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Partners in Personal Care (PIP)

June 3, 2010

IRRC Public Meeting
No. 2712 Department of Public Welfare #14-514 Assisted Living Residences

Thank you, Commissioners for the opportunity to speak today. My name is Margie Zelenak and I represent Partners in Personal Care (PIP). We are an organization of 118 providers of personal care services in Allegheny, Armstrong, Butler, Cambria, Fayette, Greene, Indiana, Somerset, Westmoreland and Washington counties.

In February 2005, I sat before you requesting revisions of the Personal Care Homes (PCH) 2600 regulations and five years later I am here again to request the same for the Assisted Living Residences (ALR) 2800. Our organization supports the addition of Assisted Living Residences to the continuum of care that will be available to the citizens of Pennsylvania. We question as to whether the product before us will be the answer that we seek. As the elderly population increases, the options for their care needs must increase. These options must be affordable and available for everyone who requires the services.

Many of PIP members will not qualify to apply for ALR licensure because of the physical requirements. Those members that would qualify with a physical site have concerns about the operating costs for ALR. These costs range from the licensure fees, facility, staffing (RN & dietician), and transportation requirements.

The DPW would not address the financial concerns associated with the PCH 2600 regulations, as they will not with the ALR 2800 regulations. At that time we were told let the regulations (PCH 2600) be implemented and the money would follow. In 2005 DPW secretary, Estelle Richman, proclaimed to the IRRC commissioners that no home would close because of the implementation of the 2600 regulations. Instead we witnessed a significant percentage of PCH closures. In April 2006 there were 1633 PCH in the state; in April 2010 there are 1407 PCH in the state. Will the new Assisted Living Residences cause more PCH to close?

The concern expressed by our membership continues to be the vague difference between Personal Care Homes (PCH) and Assisted Living Residences (ALR). The DPW has attempted to explain the difference in the final form comment unfortunately this does not alleviate the apprehension of our members. As the department stated; PCH assists with obtaining health care services, ALR is required to provide supplemental health care services. The definition of supplemental health care services needs to be clarified.

ALR 2800.220 e Supplemental health care services. The residence shall provide or arrange for the provision of supplemental health care services, including, but not limited to the following:
1)Hospice services 2)Occupational therapy 3)Skilled nursing services 4)Physical therapy
5)Behavior health services 6)Home health service 7)Escort service if indicated in the resident's support plan or requested by the resident to and from medical appointments 8)Specialized cognitive support services as defined in 2800.4 (relating to definitions).

PCH 2600.142. Assistance with health care.

- (a) The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.
- (b) If a resident refuses routine medical or dental examination or treatment, the refusal and the continued attempts to educate and inform the resident about the need for health care shall be documented in the resident's record.
- (c) If a resident has a serious medical or dental condition, reasonable efforts shall be made to obtain consent for treatment from the resident or the resident's designated person.
- (d) The home shall assist the resident to secure preventative medical, dental, vision and behavioral health care as requested by a physician, physician's assistant or certified registered nurse practitioner.

PCH 2600.29. Hospice care and services.

Hospice care and services that are licensed by the Department of Health as a hospice may be provided in a personal care home.

Looking at the two regulations ALR provides or arranges for Hospice care, behavioral health care and home health services. PCH also requires assistance to secure medical care, behavioral health care and may provide hospice care.

ALR 2800.229 Excludable conditions

(e) **Departmental exceptions;** A residence may admit, retain or serve an individual for whom a determination is made by the Department, upon the written request of the residence, that the individual's specific health care needs can be met by a provider of assisted living services or within a residence, including an individual requiring: 1)Gastric tubes 2) Tracheostomy 3)Skilled nursing care 24 hours a day 4)**A sliding scale insulin administration** 5)Intermittent intravenous therapy 6)Insertions, sterile irrigation and replacement of a catheter 7)**Oxygen** 8)**Inhalation therapy**

PCH 2600.190. Medication administration training.

(b) A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

From 2600 Licensing Measurement Instrument for 2600.190a A non-medically licensed staff person is permitted to administer medications by nebulizer treatment or by insertion of suppositories following successful completion of the medication administration training in 190, as well as specific training conducted by a local clinical person.

You can see the areas of confusion between ALR and PCH with the highlighted areas. ALR needs to request from the DPW to admit and retain a resident with sliding scale insulin, Oxygen and inhalation therapy. PCH can provide insulin; nebulizer treatments (inhalation therapy) and many of the residents receive oxygen therapy.

The PCH home pre-admission screening for potential residents addresses their medical care needs. These medical care needs do not exclude a potential resident from residing in a PCH but the PCH must document who will monitor the follow-up for these conditions which would be a physician or home health agency. One of these conditions is third stage or multiple decubiti (bed sore). In the proposed ALR regulations, Stage 3 is an excludable condition.

You can see by the examples above the confusion about the differences between PCH and ALR. There all need clarification. How will a potential resident be able to make a decision on choosing their housing option when the providers are uncertain of the difference between PCH and ALR? The hospital case managers and discharge planners will need educated on the appropriate placement for residents.

The confusion that a potential resident will have in choosing the correct option will only be compounded with the addition of the ALR. The close resemblance will make it difficult for them to make the right choice. Just imagine you are sitting in the hospital being told your loved one can't go home and you need to find placement today. Our members receive these frantic calls on a daily basis. PIP supports changes that are in the best interest of the residents that we serve. Overall, these regulations will not benefit them. The increased cost to operate an ALR will only put this housing option out of the reach of the average Pennsylvania senior.

Respectfully submitted,



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