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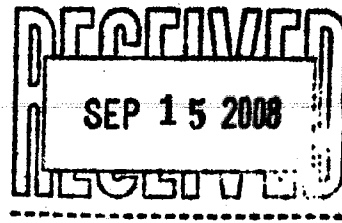
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1215 Hulton Road
Oakmont, PA 15139-1196
412-826-6071
Fax: 412-826-6520
www.SrCare.org

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SeniorCare Network
An Affiliate of Presbyterian SeniorCare



September 12, 2008

Mr. Michael Hall
c/o Ms. Gail Weidman
Office of Long Term Living
Department of Public Welfare
6th Floor, Bertolino Building
Harrisburg, PA 17101

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2008 SEP 19 AM 9:49
INDEPENDENT REGULATORY
REVIEW COMMISSION

RE: Assisted Living Regulations

Dear Mr. Hall and Ms. Weidman:

I am writing to comment on the proposed Assisted Living Regulations as a part of the comment period.

I have worked in the long term care field for nearly 25 years and served as a Personal Care Home Administrator and Nursing Home Administrator in Pennsylvania. I currently oversee the operation of five (5) personal care communities, one of which is a specialty dementia care facility. All of our communities are not-for-profit and have a mission to serve low-income persons. We provided over \$3M in charitable care in 2007.

Our system viewed the onset of assisted living legislation and regulation as an opportunity to support our philosophy of aging in place and to receive additional payments for the care we are providing to low-income seniors. State and national policy are clearly trending to minimize nursing home placement and provide choices and alternative.

In the 20+ years I have worked in the personal care industry, our reimbursement for low-income residents (SSI) has risen only a few dollars from about \$23 per day to \$31 per day. By the Department of Public Welfare's own cost studies, they recognized that costs were in the \$65-80 per resident per day range. The current system is a disgrace to our low-income seniors.

The proposed assisted living regulations only add unnecessary building and cost requirements to an already under reimbursed system. This new care level will serve to severely limit the ability of Assisted Living facilities to care for low-income seniors. **This is the opposite of the public policy intent.**



I would cite just a few examples where the proposed regulations do not support and improve the quality of life for our residents.

- Licensing fees are exorbitant, possibly the highest in the nation.
- Physical plant requirements are excessive and do not allow providers with a history of service to higher acute residents to be adequately grandfathered.

From a resident care perspective, there is no "magic" to 175 sq ft or certain type of kitchenette. The focus should be on privacy, bathrooms, access to kitchens and pantries (which could be in common areas); safety and security; and features that truly impact quality of life and choices.

The proposed physical plant requirements are counterintuitive to caring for more frail seniors. These requirements seem to reward new facilities and the for-profit chains who often have little or no commitment to low-income seniors.

This entire physical plant requirement section should be re-evaluated to allow existing, quality providers an opportunity to participate in this program.

Care competencies and a resident-centered approach to residents far out weight room sizes and microwaves.

These requirements also increase construction and operating costs.

- Additional cost items such as individual fire extinguishers and automatic electronic defibrillators in every first aid kit are clearly excessive and unnecessary.
- The requirements for Administrator training and building presence are also unreasonable. Why aren't current licensed Administrators not grandfathered?
- The requirement that the Administrator's designee be fully credentialed is ridiculously costly and unnecessary. **These requirements are beyond nursing home and hospital regulations!!**
- Operational issues such as:
 - Quarterly resident review (could be annual or event based)
 - Use of Long-Term Care Ombudsman on transfer decisions
 - Limits on charge options (no bundling?)

These decisions unfairly burden the community and increase costs.

Finally, I would note that in 2800.228(b)(2) the resident's family is allowed to provide supplemental services. This would place not only the resident at risk but the provider as well for

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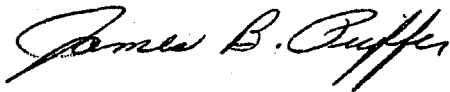
a liability standpoint. We would not consider becoming licensed as an Assisted Living Residence if this language is not changed.

In closing, I have highlighted areas of concern specific for SeniorCare Network communities related to both costs and delivery of services. There are other areas that will be of concern for other providers. My caution to you is that we have an opportunity in Pennsylvania to rework and develop a long-term care system that will truly meet the needs of our older adult population in a way that is financially feasible. Let us not push through regulations that are not thoughtful and are open for interpretation. We did that with the 2600 regulations and are now on the fourth and fifth LMI and we have more confusion with providers trying to do a good job. Regulations that will only increase costs to providers, but will not increase quality of care or quality of life are not the answer to this long standing and crucial problem in Pennsylvania.

If these regulations are intended to support aging in place and delay or eliminate transfers to nursing facilities for persons of all income levels, then these regulations will not advance this cause. Only a few providers with new facilities and predominantly private pay residents will benefit and those communities who have historically served the frail, low-income senior population will once again be ignored. This is a poor public policy match to an important component of Pennsylvania's continuum of care.

Thank you for the opportunity to comment.

Sincerely,



James B. Pieffer
President

/ab

Cc: Kim Kaufman, IRRC