



Pennsylvania Adult Day Services Association
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Statement Relative to HB 1702 PN 2378

Provided To

The House Aging and Adult Services Committee

By

The Pennsylvania Adult Day Services Association

Judi Ahram, President

Russ Jirik, Public Policy Committee Chair

October 16, 2013

Chairman Hennessey, Chairman Samuelson, and Members of the Committee:

On behalf of the members of the Pennsylvania Adult Day Services Association (PADSA) we thank you for your work in creating legislation that will further serve persons with Memory Loss and the earliest stages of Dementia. As we are sure you are aware, Adult Day Services (ADS) programs throughout the Commonwealth are already serving this population and continue to serve them as they move through the more progressed stages of Dementia. Additionally, we serve persons with physical limitations, intellectual disabilities and chronic disease.

In review of the legislation, HB 1702, PADSA has a few concerns, questions and recommendations:

- PADSA would appreciate a clarification of the intent regarding potential Public Funding for future consumers attending the “community respite program”. (Section (3) Page 3, Lines 8 thru 10) During the entirety of the Department of Aging’s task force discussions about this proposed program it was our understanding that the program was to be limited to private pay consumers. The bill is silent about this.
- PADSA notes also that during the task force discussions the contemplated program was to be operated by senior centers and/or adult day centers as an extension of their present roles in elder care and services. The bill as written proposes to open the program to anyone who wants to initiate a “community respite program”. PADSA would encourage that licensure and regulations create strict standards of qualification for those who which to provide “community respite programs” and consider carefully that part of the intent of these programs are to provide “transition”, not create additional free standing programs.
- PADSA feels that only one agency – the Department of Aging – should be responsible for the monitoring of “community respite programs” (Section 6 page 4). Monitoring by the Department of Aging will create the most uniformity of oversight, in keeping with the recommendations for uniformity of program delivery set forth by CMS for Medical Assistance programs. However, in the event it is decided that AAAs, should be the monitoring agency, than programs should be limited by the agreement of the AAA’s to perform such oversight. In other words, if a AAA chooses not to be the agent of oversight within its service area, there should be no “community respite program” licensed to operate within that AAA service area. We must respect that if a AAA decides not perform oversight, that decision is based upon the belief of the AAA to be in the best interests of the consumers it serves.

- PADSA believes that Senior Center staff / volunteers throughout the Commonwealth need training adequate to insure that proper referral is made to “community respite programs”. The creation of the “community respite program” has heightened awareness that persons currently in Senior Centers may need the additional services, offered through this program, and are therefore more vulnerable to accident or injury.

- PADSA is concerned with the discharge procedure from the “community respite program” (Section 9, Page 5, Lines 21 thru 30). For those persons attending programs within an Adult Day Services Program, the continuum of care can be almost seamless, as entrance can be made within 72 hours, following a medical exam and Tuberculosis Screening Test, and it is probable that an ADS provider would recommend these remain current while the consumer is in the “community respite program”. For those consumers discharged from other “community respite programs”, families are facing greater risk and disruption to services at a time when they need it most, which could lead to “panic” nursing home placement. PADSA believes “emergent planning” needs to be part of the discharge plan from “community respite program”.

PADSA also suggests revision of the following lines of the HB 1702

1. Page 2, line 13: Please clarify parameters for “gentle redirection.” This term is undefined in the bill.
2. Page 2, line 18: Change the word “may” to “shall”, because it is necessary to have a “designated person” as referenced in “determination of ineligibility” (page 5 line 21).
3. Page 5, line 19: Modify to read 55 PA Code Chapter 2600.1b.
4. Page 5, line 18: The words “personal care” should be changed to Activities of Daily Living (ADL’s) and Instrumental Activities of Daily Living (IADL’s), to conform to language in 55 PA Code Chapter 2600.1b.

Finally, PADSA must point out that although senior centers will be able to operate the new “Community Respite Program” within their existing centers, unless present Adult Day Services center regulations are addressed, ADS will not be able to operate the new program within our existing centers. We are hopeful and confident that licensure and regulations for “Community Respite Programs” will include appropriate modifications to PA Code 55~~0~~ Chapter 11, the current ADS regulations, to permit same site seamless programing between the two entities. We believe this will allow us to better serve consumers with early stage dementia, particularly when those consumers are discharged from other “Community Respite Program.”

PADSA looks forward to working productively in promulgating regulations that will ensure a sensible and effective delivery of the “community respite program” to residents of our Commonwealth.