PENNSYLVANIA ASSISTED LIVING ASSOCIATION

House Aging and Older Adult Services Committee

and House Human Services Committee

Testimony

Joint Informational Meeting on Personal Care Homes

and Assisted Living Residences

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Chairwoman Kim, Chairman Kinsey, Representative Mentzer, Representative Heffley and Members of the Aging and Older Adults Services and Human Services Committees, on behalf of the Pennsylvania Assisted Living Association (PALA) and Pennsylvania's more than 1,000 Personal Care Homes (PCH) and 68 Assisted Living Residents (ALR) serving over 45,000 seniors and providing care to the aging population of the Commonwealth, thank you for the opportunity to testify today.

My name is Susan Saxinger and I currently serve as the Executive Director at PALA. I have dedicated my career to the Senior Living industry. Prior to joining PALA, I served as the Campus Administrator for the Long Community at Highland, Presbyterian Senior Living in Lancaster. Additionally, I was the Personal Care Manager at Ware Presbyterian, Village Presbyterian Senior Living (Oxford), and Senior Clinical Coordinator at Mennonite Home Communities (Lancaster). I received a Bachelor of Health Science from Southern New Hampshire University; and received Licensed Practical Nurse training from Lancaster County Career and Technology Center. I am certified as both a Personal Care Home and Assisted Living Administrator.

As a nursing student, I spent most of my clinical rotations in skilled nursing facilities where I was privileged to gain experience and grow my nursing skills. This was my first glimpse into the "nursing home" setting. Since it was the only exposure I had into long-term care, I ignorantly thought it was the only care option for seniors not able to be cared for at home. It was not until after graduation that I had learned that seniors had another option, too, in Personal Care. I was hired as an evening shift nurse for a large PCH. Until then, my perception was that seniors in nursing homes were very frail, needed a lot of care and lacked a significant quality of life. This was merely judgement made by my lack of experience and exposure.

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At that PCH I was exposed to a whole new environment where seniors were living vibrantly and thriving. It was a place seniors went to not only receive the assistance that they needed but to be supported in continuing to do the things that they enjoyed and gave them a sense of purpose. There were artists, authors, farmers, pastors, doctors and fellow nurses with stories and talents to share. It is where I met residents like Julie, who would never leave her apartment without her hair curled, lipstick on, and purse in hand, because that was the way she liked to present herself, and we made sure her appearance was never flawed. It was a place where more than basic needs were being met; relationships were built, and love was shared. And it is where my passion for this industry began nearly two decades ago.

My goal today is to provide the Committee a better understanding of the roles PCH and ALR play on the continuum of care for our Commonwealth's seniors. At one end of the spectrum is home care and care provided in a community setting, such as adult day care. At the other end of the spectrum is care in a skilled nursing facility. In the middle are assisted living residences and personal care homes. In Pennsylvania, in addition to skilled nursing facilities, there are two additional types of facilities that will provide 24-hour support for adults and help with the tasks of daily living such as bathing, dressing, medication administration, meal preparation, etc. An Assisted Living Residence (ALR) is one of these, and the other is a Personal Care Home (PCH). I will also briefly discuss some of the differences between ALR and skilled nursing facilities, including the lack of Medicaid funding for ALRs.

To the casual observer, PCH and ALR can look very similar. In fact, in Pennsylvania the terms PCH and ALR were used interchangeably. In 2007, the Pennsylvania Legislature passed Act 56, officially creating a system of regulating and licensing ALR. Specifically, the legislation stated the reason for creating ALR in statute was "because (ALR) allow people to age in place, maintain

their independence and exercise decision making and personal choice". As for PCH, they offer housing, meals and assistance with medications and personal care tasks. An assisted living residence does that as well, but also provides some supplemental health care services in addition to personal care. For that reason, residents there can "age in place" longer, often making care in a skilled nursing facility unnecessary. A closer examination of some of the regulations that distinguish an ALR from a PCH will provide a clearer picture of the type of care and services Pennsylvania seniors receive at each type of facility.

The Commonwealth of Pennsylvania's Office of Long-Term Living distinguishes between assisted living residences and personal care homes in these three ways:

Concept – Assisted living residences permit residents to age in place, meaning that even as their health care needs increase, they will not have to relocate to another senior living home to receive that care.

Construction – Assisted living residences must provide residents a private room with a lockable door, a private bathroom and small kitchen. Personal care homes are not required to offer these amenities.

Level of Care –Assisted living residences must ensure that residents receive skilled nursing care if their needs surpass standard assisted living services.

The level of the services that are provided is one of the main differences between these two types of care. An ALR is designed to allow individuals to age in place, and the regulations define specific basic assisted living service packages. In addition, since care needs may increase over

time, an ALR is required to provide or arrange for the provision of supplemental services such as hospice, specialized cognitive support services, physical and occupational therapy. In PCH regulations, however, basic, and supplemental services are not outlined. PCH provides an environment for seniors that are unable to care for themselves but do not need 24/7 nursing home or medical care. While some supplemental services may be available, an individual with increased care needs may be asked to move from a PCH to another facility which provides a higher level of care.

To call itself an ALR, a facility must also meet certain requirements for the physical accommodations available in the building. Public spaces and living units must be of a certain minimum size; residents must be offered a small refrigerator and microwave for their living units; and each living unit must have a door that locks (except for special care units) as well as a bathroom with a toilet, sink, wall mirror, tub or shower, and emergency notification system. No more than two residents can share a living unit in an ALR. No emergency response system is required in a PCH, and up to four residents may share a bedroom. At least one toilet, sink, and wall mirror must be available for every 6 or fewer users (including staff) and at least one shower or tub for every 10 or fewer users in PCH. Other differences include specifications about automatic external defibrillators, air conditioning, and the availability of beverages and snacks.

Staffing levels and staff training requirements also differ between PCH and ALR facilities. An ALR must have a licensed nurse on duty or on call at all times, and a registered dietician must also be on staff or under contract. A PCH does not have these requirements, although they may choose to employ nurses and a dietician. All direct care staff in an ALR must remain awake at all times when on duty, as well as in a PCH if the PCH has 16 or more residents. In a small PCH with only 1-15 residents, only one direct care staff member must remain awake at all

times. With regard to staff training, workers in an ALR must have 18 hours of initial training prior to working unsupervised, plus an additional 4 hours of dementia training. This is followed annually by 2 hours of dementia training and 16 hours of general training (including areas such as the signs and symptoms of infection and behavioral management techniques). PCH regulations do not specify an initial training period, the annual training requirement is 12 hours, and specific dementia training is not mandated. In addition, at least one staff member must be trained in CPR for every 35 residents in an ALR. In a PCH, the ratio is 1:50. Some of the regulations pertaining to activities, personal decision-making, and transportation services also vary between an ALR and a PCH.

The primary difference between ALR and skilled nursing in Pennsylvania is the level of medical care that is permitted to be provided by the facility. Important to note is that PCH and ALR are regulated by the PA Department of Human Services, while skilled nursing facilities are regulated by the Pennsylvania Department of Health. In an assisted living facility, residents have access to different levels of medical attention depending on their individual needs. For example, a facility may provide transportation to doctor appointments or help with taking medications. Some assisted living facilities offer special areas for people with dementia or conditions that affect memory. As for skilled nursing facilities, medical care is provided round the clock. A nursing staff helps care for residents with chronic illnesses. Rehabilitative services such as physical, occupational, respiratory, and speech therapy are provided for those who need them. Skilled nursing facilities may also manage complex medical needs that require equipment, such as ventilators and IV lines. Some residents live in skilled nursing facilities for long term periods, and some are admitted for a shorter period of rehabilitation after a hospital stay.

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Another key difference is the cost difference between ALR and skilled nursing facilities and the availability of Medicaid funding for residents. Currently, Pennsylvania does not provide Medicaid funding for ALR residents. Pennsylvania is one of four states that does not provide some form of Medicaid funding for ALR residents. In 2007 when Pennsylvania passed Act 56, the legislature created ALR as a less expensive option to skilled nursing facilities that would allow seniors to continue to age in place. All too often, we see PCH and ALR residents that cannot benefit from Medicaid funding forced to move to a skilled nursing facility for purely financial reasons. If ALR were eligible for Medicaid funding, thousands of Pennsylvania seniors would be able to remain in environments that see them thriving and enjoying the ability to age in place. Numerous studies indicated that an otherwise healthy senior that is forced to move to skilled nursing primarily for financial reasons sees a dramatic drop in their health. While the health of our seniors is of paramount importance, providing Medicaid funding for ALR could provide significant savings to residents and the Medicaid system. The American Health Care Association has reported that the cost of nursing home care is roughly double the cost of an assisted living residence. Put simply, for every senior receiving Medicaid funds for skilled nursing facilities, two seniors could be cared for at ALR. As we face a growing tsunami of senior citizens needing long-term care, we need to allow senior ALR residents to qualify for Medicaid assistance. If we continue to deny those funds, more and more seniors will be forced to seek care at twice the cost at skilled nursing facilities. We are hopeful, that the committees, the Department of Human Services, and industry stakeholders can engage in a meaningful discussion on the benefits of Pennsylvania joining 46 other states in providing Medicaid funding for ALR.

In closing, I would like to take the time to thank you and the Pennsylvania General Assembly for their support of Personal Care and Assisted Living communities. Pennsylvania was the leader in

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providing a total of $100 million in funding from the CARES Act and the American Rescue Plan, to assist our communities fight COVID-19. Although our struggles from the pandemic persist, your generous support provided much needed support to many of our members struggling to maintain the highest levels of care.

Thank you again for this opportunity to discuss PCH and ALR in Pennsylvania and I look forward to working with all of you to strengthen our state's senior care services.

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