

Regulatory Analysis Form

(Completed by Promulgating Agency)

(All Comments submitted on this regulation will appear on IRRC's website)

**INDEPENDENT REGULATORY
REVIEW COMMISSION****RECEIVED**Independent Regulatory
Review Commission

October 7, 2026

(1) Agency:

Department of Aging

(2) Agency Number: 1

Identification Number: 20

IRRC Number: 3501

(3) PA Code Cite: 6 Pa. Code Chapter 20, §§ 20.1, 20.2, 20.11, 20.12, 20.21—20.24, 20.31—20.34, 20.41—20.45, and 20.61—20.63

(4) Short Title: Caregiver Support Program

(5) Agency Contacts (List Telephone Number and Email Address):

Primary Contact: Tyler W. Ritchie, Assistant Counsel, Office of Chief Counsel, Department of Aging, 555 Walnut Street, 5th Floor, Harrisburg PA 17101, 717-441-0173, RA-AIRegulations@pa.govSecondary Contact: Althea O. Bennet, Chief Counsel, Office of Chief Counsel, Department of Aging, 555 Walnut Street, 5th Floor, Harrisburg PA 17101, 717-783-0509, RA-AIRegulations@pa.gov

(6) Type of Rulemaking (check applicable box):

- ☒ Proposed Regulation
☐ Final Regulation
☐ Final Omitted Regulation

- ☐ Emergency Certification Regulation;
☐ Certification by the Governor
☐ Certification by the Attorney General

(7) Briefly explain the regulation in clear and nontechnical language. (100 words or less)

The Department's proposed regulation updates the Caregiver Support Program to better address the needs of older adults and caregivers in this Commonwealth. 6 Pa. Code Chapter 20 provides rules for administering support services for older adults and their caregivers. The program aims to ease the burden of caregiving, by offering resources and support to help Caregivers maintain the Care Receiver at home and preserve the caregiver's well-being. The Chapter includes provisions for the planning, funding, and oversight of these services, ensuring they are delivered effectively and in compliance with state and Federal requirements. It addresses the responsibilities of agencies and organizations involved in providing these services, aiming to promote the safety, dignity, and quality of life of older adults. These updates also bring the regulations into alignment with the latest amendments to the Pennsylvania Caregiver Support Act (62 P.S. §§ 3061--3068).

(8) State the statutory authority for the regulation. Include specific statutory citation.

The Department, as an executive agency under the Governor's jurisdiction, has the authority to prescribe rules and regulations under Section 506 of the Administrative Code of 1929 (71 P.S. § 186). The Department's general rulemaking authority is set forth in Section 2203-A(a)(19) of the Administrative Code of 1929 (71 P.S. § 581.3(a)(19)), which gives the Department the power necessary to enforce rules and regulations necessary to carry out its duties including those outlined in 71 P.S. § 2203-A(a)(17.1). The Department administers the Caregiver Support Program as established by the Pennsylvania Caregiver Support Act, 62 P.S. §§ 3061-3068. The Department has specific authority to determine: income amounts under 62 P.S. §3063; eligibility for primary caregivers under 62 P.S. § 3064(b)(2); the sliding benefits scale under 62 P.S. § 3065(c); and penalties for violations of the act 62 P.S. § 3068.

(9) Is the regulation mandated by any federal or state law or court order, or federal regulation? Are there any relevant state or federal court decisions? If yes, cite the specific law, case or regulation as well as, any deadlines for action.

No, this proposed regulation is not mandated by any Federal or State law or court order or Federal regulation. There are no relevant State or Federal court decisions.

(10) State why the regulation is needed. Explain the compelling public interest that justifies the regulation. Describe who will benefit from the regulation. Quantify the benefits as completely as possible and approximate the number of people who will benefit.

There is a great need in the Commonwealth for services to assist families that provide at-home care to functionally dependent older adults. Primary caregivers who provide continuous care in the home are frequently under substantial physical, psychological and financial stress.

Most care provided for such individuals is delivered by family members. Respite care and other supportive services for the caregiver could relieve some of the stress, while maintaining and strengthening the family structure. Family involvement is a critical element for avoiding or postponing institutionalization.

Family caregivers of low-income care receivers will benefit the most from this regulation. As of Fiscal Year 24-25 there are 4,897 Caregivers and 4,892 Care Receivers.

(11) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulations.

There are no Federal standards applicable to the subject matter of the regulation. There are Federal standards that apply to the National Family Caregiver Support Program, which is federally funded through the Older Americans Act of 1965 (42 U.S.C. §§ 3001—30.58ff) The Pennsylvania Caregiver Support Act went into effect prior to the National Family Caregiver Support Program, and provides funding for Pennsylvania’s caregivers alongside federal funding.

(12) How does this regulation compare with those of the other states? How will this affect Pennsylvania’s ability to compete with other states?

The majority of states provide caregiver support programs, which have varying rules pertaining to qualifications for benefits, reimbursement amounts, and services provided under the programs. Many of the states providing caretaker support programs require caregivers to meet very specific criteria to qualify for program benefits. In contrast, Pennsylvania’s criteria for program enrollment are more general. Pennsylvania requires that the primary caregiver be primarily responsible for the provision of care to the care receiver, not receive financial compensation for care provided, and the care receiver’s household must earn under 380% of the poverty level to receive program benefits. There is no caregiver age limit. Additionally, Pennsylvania provides program benefits to those supporting both older adults and those diagnosed with chronic dementia and to older adult caregivers for children and individuals with disabilities. Pennsylvania’s comprehensive caregiver support benefits include direct reimbursements based on a sliding income scale, benefits counseling, caregiver support groups, and reimbursement for assistive devices and home remodeling on a case-by-case basis. Altogether, Pennsylvania’s Caregiver Support Program is more competitive than the majority of states, because of its general eligibility criteria and variety of reimbursement opportunities.

(13) Will the regulation affect any other regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

This rulemaking does not affect other regulations of the agency or other state agencies.

(14) Describe the communications with and solicitation of input from the public, any advisory council/group, small businesses and groups representing small businesses in the development and drafting of the regulation. List the specific persons and/or groups who were involved. (“Small business” is defined in Section 3 of the Regulatory Review Act, Act 76 of 2012.)

There was no communication and solicitation of input from the public regarding the drafting of this regulation. The amendments are to comport with statutory amendments and update the regulations

consistent with current practice. The Department receives input from Area Agencies on Aging about current policies and procedures, as the Area Agencies on Aging administer the Caregiver Support Program and directly interact with Caregivers, and Care Receivers.

(15) Identify the types and number of persons, businesses, small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012) and organizations which will be affected by the regulation. How are they affected?

The Department, Area Agencies on Aging, Caregivers, and Care Receivers will all be affected by this regulation. This regulation updates guidance for the Caregiver Support Program. Updating the requirements, technology references, and process will allow all affected the ability to better access the program. There are 52 area agencies on aging. There are approximately 4,897 Caregivers and 4,892 Care Receivers. This regulation will not affect business and small businesses.

(16) List the persons, groups or entities, including small businesses, that will be required to comply with the regulation. Approximate the number that will be required to comply.

The Department, area agencies on aging, caregivers, and care receivers will all be required to comply with this program. There are 52 area agencies on aging. There are approximately 4,897 Caregivers and 4,892 Care Receivers.

(17) Identify the financial, economic and social impact of the regulation on individuals, small businesses, businesses and labor communities and other public and private organizations. Evaluate the benefits expected as a result of the regulation.

The citizens of the Commonwealth will benefit from this regulation, as it clarifies the requirements for Pennsylvania's Caregiver Support Program. Caregivers receiving funding through local area agencies on aging will better understand the process and eligibility for reimbursement. Local area agencies on aging will have better guidance on how to administer the Caregiver Support Program, as outdated language will have been removed.

(18) Explain how the benefits of the regulation outweigh any cost and adverse effects.

There are no adverse effects of this proposed regulation. As discussed above, there will be a positive impact to the families that provide at-home care to functionally dependent older adults, as well as older adult caregivers for children and individuals with disabilities, throughout the Commonwealth. In particular, low-income older adults who otherwise would not be able to afford care will be supported by this proposed regulation. This program allows older adults the ability to stay in their home longer, where they will likely receive better, more personalized care.

(19) Provide a specific estimate of the costs and/or savings to the **regulated community** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

There are no costs and/or savings related to this proposed regulation.

(20) Provide a specific estimate of the costs and/or savings to the **local governments** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

There are no costs and/or savings related to this proposed regulation.

(21) Provide a specific estimate of the costs and/or savings to the **state government** associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required. Explain how the dollar estimates were derived.

There are no costs and/or savings related to this proposed regulation.

(22) For each of the groups and entities identified in items (19)-(21) above, submit a statement of legal, accounting or consulting procedures and additional reporting, recordkeeping or other paperwork, including copies of forms or reports, which will be required for implementation of the regulation and an explanation of measures which have been taken to minimize these requirements.

There should be no legal, accounting, or consulting procedures associated with this rulemaking.

(22a) Are forms required for implementation of the regulation?

Yes.

(22b) If forms are required for implementation of the regulation, **attach copies of the forms here.** If your agency uses electronic forms, provide links to each form or a detailed description of the information required to be reported. **Failure to attach forms, provide links, or provide a detailed description of the information to be reported will constitute a faulty delivery of the regulation.**

Caregivers subject to the regulation complete a Conditions of Participation/Certificate of Accountability Form for each Care Receiver - [Appendix C.1 - Conditions of Participation-Certificate of Accountability Form --- Rev. 8-4-21](#)

Additionally, each area agency on aging completes an assessment with the Caregiver, called the “CAT” – [Caregiver Assessment Tool Form](#)

(23) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY Year	FY +1 Year	FY +2 Year	FY +3 Year	FY +4 Year	FY +5 Year
SAVINGS:	\$0	\$0	\$0	\$0	\$0	\$0
Regulated Community	\$0	\$0	\$0	\$0	\$0	\$0
Local Government	\$0	\$0	\$0	\$0	\$0	\$0
State Government	\$0	\$0	\$0	\$0	\$0	\$0
Total Savings	\$0	\$0	\$0	\$0	\$0	\$0

COSTS:	\$0	\$0	\$0	\$0	\$0	\$0
Regulated Community	\$0	\$0	\$0	\$0	\$0	\$0
Local Government	\$0	\$0	\$0	\$0	\$0	\$0
State Government	\$0	\$0	\$0	\$0	\$0	\$0
Total Costs	\$0	\$0	\$0	\$0	\$0	\$0
REVENUE LOSSES:	\$0	\$0	\$0	\$0	\$0	\$0
Regulated Community	\$0	\$0	\$0	\$0	\$0	\$0
Local Government	\$0	\$0	\$0	\$0	\$0	\$0
State Government	\$0	\$0	\$0	\$0	\$0	\$0
Total Revenue Losses	\$0	\$0	\$0	\$0	\$0	\$0

(23a) Provide the past three-year expenditure history for programs affected by the regulation.

Program	FY -3	FY -2	FY -1	Current FY
Family Caregiver Support Program	\$ 11,147,338.53	\$ 8,463,961.00	\$ 10,598,436.24	\$ 12,103,000.00

(24) For any regulation that may have an adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), provide an economic impact statement that includes the following:

- (a) An identification and estimate of the number of small businesses subject to the regulation.
- (b) The projected reporting, recordkeeping and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation of the report or record.
- (c) A statement of probable effect on impacted small businesses.
- (d) A description of any less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation.

This proposed rulemaking has no adverse impact on small businesses as it provides reimbursement to

individual caregivers.

(25) List any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, the elderly, small businesses, and farmers.

No special provisions have been developed for any affected groups or persons.

(26) Include a description of any alternative regulatory provisions which have been considered and rejected and a statement that the least burdensome acceptable alternative has been selected.

No alternative regulatory provisions were considered and rejected. The Department believes this represents the least burdensome acceptable alternative.

(27) In conducting a regulatory flexibility analysis, explain whether regulatory methods were considered that will minimize any adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), including:

- a) The establishment of less stringent compliance or reporting requirements for small businesses;
- b) The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;
- c) The consolidation or simplification of compliance or reporting requirements for small businesses;
- d) The establishment of performance standards for small businesses to replace design or operational standards required in the regulation; and
- e) The exemption of small businesses from all or any part of the requirements contained in the regulation.

The Department did not conduct a regulatory flexibility analysis because small businesses will not be adversely impacted by this proposed regulation.

(28) If data is the basis for this regulation, please provide a description of the data, explain in detail how the data was obtained, and how it meets the acceptability standard for empirical, replicable and testable data that is supported by documentation, statistics, reports, studies or research. Please submit data or supporting materials with the regulatory package. If the material exceeds 50 pages, please provide it in a searchable electronic format or provide a list of citations and internet links that, where possible, can be accessed in a searchable format in lieu of the actual material. If other data was considered but not used, please explain why that data was determined not to be acceptable.

No data, studies or references were used to justify the regulation.

(29) Include a schedule for review of the regulation including:

A. The length of the public comment period: 30 Days

B. The date or dates on which any public meetings or hearings will be held:

None

- | | |
|---|----------------------------|
| C. The expected date of delivery of the final-form regulation: | August 2026 |
| D. The expected effective date of the final-form regulation: | Upon publication as final. |
| E. The expected date by which compliance with the final-form regulation will be required: | Upon publication as final. |
| F. The expected date by which required permits, licenses or other approvals must be obtained: | N/A |

(30) Describe the plan developed for evaluating the continuing effectiveness of the regulations after its implementation.

The Department will continually review the efficacy of its regulations. The Bureau of Aging Services works alongside area agencies on aging in operating caregiver support programs, and will receive feedback regarding the regulations whenever issues arise.

CDL-1

**FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU**

(Pursuant to Commonwealth Documents Law)

RECEIVED

Independent Regulatory
Review Commission

October 7, 2026

DO NOT WRITE IN THIS SPACE

Copy below is hereby approved as to
form and legality. Attorney General

BY: David Stover
(DEPUTY ATTORNEY GENERAL)

09/18/2026

DATE OF APPROVAL

☐ Check if applicable
Copy not approved. Objections
attached.

Copy below is hereby certified to be a true and correct copy
of a document issued, prescribed or promulgated by:

DEPARTMENT OF AGING

(AGENCY)

DOCUMENT/FISCAL NOTE NO. 1-20

DATE OF ADOPTION: _____

BY: Jason Kavulich
Jason Kavulich

TITLE: **Secretary**

(EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)

Copy below is hereby approved as to form
and legality. Executive or Independent Agencies.

BY: Cynthia K. Montz
Deputy General Counsel

07/22/2026

DATE OF APPROVAL

~~(Chief Counsel, Independent Agency)~~
(Strike inapplicable title)

☐ Check if applicable. No Attorney General
approval or objection within 30 days after
submission.

NOTICE OF PROPOSED RULEMAKING

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING**

6 PA. CODE CHAPTER 20

§§ 20.1, 20.2, 20.11, 20.12, 20.21—20.24, 20.31—20.34, 20.41—20.45 and 20.61—20.63

CAREGIVER SUPPORT PROGRAM

The Department of Aging (Department) proposes to amend Chapter 20 (relating to family caregiver support program) to read as set forth in Annex A. Specifically, the Department proposes amendments to §§ 20.1, 20.2, 20.11, 20.12, 20.21—20.24, 20.31—20.34, 20.41—20.45, 20.61, and 20.62, and to add § 20.63 (relating to program violations and penalties).

Effective date

The amendments are effective upon publication of the final-form rulemaking in the *Pennsylvania Bulletin*.

Statutory Authority

All heads of all agencies under the Governor’s jurisdiction are empowered to prescribe rules and regulations, not inconsistent with law, for the government of their respective departments under section 506 of The Administrative Code of 1929 (71 P.S. § 186). The Department’s general rulemaking authority is set forth in section 2203-A(a)(19) of The Administrative Code of 1929 (71 P.S. § 581-3(a)(19)), which provides that the Department shall “have the power and its duty shall be to...make and enforce rules and regulations necessary and proper to the performance of its duties.” Among those duties are the department’s “work toward the development of a continuum of community-based service and housing options for impaired and chronically ill older persons designed to maintain them in the community and avoid or delay institutional care.” These activities “shall include, but not be limited to, coordinating the Commonwealth’s plan for the provision, expansion and effective administration of...(iii) Special supports to caregivers who care for impaired older adults” and “(iv) Adult day-care services, respite services and other community-based services to support care by caregivers.” (71 P.S. § 581-3(a)(17.1))

Among the programs administered by the Department is the “Caregiver Support Program” established by the Pennsylvania Caregiver Support Act (act) (62 P.S. §§ 3061—3068). Section

4(b)(2) of the act (62 P.S. § 3064(b)(2)) provides that the Department “shall have the authority to develop criteria through regulation relating to eligibility for primary caregivers to receive assistance” under the act. Section 4(c) of the act (62 P.S. § 3064(c)) requires the Department to “identify by regulation supportive services which are directly related to the provision of care to the care receiver.” These supportive services include benefits counseling and primary caregiver counseling, education and training; reimbursement to primary caregivers whose care receivers’ households financially qualify for assistance under the act and as set forth through regulation for expenses incurred in obtaining respite care services, transportation to respite care service locations or other supportive services defined by regulation, and consumable supplies; and reimbursement to primary caregivers whose care receivers’ households financially qualify for assistance under the act and as developed through regulation for expenses incurred in obtaining home modifications or assistive devices which help the care receiver to carry out tasks required for daily living.

The definition of “income” in section 3 of the act (62 P.S. § 3063) provides, in pertinent part, that the Department “shall determine income amounts and inclusions for purpose of this act through regulation.” Further, section 5(c) of the act (62 P.S. § 3065(c)) directs the Department to establish a sliding benefits scale by regulation to ensure that primary caregivers whose care receivers qualify under the act and whose household incomes fall between 200% and 380% of the Federal poverty guidelines shall pay some portion of the out-of-pocket expenses for services provided under the act. Finally, section 8 of the act (62 P.S. § 3068) provides that the Department “shall have authority to establish penalties, by regulation, associated with violation of this act or departmental rules or regulations promulgated under this act.”

Background and purpose

Chapter 20 (relating to family caregiver support program) was originally promulgated by the Department in 1992 to effectuate the act of December 19, 1990 (P.L. 1234, No. 204), known at the time as the Family Caregiver Support Act. The act's intent was to ease the strain of caregiving and to assist relatives who bear primary responsibility for the at-home care of functionally dependent older adults and other adults who are victims of chronic dementia by providing resources and services, including caregiver counseling, education and training; reimbursement for expenses incurred in obtaining respite care services or other supportive services and consumable supplies; and reimbursement for expenses incurred in obtaining home modifications or assistive devices to help the functionally dependent older adult or other adult suffering from chronic dementia to carry out tasks required for daily living (such as grab bars, safety devices and wheelchair ramps).

Since then, the act of December 22, 2011 (P.L. 526, No. 112) amended the act, changing the name of the act to the Pennsylvania Caregiver Support Act and modernizing the program to update the eligibility requirements to include caregivers who are not relatives and to permit the maximum monthly reimbursement for caregivers to exceed the statutory maximum of \$200 in cases where there is a demonstrated need. More recently, the act of June 11, 2021 (P.L. 52, No. 20) again amended the act – this time to expand the reach of the program beyond the caregivers for functionally dependent older adults or other adults with chronic dementia, to include all of the following types of care receivers: 1) a functionally dependent older adult who is 60 years of age or older and cared for by a primary caregiver who is 18 years of age or older; 2) an individual with Alzheimer's disease or a related disorder who is cared for by a caregiver 18 years of age or older; 3) a child who is younger than 18 years of age who is cared for and resides with an older relative

caregiver; and 4) an individual who is between 18 and 59 years of age, has a non-dementia-related disability and is cared for and resides with an older relative caregiver. In addition, the act was amended to grant the authority to the Department to increase the maximum reimbursement amounts for out-of-pocket expenses incurred for services and for home modifications or assistive devices by publishing a notice in the *Pennsylvania Bulletin*. To that end, in 2021 the Department published a notice increasing the maximum monthly reimbursement amount for out-of-pocket expenses from \$200 to \$600; and the maximum lifetime reimbursement amount for home modifications or assistive devices from \$2,000 to \$5,000. See 51 Pa.B. 4357 (August 7, 2021).

Although the act was amended twice since its inception and the Department implemented those amendments, Chapter 20 had not been updated to comport with the statutory amendments. This rulemaking is required to amend Chapter 20 to comport with the statutory amendments and to align with current program policies and procedures, as recommended by the Independent Regulatory Review Commission by order of September 11, 2024. In addition to the amendments to the act, in 2024, title 51 of the Pennsylvania Consolidated Statutes was amended to add Chapter 99 (relating to veterans' benefit payment exclusion) to exclude 100% of a veteran's benefit payment from being considered "income" for any Commonwealth program. This proposed rulemaking also implements 51 Pa.C.S. Chapter 99 as it relates to eligibility to participate in the Caregiver Support Program.

Description of the proposed amendments

The Department proposes to change the title of Chapter 20 to "Caregiver Support Program" to comport with the act as amended in 2011 and the language commonly used by the Department and the regulated community to refer to the program. Throughout Chapter 20, the Department proposes to replace the word "carereceiver" with the term "care receiver," which was added to the

act and defined in the 2011 amendments. In addition, the Department proposes to add the acronym “AAA” and use it in place of “area agency on aging” throughout the chapter.

§ 20.2. Definitions.

The Department proposes to amend the definitions in § 20.2 to comport with the 2011 and 2021 amendments to the act and to align with current use and practice.

The definition of “area agency on aging” is proposed to be amended to be consistent with the 2021 amendment in singling out an area agency on aging and to add the acronym “AAA,” which is widely used by the regulated community.

The Department proposes to define the terms “activities of daily living” and “independent activities of daily living” to align with Nationally recognized definitions and to add the acronyms “ADLs” and “IADLs” as these terms are used frequently in Chapter 20 and were not previously defined.

The definition of “act” is proposed to be amended to comport to the new name of the Pennsylvania Caregiver Support Act.

The Department proposes to add a definition for the term “Alzheimer’s disease or a related disorder” as defined in the 2021 amendment.

The Department proposes to amend the definition of “assistive devices” for clarity and to align with current use and practice.

The Department proposes to amend the definition of “benefits counseling” to align with current use and practice.

The definition of the term “caregiver education or caregiver training” is proposed to be amended to refer to the “primary caregiver” rather than the “family caregiver” in recognition of the fact that under the 2011 amendments, the caregiver need not be a relative; and to replace

“functionally impaired older person” with the defined term “care receiver” in recognition of the fact that the 2021 amendments expanded the categories of care receivers beyond functionally dependent older adults.

Relatedly, the Department proposes to replace its definition of “carereceiver” and to incorporate the statutory definition of “care receiver” from the 2021 amendments to the act.

The definition of “chronic dementia” is proposed to be deleted because the definition of this term was deleted from the act in the 2011 amendment.

The Department proposes to amend the definition of “consumable supplies” for clarity and to align with current use and practice.

The Department proposes to amend the definition of “continuous supervision” for clarity and to align with current use and practice.

The Department proposes the addition of the definition of the term “disability” as used and defined in the Older Americans Act. (42 U.S.C. §§ 3001—3058ff).

The Department proposes to delete the definition of the term “functionally dependent” and replace it with “functionally dependent older adult,” to be consistent with the act.

The Department proposes to amend the definition of the term “home modifications,” to be consistent with the act.

The Department proposes to amend the definition of “household” to align with current use and practice.

The Department proposes to amend the definition of “household income” for clarity and to align with current use and practice.

The Department proposes the addition of the definition of the term “medical assistance long-term services and supports (MA-LTSS),” as it is used in the definition of “OPTIONS” and § 20.22(d) (relating to conditions of participation),

The Department proposes to amend the definitions of “OPTIONS” to align with current use and practice.

The Department proposes to delete the definition of “older adult or older person or older relative” and replace it with a definition for “older adult or older person.” The 2021 amendments define the more specific terms “older relative caregiver for a child” and “older relative caregiver for an individual with a disability,” and the more general term of “older relative” is no longer used in Chapter 20.

The Department proposes to add definitions for the terms “older relative caregiver for a child” and “older relative caregiver for an individual with a disability” as they are defined in the 2021 amendment.

The Department proposes to amend the definition of “ongoing caregiving expenses” for clarity and to align with current use and practice.

The definition of “other adult” is proposed to be deleted as the term will no longer be found in Chapter 20 with the implementation of 2021 changes to the act.

The Department proposes to delete the limiting definition of “other supportive services” and to replace it with a new definition of “supportive services” to align with current use and practice.

The Department proposes to amend the definition of “primary caregiver” to comport with the statutory definition as amended in 2021.

The Department proposes to amend the definition of the term “program” to mean the “Caregiver Support Program” to comport with the act as amended in 2011 and the language commonly used by the Department and the regulated community to refer to the program

The Department proposes to retain the definition of “relative” because although the term was deleted from the act in the 2011 amendment, it further modifies the terms “caregiver” and “care receiver” throughout Chapter 20.

The Department proposes to amend the definition of “respite care service” to align with expanded caregiver eligibility from the 2011 amendment to the act.

The Department proposes to amend the definition of “same residence” to align with current use and practice.

The Department proposes to add a definition for “supportive services” to align with current use and practice of allowing for a broad range of services to be provided so long as the service is directly related and necessary to the care being provided to the care receiver.

§ 20.11. Administrative functions and responsibilities of the Department.

In § 20.11, the Department proposes amendments to rename this section as “Responsibilities of the Department” to better reflect its subject, increase readability and reduce extraneous language. The Department is also proposing to delete and reserve subsection (b)(1) because, as explained in more detail below, the annual Program plan is proposed to be eliminated under amendments to § 20.12 (relating to administrative functions and responsibilities of area agencies on aging)..

§ 20.12. Administrative functions and responsibilities of area agencies on aging.

In § 20.12, the Department proposes amendments to rename this section as “Responsibilities of area agencies on aging” to better reflect its subject. The Department proposes

amendments to replace “family caregiver” with “primary caregiver” and to update the terminology “Alzheimer’s disease or a related disorder” to comport with amendments to the act in 2011 and 2021. The requirement for annual program plans in subsection (b) is proposed to be eliminated. With the creation of the National Family Caregiver Support Program, established in 2000, the Department is required to allocate funding under the Intrastate Funding Formula (see 45 CFR 1321.49 (relating to intrastate funding formula), and the annual program plans no longer serve their original, intended purpose of fund allocation. Area agency on aging 4-year area plans, approved by the Department, include how each agency will administer their programs, making the additional annual Caregiver Support Program-specific plan unnecessary. The Department proposes amendments in subsection (c) to update “program compliance” with the updated language the Department uses in evaluating AAAs.

§ 20.21. Eligibility for Program benefits.

The Department proposes to amend this section to refer to the care receiver’s household and the care receiver’s household income for determining eligibility for receipt of benefits under the Caregiver Support Program. The Department is also proposing to delete paragraph (b)(2) which provides that the primary caregiver and the care receiver shall be relatives and live together in the same residence and paragraph (b)(4) which provides that the care receiver shall be a functionally dependent older adult or other adult with a chronic dementia such as Alzheimer’s disease. These deletions are necessary because the 2021 amendments expanded the categories of individuals that may be eligible for benefits under the act. Instead, paragraph (b)(1) simply requires the caregiver to be the primary caregiver of a care receiver, as those terms are defined under § 20.2 (relating to definitions). Eligibility characteristics such as age, functional limitations, relative status and living arrangements are contained in the definition of “care receiver.”

§ 20.22. Conditions of participation.

Subsections (b) is proposed to be amended simply to refer to the care receiver throughout. Subsection (c) is proposed to be amended to remove specific types of documentation establishing a care receiver's household income, as examples of documentation are listed under § 20.23 (relating to income). Subsection (d) is proposed to be amended to remove references to outdated programs no longer in effect and add language regarding current programs. Subsection (e) is proposed to be amended to comport with the 2021 amendment to section 6 of the act (62 P.S. § 3066), which added a subsection (b) prohibiting a primary caregiver from receiving benefits under the act if the primary caregiver is a perpetrator in a substantiated case of abuse, neglect, exploitation or abandonment as defined in the Older Adults Protective Services Act (35 P.S. §§ 10255.101—10225.5102); is a perpetrator in a substantiated case of abuse, neglect, exploitation or abandonment as defined in the Adult Protective Services Act (35 P.S. §§ 10210.101—10210.704); or is a perpetrator in a substantiated case of child abuse as defined in 23 Pa.C.S. Chapter 63 (relating to child protective services), commonly known as the Child Protective Services Law.

§ 20.23. Income.

The Department proposes to amend subsection (a) to refer to primary care givers, care receivers, and care receivers' household income for purposes of determining financial eligibility for the benefits and services under this chapter. In addition, paragraph (2) is amended to refer to the sliding scale established by the Department, as set forth in section 5(c) of the act (62 P.S. § 3065(c)), as it pertains to cost sharing by primary caregivers whose care receivers' household incomes fall between 200% and 380% of the Federal poverty guidelines.

With regard to the listing of income inclusions in subsection (b), the Department proposes to amend paragraph (b)(8) to use current terminology of "Cash Public Assistance" and delete the

outdated phrase, “and relief.” To align with Departmental programs PACE and OPTIONS, the Department proposes to delete the gross amount of annuities from paragraph (b)(9) and create new paragraph (b)(9.1) to include the taxable amount, not the gross amount, of annuities and Individual Retirement Accounts. The Department proposes to delete paragraph (b)(12) to remove Veterans’ disability payments as countable income as required under 51 Pa.C.S. Chapter 99 (relating to veterans’ benefit payment exclusion).

With regard to the listing of income exclusions in subsection (c), the Department proposes to amend paragraph (c)(3) to clarify the specific part of Medicare that is excluded. The Department proposes to amend paragraph (c)(4) to increase the amount of excluded death benefit from \$5,000 to \$10,000 to the advantage of the caregiver based on current economics and alignment with other Departmental programs. The Department proposes adding paragraphs (c)(9), (c)(10) and (c)(11) to exclude Veterans’ payments to comply with 51 Pa.C.S. Chapter 99 (relating to veterans’ benefit payment exclusion). The Department proposes to add paragraphs (c)(12) and (c)(13) to exclude payments from reverse mortgages and Federal stimulus payments as both types of payments have become more common today.

The Department proposes to delete paragraphs (d)(1) and (d)(2) as information related to types of acceptable documentation is found in paragraph (e). The Department proposes to delete paragraph (d)(3) as information related to penalties is found in § 20.63. (relating to program violations and penalties).

The Department proposes to update and streamline the examples of acceptable types of documentation in subsection (e). In paragraph (2), the Department proposes to amend “pension checks” to “pension statements” as statements more accurately show the gross amount of pensions; amend “annuity checks” to “annuity statements” as statements more accurately show the taxable

amount of annuities; and delete other references to “checks.” The Department proposes to delete paragraph (3) and move the language related to statements from the Social Security Administration and the Railroad Retirement Board into paragraph (2).

§ 20.24 Appeals

The Department proposes to amend this section by removing specific appealable actions and simply citing the Department’s hearings and appeals regulations to eliminate restrictions on what can be appealed and afford individuals the opportunity for appeals and fair hearings according to Chapter 3 (relating to fair hearings and appeals).

§ 20.31. General.

The Department proposes to amend this section to use the defined term “care receiver” and updated terminology.

§ 20.32. Assessment and care management.

Section 20.32 is proposed to be amended throughout for readability, to use the defined term “care receiver” and to replace references to “families” with “households.” When Chapter 20 was originally issued, the reassessment completed by the area agencies on aging was an informal review of caregiver and care receiver needs required to be completed every 6 months. The Department has since created a more in-depth, formal reassessment process proposed to be completed by the area agencies on aging every 12 months. As such, the Department proposes to amend paragraph (a)(3) to clarify the reassessment is a formal process and to change the timeframe for the reassessment from every 6 months to at least every 12 months. Paragraph (a)(3.1) is proposed to be added to require the area agency on aging to conduct an informal review of status and needs every 3 months, thereby setting contact plan timeframes that are frequent enough to adequately monitor the needs of the caregiver and care receiver while allowing for an efficient and

flexible process for the area agency on aging. The proposed process will include an annual, formal reassessment coupled with frequent, informal contacts throughout the year.

The Department proposes to amend paragraph (c)(2) to no longer require area agencies on aging to develop their own screening instruments but instead to utilize tools established by the Department for the assessment of caregivers and care receivers, development of a care plan of services and placement on a wait list. The use of standardized tools will allow for a more consistent process of assessment. Paragraph (c)(3) is proposed to be amended to remove the requirement for the area agency on aging to perform a clinical determination and add the requirement for the area agency on aging to verify that the caregiver and older adult care receiver meet the basic eligibility requirements of the program. When Chapter 20 was originally issued, area agencies on aging were required to evaluate all applicants for Medical Assistance long-term services and supports which required a clinical determination of the care receiver's functional dependence. Since then, the requirement to apply for Medical Assistance has been removed, thereby eliminating the need for the area agency on aging to perform a clinical determination. Similarly, paragraph (c)(4) is proposed to be amended to remove outdated clinical evaluation requirements and to add requirements for the area agency on aging to verify basic eligibility characteristics of the caregiver and care receiver. The Department is proposing to add two new paragraphs (5) and (6) to subsection (c) to set forth the standards for providing benefits to older adults who are primary caregivers for individuals with a disability and for older adults who are primary caregivers for children. These amendments are needed because the 2021 amendments to the act expanded the scope of the Program to provide benefits to an older relative caregiver for an individual with a disability and to an older relative caregiver for a child, as those terms are defined in section 3 of the act (62 P.S. § 3063).

The Department proposes to eliminate subsection (d). Experience and training requirements included in paragraphs (1) and (2) of subsection (d) are now established by the Department for all programs and are issued to AAAs through Departmental program directives and the grant agreement between the Department and the AAAs, thus eliminating the need to include experience and training requirements for one program in this chapter. Paragraph (d)(3) contains obsolete terminology, and the requirement for consultation services in paragraphs (d)(3) and (d)(4) is being eliminated as care managers at area agencies on aging are now trained and required to complete an assessment of the care receiver's home environment and the needs of the caregiver and care receiver to determine the need for home modifications and assistive devices.

§ 20.33 Benefits counseling.

The Department proposes amendments to this section to increase readability and reflect the best resources and technology available today.

§ 20.34. Caregiver education and training.

The Department is amending subsections (a) and (b) to use the defined term “care receivers,” increase readability, and reflect the best resources and technology available today. Subsection (c) is proposed to be deleted due to duplicative language and the elimination of the program plan requirement in § 20.12 (b).

§ 20.41. General reimbursement.

The Department proposes amendments to § 20.41 to improve readability and comport with the 2021 amendment to section 5 of the act (62 P.S. § 3065), which authorizes the Department to establish the maximum amounts that may be available to a qualified primary caregiver by publishing a notice in the *Pennsylvania Bulletin* and to remove the existing maximums and examples from this section. Subsection (a) is proposed to be amended to remove reference to the

annual program plan which is proposed to be eliminated from § 20.12. The Department proposes to add two new subsections (a.1 and a.2) to include a list of services and supplies for which reimbursement is available and not available as specific services and supplies are included in section 4 of the act (62 P.S. § 3064), but were not previously included in Chapter 20.

To the extent that examples are helpful in interpreting this section, which pertains in part to the sliding scale of available reimbursements to primary caregivers whose care receiver's household income falls between 200% and 380% of the Federal poverty guidelines, the Department offers the following. As per the most recent notice published in the *Pennsylvania Bulletin* at 51 Pa.B 4357 (August 7, 2021), the maximum monthly benefit available for out-of-pocket expenses for services and consumable supplies is set at \$600. This amount applies to individuals whose care receiver's household income is less than 200% of the Federal poverty guidelines. For those whose care receiver's household income falls between 200% and 380% of the Federal poverty guidelines, as the care receiver's income increases in 20% brackets, the available reimbursement decreases by 10%. Thus, the current maximum available reimbursement for these households is:

<u>Household income</u>	<u>Maximum monthly benefit available</u>
Under 200%	\$600
Between 200 and 220%	\$540 (90% of the published maximum)
Between 220 and 240%	\$480 (80% of the published maximum)
Between 240 and 260%	\$420 (70% of the published maximum)
Between 260 and 280%	\$360 (60% of the published maximum)
Between 280 and 300%	\$300 (50% of the published maximum)
Between 300 and 320%	\$240 (40% of the published maximum)

Between 320 and 340%	\$180 (30% of the published maximum)
Between 340 and 360%	\$120 (20% of the published maximum)
Between 360 and 380%	\$60 (10% of the published maximum)

The act provides in section 5(c), that “[i]n no event will primary caregivers whose care receivers’ household income exceed 380% of the Federal poverty guidelines be considered eligible for benefits under this act. In addition, subsection (b)(4) provides that when caregiver expenses exceed the maximum amount available, the percentage is applied only to the published maximum amount. Thus, if a primary caregiver is eligible for 50% of the published maximum and incurs monthly caregiving expenditures of \$800, the most the caregiver may be reimbursed is still \$300 – that is, 50% of the \$600 maximum benefit available.

The Department proposes to amend subsection (d) for readability and to comport with current policies and procedures. Additionally, the Department proposes to amend paragraph (d)(6) to ease restrictions and allow greater flexibility on reimbursements for services provided by some, but not all, relatives to address the shortage of available direct care workers.

§ 20.42. Ongoing caregiving expenses.

The Department is proposing to amend § 20.42 to use the defined term “care receiver.” The Department further proposes to amend this section for readability.

§ 20.43. Home modifications.

Section 20.43 is proposed to be amended to refer to the care receiver’s household, rather than the caregiver family as it relates to ownership of property eligible for a home modification. The amendment provides that the area agency on aging may approve reimbursement for a home modification to a property owned by a member of the care receiver’s household without regard for whether the primary caregiver, the care receiver or another member of the care receiver’s

household is the owner of the property. The Department’s proposed amendment increases clarity with concise language.

§ 20.44. Assistive devices.

Section 20.44 (a) is proposed to be amended for readability and to add language to comport with the Department’s current practice of obtaining assistive devices in the most cost-effective manner. The Department proposes to eliminate § 20.44 (b) to remove the limitation on leased equipment which allows for greater flexibility in obtaining the most appropriate equipment for the care receiver. Section 20.44 (c) is being amended for readability.

§ 20.45. Program violations and penalties.

The Department proposes to eliminate § 20.45 and move the language on program violations and penalties, amended for readability, to a new § 20.63 (relating to program violations and penalties), under the undesignated center heading “*Other Provisions*” as the language applies all of Chapter 20.

§ 20.61. Entitlement.

The Department proposes renaming § 20.61 to “Non-Entitlement” to better reflect its subject and amending the language for readability.

§ 20.62. Waivers.

Section 20.62 (a) through (d) are proposed to be amended for readability, and § 20.62 (e) is proposed to be deleted. Area agencies on aging may re-submit a waiver to the Department for consideration, and there is no need for a separate waiver appeal process.

§ 20.63. Program violations and penalties.

The Department proposes to eliminate § 20.45 from its current location under the “Reimbursement Benefits” center heading and move the language on program violations and

penalties, amended for readability, to this new § 20.63, under the “Other Provisions” center heading as the language applies to all of Chapter 20.

Fiscal impact and paperwork requirements

The Department does not anticipate any adverse fiscal impact to the regulated community (area agencies on aging, primary caregivers and care receivers), state or local government or the public. There are no additional paperwork requirements as a result of this proposed rulemaking.

Sunset date

The Department intends to continuously monitor the effectiveness of these regulations on an ongoing basis; therefore, no sunset date has been assigned.

Public comments

Questions or comments regarding the proposed rulemaking may be addressed in writing to Tyler Ritchie, Department of Aging, 5th Floor, Forum Place, 555 Walnut Street, Harrisburg 17101-1919, or by email at RA-AIRegulations@pa.gov within 30 days following the publication of this notice of proposed rulemaking in the *Pennsylvania Bulletin*. Please refer to Regulation No. 1-20 – Caregiver Support Program on all comments.

Regulatory review

Under Section 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), on October 7, 2026, the Department submitted a copy of this proposed rulemaking and a copy of a Regulatory Analysis Form to the Independent Regulatory Review Commission (IRRC) and to the Chairpersons of the Aging and Youth Committee of the Senate and the Aging and Older Adult Services Committee of the House of Representatives. A copy of this material is available to the public upon request.

Under section 5(g) of the Regulatory Review Act, IRRC may convey any comments, recommendations or objections to the proposed rulemaking within 30 days of the close of the

public comment period. The comments, recommendations or objections must specify the regulatory review criteria in section 5.2 of the Regulatory Review Act (71 P.S. § 745.5b) that have not been met. The Regulatory Review Act specifies detailed procedures for review, prior to final publication of the rulemaking, by the Department, the General Assembly and the Governor of any comments, recommendation and objections raised.

Jason Kavulich
Secretary of Aging

ANNEX A

TITLE 6. AGING

PART I. DEPARTMENT OF AGING

CHAPTER 20. [FAMILY] CAREGIVER SUPPORT PROGRAM

GENERAL PROVISIONS

§ 20.1. Scope and authority.

- (a) The purpose of this chapter is to set forth regulations governing the administration and operation of the Program under the act.
- (b) This chapter applies to the Department, area agencies on aging (**AAAs**), service providers under contract with an [area agency on aging]**AAA** to provide services under this chapter and caregivers and [carereceivers] **care receivers** who receive benefits of the Program.

§ 20.2. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

AAA—Area agency on aging—The single local agency designated by the Department within each planning and service area to administer the delivery of a comprehensive and coordinated plan of social and other services and activities in the planning and service area.

ADLs—Activities of daily living—Basic personal care activities relating to any of the following:

- (i) **Eating and drinking.**
- (ii) **Bathing.**
- (iii) **Toileting.**
- (iv) **Bladder and bowel care.**

- (v) **Grooming.**
- (vi) **Dressing.**
- (vii) **Transferring from a sitting or lying position.**

Act—The [Family] **Pennsylvania** Caregiver Support Act (62 P.S. §§ 3061—3068).

Alzheimer’s disease or a related disorder—An irreversible and progressive neurological disorder diagnosed by a physician that meets all of the following criteria:

- (i) Causes cognitive and memory impairment, behavioral and psychiatric problems and the loss of the ability to care for oneself.**
- (ii) Is severe enough to interfere with work or social activities.**
- (iii) Requires continuous care or supervision.**

[Area agency on aging—The local agency designated by the Department within each planning and service area to administer the delivery of a comprehensive and coordinated plan of social and other services and activities in the planning and service area.]

Assistive devices—[Nondisposable personal devices, as distinguished from modifications to a home, that are usable to assist the carereceiver, or the caregiver on the carereceiver’s behalf, to carry out an activity of daily living and, thereby, reduce the caregiver’s burden.]

Items or aids used to assist caregivers, or enable care receivers with functional disabilities, to perform activities of daily living (ADLs) or independent activities of daily living (IADLs).

Benefits counseling – [A service that provides family caregivers with an individual, comprehensive review of their caregiving situations to identify appropriate resources available and to assist caregivers to access these resources.] **The provision of information about available services and programs the caregiver or care receiver may be eligible to**

receive.

Caregiver education or caregiver training—Services that provide instruction or training to [family] **primary** caregivers, in groups or individually, in general and specific information or skills required in the care of a [functionally impaired older person] **care receiver**.

[*Carereceiver*—A functionally dependent older adult or other adult with chronic dementia such as Alzheimer’s Disease who is being cared for by a relative who lives in the same residence.]

Care receiver—Any of the following:

- (i) A functionally dependent older adult who is 60 years of age or older and cared for by a primary caregiver who is 18 years of age or older.**
- (ii) An individual with Alzheimer’s disease or a related disorder who is cared for by a caregiver 18 years of age or older.**
- (iii) A child who is younger than 18 years of age who is cared for and resides with an older relative caregiver for a child.**
- (iv) An individual who is between 18 and 59 years of age, has a non-dementia-related disability and is cared for and resides with an older relative caregiver for an individual with a disability.**

[*Chronic dementia*—An irreversible global loss of cognitive function causing evident intellectual impairment which always includes memory loss, without alteration of state of consciousness as diagnosed by a physician and which is severe enough to interfere with work or social activities, or both, and to require continuous care or supervision.]

Consumable supplies—Expendable items needed on an ongoing basis to provide care to a [carereceiver] **care receiver**. [Consumable supplies do not include prescription drugs.]

Continuous care or supervision --Uninterrupted care which does not preclude brief periods when the [carereceiver] care receiver may be left alone, if appropriate, **[and consistent with the care plan.]**

Department—The Department of Aging of the Commonwealth.

Disability—A condition attributable to a mental or physical impairment, or both, that results in a substantial functional limitation in one or more of the following: self-care, language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment.

[Functionally dependent—Requiring enough assistance with one or more activities of daily living to be deemed by the area agency on aging, under this chapter, to require continuous care or supervision. Limitations contributing to the functional dependency may include physical or cognitive impairments.]

Functionally dependent older adult – A person 60 years of age or older residing within this Commonwealth who, because of an inability to perform tasks required for daily living and as assessed by the AAA, needs continuous care or supervision.

Home [modifications] modification – [Reasonable modifications, approved under this chapter,] **A reasonable modification** to the structure of a home for the purpose of reducing **the caregiving [caregiver] burden of the primary caregiver, as approved by the Department.** The term does not include repairs.

Household- **[Persons who occupy the same residence.] Individuals sharing a common living area.**

Household income—The income of all members of [a] **the care receiver's** household with the exception of a minor or dependent student.

IADLs--Independent activities of daily living – Independent living activities relating to any of the following:

(i) Meal preparation.

(ii) Housework.

(iii) Laundry.

(iv) Shopping.

(v) Transportation.

(vi) Money management.

(vii) Telephone.

(viii) Home management.

Income—Income, from whatever source derived, as specified in § 20.23 (relating to income).

MA-LTSS—Medical Assistance Long-Term Services and Supports—Home and community based services provided to financially and functionally-eligible individuals in their home and community and paid through Medical Assistance.

OPTIONS- [A program operated by the Department for persons who need long term care because they are functionally disabled. The program provides a continuum of assessment, care management and services which may make it possible for a functionally disabled person to be maintained in the community as an alternative to institutional placement. Each of these three functions under **OPTIONS**—assessment, care management and services—is divided into Level I or Level II based on the intensity and complexity of need.] **A program administered by the Department that allows individuals 60 years of age and older who are not eligible for MA-LTSS to receive services and supports in their homes and communities.**

[Older adult or older person or older relative—A person who is 60 years of age or older, and

who is a relative of the caregiver.]

Older adult or older person—A person who is 60 years of age or older.

Older relative caregiver for a child—An individual who satisfies all of the following criteria:

- (i) The individual is 55 years of age or older and resides with a child who is younger than 18 years of age.**
- (ii) The individual is the grandparent, step-grandparent or other relative, not including the biological or adoptive parent related by blood, marriage or adoption.**
- (iii) The individual is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to act as the primary caregiver of the child.**
- (iv) The individual has a legal relationship to the child, including legal custody, adoption or guardianship of the child, or is caring for the child in an informal manner.**

Older relative caregiver for an individual with a disability—An individual who satisfies all of the following criteria:

- (i) The individual is 55 years of age or older.**
- (ii) The individual cares for and resides with an individual with a disability who is no younger than 18 years of age and no older than 59 years of age.**
- (iii) The individual is the primary caregiver for the individual with a disability.**
- (iv) The individual is the parent, grandparent or other relative of the individual with a disability by blood, marriage or adoption.**

Ongoing caregiving expenses—The costs of respite care and other supportive services or consumable supplies which are directly related to the provision of care to the [older relative] care receiver.

[Other adult—A person 18 years of age or older residing within this Commonwealth who is

suffering from a chronic dementia such as Alzheimer’s Disease.]

[Other supportive services— Services other than respite care services that are directly related and necessary to the care being provided to the carereceiver and which are noted in the client’s care plan. These services may include the following:

- (i) Personal care skills training and other caregiver education services not available directly from the Program.
- (ii) Counseling under a certified counseling or mental health agency.
- (iii) Legal and financial counseling necessary to manage the affairs of the carereceiver.
- (iv) Specialized transportation services.]

*Planning and service area—*The geographic unit within this Commonwealth, as designated by the Secretary, for the allocation of funds for the delivery of social services to older persons residing in that unit.

*Poverty level—*The income level indicated in the Federal Poverty Income Guidelines developed, annually updated and publish in the *Federal Register* by the United States Department of Health and Human Services.

*Primary caregiver—*The one identified [relative] **family member or other responsible individual** who has [assumed the] primary responsibility for the provision of care, **including the coordination of care and services** needed to maintain the physical [or] **and** mental health of [a functionally dependent older adult or other adult suffering from chronic dementia such as Alzheimer’s Disease, who lives in the same residence with the individual on a continuous basis and] **the care receiver and who** does not receive financial compensation for the care provided.

Program—The **[Family]** Caregiver Support Program.

Relative--A spouse or parent; child; stepparent; stepchild; grandparent; grandchild; brother; sister; half-brother; half-sister; aunt; grant aunt; uncle; great uncle; niece; or nephew, by blood, marriage or adoption.

Respite care service—A regular, intermittent or emergency service which provides the primary caregiver of a **[functionally dependent older adult or other adult suffering from a chronic dementia such as Alzheimer’s Disease]** **care receiver** with relief from normal caregiving duties and responsibilities.

[Same residence— A house, apartment, mobile home, group of rooms or single room, occupied as separate living quarters.]

Secretary—The Secretary of the Department.

Supportive services—Services, other than respite care services, that are directly related and necessary to the care being provided to the care receiver.

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PROGRAM ADMINISTRATION

§ 20.11. [Administrative functions and responsibilities] Responsibilities of the Department.

(a) The Department will administer the Program under contract with the **[area agencies on aging] AAAs**.

(b) **[In the administration of the Program, the Department’s functions and responsibilities include the following:]**

The Department will do all of the following:

(1)[The review and approval of the annual Program plans submitted by area agencies on aging under 20.12 (relating to administrative functions and responsibilities of area

agencies on aging)] **{Reserved}**.

(2) [The allocation to area agencies on aging of] **Allocate to the AAAs** funds appropriated for the provision of services and benefits under this chapter.

(3)[The establishment and maintenance of] **Establish and maintain** minimum standards for the operation of the Program and the provision of services and benefits under this chapter.

(4) [The development and maintenance of] **Develop** fiscal and service data collection [forms] **methods** and procedures for collecting information[on families served and services and benefits provided].

(4.1) Collect information on families served and services and benefits provided.

(5) [The monitoring of] **Evaluate** local Programs for compliance with this chapter and [approved area agency on aging Program plans]**Departmental directives.**

§ 20.12. [Administrative functions and responsibilities] Responsibilities of area agencies on aging.

(a) *General.* **The AAA shall do all of the following:**

(1) [Each area agency on aging shall administer] **Administer** a Program under this chapter in its planning and service area.

(2) [In the administration of the Program, the functions and responsibilities of the area agency on aging shall include the following:

(i) The development and submission of a Program plan under subsection

(b).

(ii) The coordination of service development and delivery under this chapter with other appropriate agencies and organization in the community,

with special efforts to develop and maintain an effective network of local support for caregivers.

(iii) The collection and submission to the Department of Program and fiscal information on families served, and services and benefits provided, on forms provided by the Department.]

Coordinate service development and delivery under this chapter with other appropriate agencies and organizations in the community and develop and maintain an effective network of local support for caregivers.

(3) Collect and submit fiscal information on families served, and services and benefits provided, as prescribed by the Department.

(b) *Program plans.* Each [area agency on aging shall submit annually a plan which includes]~~AAA shall, as part of their 4-year local area plan, include~~ the following information:

(1) [An organizational chart which illustrates the staffing and flow of decision making for the Program.] {Reserved}.

(2) [A discussion of how the agency will assign casework staff to the Program to achieve and maintain the consistency required under § 20.32 (relating to assessment and care management).] {Reserved}.

(3) [A training plan which describes special training for staff persons to be assigned to the project.] {Reserved}.

(4) [A description of the procedures to be used for reimbursing caregivers.]A description of how the agency will administer the Program under this chapter.

(5) A description of area agency on aging strategies for the strengthening or developing of a local network of [family] primary caregiver resources. [At a minimum, an area

agency on aging shall form and utilize an interorganizational advisory or oversight committee to establish or enhance a local network of caregiver resources. This committee may be an adjunct of the area agency on aging advisory council. The use of network models that involve local voluntary groups, churches, health care organizations active in the areas of Alzheimer’s Disease, support groups for family caregivers and other similar organizations is strongly encouraged.]

(6) An explanation of how the area agency on aging will assure that all ethnic groups and economic levels of community are effectively reached by the Program.

(7) A description of strategies for carrying out caregiver education **and outreach** so that different kinds of caregiver education needs are effectively met. Caregiver education shall involve, to the extent possible, the participation of existing community resources. These efforts may include support groups if appropriate.

(8) **[A 12-month operating budget on a form provided by the Department.]**
{Reserved}.

(c) *Program compliance.* Failure of an **[area agency on aging]** **AAA** to comply with **[corrective action]** **performance improvement** requirements resulting from the Department’s compliance **[monitoring]** **evaluation** shall lead to sanctions imposed by the Department when, after discussion, the **[area agency on aging]** **AAA** and the Department are unable to reach a mutually satisfactory resolution of the non-compliance issue.

PRIMARY CAREGIVER PARTICIPATION

§ 20.21. Eligibility for Program benefits.

(a) *General.* The services and benefits of the Program are available to **[the primary caregiver**

of a functionally dependent older adult relative, or other adult relative suffering from a chronic dementia such as Alzheimer’s Disease, who lives in the same residence and whose household income does not exceed 380% of the poverty level. In addition to a thorough family assessment, these services include benefits counseling, caregiver education and financial benefits.] primary caregivers who meet the eligibility requirements described in subsection (b). The financial benefits are available to caregivers, whose care receiver’s household income does not exceed 380% of the poverty level, as provided under §§ 20.41—20.45 (relating to reimbursement benefits), to reimburse caregivers for expenses directly related to the provision of care. Subject to the availability of appropriated funds allocated to a planning and service area, these benefits are available on a cost-sharing basis up to specified maximum amount according to the [caregiver family’s] care receiver’s household income and documented expenditures.

(b) *Criteria for the determination of eligibility.* For a caregiver to be determined eligible for the services and benefits available under this chapter, the following criteria shall be met:

- (1) The caregiver shall be the primary caregiver of a care receiver as defined under § 20.2 (relating to definitions).
- (2) [The primary caregiver and the care receiver shall be relatives and live together in the same residence.] {Reserved}.
- (3) [The caregiver family (care receiver included)] The caregiver and care receiver, with the exception of a minor, dependent student, shall cooperate with the [area agency on aging] AAA in the completion of a comprehensive assessment of the caregiver, the [care receiver] care receiver and the caregiving environment as required under § 20.32 (relating to assessment and care management).

(4) [The carereceiver shall be a functionally dependent older adult or other adult with a chronic dementia such as Alzheimer’s Disease as diagnosed under § 20.32.]

{Reserved}.

(5) The care receiver’s household income [of the caregiver family], as provided under § 20.23 (relating to income), may not exceed 380% of the poverty level to receive reimbursement benefits.

§ 20.22. Conditions of participation.

(a) *Certification of accountability.* As a condition of participation in the Program, an eligible primary caregiver shall sign a certification of accountability as provided under § 20.32 (relating to assessment and care management). The primary caregiver’s signature on the certification will attest to the truth of the information provided during the assessment and will indicate the caregiver’s understanding of responsibility for compliance with Program requirements, especially those under §§ 20.41—20.45 (relating to reimbursement benefits) which relate to the reimbursement of caregiver expenses and penalties for violation of this chapter.

(b) *Change of status.* It is the responsibility of the primary caregiver to report to the area agency on aging any change of status in the caregiving situation which might affect eligibility for the Program or the service plan developed under § 20.32. Reportable changes include significant changes in the health status of the [carereceiver] care receiver, [living arrangements or] the care receiver’s household composition or income, the ability of the caregiver to provide the necessary care and the availability of informal supports to the care being provided.

(c) *Documentation of information.* The [area agency on aging] AAA shall require a primary caregiver to document the care receiver’s household income, [with a copy of Federal income tax returns from the previous calendar year. If the required tax return is

unavailable, examples of other documentation which may be provided are listed under § 20.23 (relating to income).] Examples of documentation which may be provided are listed under § 20.23 (relating to income). The [area agency on aging] AAA may require a primary caregiver to document other eligibility-related information provided during the assessment.

(d) *[Choice of available services.*

(1) Individual care receivers and their caregiver families may not receive the services of the Program and Level II Services of the OPTIONS Program simultaneously. The caregivers of carereceivers who are on a waiting list for OPTIONS Level II Services may be accepted into the Program until the carereceiver is admitted to Level II Services. When a place becomes available in Level II Services, the area agency on aging, in full consultation with a family which has been in the Program while on the waiting list for Level II Services, shall review the relative benefits and the appropriateness of the two programs and choose the one which is most appropriate. This provision does not preclude the possibility of an OPTIONS Level II care recipient living in the same residence as a separate carereceiver and caregiver who are eligible to receive benefits and services under this chapter.

(2) Carereceivers who are assessed under the OPTIONS Program and referred to Level I Services may receive these services, when appropriate, in addition to their primary caregiver receiving benefits and services from the Program.]

Enrollment in other programs. Individual primary caregivers or their care receivers may not receive the services of the Program when in receipt of Medical Assistance Long-Term Services and Supports (MA-LTSS).

(e) *Protection from abuse.* [A substantiated case of abuse, neglect, exploitation,

abandonment as defined in The Older Adults Protective Services Act (35 P.S. §§ 10211—10224) or under another civil or criminal statute regard an older adult, shall prohibit a caregiver from receiving benefits and services under this chapter unless authorized by the Department to prevent further abuse.]

(1) A primary caregiver shall be prohibited from receiving benefits under this chapter when any of the following apply:

(i) The primary caregiver is a perpetrator in a substantiated case of abuse, neglect, exploitation or abandonment as defined in the Older Adults Protective Services Act (35 P.S. §§ 10225.101—10225.5102).

(ii) The primary caregiver is a perpetrator in a substantiated case of abuse, neglect, exploitation or abandonment as defined in the Adult Protective Services Act (35 P.S. §§ 10210.101—10210.704).

(iii) The primary caregiver is a perpetrator in a substantiated case of child abuse as defined in 23 Pa.C.S. Chapter 63 (relating to child protective services), commonly known as the Child Protective Services Law.

(2) The **primary** caregiver is required to certify on the certification of accountability under § 20.32 whether one or more of the following apply:

[(1)] (i) The **primary** caregiver has been convicted of a crime relating to the abuse, neglect, exploitation or abandonment of an older adult, **an individual with a disability or a child.**

[(2)] (ii) The **primary** caregiver has been found civilly liable for abuse, neglect, exploitation or abandonment of an older adult, **an individual with a disability or a child.**

[3)] (iii) The primary caregiver has been notified that the caregiver is an alleged perpetrator in a substantiated report of need for protective services under [The] the Older Adults Protective Services Act, the Adult Protective Services Act or the Child Protective Services Law.

* * * * *

§ 20.23. Income.

(a) *Income limits.*

(1) [Caregivers] Primary caregivers whose care receivers' household income exceeds 380% of poverty level are not eligible for the reimbursement benefits and services under this chapter.

(2) [Caregivers] Primary caregivers whose care receivers' household income exceeds 200% of poverty level and does not exceed 380% of poverty level are required to share in the costs of reimbursable items and services under this chapter based upon a sliding scale established by the Department as provided under § 20.41 (relating to general reimbursement).

(b) *Income inclusions.* Income includes the following:

- (1) Salaries.
- (2) Wages.
- (3) Bonuses.
- (4) Commissions.
- (5) Net income from self-employment or partnership income.
- (6) Alimony.
- (7) Support money.

(8) Cash Public Assistance[**and relief**].

(9) The gross amount of pensions [**or annuities, including**]**and** Railroad Retirement benefits.

(9.1) The taxable amount of annuities and Individual Retirement Accounts.

(10) The gross amount of cash benefits received under the Social Security Act (42 U.S.C.A. § § 301—1397e), except Medicare benefits.

(11) Benefits received under State unemployment insurance laws.

(12) [**Veteran’s disability payments**] {**Reserved**}.

(13) Interest, including interest received from the Federal government, State government or an instrumentality or political subdivision thereof.

(14) Realized capital gains [except as provided in subsection (c).

(15) Rental income.

(16) Workmen’s compensation benefits and the gross amount of loss of time insurance benefits, except those benefits granted under section 306(c) of the Workmen’s Compensation Act (77 P. S. § 513).

(17) Life insurance benefits and proceeds, except as provided in subsection (c).

(18) Gifts or bequests of cash or property converted to cash, other than transfers by gift between members of a household, in excess of \$300.

(19) Any amount of money or the net cash realized from the sale of a prize, such as an automobile or a trip won in a lottery, contest or by a form of gambling.

(20) Royalties.

(21) Dividends.

(c) *Income exclusions.* Income does not include the following:

- (1) Surplus food or other noncash relief, including food stamps, supplied by a government agency.
- (2) Property tax rebate payments and rent rebate payments, received under the Senior Citizens Rebate and Assistance Act (72 P. S. § § 4751-1—4751-12).
- (3) Medicare ~~[benefits]~~**Part B premiums**.
- (4) The first ~~[\$5,000]~~**\$10,000** of the total of death benefit payments received upon the death of each person from whom the benefits may be due.
- (5) The difference between the purchase price of a person's residence and its selling price, to the extent that the person uses the proceeds from the sale of the residence to purchase a different residence within 2 years of the sale of the former residence.
- (6) The amount of damages received, whether by civil suit or settlement agreement, due to personal injuries. Damages received means an amount received through prosecution of a legal suit, action or other claim based on tort or tort type rights, or through a settlement agreement entered into in lieu of litigation, except to the extent that the amount duplicates reimbursements previously received. Damages include black lung benefits and benefits granted under section 306(c) of the Workmen's Compensation Act.
- (7) Payments provided to eligible low income households under the Low Income Home Energy Assistance Program.
- (8) That portion of client payments received by home providers in the Domiciliary Care Program administered by the Department under Chapter 21 (relating to domiciliary care services for adults), which, for any specific income year, does not exceed the actual expenses of providing domiciliary care services.
- (9) Veterans Administration Aid & Attendance payments.**

(10) Veterans Administration dependency and indemnity compensation.

(11) State Veterans' Benefit payments as defined under section 502 of the State Lottery Law (72 P.S. § 3761-502).

(12) Payments from reverse mortgages.

(13) Federal stimulus payments.

(d) *Documentation of income.*

[(1) Except as provided in paragraph (2), a primary caregiver seeking benefits under this chapter shall document through copies of the applicable Federal income tax returns, or other acceptable documentation, the total annual household income for the calendar year immediately preceding the year in which the caregiver is assessed or reassessed for participation in the Program.

Example—A primary caregiver applies to participate in the Program on August 16, 1992. The caregiver shall provide copies of the tax returns which reflect the care receivers' total annual household income for the previous year, which is calendar year 1991. Accordingly, the caregiver shall provide tax returns which document household income received from January 1, 1991, up to and including December 31, 1991.

(2) If the caregiver believes that recent changes in income have resulted in a lower household income which would affect the caregiver's eligibility or the level of cost sharing required, the caregiver may provide the area agency on aging with documentation of current annual income. The area agency on aging will determine what documentation is necessary and the period of time for which the documentation is needed in order for the agency to determine an accurate calculation of current

annual household income.

(3) The failure to provide truthful information with respect to this section will subject the caregiver to the penalties provided under § 20.45 (relating to Program violations and penalties).]

A primary caregiver shall document the care receiver's total gross annual household income.

(e) Acceptable documentation of income. The following are examples of documents, photocopies of which may be provided as acceptable documentation of income under subsection

(d):

(1) Federal, State or local income tax returns.

(2) Pension [checks]statements, annuity [checks]statements or [checks]statements from other sources of income such as the Social Security Administration or the Railroad Retirement Board. [When the checks are issued monthly, or on some other less-than-annual basis, a photocopy of the check for a single month, or other applicable period, will suffice. United States Treasury checks may not be photocopied.]

(3) [Statements from a financial institution where direct deposit is made for the applicant or claimant or statements from a government agency, such as the Social Security Administration or the Railroad Retirement Board.] {Reserved}.

(4) Documents that clearly [verify]indicate the type and amount of income or a recent change in previous annual income.

§ 20.24. Appeals.

Primary caregivers have the right to appeal an adverse [decision] action by [an area agency on

aging] an AAA [regarding eligibility or the level of cost sharing determined by the agency].

Appeals shall be filed under Chapter 3 (relating to fair hearings and appeals).

CORE PROGRAM SERVICES

§ 20.31. General.

The core services of the Program include the assessment of the caregiver, [carereceiver] care receiver and caregiving environment; the development of a care plan responsive to the caregiver's needs [and burdens]; ongoing [casework] care management services [as needs may arise]; benefits counseling[;] and caregiver education and training.

§ 20.32. Assessment and care management.

(a) *Activities.* Assessment and care management services include the following activities:

- (1) [The assessment] Assessment of the status and needs of the caregiver, the [carereceiver] care receiver and the caregiving environment.
- (2) [The development] Development and management of a care plan.
- (3) [The reassessment] Formal reassessment of status and needs [every 6 months. Reassessment includes ongoing casework as problems arise] at least every 12 months on a form established by the Department.
- (3.1) Informal review of status and needs every 3 months.
- (4) Ongoing assistance with resources, services or supports

(b) *Certification.*

[In addition to the activities provided for under subsection (a), the area agency on aging staff person who carries out the assessment shall secure, at the time of assessment, the signature

of the primary caregiver on the certification of accountability required under § 20.22 (relating to conditions of participation).]

(1) The AAA shall require, at the time of assessment, the signature of the primary caregiver on the certification of accountability required under § 20.22 (relating to conditions of participation).

(2) This certification shall make reference to the caregiver’s responsibilities, including compliance with restrictions on the reimbursement of expenses[,] under the Program, and attest to the truth of the information provided by the caregiver.

(3) As a witness, the [area agency on aging] **AAA** staff person completing the assessment shall also sign it.

(4) This certification will serve as the contractual basis for the [area agency on aging’s] **AAA’s** reimbursements for the caregiver’s expenses[. It may also] **and may** be used as a basis for the recovery of reimbursements subsequently determined to be inappropriate under § 20.45 (relating to program violations and penalties).

(c) *Standards and procedures.* Assessment and care management activities shall be carried out under the following standards and procedures:

(1) In addition to the requirements of this chapter, the activities of assessment and care management under the Program shall be carried out in conformity with the general care management procedures currently in practice with services under Department contracts with [area agencies on aging] **AAAs**. [This includes efforts by area agencies on aging to conserve resources by developing and utilizing screening instruments to target appropriate families for] **The AAA shall utilize tools prescribed by the Department for the assessment, development of a care plan of services,** and [subsequent services

or] placement on a [waiting] wait list for caregivers. [Waiting] Wait list procedures for the Program will establish the priority of service and position on the [waiting] wait list by rating factors relating to the status of the caregiver and [carereceiver] care receiver., **the family and the total caregiving situation to determine the situations of greatest need for agency intervention.]**

(2) An assessment shall be completed on each caregiver [family] using the current form established by the Department. The assessment provides for the collection of information concerning the caregiver, the caregiver's [burden] wellbeing, the [carereceiver] care receiver's limitations in performing activities of daily living (ADLs) and the caregiving environment.

(3) [When the carereceiver is an older adult, a clinical determination of the functional dependence of the carereceiver shall be made by the caseworker on the basis of information obtained on the assessment instrument. Special reference shall be made to the carereceiver's limitations in carrying out the activities of daily living, including mobility; the cognitive limitations of the carereceiver; and the conditions of the caregiving environment that may contribute to the need for the continuous care or supervision of the carereceiver or increase the caregiver's burden, or both. If the functional dependency of the carereceiver cannot be established, the area agency on aging may not serve the caregiver under the Program.]

When the care receiver is a functionally dependent older adult, the AAA shall verify the following:

(i) The primary caregiver is age 18 years of age or older.

(ii) The caregiver assumes primary responsibility for the provision of

care.

(iii) The care receiver is age 60 years of age or older.

(iv) The care receiver requires either limited or total assistance with at least one activity of daily living.

(4) When the [carereceiver] **care receiver** is [an adult 59 years of age or younger, the area agency on aging shall establish the categorical need for the Program by applying the following provisions:

(i) Through the assessment process, the area agency on aging shall determine that the history of the onset of the carereceiver's condition indicates an identifiable decline in intellectual function resulting in a cognitive impairment that is severe enough to interfere with work or social activities, or both, and requires the continuous care or supervision of the caregiver.

(ii) The area agency on aging shall require the presentation of written documentation from a physician, or team of physicians, that a medical diagnosis which meets the following minimum criteria indicates that the carereceiver has a chronic dementia such as Alzheimer's Disease:

(A) It shall document, to the extent possible, that the carereceiver has suffered a decline in intellectual function.

(B) It shall document through the use of a mental status examination or a neuropsychological examination that there is a global loss of cognitive function. Global loss of cognitive function includes memory impairment, the impairment of visio-constructive abilities and at least one of the following:

(I) Impairment of abstract thinking.

(II) Impairment of judgment.

(III) Impairment of other complex capabilities, such as language use, the ability to perform complex physical tasks, the ability to recognize objects or people or the ability to construct objects.

(IV) A personality change.

(C) It shall document testing to establish that the care receiver was, at the time of diagnosis, in a state of clear consciousness and that other mental states such as acute or subacute delirium, sleep, coma, stupor and intoxication were considered and ruled out. It shall document clinical tests that were administered to insure that the patient's cognitive impairment is not due to delirium alone and is not due to a reversible loss of cognitive function.]

an individual of any age who is living with Alzheimer's disease or a related disorder, as defined in § 20.2 (related to definitions), the AAA shall verify the following:

(i) The primary caregiver is 18 years of age or older.

(ii) The caregiver assumes primary responsibility for the provision of care.

(iii) The care receiver's physician has provided written documentation of a diagnosis of Alzheimer's disease or a related disorder.

(5) When the care receiver is an individual age 18 to 59 with a disability, the AAA shall verify the following:

(i) The primary caregiver is 55 years of age or older.

(ii) The primary caregiver cares for and resides with the care receiver, who is an individual with a documented disability.

(iii) The care receiver is no younger than 18 years of age and no older than 59 years of age.

(iv) The primary caregiver is the parent, grandparent or other relative of the care receiver by blood, marriage or adoption.

(6) When the care receiver is a child younger than 18 years of age, the AAA shall verify the following:

(i) The primary caregiver is 55 years of age or older.

(ii) The primary caregiver cares for and resides with the care receiver.

(iii) The primary caregiver is the grandparent, step-grandparent or other relative, not including the biological or adoptive parent, of the care receiver by blood, marriage or adoption.

(iv) The primary caregiver is caring for the care receiver because the biological or adoptive parents are unable or unwilling to act as the primary caregiver of the care receiver.

(v) The primary caregiver has a legal relationship to the care receiver, including legal custody, adoption or guardianship of the care receiver, or is caring for the care receiver in an informal manner

(d) *[Staff resources.*

(1) Assessments and care management shall be carried out by staff persons who meet or exceed the minimum experience and training qualifications for the caseworker classification of the Pennsylvania State Civil Service System.

(2) Consistency in the assignment of casework staff to the Program is required.

While this consistency may be achieved with different combinations of shared or dedicated staff, at a minimum, assignments shall provide for the development over time of special staff expertise in the unique aspects of the Program. How the area agency on aging intends to achieve and maintain this staff expertise shall be discussed in the plan required under § 20.12 (relating to administrative functions and responsibilities of area agencies on aging).

(3) Each area agency on aging is required to secure the consultation services of a person experienced in rehabilitation technology to provide consultation, as appropriate, on the agency's home environment assessments, to help determine if special expertise is needed to assess specific situations (for example, from a rehabilitation engineer), to identify all available resources for responding to the carereceiver's need for home modifications and assistive devices and how project resources should be utilized for this purpose; and to provide technical assistance to case managers for assessing home environments.

(4) Area agencies on aging shall take special precaution and require disclosure of potential conflicts of interest when using the services of consultants; for example, a consultant who owns, or is employed by, a medical supply company. If a consultant who has a potential conflict of interest is used as a consultant for a specific caregiver case, the area agency on aging shall insure that the arrangement for the consultation precludes the purchase of a recommended item from the consultant.] {Reserved}.

§ 20.33. Benefits counseling

(a) [General.

(1) The family-centered assessment of caregiving needs and stresses required under 20.32 (relating to assessments and care management) forms the basis for the provision of comprehensive counseling about resources and benefits appropriate to meet the specific needs of each caregiving family. This includes Federal, State and local, formal and informal resources and assistance in gaining access to these resources.]

[(2) Caregivers may be people from a wide range of family circumstances. The benefits and resource information relevant to a caregiver's needs may be different from that which is relevant to traditional area agency on aging clients. Benefits counseling may need to assist caregivers in securing resources to address a wide variety of problems in areas ranging from day care for young children to mental health, drug and alcohol abuse or vocational rehabilitation.]

The AAA shall provide individualized counseling about Federal, State and local formal and informal resources and benefits appropriate to meet the specific needs of each caregiver and care receiver. When needed, the AAA shall also provide assistance in gaining access to these resources.

(b) [*Service activities.*] Benefits counseling services include the following activities:

(1) Review of existing assessment documentation, and [**intensive**] exploration of additional resources or entitlements, or both.

(2) Providing comprehensive relevant information regarding resources or making referrals to resources, or both. This [**may be**] **is provided** through **individualized discussion**, [**caseworker/client discussion, the provision of telephone contacts, pamphlets**] **written materials** or direct referral.

- (3) **[Exploring]Identifying** resources and benefits, including the following:
- (i) **[MH/MR] Mental Health and Intellectual or Developmental Disability**
Programs.
 - (ii) **[Drug and alcohol] Substance Use Disorder** programs.
 - (iii) Insurance **counseling** programs[/policies].
 - (iv) Specific disease related organizations **[-cancer, Alzheimer’s Disease, and the like].**
 - (v) Support groups.
 - (vi) Veterans Administration programs.
 - (vii) **[Healthy Horizons.] {Reserved}.**
 - (viii) Social Security **Administration programs.**
 - (ix) **[SSI.] {Reserved}.**
 - (x) **[Food Stamps] Supplemental Nutrition Assistance Program (SNAP).**
 - (xi) **Pharmaceutical Assistance Contract for the Elderly (PACE).**
 - (xii) Property Tax/Rent Rebate.
 - (xiii) **[LIHEAP (energy assistance)] Energy and utility assistance programs.**
 - (xiv) Medical Assistance.
 - (xv) Housing **and homelessness** programs.
 - (xvi) Weatherization programs.
 - (xvii) Community based [soc/rec] **social and recreational** programs.
 - (xviii) **[Local city mission services.] {Reserved}.**
 - (xix) **[Red Cross] Emergency and disaster-relief programs.**
 - (xx) **[Lions Club] Civic and service organizations.**

(xxi) [Blind Association] Services and programs for individuals with disabilities.

(xxii) Transportation programs.

(xxiii) [Food banks] Community food programs.

(xxiv) [Community action programs] Service and volunteer programs.

(xxv) [VISTA] Employment and training programs for older adults.

(xxvi) Health and wellness programs.

(xxvii) Legal aid services.

(4) Reviewing of medical supply and equipment needs and, in the absence of alternative sources, attempting to obtain supplies and equipment on behalf of the caregiver.

(5) [Assisting with the completion of applications for public benefits programs, such as PACE, Property Tax and Rent Rebate, Veterans Administration benefits, housing programs, and the like.] {Reserved}.

(6) Following-up as appropriate.

(c) [Exclusions. While benefits counseling may include the exploration of options, resources and services, as well as the potential consequences of either the use or lack of use of them, it] The AAA may not include recommendations or advice to caregivers on specific providers of purchased services and supplies when there are [specific] choices available to them.

(d) [*In-service training.*] Staff assigned to the benefits counseling functions shall receive [special in-service] training in caregiving needs and available resources.

§ 20.34. Caregiver education and training.

(a) *General.* [The purpose of caregiver education and training is] The AAA shall offer caregiver education and training to strengthen caregiving skills and ease the [burden] stress of

caregiving, with special attention to health problems of **[carereceivers]** **care receivers**, coping skills for caregivers and the performance of appropriate personal care tasks. For the purpose of this Program, caregiver education **[shall be carried out on a face-to-face basis or, at a minimum, through videotape instruction. Printed educational materials may be used to supplement these activities]** **may consist of a variety of approaches, which may include distribution of printed educational materials or referral to web-based resources and available training opportunities specific to caregivers.**

(b) *Service activities.* **[The service activities of caregiver education may consist of a variety of approaches designed to reach the general caregiver population in the community. Area Agencies on Aging]** **AAAs** shall take steps to ensure **[that]** opportunities for caregiver education are readily accessible to caregivers under the Program. Activities include the following:

- (1) **[The review of]** **Reviewing** existing assessment documentation, and **[intensive]** exploration of the educational needs of individual caregivers.
- (2) **[The development of]** **Developing** programming to meet the educational needs of **[individual Program caregivers and groups of Program caregivers]** **caregivers in individual and group settings.**
- (3) **[Hands-on training to develop a caregiver’s skill in performing an essential task of caregiving such as bathing]** **Providing or arranging for education and training for the caregiver.**
- (4) **[The development of an educational library. An educational library may contain either written or videotaped material, and shall promote both individual or group Program caregiver utilization of this material]** **Developing access to an educational resource library, either at the AAA or by collaborating with community**

resources, including local agencies and libraries.

(5) [Special “Caregiver Days,” such as events held in recognition of National Caregivers Week or Older Americans Month. These “Caregiver Days” may consist of educational programs, group interaction or group review of educational videotapes] **Organizing caregiver-focused celebration and recognition events.**

(6) [Support group activities, including educational programming] **Referring caregivers to support groups and assisting in the development of support groups, as necessary.**

(7) [The review of educational videotapes by individual caregivers in their homes.] **{Reserved}.**

(8) [The facilitation of] **Facilitating** caregiver access to educational **and training** services not available directly from the Program.

(c)[*Funding caregiver education.* The area agency on aging is not required to fund as a core service all caregiver education services available. In developing caregiver education services, area agencies on aging shall rely heavily upon other sources of the area agency on aging and local resources available elsewhere in the community. Program plans shall contain minimal reliance upon funding appropriated under this chapter to fund caregiver education activities.] **{Reserved}.**

REIMBURSEMENT BENEFITS

§ 20.41. General reimbursement.

(a) *Expenditure parameters.* [When an area agency on aging has annualized its Program and the ongoing caseload level has stabilized at, or around, the level projected in the approved Program plan, the following parameters on expenditures shall be observed] **The**

AAA shall budget the program allocation on program activities with the following limitations

and requirements:

- (1) At least 55% of the allocated funding shall be budgeted and expended for the reimbursement **[of care-givers] to caregivers.**
- (2) No more than 20% of the amount budgeted and expended for the reimbursement **[of] to** caregivers may be **[budgeted and expended]** for home modifications and assistive devices.

(a.1) *Permissible expenditures.* Caregiver reimbursement is permitted for the following services and supplies, which may include:

- (1) Respite services.**
- (2) Consumable supplies.**
- (3) Supportive services.**
- (4) Home modifications.**
- (5) Assistive devices.**
- (6) Services specific to grandparents/older relative caregivers.**

(a.2) *Exclusions.* Services and supplies excluded from caregiver reimbursement include the following:

- (1) Prescription medication and medical services not covered by insurance (including complimentary and alternative medical services).**
- (2) Medical co-payments and deductibles.**
- (3) Mileage and gasoline for transportation-related services.**
- (4) Routine consumable household supplies.**
- (5) Glasses.**

(6) Dental braces and dentures.

(7) Food, including home-delivered meals.

(8) Home repairs and maintenance.

(9) OPTIONS Program cost-share fees.

(10) Housing and utility costs, including cell phones.

(11) Tuition for private schools and higher education.

(12) Any service or supply fully covered by third-party insurance.

(13) Other items not directly related to the care of the care receiver.

(b) *Cost-shared benefits.* Funding to reimburse primary caregivers for caregiving expenses as provided in this chapter is available on a cost-sharing basis as follows:

(1) Up to 100% of the maximum amounts **[provided in subsection (c)] as determined by the Department and published in the *Pennsylvania Bulletin* in accordance with section 5(b) of the act (62 P.S. § 3065(b))**, depending on expenditures and availability of funds, may be used to reimburse primary caregivers whose **care receiver's** household income does not exceed 200% of the current poverty level.

(2) As **the care receiver's** household income increases in 20% brackets, the available reimbursement benefit decreases by 10%. Thus a primary caregiver whose household income is between 280% and 300% of the poverty level may be reimbursed for up to 50% of the maximum benefit available[, **or up to \$100 per month for ongoing expenses or \$1,000 for home modifications or assistive devices as provided under subsection (c))**].

(3) The Department will maintain a cost-sharing table indicating the current dollar amounts of household income ranges at the different cost-sharing levels and household sizes. This table will be updated annually on the basis of revised Federal poverty guidelines

published in the *Federal Register*. Interested parties may obtain a copy of the current cost-sharing table from the local [area agency on aging] AAA [or from the Division of Policy, Department of Aging, 231 State Street, Harrisburg, Pennsylvania 17101-1195].

(4) [To determine the amount which may be reimbursable by the area agency on aging, the appropriate percentage of the maximum benefit available is applied to the amount the caregiver expended up to that maximum.] The AAA shall apply the appropriate reimbursement percentage to the amount the caregiver expended up to the maximum benefit available. When caregiver expenditures exceed the maximum amounts available, the percentage is applied only to the maximum amount. [Thus, if a primary caregiver is eligible for 50% of the maximum benefit and incurs monthly caregiving expenditures of \$400, the most the caregiver may be reimbursed is \$100; that is, 50% of the \$200 maximum benefit available.]

(c) *Maximum amounts.*

(1) [To reimburse for ongoing expenses of respite care services, other related services and consumable supplies needed to provide the necessary care, up to \$200 per month may be made available depending upon actual expenditures, household income and the availability of funds.] The monthly maximum as established by the Department and published in the *Pennsylvania Bulletin* may be made available for the caregiver for ongoing services and supplies.

(2) [To reimburse for expenses incurred for home modifications and assistive devices purchased under this chapter, up to \$2,000, depending upon actual expenditures, household income and the availability of funds, may be made available during the full time that a case is active] The lifetime maximum amount as established

by the Department and published in the *Pennsylvania Bulletin* may be made available for the caregiver for home modifications and assistive devices.

(3) Caregivers are not entitled to the maximum amounts under paragraphs (1) and (2). Reimbursements are made on the basis of need, **household** income, actual expenditures and the availability of funds.

(4) **[Although area agencies on aging retain] AAAs have** the discretion to control caregiver reimbursements to prevent the depletion of available funds **[by projected utilization patterns,]. However, [an area agency on aging] an AAA** does not have the authority to set different maximum amounts in its planning and service area.

(d) *Other general controls.*

(1) **[An area agency on aging may control the utilization of reimbursement funding through the use of waiting lists for new families, delay in accepting families from waiting lists to permit attrition to decrease funding demands, delay in preapprovals of home modifications and assistive devices until additional funds are available. Primary caregivers shall be made aware at intake that reimbursements are not entitlements and are contingent upon the availability of funds under the Program appropriation] Limited funding may result in the establishment of a Caregiver Support Program wait list by the AAA. The wait list shall include caregivers awaiting enrollment into the program, caregivers waiting for a home modification or assistive device, and caregivers who require an increase in their monthly reimbursement benefit until funds are available.**

(1.1) Primary caregivers shall be made aware during enrollment that reimbursements are not entitlements and are contingent upon the availability of

funds.

(2) [An area agency on aging may require a primary caregiver to provide additional documentation of the income information provided during assessment when there is clear justification to question the validity of the documentation provided previously.]

{Reserved}.

(3) [Some form of direct reimbursement of documented caregiving expenses shall be instituted. If explained in an approved Program plan, as provided under § 20.12 (relating to administrative functions and responsibilities of area agencies on aging), an area agency on aging may also use one or more other methods, such as a voucher system, to get the reimbursement benefits to primary caregivers] **The AAA shall have a policy approved by the Department for reimbursement of approved caregiver expenses.**

(4) Funding available for the reimbursement of [care-givers] **caregivers** is [not] intended to [displace other resources available to the caregiver family] **supplement, not duplicate, services available by other Federal, state and local resources.** [Area agencies on aging may not knowingly use the resources of the Program to provide benefits available under other resources and shall take steps through benefits counseling to promote the utilization of other available resources to assure that displacement of other resources does not occur] **AAAs shall provide individualized counseling and support to assist caregivers in identifying and gaining access to all available resources and benefits to meet their need specific needs.**

(5) [To provide an adequate audit trail for reimbursements, the area agency on aging shall obtain from primary caregivers and retain in agency files documentation

of caregiver expenditures for which reimbursements are made] The AAA shall require primary caregivers to submit documentation for reimbursement in a manner established by the Department.

(6) [Funding available for the reimbursement of caregiving expenses may not be used to cover caregiver payments for the services of relatives.] Caregivers may not receive reimbursement for the caregiving expenses paid to the spouse of the caregiver or care receiver or to an individual with a legal relationship to the care receiver, including but not limited to Power of Attorney, representative payee, or guardian.

[Area agencies on aging] AAAs shall make primary caregivers aware of this restriction [at the time they are admitted into the Program by including it in the certification of accountability required under § 20.22 (relating to conditions of participation)].

(6.1) Caregivers may not receive reimbursement of caregiving expenses paid by the care receiver.

(7) Categories for reimbursed purchases shall remain distinct when maximum amounts are applied. Costs of ongoing [expenses] services and [consumable] supplies are subject to the [\$200 per month] monthly maximum as established by the Department and published in the *Pennsylvania Bulletin*. Costs of home modifications and assistive device purchases are subject to the [\$2,000] published lifetime maximum.[during the full time the case is active. Since the costs of leasing an assistive device are also an ongoing “out-of-pocket” expense, an area agency may have some discretion in determining which category is to be charged in the caregiver’s needs for other respite care are not jeopardized.]

(8) [Area agencies on aging are expected to promote the concept that the

reimbursement for ongoing expenses is available to empower caregivers to make their own decisions and choices. While it is important to work with caregivers in planning appropriate responses to their needs, the emphasis should be on expanding the awareness of caregivers of the various options which may be open to them.]
{Reserved}.

§ 20.42. Ongoing caregiving expenses.

(a) *Reimbursable expenses.* To qualify for reimbursement under **[this chapter] the Program**, ongoing expenses shall be for services or **[consumable]** supplies directly related and necessary to the care being provided to the **[carereceiver] care receiver**. **[To the extent that they are consistent with the developed care plan, the services may include all forms of respite care, other supportive services and consumable supplies as defined in this chapter.] The services and supplies shall be approved by the AAA and included in the care plan.**

(b) **[Accumulated] Accumulation of** *benefits.* **[To facilitate the purchase of more expensive respite care and other supportive services for a period of time that would afford a primary caregiver the opportunity to be away for several days of vacation, hospitalization or special emergency absences, an area agency on aging may permit caregivers to] Caregivers are permitted to accumulate unused monthly benefits for the purchase of extended respite care or other supportive services associated with a planned event to allow for a longer break from caregiving responsibilities. The AAA shall inform caregivers they may** accumulate unused financial benefits under the following provisions:

(1) **[Unused reimbursement benefits may only be accumulated for the purposes described under this subsection when an area agency on aging has included its intent and procedures for allowing accumulated benefits in its approved Program plan as**

provided under § 20.12 (relating to administrative functions and responsibilities of area agencies on aging).] {Reserved}.

(2) [Reimbursement] Accumulated benefits [available] may not be used for reimbursement for home modifications and assistive devices[may not be used for the special circumstances provided under this subsection].

(3) Accumulated [reimbursement] benefits must have been earned on a monthly basis prior to use and may not be anticipated. [They shall have been earned on a monthly basis prior to use.]

(4) [Unused reimbursement benefits may be accumulated over a period of time not to exceed 6 months.] Planned accumulation of unused benefits may not exceed a period of 6 months.

(5) Accumulated [reimbursement] benefits shall be used by June 30th of each calendar year and may not be carried over from 1 [contract year to another unless the Department has waived this requirement. The Department will consider waiving this requirement only if an area agency submits a written request for a waiver which adequately explains how the area agency on aging proposes to provide accumulated benefits across contract years without charging expenditures in 1 contract year to the budget for a different contract year. This paragraph is not subject to § 20.62 (relating to waivers)] fiscal year to the next.

§ 20.43. Home modifications.

(a) *Preapproval.* [Area agencies on aging shall develop a system for the preapproval of home modifications to be authorized for reimbursement benefits. The system shall require all approved home modifications to be in response to specific details noted in the caregiver's

assessment and care plan. The system may include standards for controlling the expenditure of available funding for this purpose in a way that optimizes the distribution of these funds to the most caregivers with the greatest need for home modifications.] AAAs shall develop a preapproval procedure for reimbursement of home modifications. The procedure shall require approved home modifications to be in response to a specific need documented in the caregiver's assessment and care plan.

(b) *Property ownership.*

(1) The [area agency on aging] AAA may approve reimbursement for a home modification [of] to a property owned by the [caregiver family without regard for whether the caregiver or the carereceiver is the owner of the property] primary caregiver, care receiver or another member of the care receiver's household.

(2) [An area agency on aging] The AAA may approve reimbursement of a home modification of rented property [at the agency's discretion] if the following minimum standards are observed:

(i) [The area agency on aging shall determine that there is a reasonable expectation that the family, including the caregiver, will continue to live in the home in the foreseeable future.] {Reserved}.

(ii) The caregiver shall secure the written permission of the owner before the [area agency on aging] AAA grants preapproval for the home modification.

(ii.1) The caregiver shall secure a written statement from the owner indicating that the rent will not increase as a result of the home modification.

(iii) The permission obtained from the owner shall indicate whether the owner [will or will not require] requires the home to be returned to its original state when the

[caregiver family moves out] care receiver and other occupants vacate the residence. [In some cases, this indication may be a major factor related to area agency on aging approval of the requested home modification.] Program funds may not be used for restoring the home to its original state if the owner requires it. **[In some cases, restoration by the caregiver may be possible without additional funding.]**

(iv) [Major modifications shall only be approved with the highest discretion with regard to caregiver need and the availability of funding.] {Reserved}.

[(v)](c) Documentation. The documentation maintained by the [area agency on aging] **AAA** of an approval of a modification [of rented property shall indicate that the minimum standards of this paragraph have been observed and shall state the area agency’s rationale] **shall include the AAA’s justification** for approving the reimbursement.

(d) Denial. The AAA may deny a reimbursement for a home modification when there is **not an expectation the care receiver will continue to reside in the home.**

§ 20.44. Assistive devices.

(a) Preapprovals. [Area agencies on aging] **AAAs** shall develop a [system of preapproval of reimbursable purchases of] **preapproval procedure for reimbursement for** assistive devices. **Before authorizing the reimbursement for the purchase or rental of assistive devices,** [An area agency on aging] **the AAA** shall **explore all resources available for obtaining assistive devices in the most cost-effective manner** [take appropriate steps to determine the availability of other funding—such as Medicare or Medical Assistance, or local charitable organizations—before authorizing the purchase of assistive devices].

(b) [Leased equipment. If the area agency on aging determines that a caregiver-requested

assistive device may be leased at a potential saving to the Program, the area agency on aging shall limit reimbursement to the costs of leasing rather than the purchase of the equipment.]
{Reserved}.

(c) *Return of assistive devices.* When an assistive device purchased [under] by the Program is no longer needed [in the caregiver situation], the [area agency on aging] AAA may [shall] encourage the [family] caregiver to [return it] donate the device to the [area agency on aging] AAA for [use with] future care receivers [clients] of the Program.

§ 20.45. [Program violations and penalties.]

[(a) *Violations.* Caregivers who receive services under the Program are subject to the administrative actions and penalties under this section if they commit one or more of the following acts:

(1) Making or causing to be made a false statement or representation of a material fact relating to information affecting eligibility for the benefits of the Program.

(2) Submitting false or fraudulent documentation of caregiving expenses for which reimbursement is sought or received.

(3) Violating this chapter, including a provision which affects the eligibility status of the primary caregiver, the payment of reimbursement benefits under this chapter or the refusal to provide requested documentation of eligibility-related information as provided under § 20.22 (relating to conditions of participation).

(b) *Administrative actions and penalties.*

(1) If the area agency on aging determines that a primary caregiver has violated the act or this chapter, the area agency on aging has the authority to suspend or terminate services to the caregiver under this chapter.

(2) If the area agency on aging determines that a primary caregiver has knowingly received financial reimbursement for which the caregiver is not eligible as a result of violations under this section, the area agency on aging may recover twice the amount of the reimbursements determined to be inappropriate plus interest.

(3) If the area agency on aging determines that a primary caregiver has knowingly received reimbursement monies from the Program by false or fraudulent documentation of eligibility for that reimbursement, the area agency on aging shall request the appropriate district attorney to initiate proceedings against the caregiver.

(c) *Caregiver right to appeal.* Actions by an area agency on aging against a primary caregiver for violations under subsection (b)(1) and (2) are subject to the right of appeal under Chapter 3 (relating to hearings and appeals).] {Reserved}.

OTHER PROVISIONS

§ 20.61. [Entitlement.] Non-Entitlement.

The act does not create or provide an individual with an entitlement to services or benefits under this chapter. As provided in section 6 of the act (62 P.S. 3066), it is the intent [of the General Assembly] that services under the act shall be made available [only to the extent of the availability and level of] based on appropriations made by the General Assembly.

§ 20.62. Waivers.

(a) The Department may [for justifiable reasons,] grant exceptions to [and departures from] provisions outlined in this chapter to an [area agency on aging] AAA when the [area agency on aging] AAA [can, by clear and convincing evidence, demonstrate] demonstrates that compliance would cause an unreasonable and undue hardship. upon the area agency on aging

and that an] The exception may [would] not create a negative impact on [upon the participation of a caregiver family] caregivers in the Program or [otherwise] compromise the intent of this chapter. The Department will not waive requirements in the act.

(b) A waiver request shall be made in writing to the Secretary. A request shall specifically identify and explain the burden created by the requirement [for which the exception is being sought], the alternative method for fulfilling the [basic] intent of the requirement and [evidence of] the steps to be taken to prevent a negative impact on [upon the participation of caregiver families] caregivers in the Program.

(c) An exception granted under this chapter may be revoked by the Department [for a justifiable reason]. [Notice] The notice [of revocation] will be in writing and [will] include the reason for the action of the Department with [and] a specific date upon which the exception will be terminated.

(d) [In revoking an exception, the] The Department will provide for a reasonable time between the date of the written notice of revocation and the date of termination of an exception for the [agency] AAA to come into compliance with the applicable provision of this chapter.

(e) [If an agency wishes to request a reconsideration of a denial or revocation of an exception, it shall do so in writing to the Secretary within 15 days of receipt of the notification of adverse action] {Reserved}.

(Editor's Note: The following section is proposed to be added and is printed in regular type to enhance readability.)

§ 20.63. Program violations and penalties.

(a) *Violations.* Caregivers who receive services under the Program are subject to the administrative actions and penalties under this section if they commit one or more of the following acts:

- (1) Initiating or facilitating a false statement or representation of a material fact relating to information affecting eligibility for the benefits of the Program.
- (2) Submitting false or fraudulent documentation of caregiving expenses for which reimbursement is sought or received.
- (3) Violating this chapter, including a provision which affects the eligibility status of the primary caregiver, the payment of reimbursement benefits under this chapter or the refusal to provide requested documentation of eligibility-related information .

(b) *Administrative actions and penalties.*

- (1) If the AAA determines that a primary caregiver has violated the act or this chapter, the AAA has the authority to suspend or terminate services to the caregiver under this chapter.
- (2) If the AAA determines that a primary caregiver has knowingly received financial reimbursement for which the caregiver is not eligible as a result of violations under this section, the AAA may recover twice the amount of the reimbursements determined to be inappropriate plus interest.
- (3) If the AAA determines that a primary caregiver has knowingly received reimbursement monies from the Program by false or fraudulent documentation of eligibility, the AAA shall request the appropriate district attorney to initiate proceedings against the caregiver.

(c) *Caregiver right to appeal.* Actions by an AAA against a primary caregiver for violations

under subsection (b)(1) and (2) are subject to the right of appeal under Chapter 3 (relating to hearings and appeals).



October 7, 2026

The Honorable George D. Bedwick, Chairman
INDEPENDENT REGULATORY REVIEW COMMISSION
333 Market Street, 14th Floor
Harrisburg, Pennsylvania 17101

Re: Proposed Rulemaking
Department of Aging
1-20 – Caregiver Support Program

Dear Chairman Bedwick:

Enclosed is a copy of a proposed regulation package of the Department of Aging pertaining to the Caregiver Support Program.

The Department of Aging will be happy to provide whatever information the Commission may require during the course of its review of the rulemaking.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tyler Ritchie', is written over a horizontal line.

Tyler Ritchie
Assistant Counsel
Office of Chief Counsel - Department of Aging

October 7, 2026

From: [Bulletin](#)
To: [Ritchie, Tyler](#)
Subject: [External] Re: Department of Aging - Proposed Regulation
Date: Wednesday, October 7, 2026 10:51:10 AM

ATTENTION: *This email message is from an external sender. Do not open attachments or click links from unknown senders. To report suspicious email, use the [Report Phish button](#) in Outlook.*

Good morning, Tyler!

Thank you for sending this Proposed Rulemaking for publication in the Pennsylvania Bulletin. A member of our staff will be in touch to advise of the publication of this proposed rulemaking.

Have a great day!

Leah

From: Ritchie, Tyler <tyritchie@pa.gov>
Sent: Wednesday, October 7, 2026 10:38 AM
To: Bulletin <bulletin@palrb.us>
Subject: Department of Aging - Proposed Regulation

You don't often get email from tyritchie@pa.gov. [Learn why this is important](#)

Good Morning,

Please find attached the proposed regulatory package for the Caregiver Support Program.

Please provide written confirmation via email that you have received this proposed rulemaking.

If you have any questions or issues with the package, please let me know.

Thank you,
Tyler

Tyler Ritchie
Assistant Counsel – Department of Aging
Governor's Office of General Counsel
555 Walnut Street, 5th Floor
Harrisburg, PA 17101

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Review Commission

October 7, 2026

From: [Newell, Clifton](#)
To: [Ritchie, Tyler](#)
Cc: [Holladay, Emily](#)
Subject: RE: Department of Aging - Proposed Regulation
Date: Wednesday, October 7, 2026 11:05:26 AM
Attachments: [image001.png](#)

Received.

	Clifton Newell (he/him) <i>Legislative Director</i> <i>Executive Director of the Senate</i> <i>Aging and Youth Committee</i> Senator Maria Collett, Democratic Caucus Chair Office: (717) 787-6599 Web www.senatorcollett.com Email clifton.newell@pasenate.com Socials @SenatorCollett Harrisburg Office 458 Main Capitol Building Harrisburg, PA 17120 District Office 1035 Virginia Drive Suite 201 Fort Washington, PA 19034
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From: Ritchie, Tyler <tyritchie@pa.gov>
Sent: Wednesday, October 7, 2026 10:35 AM
To: Newell, Clifton <clifton.newell@pasenate.com>
Cc: Holladay, Emily <eholladay@pa.gov>
Subject: Department of Aging - Proposed Regulation
Importance: High

You don't often get email from tyritchie@pa.gov. [Learn why this is important](#)

■ EXTERNAL EMAIL ■

Good Morning Executive Director Newell,

Please find attached the proposed regulatory package for the Caregiver Support Program.

Please provide written confirmation via email that you have received this proposed rulemaking.

If you have any questions or issues with the package please let me know.

Thank you,
Tyler

Tyler Ritchie

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October 7, 2026

Assistant Counsel – Department of Aging
Governor's Office of General Counsel
555 Walnut Street, 5th Floor
Harrisburg, PA 17101

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October 7, 2026

From: [Beckenbaugh, Greg](#)
To: [Ritchie, Tyler](#)
Cc: [Holladay, Emily](#)
Subject: RE: Department of Aging - Proposed Regulation
Date: Wednesday, October 7, 2026 2:16:44 PM

Good afternoon, Mr. Ritchie,

I have received the proposed rules.

Gregory Beckenbaugh
Executive Director
Senate Aging and Youth Committee
Senator Langerholc's Office

From: Ritchie, Tyler <tyritchie@pa.gov>
Sent: Wednesday, October 7, 2026 1:47 PM
To: Beckenbaugh, Greg <gbeckenbaug@pasen.gov>
Cc: Holladay, Emily <eholladay@pa.gov>
Subject: RE: Department of Aging - Proposed Regulation
Importance: High

ⓘ CAUTION : External Email ⓘ

This Message Is From an External Sender

This message came from outside your organization.

Good afternoon Executive Director Beckenbaugh,

One small update to the package. Today's date, October 7, 2026, was not included in the preamble I sent this morning. The attached package corrects this.

Please provide written confirmation via email that you have received this proposed rulemaking.

Best,
Tyler

Tyler Ritchie
Assistant Counsel – Department of Aging
Governor's Office of General Counsel
555 Walnut Street, 5th Floor
Harrisburg, PA 17101

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October 7, 2026

From: Ritchie, Tyler

Sent: Wednesday, October 7, 2026 10:35 AM

To: gbeckenbaug@pasen.gov

Cc: Holladay, Emily <eholladay@pa.gov>

Subject: Department of Aging - Proposed Regulation

Importance: High

Good Morning Executive Director Beckenbaugh,

Please find attached the proposed regulatory package for the Caregiver Support Program.

Please provide written confirmation via email that you have received this proposed rulemaking.

If you have any questions or issues with the package please let me know.

Thank you,

Tyler

Tyler Ritchie

Assistant Counsel – Department of Aging

Governor's Office of General Counsel

555 Walnut Street, 5th Floor

Harrisburg, PA 17101

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October 7, 2026

From: [Stephen, Jason](#)
To: [Ritchie, Tyler](#); [Miller Charles](#)
Cc: [Holladay, Emily](#)
Subject: RE: Department of Aging - Proposed Regulation
Date: Wednesday, October 7, 2026 10:49:17 AM
Attachments: [image001.png](#)

Good morning, Tyler,

Received. Thank you!

Sincerely,
Jason



Jason Stephen | Research Analyst
Office of Rep. Maureen Madden, Majority Chair
House Aging & Older Adult Services Committee
House Democratic Caucus
326 Main Capitol
717-787-5811 (office)
717-772-5772 (direct)
jstephen@pahouse.net

Better Jobs | Better Schools | Better Communities

From: Ritchie, Tyler <tyritchie@pa.gov>
Sent: Wednesday, October 7, 2026 10:35 AM
To: Miller, Chuck <CMiller@pahouse.net>; Stephen, Jason <JStephen@pahouse.net>
Cc: Holladay, Emily <eholladay@pa.gov>
Subject: Department of Aging - Proposed Regulation
Importance: High

Good Morning Executive Director Miller,

Please find attached the proposed regulatory package for the Caregiver Support Program.

Please provide written confirmation via email that you have received this proposed rulemaking.

If you have any questions or issues with the package please let me know.

Thank you,
Tyler

Tyler Ritchie
Assistant Counsel – Department of Aging
Governor's Office of General Counsel
555 Walnut Street, 5th Floor
Harrisburg, PA 17101

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October 7, 2026

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From: [Emily Hackman](#)
To: [Ritchie, Tyler](#)
Cc: [Holladay, Emily](#); [Jen Dodge](#)
Subject: RE: [EXTERNAL]: Department of Aging - Proposed Regulation
Date: Wednesday, October 7, 2026 10:43:41 AM

Received! Thank you, Tyler.

Emily Epler Hackman | Executive Director
Pennsylvania House of Representatives
Aging and Older Adult Services Committee (R)
141 Ryan Office Building
Phone: (717) 260-6351

From: Ritchie, Tyler <tyritchie@pa.gov>
Sent: Wednesday, October 7, 2026 10:35 AM
To: Emily Hackman <ehackman@pahousegop.com>
Cc: Holladay, Emily <eholladay@pa.gov>
Subject: [EXTERNAL]: Department of Aging - Proposed Regulation
Importance: High

Good Morning Executive Director Hackman,

Please find attached the proposed regulatory package for the Caregiver Support Program.

Please provide written confirmation via email that you have received this proposed rulemaking.

If you have any questions or issues with the package please let me know.

Thank you,
Tyler

Tyler Ritchie
Assistant Counsel – Department of Aging
Governor’s Office of General Counsel
555 Walnut Street, 5th Floor
Harrisburg, PA 17101

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