

COMMONWEALTH OF PENNSYLVANIA  
HOUSE OF REPRESENTATIVES

AGING AND OLDER ADULT SERVICES  
COMMITTEE HEARING

STATE CAPITOL  
HARRISBURG, PA

IRVIS OFFICE BUILDING  
ROOM 515

MONDAY, SEPTEMBER 13, 2021  
1 P.M.

BEFORE:

HONORABLE GARY W. DAY, MAJORITY CHAIRMAN  
HONORABLE ERIC DAVANZO  
HONORABLE ANN FLOOD  
HONORABLE MARK M. GILLEN  
HONORABLE MIKE JONES  
HONORABLE CARRIE LEWIS DELROSSO  
HONORABLE ABBY MAJOR  
HONORABLE BRETT R. MILLER  
HONORABLE DAVID H. ROWE  
HONORABLE FRANCIS X. RYAN  
HONORABLE WENDI THOMAS  
HONORABLE CRAIG WILLIAMS  
HONORABLE STEVE SAMUELSON, DEMOCRATIC CHAIRMAN  
HONORABLE JESSICA BENHAM  
HONORABLE AMEN BROWN  
HONORABLE ISABELLA FITZGERALD  
HONORABLE NAPOLEON NELSON  
HONORABLE DANIELLE FRIEL OTTEN  
HONORABLE DARISHA PARKER  
HONORABLE MELISSA SHUSTERMAN  
HONORABLE DAN WILLIAMS

1 COMMITTEE STAFF PRESENT:

2 SHANNON WALKER, MAJORITY EXECUTIVE DIRECTOR  
3 CHUCK MILLER, MINORITY EXECUTIVE DIRECTOR

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*Pennsylvania House of Representatives*  
*Commonwealth of Pennsylvania*

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TESTIFIERS

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SUBMITTED WRITTEN TESTIMONY

\* \* \*

(See submitted written testimony and handouts online.)

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Summer A. Miller, Court Reporter  
SMCourtreporting@gmail.com

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P R O C E E D I N G S

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MAJORITY CHAIRMAN DAY: I call this meeting of the House Aging and Older Adult Services Committee to order. I'd like to just note that today is the first day -- the first order of business before this committee since 9/11, which was this past Saturday. So right before our Pledge of Allegiance, we'll have a brief moment of silence to remember that day.

So would you all please join me in standing and we'll have a brief moment of silence and then I'll start the Pledge.

(Moment of silence.)

(Pledge of Allegiance recited.)

MAJORITY CHAIRMAN DAY: Thank you.

I'd like to welcome everyone to this public hearing to discuss the regulations in the older adult care space that were suspended during the pandemic. It was quite a harrowing time that required suspension of regulations that none of us may have ever wanted to be suspended, but unprecedented times required unprecedented actions of our state government. We tried to do this together as an Administration and a legislature whenever we could. And now we are going over, as a legislative body, some of those situations that maybe we learned that should definitely

1 remain policies that we keep in place and others that maybe  
2 we should look at either amending or changing in some way.

3 So this hearing today --

4 I first would like to remind everyone that the  
5 meeting is being recorded so that the most people who want to  
6 see what we talk about are able to do so. So members and  
7 guests should please silence your cell phones to limit  
8 distractions and any electronic devices that you have.

9 And at this time, I'd like to invite members  
10 present in the room to introduce themselves. So we will  
11 start with people who are joined virtually.

12 Right now we have Rep. Parker --

13 Okay, we'll go with the people in the room  
14 first.

15 Representative?

16 REPRESENTATIVE ROWE: Representative David  
17 Rowe, I have the privilege of representing the 85th  
18 Legislative District, Union and Snyder Counties.

19 REPRESENTATIVE DAVANZO: Representative Eric  
20 Davanzo, southern Westmoreland County, the 58th district.

21 REPRESENTATIVE THOMAS: Representative Wendi  
22 Thomas, the 178th district, Bucks County.

23 REPRESENTATIVE RYAN: Representative Frank  
24 Ryan, 101st district, Lebanon County, and a veteran of  
25 Operation Enduring Freedom.

1                   REPRESENTATIVE FLOOD: Representative Ann  
2 Flood from Northampton County in the 138th district.

3                   DEMOCRATIC CHAIRMAN SAMUELSON: Representative  
4 Steve Samuelson, Democratic Chair of the committee, from  
5 Bethlehem.

6                   REPRESENTATIVE BENHAM: Representative Jessica  
7 Benham, 36th district.

8                   REPRESENTATIVE FRIEL OTTEN: Representative  
9 Danielle Friel Otten, 155th Legislative District in central  
10 Chester County.

11                   MAJORITY CHAIRMAN DAY: Thank you.

12                   And I'm Chairman Gary Day from Lehigh and  
13 Berks Counties.

14                   Joining us also today virtually is  
15 Representative Parker, Representative Major, Representative  
16 Miller, Representative DelRosso, Representative Craig  
17 Williams, Representative Fitzgerald, Representative  
18 Shusterman, Representative Jones. And we have another member  
19 joining us shortly here in the room, we'll get to him at the  
20 next break.

21                   REPRESENTATIVE GILLEN: And Representative  
22 Mark Gillen representing Berks and Lancaster Counties in the  
23 128th Legislative District.

24                   MAJORITY CHAIRMAN DAY: Thanks, Mark -- I  
25 mean, Representative Gillen. Thank you very much.

1           Again, first I'd like to thank our committee  
2 members for being here today and also our testifiers. Those  
3 all who have joined us virtually and in person today. I'm  
4 looking forward to our discussion on these regulations  
5 related to Long-term care and older adult services. I  
6 believe the public is very forgiving and they understand that  
7 we -- when we're operating under a crisis, that emergency  
8 measures had to be taken at the time. However, I also  
9 believe that if something like this happens again, they won't  
10 be as forgiving because, hopefully, we've learned something  
11 and we make our government oversight, our government  
12 regulations better and more able to handle something like  
13 this in the future. And also, you know, I believe that it's  
14 imperative that, you know, we take a look at the suspended  
15 regulations that were suspended last year and discuss why  
16 they were waived, the plan -- if there is one -- to reinstate  
17 them and the time frame for doing so.

18           I'd like to thank the Department of Aging, the  
19 Department of Human Services, and the Department of Health  
20 for sitting down to discuss, you know, the intersection -- we  
21 learned this even more so -- the intersection between these  
22 three departments, these three agencies. And we're  
23 interested to hear the plan to get protective services, aging  
24 services, and Long-term care services aligned and aligned  
25 with the needs of our older adults again, and the

1 circumstances that we're faced with now moving forward.

2 So I really appreciate everyone being here,  
3 and I look forward to this discussion.

4 And with that, I'd like to ask if Chairman  
5 Samuelson has any comments at this time.

6 DEMOCRATIC CHAIRMAN SAMUELSON: Thank you very  
7 much. Thank you for this opportunity to hear this testimony  
8 about the regulations, and I appreciate you scheduling this  
9 meeting.

10 MAJORITY CHAIRMAN DAY: Thank you.

11 In the interest of time, I'd like to ask each  
12 presenter within the panel to limit your opening remarks to  
13 around 10 minutes, and that should allow for ample discussion  
14 time afterwards with members and intersection.

15 This morning we are joined by Denise Getgen  
16 and Barbara Valaw with the aging committee -- I'm sorry, the  
17 Department of Aging.

18 Also in this panel is Jamie Buchenauer and  
19 Jeanne Parisi with Human Services and Keara Klinepeter with  
20 the Department of Health.

21 Thank you all for being here, and would you  
22 please raise your right hand to be sworn in.

23 Do you swear or affirm that the testimony  
24 you're about to give is true to the best of your knowledge,  
25 information, and belief?



1                   If so, please indicate by saying "I do."

2                   (Affirmative answers.)

3

4                   DENISE GETGEN, BARBARA VALAW, JAMIE  
5 BUCHENAUER, JEANNE PARISI, and KEARA KLINEPETER, called as  
6 witnesses, being duly sworn, testified as follows:

7

8                   MAJORITY CHAIRMAN DAY: Thank you. Thank you  
9 to Denise, Barbara.

10                   Denise, Barbara, do you want to get started  
11 and kick us off here?

12                   DIRECTOR GETGEN: Chairman, thank you.

13                   Good afternoon, Chairman Day, Chairman  
14 Samuelson -- is that -- let me try to adjust our volume to  
15 see if that will help.

16                   Are you guys hearing a large echo?

17                   (No response.)

18                   DIRECTOR GETGEN: Is that any better?

19                   MAJORITY CHAIRMAN DAY: I can hear you, and I  
20 do not here an echo.

21                   DIRECTOR GETGEN: Okay. Sorry. We adjusted  
22 and we're good.

23                   Thank you, Chairman Day, Chairman Samuelson,  
24 and the members of the House Aging and Older Adult Services  
25 Committee. Thank you for having -- for giving us the

1 opportunity to provide an update on the Department of Aging's  
2 waived regulations under the COVID-19 Emergency Disaster  
3 Declaration.

4 My name is Denise Getgen, and I'm the director  
5 for the Protective Service Office within the department.

6 One of our primary responsibilities at the  
7 Department of Aging is to protect older adults by  
8 investigating suspected cases of elder abuse quickly and  
9 thoroughly. During the COVID-19 emergency, we took steps to  
10 reduce the risk of exposure to both older adults and  
11 protective service workers. Please rest assured that we  
12 still worked and are working every day to protect older  
13 Pennsylvanians from abuse, neglect, exploitation, and  
14 abandonment.

15 In March 2020, the Department temporarily  
16 suspended regulatory requirements regarding the face-to-face  
17 context specified in 6 Pa. Code Section 15.42 in certain  
18 circumstances. This temporary and partial suspension  
19 pertains to the face-to-face or on-site visits in both  
20 facility and community settings across the Commonwealth.  
21 Investigators are only to conduct face-to-face visits for the  
22 following allegations: Serious bodily injury, serious  
23 physical injury, sexual abuse, or suspicious death.  
24 Additionally, the Department would approve the Area Agency on  
25 Aging request for face-to-face visits when other means were

1 not available.

2                   When conducting investigations for serious  
3 bodily injury, sexual abuse, or serious physical injury, PA  
4 investigators continued to comply with Section 15.42 and used  
5 standard infection control practices per the Department of  
6 House website.

7                   The Department does not recommend permanently  
8 suspending Section 15.42. And on October 1st of 2021, the  
9 Area Agencies on Aging will resume regulatory required  
10 face-to-face customer contact visits and investigations.

11                   And with that, I will turn it over to my  
12 colleague, Barb Valaw, to provide an update on the suspended  
13 regulations under her purview.

14                   Thank you.

15                   DIRECTOR VALAW: Can everyone hear me?

16                   MAJORITY CHAIRMAN DAY: Yes, we can.

17                   DIRECTOR VALAW: Excellent. Thank you so  
18 much.

19                   And good afternoon, Chairman Day, Chairman  
20 Samuelson, and members of the House Aging and Older Adult  
21 Services Committee.

22                   Like Denise said, my name Barb Valaw, and I am  
23 Director of the Bureau of Quality Assurance here at the  
24 Department of Aging. And under my bureau, one division is  
25 the division that licenses adult daily living centers and

1 those are the regulations that I will be testifying to today.

2 Under the COVID-19 Emergency Disaster  
3 Declaration, the Department temporarily suspended older adult  
4 daily living center on-site annual inspection requirements,  
5 which are found in 6 Pa. Code Section 11.241 and 6 Pa. Code  
6 Section 11.242, and also suspended unusual incident reporting  
7 requirements, which are found in 6 Pa. Code 11.16(d(1)).

8 For centers that were closed at the time their  
9 license expired, the Department issued a letter of good  
10 standing, which was in effect the day after the license  
11 expired until 12 months following the date the letter was  
12 issued or until a full inspection was conducted and a regular  
13 license can be issued.

14 To help with the prevention and monitoring of  
15 COVID-19 in adult daily living centers, centers were required  
16 to immediately report any case of COVID-19 to the Department.  
17 Under the regulation which was suspended, the centers had  
18 three days to report a communicable disease.

19 While the suspension of these regulations were  
20 instrumental in ensuring the health and safety of adult daily  
21 center participants and staff, the Department does not  
22 recommend a permanent suspension. Adult day centers have  
23 been provided guidance which gives them a 60-day transition  
24 period to come into compliance with the requirements of  
25 Chapter 11.

1 In-person inspections and reporting an unusual  
2 incident within three days will resume as of October 1, 2021.

3 Thank you again for the opportunity to provide  
4 an update on the Department of Aging waived regulations. And  
5 Denise and I will be happy to answer any questions that you  
6 may have, committee members may have, during the  
7 question-and-answer portion.

8 MAJORITY CHAIRMAN DAY: Great. Thank you so  
9 much.

10 Let's go to Jamie and Jeanne.

11 DEPUTY SECRETARY BUCHENAUER: Good afternoon,  
12 Chairman Day, Chairman Samuelson, and members of the House  
13 Aging and Older Adult Services Committee.

14 Like you put it out, my name is Jamie  
15 Buchenauer and I serve as the Deputy Secretary for the  
16 Department of Human Services, and I'm joined by Jeanne Parisi  
17 who is the Director of the Bureau of Human Services Licensing  
18 within the Office of Long-Term Living. We're here to talk to  
19 you a bit about the COVID regulatory suspensions for  
20 facilities licensed by the Bureau of Human Service Licensing  
21 which falls under the Office of Long-Term Living and for our  
22 temporary bed requests for nursing facilities.

23 So we'll start off with our nursing  
24 facilities. The Office of Long-Term Living manages the bed  
25 review process which assures there's an adequate number of

1 medical assistance beds statewide for the number of medical  
2 assistants eligible individuals who need and choose care in  
3 nursing facilities.

4           Very early in the COVID-19 public health  
5 emergency, the Office of Long-Term Living believed there may  
6 be a need for increased flexibility to grant nursing  
7 facilities emergency medical assistance beds in certain areas  
8 of the Commonwealth. Thus, the Office of Long-Term Living  
9 issued guidance to suspend the regulations to approve  
10 temporary bed increases in response to a potential increased  
11 need for nursing facility beds.

12           The Office of Long-Term Living will end the  
13 ability to approve temporarily bed increases as of  
14 September 30th. Any facilities who want to increase or  
15 transfer their Medical Assistance beds will have to go  
16 through the process outlined in the state regulations.

17           For personal care homes and assisted living  
18 residences, which are licensed by the Department of Human  
19 Services Office of Long-Term Living, the Office of Long-Term  
20 Living issued guidance suspending specific licensing  
21 regulations for personal care homes and assisted living  
22 residences.

23           I'm hoping you got the document attached to  
24 our testimony providing the list of regulations, suspended  
25 personal care homes, and assisted living residences.

1           Most regulations were suspended on a limited  
2 basis, but requirements for training and fire drills were  
3 fully suspended. Personal care homes and assisted living  
4 residences were notified on August 6th, 2021, per Act 21 of  
5 2021, that suspension of regulatory provisions under the  
6 state disaster emergency declaration will expire on  
7 September 30th, 2021.

8           Suspension of these regulations helped  
9 facilities to prepare for and address potential and actual  
10 COVID-19 outbreaks occurring in their facilities. For  
11 example, allowing facilities to provide meals in a resident's  
12 room during a COVID outbreak, and not in the dining room, and  
13 allowing a facility to use plastic utensils and paper plates  
14 supported infection control measures.

15           Additionally, while ongoing training is  
16 important, providing direct care to residents has been of  
17 utmost importance, and temporarily suspending training  
18 requirements has allowed facilities to meet the immediate  
19 needs of residents throughout the pandemic.

20           We're happy to take any questions that anybody  
21 may have for us.

22           MAJORITY CHAIRMAN DAY: Thank you very much.

23           I just want to make a brief announcement that  
24 we've been joined virtually by Representative Darisha Parker,  
25 and also in person by Representative Dan Williams.

1           And with that, we will -- I want to thank you  
2 guys again for your remarks, and I'll move on to -- we'll  
3 move on to -- it's the Department of Health. There she is.

4           I didn't see you up there. I'm sorry. I just  
5 saw you come up there, so there's Keara Klinepeter. And  
6 you're up next. And thank you for being here and you're on  
7 now. Thanks.

8           MS. KLINEPETER: All right. Thank you, sir.  
9 Can you hear me okay?

10          MAJORITY CHAIRMAN DAY: Yes. Thanks.

11          MS. KLINEPETER: Excellent.

12          Well, good afternoon, Chairman Day, Chairman  
13 Samuelson, and members of the House Aging and Older Adult  
14 Services Committee.

15          My name is Keara Klinepeter. I currently  
16 serve as the Executive Deputy Secretary for the Pennsylvania  
17 Department of Health. I really appreciate the opportunity to  
18 be able to discuss the regulatory suspensions that were  
19 offered by the Department under the Governor's emergency  
20 declaration for COVID-19.

21          In April 2021, Governor Wolf issued Executive  
22 Order 2021-03 directing all agencies to recommend action to  
23 reduce or eliminate regulatory impediments to economic,  
24 health, and safety and employment recovery to assist the  
25 Commonwealth, its economy, and the lives of Pennsylvanians.



1 The Wolf Administration provided a list of regulatory  
2 suspensions preferred to be made permanent to the general  
3 assembly in May and again in July.

4 That list includes those suspensions  
5 recommended to be made permanent by the Department of Health.  
6 And the Department submitted the list of those  
7 recommendations to the committee in advance of today's  
8 meeting. Specifically, we are recommending the permanent  
9 continuance of four regulatory suspensions for specific  
10 provisions licensed in home health providers and home care  
11 agencies. These suspensions have provided flexibility in  
12 hiring, ordering of services, and provided for the provision  
13 of some services through telehealth.

14 After operating under the suspensions for over  
15 a year, the Department and our stakeholders believe these  
16 regulations are no longer necessary for a modernized and  
17 efficient home health and home care setting. As well, given  
18 today's current cases, hospitalizations, and deaths, there  
19 are some regulations the Department recommends temporarily  
20 continuing to suspend for the benefit of patients, residents,  
21 and staff as the pandemic continues to demand.

22 I hope that through this process we're able to  
23 offer further understanding as to the recommendations of the  
24 Department, and I'm pleased to take any questions you might  
25 have. Thank you.

1 MAJORITY CHAIRMAN DAY: Thank you so much.

2 I really appreciate -- you know, you guys  
3 really did a very good job of being concise and to the point  
4 and answering, really, the questions we're here to answer  
5 today. So I want to thank you all for that.

6 And, you know, before we move on, I'd like to  
7 remind members that are participating virtually to contact  
8 Shannon Walker or Chuck Miller to be recognized to ask a  
9 question. Shannon will also be monitoring the chat, "raise  
10 hand" function, if you wish to be recognized.

11 So with that, I'm going to just kind of frame  
12 out a little bit that we heard from the first testifiers -- I  
13 think that there were none. I was trying to do a little bit  
14 of housekeeping up here, as well, while I was listening. And  
15 then we just heard from the Department of Health for  
16 regulatory suspensions to maintain and also temporary ones to  
17 maintain temporarily.

18 Is that right, Keara? Was it four to continue  
19 the suspensions and then there were others that were just  
20 temporarily. Is that correct?

21 MS. KLINEPETER: That's correct, sir. There's  
22 four regulations related to home health that we're  
23 recommending permanently to suspend and then there's four  
24 additional -- one related to nursing homes and then three  
25 related to home health -- that given the current case counts

1 and where we are in responding to the pandemic, we would  
2 recommend those temporarily be waived.

3 MAJORITY CHAIRMAN DAY: Okay. And you qualify  
4 that with where we are in the pandemic. So that's why it's  
5 temporary? You would say that with the way that the  
6 Administration has been managing over the last year and a  
7 half, by the data that you've been using, that the data still  
8 points to those should remain, but maybe won't be permanently  
9 suspended.

10 Did I repeat that properly?

11 MS. KLINEPETER: Yes, sir.

12 MAJORITY CHAIRMAN DAY: Thank you so much. I  
13 appreciate that.

14 So I just wanted to -- there was one question  
15 I wanted to ask, and then we'll get into, probably, more  
16 detail. But are any of these regulations that anyone -- that  
17 we've talked about today, the suspended regulations for the  
18 CNAs? Are any of those -- so there was -- I'm trying to find  
19 more information on this, but there was a regulation that was  
20 suspended for CNAs to be able to come aboard and start  
21 working prior to having a full certification. Is anyone  
22 aware of that?

23 (No response.)

24 MAJORITY CHAIRMAN DAY: Okay.

25 Yeah, Shannon has just advised me to clarify

1 my question to make it more clarified.

2 I'm just curious if you believe that we need  
3 to do anything further with that to either keep it -- I don't  
4 know. Is there anything else we have to do to that?  
5 Anything else that we have to waive that is in place now or  
6 should be in...

7 (No response.)

8 MAJORITY CHAIRMAN DAY: All right, maybe I  
9 can't clarify that enough. Maybe I'm not doing a good  
10 question there.

11 So we'll move on to Chairman Samuelson, if you  
12 have a question, Chairman.

13 DEMOCRATIC CHAIRMAN SAMUELSON: Yeah. Thank  
14 you.

15 I'm looking at the list from the Department of  
16 Health for which ones should continue. One of them seems to  
17 deal with provisional licenses if a survey cannot be  
18 completed, like if a six-month provisional license. At this  
19 point, are we still at the point where surveys cannot be  
20 completed?

21 MS. KLINEPETER: Sir, I apologize. I'm  
22 hearing two conversations happen at once right now. Could I  
23 just ask you to restate the question, please?

24 DEMOCRATIC CHAIRMAN SAMUELSON: Sure.

25 On the list of regulations that you recommend

1 that we temporarily continue, one of them seems to deal with  
2 provisional licenses if a survey of a facility cannot be  
3 completed. Are we still at the point -- maybe a six-month  
4 provisional license -- are we still at the point where  
5 surveys cannot be completed either in-person or --

6 MS. KLINEPETER: So the surveys are being done  
7 in person. Our recommendation is that we allow a provisional  
8 license to be in place for six months because the number of  
9 surveys that our team has to do in order to fully license a  
10 facility is rather extensive. And because we are doing so  
11 many infection control surveys in addition to all of our  
12 normal surveys, as a result of complaints and the like, we  
13 are recommending that we allow for that provisional license  
14 to stay in place for six months because the resources that we  
15 have for going in person to do these surveys, we're concerned  
16 that we wouldn't have sufficient resources to take care of  
17 all of those licensure requirements in time.

18 DEMOCRATIC CHAIRMAN SAMUELSON: And if this  
19 regulation was not suspended, you'd have to wait until all of  
20 the surveys were done to issue a license, the normal  
21 procedure?

22 MS. KLINEPETER: Sorry, sir. Let me try to  
23 turn up my volume a bit. I'm just having a really difficult  
24 time hearing you.

25 DEMOCRATIC CHAIRMAN SAMUELSON: If the

1 regulation was not continued, you'd have to wait for the  
2 normal procedure, the normal surveys to be completed, and  
3 there'd be no such thing as a provisional license. Is that  
4 correct?

5 MS. KLINEPETER: Yes. So I think what would  
6 happen is there would be delays in those surveys being  
7 completed.

8 DEMOCRATIC CHAIRMAN SAMUELSON: Some of the  
9 other suspensions seem to deal with place of residence. I'm  
10 not sure -- can you give more clarification of waiving a  
11 place of residence? Is that for the person receiving the  
12 home health care?

13 MS. KLINEPETER: Sure.

14 So those really relate to the fact that  
15 typically there's a requirement for those on-site surveys to  
16 be done in person. But we, over the course of the pandemic,  
17 have allowed those to occur via telemedicine in order to  
18 reduce the risk of transmission among patients and those  
19 workers.

20 And our recommendation at this time is that we  
21 continue to allow those to occur via telemedicine as opposed  
22 to in person.

23 DEMOCRATIC CHAIRMAN SAMUELSON: And we're  
24 talking about for folks who receive home health services? Is  
25 that correct?

1 MS. KLINEPETER: Home care, yes.

2 DEMOCRATIC CHAIRMAN SAMUELSON: Home care.

3 Aren't we facing an overall issue with the  
4 waiver on telemedicine expiring on September 30th? We've  
5 been contacted by health care providers saying that the state  
6 needs to take a look at continuing that because otherwise it  
7 will end on September 30th.

8 MS. KLINEPETER: Yes. I think, generally, the  
9 Department of Health would recommend that  
10 telemedicine-related waivers be allowed to remain in place  
11 post 9/30.

12 DEMOCRATIC CHAIRMAN SAMUELSON: We've been  
13 hearing --

14 MS. KLINEPETER: (Inaudible) -- in several  
15 instances here.

16 DEMOCRATIC CHAIRMAN SAMUELSON: Okay. And  
17 we've been hearing also from our health care facilities, from  
18 local physicians and their offices. So this would be one  
19 example of what -- why telemedicine should be allowed to  
20 continue.

21 MS. KLINEPETER: Yes, sir.

22 DEMOCRATIC CHAIRMAN SAMUELSON: Thank you.

23 MAJORITY CHAIRMAN DAY: Thank you. Chairman,  
24 is that all for now?

25 DEMOCRATIC CHAIRMAN SAMUELSON: (Nods.)

1 MAJORITY CHAIRMAN DAY: Thank you, Chairman.

2 Next we'll go to Representative Frank Ryan.

3 REPRESENTATIVE RYAN: Thank you all very much.

4 As a 70-year-old on the committee, I'm  
5 wondering if you all would be supportive of legislation to  
6 mandate 14-point font on all of the submitted testimony so us  
7 elderly people can read some of it. Just a little humor.

8 But all kidding aside, with the suspending  
9 regulations, typically there's a measure of effectiveness and  
10 a reason for the regulation to begin with. Do you feel, at  
11 any point in time, that patient safety or care of the senior  
12 citizen has been jeopardized by some of the regulations? And  
13 if so, what tweaks might you recommend that we look at in  
14 addition to what your testimony has provided?

15 It's a collective question and all.

16 Keara, I'd probably start with you, but then I  
17 tend to like to get everybody's input, if I could.

18 MS. KLINEPETER: Sure. Thank you.

19 So I would agree with you that regulations are  
20 in place for a reason, and fundamentally, they are there to  
21 protect residents and staff.

22 I don't think that there is a specific  
23 regulation that was suspended that put patient or resident  
24 safety in question. But I do think it -- we learned actually  
25 that there were some regulations that we really didn't even



1 need in place anymore. Such as the (inaudible) home health  
2 that we're recommending for permanent suspension.

3 So I think that is largely due to the  
4 exceptional work done by our heroic frontline staff working  
5 in these facilities who I think, even using these  
6 flexibilities, put patient safety above all else or resident  
7 safety above all else.

8 So I guess I'll leave it there and let that  
9 answer your question, sir.

10 And I'll turn it over to Deputy Secretary  
11 Buchenauer.

12 DEPUTY SECRETARY BUCHENAUER: Thank you for  
13 the question, Representative.

14 It was not the intention, and we hope that by  
15 waiving these regulations no senior citizen was put at risk  
16 or in harm's way.

17 We obviously wanted patient care to be first  
18 and foremost. And we thought, you know, by waiving some of  
19 these regulations, it would put patient care first and  
20 foremost. That was the goal of waiving the regulations. We  
21 were hopeful that no one was put in harm's way.

22 REPRESENTATIVE RYAN: Just kind of a follow-up  
23 question -- and it will be my last question, Mr. Chairman.

24 I'm of the opinion -- I spent 28 years on a  
25 hospital board of directors and we had a senior care facility

1 for a period. And I'm of the opinion that some of the  
2 changes that we need to make are systemic and holistic in  
3 nature nationwide -- (inaudible) would be reimbursement  
4 rates. The staff are working under incredibly difficult  
5 conditions. But I'm worried about those seniors who don't  
6 have family members who are actively involved in their care.

7 Do you feel that with the suspended  
8 regulations and what you're asking for, that that particular  
9 population mix who may not have an advocate outside of the  
10 senior facility or within government, is still equally as  
11 protected?

12 DEPUTY SECRETARY BUCHENAUER: If I may, I'll  
13 jump in here.

14 And I think you're getting to the point of --  
15 at least for personal care homes and assisted living  
16 residences, we did waive a regulation that allowed the  
17 Department and the Office of Long-Term Living to restrict  
18 visitation in these facilities for a time. We tried as hard  
19 as we could to only restrict that visitation, you know,  
20 initially, and then opened it up for visitation that was -- I  
21 want to say, more controlled in nature in terms of people  
22 coming in and out of the facility and making sure that the  
23 population in the facility, you know, was not exposed to  
24 COVID, if possible, that they were doing visitation safety.

25 So I think what you're driving home at is that

1 if less access for patients to, or residents to have their  
2 family members visit or have others visits, that maybe  
3 checked up on their care, again, it was not the intention at  
4 all to put anyone at risk or in harm's way. By restricting  
5 visitation, the goal was to, obviously, not expose the  
6 residents in the facility to COVID.

7 But, you know, that might have been an  
8 unintended consequence that by not having family members with  
9 close contact or seeing their loved one, you know, they  
10 weren't able to advocate for their care.

11 REPRESENTATIVE RYAN: Thank you.

12 MS. KLINEPETER: And I'll add from the  
13 Department of Health perspective, in these skilled nursing  
14 facilities, the visitation restrictions or requirements are  
15 really put in place by the federal government. And I don't  
16 think that that same concern is as applicable in the home  
17 care setting.

18 REPRESENTATIVE RYAN: Thank you so much. And  
19 thank you for being here today.

20 MAJORITY CHAIRMAN DAY: Thank you. Thank you  
21 for those questions and those answers. I appreciate that.

22 Next we'll go to Representative Ann Flood.

23 REPRESENTATIVE FLOOD: Good afternoon.

24 The PDA protective services' report  
25 highlighted the smallest increase in reports over the past

1 five years at 0.5 percent -- that's a half of a percent --  
2 while face-to-face interactions were still conducted for the  
3 most egregious cases of abuse, such as serious bodily harm,  
4 sexual abuse, serious physical injuries during COVID-19.  
5 Many other investigations were conducted electronically or  
6 through other means.

7 Can you provide a snapshot of how these cases  
8 were investigated, and have these alternative investigation  
9 means returned to face-to-face?

10 DIRECTOR GETGEN: Thank you for that question.

11 So we had made a decision to temporarily  
12 suspend the face-to-face, of course, for the same reasons  
13 that Jamie and Keara just stated. I mean, it really was a  
14 balance between needing to do the work that we do to protect  
15 older adults but also trying to limit any kind of exposure.

16 So what we did was we had the Area Agencies on  
17 Aging do investigations for -- what I would say is the kinds  
18 of cases that we see regularly either using telephone, record  
19 reviews, or computer means. And we -- I feel like we were  
20 pretty successful doing that. We were able to work with the  
21 Department of Health, Department of Human Services to make  
22 sure that we had access when we needed to conduct an  
23 investigation. And then on top of that, we were allowing, of  
24 course, if there was some kind of serious allegation -- the  
25 ones that you had mentioned -- that we would allow staff,

1 investigatory staff, to go in and do their investigation,  
2 especially in cases where, you know, they included serious  
3 bodily injury, serious physical injury, sexual abuse, those  
4 kinds of really serious allegations.

5           So I think we had a good balance there. In  
6 addition, we did say to our Area Agencies on Aging that if,  
7 at any time, they felt that anything they found off-site --  
8 so if they were doing a record review off-site or they were  
9 talking to someone -- if they thought they needed to go  
10 on-site for whatever reason to conduct the investigation,  
11 they would contact us and certainly we would provide, you  
12 know, authorization or approval for that.

13           REPRESENTATIVE FLOOD: Thank you.

14           MAJORITY CHAIRMAN DAY: Thank you for that.

15           Next we'll go to Representative Thomas.

16           REPRESENTATIVE THOMAS: Hi. Thank you very  
17 much for your testimony.

18           One of the regulations that's being requested  
19 to permanently suspend is face-to-face interviews for direct  
20 care workers applicants. So for me this brings us staffing  
21 issues. And so I have multiple questions, but I'll try to  
22 state them so you can give a summary answer for efficiency.

23           Can you talk a little bit about what the  
24 advantages of making that permanently available -- virtual --  
25 what you see the benefits are? And then add into that, are

1 the facilities going to be up to the required staffing levels  
2 when the suspensions end? Are you expecting everyone to be  
3 up to that? And is there any work being done to help address  
4 the staffing shortages that -- at least in my district, I'm  
5 hearing about -- their trouble hiring?

6 MS. KLINEPETER: Sure. I'm happy to take that  
7 one.

8 So with respect to the advantages, previously  
9 those interviews always had to be done face-to-face. And we  
10 have learned over the course of the pandemic that we are able  
11 to effectively do those interviews without compromising  
12 anything by way of quality of workers or verification  
13 processes if we do them telephonically or virtually over, you  
14 know, a service such as Teams or Zoom. And so from our  
15 perspective, there is an advantage in that it can be more  
16 efficient at times to do the interviews virtually. Or in the  
17 case of today, where we are having increased case counts and  
18 the like, preventing just more people from having to actually  
19 come into the facility, is something that we -- or into any  
20 type of group setting, is something that we are interested  
21 in.

22 So that's why we're really recommending that  
23 this become permanent. It's a regulation that is adding more  
24 burden to the industry as opposed to helping to modernize it.

25 With respect to whether the facilities will be

1 up to the required staffing level, that regulation is related  
2 to home health. So I think the staffing levels that folks  
3 tend to care about a lot are in nursing homes, and we -- this  
4 isn't applicable to nursing homes. We survey facilities  
5 regularly to ensure that the nursing homes have sufficient  
6 staffing in place.

7 I agree with you wholeheartedly that there are  
8 issues with staffing and keeping staffing particularly in  
9 this day and age. So the Department has undertaken a number  
10 of initiatives to increase the recruitment and retention of  
11 staff in Pennsylvania. That can span from additional  
12 educational programs, we're looking at different ways to add  
13 incentives to individuals who want to come and be direct care  
14 workers in Pennsylvania. And so we're certainly trying to  
15 look at different strategies that have been effective in  
16 other states and take those best practices and apply them  
17 here, but also, always trying to listen to what the facility  
18 is saying or the industry thinks will work best and apply  
19 that.

20 REPRESENTATIVE THOMAS: So can I just have a  
21 quick follow-up, Chairman, if you don't mind?

22 MAJORITY CHAIRMAN DAY: Go ahead.

23 REPRESENTATIVE THOMAS: So I -- coming from  
24 the business world, I'll just put that out there, I  
25 understand the efficiency on the virtual. So I just want to

1 make sure the request for permanent didn't have something  
2 specifically to do with the pandemic -- because this is  
3 permanent, means forever, pandemic or hopefully, God willing,  
4 no pandemic.

5                   So -- but I do think -- I'll just -- my  
6 personal opinion, that doing it via Teams or Zooms, a  
7 personal -- seeing people face-to-face, not just by  
8 telephone, is an important part of the hiring process.  
9 That's a personal opinion, experience, but certainly doable.  
10 Look, we're communicating perfectly well today  
11 electronically. So, you know, I'm supportive.

12                   And I agree, the staffing requirements I was  
13 talking about is exactly as said, not -- this was home care,  
14 I get that, different section, but it did make me think of  
15 it.

16                   And I'm hearing concerns about having to close  
17 beds off that they have available, but don't have the staff  
18 to serve in my area, as a concern. Not that it's definitely  
19 going to happen yet, so it'd be really helpful if we were  
20 kept up-to-date on what you guys are hearing, if you're  
21 hearing that that's happening or reporting on that happening.  
22 I know there's been a proposal to increase staffing levels,  
23 and right now, I'd like to see them get to where they were  
24 pre-pandemic and open and have those beds available.

25                   Thank you.



1 MS. KLINEPETER: Just a reminder -- so in  
2 partnership with DHS, Aging, PEMA, the National Guard, the  
3 Administration stood up what was originally the RRHCP, which  
4 was actually funded by the general assembly, and now is with  
5 the RCAT, or the Regional Congregate Care Assistance Teams,  
6 and so that is a resource available to all skilled nursing  
7 facilities, personal care homes, assisted living residences,  
8 intermediate care facilities, DDAP facilities and the like to  
9 provide a whole sweep of supports, including staffing.

10 And so if a facility is experiencing a  
11 staffing crisis, they can reach out to our interagency  
12 Long-term care task force, and we can provide temporary  
13 staffing solutions for them if those staffing crises are  
14 caused by outbreaks from COVID.

15 REPRESENTATIVE THOMAS: I'm sorry, Chairman...

16 MAJORITY CHAIRMAN DAY: That's all right. Go  
17 ahead.

18 REPRESENTATIVE THOMAS: So there was a  
19 shortage of staff pre-COVID. I think you would agree. Yes,  
20 I see --

21 So in order to qualify for the RCAT, though,  
22 they'd have to be able to point to a staffing shortage that  
23 happened because of COVID? Is that my understanding of the  
24 funding requirements?

25 MS. KLINEPETER: That is what we prefer to

1 see. I mean, these are federal dollars that -- at this  
2 point, the Department was allocated to use in response to  
3 COVID. And so the RCAT isn't intended to fix Long-term staff  
4 shortage issues, but rather, if there is an outbreak, so that  
5 staff can appropriately quarantine as they recover, we can  
6 provide temporary staffing to support the facility.

7 REPRESENTATIVE THOMAS: Okay. That's very  
8 helpful. Thank you very, very much.

9 MAJORITY CHAIRMAN DAY: Thank you.

10 Next we'll go to Representative Lewis  
11 DelRosso.

12 REPRESENTATIVE DELROSSO: Hello. Thank you so  
13 much for your testimony today.

14 I just -- while I have you all on the phone, I  
15 have a very, very -- a lot of senior care facilities in my  
16 district, as well as a big breakdown in communication over  
17 the last year. And I'm just wondering if you put anything  
18 out there to your facilities in terms of trying to talk to  
19 them about data-driven information that we can get from what  
20 has happened so this doesn't happen in the future.

21 And I know there's staffing crises right now,  
22 everything and everyone is saying it, and I can echo them.  
23 But I'm more concerned about what we do going forward in  
24 terms of how many of these regulations are hurting us rather  
25 than helping us and how we can be a better state in terms of

1 long-term care.

2 (Inaudible.)

3 MAJORITY CHAIRMAN DAY: Carrie, we lost your  
4 audio. There was a little bit of video stuttering as well,  
5 so I don't know if it's your connection. We can still see  
6 you.

7 REPRESENTATIVE DELROSSO: -- you can hear  
8 me -- (inaudible).

9 MAJORITY CHAIRMAN DAY: We had had media here  
10 that was connected and it was odd that we had the beginning  
11 audio problems right after they connected, and now we have  
12 this problem right after they disconnected. If that's when  
13 it was.

14 So I need to recess this hearing. It should  
15 be for about four or five minutes. It will be very short.  
16 But I'd like to finish up our questions. And I still think  
17 we can be done in under an hour's time, of everybody's time.

18 With that, I'll just announce so everyone  
19 knows, and for the record that -- I don't even know if I'm  
20 being heard. Can you guys hear me?

21 (No response.)

22 MAJORITY CHAIRMAN DAY: Oh, so I can just  
23 monopolize the last -- no.

24 We were joined by Representative Amen Brown.  
25 He has joined us virtually, so he's on as well. I see him on

1 our list, so I like to try to recognize members that have  
2 done that.

3 Shannon Walker is working now with our audio  
4 team to try to get us back in, so let's just recess for a few  
5 moments, and I'll be right back.

6 (Recess.)

7 MAJORITY CHAIRMAN DAY: Virtual participaters,  
8 you can still hear me, correct?

9 (No response.)

10 MAJORITY CHAIRMAN DAY: And we'll go back to  
11 Representative DelRosso in a moment.

12 Representative DelRosso, could you finish with  
13 your question or follow-up?

14 REPRESENTATIVE DELROSSO: Yes. Thank you,  
15 Chairman, very much.

16 What I'm basically asking is, will any of  
17 these temporary suspended regulations be made permanent for  
18 the benefit of the older adults beyond the current pandemic?  
19 What can we do with some of the data that we have  
20 (inaudible).

21 (No response.)

22 REPRESENTATIVE DELROSSO: The beauties of  
23 Zoom.

24 AUDIENCE MEMBER: So I wasn't sure if we  
25 should go ahead or just hold until they get the technical

1 difficulties?

2 AUDIENCE MEMBER: Chairman, can you hear their  
3 response?

4 MAJORITY CHAIRMAN DAY: Yeah, I can hear both  
5 the Representative and --

6 Jamie, were you going to address that?

7 DEPUTY SECRETARY BUCHENAUER: (Shakes head.)

8 MAJORITY CHAIRMAN DAY: No?

9 Who wanted to address that?

10 MS. KLINEPETER: We can faintly hear someone  
11 talking, but it's not very clear.

12 REPRESENTATIVE WILLIAMS: (Inaudible.)

13 REPRESENTATIVE DELROSSO: Who just said that,  
14 Representative Williams?

15 REPRESENTATIVE WILLIAMS: (Inaudible.)

16 REPRESENTATIVE DELROSSO: It's got to be a  
17 kid.

18 MAJORITY CHAIRMAN DAY: Okay, how about now?  
19 Is my audio any better now?

20 MS. KLINEPETER: Yes, sir.

21 MAJORITY CHAIRMAN DAY: And who was going to  
22 try to address Representative DelRosso?

23 DEPUTY SECRETARY BUCHENAUER: So I'll start --  
24 and then maybe if Keara or the Department of Aging wants to  
25 chime in, they can continue.

1                   So I think, Representative, if I understood  
2 your question correctly, you're asking if we collected data  
3 during COVID to kind of drive the decisions that we're making  
4 into the future.

5                   And so for the Department of Human Services,  
6 we didn't collect a lot of data in terms of making changes  
7 for our regulations ongoing. It's something that we're  
8 looking to do in to the future. I think once COVID is over  
9 and we pause it and we can move forward, it would definitely  
10 be a direction that we're going in. Just -- COVID has really  
11 wreaked havoc on collecting data and then making any changes  
12 based on that right now.

13                   REPRESENTATIVE DELROSSO: Well, and I think --  
14 one of the things that I know we have to be very cautious of  
15 is HIPAA and confidentiality and where people are. But in  
16 times in the pandemic, when people were asking for shots, and  
17 we didn't know who had them versus who didn't, it would have  
18 been nice from a data-driven perspective for us to actually  
19 know this, especially when some of these programs are  
20 government-funded. So I think that in the future, if there's  
21 anything, especially, that we can pilot, I'm happy to help in  
22 any way.

23                   MAJORITY CHAIRMAN DAY: Thank you.

24                   We're going to -- Representative Benham had a  
25 question as well.

1 Representative Benham.

2 REPRESENTATIVE BENHAM: Yes. Thank you,  
3 Chairman.

4 I was wondering if you could speak to how  
5 technical assistance might have been offered to facilities  
6 that did not have the same medical staff that a skilled  
7 nursing facility would have?

8 DEPUTY SECRETARY BUCHENAUER: Yeah, so  
9 definitely, I can speak to that. And Jeanne Parisi with me  
10 can probably really speak to that.

11 The Regional Response Health Collaborative  
12 Program -- which Keara talked about a little earlier -- the  
13 RRHCP Program, and now the regional collaborative -- or the  
14 RCAT Program, and I'm going to forget what the acronym stands  
15 for -- really offers that clinical expertise to personal care  
16 houses and assisted living facilities that don't have the  
17 clinical staff that nursing facilities do.

18 So if a facility has questions, they can reach  
19 out to their RCAT team for clinical questions. Just -- I  
20 want to say that oftentimes those RCATs are providing  
21 clinical services in the facility, if there is an outbreak or  
22 there are positive cases. They've really been a really  
23 helpful resource to our facilities that don't have medical  
24 doctors on staff or nurses on staff. And so knowing that  
25 they have these teams that they can reach out to has really

1 been helpful throughout COVID.

2 REPRESENTATIVE BENHAM: Thank you.

3 MAJORITY CHAIRMAN DAY: Thank you for that.

4 With that, we have a second question from  
5 Chairman Samuelson.

6 Chairman?

7 DEMOCRATIC CHAIRMAN SAMUELSON: Thank you.

8 First a comment about -- the one request is  
9 that some of the interviews for home care be conducted  
10 virtually, allowing that temporary regulation to continue.  
11 I'm understanding that correctly? To make it permanent?

12 MS. KLINEPETER: Yes, sir.

13 DEMOCRATIC CHAIRMAN SAMUELSON: Okay.

14 And I would note that, my goodness, we're  
15 participating virtually right here at this Aging Committee  
16 hearing. Here we have a committee of the legislature, 25  
17 members, only 11 of us are here in person and the other 14  
18 have the opportunity to participate virtually. So we  
19 practice that as a legislature. It seems reasonable to allow  
20 the Department to continue to practice that with some of the  
21 interviews.

22 I just wanted to clarify -- we had testimony  
23 from three different departments. I have a list here of 36  
24 regulations from the Department of Human Services. My  
25 understanding is that all 36 of these are going to go back



1 online on October 1st. Is that correct?

2 Is the Department of Human Services asking for  
3 any extensions of these regulations, any extensions for the  
4 waivers?

5 DEPUTY SECRETARY BUCHENAUER: So, Chairman  
6 Samuelson, the list that we submitted in May is accurate.  
7 But we are always evaluating our current circumstances to see  
8 if something else should be changed. And should that be the  
9 case, we will work with the legislature.

10 DEMOCRATIC CHAIRMAN SAMUELSON: But as of  
11 today, this list of regulations I'm looking at, these are  
12 ones that have been waived but are going to be resuming as of  
13 October 1st?

14 DEPUTY SECRETARY BUCHENAUER: Correct.

15 DEMOCRATIC CHAIRMAN SAMUELSON: Okay.

16 And the Department of Aging, same thing. I  
17 have a list of three regulations that were waived and all  
18 three of those are going back into place October 1st. Is  
19 that correct?

20 DIRECTOR GETGEN: (Nods.)

21 DEMOCRATIC CHAIRMAN SAMUELSON: Yes? I'm  
22 seeing nodding.

23 DIRECTOR VALAW: That is correct.

24 DEMOCRATIC CHAIRMAN SAMUELSON: So before us  
25 today, the discussion we had earlier was the Department of

1 Health, which has a list of eight regulations, four that they  
2 are recommending continue temporarily to be waived, and four  
3 that they're asking to be permanently waived?

4 Just trying to understand all the regulations  
5 that are before us.

6 MS. KLINEPETER: Yes.

7 DEMOCRATIC CHAIRMAN SAMUELSON: Okay.

8 Thank you.

9 MAJORITY CHAIRMAN DAY: Thank you, Mr.  
10 Chairman.

11 And it appears we've gotten to the end of that  
12 list, so I will close with another -- maybe I'll just follow  
13 up that question a little bit.

14 So between the three agencies, there was  
15 guidance that was issued that was similar during the  
16 pandemic. And we tried to all work together, all of us, to  
17 try to exact the best for Pennsylvanians, but as things start  
18 to return to, you know, whatever that curve is for us or that  
19 line as we're -- I don't want to say we're anywhere near  
20 normal because I don't believe that we are, especially in  
21 many of these congregate living situations. But as we start  
22 to return to that more normal area, and the chaos tapers off,  
23 I thought it was important to have this hearing and  
24 communicate with the Administration, the three agencies, and  
25 talk about the issues that we need to continue to move

1 Pennsylvania forward and keep, you know, patients, visitors,  
2 employees, and our entire health of our community, keep  
3 everybody healthy.

4 The guidance, you know, as we have returned to  
5 more normal or as we start to, the guide -- I'm trying to  
6 shorten my question here a little bit. The guidance and the  
7 restricted access to older adults in our facilities was kind  
8 of interfering with investigations that, under normal  
9 circumstances, keep people safe.

10 How did and how are the three agencies working  
11 together? How did you work together maybe even to attend  
12 this hearing today, you know, to talk about and give guidance  
13 and suggestions and recommendations? But how did you -- did  
14 you work together during the pandemic? How are you going to  
15 continue to work together, and how can we ensure that, you  
16 know, if something like this does happen again, that we're --  
17 you know, as many members had said -- we're better prepared?

18 So is there anyone that wants to tackle that  
19 idea? Maybe some of the things that you've implemented,  
20 meetings, groups, or any recommendations for change of  
21 structure or anything that you have?

22 DEPUTY SECRETARY BUCHENAUER: So I can start,  
23 and then I'm going to turn it over to Keara because I know  
24 we've worked very closely together, both of our agencies.

25 So for personal care homes and assisted

1 living -- (inaudible).

2 MAJORITY CHAIRMAN DAY: I lost your audio.

3 I'm sorry.

4 It was going really good. It went right up to  
5 the comma. You know, you set the stage.

6 Shannon is going to do some maneuvers here.

7 I'm going to give you an A anyway, because it just started  
8 off so strong.

9 Hang on one second here. I'm sorry.

10 REPRESENTATIVE THOMAS: Mr. Chairman?

11 MAJORITY CHAIRMAN DAY: Yes.

12 REPRESENTATIVE THOMAS: I have a suggestion.

13 MAJORITY CHAIRMAN DAY: Yes.

14 REPRESENTATIVE THOMAS: While we're taking up  
15 time -- one of the things that was brought to my attention  
16 was for the places that have medical directors, for the  
17 Administration to keep track of them so they could directly  
18 communicate with the medical people in -- I know that they're  
19 not required in all three categories, but where they have  
20 them, if there could be direct communication with the medical  
21 staff, or congregate care, that might have been helpful.

22 So since we're filling up time, I'll throw  
23 that idea out there and hopefully they can come back on and  
24 give you some answers from their perspective.

25 MAJORITY CHAIRMAN DAY: Great.

1                   Jamie, can you unmute? Can you mute and  
2 unmute again?

3                   (Complies.)

4                   MAJORITY CHAIRMAN DAY: There we go. I bet  
5 you are going to be there.

6                   DEPUTY SECRETARY BUCHENAUER: I sure can. Can  
7 you hear me now?

8                   MAJORITY CHAIRMAN DAY: That was Shannon  
9 Walker's technical expertise here, and your ability to mute  
10 and unmute. Thank you so much.

11                   So go ahead. We've really messed you up now.  
12 I mean, if we can't trip you up even more, I apologize. But  
13 we had a -- my lead-in question, Representative Thomas also  
14 added to that. You're pretty much free to answer whatever  
15 you think is the most helpful to the public.

16                   So thank you.

17                   DEPUTY SECRETARY BUCHENAUER: Yeah, so I will  
18 just say for personal care homes and assisted living  
19 facilities, much of the guidance that we issued for our  
20 licensed facilities followed the guidance that was issued by  
21 the Department of Health for nursing facilities. And so, we  
22 collaborated with the Department of Health on that guidance.  
23 And obviously, when they issued something, we issued  
24 something very closely -- we tailored it a bit to our  
25 facilities knowing that they weren't as medical in nature as

1 a nursing facility. But we did have close collaboration.

2 We also meet very frequently. I know our  
3 staff meets very frequently. I think it was, at some points  
4 during COVID, it was twice or three times a day to talk about  
5 different situations that were emerging within facilities and  
6 how we could use our RRHCP Program and then our RCAT Program  
7 to best meet the needs of whatever facility was in crisis.  
8 And that was done collaborating with not only the Department  
9 of Health, but PEMA and some other -- (inaudible).

10 MAJORITY CHAIRMAN DAY: I lost you again there  
11 on the audio, but I heard a lot there. There was a lot  
12 there. And then you'll mute and unmute again. It looks like  
13 we keep muting you somehow, that you have to unmute yourself.

14 Go ahead.

15 DEPUTY SECRETARY BUCHENAUER: I can hear you,  
16 Keara.

17 MS. KLINEPETER: Okay.

18 Chairman, can you hear me?

19 MAJORITY CHAIRMAN DAY: Yeah, go ahead, Keara.

20 MS. KLINEPETER: Okay. Thank you.

21 So I'll just give a really specific example  
22 that stands out to me of some of the ways that we  
23 collaborated.

24 I agree with absolutely everything Jamie said.  
25 But one of the policy decisions that we had to make before

1 the federal government gave guidance to the skilled nursing  
2 facilities was around testing and the frequency of testing in  
3 these facilities. And so this was August of 2020, where this  
4 conversation really started heating up about how often should  
5 facilities be testing.

6 We had already issued a universal testing  
7 quarter for skilled nursing facilities and then another one  
8 for personal care and assisted living. But we were really  
9 looking at, like, how often should they be testing.

10 And I remember pulling together a big team of  
11 folks from DOH, DHS, Aging, and the (inaudible) Office, and  
12 really, DOH was there to drive a more clinical perspective  
13 and say, "Clinically, this is what should happen." But then  
14 having these really frank and pragmatic discussions about,  
15 like, "Well, how are the facilities actually going to  
16 implement something like this? And what resources are we  
17 going to need to bring to the table in order to support  
18 them?" And that was a really good example, I think, of the  
19 interagency collaboration we had, to make these types of  
20 policy decisions.

21 I think that ended up being a best practice  
22 that we replicated with several other decisions. One that  
23 comes to mind is when we issued an order to protect workers.

24 And so we issued an order in August or  
25 September of 2020, where again, we brought that same group of

1 folks back together to say, "Okay, workers should absolutely  
2 be given -- (inaudible.)" And there were a variety of  
3 different things that we were really hearing that workers  
4 needed to have in place in order to be kept safe. And so we  
5 collaborated across those agency boundaries for what needed  
6 to be included in that order.

7 DIRECTOR VALAW: Chairman Day?

8 MAJORITY CHAIRMAN DAY: Yes.

9 DIRECTOR VALAW: One of the things that we did  
10 was work with the Office of Developmental Programs, who isn't  
11 here, but I can assure you were a partner, and also the  
12 Office of Long-Term Living. Because many of our Adult Day  
13 Care Centers are dually licensed with ODP, as well as Aging.  
14 And we created guidance together, we worked together to make  
15 sure that we did not submit these centers to conflicting  
16 guidance among the agencies. And I have to say it was a  
17 close and good collaboration.

18 MAJORITY CHAIRMAN DAY: Great, guys. Thank  
19 you so much for your testimony and being part of this hearing  
20 today.

21 We have -- I think we've solved the technical  
22 issue. It's still something we want to work on so that  
23 there's no breakup. But we've solved that to some degree,  
24 but we also have a report that the folks watching can no  
25 longer hear us either. So what I'm going to do is conclude



1 this hearing at this time.

2 We didn't have -- I was the only person left  
3 with questions. So if any members either watching or here  
4 with us today have any more questions, contact either Chuck  
5 or Shannon. And -- actually, contact Shannon, I guess, and  
6 then we'll organize it all together to get it to the proper  
7 testifier here today for more answers.

8 Just to let you know, one of my questions was  
9 about the, you know, tying into the senior centers and where  
10 we are with them -- just to get that information out to the  
11 public. So you can expect that question to come from Shannon  
12 later today or tomorrow. And I'd appreciate any help that  
13 you guys can provide to help me get that information out  
14 through the legislature to people in Pennsylvania.

15 So, again, I want to thank you and all of our  
16 members. They make this hearing -- and, you know, whether  
17 you're a testifier or a member, you guys make this hearing  
18 and make this information available to the public. I really  
19 appreciate when you do that. Things seem to have gone better  
20 when we are speaking to the public through all of the  
21 channels that we have available to us, which includes a  
22 public hearing like this.

23 So with that, I'd like to ask Chairman  
24 Samuelson if he has any closing remarks.

25 Chairman?

1                   DEMOCRATIC CHAIRMAN SAMUELSON: Thank you.  
2 Thank you for this hearing. A lot of good information.

3                   I want to thank the departments: Department  
4 of Aging, Department of Health, Department of Human Services.  
5 I want to thank you for your collaboration and cooperation  
6 amongst the departments, amongst the agencies. And also  
7 thank you for the communication with the House of  
8 Representatives. Much appreciated.

9                   MAJORITY CHAIRMAN DAY: Thank you, Chairman.  
10                   And with that, this hearing is adjourned.  
11                   Thank you all.

12                   (The hearing concluded at 2:10 p.m.)  
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C E R T I F I C A T I O N

I hereby certify that the proceedings are contained fully and accurately in the notes taken by me on the within proceedings, and that this copy is a correct transcript of the same.

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Summer A. Miller, Court Reporter  
Notary Public