

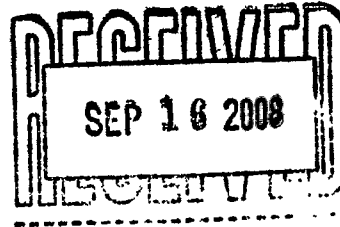
Every Life Has Meaning. . .
CHANDLER HALL
Living The Quaker Tradition

14-514

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INDEPENDENT REGULATORY
REVIEW COMMISSION

2712

September 12, 2008

Gail Weidman
Office of Long Term Living
Department of Public Welfare
6th Floor, Bertolino Building
Harrisburg, PA 17101

Dear Madam:

Re: IRRC#14-514

I am the CEO of Chandler Hall Health Services, a Quaker not-for-profit senior campus that provides residential and community services from infancy (childcare) through death (hospice). We operate the largest personal care facility in Bucks County. Since we began personal care services in 1987, we have adjusted our services to meet market demand. Since the Assisted Living law was passed in 2007, we began the transition of removing the term assisted living from our conversation and from our collateral materials. This change was easy, but as a member of the Workgroup, which was convened by the Department of Public Welfare, I have not found anything else easy.

I do not believe that the proposed regulations for Assisted Living Residences advance the public interest or the legislative intent. The impact of the regulations will result in only a few providers having the financial resources and the bricks and mortar to apply for licensure. The unintended consequences, in an era, when public policy supports home and community-based services may very well be the development of more bricks and mortar for a population that is already well-served with current housing stock. Another consequence will be the development of a product that is not affordable by most residents and that providers cannot develop without passing on the cost to these individuals. Further demands for staffing in an already tight market (ex. – administrative or designee presence 24/7) does not result in improved health and safety of residents, but another shifting of cost to a predominately private-pay market.

These proposed regulations appear to ignore the elderly population, especially the “typical” consumer of personal care and assisted living (as seen in other states), but instead sets the bar for physical plant requirements for a younger population. There is no doubt that a younger population has a need for assisted living services, but why not let the market determine these needs not regulations?


I would be remiss if I did not mention the absence of the possibility of dual licensing (personal care and assisted living) within a singular residence. This absence not only neglects the intent of the law (SB

704), but also places undue burden on both providers and residents who support aging in place with as few transitions as possible. It is imperative that the silence be broken on this issue.

Below are specific comments about regulations that I have grave concerns about, if implemented:

1. Licensure Fees – These fees (one of the highest in the nation – if not the highest) would put significant burden on providers and appears to be a tool for funding waiver dollars instead of funding administrative costs usually associated with a licensure fee.
2. Bundling of Core Services – Currently, Chandler Hall's core services cost \$129.00 dollars a day in personal care. The regulations do not clarify the ability to bundle or unbundle charges for core services. The requirement for all vehicles being handicapped accessible, if an organization opts to provide their own transportation is ageist and declinist. Research shows that elderly prefer to use a car when possible.
3. Administrator Requirements The regulations appear to require an administrator on duty 24/7. I doubt if this is the intent of the regulation, but if it is, I question the logic and necessity of an administrator or designee on location 24/7. This would place both a recruitment and cost burden on providers that is untenable.
4. Physical Plant Requirements – Although 70% of Chandler Hall's units would most likely meet the physical plant requirements, the requirements for both new and existing construction should be less onerous so that there is an incentive to offer a product that is affordable and responsive to market demand.
5. Supervision Of RN In Assessment And Support Plan Development – In a market where the supply of nurses is limited and where assessment skills may be adequately provided by other staff, the dictate to provide direct supervision is not warranted.
6. Discharge Of Residents – The provider, as intended by the law, must maintain control over the transfer and discharge of residents.
7. Dual Licensure – As I mentioned above, I support dual licensure. I believe that the ability to license by door will lead to the intent of aging in place that will far outweigh the burden of the regulators to determine how to survey a provider with dual licensure.

Respectfully Submitted,


Lynette M. Killen
CEO, Chandler Hall Health Services