



**Statement of the Pennsylvania Homecare Association**

**In front of the**

**House Aging & Older Adult Services Committee  
Harrisburg, Pennsylvania  
September 18, 2008**

**Presented by**

**Karen Kulp, President and Chief Executive Officer  
Home Care Associates**

Good morning. My name is Karen Kulp. I'm the President and Chief Executive Officer of Home Care Associates, a member of the Pennsylvania Homecare Association and served as the appointed homecare representative on the assisted living regulations workgroup.

Founded in 1993, Home Care Associates (HCA) is a Philadelphia-based, worker-owned cooperative that specializes in the provision of compassionate and skilled assistance given by trustworthy aides. At HCA we have trained and placed more than 1,500 people in quality health care jobs and currently employ more than 200 workers.

I commend the committee for holding this hearing to stimulate further discussion around the issues concerning the proposed assisted living regulations, which will create another option for long-term care that is both beneficial to consumers, families and providers. To meet the challenge of Pennsylvania's growing elderly population, we must work to redesign the current long-term care system by expanding more consumer-friendly options and controlling costs of such options. Older Pennsylvanians must have an array of care options, which now include in-home medical care and personal care, personal care homes, domiciliary care, adult day services and skilled nursing care facilities.

The Rendell administration's goal of achieving a balance of having 50 percent of our elderly population being cared for in facilities and the other half supported in their own homes by 2012 is a laudable goal; but one that will require tremendous team work across all care settings as well as with you, our lawmakers and state officials.

I commend the Department of Public Welfare for establishing a work group of stakeholders to compose these draft regulations. I know it was not easy. Reaching consensus and agreeing to disagree takes time, but I appreciate the work that went into the development of these proposed regulations and I would now like to comment on three areas that are of particular concern to home care providers.

### **1. Ensuring Consumer Choice**

If Pennsylvania is to meet its goal to create a balanced long-term care system by adding assisted living as another option for long-term care, these regulations must offer consumer choice; which is and has been a guiding principle for all home and community-based services.

In fact, we are surprised that consumer choice is not assured under the proposed regulations. Members of our association believe that services provided in an assisted living facility, like the services we, as a home care agency provide in a private home; should evolve around the needs and wishes of the consumer. The proposed regulations take away consumers choice of supplemental health care providers. Consumers should not be required to surrender their choice of physicians, home health care, hospice, personal care and other specialists by virtue of moving into an ALR. While welcome the

ALR's assistance in aiding residents in securing medical care and supplemental health care services, ALRs should not mandate that consumers use only those health care providers that are approved or designated by the residence.

Again, if ALRs are to be another option for long-term care, which will enable individuals to age in place, we must guarantee that consumers have the same freedom to manage their own supplemental health care services as individuals do living in their own homes. Currently, several homecare agencies, including Home Care Associates, provide aide services to individuals living in assisted living residences. These arrangements, not only benefits our clients, but also the residence because many times the residence is unable to provide this

“extra care” that the client needs. These arrangements are a win-win for all parties involved. The consumer benefits because she/he receives the care they want and need; and the residence benefits because the consumer's needs are being met. Some agencies report that they have followed consumers from one facility to another and have maintained an ongoing relationship for several years.

## **2. Supplemental Services**

Under the proposed regulations, the definition of supplemental health care services under § 2800.4 states that these types of services are *any type of health care service... except for any service that is required by law to be provided by a health care facility under the Health Care Facilities Act.*

Because home health, hospice and homecare are under the Health Care Facilities Act, this type of care should not be listed under supplemental health care services, which appears at § 2800.22 (c).

This distinction is of great importance for consumer safety. The Pennsylvania Department of Health licenses all of the providers covered by the health care facilities act, including those providers of homecare. As such, the department's primary job is to establish and enforce quality care and safety standards for these licensed health care providers.

Assisted living residences should not be permitted to provide these licensed levels of health care services without utilizing a licensed health care provider such as home health or home care agency.

## **3. Application and Admission**

Another area of concern is the application and admission standards developed within the regulations. As proposed, a consumer would have to move in, sign a contract and begin payment before the facility is required to identify the consumer's needs, explain how it will meet those needs and how much these services would cost.

Although the proposed regulations provide for a short-term, pre-screening checklist to determine whether the consumer could be safely admitted to an ALR; or if their condition or needs prohibit their admission, the residence is only required to perform a comprehensive screening "within 15 days" after admission to the facility. In addition, the facility has until 30 days after admission to develop the resident's actual care plan. This is unacceptable.

As Pennsylvania attempts to build its continuum of long-term care, which will provide consumers with various options, it is just as important to establish consistent standards across the continuum for such things as assessments, care planning and staff training. Nursing homes, home health and the Area Agencies on Aging all have mandated assessments, care planning and worker training requirements with timeframes that should be used as a guide to establish similar mandates for assisted living facilities.

Home health agencies are required to do an assessment prior to start of care; followed by a care plan and the requirement of 75 hours for a home health aide. While there are differences among care settings; consistent standards should be our goal as we seek to establish a true long-term care continuum.

In-home services administered by the AAAs, also require an assessment and care plan prior to the start of care, and have a minimum 40-hour training requirement for direct care workers. We recommend much shorter timeframes for the assessment and care plan that are within the same ranges as other options for long-term care.

If assisted living residences are given 15 days to do an assessment and a month to develop a care plan, consumers are put in the untenable position of having to move into a facility without knowing for certain if it can meet their needs or if they will be able to remain at the residence. Assessments and care plans, like other care settings, should be completed prior to receiving the care and support.

I have attached a copy of our letter to the Department of Public Welfare commenting on additional concerns that PHA has with specific areas of these proposed regulations. Thank you for this opportunity to share my insights into the direct care workforce challenges and I would be happy to answer any questions you may have.