

HONORABLE MIKE CARROLL

HONORABLE SCOTT CONKLIN

BEFORE (cont'd):

HONORABLE MADELEINE DEAN

HONORABLE DEB KULA

HONORABLE TIM MAHONEY

HONORABLE MICHAEL O'BRIEN

HONORABLE CHERELLE PARKER

HONORABLE JOHN SABATINA

HONORABLE STEVEN SANTARSIERO

HONORABLE JAKE WHEATLEY

ALSO IN ATTENDANCE:

HONORABLE GEORGE DUNBAR

HONORABLE MARGUERITE QUINN

HONORABLE MAUREE GINGRICH

HONORABLE JOE HACKETT

HONORABLE STEVE MENTZER

HONORABLE MARK GILLEN

HONORABLE TIM HENNESSEY

HONORABLE VANESSA LOWERY BROWN

HONORABLE STEVE SAMUELSON

HONORABLE PAM DELISSIO

HONORABLE EDDIE PASHINSKI

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Pennsylvania House of Representatives Commonwealth of Pennsylvania

COMMITTEE STAFF PRESENT:

DAVID DONLEY

MAJORITY EXECUTIVE DIRECTOR

RITCHIE LAFAVER

MAJORITY DEPUTY EXECUTIVE DIRECTOR

DAN CLARK

MAJORITY CHIEF COUNSEL

MIRIAM FOX

DEMOCRATIC EXECUTIVE DIRECTOR

BERYL KUHR

DEMOCRATIC CHIEF COUNSEL

I N D E X

TESTIFIERS

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BRIAN DUKE SECRETARY, PENNSYLVANIA DEPARTMENT OF AGING
DAVID GINGERICH DEPUTY SECRETARY, PENNSYLVANIA DEPARTMENT OF AGING19
TOM SNEDDEN DIRECTOR, BUREAU OF THE PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY (PACE)
SUBMITTED WRITTEN TESTIMONY
* * *
(See submitted written testimony and handouts online.)

PROCEEDINGS

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MAJORITY CHAIRMAN ADOLPH: It's certainly my pleasure to introduce to everyone the Secretary of Aging, Mr. Brian Duke. Good afternoon.

SECRETARY DUKE: Good afternoon, Chairman.

MAJORITY CHAIRMAN ADOLPH: I want to apologize for running a little late.

SECRETARY DUKE: That's okay.

MAJORITY CHAIRMAN ADOLPH: But obviously it just shows the enthusiasm and the dedication of the Members of this Committee. And I thought the previous Secretary did an excellent job in trying to give full answers to the questions that the Members had.

So without further ado, Mr. Secretary, if you have an opening comment.

SECRETARY DUKE: Sure. Good afternoon, Chairman Adolph, Chairman Markosek, and distinguished Members of the House Appropriations Committee, Chairman Hennessey and Chairman Samuelson from the House Aging and Older Adult Services Committee. Thank you for the opportunity to appear before you and present Governor Tom Corbett's proposed fiscal year '14/'15 budget for the Pennsylvania Department of Aging.

I'm pleased to be here today with Deputy

Secretary David Gingerich and Director of the Bureau of the Pharmaceutical Assistant Contract for the Elderly, or PACE, Tom Snedden.

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Governor Corbett's budget is focused on building a stronger Pennsylvania. The key components of his plan concentrate on three priorities: a great education for every child; a private sector where every business, large and small, can grow and hire; and a healthcare and human services system where everyone has choices and everyone is covered.

As part of Governor Corbett's ongoing commitment to older Pennsylvanians, the Pennsylvania Department of Aging's budget helps support a growing number of older Pennsylvanians. Governor Corbett and I are committed to providing services to support our growing aging population. In fact, last year, Pennsylvania's Aging Services Network touched the lives of over one million Pennsylvanians. Last year, the governor proposed and signed into law the single-largest investment for older adults in the 35-year history of the Pennsylvania Department of Aging and supported the delivery of Home and Community-Based Services with the Department of Public Welfare.

Healthy PA, as you know, is Governor Corbett's plan to increase access to quality, affordable healthcare for all Pennsylvanians, and there are three priorities:

improving access, ensuring quality, and providing affordability. And despite fiscal challenges that continue to face State Governments across the Nation, this budget advances Healthy PA plan while also reaffirming a commitment to preserving the safety net for individuals with intellectual and physical disabilities, for older Pennsylvanians, and for children in low-income families.

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As part of Healthy PA in its second priority of ensuring quality, Governor Corbett made the significant investment I mentioned in the delivery of Home and Community-Based Services and also included a call to action to address the provision of long-term care in our Commonwealth. The Department of Aging's budget provides resources to serve more individuals who have been waiting to access needed services. During the fiscal year we are now in, through increased investment in Home and Community-Based Services, we were able to remove over 4,300 Pennsylvanians from the waiting list for services and were able to increase services to approximately 7,000 Pennsylvanians. The Governor's proposed budget builds on that investment so that an additional 500 Pennsylvanians can be removed from the waiting list for the OPTIONS program.

As you may be aware, the majority of the Department's budget comes from the Pennsylvania Lottery.

As our population of older Pennsylvanians grow, the need for lottery-funded programs increase. A key element in lottery's ability to incrementally grow profits is to examine a long-term and permanent reprieve from the profit mandate of the lottery. This is imperative as it will allow the lottery to examine ways to increase revenue to support the programs to benefit our aging population.

Also as part of Healthy Pennsylvania, the

Governor signed an Executive Order on January 31st calling

for the creation of the Pennsylvania Long-Term Care

Commission. I am honored to chair the Commission with

Pennsylvania Department of Public Welfare Secretary Bev

Mackereth. Along with appointed members, we will explore

critical issues and trends in Pennsylvania's long-term care

services, supports, and delivery system; study existing

resources; review existing legislation and regulation; and

make recommendations to the Governor.

The budget proposed by Governor Corbett continues his commitment to older Pennsylvanians in need of long-term care services and supports to make sure they are served in the appropriate setting and have the ability to stay at home or in the community. I am also grateful to the Legislature for the commitment you have made to address the needs of our older Pennsylvanians.

Most recently, in the passage of House Bill 777

sponsored by Representative Grove and cosponsored by other
Members of this Committee as well as others, now Act 12
signed by Governor Corbett this past Friday, PACE and
PACENET benefits will continue for our fellow
Pennsylvanians who otherwise would have lost coverage due
to cost-of-living increases in Social Security. And the
Bill will also add another 8,200 Pennsylvanians to be
eligible for benefits.

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Also last Friday, the Pennsylvania Alzheimer's
Disease Planning Committee presented its plan to Governor
Corbett as a follow-up to his Executive Order recognizing
the impact of a growing number of Pennsylvanians living
with Alzheimer's disease and related disorders. My
gratitude to our Governor for his leadership and the
Legislature for the inspiration they have given us from the
Alzheimer's Caucus and the House and Senate Aging
Committees. I look forward to highlighting some of the
commitments to older Pennsylvanians that Governor Corbett
has fulfilled over the past year and proposes for the next
fiscal year. I'm also grateful to you, the Legislature,
for the commitment you have made to address the needs of
older Pennsylvanians.

MAJORITY CHAIRMAN ADOLPH: Thank you, Mr. Secretary.

I'd like to acknowledge a couple of our

1 colleagues that have joined us for this hearing: Representative Joe Hackett, Representative Mentzer, 2 Representative Pashinski, and Representative Gillen. Thank 3 4 you for joining us. 5 Chairman Markosek. 6 MINORITY CHAIRMAN MARKOSEK: Thank you very much, 7 Chairman. Welcome, Secretary Duke---8 9 SECRETARY DUKE: Thank you. 10 MINORITY CHAIRMAN MARKOSEK: --- and your team 11 that's with you here today. I look forward to hearing your 12 testimony and hearing the answers to questions. 13 But with the permission of the Majority Chair, I 14 would like to turn over my questioning time to 15 Representative Cherelle Parker, who, for family and travel 16 reasons, needs to leave pretty soon. So thank you. 17 MAJORITY CHAIRMAN ADOLPH: Thank you. 18 Representative. 19 REPRESENTATIVE PARKER: Thank you, Chairman 20 Markosek. A 19-month-old gets you a pass. I'll have to 21 tell Langston later on that he helped Mommy get a get-out-2.2 early card from the Chairman. Welcome, Secretary Duke, and thank you so much 23 24 for being here today. 25 SECRETARY DUKE: Thank you.

REPRESENTATIVE PARKER: I guess I want to start where we left off last year discussing the issue of grave importance to me and one that we rely on heavily in our region, and that is the SeniorLAW Helpline, clearly, the only statewide legal service in Pennsylvania, been praised by the Federal Administration on Aging, and is one of the very rare statewide connectors that is relied upon heavily not just by urban Pennsylvania, but also rural and suburban Pennsylvania. Talk to me about the Department's commitment to that free legal advice hotline available to all seniors across the Commonwealth and how we're investing in that, and talk about it from the perspective of it being one of the priorities as it relates to funding and also a requirement by the Federal Older Americans Act.

SECRETARY DUKE: Well, you are correct, and that's where I would've started with the last point, Representative, and that is it is a requirement of the Older Americans Act; therefore, we do provide access to legal information and assistance. Usually, that's provided through contractual agreements that our Area Agencies on Aging execute with local nonprofits. In some regards, that could be the LAW Helpline or other organizations. I know when I was in Bucks County we had another organization based in Philadelphia that we utilized for that purpose.

I don't have the exact dollar amount of the

commitment that we probably commit to them and can get that information to you if you wish.

REPRESENTATIVE PARKER: Thank you, Mr. Secretary.

If you could just please forward that to Chairman Adolph

and Chairman Markosek, I'd greatly appreciate it.

SECRETARY DUKE: We will.

REPRESENTATIVE PARKER: The next question that I wanted to ask was in regards to our AAAs. We have 52, one of the largest numbers that I've heard of any State in the Nation, and with the cost of administration and marketing, have we had any conversations about the possibility of consolidating agencies? Now, for the record, I want to note that I understand the importance of local control and I don't want to get into big battles with the locals here, but, Mr. Secretary, from a productivity perspective as it relates to cost-cutting measures, are there any conversations going forward about how we can consolidate those aspects, sort of marketing---

SECRETARY DUKE: Yes.

REPRESENTATIVE PARKER: --- and others?

SECRETARY DUKE: Thank you, Representative. Good question. And often Pennsylvania is asked that question about the number of Area Agencies on Aging we have. There are no active discussions at this time about the consolidation or decreasing the number of Area Agencies on

Aging. What we are dedicating ourselves to, though, is a collaborative effort with the Pennsylvania Association of Area Agencies on Aging to enhance the capacity of our Area Agencies on Aging. So as they respond to the unique needs of our 67 counties, they're able to have the strength that they need in a changing marketplace, how to explore alternative sources of funding, how to look at the provision of services through unique community partnerships, how to convey the message and awareness that they are there to help people in their market. And so there are three examples of things we're working on in terms of capacity-building. But I thank you for raising the question.

REPRESENTATIVE PARKER: Okay. And finally,
Mr. Secretary, I want to talk about the options, a waiting
list, and I know we've been working extremely hard to sort
of address that issue. And just for the record for the
benefit of the listening audience, those are for programs
for seniors that don't qualify for the Medicaid Aging
Waiver. However, I understand that the funds last year
came with some restrictions, and so what I heard from some
providers, particularly as it related to issues regarding
transportation and protective service demands such as
guardianship. And if you could talk to us, Mr. Secretary,
briefly about what the restrictions were, what you could

and could not use those dollars for.

SECRETARY DUKE: When we look at the allocation that was in this current year's budget for the OPTIONS program, we are talking about a total of \$20 million. And we distributed that to the Area Agencies on Aging with a clear emphasis on the need to increase services, the number of services provided, and to remove people from the waiting list as it existed. That's been our priority.

There was another allocation of \$5 million provided to each Area Agency on Aging that did not have that priority set. The reason we set the priority is because of the growing need, and so we felt we had to lend focus so that the Area Agencies on Aging worked with us as they do each day to reduce the waiting list and increase services to older Pennsylvanians. So at this time I am not envisioning a change in those restrictions for the next year where we're going to see an increase in that allocation.

REPRESENTATIVE PARKER: Okay. Well,

Mr. Secretary---

SECRETARY DUKE: Thank you.

REPRESENTATIVE PARKER: ---if you'll just forward the information that we discussed during the first question---

REPRESENTATIVE PARKER: Yes.

REPRESENTATIVE PARKER: ---to Chairman Markosek 1 and Adolph, we'll greatly appreciate that and would ask if 2 3 it would be at all possible to maybe just start a conversation about consolidation even if it is in regards 5 to particular services where you can maximize outcome along 6 with minimize cost---7 SECRETARY DUKE: Yes. 8 REPRESENTATIVE PARKER: ---particularly from a 9 regional perspective if we're talking about those agencies, 10 and I just think about Southeastern Pennsylvania, for 11 example, Delaware, Bucks, Chester, Montgomery, and 12 Philadelphia, and I would be interested in hearing about 13 what cost-saving measures we could come up with. 14 SECRETARY DUKE: Thank you, Representative. 15 REPRESENTATIVE PARKER: So thank you. 16 SECRETARY DUKE: Thank you. 17 MAJORITY CHAIRMAN ADOLPH: Thank you, 18 Representative. 19 Chairman Hennessey. 20 REPRESENTATIVE HENNESSEY: Thank you, 21 Mr. Chairman. And good day, Secretary Duke---2.2 SECRETARY DUKE: Good afternoon, Chairman. 23 REPRESENTATIVE HENNESSEY: --- and Deputy 24 Secretary Gingerich. 25 First of all, let me congratulate you on what you just mentioned a few moments ago, and that's the completion of the Alzheimer's State Plan. That plan was really an idea that was created by Representative Kathy Watson out of Bucks County. Her Bill got tied up in the end-of-session business that we had at the close of 2012's session and then Governor Corbett signed an Executive Order last year.

Now, within the year, you've managed to get that commission of 30-some people and probably 25 or 35 support staff to hold hearings across the State to condense that into a concise and I think very beneficial State Plan. I was honored to be on that commission. Steve Samuelson, my counterpart, was also on that commission. I'm sure he feels honored to have played a part in it as well. And I think it's really a good first step toward trying to get our hands around the problem of Alzheimer's disease as it confronts more and more people as we get an increasingly large number of people who are becoming elderly because of the Baby Boomer generation from the late 1940s.

SECRETARY DUKE: Thank you.

REPRESENTATIVE HENNESSEY: So thank you, and I want to congratulate you as Chairman but also your staff in the Department of Aging for I think a yeoman's job in turning this around as quickly as was done and in coming up with I think a very fine and detailed plan.

Now, if I can seque back to Representative

Parker's discussion on the OPTIONS waiting list, OPTIONS, as I understand it, is a program to help elderly citizens who don't qualify for Medicaid services because they have too much income, but they do need Home and Community-Based Services. They do need supports to stay in their home and it is a good program in that regard.

Last year, the historic initiative that you talked about devoted \$50 million to the Department of Aging to address a number of problems; \$20 million, as I recall, was specifically targeted to reduce the OPTIONS waiting list. Now, at the press conference that the Secretaries held last Tuesday, there was an additional \$1.1 million to take 500 more people off that list. Doing the math, if \$1 million takes 500 people off the list, then \$20 million should have taken close to 10,000 people off the list. And the AAAs tell me 4,000 people came off; some other testimony said 4,300. I think in the written testimony you submitted we talk in terms of 4,000 and 7,000. What's the number? What's the list down to now? What will it be after this next million dollars is invested?

SECRETARY DUKE: As we look at the number of persons, 4,300 is the right number who've come off the waiting list in this fiscal year as of the end of November of 2013. So that's from July 1 to November 2013 we've had 4,300 off the list. I could predict you may be asking---

REPRESENTATIVE HENNESSEY: Is that \$20 million 1 worth of spending to get them off the list? 2 3 SECRETARY DUKE: Well, remember, the fiscal year is not over yet and we also are providing additional 4 5 services. So it's not just the waiting list number you 6 have to look at. You have to look at the over 7,000 people 7 that are being served also. So not all that is---8 REPRESENTATIVE HENNESSEY: Okay. So when we say 9 \$20 million is dedicated to reducing the OPTIONS waiting 10 list, it really goes not just for the list but also to 11 improve services for other people---12 SECRETARY DUKE: Right. 13 REPRESENTATIVE HENNESSEY: ---already being 14 served? 15 SECRETARY DUKE: Right. 16 REPRESENTATIVE HENNESSEY: Okay. Because 17 otherwise---SECRETARY DUKE: And remember ---18 19 REPRESENTATIVE HENNESSEY: --- the math just 20 doesn't add up. 21 SECRETARY DUKE: Right, it doesn't. That's 22 right. It doesn't. And one thing you have to remember in the math, too, is that when we prioritize these services, 23 24 we're looking at the people who have a higher acuity in 25 need. So we're not distributing these services to people

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       who may need some support service. We are looking at those
       with higher need and prioritizing them. So that sometimes
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       can impact costs so it's not an even amount for everybody.
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       It could be a higher level because of people having a
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      higher acuity of need so---
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                 REPRESENTATIVE HENNESSEY: Okay.
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                 SECRETARY DUKE: Do you want to add to that,
       David?
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                 REPRESENTATIVE HENNESSEY: I'm sorry. David, did
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       you want to just comment or ---
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                 DEPUTY SECRETARY GINGERICH: The waiting list is
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      currently 3,049 individuals. You had asked what the
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       current waiting list is.
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                 REPRESENTATIVE HENNESSEY: Right. After the
       4,300 comes off, it's still 30---
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                 DEPUTY SECRETARY GINGERICH: It's 3,049
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       currently, and there's an additional 1,381 individuals that
      will be coming off in the next few months that will
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      continue to drive the waiting list number down.
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                 REPRESENTATIVE HENNESSEY: Okay. Thank you.
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                 On a different topic, last week the Department of
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      Aging announced a Senior Community Center Grant Opportunity
      program, and that was $2.1 million, again, a part of that
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      $50 million in the Governor's investment last year. That
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      was from our current budget. It took seven months to
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create the regulations and the guidelines and to announce that program, and yet my phone has been ringing and I'm sure a lot of other Representatives are hearing from their AAAs and their other senior centers saying after seven months of consideration, you've given us seven weeks to put our programs together. Now, first of all, is that a realistic timeline, and if the money is not spent by the end of June of this year, is that money lost if it's granted?

And then I want to ask you something else about the administration, but please answer those---

question is that the money won't be lost. We're actually going to fund initiatives that are 12 months in length. So we're asking the senior centers when they plan to present an application in the competitive grant program for the \$2.15 million in this year's budget, they think of projects that are 12 months and under in terms of duration. And it should be noted the '14/'15 proposed budget by Governor Corbett includes another \$2 million---

REPRESENTATIVE HENNESSEY: Right.

SECRETARY DUKE: ---competitive grant program.

It did take us a while to establish the infrastructure for the grant program. One thing we looked at is that, you know, a couple years ago we had 600 senior community

centers. We now have 551 community senior centers and we continue to be notified of either consolidations of senior centers or closure of senior centers. And that gives us great concern because these centers are a meaningful part of what we do in terms of prevention to engage our citizens in nutrition and healthy programming, education, and socialization, which can help somebody perhaps defer the need for more intense long-term care services later on. So it concerns us when we see those numbers of closures or consolidations.

And so we did engage a partner, and I could be predicting your next question, but we did engage a partner with an academic institution who could help us assess the grants we give and look at the best practices that are identified so we can replicate those across the State as quickly as possible. We think that resource will be helpful to all the senior community centers and probably help sustain some of them and enhance their programming and hopefully increase the number of participants at the senior centers.

REPRESENTATIVE HENNESSEY: As a matter of fact, you did anticipate my next question because it seems to me the Department of Aging has rolled out grant programs in the past. Could you just be a little more specific as to what Temple University brings to this? How does the senior

community benefit from Temple's involvement? And let me just preface, yesterday, I was down at Temple University to recognize the work that they're doing in Alzheimer's research and coronary care, two different medical topics. And certainly I don't mean to disparage them. As a matter of fact, I think that what they're doing is very laudatory and substantial for our senior citizens. But what do they bring to this process and what does it take away from the grants that are going to be available---

SECRETARY DUKE: Yes.

REPRESENTATIVE HENNESSEY: ---for our senior centers?

SECRETARY DUKE: I think what they bring to the table, and we have success with Temple University in terms of the Department of Aging's Institute on Protective
Services offered through Temple University, and what they bring are the trained academicians who have expertise in evaluation science, so to speak, to evaluate the projects we'll be undertaking at the senior centers to tell us which ones have a likelihood of continuing as a best practice, which ones will contribute to the sustainability of senior centers, which could be best practices adopted. So we think their expertise will help us greatly in that regard and the cost of doing that will not decrease the amount of grant money that's available for the senior centers.

REPRESENTATIVE HENNESSEY: That's coming out of separate funds?

SECRETARY DUKE: Separate funds.

mentioned that the goal is to keep people in their homes as long as they can reasonably be expected to stay there. The LIFE program is one of those programs that we're constantly told is saving about \$20,000 to \$21,000 a year that would otherwise be spent toward keeping a senior in a nursing home setting. How do you see the LIFE program fitting into the other programs that are available to the Department of Aging in terms of programmatic funding going forward?

SECRETARY DUKE: Well, the first is to note that the LIFE program is now with the Department of Public Welfare in their budget complement, in their organizational structure with the Office of Long-Term Living. And second, our connection with them is to assess the Adult Day Program component of the LIFE program, which exists to keep people in their homes and communities. So we're involved in the review and licensure of those adult day components.

How we see it? We see it as a meaningful part of the continuum of services to be offered to older

Pennsylvanians. It's a good alternative for those on medical assistance or those who can afford the rates privately, provides a very comprehensive array of services

through an adult day-like model, which has a wraparound of services that keep the people in their home communities, everything from transportation services in the home services at the adult day setting, includes medical care and oversight, includes all services that need to be provided to that person and their well-being. So it's a good example of managed care in a way, and so we support the model but it's managed through the Department of Public Welfare.

REPRESENTATIVE HENNESSEY: Okay. One final question if I may, in the last couple of years our AAAs across the Commonwealth have been hurt financially by a couple of things. Number one is it seems like CMA is pressuring the State to get our AAAs out of the enrollment process or the care management process, and there's been a separate fight that we've been fighting with the Department of Welfare, and I think you're aware of it, where the AAAs are being paid \$65 for something that an outside contractor to do the same thing is being paid \$95 per enrollment. It's been promised that that was going to be addressed. I'm told that the deadline was the end of the year. And as of now, they're still waiting. As of today, they tell me they're still waiting to get an answer to that question.

The bigger question that I have is if we cut back on the funding sources that are available to the AAAs

through the enrollment process with the care management process, they're not going to be able to do the other things the seniors need to have done for them.

As a matter of fact, recently, our AAAs were sort of imposed or told, as I understand it, that they were supposed to take over the answering of the hotline for the 18- to 59-year-olds. That hotline reporting abuse was suddenly to be taken over by our AAAs. I'm told that 10 or so of the 52 we have have simply said, no, they can't do it. I don't see how we can expect our AAAs to do extra work when we're cutting into their funding sources.

And I'd like you to tell us what your view is of the future of AAAs in the Commonwealth and how they can be sustained.

SECRETARY DUKE: Let me first just provide some information that can be helpful. First, the differential that was described in terms of the enrollment fee, the enrollment fee was increased for the Area Agencies on Aging to the same amount as the vendor to the \$95 level. So they are receiving that.

REPRESENTATIVE HENNESSEY: Okay. Is that for enrollment?

SECRETARY DUKE: That's enrollment.

REPRESENTATIVE HENNESSEY: What about the other

25 | things?

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SECRETARY DUKE: The study that they're waiting for you were asking about was a service coordination study, and that is still being completed and I think results are anticipated in this immediate time frame. I'm not sure. And that's being done through the Office of Long-Term Living in the Department of Public Welfare in conjunction with an outside consultant that's helping Area Agencies on Aging and other participants review the rates that are being provided for service coordination. So I don't have a definitive response for you with that.

REPRESENTATIVE HENNESSEY: Okay.

SECRETARY DUKE: And then as to the work involved right now with Adult Protective Services is what you're referring to, the answering of calls, the Area Agencies on Aging across the Commonwealth have been the recipient of any call related to any form of abuse for probably almost 20-some years and we appreciate their service in that regard. They have not been, when they take these reports of need, required to conduct investigations. We responded to a need.

The Department of Public Welfare had to provide these services, as passed by the Legislature, to provide Adult Protective Services. A set number of Area Agencies on Aging, I believe 12, agreed to participate to take reports of need, as well as to investigate cases, and in

the remaining regions of the State we've hired contractors to conduct investigations, but at no time have we changed the requirement for our Agencies on Aging to take reports of need.

And we don't see an impact for those Area

Agencies on all the Area Agencies on Aging in taking

reports of need we don't see an adverse impact on any other

services we're offering in the protective services arena at

this time. And so they will continue to take reports of

need as they come into the agency and we will conduct

investigations as we become a temporary resource of helping

with Adult Protective Services in the Commonwealth, helping

the Department of Public Welfare offer those services.

They are, as the law requires, in a request-for-proposal

process and that process should conclude in the near future

I think. Is that correct?

DEPUTY SECRETARY GINGERICH: (No audible response).

SECRETARY DUKE: Yes. So I think that capacity-building reference I made when talking to Representative

Parker is one that bears importance working with the Area

Agencies on Aging, and I know their own professional

association, PAAAA, is also working towards helping the

Area Agencies on Aging think about their future in terms of

services offered in the community, effective partnerships,

and financial sustainability. And we are proud to work with them on an ongoing basis to look at those different ways of providing services.

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Clearly, there have been changes. Whether they're driven externally through changes at the Federal level through the Centers for Medicare and Medicaid or due to other changes, we want to continue to work with them.

anecdotally that some of the county commissioners have simply told the AAAs not to perform certain services because they can't do it and make money, and the commissioners can't subsidize them at the expense of some other program. So I think it's important that we let the AAAs know that they have some sound financial foundation going forward before we lose them. In my view at least they're much too valuable for us to lose.

SECRETARY DUKE: And we would share that. And coming from county government, I can relate to what you just offered in terms of at times the strain that's on county budgets and the experiences they have and what they need to do to direct their own human services, and I know there are initiatives underway to help the counties in that regard, whether it be through the block grant or other initiatives. And helping the AAAs get to that sound financial position is something that's important to us. It

1 ties right to the need we talk about, right, the need of older Pennsylvanians, the growing need of older 2 Pennsylvanians, the need to grow lottery resources to 3 support our budget as we move forward. And so I thank you 5 for bringing that up. Thank you, Chairman. 6 REPRESENTATIVE HENNESSEY: Thank vou, 7 Mr. Secretary. 8 SECRETARY DUKE: Thank you. 9 REPRESENTATIVE HENNESSEY: Thank you, 10 Mr. Chairman. 11 MAJORITY CHAIRMAN ADOLPH: Chairman Samuelson. 12 REPRESENTATIVE SAMUELSON: Thank you, 13 Mr. Chairman. 14 Like Representative Hennessey, I was honored to 15 serve on that Alzheimer's State Planning Committee, and I 16 commend you, Secretary Duke, for the report that was delivered to the Governor just last week. 17 18 SECRETARY DUKE: Thank you. 19 REPRESENTATIVE SAMUELSON: Now, this report is 20 very comprehensive, very ambitious, the recommendations 21 ranging from trying to focus on research into Alzheimer's, 2.2 trying to focus on support for caregivers, trying to focus on public awareness, maybe a public awareness campaign all 23 24 across Pennsylvania. I note in the budget the line item

for Alzheimer's outreach was \$250,000 in the current year

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and \$250,000 in the coming year, so no increase. And I guess my question is this is a very ambitious plan, a very ambitious set of recommendations. Why not ask for some resources in this budget proposal to start implementing what's in our new Alzheimer State Plan? And I do know at our Committee we talked about trying to focus on Federal resources, State resources, and private resources. So my question is why not ask for some more State resources to help us start addressing this proposal?

SECRETARY DUKE: Well, first, I want to thank
Chairman Hennessey and you both for serving on that
Committee, as well as the other Chairs of Senate and House
Health Committees who helped us formulate the seven
recommendations that comprise the report. You're correct.
The amount of money in the plan for Alzheimer's outreach
remains at \$250,000.

I know I appreciate your mention that when we talked about that second recommendation of expanding financial resources, we did so with that eye towards financial resources from all sources, and you began to enumerate some of them. And I think that's why you don't see the increase in the State budget. It's just that I think our success in implementation, and again, we're going to have to await the Governor's review of the report that he just received this past Friday, to see what's needed and

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       then how to best proceed to get it. And I can't predict
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       what would be in future fiscal year requests, but in this
       year, I think we're okay to put in that request for the
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       $250,000 working with the Alzheimer's Association chapters
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       we have here in the Commonwealth and continuing that good
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       work and seeking to identify what resources are needed,
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       seeking to see whether they're available other than State
       Government, those other partners in proceeding.
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                 REPRESENTATIVE SAMUELSON: Okay. On the senior
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       center grants---
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                 SECRETARY DUKE: Yes.
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                 REPRESENTATIVE SAMUELSON: ---I know
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       Representative Hennessey talked about the short time frame
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       for the---
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                 SECRETARY DUKE: Yes.
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                 REPRESENTATIVE SAMUELSON: ---senior centers to
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       submit an application---
                 SECRETARY DUKE: Yes.
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                 REPRESENTATIVE SAMUELSON: ---current year budget
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       $2,150,000.
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                 SECRETARY DUKE: Yes.
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                 REPRESENTATIVE SAMUELSON: Proposed budget, a
       7 percent cut down to $2 million.
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                 SECRETARY DUKE: $2 million, yes.
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                 REPRESENTATIVE SAMUELSON: Don't you think we'll
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1 have plenty of applications even beyond the ability of the 2 Department to award these grants and why propose a reduction for next year? 3 4 SECRETARY DUKE: We put in actually the same request we did the previous year, so we requested \$2 5 6 million in this current year's budget and the Legislature 7 added the .15. This year, we requested the \$2 million 8 again. 9 REPRESENTATIVE SAMUELSON: My point is that I 10 think with the number of grants you're going to be getting 11 by March 31st---12 SECRETARY DUKE: I---13 REPRESENTATIVE SAMUELSON: ---we probably will 14 use that entire 2.15 and why not propose a continuation at that level? 15 16 SECRETARY DUKE: Well, we put in the request at 17 the same level---REPRESENTATIVE SAMUELSON: Okay. 18 19 SECRETARY DUKE: ---we requested the year before. 20 Thank you. 21 REPRESENTATIVE SAMUELSON: All right. 2.2 SECRETARY DUKE: Yes. 23 REPRESENTATIVE SAMUELSON: Transfer to the 24 Pharmaceutical Assistance, there's a large line item. Out 25 of the lottery fund, \$190 million transferred to the

Pharmaceutical Assistance Fund current year. Next year, it's only \$165 million, a \$25 million reduction. Now, I believe, this may be is a question for Mr. Snedden from the PACE program, that there's been some changes based on the Affordable Care Act, what some people refer to as ObamaCare where there's additional funding coming to States, including Pennsylvania, to help pay for pharmaceuticals. And I believe that that is one of the reasons that you are able to request a \$25 million reduction from the lottery

fund over the Pharmaceutical Assistance.

- So my question for either Secretary Duke or Mr. Snedden would be what is the total savings for the current year based on the Affordable Care Act and do you have a three-year total since those changes went into effect?
- MR. SNEDDEN: Well, first of all, let me say by way of preface that the Affordable Care Act has embedded in it amendments to Medicare Part D, so it's not so much the Affordable Care Act that's providing us with this benefit but it's more amending Medicare Part D.
- REPRESENTATIVE SAMUELSON: Wasn't there a change, though, closing the donut hole, that was part of the Affordable Care Act?
- MR. SNEDDEN: Sure, that's right. But that's still amending Part D---

REPRESENTATIVE SAMUELSON: Okay.

MR. SNEDDEN: ---and you're right. The

Affordable Care Act did two things of significance in

providing us with savings. One is it is reducing the size

of the donut hole, which is reducing the spend that we have

to make on our enrollment. And secondly, it significantly

increased the rebates that manufacturers pay to the

Medicaid program. Our rebate formula in PACE is actually

linked to the Federal Medicaid formula. So those two

things are providing us with savings somewhere in the

neighborhood of \$60-\$70 million per year---

REPRESENTATIVE SAMUELSON: Okay.

MR. SNEDDEN: ---going back to 2011. It's really difficult, Representative Samuelson, to get an exact number because there's a lot of other things going on now that are providing savings like a significant increase in the generic utilization, which has nothing to do with the Affordable Care Act or Part D. It's just that lots of big patents are expiring and we're able to take advantage of that. But \$60-\$70 million a year is a good range.

REPRESENTATIVE SAMUELSON: Okay. Well, I just wanted to make the point that some of the changes to Medicare Part D that were part of that Affordable Care Act have been producing some savings for Pennsylvania, which reduces the amount of money that the State Prescription

Program has to take out of the Lottery Fund.

My final question is about taking things out of the Lottery Fund, and there's two large line items in this proposed budget, and one we talked about last year was the transfer from the Lottery Fund to long-term care over in the Department of Public Welfare, \$309 million. And there's a new one in the Aging budget this year which is a transfer to the Department of Public Welfare Home and Community-Based Services, \$142 million. So together, that's \$450 million coming out of the Lottery Fund going to DPW, Department of Public Welfare, to help balance their budget.

Now, I know transfers from the Lottery Fund of this nature have been going on perhaps for six governors, maybe back to Governor Thornburgh. However, I want to make two points. One is the \$309 million that was in the current year's budget was an all-time record. The amount that Governor Corbett proposed last year and was adopted by the General Assembly was the highest ever of these transfers out, and now, if we're going from \$309 million to \$450 million, that shatters the all-time record. And if we could keep that \$450 million in the Lottery Fund, that would be more resources available for programs to benefit seniors like the property tax rebate, the prescription, the PACE/PACENET program, the Area Agencies on Aging, the

transportation for seniors.

I know we had a hearing at our Aging Committee last year and there was a lot of concern from folks who work with seniors all across Pennsylvania. They testified. There was a lot of concern about the current practice of doing this, and I'm sure they're going to be even more concerned that it's going from \$309 million to \$450 million next year. So I guess I'd just ask Secretary Duke, the philosophy of taking so much out of the Lottery Fund to help balance the DPW budget, wouldn't that be better spent to stay in the Lottery Fund to benefit senior programs?

SECRETARY DUKE: Thank you, Chairman. I probably see it a little differently. I probably see it as \$409 million investment in older Pennsylvanians, which is what the lottery is for. It's to help older Pennsylvanians.

And when we look at their needs, they are defined by great variety, great variety in terms of clinical condition, great variety in terms of functional deficits in needs, great variety in terms of income. Thus, for some, they may be eligible for medical assistance waiver-based programs like the aging waiver. And so I believe it is an effective use of our funds to help citizens across the continuum of care.

And remembering at our very heart, thirty-five years ago, it's one of those anniversaries you look at and

say where have we come? At our very heart is to serve those in the greatest economic and social need. That's really what we're about. And so when I look at the utilization of lottery funds to help those who are poor, whether that program resides in the Department of Public Welfare or in the budget of the Pennsylvania Department of Aging, I think it is important that we support these programs and support services for those who are poor, and hopefully, through those main foundational building blocks of the Department of Aging, prevention and protection, and through those collaborations we do with the constituents with the Department of Public Welfare, we're able to provide services that help prevent that person from needing a more intense level of services at a later point in time. So that's probably the difference of view we have.

REPRESENTATIVE SAMUELSON: I guess my concern is that the Governor could interpret it even more broadly. He could say that some people who visit State parks are senior citizens so we're going to take money out of the Lottery Fund and support DCNR, or some people who utilize the programs in the Department of Health are senior citizens so he could take money out of the Lottery Fund and send it over to the Department of Health. My concern is that those programs in DPW that you were referring to in past years have been supported mainly by General Fund tax dollars. So

if we continue to take money out of the Lottery Fund to help shore up that budget, I wonder if that is sustainable over time at the \$309 million that we have this year or even the proposed \$450 million if that's a long-term strategy to take so much out of the Lottery Fund.

SECRETARY DUKE: I understand your concern but I can assure you I think our Governor's commitment to older Pennsylvanians has been demonstrated this fiscal year and into next. I think seeing a Governor that's made the largest single investment in our department's history, you had mentioned previous administrations of a 35-year history, to have the largest single investment made in our programs at the Department of Aging to keep [inaudible] and communities I think is a sign of that commitment and I think a sign of right caution when it comes to how those dollars are utilized. But I do thank you for sharing your thoughts. Thank you.

REPRESENTATIVE SAMUELSON: Thank you. Here comes the birthday boy, Representative Millard.

REPRESENTATIVE MILLARD: Thank you, Mr. Chairman.

Secretary Duke, Chairman Hennessey touched a little bit on the Preadmission Assessment program and the funding for doing those assessments, 65 versus 95, and a lot of programs within the AAAs are varied. There are multiple programs there, and I personally feel that the

assessments that they provide should continue because there's a comfort zone that families and individuals have established with members of the AAAs locally.

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So that leads me to my questions here. First, a comment here. All assessments determining if an individual is clinically eligible for a nursing facility are made by the local AAAs. These determinations are then used to provide Home and Community-Based Services as an alternative to nursing home care for clinically eligible recipients. First of all, how does the Department evaluate and monitor that these determinations are made in a consistent manner because we do have 52 AAAs across the Commonwealth?

SECRETARY DUKE: Thank you, Representative.

First, let me clarify the 65/95 is about enrollment
activity, not assessment activity. So I'll clarify that
separation first. But in talking about preadmission
assessments, you are indeed identifying one of the most
important functions in the Area Agency on Aging in
assessing the needs of our citizens and helping identify
those needs and develop, which become the core of the care
plans we offer. And we monitor that in several ways but we
do so with an eye towards consistency.

Most recently, Deputy Secretary Gingerich led an effort to look at our level of care determination tools to make sure that we revise them where necessary in order to

make sure that there is a consistent application of that tool across the Commonwealth. You mentioned 52 Area Agencies on Aging. And we tested what is being proposed and will be discussed with CMS in the near future and found it to generate consistent results, so we're pleased with that.

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We monitor the Area Agencies on Aging through benchmarking measures so that we look at how they're performing in terms of set measures, which compare them to State averages so that we can see that that's happening. We monitor them through onsite visit. We have an enhanced quality assurance presence right now that we're providing across the Commonwealth. I don't know if you want to talk to that monitoring at all, David.

DEPUTY SECRETARY GINGERICH: We monitor each of the AAAs on an annual basis for the level of care assessments but on other programs as well for both the consistency of application of the tool as well as the results to make sure that they are applying the tool correctly within the time frames necessary and that the individuals are being referred to the appropriate level of setting and the service plans are built and match the assessed need.

REPRESENTATIVE MILLARD: So your criteria, is that the same assessment form or same criteria used by all

52---1 DEPUTY SECRETARY GINGERICH: Yes. 2 3 REPRESENTATIVE MILLARD: ---that you're doing the grading on? Do these agencies for the services that they 4 5 recommend through their assessment, do they themselves 6 provide those services? 7 SECRETARY DUKE: Usually, those services are provided via contractual relationships with providers in 8 9 their planning service areas. 10 REPRESENTATIVE MILLARD: And is there consistency 11 with those services that are provided based on consistent 12 recommendations? 13 SECRETARY DUKE: Those services are also 14 monitored for delivery. Right? 15 DEPUTY SECRETARY GINGERICH: Yes. 16 SECRETARY DUKE: Yes. 17 REPRESENTATIVE MILLARD: Okay. And finally, do you think there's sufficient accountability to ensure --18 you touched a little bit on this -- the cost-effectiveness 19 20 of the Home and Community-Based Service delivery system? 21 SECRETARY DUKE: I would say yes. 2.2 DEPUTY SECRETARY GINGERICH: Yes. 23 SECRETARY DUKE: I would say there is sufficient 24 accountability. I think the monitoring we're describing, the revisions we're making to assessment systems to ensure 25

consistency would ensure you that there is sufficient
accountability in terms of delivery of Home, CommunityBased Services.

REPRESENTATIVE MILLARD: So families coming in to
have this assessment done can leave with the comfort

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have this assessment done can leave with the comfort feeling that it's all being done the same across the Commonwealth and they are in good hands?

SECRETARY DUKE: It is not a 100 percent perfect system but we think our citizens should be assured that when they come in for an assessment, that their needs are being identified as fully as possible and plans of care are being developed to respond to those.

REPRESENTATIVE MILLARD: Okay. Thank you, Mr. Secretary.

SECRETARY DUKE: Thank you.

REPRESENTATIVE MILLARD: Thank you, Mr. Chairman.

MAJORITY CHAIRMAN ADOLPH: Thank you.

Representative Carroll.

REPRESENTATIVE CARROLL: Thank you, Mr. Chairman.

Mr. Secretary, thank you. Mr. Snedden. I was going to go in a different direction but I'm compelled to follow up on Representative Samuelson's discussion relative to PACE and PACENET and the Affordable Care Act. I thought I heard an answer that the Affordable Care Act had nothing to do with the savings relative to the PACE and PACENET

program over the course of the last three years. My analysis of the State expenditures show two distinct changes in the plateau with respect to State expenditures; one that occurred after the Part D expansion of Medicare and then a second one that occurred with the Affordable Care Act. Is that analysis incorrect?

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SECRETARY DUKE: I don't know about the timing of those.

MR. SNEDDEN: I'm not sure what you have referenced to in terms of the Part D amendments prior to the Affordable Care Act, but in 2010 when the Affordable Care Act passed, it had embedded in it amendments to part D, which did what I said, constricted the donut hole or started that constriction and increased our rebates. I didn't want to suggest that the Affordable Care Act was irrelevant. What I was suggesting was that it was the vehicle to amend Part D. And those amendments did not go to the core of what the Affordable Care Act is about.

REPRESENTATIVE CARROLL: Well, Part D amended

Medicare that we can trace back to the creation of Medicare

if we're going to turn the clock back like that. Let me

ask the question differently. If not for the Affordable

Care Act, would we have realized these savings?

MR. SNEDDEN: I would think that we probably would not have because the basis for it was to free up some

Federal funds to provide for the Affordable Care Act. The reduction that we've seen in PACE expenses has been a reduction that's been seen across the board in Medicare Part D.

REPRESENTATIVE CARROLL: So it sounds like what I'm hearing then is we have Part D to thank for the first reduction, and the Affordable Care Act to thank for the second reduction, that thankfully those two net savings give the Department and the Administration the flexibility to transfer money to community-based services and to long-term care.

MR. SNEDDEN: There's no disputing the savings. We can argue about the framework for it all day but there's no disputing the savings. I said the savings were \$60-\$70 million a year, 2011, 2012, 2013.

REPRESENTATIVE CARROLL: Well, and I think the chart that I have shows State expenditures above \$500 million dating back to 2005, right around the time of the Part D expansion, and now we're talking about in the neighborhood of \$165 million. And if you trace the expenditures over the course of time in 2007, '08, and '09, we were somewhere in the neighborhood of \$300 million, a \$200 million savings. Now we have another \$100 million plus savings thanks to the Affordable Care Act. And the reason why it's important is because of a larger discussion

relative to Medicaid expansion and all of the give-and-take relative to the Affordable Care Act and---

SECRETARY DUKE: Representative, that doesn't relate. Representative, this is about Medicare Part D. This is about our PACE program---

REPRESENTATIVE CARROLL: Yes, Mr. Secretary, this is also about the Affordable Care Act that affects both.

SECRETARY DUKE: MA expansion does not relate here.

REPRESENTATIVE CARROLL: Well, it may not relate to you, Mr. Secretary, but for those of us that have to cast votes on policies, it affects everything because the Medicaid expansion is part of a larger discussion that includes a discussion that is related to the savings that the Affordable Care Act offer. And so when we get to these discussions relative to the Affordable Care Act and its broad implications across all sorts of domains in State Government, it has every application.

PACE program, I think it's important to realize that perhaps you -- and I don't if you were a cosponsor.

Representative Grove and others led the way recently to pass a Bill signed by our Governor on Friday to make sure that an additional 8,200 Pennsylvanians will receive coverage through the PACE program, and those who have a

Social Security cost-of-living increase, about 29,000

Pennsylvanians, will continue to receive this benefit.

think if you're talking about the PACE program where I

believe you started your questions, that's the important
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REPRESENTATIVE CARROLL: And I was a cosponsor of the Bill and I think it passed unanimously so I don't think there was any dispute about that Bill.

SECRETARY DUKE: That's good.

REPRESENTATIVE CARROLL: But, Mr. Secretary, the fact of the matter is is that we will hear from others that sit in that chair that you're currently in today over the course of the next three weeks that highlight the deficiencies, as they describe them, with respect to the Affordable Care Act, and the negative ramifications that they will outline relative to its implementation, and I think it's only fair to have a total and an inclusive discussion relative to all of the aspects of the Affordable Care Act. And we're going to sit here today and we're going to declare victory because we can transfer \$450 million to the Department of Public Welfare thanks partially to the Affordable Care Act. I think that that's something that we should at least be honest enough to say so with respect to the broad discussions relative to the Affordable Care Act.

1 Thank you, Mr. Chairman. SECRETARY DUKE: Thank you, Representative. 2 MAJORITY CHAIRMAN ADOLPH: It seems like they 3 4 both agreed but it didn't sound like that. 5 Representative Oberlander. REPRESENTATIVE OBERLANDER: Thank you, Chairman. 6 7 Thank you, Secretary. Last year, there were additional funds in the 8 9 budget to support the Area Agency on Aging, and as you 10 know, this money is used to support senior centers, provide 11 rate increases for home and community-based providers, and 12 support agency operations. Is that funding continued in this year's budget? 13 14 SECRETARY DUKE: Yes, it is, and increased. So 15 there was \$50 million allotted last year, and for example, 16 in the Department of Aging, there was \$20 million allotted 17 for the OPTIONS program. The Governor is maintaining that commitment plus adding to it so that we can remove more 18 19 people off the OPTIONS waiting list. That's one example. 20 REPRESENTATIVE OBERLANDER: That's terrific. 21 SECRETARY DUKE: And the \$5 million that was 22 provided as a pool of money in last year's budget for the

REPRESENTATIVE OBERLANDER: Last year, did the

Area Agencies on Aging, that's being maintained in this

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budget as well.

Department establish a funding allocation formula?

2 SECRETARY DUKE: We did.

REPRESENTATIVE OBERLANDER: Can you describe that formula and will that be used again this year?

SECRETARY DUKE: So for base funding for the Department of Aging, we have not changed the allocation formula that's been used over the past more than several years, but for the additional investment, we did modify a formula, and I can ask Deputy Secretary Gingerich to give you the details on that modified formula and its application. The goal of the modification was to address long-standing financial funding and equities across the Commonwealth and make sure that we provided services that would ultimately increase the number of persons served for Home and Community-Based Services. But if you want the detail, we can go over the detail for you.

DEPUTY SECRETARY GINGERICH: For the \$20 million in the current fiscal year budget, it was distributed utilizing an allocation formula that weighted 60 percent of the funding for individuals over the age of 60 at 100 percent or below Federal poverty, 10 percent for individuals over the age of 75, 10 percent for individuals over the age of 85, 10 percent for individuals from culturally diverse communities, and 10 percent for individuals in rural communities, so that was used for the

\$20 million and what would be proposed to be used for the additional \$14 million in this year's budget.

REPRESENTATIVE OBERLANDER: Thank you very much.

Thank you, Mr. Chairman.

MAJORITY CHAIRMAN ADOLPH: Thank you.

Representative Dean.

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REPRESENTATIVE DEAN: Thank you, Mr. Chairman.

And good afternoon, gentlemen. Good afternoon, Secretary.

SECRETARY DUKE: Good afternoon.

REPRESENTATIVE DEAN: Thank you for your valuable work on behalf of our seniors.

I have a question about the recent storm. I'm from Montgomery County and the recent storm hit our area particularly hard, along with many of the surrounding counties. More than 700 individual homes were without power affecting, of course, a tremendous number of seniors, nursing homes, assisted living facilities. And I'm wondering what resources came to bear through your department maybe as a result of the Governor signing the declaration or asking for the President to sign the declaration of emergency relief? So what were you able to do or what resources came to bear as a result of this storm?

SECRETARY DUKE: We thank you for that question

and we hope all citizens who have been affected by it -
I'm from your neighboring county of Bucks so I'm familiar with the hardship also there but Montgomery County bore a heavy brunt of the storm, as did other counties in the southeast.

Our Areas Agencies on Aging are our first line of response in the local area working with their local emergency authorities, checking in with shelters, being contacted by those emergency authorities if there's a need to help somebody perhaps with temporary placement. If you have an elder that comes to a facility, perhaps a shelter, and they're in need of placement temporarily in order to be cared for.

And our Area Agencies on Aging are also out front before a storm making sure that additional home-delivered meals are delivered to people, nonperishable meals are delivered so they have emergency nutrition as backup should they need it. They also check in with the most vulnerable persons they're serving by telephone to contact each of them before a predicted storm to make sure that they're safe and well, and if they're not, make sure that they offer the person the ability to have any needs addressed that may endanger them during an upcoming storm. So that's basically what we do. We're responsive through our Area Agencies on Aging.

REPRESENTATIVE DEAN: Do you have any idea of how many seniors you served maybe as a result of the last six, seven days?

SECRETARY DUKE: I don't have that number in terms of what we've been able to do to respond. We did reach out to the seven counties that were most impacted and we do have a report on file of what response did take place in the local areas. I'm not sure if that includes the number of persons impacted but it may.

REPRESENTATIVE DEAN: Okay. If we could get that if that becomes available to you---

SECRETARY DUKE: Yes.

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REPRESENTATIVE DEAN: --- and if you forward it to the Committee.

And because of the devastation of the storm and I think sort of the unprecedented nature of it, telephone lines were out, communications were down in terms of your internet and everything else, so we found it very difficult to deal with just communicating and reaching out and knowing who was still without power, who was still in a home that was going cold. So I don't know whether the Governor was able to provide you any extra manpower, boots on the ground, going out and surveying?

SECRETARY DUKE: I wouldn't be as familiar as to emergency planning in Montgomery County. I do know through

PEMA though that all resources were available. We activated the National Guard so I know a lot of resources were standing ready to respond.

REPRESENTATIVE DEAN: Okay. And then my other question is just about the waiting list. Maybe if we could just humanize that a little bit. We talk an awful lot about people on waiting lists. Can you describe the nature of the need of the seniors who are on waiting lists for assistance in their living?

SECRETARY DUKE: Thank you. I mean if you look at the average recipient of service for our department it's usually a widow who's 80 years of age living on limited income but not quite eligible for medical assistance and multiple functional deficits and perhaps multiple chronic diseases. Indeed, that describes a population that's in need and that's the picture when I look at our waiting list. That's who I'm envisioning as somebody in need of service. So I am grateful for the additional investments the Governor proposed, the Legislature passed, so that we can reduce this number to help citizens so they can stay in their homes and communities and address their needs.

REPRESENTATIVE DEAN: And how long might a person to be on a waiting list with the State?

SECRETARY DUKE: Right now, the average I think for the OPTIONS program if you are looking at those who are

1 nursing facility clinically eligible, it's about 228 days, and those who are nursing facility ineligible wouldn't have 2 3 quite as many needs. It's about 220 days. And for those 4 that are probably receiving services that we don't care 5 manage, for example, if someone is just receiving meals, 6 it's about 242 days right now. 7 REPRESENTATIVE DEAN: So greater than half a year 8 on a waiting list? 9 SECRETARY DUKE: About, yes. 10 REPRESENTATIVE DEAN: Yes, for people at this age 11 with those level of needs. And we're still going to have 12 quite a 3,000 folks even when we do get through the several 13 thousand? 14 SECRETARY DUKE: At the end of this calendar 15 year, David? And then additional---16 DEPUTY SECRETARY GINGERICH: At the end of this 17 State fiscal year we anticipate having 1,381 individuals on the waiting list and then next year with the investment, an 18 19 additional 500 will be able to come off. 20 REPRESENTATIVE DEAN: Okay. Thank you very much. 21 SECRETARY DUKE: You're welcome. Thank you. 2.2 MAJORITY CHAIRMAN ADOLPH: Thank you. 23 Representative Petri. 24 REPRESENTATIVE PETRI: Thank you, Mr. Chairman,

and thank you, Mr. Secretary. You know, listening to you

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testify it's really refreshing, the depth of your knowledge, and your commitment to seniors I think is unquestioned.

SECRETARY DUKE: Well, thank you, Representative.

REPRESENTATIVE PETRI: I want to follow up a little bit on the topic that Representative Millard was exploring with regard to accountability of the AAAs. Can you help me understand? I know that you give directors of your desires if you will but how binding are those on the AAAs on how they use the funds? And let me just say I'm not sure that one size would fit all anyway but can you give us some parameters on what they're allowed to do or not allowed to do and how we know that they're doing what they should be doing?

SECRETARY DUKE: We can provide greater detail to you perhaps outside the hearing but we have administrative policy directives that we do issue. They are required to follow those directives. And we monitor their compliance with those directives when we do monitoring visits.

REPRESENTATIVE PETRI: Okay.

SECRETARY DUKE: We also can do accessing of records virtually to make sure they're using those funds.

REPRESENTATIVE PETRI: Okay.

SECRETARY DUKE: Everything through the provision of Home and Community-Based Services, the provision of

meals, the provision of protective services are all assessed and monitored in one way or another. We are undertaking a very large initiative right now to take all those administrative policy directives, to review them, and to come up with a new Aging Services Manual. Two chapters have been issued out of what I think is a total of eight or ten.

DEPUTY SECRETARY GINGERICH: Twelve.

SECRETARY DUKE: Twelve that'll be issued.

Deputy Secretary Gingerich is leading that initiative, to make sure that what we're asking is up-to-date with current requirements. And so we're confident that these changes, the existing administrative policy directives, and the monitoring we undertake are making sure that there's great accountability.

REPRESENTATIVE PETRI: Okay. And I guess the reason I'm asking, do you have any data so far to show generally the categories and where the money is being used? In other words, is it primarily for analysis, evaluations? Is it primarily for food? Or is it the one thing that the Chairman and I heard that caused us both to glance last year, one AAA said something like, well, if you cut our money, we won't be able to fix private homes, make repairs. Well, that to me is not a priority of a AAA when some of the other AAAs are struggling. So can you give us a sense

1 of whether we have data points on where really the money is 2 qoinq? SECRETARY DUKE: I'm going to defer to Deputy 3 4 Secretary Gingerich on what reports we do have. 5 DEPUTY SECRETARY GINGERICH: Sure. The two 6 largest categories of expenditures at the AAAs are for 7 hands-on personal care services, as well as for nutrition services programs, so our home-delivered and congregate 8 9 meals represent the two largest buckets of expenditures. 10 REPRESENTATIVE PETRI: Do the AAAs give you an 11 analysis at the end of their fiscal year to show you how 12 they spent the money? 13 DEPUTY SECRETARY GINGERICH: Yes. 14 REPRESENTATIVE PETRI: Okay. So that would be 15 information---16 DEPUTY SECRETARY GINGERICH: Quarterly, actually. 17 REPRESENTATIVE PETRI: Quarterly? DEPUTY SECRETARY GINGERICH: Yes. 18 REPRESENTATIVE PETRI: Okay. And then do you 19 20 compile them so we have an average or a chart or something? 21 DEPUTY SECRETARY GINGERICH: Yes. 22 REPRESENTATIVE PETRI: Is that information that 23 perhaps the Committee could have just so we could have a 24 look at it? 25 DEPUTY SECRETARY GINGERICH: Yes.

REPRESENTATIVE PETRI: And I'm sure both Chairmen of Aging would probably want it and maybe they already have it.

The last area I'd like to cover with you is something that has become of great personal concern to me in my observations. I still practice law when able, but over the years, I've had a number of cases with elder financial abuse, not necessarily the physical abuse circumstances. And I'm talking to practitioners, and among those attorneys who do this work, I'm hearing alarming information even from them about what they're seeing. And so I was wondering whether the Department has thought about possibly issuing some bulletins or warnings to seniors? And the kind of abuse I'm talking about comes from someone who is a caregiver in the family and convinces Mom or Dad or Mom and Dad that they no longer need their assets because the big bad nursing home is going to take them all.

SECRETARY DUKE: So let me help.

REPRESENTATIVE PETRI: Yes, so let me help you keep those safe.

SECRETARY DUKE: Yes.

REPRESENTATIVE PETRI: And sometimes the senior is surprised to find out that the five-year reach-back causes them to be ineligible, and in several cases that I've seen, the senior is actually left with just the Social

Security income and is forced with the possibility of having to file bankruptcy while the children march around with Mom and Dad's money.

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So, you know, have you thought about the Department's role in this regard as far as warning seniors about this? And let me share with you I even saw a practitioner's website that tells you exact -- come see me if you're worried about the nursing home because I'll show you how to defeat them and make sure they don't get your money.

SECRETARY DUKE: Yes, we know there's a great variety out there in terms of financial planning advice as it relates to an elder's future and would join with others to caution people and provide information as a protection.

You brought up financial exploitation. You know, as we look at the provision of protective services, perhaps one of our most important charges, to protect our fellow citizens, when we look at the growing increase, I know 16 percent of our cases are now financial exploitations. Many of those cases involve those very close to the victim. It's estimated almost \$2.5 million last year in substantiated financial exploitation cases was uncovered.

We worked closely with the Department's Institute of Protective Services at Temple University to help build local eldercare, elder abuse task forces to address these

1 situations. We're proposing legislative changes to the 2 Older Adult Protective Services Act that we hope clarify our response to financial exploitation. We're working in 3 4 training people today while we await the changes to 5 legislation to make sure people are aware of what 6 protections are available, encouraging our citizens to 7 closely monitor their finances, to be careful about the agreements they enter into. And mentioning those in the 8 9 practice of law is a good opportunity for us I think to 10 reach out with them as well in terms of education and 11 interaction, so thank you. 12 REPRESENTATIVE PETRI: I would just say to you if 13 you need a sponsor or a cosponsor, count me in. 14 SECRETARY DUKE: Thank you. 15 REPRESENTATIVE PETRI: And thank you for your 16 good work. 17 SECRETARY DUKE: Thank you. 18 REPRESENTATIVE PETRI: Thank you. 19 MAJORITY CHAIRMAN ADOLPH: Does Chairman Hennessey have a comment? 20 21 REPRESENTATIVE HENNESSEY: I just wanted to 2.2 follow up on that. The House Aging and Older Adult Services Committee held a series of informational hearings 23 through the fall on elder abuse. I think one of the latest 24 25 ones, which I believe was in December, dealt specifically

1 with the financial abuse issues that Representative Petri 2 is talking about. We will be rewriting the OAPSA language, 3 the Older Adult Protective Services Act, and we hope to have a draft to our Committee Members in the relatively 5 near future, which we will attempt to take our bite of that 6 apple and try to move the ball forward as far as protecting 7 our seniors from financial abuse. 8 SECRETARY DUKE: Thank you, Chairman. 9 REPRESENTATIVE HENNESSEY: Thank you. 10 MAJORITY CHAIRMAN ADOLPH: Representative Grove. 11 REPRESENTATIVE GROVE: Thank you, Mr. Chairman, 12 and thank you, Mr. Secretary. Good to see you again. 13 SECRETARY DUKE: Good to see you. 14 REPRESENTATIVE GROVE: Feel free to stop by any 15 of my senior centers, too. We had a great time last time you were there at Heritage Senior Center. 16 17 SECRETARY DUKE: I believe you beat me in a game of Wii bowling, but I believe we were both beat by an 85-18 19 year-old at the center but I'm not sure. 20 REPRESENTATIVE GROVE: Absolutely right. There was actually no beating them. They are truly 21 2.2 professionals---23 SECRETARY DUKE: They're a good team. 24 REPRESENTATIVE GROVE: ---at that. Yes.

Absolutely. I just want to also thank you for your help

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       with the passage of Act 12. It'll go a long way to helping
 2
       a lot of seniors.
                 SECRETARY DUKE: Thank you, Representative, for
 3
       sponsoring that important piece of legislation. What it
 4
       will do---
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 6
                 REPRESENTATIVE GROVE: Yes.
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                 SECRETARY DUKE: ---will truly make a difference
       for our fellow residents in need of pharmaceutical
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      medications, so thank you, prescribed medications.
 9
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                 REPRESENTATIVE GROVE: And I also want to thank
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       Chairman Hennessey---
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                 SECRETARY DUKE: I thank the Chairman as well---
13
                 REPRESENTATIVE GROVE: ---very talented staff
14
       also.
15
                 SECRETARY DUKE: --- the cosponsors and thank the
16
       staff as well.
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                 REPRESENTATIVE GROVE: Yes. With that, obviously
      this is the first time in recent memory that we've actually
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19
      kind of expanded threshold income by not allowing the Part
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      B premiums. Is this going to be sustainable now into the
       future for our seniors?
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                 SECRETARY DUKE: I would see that the additional
       8,200 citizens that we're adding, I think that will be
23
24
      sustainable moving forward.
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REPRESENTATIVE GROVE: Great. Looking at the

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PACE contracted services, I noticed an increase of about 16 percent, \$53 million. That's about \$61.9 million. At the same time, the total number of filled prescriptions are projected to decrease by more than 3 percent. What services are covered by these costs and why are they increasing so much? Does it have anything to do about the increase in Federal upper limits, which in fact will increase drug costs as we move forward?

SECRETARY DUKE: Why don't I let Tom address that?

MR. SNEDDEN: No, it has nothing to do with Federal upper limits, which are caps on generic reimbursements. What it has to do with is the premium payments that the program makes to the part D plans that enroll some of the PACE participants. Eighty percent of PACE participants are in Part D plan, and for the vast majority of those, we are paying the premiums. And what happened last year was we were able to reduce the premium payments from where it was historically, and all we're doing this year is putting it back to where it was.

REPRESENTATIVE GROVE: Okay. Okay. I appreciate that. Obviously, when we see increased costs, we want to find out what that is.

That about wraps it up. Thank you, Mr. Chairman. Thank you again, Mr. Secretary.

1 SECRETARY DUKE: Thank you, Representative.

2 MAJORITY CHAIRMAN ADOLPH: Thank you,

3 Representative.

Chairman Samuelson.

REPRESENTATIVE SAMUELSON: A follow-up question on the amount of the savings with the Affordable Care Act, I'm not going to revisit that whole lively discussion with Representative Carroll and Secretary Duke, but the number, today, you identified \$60-\$70 million in annual savings, changes to Medicare Part D, that were included in the Affordable Care Act. We had a meeting about six months ago with the Aging Committee, and at that meeting, the number from the Department was about \$80 million. So my question is is there some kind of material difference why the estimate is different? I realize it's still very significant savings over four years. My goodness, it's over \$250 million, but why going from \$80 million, an estimate at one time, to \$60-\$70 million today?

MR. SNEDDEN: Well, two things, Representative Samuelson, as I said a moment ago, it's really difficult to parse this out to the point where it's pure because there's other dynamics that are playing in that are saving us money, i.e., higher generic utilization. Six months ago the \$80 million figure probably referred to 2011.

REPRESENTATIVE SAMUELSON: Okay.

1 MR. SNEDDEN: 2011 we estimated the savings at about \$78 million. As we've come forward, it's come down a 2 3 little bit, so I'm just giving you an average for the three vears. 4 5 REPRESENTATIVE SAMUELSON: Okav. 6 MR. SNEDDEN: And I think, you know, \$70 million, 7 \$60-\$70 million is a good solid number. What I may have said six months to a year ago, we have more---8 9 REPRESENTATIVE SAMUELSON: Even if the average is 10 \$70 million over four years, 2011, '12, '13, and '14, 11 that's significant, \$280 million. 12 MR. SNEDDEN: Sure. Yes. It's a big number. 13 REPRESENTATIVE SAMUELSON: Thank you, 14 Mr. Chairman. MAJORITY CHAIRMAN ADOLPH: Thank you. 15 16 Chairman Markosek. 17 MINORITY CHAIRMAN MARKOSEK: Thank you, Chairman. Just very briefly, I really don't have a question 18 but want to thank the Secretary and your team from the 19 20 Department of Aging. I think you did a very good job today 21 answering our questions. I just want to remind everybody 22 here including you, and this goes back to one of the questions of our Members earlier relative to the amount of 23 24 money being taken from the Lottery Fund that's being sent

over to the Department of Welfare. Keep in mind that 130

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new dollars that's leaving the Lottery Fund to go over to Welfare is part and parcel of \$1.2 billion of various other budget instances that we've identified from the Corbett Administration budget this year coming out of other funds for seemingly one-time budget enhancements to the General Fund.

And I would just ask you, Secretary, to the extent that you have the Governor's ear, to let him know and ask him and just let him know that we here, at least this Chairman and I think our Committee Members, feel that by doing that is certainly unpredictable and unsustainable and it's just not a good way to operate a budget. And we do have that concern. So I think it's not only the \$130 million that we brought up here today but it seems to be far greater than that when we look at the entire budget, over \$1 billion that the Governor is making in these kind of one-time plays to balance this year's General Fund budget. Thank you.

SECRETARY DUKE: Thank you, Chairman, for that.

And I do believe that what the Governor is proposing is a fiscally sound budget with the appropriate strengths to move us forward and to strengthen Pennsylvania, but I will make note of your concern. Thank you.

MAJORITY CHAIRMAN ADOLPH: Thank you. I want to thank the Members for their continued participation in the

hearings. I want to thank the Secretary and his staff for 1 your answers and your input and we're looking forward to 2 3 working with you as we put together this budget. For the Members' information, we will reconvene 4 tomorrow morning at 9:30 a.m., and before us we'll have the 5 6 Auditor General. 7 Thank you. The hearings are adjourned for today. 8 SECRETARY DUKE: Thank you. 9 10 (The hearing concluded at 5:18 p.m.)

1	I hereby certify that the foregoing proceedings
2	are a true and accurate transcription produced from audio
3	on the said proceedings and that this is a correct
4	transcript of the same.
5	
6	
7	Christy Snyder
8	Transcriptionist
9	Diaz Data Services, LLC