

PENNSYLVANIA

Citation Personal care homes: 55 PC Chapter 2600 and Chapter 20

General Approach and Recent Developments

Revisions to the regulations for PCHs were final in April 2005.

Legislation passed in 2007 (SB 704) creates a licensing category for assisted living services and authorizes a statewide Medicaid HCBS waiver covering assisted living services.

Adult Foster Care

AFC is licensed as domiciliary care which is a premises certified by an AAA for the purpose of providing a supervised living arrangement in a home-like setting for a period exceeding 24 consecutive hours to clients placed there by the AAA. Private residences with a family-like atmosphere that provide services for up to 13 persons; individuals and/or couples age 19 years or older. Domiciliary care homes meet state and federal fire, safety, health, sanitary and program standards.

Web Address	Content
http://www.dpw.state.pa.us/disable/personalcareassistedliving/default.htm	Rules, list, consumer, provider tools

Category	Supply					
	2007		2004		2002	
	Facilities	Units	Facilities	Units	Facilities	Units
Personal care homes	1,550	71,831	1,718	76,385	1,786	79,929

Definition

Personal care homes. A premise in which food, shelter and personal assistance or supervision are provided for a period exceeding 24 hours for four or more adults who are not relatives of the operator, who do not require the services in or of a licensed long-term care facility, but who do require assistance or supervision in ADLs or IADLs.

Senate Bill 704 creates a new licensure category for assisted living. Assisted living is defined as a premises in which food, personal care, assistance or supervision and supplemental health care services are provided for a period exceeding 24-hours for four or more adults who are not relatives of the operator, who require assistance or supervision in such matters as dressing, bathing, diet, financial management, evacuation from the residence in the event of an emergency or medication prescribed for self-administration.

Unit Requirements

The regulations require single occupancy rooms to have at least 80 square feet of floor space. Multiple occupancy rooms must have at least 60 square feet per person. Bedrooms with residents who have a mobility need must have at least 100 square feet per residents and allow for passage beds and for the comfortable use of assistive devices, wheelchairs, walkers, special furniture or oxygen equipment. No more than four people may share a bedroom. Toilets must be available for every six users, and tubs or showers for every ten users.

ALRs must provide living units with private bathroom, living and bedroom space, kitchen which may meal outlets for small appliances (microwave, refrigerator), adequate space for storage and a door with a lock unless it would pose a danger in a SCU. The regulations will specify the minimum square footage requirements.

Admission/Retention Policy

A home must have a written program description describing the services the home intends to provide and the needs of the residents that can be safely served. The home may not serve anyone who meets the criteria for nursing home care. Prior to admission a preadmission assessment must be done to assess the needs of the resident. Within 15 days following admission, a full assessment must be completed to include an assessment of mobility needs, medication administration needs, communication abilities, cognitive functioning, ADLs, IADLs, referral sources, and personal interests and preferences. With 30 days after admission, a support plan must be developed to meet the needs identified in the assessment.

SB 704. ALRs can make reasonable accommodations to support aging-in-place. Residences may admit and retain residents that have been determined by the Department that specific listed health care needs can be met in the facility. Residences may not accept, unless they receive a waiver from the Department, individuals who are ventilator dependent; have Stage II or IV ulcers not in a healing stage; require continuous IV fluids; have a reportable infectious disease; use nasogastric tubes or physical restraints; or require 24-hour skilled nursing care.

Nursing Home Admission Policy

Consumers must have a medical diagnosis, illness, or condition which creates medical needs that require medical care and services which are ordered by or provided under the direction of a physician; need to be given on a regular basis and provided by or under the supervision of skilled medical professional; or because of a mental or physical disability, the individual requires nursing and related health and medical services in the context of a planned program of health care and management.

[NOTE: PCHs are not able to serve individuals who meet these criteria. ALRs will serve individuals at this LOC and a Medicaid waiver will be developed.]

Services

Homes must have a written description of services and activities. An individual support plan is required within 30 days of completion of an assessment. Homes assist with ADLs (personal hygiene) and IADLs as indicated in the support plan and assessment. The personal hygiene tasks include bathing, oral hygiene, hair grooming and shampooing, dressing and care of clothes, shaving, nail care, foot care, and skin care.

The tasks of daily living include securing transportation, shopping, making and keeping appointments, care of personal possessions, use of the telephone, correspondence, personal laundry, social and leisure activities, securing health care, ambulation, use of prosthetic devices and eating. Laundry service and activities are required.

SB 704 requires that ALRs demonstrate their ability to provide supplemental health care services through employees, independent contractors or other contractual arrangements.

Dietary

Facilities are required to provide three nutritionally well-balanced meals that follow recommended Daily Allowance of the Food and Nutrition Board. Each meal shall include an alternate food or drink item from which the resident may choose. Therapeutic diets prescribed by a physician are to be followed. In-service training requirements for administrators and staff include food handling, preparation, and sanitation.

Agreements

A written contract is required between the home and the resident. Contracts include a fee schedule that lists the actual charges for each service, the party responsible for payment; refund policy; method of payment for long distance phone calls; arrangements for financial management; house rules; termination conditions; a list of personal care services to be provided based on the outcome of the support plan; bed hold charges, resident rights and complaint procedures; and a 30-day notice of changes in the contract.

SB 704 provides for informed consent agreements that promote aging-in-place, identify risks residents assume when directing their own care and release the residence from liability from adverse outcomes.

Provisions for Serving People with Dementia

The rules contain new provisions for secure dementia care units. Homes must notify the licensing agency of their intention to open a secured unit. Units must have adequate indoor and

outdoor wandering space. Units may be shared by no more than two persons. A resident shall have a medical evaluation by a physician, physician's assistant or certified RN practitioner within 60 days prior to admission. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Facilities must offer the following types of activities least weekly: gross motor activities, such as dancing, stretching and other exercise; self-care activities, such as personal hygiene; social activities, such as games, music and holiday and seasonal celebrations; crafts, such as sewing, decorations and pictures; sensory and memory enhancement activities, such as review of current events, movies, story telling, picture albums, cooking, pet therapy and reminiscing; and outdoor activities, as weather permits, such as walking, gardening and field trips.

The written agreement includes disclosure of the services available and their costs, admission/discharge criteria, change in condition policies, and the special programming available to residents. Administrators and staff must have competency-based training that covers topics specified in the regulations (i.e., normal aging-cognitive, psychological, and functional abilities of older persons, definition and diagnosis of dementia, description of reversible and irreversible causes, and explanation of differences between dementia, delirium, and depression; definition of dementia and related disorders, progression, stages, and individual variability; communication techniques; description of behavioral symptoms of dementia and how to manage resident behaviors; the role of personality, culture, and environmental factors in behavioral symptoms and dementia care; philosophy of dementia care, including mission statement, goals, policies, and procedures; working with family members; resources for residents with dementia and their families; team building and stress reduction for the staff; older Adult Protective Services Act). The licensing agency may require additional staffing.

SB 704 allows the Department to designate special care residences and units with specialized staff training, service planning, activities programming and security measures. Special care residences must disclose its philosophy and mission; the physical environment and design features; the frequency and types of individual and group activities; the security measures provided; training provided to staff; availability of family support programs and family involvement; and assessment and service planning process.

Medication Administration

Prescription medication that is not self-administered by the resident must be administered by a licensed physician, physician's assistant, RN, nurse practitioner, LPN or licensed paramedic. A new medication administration train-the-trainer program developed by the Department of Public Welfare was instituted in April 2007. Staff who have completed the Department's medication administration program may also now administer oral prescription medications.

Public Financing

The SSI/state supplement payment in PCHs is \$1,062.30, which includes a PNA of \$60 a month. In July 2007, there were 8,818 SSI beneficiaries in 1,537 licensed PCHs.

SB 704, passed by the legislature in 2007, authorizes coverage of waivers services in ALRs with priority for prospective or current residents facing imminent admission to a nursing facility.

Staffing

Facilities must provide a sufficient number of trained persons to provide the necessary LOC required by residents. Direct staff must be available to provide at least one hour of personal care services to each mobile resident and two hours of personal care services a day for each resident who has mobility needs. At least 75% of the hours must be available during waking hours. Additional staffing may be required based on the needs of the residents as identified in their assessments and support plans.

Training

An *administrator* must meet both educational and training requirement prior to serving as an administrator. An administrator must have one of the following: RN license, LPN license with one year work experience or have an associate's degree or 60 credit hours. For a home serving eight or fewer residents, the administrator must have a high school diploma and two years experience.

Administrators must also complete an orientation program provided by the Department as well as a 100-hour standardized Department-approved administrator training course; and a Department-approved competency-based training test with a passing score. The training covers fire prevention and emergency planning; medication procedures, medication effects and side effects, universal precautions and personal hygiene; certification in CPR and obstructed airway techniques and training in first aid; personal care services; local, state and federal laws and regulations pertaining to the operation of a home; nutrition, food handling and sanitation; recreation; care for residents with mental illness; resident rights; care for residents with dementia, cognitive impairments and other special needs; care for residents with mental retardation; community resources, social services and activities in the community; staff supervision and staff person training including developing orientation and training guidelines for staff; budgeting, financial recordkeeping and resident records; gerontology; and abuse and neglect prevention and reporting; and cultural competency.

Administrators must complete a minimum of 24 hours of annual training related to their job duties.

Prior to working, or on their first day of employment, all direct care staff need training in evacuation procedures, fire safety, smoking safety, and staff duties. Prior to employment, direct

care staff must also take a course and pass an on-line test related to basic direct care duties such as safe management techniques, ADLs and IADLs; personal hygiene, care of residents with dementia, mental illness, cognitive impairments, and other disabilities; the normal aging-cognitive, psychological and functional abilities of elders; implementation of the initial assessment, annual assessment and support plan; recreation, socialization, community resources, social services and community activities; gerontology; safety management and hazard prevention; universal precautions; regulatory requirements; infection control; and the care of residents with mobility needs (i.e., prevention of decubitus ulcers, incontinence, malnutrition and dehydration).

Direct care staff must also complete at least 12 hours of annual training. Annual training includes medication self-administration; Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan; care for residents with dementia and cognitive impairments; infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration; personal care service needs of the resident; safe management techniques; and care for residents with mental illness or mental retardation, or both, if the population is served in the home.

SB 704 states that requirements for ALR administrators and staff must meet and may exceed the requirements for PCHs.

Background Check

Criminal history and background checks are required under Pennsylvania adult protective services statutes and regulations.

Monitoring

SB 704 provides that each PCH and ALR will be inspected at least annually, and more often if violations are found during the annual inspection. The Bill allows the Department to develop regulations that provide for an abbreviated visit to homes and residences that have a history of compliance.

Various enforcement options are used regularly to enforce the regulations such as emergency closure, revocation, license denial, license non-renewal, provisional license, ban on admissions, court injunction and orders. Regular enforcement through fining and immediate closure is also administered for the illegal operation of a PCHs.

Fees

Licensing fees are \$15 per bed for 21 beds or less; \$20 per bed for 21-50 beds; \$30 per bed for 51-100 beds and \$50 per bed for over 100 beds.

Fees for ALRs will be set by the Department.

RESIDENTIAL CARE AND ASSISTED LIVING COMPENDIUM: 2007

Files Available for This Report

REPORT INTRODUCTION (*including Cover, Table of Contents, Acknowledgments, and Acronyms*)

HTML: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom.htm>
PDF: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom.pdf>

SECTION 1. Overview of Residential Care and Assisted Living Policy

HTML: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom1.htm>
PDF: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom1.pdf>

SECTION 2. Comparison of State Policies

HTML: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom2.htm>
PDF: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom2.pdf>

SECTION 3. State Summaries

HTML: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom3.htm>
PDF: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom3.pdf>

Each state's summary can also be viewed separately at:

Alabama	http://aspe.hhs.gov/daltcp/reports/2007/07alcomAL.pdf
Alaska	http://aspe.hhs.gov/daltcp/reports/2007/07alcomAK.pdf
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