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July 23, 2009

Bill White  
Office of Long-Term Living  
Bureau of Policy and Strategic Planning  
P.O. Box 2675  
Harrisburg, PA 17105

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INDEPENDENT REGULATORY  
REVIEW COMMISSION

Independent Regulatory Review Commission  
333 Market Street  
14<sup>th</sup> Floor  
Harrisburg, PA 17101

RE: Proposed Assisted Living Residence Regulatory Package

Dear Mr. White:

Since 1896, Messiah Village has been providing services to older adults and community members. We are committed to continuing this service and are excited for the opportunity for possible Assisted Living licensure in the future. After review of the regulatory package, we thought it important to share with you recommendations we feel would strongly improve the intention of the regulations ultimately resulting in better services for the residents

**Licensure Fees:** I am sure you have heard from others that the cost of simply applying for licensure exceeds what many of us would have hoped. As a Continuing Care Retirement Community we provided over 3 million dollars in benevolent care to our resident population and are committed to providing services when an individual is no longer able to pay privately. Recognizing that there has been a lack of public information regarding the proposed Medicaid waiver funding to serve low-income Pennsylvanians who could benefit from Assisted Living, it is our hope that this information would be available and that initial licensure fees as well as renewal fees be reconsidered. The licensure fee for our organization alone would be \$12,150 which would obviously need to be absorbed within our organization that already provides significant subsidies to our residents.

**Physical Plan Requirements:** The proposed square footage requirements per living unit for existing and newly constructed facilities continue to be excessive. I ask that the idea of quantity not supersede that of quality. As with anything, the larger the item

(accommodation) the greater the cost resulting in higher costs for consumers. Current square foot requirements would also eliminate our ability to obtain licensure in a portion of our facility that would environmentally be more conducive for the proposed programming in the regulations. The square footage (160 square feet) of nearly eighty of our rooms would not permit us to apply for licensure in that section of the building. We ask that the proposed 175 square feet be reevaluated so that facilities have options for providing services in areas that are more conducive to the delivery of care.

**Assessments:** The newly proposed regulatory language represents a significant burden to providers without any direct or indirect benefit to a resident's quality of life or care. The listed time-frames for assessments and support plans would result in twice the paperwork, cost and time. We agree it is important to ensure that care can be provided and the use of the preadmission screening tool is essential. To propose then a duplication of efforts through the introduction of an initial assessment and preliminary support plan would increase the cost and time without any true benefit to the resident having not even been admitted yet. We request that the language reflect the purpose of the preadmission screening and that assessments and support plans occur after admission with the involvement of the resident and designated family member.

**CPR/First Aid:** The current expectation of trained employees with CPR/First Aid for every twenty residents would result in additional costs to our facility with the need for additional staff to be hired and working on off shifts to meet this outlined expectation. We request that the requirements match that of a Personal Care Home (1:50).

**Support Plans:** A Licensed Practical Nurse has the requisite knowledge and expertise to review and approve a support plan. Supervision by a Registered Nurse is not necessary and would represent an additional cost to the resident. We ask that you please reconsider the expectation of quarterly updates to support plans rather than a facility reviewing and revising at time of a change in the resident's condition. The focus should be on meaningful implementation of the outlined services. The care team and resident would identify changes and needs to be addressed. We request that the residence shall review each resident's support plan on an annual basis and modify as necessary. In addition, the attachment of the resident's support plan to the agreement serves no purpose or bearing on the delivery of care. The use of the support plan as a working document that staff can utilize and update accordingly is burdened by the requirement of this document being housed in a medical record permanently attached to an agreement. We ask that you please permit the support plan to serve the purpose it is intended for so residents preferences in care can accurately be reflected for all caregivers to follow.

**Transfer/Discharge:** As a provider of care, it is our intent to assist residents in receiving services that permit them to age in place for as long as possible. It should be the intent of 2800.228(b)(2) to support providers when supportive services are no longer appropriate to keep a resident within Assisted Living even when a resident or his/her designated person is arranging for the services. The existing interpretation could result in additional liability and potentially cause greater harm to residents by requiring providers to allow

a resident to remain in their communities after a professional determination that the care requirements exceed their ability is made. We request that the entire paragraph be removed.

**Staff Training:** Messiah Village strongly supports the training of staff while ensuring they have all the resources to care for others. The new requirement for staff training in this version of the proposed regulatory package appears unnecessary when coupled with the other mandated training requirements in this chapter. We request that the Department return to its previously agreed upon 12 hours of annual training for staff.

**Dual Licensure:** Recognizing that Assisted Living is about providing seniors with choice and individuality in their care, it is requested that providers be afforded the same flexibility in relation to dual licensure so that we are in the best position to meet the needs of residents. We would appreciate the review and definition of “distinct part” of an assisted living residence to be defined by room rather than wing or hall. The bulk of the responsibility would rest with the provider to ensure and comply with the differentiation of the regulations.

We appreciate your attention to our comments. We trust that you will take the proposed intent of the regulatory package and make it more practical from a provider’s standpoint. We fully support PANPHA’s proposed revisions and support the additional items that they referenced in their position as they advocate and speak on behalf of us and other non-profit providers who continue to explore if Assisted Living licensure is a feasible option.

Sincerely,



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