



BUDGET BRIEFING

DWIGHT EVANS, DEMOCRATIC CHAIRMAN

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2009/10 DPW Budget: Disability and Autism Programs

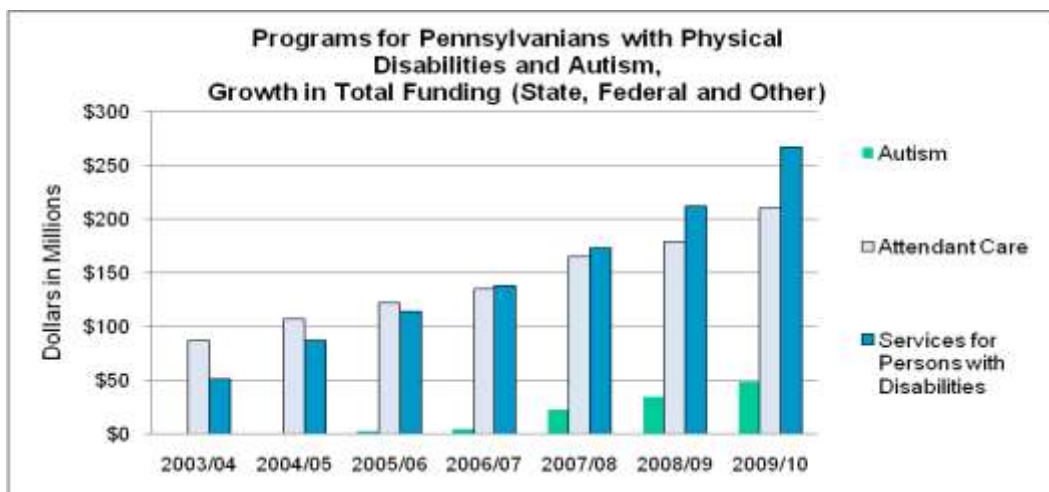
Expanding programs that serve Pennsylvanians with physical disabilities and autism has been a priority in recent Department of Public Welfare (DPW) budgets, increasing opportunities for people to live in the community rather than an institution.

People with physical disabilities receive services through two appropriations: **Attendant Care** and the **Services for Persons with Disabilities**. A new appropriation, **Autism Intervention and Services**, was created in 2005/06 to support the needs of Pennsylvanians with autism spectrum disorders.

The 2009/10 budget provides \$526 million in total funding (state, federal and other) for these programs, an increase of \$100 million (23 percent) over 2008/09 and nearly four times the 2003/04 funding level. **The enacted budget includes \$68 million in total funds to expand community-based services to an additional 2,276 Pennsylvanians with physical disabilities and autism**, increasing total people served to 14,570.

Many community services are provided through Medicaid home and community-based services (HCBS) waivers. HCBS waivers are programs that use federal Medicaid funds to pay for long-term care services that otherwise would not qualify for federal participation. Individuals enrolled in HCBS waiver programs receive a broad array of services and supports that enable them to live safely in the community. Waiver services complement or supplement the services that are available to individuals through Medical Assistance (MA), the name of Pennsylvania's Medicaid program.

To participate in an HCBS waiver program, an individual must meet the state's MA eligibility requirements (i.e., income, assets and other criteria). Waiver participants also must meet the state's institutional level of care criteria – that is, were it not for the provision of the waiver services, they would require the level of care provided in a nursing facility, hospital, or intermediate care facility.



The first section of this briefing explains how the federal HCBS waiver works, including an overview of the landmark *Olmstead* decision by the United States Supreme Court. The next sections describe the specific programs operated by DPW for individuals with physical disabilities and autism, outlining eligibility requirements and available services. The final section analyzes the enacted 2009/10 budget for Attendant Care, Services for Persons with Disabilities, and Autism Services.

Medicaid Home and Community-Based Service Waivers

HCBS waiver programs are also known as “1915(c) waivers” after the section in the Social Security Act that authorizes federal Medicaid matching funds for home and community based services provided to individuals at risk of institutionalization. The name “waiver” comes from the fact that the federal government waives or sets aside its Medicaid rules so that states can receive federal Medicaid matching funds for expenditures that would otherwise not qualify for federal participation.

Section 1915(c) of the Social Security Act waives provisions of Medicaid law related to comparability and statewide availability of services. This waiving authority gives states the flexibility to design programs with a unique set of benefits that target particular groups. States may limit the categories of individuals covered under a waiver program to a specific population (i.e., persons with physical disabilities), condition (i.e., autism), age group (i.e., elderly), or geographic area. Section 1915 (c) also allows states to limit the amount of services and spending for each waiver participant. In addition, states may cap the number of people enrolled in a waiver program by creating “waiver slots.”

States use service/spending limits and enrollment caps as tools to contain the cost of HCBS waiver programs. The ability to set enrollment caps is a powerful tool that differentiates waiver programs from the open-ended entitlement in the traditional Medicaid program, which obligates states to serve everyone who qualifies. By opting to create waiver slots, states protect themselves financially from growing demand for waiver services.

The federal Centers for Medicare and Medicaid Services (CMS) must approve each HCBS waiver program. Initial approval is for three years and waivers can be renewed thereafter for five years at a time. For each waiver program it wants to operate, a state must submit to CMS an application that describes the program, including the target population to be served and the home and community-based services furnished through the waiver. To obtain approval, the state must ensure that the waiver services are cost effective compared to the cost of institutional care and demonstrate that it has safeguards to protect the health and welfare of people served in the waiver program.

States specify in their application the maximum number of participants to be served in each year that the waiver is in effect. Once approved by CMS, a state is held to the number of estimated individuals in its application. However, states have the flexibility to modify the number of participants specified for any year by submitting a waiver amendment to CMS for approval.

The state is permitted to offer various services to waiver participants provided that these services are specified in an individualized, written plan of care and are necessary to keep a person from being institutionalized. An Individualized Service Plan (ISP) must be developed for each waiver participant, addressing their preferences, goals and needs. The ISP describes the waiver services furnished to the participant (including the projected scope, frequency and duration) as well as the justification for the services and the type of provider for each service. Waiver programs may provide both medical services, such as skilled nursing services, and non-medical services, such as personal care assistance and respite.

HCBS waiver programs are a viable option for states to meet their obligations under the Americans with Disabilities Act (ADA). The U.S. Supreme Court decision in *Olmstead v L.C.* interpreted ADA as it applies to publicly-funded programs for people with disabilities. The Supreme Court ruled that medically unnecessary institutionalization of people with disabilities is a form of discrimination under the ADA. The decision affirmed that states are required to

provide community-based services when the state's treatment professionals reasonably determine that community placement is appropriate, the person does not oppose such placement, and the state has the available resources to provide the placement. The Court suggested that states could comply with ADA by developing a comprehensive, effective working plan to place qualified individuals in less restrictive settings and have a waiting list for community-based services that ensures individuals can receive services and be moved off the list at a "reasonable pace" (not controlled by the state's efforts to keep state institutions full).

Physical Disability Programs

DPW has two community programs for adults with physical disabilities: the **Attendant Care Program** and the **Community Services Program for Persons with Physical Disabilities (CSPPPD)**.

The Attendant Care Program provides basic services that enable adults with physical disabilities to carry out functions of daily living, self-care and mobility. Severely disabled adults who have needs beyond the Attendant Care Program are served through CSPPPD.

DPW operates four HCBS waivers that serve more than 10,135 Pennsylvanians with physical disabilities. The waiver programs are organized around specific target groups, offering services that are specifically tailored to meet the health care needs and supports necessary for these individuals to live in the community.

Each waiver participant receives services pursuant to an Individualized Service Plan (ISP) that is developed for them, based on an assessment of their needs. A Supports Coordinator takes the lead in completing the ISP and assists individuals in planning, choosing, locating, coordinating, and monitoring supports and services. Waiver participants are actively involved in developing the ISP and may include family, friends, advocates or others as part of their ISP development team. In addition, participants have the right to choose the providers for the services they receive, selecting from a list of qualified waiver service providers.

The following sections explain program eligibility and available services in Attendant Care and CSPPPD.

Attendant Care

The Attendant Care program provides in-home personal care to mentally alert adults, age 18 through 59, who have a physical disability and need assistance to carry out functions of daily living, self-care and mobility. To be eligible for attendant care services, the disability must be a medically determined physical impairment which can be expected to last continuously for at least twelve months or that may result in death. Services include assistance with bathing, dressing, personal hygiene, meal preparation, housekeeping and other daily living functions.

Attendant care is available under both an HCBS waiver and a state-funded program. Individuals who meet Medical Assistance financial eligibility and require the level of care provided in a nursing home are eligible for services under the **Attendant Care Waiver Program**. People not eligible for the waiver program receive attendant care services through the state-funded **Act 150 Attendant Care Program**.

Services for waiver participants include the personal assistance services noted above as well as case management services performed by their Supports Coordinator. In addition, waiver participants may receive **community transition services** which fund one-time expenses for individuals who move from an institution to their own home or to a family/friend living arrangement. For example, community transition funds can be used for moving expenses, security deposits, set-up fees for utility service, essential furnishings, and initial household supplies. Services for waiver participants are provided in accordance with their comprehensive Individual Service Plan (ISP), which is updated at least annually to meet the individual's changing needs.

Waiver services are provided through two models: the consumer employer model and the agency model. In the consumer employer model, waiver participants have the authority to hire, fire, schedule, and supervise their personal attendants. In the agency model, the provider agency is responsible

for hiring, firing, scheduling, all payroll tasks, and supervisory activities for each employee.

Disabled adults who are not eligible for the waiver program receive basic services through the Act 150 program, named after the 1986 act which established attendant care services in Pennsylvania. The Act 150 program is funded with state dollars; there is no federal funding. Although most Act 150 participants do not pay for their services, individuals with higher incomes may be assessed a co-payment for services based on a sliding scale fee. More than 2,100 individuals receive Act 150 attendant care.

Community Services Program for Persons with Physical Disabilities

CSPPPD serves adults with severe physical disabilities such as cerebral palsy or epilepsy – these individuals cannot have mental retardation or a major mental disorder as a primary diagnosis. To be eligible for CSPPPD, the disabilities must have occurred prior to age 22 and are likely to continue indefinitely. In addition, the disabilities must result in substantial limitations in at least three of the following major life activities: mobility, self care, communication, self-direction, capacity for independent living, and learning.

Home and community-based services are provided through three waiver programs: OBRA, Independence, and COMMCARE.

- **OBRA Waiver** serves people age 18 or older with a severe physical disability and who require the level of care at an intermediate care facility for persons with an “other related condition” (ICF/ORC). Level of care criteria for an ICF/ORC is defined as substantial functional limitations in three of the six major life activities listed above.
- **Independence Waiver** serves people age 18 or older who are physically disabled, but not ventilator dependent, and who are clinically eligible for nursing facility care. Of the three CSPPPD waivers, Independence serves the broadest population of persons with disabilities.
- **COMMCARE Waiver** serves adults with traumatic brain injury who are age 21 or older and who are not ventilator dependent.

Individuals are eligible for the waiver if they require a special rehabilitation facility (SRF) level of care – an SRF is a facility with residents more than 70 percent of whom have a neurological-muscular diagnosis and severe functional limitations.

Services for waiver participants are provided in accordance with their comprehensive Individual Service Plan (ISP). The ISP for waiver participants in OBRA and Independence is reviewed and updated at least annually to assess the appropriateness and adequacy of services as the participant’s needs change. The ISP for COMMCARE Waiver participants is reviewed and updated at least every six months.

All three waivers offer the following services:

- Personal assistance with activities of daily living.
- Specialized medical equipment/supplies and assistive technology that enable individuals to increase their abilities to perform activities of daily living.
- Home modifications which are necessary to ensure the participant’s safety and welfare, or to enable them to function with greater independence in the home.
- Personal emergency response systems (i.e., electronic devices that enable individuals to secure help in an emergency).
- Therapies (physical, speech, behavior and occupational).
- Community integration services that assist individuals in acquiring and improving communication, socialization, and adaptive skills necessary to reside in the community.
- Educational services that help the individual in acquiring new academic skills.
- Transportation to waiver services and other community activities.
- Community transition services to cover set-up expenses for individuals who move from an institution to their own home or to a family/friend living arrangement.

- Respite services that provide a short-term break for a participant's unpaid caregiver.

Both the OBRA and COMMCARE Waiver offer the following additional services that assist disabled individuals in joining the work force: prevocational services (such as attendance, task completion, and problem solving) aimed at preparing a participant for paid or unpaid employment; and supported employment services, which consist of paid employment and include support activities (such as training and supervision) needed by the participant to sustain paid work. Other services available to OBRA Waiver participants include visiting nurse and adult day services.

In addition to the three waiver programs that serve individuals living in the community, CSPPPD offers specialized services to eligible nursing facility residents so that they may live more productive and satisfying lives as close to home as possible. Specialized services enable the individual to acquire, regain, improve or maximize their skills or abilities. Services include supports coordination and advocacy, peer counseling and support groups, community integration activities, and transportation.

Autism Programs

DPW created the Bureau of Autism Services in 2007 to develop and manage services that support Pennsylvanians living with autism and their families. Autism is a lifelong developmental disability that usually begins before the age of three, affecting social behavior, language skills, and body actions/movement. Autism is actually one of five disorders commonly described as Autism Spectrum Disorders or ASD: autistic disorder; Asperger Syndrome; Rett Syndrome; Childhood Disintegrative Disorder; and Pervasive Developmental Disorders (not otherwise specified). The thinking and learning abilities of people with ASD can vary from gifted to severely challenged.

Autism Services is focused on creating programs to support families, building the capacity of providers to serve individuals with ASD, and developing statewide standards for diagnosis, assessment, training and intervention. Key initiatives include a mini-grant program to support families and

individuals with ASD, the development of service models to respond to individuals with ASD who are in crisis, and the establishment of three regional autism centers. Support grants of up to \$500 may be used for respite/child care, summer camp, recreational or community programs, home safety modifications, and conferences/workshops. The regional autism centers focus on improving access to quality services and interventions, providing information and support to families, training professionals in best practices, and research.

Beginning in 2009, DPW implemented two new programs that will provide community services for 500 adults with autism: the **Autism Waiver** and the **Adult Community Autism Program**. These programs required federal approval by CMS and are the first of their kind in the nation. Both programs serve adults, age 21 or older who have an ASD diagnosis, meet financial eligibility for Medical Assistance, and require the level of care for an intermediate care facility. ICF level of care criteria is defined as substantial functional limitations in three of the six major life activities (mobility, self care, self-direction, communication, capacity for independent living, and learning).

The **Autism Waiver** is an HCBS waiver program, with priority given to enrolling adults who are not currently receiving long-term care services – that is, they are not enrolled in another HCBS waiver or not residing in a state mental retardation center, intermediate care facility, state mental hospital or nursing facility. Each waiver participant will receive services based on an Individualized Service Plan (ISP) developed under the lead of a supports coordinator, who also assesses the participant and monitors their services. All service providers are required to complete ASD-specific training and demonstrate competence. Waiver participants may choose the provider for each service they receive.

Available services for waiver participants include:

- Assistive technology that helps the person be more independent in his/her daily life activities (i.e., a modified computer keyboard).
- Behavioral specialist services that help a participant to increase adaptive behaviors to

replace or modify challenging behaviors which are disruptive or destructive.

- Community transition services for individuals moving from an institution to a private residence.
- Home modifications to ensure the participant's welfare (i.e., alarms, locks, Plexiglas windows).
- Community inclusion services that facilitate the participant's social interaction and participation in activities.
- Habilitation services that teach skills necessary to live in the community (i.e., communication self-help, socialization).
- Job assessment to help participants in finding paid or volunteer work.
- Supported employment services that help the person keep a job.
- Transitional work services that provide community employment opportunities in which the participant works alongside other individuals with disabilities as a transition to competitive employment.
- Occupational therapy, speech/language therapy, and counseling by a psychologist or psychiatrist.
- Nutritional consultation for participants with an identified food allergy, food sensitivity, or a serious nutritional deficiency.
- Temporary crisis services that provide an increase in staff to help a participant when it is determined that the participant's health and welfare is in jeopardy.
- Family counseling (with emphasis on coping skills) aimed at keeping or returning the participant to the family home.
- Family training to teach family members how to help the waiver participant build skills that improve their ability to live independently (i.e., communication skills, stress reduction, daily living skills, socializing, and self-direction).
- Respite services for unpaid caregivers.

The **Adult Community Autism Program (ACAP)** is a prepaid inpatient health plan (one rate paid to one provider for an array of services) that provides

medical, dental, behavioral health, and home and community-based services. In addition to decreasing crisis episodes and the need for hospitalizations, ACAP services are designed to help participants achieve their employment goals, develop peer and social networks, and participate in community activities. The specific needs and interests of participants are determined and addressed when the Individualized Service Plan is developed.

ACAP offers the following services:

- All physician services.
- Medication management by physicians with ASD training and with available consultation from a Doctor of Pharmacy to review and adjust medications as needed.
- Behavioral specialists who consult with other providers to meet behavioral needs.
- Crisis intervention, including extra supports to assist during difficult periods and while transitioning from hospitals or institutional settings.
- In-home supports with everyday activities.
- Assistance in preparing to work, including development of employment skills, help finding a job, or volunteer opportunities.
- Social and life skills training to promote community integration.
- Family Support Services to assist families in helping participants succeed.
- Supports coordinators who are trained and experienced supporting individuals with ASD.

Appropriation Detail

This section analyzes the funding levels budgeted for each of the three appropriations that support DPW programs for individuals with physical disabilities and autism.

State funding for these three appropriations is affected by the enhanced federal Medicaid reimbursement (FMAP) that Pennsylvania will receive for waiver expenditures during the federal stimulus period that began October 2008. The

American Recovery and Reinvestment Act (ARRA) increases each state's FMAP for the nine quarters beginning October 2008 through December 2010. The ARRA FMAP reflects state Medicaid expenditures that are temporarily shifted to the federal government under stimulus. Consequently, each dollar of additional federal reimbursement reduces the need for state General Fund dollars to support the various waiver programs.

As a condition for receiving the enhanced ARRA FMAP, Pennsylvania could not reduce Medicaid income eligibility below what was in effect as of July 1, 2008 and had to meet federal requirements regarding the funding of home and community-based Medicaid waiver programs.

Two factors drive the budgeted increases for DPW's disability and autism programs: the 2009/10 expansion of community services to 2,276 people and the "annualization" of the 2008/09 expansion which added services for 1,739 people.

As detailed in the nearby table, the 2009/10 budget expands seven community programs in order to serve an additional 2,276 people with physical disabilities and autism. These individuals will be phased into programs over the twelve-month period, with \$68 million in total funds (state and federal funds) budgeted to pay for the expanded services.

A related factor that drives 2009/10 spending is the additional costs associated with annualizing services for 1,739 people with disabilities who were phased into community programs during 2008/09. These individuals received less than twelve months of services in 2008/09, but will receive a full year of services in 2009/10 resulting in an estimated \$66 million funding increase.

Number of Budgeted Community Participants

DPW Appropriation/ Community Program	2008/09	2009/10	
	Users	Growth	Total
Attendant Care	7,317	780	8,097
Act 150 Program	2,159	120	2,279
Attendant Care Waiver	5,158	660	5,818
Services to Persons with Disabilities	4,977	996	5,973
OBRA Waiver *	1,540	228	1,768
Independence Waiver	2,873	636	3,509
COMM CARE Waiver	564	132	696
Autism Intervention and Services	-	500	500
Autism Waiver	-	300	300
ACAP	-	200	200
GRAND TOTAL	12,294	2,276	14,570

* Includes OBRA participants with Autism. Prior to 2009/10, these waiver services were funded through the appropriation for Autism Intervention and Services.

Attendant Care

This appropriation pays for the Attendant Care Waiver program and the Act 150 program. It is funded primarily with state General Funds and federal Medicaid matching funds. These revenues are augmented with other funds from parking fees and patient fees generated in the Act 150 program. Prior to 2009/10, other funds that supported the Act 150 program included county intergovernmental transfer (IGT) funds. However, in accordance with federal rules, the IGT was phased out after 2008/09 and is no longer available to help support the Act 150 program.

(\$ in Millions)

Attendant Care Funding Sources	2008/09 Available	2009/10 Budget	Change
State General Fund *	\$ 83.9	\$ 109.4	\$ 25.5
Federal Funds	\$ 79.3	\$ 99.6	\$ 20.3
Regular FMAP	70.3	82.9	12.7
ARRA FMAP	9.0	16.7	7.7
Other Funds	\$ 16.2	\$ 1.0	\$ (15.3)
Total Funds	\$ 179.4	\$ 210.0	\$ 30.6

* 2008/09 reflects lapsed funds and differs from the supplemental appropriations in Act 10-A of 2009.

The enacted budget provides total funding of \$210 million for Attendant Care, of which \$109.4 million is state funds. The 2009/10 budget assumes \$16.7 million of ARRA FMAP compared to \$9 million in 2008/09, resulting in the shift of an additional \$7.7 million of waiver expenses from the state to the federal government.

The budgeted funds are anticipated to serve 8,097 individuals in 2009/10, including 2,279 adults in the Act 150 program at an estimated average annual cost of \$26,091 per user and 5,818 adults in the Attendant Care Waiver program at an estimated average annual cost of \$27,413 per user.

The 2009/10 state General Fund appropriation represents a \$25.5 million increase from 2008/09. Three factors drive the increase in state spending:

- \$5 million is budgeted to expand attendant care to an additional 780 adults during 2009/10, including 660 adults in the Waiver program (\$3.3 million) and 120 adults in the Act 150 program (\$1.7 million).
- \$9.4 million is budgeted to annualize services for 785 adults who were phased-into programs during 2008/09, including 662 adults in the Waiver program (\$6.2 million) and 123 adults in the Act 150 program (\$3.2 million).
- \$15.3 million is budgeted to replace county IGT funds that were used in 2008/09 to pay for the Act 150 program but are no longer available.

These increases to the state General Fund appropriation are offset by the \$7.7 million in additional ARRA FMAP available to Pennsylvania in 2009/10 for the waiver program.

Services to Persons with Disabilities

This appropriation funds the CSPPPD program. It is supported with state General Funds and federal Medicaid matching funds. Prior to 2009/10, the CSPPPD program also was supported with other revenue, namely county intergovernmental transfer (IGT) funds. However, in accordance with federal rules, the IGT was phased out after 2008/09 and is no longer available to support the program.

(\$ in Millions)

CSPPPD Funding Sources	2008/09 Available	2009/10 Budget	Change
State General Fund *	\$ 74.3	\$ 93.2	\$ 18.9
Federal Funds	\$ 128.9	\$ 174.0	\$ 45.1
Regular FMAP	114.0	145.0	31.0
ARRA FMAP	14.9	29.0	14.1
Other Funds	\$ 9.3	\$ -	\$ (9.3)
Total Funds	\$ 212.4	\$ 267.1	\$ 54.7

* 2008/09 reflects lapsed funds and differs from the supplemental appropriations in Act 10-A of 2009.

The enacted budget provides total funding of \$267 million for CSPPPD, including \$93 million in state funds. The 2009/10 budget assumes \$29 million of ARRA FMAP compared to \$14.9 million in 2008/09, resulting in the shift of an additional \$14.1 million of waiver expenses from the state to the federal government.

The budgeted funds are expected to serve 5,973 waiver participants in 2009/10. This includes 3,509 Independence Waiver participants at an estimated average annual cost of \$41,187 per user and 696 COMM CARE Waiver participants at an estimated average annual cost of \$74,667 per user. It also includes 1,768 total OBRA Waiver participants as follows:

- 1,586 OBRA participants at an estimated average annual cost of \$48,559 per user;
- 150 OBRA participants with autism at an estimated average annual cost of \$47,263 per user; and
- 32 OBRA participants with traumatic brain injury at an estimated average annual cost of \$111,080 per user.

The 2009/10 state General Fund appropriation represents an \$18.9 million increase from 2008/09. Three factors drive the increase in state spending:

- \$8.7 million is budgeted to expand services to an additional 996 people during 2009/10, including 636 Independence Waiver users (\$4.8 million), 132 COMM CARE Waiver users (\$1.8 million) and 228 OBRA Waiver users (\$2 million).

- \$15.4 million is budgeted to annualize services for 954 adults who were phased-into programs during 2008/09, including 633 Independence Waiver users (\$8.9 million), 129 COMMCARE Waiver users (\$3.3 million) and 192 OBRA Waiver users (\$3.2 million).
- \$9.3 million is budgeted to replace county IGT funds that were used in 2008/09 to help pay for the CSPPPD but are no longer available.

These increases to the state General Fund appropriation are offset by the \$14.1 million in additional ARRA FMAP available to Pennsylvania in 2009/10 for the waiver programs.

Autism Intervention and Services

This appropriation pays for various programs that support individuals with autism and their families. It is supported with state General Funds and federal Medicaid matching funds.

(\$ in Millions)

Autism Funding Sources	2008/09 Available	2009/10 Budget	Change
State General Fund *	\$ 12.4	\$ 19.5	\$ 7.1
Federal Funds *	\$ 22.1	\$ 29.8	\$ 7.7
<i>Regular FMAP</i>	21.7	26.3	4.6
<i>ARRA FMAP</i>	0.4	3.4	3.1
Total Funds	\$ 34.4	\$ 49.2	\$ 14.8

* 2008/09 reflects lapsed funds and differs from the supplemental appropriations in Act 10-A of 2009.

The enacted budget provides total funding of \$49.2 million, including \$19.5 million in state funds. The 2009/10 budget assumes \$3.4 million of ARRA

FMAP compared to \$365,000 in 2008/09, resulting in the shift of an additional \$3.1 million of waiver expenses from the state to the federal government.

The budgeted funds are anticipated to serve 300 adults in the new Autism Waiver at an estimated average cost of \$101,168 per user and 200 adults in the new ACAP program at an estimated average cost of \$83,875 per user. In addition, the 2009/10 budget includes \$750,000 for the family mini-grant program. It also provides \$2.4 million for three regional centers and \$1.25 million for crisis response initiatives

The 2009/10 state General Fund appropriation represents a \$7.1 million increase from 2008/09. The increase is due primarily to the implementation of the new Autism Waiver and ACAP programs.

- \$7.5 million is budgeted to provide Autism Waiver services to 300 adults in 2009/10.
- \$3.95 million is budgeted to provide ACAP services to 200 adults in 2009/10.

These increases to the state General Fund appropriation are offset by the \$3.1 million in additional ARRA FMAP available to Pennsylvania in 2009/10 for the Autism Waiver and ACAP.



QUESTIONS AND COMMENTS 717-783-1540

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