#### **ANNUAL BUDGET PROSPECTUS**

Fiscal Year 2022 - 2023

Allegheny County

Department of Human Services

## **AREA AGENCY ON AGING (DHS/AAA)**



Rich Fitzgerald, County Executive

William D. McKain, County Manager

Erin Dalton, Director, Department of Human Services

Shannah Tharp-Gilliam, PhD Assistant Deputy Administrator, Area Agency on Aging

Laura Poskin, Chair, Area Agency on Aging Advisory Council

June 16, 2022

### **2021–2022 Program Developments**

### <u>& 2022-2023 Budget Prospectus</u>

The Allegheny County Department of Human Services Area Agency on Aging (DHS/AAA), a grantee of the Pennsylvania Department of Aging (PDA), provides programs and services that assist older adults, 60+ years of age, to live independently in their homes and communities. It is one of 52 such agencies, based in single or multiple counties, serving the needs of older adults throughout Pennsylvania. The DHS/AAA served approximately 38,200 unduplicated individuals during FY 2021 – 22 through internally administered programs, and through contracts and agreements with about 72 community-based service providers. The agency and its provider network place the highest priority on quality and consumer-centered service delivery across all programs. DHS/AAA programs and services, along with their current-year and projected (2022-2023) individual funding are shown on page 7.

**Assessment** – During the FY 2021-22, the Assessment unit completed approximately 8,500 Functional Eligibility Determinations for Nursing Home Preadmission, Personal Care Home Supplement, and Home and Community Based Services while maintaining a 98.5% compliance rate with completion timeframes. Assessments throughout the Commonwealth are conducted by Area Agencies on Aging under contract with Aging Well PA, LLC. Aging Well is a subsidiary of the Pennsylvania Association of Area Agencies on Aging.

In March 2020 the program went to a fully telephonic model, due to the pandemic. In August 2021, the unit resumed a limited number of in-person community-based assessments. More recently, in May 2022 the unit further increased the number of in-person community-based assessments, as well as resumed Personal Care Home and Nursing Home in-person assessments. As of the writing of this report, hospital assessments remained telephonic.

Care Transitions Program – The contract for the DHS/AAA's Community-Based Care Transitions Program (CCTP) was one of just 10 programs out of 102 nationally that was provided an extension of service into 2017 due to high performance. While the initial Centers for Medicare and Medicaid Services contract has ended, the program continues with other funding. In October 2014, the DHS/AAA initiated a separate contract to pilot CCTP services with Gateway Health Plan which continues to thrive.

In December 2016, CCTP and Gateway Health Plan expanded services to include Forbes Hospital and in December of 2017 it expanded again to West Penn Hospital. In April of 2019 the program expanded services to Jefferson Hospital. CCTP averages 100 interventions per month. In March 2020, due to the pandemic, the program went to a fully telephonic model to service clients and remained in this model for the duration on the fiscal year. In 2020 the program expanded to servicing emergency room (ER) clients considered at high risk for admission at all four hospitals.

The program resumed community visits in June 2021. In late 2021 CCTP expanded services with Gateway (now Highmark Wholecare) to complete Health Risk Assessment assessments and collect consent forms for new members. By close of 2022 the Program expects to be back in the hospitals and expansion plans are underway to add an additional hospital to our service area.

Caregiver Support Program – There are currently 431 caregivers enrolled in this program, and the program has served more than 592 caregivers over the past fiscal year (2020/21). The focus of the program has been on growth through collaboration and partnering with community organizations and outreach; particularly in those areas where enrollment in the program is the lowest. As a result, over the past two Fiscal Years, the program has seen a 36% increase. Additionally, there has been an emphasis on training to help and assist Caregivers alleviate stress and build skills. Because of the pandemic, the DHS/AAA has been conducting "virtual" trainings. In utilizing this format there has been significant increase in caregivers attending these trainings and benefitting from the resources shared.

**Home Delivered Meals (HDM)** – Home delivered meals enable older adults with mobility or other health-related issues to remain living in their homes by providing nutritious melas and wellness checks. During the pandemic, the HDM program was able to maintain operations by reducing delivery days and providing frozen meals in place of the hot meals. The program realized an increase of approximately 20% in consumers during the height of the pandemic.

In FY 21-22 while the meals remain frozen, the majority of the HDM providers are fully operational, delivering meals and conducting wellness checks from 3 to 5 days per week. The decision to remain with frozen meals afforded the HDM providers the opportunity to incrementally increase operational capacity, delivering and conducting wellness checks at least 3 times per week. Many HDM providers are experiencing hardships in securing paid staff and volunteers to deliver conduct wellness checks and deliver meals. DHS/AAA worked with HDM providers allowing flexibility to alter their delivery schedules

and to continue to package and serve frozen meals. This allowances coupled with the remarkable commitment of the HDM and food provider agencies, effectively prevented any service disruption and enabled the network to effectively move back towards normal operations.

AAA staff conducted a survey which revealed that the majority of HDM consumers were satisfied or preferred the frozen meal over the hot meals; therefore, the decision to continue with frozen meals also suggests a benefit to the consumers as well as the providers.

**Older Adult Protective Services** – The unit received over 6,163 Reports of Need (RONs) during FY 2020-21. Of that total, 4,806 RONs were for older adults aged 60+, and 1,337 were for adults between the ages of 18-59.

Adult Protective Services RONs affect the work process for Older Adult Protective Services (OAPS). Over the past 5 years, RONs have more than doubled. Guidance received from the state during the pandemic significantly reduced the number of face-to-face visits completed by Protective Services Investigators (PSI). PSIs limited face to face visitation to allegations of serious physical injury, risk of serious injury and sexual abuse. The OAPS Intake unit worked remotely during the pandemic. PA Dept. of Aging lifted restrictions on face-to-face visitation in late summer 2021. Following this policy change, all investigations moved back to face to face and the OAPS Intake unit returned to office-based work. DHS Director Erin Dalton, approved and funded 26 new investigator positions and 5 new supervisory positions in February 2022 to account for an increase in need within the network. These positions are based at the three subcontracted provider agencies, Lifespan, Eastern Area Adult Services and Ursuline Support Services as well as on the DHS/AAA team.

**Information & Assistance** – In any given month, the DHS/AAA Information and Assistance (aka SeniorLine) our "front door" to the agency, receives over 4,100 contacts, either over the phone, by email, postal mail, or visits to the office with requests for information and connections to aging services across the county. Over the past Fiscal year, AIRS-certified SeniorLine Care Managers handled approximately 43,000 incoming calls to the SeniorLine. For callers with more complex or multiple needs who are facing possibly life changing decisions, the SeniorLine continues to offer Person-Centered Counseling.

Efforts to expand accessibility to County Aging information over the past year have include posting a Frequently Asked Questions document on the DHS/AAA website and posting announcements on Twitter and Facebook regarding Caregiver Support, Senior Companions, Older Americans Month and Famers

Market Vouchers. In March 2020, the SeniorLine transitioned working from working in-office to remote due to the pandemic. This transition was seamless and did not impact the call center operations. During the pandemic, the SeniorLine researched and quickly found new resources to provide callers struggling with shopping, meals, masks, and vaccine information. The SeniorLine transitioned back to the office in July 2022. In 2022, SeniorLine upgraded equipment to improve the overall quality of service provided to the community.

**Ombudsman** – In March 2020, the Ombudsman Program transitioned from community visits to telephonic visits due to the pandemic. During this time, this unit was able to successfully resolve consumer complaints and facility closures while remaining remote. In February 2021, the unit acquired a robot that was used to enter facilities safely and interact with the residents. In May 2021, Ombudsman staff returned to community then returned to remove visits in November 2021 due to the increase in positivity rates in Allegheny County. Ombudsman staff remained remote until March 2021.

Volunteer Ombudsmen play an integral role in the Ombudsman unit, visiting long-term care facilities and communicating with residents. During the pandemic our volunteer participation decreased from 25 to 13 volunteers. The program continues to actively engage volunteers through newsletters, meetings, and a virtual recognition event. Our team is actively recruiting additional Volunteer Ombudsmen to increase our visible presence in licensed long-term care facilities.

Pennsylvania Empowered Expert Residents (PEER) play an integral role in the facilities which they live in by advocating for the residents and starting projects that benefit all residents. During the pandemic PEER participation decreased from 21 to 16. Currently, there are three facilities requesting increased PEER groups and additional PEER training. DHS/AAA's was the first Ombudsman Program in Pennsylvania to complete a virtual PEER training.

In 2021, Ombudsmen opened 831 cases, closed 839, responded to 2,140 Information & Assistance requests, and completed 444 facility coverage visits.

**OPTIONS Care Management** – During FY 21 – 22, the OPTIONS program served approximately 7,700 Care Management consumers, including those who were Nursing Facility Clinically Eligible and Nursing Facility Ineligible. About three quarters of the program's consumers received traditional inhome services, such as Personal Care, Home Support, Adult Day Service, PERS, and Stair Rides. Throughout the pandemic, the most requested service has been Home Delivered Meals, which has

resulted in approximately one third of the consumers receiving Home Delivered Meals as their only service. The OPTIONS Care Management agencies as well as the Kitchen Providers have worked collaboratively to successfully meet the high demand for In-Home Meal delivery.

Additionally, OPTIONS Care Management was able to assist large numbers of consumers obtaining COVID vaccinations, which was a critical need because of the noted higher risk of seniors. OPTIONS Care Management continues to assist consumers with COVID booster vaccination, as well assisting those who cannot leave their residence to obtain a shot.

**Senior Centers** – In March of 2020 Senior Community Centers were ordered to close due to the pandemic. To continue to provide the meals that older adults rely upon, food providers switched to frozen Grab and Go meals in place of the hot congregate meals typically delivered to the senior centers. In August of 2021 most of the Focal Points (i.e., large, comprehensive senior centers) opened to the public. All senior center providers were required to submit new operational standards to consider COVID protocols and mitigation strategies. AAA and DHS leadership reviewed and approved these protocols prior to the center reopening. To date, 35 centers are fully operational, one focal point center is operating at reduced capacity and 5 centers remain closed with plans to reopen by July, 2022.

When senior centers initially opened, they offered limited programming and continued to offer frozen grab and go meals in place of the congregate meal. Recognizing that meals are an important incentive to attendance, the DHS/AAA worked with food providers to strategize about how to safely return to hot congregate meals while maintaining frozen meals for the HDM program. By implementing a staggered HDM and congregate menu, the network was able to provide a hot congregate meal to consumers beginning in May of 2022.

The senior centers operate under a performance based contracting system. This funding formula incentivizes high performance as it relates to attendance and programming. Although attendance at centers is slowly increasing, the numbers have not increased to pre-pandemic rates. Reinstating the attendance funding formula for FY 22-23 would result in reduced revenue for members of the provider network. Therefore, DHS/AAA has decided to continue to fund providers at their FY 19-20 funding rates as the case during the pandemic.

A second part of the funding formula relates to quality programming. To maintain the integrity of the performance-based contracting, DHS/AAA and the provider network worked collaboratively on a new

programming funding formula. This will allow the network to continue to work within the performance guidelines by following the program model built to ensure a wide variety and range of programs are being offered to attract older adults with varied interests and abilities.

**Senior Companion Program** – In FY 21 – 22, 96 Senior Companions volunteered over 86,000 hours with 320 program participants. Throughout the pandemic, Senior Companions completed visits remotely either using virtual technology (e.g., Zoom or Teams) or telephones. However, in fall 2021 Senior Companion moved to a hybrid model that offered in-person visits to seniors who desired that type of contact but also telephonic or virtual contact for those seniors who expressed that preference. The program continues to prioritize growth through extensive marketing and outreach; particularly in those geographic areas that are hard to serve.

FISCAL YEAR 22-23 BUDGET OUTLOOK		
Budget Category	FY 21-22 Amended Budget	FY 22-23 Projections
Home Delivered Meals	E 922 2E2	E 022 2E2
Congregate Meals	5,823,252 2,986,231	5,823,252
Senior Community Center Service	4,180,568	2,986,231 4,180,568
Volunteer Services		
	628,847	628,847
Passenger Transportation	802,355	802,355
Outreach	504,170	504,170
Legal Assistance	112,849	112,849
Ombudsman	736,972	736,972
Information and Referral	2,343,838	2,343,838
Home Health	240,966	240,966
Personal Care	3,236,336	3,236,336
Overnight Shelter/Supervisor	0	0
Environmental Modifications	870,476	870,476
Med. Equip/ Supp. Adaptive Devices	944,173	944,173
Home Support	2,642,961	2,642,961
Adult Day Care	103,187	103,187
Assessments	1,469,325	1,469,325
Care Management	10,024,109	10,024,109
Protective Services Intake/Investigation	2,797,256	2,797,256
Domiciliary Care	181,299	181,299
Guardianship	524,671	524,671
Consumer Reimbursement	1,729,107	1,729,107
Administration	3,342,522	3,342,522
Value of In-Kind Service Volunteers	803,136	803,136
Totals	47,028,606	47,028,606

#### **Contact Information**

# Allegheny County Department of Human Services AREA AGENCY ON AGING

1.) To review or download the 2022-2023 Annual Budget Prospectus on the DHS web site, go to:

http://www.alleghenycounty.us/dhs/plansbudgets.aspx

2.) To receive a paper copy of the Annual Budget Prospectus, contact:

Matt Beall DHS/Area Agency on Aging 2100 Wharton Street Pittsburgh, PA 15203 Phone: 412-350-7694

E-mail: matthew.beall@alleghenycounty.us

- 3.) To submit written testimony on the Annual Budget Prospectus, send via:
  - Mail: Matt Beall

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Pittsburgh, PA 15203

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Attention: Matt Beall

**NOTE:** All written testimony on the Annual Budget Prospectus must be <u>received</u> at the Area Agency on Aging no later than 4:00 p.m., Monday, June 28, 2022.