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Date: 02/05/2025

Event: Long-Term Services and Supports Meeting

>> CARRIE BACH: This is Carrie Bach. I'm going to briefly start over. I would like to welcome everybody to the February meeting of the LTSS sub MAAC committee.
I would like to remind you that the meeting is being recorded and your participation in the meeting is your consent to being recorded.
So with that, we'll get started with our committee attendance. I know that Kathy is already here. So Ali Kronley?
>> ALI KRONLEY: Good morning. This is Ali.
>> CARRIE BACH: Hi, Ali.
Emily Kendall-Brown? Emily, are you there? Emily is the alternate for Anna for OLTL if you see her. Okay. We'll go back.
Carol Marfisi? And Carol, welcome to the committee. If you would like to take a minute to introduce yourself. All right. We'll go back to Carol too.
Cathy Bollinger?
>> CATHY BOLLINGER: Good morning. This is Cathy.
>> CARRIE BACH: Hi, Cathy. Cindy Celi?
>> CINDY CELI: Good morning. This is Cindy.
>> CARRIE BACH: Hi, Cindy.
Neil Brady?
Gail Weidman?
>> GAIL WEIDMAN: Good morning. This is Gail.
>> CARRIE BACH: Hi, Gail.
Jay Harner?
Juanita Gray?
>> JUANITA GRAY: Good morning. This is Juanita Gray.
>> CARRIE BACH: Hi, thanks for joining.
Leslie Gilman? Leslie Gilman?
Linda Litton?
>> LINDA LITTON: Hi, Linda Litton here.
>> CARRIE BACH: Hi, Linda.
Lloyd Wertz?
>> LLOYD WERTZ: Present. Good to be here.
>> CARRIE BACH: Hi, Lloyd.
Lynn Weidner? And Lynn is also a new member. Lynn, if you are on, please take a minute to introduce yourself as well.
>> LYNN WEIDNER: Hello. Are you hear me?
>> CARRIE BACH: Yes, we can hear you.
>> LYNN WEIDNER: Hi. So I am -- my name is Lynn Weidner. I am a home care worker. I have been a direct care worker since 2002. I have done nursing homes and group homes in North Carolina and Pennsylvania.

I was also a disability rights activist in both states. And working very closely with disability community. Currently a member of home care workers union and a participant-directed home care worker. I take care of my partner. His name is Brandon and he's also a disability rights activist. He has been to the White House and testified in Congress on behalf of people with disabilities and home and community-based services.
We have done a lot of work surrounding this field. So I'm really excited to be here and have some input and see how we can improve the system for Pennsylvania. Thank you.
>> CARRIE BACH: Thanks, Lynn. Welcome to the committee. No doubt your experience will bring wonderful insight to this committee.
Welcome.
Matt Seeley?
>> MATT SEELEY: Good morning. Present.
>> CARRIE BACH: Hi, Matt.
Chell Garrett?
>> MICHELLE GARRETT: Hi. Good morning. Chell is here.
>> CARRIE BACH: Hi, Chell.
Michael Grier?
>> MICHAEL GRIER: Good morning, Carrie. This is Mike.
>> CARRIE BACH: Hi, Mike.
Minta Livengood?
>> MINTA LIVENGOOD: I'm here. This is Minta Livengood.
>> CARRIE BACH: We can hear you. Thanks for joining.
Monica Vaccaro?
Pam Walz?
Patricia Canela-Duckett?
>> PATRICIA CANELA-DUCKETT: Good morning, everyone.
>> CARRIE BACH: Hi.
Rebecca May-Cole?
>> REBECCA MAY-COLE: Good morning.
>> CARRIE BACH: Hi, Rebecca.
And I would like to go back to anybody we may have missed. Please go ahead and announce your presence if we missed you.
>> EMILY KENDALL-BROWN: Hi. This is Emily Kendall-Brown, I am filling in for Anna Warheit.
>> CARRIE BACH: Hi, Emily.
>> Hi. From the bureau of Human Services licensing. Good morning.
>> CARRIE BACH: Good morning.
All right. With that, I'm going to turn it over to Kathy. And if we have any other committee members join us, we'll make sure to announce their presence. Go ahead, Kathy.
>> KATHY CUBIT: Thanks, Carrie. I will go over the housekeeping talking points. The first I want to mention that March's LTSS meeting previously scheduled for March 5th has been rescheduled to Friday, March 7th, from 10:00 to 1:00. Again, this is as a webinar with remote streaming. And this is to avoid conflict with DHS's senate budget hearing.
This meeting is being conducted as a webinar with remote streaming to comply with logistical agreements, we would end promptly at 1:00. Please keep your devices muted and the microphones off unless you are speaking. Remote captioning is available at every meeting. The link is on the agenda and in the chat. It is important for one person to speak at a time. Please state your name before commenting and speak slowly and clearly so the captionist may capture

conversations and identify speakers.
Please keep your questions and comments concise to allow time for everyone to be heard. Webinar attendees may submit questions and comments into the question box. And you can also use the raise hand feature to be put in queue to speak live.
Time is allotted on the meeting agenda for two public comment periods. If you have questions or comments that weren't heard, please send them to the resource account email found at the bottom of the meeting agenda and the LTSS sub MAAC web page.
And with that, I will just check in quickly to see if any other members have joined. And then we will proceed to Juliet with OLTL updates. And welcome, Abigail Peslis as well.
Any other members who have not announced themselves?
Okay, Juliet, the floor is yours.
>> JULIET MARSALA: Thank you. Hopefully everyone can hear me okay?
>> KATHY CUBIT: Yes, we can hear you. Thank you.
>> JULIET MARSALA: Wonderful. Juliet Marsala, deputy secretary of the Office of Long-Term Living.
We can go into the updates. And updates I will be discussing this morning.
So here is the agenda we're going to go through. Procurement updates. Recent OLTL communications. And I have the honor of introducing Abigail Peslis who is going to talk about Penn State Harrisburg and some continuing education programs.
Before we move on to the next slide, I have a couple of additional comments for folks today. So the first thing I want to talk about, as you all hopefully were able to join us and the governor in listening to his budget address yesterday, the -- what's important to know with regards to our Office of Long-Term Living is that the Office of Long-Term Living team receives the budget information at the same time that most of you all did. So the team is evaluating the governor's proposed budget, looking at the budget book. And as such, we are not prepared to answer very specific questions because we also are digesting all of the information in the proposed budget. It's still early in the budget process. Again, as you know, the governor's address does kick things off. And then it goes through a whole process before it eventually gets enacted. So lots of opportunities to educate and advocate in the upcoming weeks and months.
In addition, Secretary Arkoosh, our Department of Human Services secretary, will be holding a Department of Human Services budget briefing this Friday at 10:00 a.m. A link to the budget briefing for registration will be sent out to all the LTSS subcommittee members. As you know, DHS serves over 3 million Pennsylvanians. We have some space limitations on that. But it will be recorded and a link to the YouTube recording will also be sent out to the LTSS ListServ.
If folks here have questions they would like to put forward, please put them through to the RA account that is listed on the LTSS agenda. We will certainly forward them on if it's related to the DHS budget.
In addition, the rate and wage study is with the governor's office. The Governor's Office requested the study. We have delivered that study to them for their review. As many of you have heard me say in past meetings, I do not have a date for any potential release of the rate and wage study. That is a decision that will come out of the Governor's office.
Lastly, I also wanted to take a few moments, we have received some questions in the past week with regards to activities at the Federal level connected to the change of Administration there and the flurry of activity that has come out of the White House and at the Federal level. Just for folks' awareness, often times when there is a change in Administration, there's often times a pause and redo of websites and things of that nature. And a pause in certain activities and communications as the new Administration transitions in.

However, as you know, there were a flurry of executive orders that were released at a Federal level, some of which caused some confusion, some of which caused some great anxiety.
And I wanted folks to know, again, that we receive those orders at the same time as the general public. So when those orders come out, our teams jump on them. We evaluate them as best as we can and follow them closely.
We want to be sure that we are not making assumptions or trying to sort of predict things that may cause uncertainty. So please be patient with us as we evaluate those changes at a Federal level and evaluate how they may or may not impact our critical state services.
So an example of that is that there were executive orders that put a freeze to grants and funding that caused a lot of concern. We watched it closely. We are evaluating them. Currently, there is a restraining order nationwide on some of those particular executive orders, and we continue to track that as well.
We're also watching closely the reconciliation budget process at the Federal level. That is another area that may impact us at the state level. We don't have specifics on that. But certainly it is on our radar, and we will watch that process as it continues.
We received questions with regards to executive orders that are -- that changed the Administration's position on ICE and ICE raids. We have received questions about whether or not the Office of Long-Term Living will be putting out directives for information or guidance. The Office of Long-Term Living is not in a position to give out legal advice regarding how providers or facilities should react. The Pennsylvania Attorney General's Office has not put out any guidance that I'm aware of that I can share. We encourage all of our providers to consult with their own legal teams with regards to any changes in procedures and things of that nature that they would want to enact within their programs at this time.
And with that, I can go into the procurement updates. There are no new updates related to either the Agency with choice with force likely to produce procurement or the Community Health Choices request for application.
Both of those procurements remain in a stay status.
We go to the next slide.
So in recent OLTL communications, our team did release the important dates charts for the resident days submission deadlines and related penalties and interest. On January 29, 2025, OLTL released the important dates chart for fiscal year 2024-2025. And this chart was also made available on the nursing facility assessment page of the Department of Human Services DHS website.
And the instructions and bulletins page of the Nursing Facility Admission System website. So our nursing facility providers should be able to access that, and we do encourage you to submit those reports timely.
So the Resident Days Report, or the RDR submission, the deadline for the submission for the first and second quarters for fiscal year 2024 and 2025, for the assessment quarter one, which is April 1, 2024, to June 30, 2024, and quarter two, July 1, 2024, through September 30, 2024, is coming up in two days on February 2025.
There are penalties and interest applied and imposed for late submissions. The amount of $1,000 for late submissions plus $200 per day until those reports are submitted.
I also want to pause here to encourage nursing facility providers who have past due nursing facility assessments to please go into the portal and if you can address those past due amounts.
The Office of Long-Term Living will be implementing fairly soon notices to all of those providers who do have past due assessment amounts. And providing notification of additional offsetting

processes that will be put in place soon to address those past due amounts. So we do encourage you to please evaluate them, connect with the Office of Long-Term Living about them to avoid being offset in the future. That is an important obligation that is important to the funding and operations of our long-term care system.
We go to the next slide.
In addition, we wanted to raise up and highlight, and I'm very excited about this, Pennsylvania Technology Summit. The Office of Long-Term Living is partnering with the Office of Developmental Programs, the Institute on Disability Temple University, college of education and human development, and the University of Kansas Center on Disabilities state of the state's team to host Pennsylvania Technology Summits. It's part of our statewide initiative called PA Tech Accelerator. And the summit will be held on March 6, 2025, in Philadelphia, and March 13, 2025, in Pittsburgh. And we would love lots of folks to attend.
So who is invited? So people with disabilities and their families, direct support providers and professionals working with people with disabilities, such as direct care workers, direct support professionals, support service professionals, support coordinators, job coaches, and health care professionals.
We also invite organizations and providers who serve people with disabilities, policy makers, advocates, and allies. Students who are interested and looking to work in disability related fields. And pretty much anyone interested in technological supports for people with disabilities. There's going to be a lot of great information. I'm really excited about the summit. The registration is open for that summit, so I encourage folks to apply and register early. The team has been working really, really hard with our partners and hope to see folks there.
If we go to the next slide.
So I am going to pause here for some questions and public comments. I'm not sure if it's at this point or if Abigail goes first. So I'm going to pause to check in with Kathy as the chair to say would you like me to take public comments now or hand over to our presenter?
>> KATHY CUBIT: This is Kathy. Thanks, Juliet. With the agenda, you would want to hand it over to Abigail and public comments are scheduled after the assisted living in lieu of services presentation.
>> JULIET MARSALA: Thank you, Kathy, for keeping me on track. I will hand it over to Abigail.
>> KATHY CUBIT: Welcome, Abigail.
>> JULIET MARSALA: Abby, you're muted.
>> ABIGAIL PESLIS: I remembered the camera and forgot the mute. Hello, everyone. I'm Abby Peslis, the regional director of continuing education Penn State Harrisburg, York, and mount Alto. Thank you for having us.it over to him briefly. And we want to talk about an opportunity that we have at Penn State Harrisburg right now involving direct care workers. So I will let Al describe a little bit about the program.
>> AL HERMANTIN: Good morning, everyone. Thank you for that time. The program we have going on at Penn State Harrisburg is the direct care worker job quality grant. The grant was passed earlier last year by Governor Shapiro in hopes of developing innovative ways to improve direct care workers' job quality.
So right now, what we are doing is collecting data by getting direct survey responses from direct care workers. We're looking for different organizations to partner with us to help reach these direct care workers so we can get their voice.
From the surveys, we're also going to go into a series of interviews to further get analysis and information to build to an intervention stage where we will come up with five different interventions that will hopefully resolve issues that are barriers to job quality and career

development for direct care workers.
So today, we just want to gauge some interest and see if there's any organizations that would like to take part, have any questions about what the grant will provide, and to see what we can do to help improve direct care worker job quality.
As we all know, it is a field that is going to be very much in demand in Pennsylvania as we continue to get an aging population. And the needs are going to continue to be there so we need excellent staff, care providers, and people who not just are able to do the job, but are fulfilled and feel like it is something beneficial for them as much as it's beneficial for those that they care for.
So if anyone has any questions, anybody wants to know any more information, please take a moment, share, we will make sure that you have our contact information as well. And if I am able to share my screen, I'm not sure if I am right now, I can put up the contact information as well.
>> KATHY CUBIT: Thank you, Al and Abby. If you could also put that information into the chat. And I don't know if you have a web page or a source for additional information about your project so people could learn more. But if you do, please include that as well.
And I think for the sake of time, if people are interested, please be in touch with the folks from Penn State. And we do have a couple of minutes for questions Abby or Al. Okay. And we'll hold questions for Juliet for public comment so we stay on track with our schedule.
And I want to again thank Abby and Al for your work and your presentation today.
>> Hi, this is Shanrika. We have a question from Jeff Iseman.
Is there anything in this grant or elsewhere regarding the workforce credentialing?
>> AL HERMANTIN: One of the things we are looking at is if that is an intervention we can provide. So looking at credentialing and looking at job training as well.
>> KATHY CUBIT: This is Kathy. Any other questions?
>> Hi, Kathy. There are no other questions in chat at the moment.
>> KATHY CUBIT: Thanks again.
And maybe this information could be put in our meeting follow-up. I know I'm not seeing anything in the chat.
But again, thank you very much. And again, thanks for your work as well.
And with that, we'll move on to Josh and a presentation following up from our conversation last month about assisted living in lieu of services.
Before I turn the floor over, I want to acknowledge Pam Walz is here, but is having mic issues. So the floor is yours now, Josh. Thanks.
>> JOSHUA HOOVER: Thank you very much. And thank you everyone else for being here. You will hear from me a couple of times today. But this first conversation is going to be a follow-up on our previous meeting's presentation on assisted living residences in lieu of services. There were a number of questions and requests for information that we thought maybe would be better shared via a follow-up presentation than try to go send out blocks of text or answers like that in the meeting follow-up.
So I'm going to try to follow up on as much information as I am able to today. Of course, we all know that there are often going to be additional questions and we will try to keep you as well informed as we're able to in any given moment. So if we can go ahead and move to the next slide, please.
What I want to try to cover, which I think covers most of the questions today, is having kind of a level setting understanding of what is the actual nature of in lieu of services when it comes to assisted living residences? As a matter of fact, kind of having a better understanding of what is

the nature of in lieu of services in general so we can better understand how to place that within the spectrum of long-term services and supports that so many people in the Commonwealth of Pennsylvania utilize.
I do want to inform you on what the oversight is like. There were questions about oversight last time around and the answer is it may not be exactly what you think it is, but that by no mean does that mean that it is not robust, because it is.
And we also had questions on cost of care that I will cover as specifically as I can without having representation from the Office of Income Maintenance here.
And we are going to provide you with a list of assisted living residences that have been approved by OLTL to provide in lieu of service.
Next slide, please.
Okay. So I noticed as I was looking over the slides this morning that the title of the slide says the nature of ALR in lieu of services. So assisted living residences. Is beginning of this slide actually is about the nature of in lieu of services in general. So the first thing to understand for those of you that may not be aware is that assisted living residence in lieu of services is simply one kind of in lieu of services that the Commonwealth is exploring. There are I don't want to say unlimited, but almost unlimited potentials for what various states could pursue in lieu of service for through approval from CMS.
So the ability to offer in lieu of service was formalized in 2015 the the Medicaid and CHIP final rule. There were provisions for things similar to in lieu of services, but this was finalized in 2016 with the requirements that I think we have presented on in the past in terms of how does the program work and what are kind of the boundaries that we operate within and so on and so forth.
So for in lieu of services in general, states may cover services or settings that are substitutes for services or setting covered under the already existing state plan. And I think that that's the first important distinction that we want to make is that they are substitutes for other services or other settings that are already provided in the state plan. So it's not -- I think it's easier to think about this not as breaking out into a new kind of service, but simply increasing the options for participants to be able to receive services in a way that best meets their needs and meets their preferences.
The in lieu of, I feel, is very important. Okay? And this is where it gets a little bit difficult to understand or to kind of wrap your head around what in lieu of services is. It is literally a service that is in lieu of the other services defined under the state plan.
So assisted living residence in lieu of services is not home and community-based services. Right? It is also not nursing facility services. Because it is in lieu of. It exists in what is kind of an in between space. It's not harder to define. They're well defined. But from the traditional approach to home and community-based services, it can be difficult to wrap your head around where do we place in lieu of services in the spectrum of care.
And the answer is depending on the type of in lieu of service, it's going to be placed in a different area. But for assisted living residents in lieu of services, I like to think about it as something that is connected to nursing facility services. It is an option that sits between residents in a nursing facility and residents in the community receiving the kind of fuller option spectrum of home and community-based services.
But at the end of the day, it is in lieu of nursing facility services. And I know that there are some concerns from folks about any services that may give the optics that they are leading toward increasingly institutionalized settings or anything that may move away from the whole purpose of home and community-based services. And I think it's important to really underscore that that's

not what the attempt is here with in lieu of services. It is in lieu of, again, nursing facility services. So anyone that is choosing to participate in in lieu of services would otherwise be finding themselves living in a nursing facility. And I can speak from a lot of personal experience because my time prior to working in the Division of Communications Management was spent working with the Bureau of Human Services Licensing. I'm going to be talking again later about the Bureau of Human Services Licensing personal care homes and assisted living residences. And I think there is a nice connection between these conversations. I can really attest that assisted living residences are far less institutional than what you would typically find in a nursing facility setting.

Now that being said, I understand that there are concerns that this is not home based, that there still is a less than residential feel at times. But again, this is a service that exists kind of in between nursing facility services and community living. And it's a service that folks are only going to be eligible for if they were otherwise going to be living in a nursing facility.

The other main point that I want to make on the nature of in lieu of service is that everyone has to remember it is very, very, very highly driven by the, in our case, the Community Health Choices Managed Care Organizations. OLTL starts the process. We applied for and received approval to offer this type of in lieu of service. Obviously, we received proposals and review and approve from the MCOs. But this really is an MCO-driven option in that it's the MCOs that are making it happen. The MCOs have a proposal that is approved by OLTL. But they have to contract with approved assisted living residences. And they're doing that independently. And they have to offer the option of in lieu of services to participants that are finding themselves in that area. It's not going to be an option that's available to every single participant at all times because, again, it's in lieu of that nursing facility services.

So very, very, very heavily MCO driven.

So while OLTL wants to answer as many questions and provide as much information as we can, as in lieu of services continues to develop, a lot of the information that consumers are going to need or participants, I'm sorry, are going to need to get is going to come from your MCO.

Next slide, please.

So moving on here a little bit. These are items that we have already had presentations on. But it's important to remember that in order to be approved, in lieu of services must advance the objectives of the Medicaid program. They must cost effective. That's a big one. We cannot spend more on in lieu of services that we would be spending on already existing services. They must be medically appropriate. Most importantly, in my mind, they must preserve participant rights and protections. They are subject to appropriate monitoring and oversight and subject to retrospective evaluation by CMS.

We're going to talk about that monitoring and oversight and what it looks like. I think that's also an important distinction. I know there were concerns last time, so we want to highlight, again, participants cannot be required to participate in in lieu of services or to remain in an assisted living residence through in lieu of services if they decide that that is not for them. No one is ever going to be forced to remain in this particular category.

This really is intended to reduce health disparities and to address the unmet health-related social needs that some of our participants are experiencing simply because there's always a gap. There's always a gap between where one service ends and the next service begins. And over time, the Commonwealth of Pennsylvania and CMS and everyone involved in long-term services and supports have been working to close the gaps. But we have to acknowledge that they are there and we try to fill them with creative and innovative options like assisted living

residence in lieu of service.
Next slide, please.
Okay. So oversight. I know there's a lot of questions about this. This is CMS language. I don't want you to think that it's me kind of creating gray areas purposefully. CMS requires that in lieu of services be subjected to appropriate oversight. That's their language.
And a lot of you had questions about what would happen under the conditions that would typically lead toward increased scrutiny or how is the settings rule applied to in lieu of services. So first of all, most importantly, all of the assisted living residences are assessed by OLTL when they are applying for approval to provide in lieu of services. Okay?
And OLTL is using very homogenous standards across the board to try to make sure that these settings are appropriate for in lieu of services.
The MCOs are also constantly monitoring these settings to make sure that the settings remain appropriate.
That being said, again, because this is in lieu of service, it is important to remember that the settings rule does not actually apply to in lieu of service. Okay? This does not fall under the 1915C authority. It is in lieu of various services. It's not a letter for letter application of the settings rule. There is that assessment of the assisted living residences prior to approval. And then there is the ongoing monitoring by OLTL as a whole or by the MCOs as a whole to make sure those settings are remaining appropriate.
However, there is also an entirely separate and incredibly robust system of oversight because these assisted living residences are licensed by OLTL's Bureau of Human Services Licensing, which is responsible for the licensing and regulatory compliance of personal care homes and assisted living residences.
So these assisted living residences are subject to all of the Human Services licensing laws that apply to any other kind of licensed Human Services facility in the Commonwealth of Pennsylvania.
They are also subject to 55 PA Code Chapter 2800. That's a regulatory chapter that contains at a rough estimate about 1300 individual regulatory requirements all designed to protect the health, safety, and well-being of assisted living residence residents, the people that live in these communities, and make sure that they are receiving the appropriate levels of care.
So not only do we have the oversight that comes from a CMS authorized service, but we also have an entire licensing bureau that is devoted to ensuring that these facilities are operating in compliance with the state regulations.
And what we have been doing more and more and more is bringing these things together. Okay? Our staff are receiving cross training, Bureau of Human Services Licensing staff are learning about in lieu of services. OLTL staff are learning about the Bureau of Human Services Licensing which is one of the bureaus we're further integrating and collaborating on moving forward so we can really put together, again, that robust system of oversight that combines both CMS requirements, OLTL operating standards, and the regulatory requirements of the assisted living residences operate under.
Next slide.
Okay. Quickly on cost of care. This is an area where I don't have a whole lot of expertise. But I know there were questions. It basically breaks down into these two categories. If a participant is not receiving supplemental security income, sorry, there's a typo on the slide, SSI, then their room and board maximum rates are going to be determined by the county assistance office just like they would be determined if that is individual were living in a nursing facility.
And I'm sure we can work together with the Office of Income Maintenance to discuss this further

in the future.
Is income assistance, the maximum rates for anyone who is receiving SSI and living in an assisted living residence is going to be whatever that SSI income is, their total income, minus the personal needs allowance, which for an assisted living residence is $85 per month. It's a little bit higher even in the increased skilled nursing facility personal needs allowance.
Next slide.
And here is our list of OLTL approved assisted living residences. Again, we are kind of very early in the launch of assisted living residence in lieu of service. I do not know to my knowledge we do not have a report yet of participants. But that could have changed at any point in time. But these are the assisted living residences that have been approved by OLTL.
Whether they have contracted with an MCO, I don't know. And then even further than that, again, do they have any participants at this point, not that I'm aware of. But I also don't know we will receive that information as Ops reports come in as the program gets off the ground. But I wanted to make it clear that the status of these assisted living residences is that they have been approved by OLTL, not necessarily that they are actively offering in lieu of services at this moment in time.
Okay. So that is everything that I have to offer right now on in lieu of services. I am happy to -- oh, yes, I did add a link slide that we will send out. Sorry, folks, I forgot about that, with resources that were mentioned over the course of the presentation, some of the licensing laws from 2016, so on and so fourth.
But happy to take any questions.
>> KATHY CUBIT: This is Kathy. Thanks, Josh, for your presentation. This is an important conversation. I have a comment and a question and then I will open it up to the floor to others. I guess my comment is it's disappointing to hear that this bypasses the home and community-based settings rule because that's such an important set of rules to ensure rights and the best in terms of really having a home and community-based setting.
My question goes to the slide about the cost of care and PNA. You don't have a personal needs allowance listed for folks that do not receive SSI. If the cost of care is being calculated through the nursing facility rules, as you know, that current personal needs allowance is $60. So will those folks at least be guaranteed $60? Will they be zeroed out of their income completely? One reason the SSI -- rather, the personal care home and the nursing home PNA rate is different and both are really have not kept up with the current economy, but people have to pay for their co-pays, prescriptions. So that's an additional expense that I have in personal care homes that they need their P and A for. So will the prescriptions be covered if they're only getting $60 a month or no income? I don't know if you can speak more to this very important issue.
>> JOSHUA HOOVER: First of all, thank you for your comment. In terms of your question, I cannot answer that with any level of certainty. I don't know if there's anyone else from policy on that wants to jump in. But if not, we can certainly follow up with OIM and get the answer of that question out to you.
>> KATHY CUBIT: Okay. I'm not hearing anything. So thank you. I think this is important before you counsel people on their options, they really need to know what costs they are going to incur and how much money, if any, they will have to cover those costs.
So with that, I will open the floor to other questions for Josh.
>> Josh, hi, this is Mike Grier from the Pennsylvania Counsel on Independent Living.
Of those in lieu of locations that you listed, can you tell me how many of those folks -- how many of those locations accept Medicaid?

>> JOSHUA HOOVER: Thanks, Mike. So traditionally speaking, assisted living residences are not enrolled in Medicaid. So this is typically a private pay industry that we are kind of breaking into with in lieu of services.
So to the best of my knowledge, of course now there are some obviously in we have a legal entity that is operating CCRC or other multiple locations, they may be an entity that has Medicaid enrollment. But again, traditionally speaking, the assisted living residents would not. Which would mean that anyone that is participating in in lieu of services is likely going to ultimately end up in that category through their MCO.
So that's the -- I can certainly look into that further.
>> Josh? Let me clarify. Mike, the individuals who were on the list as approved by Office of Long-Term Living are the assisted living residences that have gone through our enrollment process for Medicaid. So everyone on the list that was listed would accept Medicaid because this is a Medicaid program and the in lieu of services is part of the Medicaid program.
>> Thank you.
>> JULIET MARSALA: Sorry, Josh. I heard his question differently.
>> JOSHUA HOOVER: Oh, you're okay.
>> PAM WALZ: This is Pam Walz. I have my microphone working and I have a question.
This was actually super helpful, Josh. I think this is the first time I have really kind of understood that this is a service that is in place of state plan services rather than, I don't know, somehow then in lieu of the services that are offered through the CHC waiver.
So that has me wondering who can access this if somebody -- I guess two groups of people I'm wondering about. If somebody is in CHC, is in an MCO, and is receiving HCBS, can they request this service? Or would they have to be in a nursing home?
And also, at the point of application, if someone is applying for LTSS through Maximus and they are choosing what setting they want to get their LTSS in, will this be offered to them? Will they be made aware that this is an option?
>> JOSHUA HOOVER: Thanks for that question, Pam. I am going to allow an opportunity for anyone that has more subject matter expertise on the enrollment process to take a stab at this before I give you what I can.
>> JULIET MARSALA: Pam, part of it is dependent on how the in lieu of service is designed and operated under each of the managed care organizations in lieu of services program. It's not a one size fits all standardized in lieu of service across all of the CHC/MCOs.
So when an alieu of service is designed, it's designed for a certain target population and things of that nature. So it's not sort of a straight forward answer to your question, but certainly we can encourage you to speak to each of the MCOs regarding their own in lieu of service options.
>> It sounds like it's not something that would be discussed with someone at the point of application with Maximus, but rather you join the MCO and somehow get information?
>> JULIET MARSALA: Correct. It's an MCO-specific program. It is not a standard waiver service. So we would recommend if you have specific questions about each of the MCO services that you would ask them.
>> PAM WALZ: Sounds like it's going to be really important once this is developed by the various MCOs for there to be information publicly available as part of what consumers would consider as they choose their MCO. Are there plans to make that happen?
>> JOSHUA HOOVER: So one of our targeted future agenda items are presentations from the MCOs on in lieu of services. So we will certainly be able to open the door that way for this subcommittee.
>> PAM WALZ: And one more thing. Rather than us various people reaching out separately to

the MCOs, as -- I don't know exactly where they each are in the process of developing an ALR in lieu of service, but it would be really wonderful if this group could hear from them about the contours of their programs and how they work.
>> JOSHUA HOOVER: Absolutely. We will make note of that. And I appreciate the comment.
>> PAM WALZ: Thank you.
>> KATHY CUBIT: This is Cathy. Are there any other member questions before we check the chat?
Shanrika, is there anything in the chat?
>> Yes, we have several questions in chat. This first question is from Chell Garrett. My question is regarding the registration for the PA tech. My aid has to travel with me. So does my aid have to register in order to attend with me
>> JULIET MARSALA: I believe that would be recommended. There's no cost to the summit, that I'm aware of. It is more helpful so that we know how much space we have. Each of the summits have occupational spaces, so that helps us understand if we're going to be going beyond any occupancy allowances.
I hope that's helpful.
So yes, I would encourage that they also register or within the comments of the registration, you can make a note that you will have an attendant with you.
>> MICHELLE GARRETT: Hi. This is Chell.
So the other part of my question was I'm not sure that the aid I have now will be able to attend in March. So I may have a different aid. But I did reach out via email to the person in charge and sent an email to let me know that my aid will be traveling with me, but I haven't got a response yet. That's my dilemma right now.
>> JULIET MARSALA: I see. I will make a note to make sure that you do get a response. And we'll follow up with the team to make sure they look for your email.
>> MICHELLE GARRETT: Thank you.
>> JULIET MARSALA: You're welcome.
>> Hi, this is Shanrika again.
Individuals participate in ILOS will receive the PCH PNA of $85 instead of the $60PNA that skill facility residents receive?
>> JULIET MARSALA: We're going to take that question off line and respond to it after Josh and the policy team have further time to evaluate it. But thank you for that question.
>> Thank you, Juliet.
The next question comes from Brenda Deer. Are there any assisted living facilities currently in the process of being approved?
>> JOSHUA HOOVER: As far as I know, and keep in mind that I'm with policy and we are not the folks that are driving the enrollment process, but as far as I know, the last time I got a look at the information, there was I believe one more assisted living residence that had been submitting an application.
>> Thank you, Josh.
The next question comes from Jeff Iseman. What is the age range accepted for assisted living residences, beginning to end?
>> JOSHUA HOOVER: Assisted living residences by definition serve adults, so anyone age 18 or older.
>> Thanks, Josh.
And the last question comes from Rose Warman. Is the ILO service only available to those in the Medicaid Advantage Medicaid organization versus original traditional Medicare?

>> JULIET MARSALA: So the in lieu of services is available to individuals who are eligible for Community Health Choices and are also eligible for LTSS services.
A person's dual eligible status is not the criteria.
And when I say dual eligible, Medicare, Medicaid. If they are eligible for CHC, eligible for LTSS services, that is the population we are discussing.
>> JOSHUA HOOVER: Thanks for that, Juliet. That was way more succinct that I was going to manage.
>> Thanks, Juliet.
The next question comes from -- sorry.
>> CARRIE BACH: Sorry. This is Carrie. I wanted to point out once we get this question that it looks like we have a couple of hands raised from committee members for questions as well.
>> Okay.
>> CARRIE BACH: Thanks. Go ahead.
>> Okay. The next question comes from Amy. What factors does OLTL consider in deciding whether to approve an ALR for ILOS?
>> JOSHUA HOOVER: That, again, the not my direct area of subject matter expertise. I can certainly if there's no one else on the call, take that back to the follow-ups and see if we can put together a list that will answer that question sufficiently.
>> Thanks, Josh.
I do see that Amy Lowenstein does have her hand raised. Amy, if you want to come off mute, you can do so.
>> Hi. It's just unmuted.
So thank you for answering these questions and doing this presentation. I agree, it's really helping me understand this better.
At the last -- during the last presentation, it was said that people could access home and community-based services as well, or some at least, while they're living in assisted living. I take it that is not actually the case if they're not subject to the setting rule. Or is it -- can you comment on that and whether people will be able to access things like nonmedical transportation, cognitive rehabilitation, things like that?
>> JULIET MARSALA: Amy, that comment that I believe I made in the last committee meeting with regards to individuals who are in assisted living residence settings receiving HCBS services today, it is possible. If they are receiving HCBS services, the setting has to meet the HCBS setting rule.
The in lieu of services is a separate thing altogether. So just want to clarify today, an ALR setting outside of an in lieu of service package, if there is a resident there that is receiving Medicaid, that is eligible for the program, and the setting, cause there are some that may meet that settings rule, it is possible to receive the sort of menu of HCBS services. That was what my comment was at the time that I made it.
>> Okay. That makes sense. And actually, I think we have some clients in that position today. But so to clarify, so if somebody is receiving assisted living as an in lieu of service, they are not eligible for the waiver services at all? Unless the MCO may have packaged some of them into the in lieu of service, I suppose.
>> JULIET MARSALA: Correct. And those would be conversations you would need to have with the MCOs with regards to the specifics of their programs.
>> Right. Okay. That makes sense.
And I want to echo what Pam said. I think it's important to have the MCOs be really clear about what's included and not included in their in lieu of services sooner rather than later. I think it was

mentioned last time that one of the plans had a couple of people who it didn't happen, but we're looking at the in lieu of service. But there really still seems to be a little bit of a black box as to what that looks like for each of the MCOs that have it already.
>> JULIET MARSALA: Yeah. In addition, I think it's important to point out as part of the licensing requirements of assisted living residences, they too are required to be very, very clear in the plans and their admission criteria and information informing individuals they are participating via in lieu of service or traditional admissions into an assisted living residence.
>> Yeah. Thank you for that. That's all I had. Thank you so much.
>> Thanks, Josh, for your great presentation.
>> And we also have a hand raised by Brenda Deer. Brenda, you are able to unmute yourself.
>> BRENDA: Hi. I wanted to ask a follow-up question. On one of Josh's slides, it was mentioned that people can't be required to stay inside an ALR. But they're allowed to transition back into a community home. Would they have access to NHT or any other kind of comparable service to assist them in doing that? Or would someone be on their own as far as transitioning back out of an assisted living residence if they decided that was not for them?
>> JOSHUA HOOVER: That's an excellent question. Again, my basic understanding is that we would turn to the MCOs to see what they have to offer with their individual in lieu of service, but we will also take that as a follow-up to get a more concrete answer for you.
>> JULIET MARSALA: And I would just follow that up to say that in the Community Health Choices waiver program, it's community transitioning services. So if someone falls into the sort of eligibility and need for community transitioning services, certainly that would be a consideration within someone's person-centered planning process.
So again, that specific question, there might be different nuances for each of the MCOs, as Josh specified. But I did want to note that community transitioning services, that service definition is in the waiver program. And if that applies, that certainly would be a consideration.
>> Thank you.
>> PAM WALZ: Hi, this is Pam Walz again. I thought of another question.
Will each of the MCOs be memorializing how its in lieu of service works, what the requirements are, and submitting that to OLTL? And will OLTL be reviewing that in some way?
>> JOSHUA HOOVER: Each of the MCOs that is choosing to offer in lieu of services does submit a proposal to OLTL. And then OLTL works with them to review that proposal, make adjustments which necessary, and then go through the process to approve them.
So it is not a -- it's not kind of a free for all situation where it's signing on a dotted line to be able to offer in lieu of services. There is an approval process not only for the assisted living residences themselves, but also for the MCOs to be able to offer the in lieu of service.
>> JULIET MARSALA: And that evaluation is based on the criteria that Josh had presented on a little earlier today. So that's what the Office of Long-Term Living is evaluating for.
>> PAM WALZ: Great. So the -- what they submit and how it ends up being approved will contain all of the different elements of who is eligible and how people access it, I assume? And if so, will that then be available to something that we as a group could see so that we will understand what the details are for each MCO? And will it be available to the public?
>> JULIET MARSALA: So Pam, as Josh mentioned, the Managed Care Organizations will be presenting on each of their programs and that information.
>> PAM WALZ: That will be great to have a presentation. I'm also just wondering, though, whether the plan itself is approved by OLTL will be available so that everyone will know what the criteria are and how to access it.
>> JULIET MARSALA: We can certainly take that back. I imagine there would be something

that the MCOs would want to have public facing.
>> PAM WALZ: Thank you.
>> KATHY CUBIT: This is Kathy. We have a few more minutes for the public comment period before we move on to our last presentation today. Are there any other member questions or comments at this time?
>> I have one, Kathy.
>> KATHY CUBIT: Go ahead, Mike.
>> MICHAEL GRIER: This is Mike Grier with the Pennsylvania Counsel on Independent Living. Josh or Juliet, are these in lieu of services locations, would you consider them transitional in nature?
>> JULIET MARSALA: That really depends on the individual and their person-centered plan and what it is that they are choosing needing and wanting to pursue as their goals.
>> MICHAEL GRIER: Okay. All right.
>> KATHY CUBIT: This is Kathy once again. Any other member questions or comments for this first public comment period?
>> Hi, Kathy. One other. Because OLTL approves the application to be an in lieu of service provider, I'm wondering if there is a consideration of the behavior health needs that might crop up for individuals in this kind of in between service package? And is that parts of the requirement that an MCO would need to specifically state how they would coordinate those needs nor individuals in this kind of type of situation?
>> JULIET MARSALA: So Lloyd, very good question. I want to pause first and say I really do appreciate all the questions and the engagement from all of our stakeholders on this. These questions give us a lot to think about and help us make our programs better.
Each of the CHC/MCOs are required to help with the behavioral health coordination for all of their members. The considerations and needs and considerations should certainly and absolutely be part of people's person-centered plans. So regardless if they're using an in lieu of service or HCBS services or in a long-term care facility, those behavioral health needs should be coordinated and addressed.
>> JOSHUA HOOVER: And I can add to that as well. As the following presentation is going to focus on some more general information about personal care homes and assisted living residences and the Bureau of Human Services Licensing. I think as we all come together to learn more about the intersection of these various programs and we put our knowledge together, it will help create a much more cohesive picture. I do think it is worth pointing out that in an assisted living residence, there is an assessment and support plan process where part of parcel of that is assessing the residents' behavioral health needs and making a plan to meet those needs.
So a lot of these places where we're kind of saying I think so from a stakeholder perspective, we're maybe not totally sure where this particular need is going to be met, we don't want to remember that there is an entirely separate set of regulations and requirements that are designed, again, to address those individual needs and protect across all areas of health their well-being. As we talk about this more, I think that will become more and more clear.
>> KATHY CUBIT: This is Kathy. Thanks again for this important information. We're all looking forward to more follow-up discussion, as well as the presentations by the MCOs.
At this point, any other questions, comments we're going to hold now for the second public comment period. And I want to move on to our next agenda item, which is an overview of personal care home and assisted living residence. And welcome Theresa Hartman, the director of the Bureau of Human Services and Licensing at DHS. And Jill Kachmar and Ashley rosen

from the Bureau. Glad Josh will be back for this presentation.
So I don't know who is going to be going first, but the floor is yours.
>> JOSHUA HOOVER: If you haven't heard from me enough already, you will hear from me a little bit now. I am very appreciative of the opportunity to do this and also to have Theresa and Jill and Ashley with me to be able to address questions and comments. I think that, again, as I was saying, these services really start to intersect. In my mind, I look at that as incredible progress. Because as these services intersect and overlap, we start to close those gaps that are noticed out there in the spectrum of care that all of our participants need.
So what we're going to talk about now is the Bureau of Human Services Licensing and kind of a general overview of personal care homes and assisted living residences.
And as I was saying before, I was with the Bureau of Human Services Licensing from 2016 until really just very recently, September of 2024. I worked for years in the field as a licensing representative. And then I moved into a headquarters position where I was managing the Bureau's training and communications. I know there are committee members that hear from me all the time on our ListServs and training options and various other communications.
So again, I appreciate that integration and that overlap.
So let's talk a little bit about personal care homes, assisted living residences, and the Bureau of Human Services Licensing. And hopefully, that will continue to expand everyone's understanding of all of the areas OLTL is working in to try to ensure that our constituents get the care they need.
Next slide.
Okay. So again, we're going to try to do a quick overview of the Bureau itself of personal care homes and assisted living residences. We will make an attempt at comparing various levels of care and trying to add as much shade to any of the gray areas that may exist that people were not necessarily fully informed on.
We will briefly look at the intersection of personal care and assisted living and various waiver services. That what we did earlier in the meeting. So we're not going to go back and recover the assisted living residence information, but I want to make a not of other areas of intersection or overlap.
And Theresa is going to hop in and share data from the BHSL annual report and resources and try to address whatever questions come up from the committee and the public.
Next slide, please.
Okay. So at kind of a large 30,000-foot view level, the Bureau of Human Services Licensing, BHSL, is responsible for the licensing and regulatory enforcements of personal care homes and assisted living residences in the Commonwealth of Pennsylvania. Okay?
Personal care homes and assisted living residences are Human Services licensed facilities. They do not at this point in time have Federal regulations that govern their operation. They are governed by state regulations. Personal care homes are governed by 55 PA Code Chapter 2600. And assisted living residences are governed by Chapter 2800.
I had alluded to this before. These regulatory chapters are robust, and we are always working on making them more robust and trying to update them to meet the needs of the residents that are currently being served and address the current landscape of care needs in Pennsylvania. These regulations cover everything that has to do -- that can impact the health, safety, and well-being of the residents in these facilities, from long lists of physical site requirements to protect health and safety to meeting health needs, ensuring that the appropriate contractual language is in place, making sure that residents' needs are assessed, that their needs can be met in any given facility because the services that are offered can be different from facility to facility,

assuring, again, the residents are assessed appropriately and timely and have support plans in place. And that their rights are preserved. We have separate resident rights that are dictated by these regulatory chapters. And one of our highest priorities is ensuring that residents' rights are protected and are not violated in any way.
The Bureau of Human Services Licensing has always taken as much as possible a protection through prevention stance. So what does it look like to be responsible for the license sure and regulatory enforcements of these facilities?
When we're initially licensing a facility, we are doing a multipronged, multistage approach to reviewing the legal entity that is applying for the license. The stakeholders and leadership of that legal entity. We're doing large amounts of documentary review and screening to ensure that policies and procedures relevant fire safety inspections, other safety measures have been taken and are in place. And we're also conducting thorough on site inspections of the actual facilities to ensure that regulatory compliances are met across the board.
Moving on past that, the law requires that we inspect every one of our facilities every 365 days. That's what we call a renewal or annual inspection where we to the facility and measure compliance with the entire regulatory chapter.
We also investigate any and every complaint that we receive. We investigate reportable incidents. We have separate regulations on what incidents need to be reported to us. And when necessary, we do on site follow-up and investigate reportable incidents. And there are a number of other monitoring inspections that kind of fill out the entire license sure landscape.
The Bureau operates throughout the Commonwealth. We have our headquarters office in Harrisburg. And we have five regional offices that house the bulk of our licensing staff.
The Bureau has over 100 staff. I'm not sure the exact number right now. We have managed to fill some staffing spots, so it may be closer to about 120.
And in addition to licensing, we also house the division of licensing administration and the division of adult protective services. The division that's responsible for implementing Act 70, the Adult Protective Services Act in the Commonwealth.
Next slide, please.
So BHSL of course exists to license and to enforce regulatory compliance for these two types of facilities.
I don't want to read these to you directly. These are the regulatory definitions of personal care homes and assisted living residences. But what I want to point out to you is that a few things that are important. They are residential locations. They do serve adults and only adults. And this language says that they're serving people who do not require the services in or of a licensed long-term care facility. When you read that, you want to kind of read skilled nursing services. But who do require assistance or supervision with the activities of daily living or instrumental activities of daily living.
It is a definition that is both specific and very broad. Personal care homes are able to serve a wide variety of populations. And we see them serve a wide variety of populations. Yes, they serve the aging population as anyone would assume. But we also have a significant number of personal care homes that serve younger and middle aged adult populations that have a variety of needs from behavioral health concerns to intellectual and developmental disabilities to brain injuries, traumatic or otherwise. We have personal care homes that serve specifically or in part individuals with major neurocognitive disorders, whether that be Alzheimer's, dementia, or other forms of dementia. Really as long as an individual requires assistance with their ADLs or IADLs and their need can be met by that personal care home, they can potentially serve that individual.

And then assisted living residences, the regulatory chapter, the existence of assisted living residences in Pennsylvania is a little bit more recent. And they are built from the foundation of personal care homes. That's a very similar definition. Okay?
I would say that the regulations for assisted living residences are probably about 80% to 85% identical to the personal care home regulations. But where they differ, they differ in significant ways.
So we see in the definition that the definition mentioned supplemental health care services, which we will talk a little bit more about. But there are also items that differ that are not addressed in the definition, which I think are important to kind of bring to the forefront.
If we could move to the next slide.
So these settings, these Human Services settings, are, again, community living settings for individuals who require assistance or supervision with their ADLs and IADLs. By design, these are not facilities that are built on a medical model. Okay? They are not designed to be institutional settings.
Understandably, you will see that some of them may ultimately have a look and a feel that seems more institution that will than is ideal as they continue to address the needs of our current population. But it's important to remember that these are Human Services facilities. Okay? They do not require -- personal care homes specifically do not require any kind of clinical staff. And assisted living residences have clinical staff requirements, but at the base regulatory level, keeping in mind that regulations are minimum legal requirements, they require minimal clinical staff.
That being said, many of our facilities employ clinical staff well beyond what is required by the regulations as they face the current landscape of care needs.
As I had mentioned before, these facilities at their most basic level are private pay. They don't typically have any kind of Medicaid enrollment. They're not typically covered by any kind of health insurance. There may be long-term care insurance that will cover care in these settings. But they are typically private pay.
There are the kind of indirect -- what I consider indirect funding that comes through these facilities like in lieu of services for assisted living residences. Or residential habilitation, which we see more of in personal care homes than we do in assisted living residences.
It's also important to remember that not only do we not require any clinical staff, but the administrators and direct care staff do not hold license sure. So CNAs, these facilities are not required to have CNAs as the direct care staff. The administrators do not hold licenses through the Department of State. This is a very unique kind of area. Or at least it appears unique when you're viewing it from the lens of what you would expect from the Department of Health. So it's important to always draw that distinction and be aware that these are intended to be and are licensed as human service facilities.
Next slide, please.
So we had talked about a lot of the populations already. Apologies for switching around the order of my topics. I think it's important to kind of set out, though, that assisted living residences are in a lot of situations able to because of the regulations and the nature of the ALR, able to serve residents that have more acuity than residents that are typically served in personal care homes. The assisted living residents regulations 55 PA Code Chapter 2800 have provisions for providing in-house supplemental health care services. And that could be anything from home health to physical therapy to hospice care, really the sky is the limit depending on the nature, again, of the assisted loving residence, they can provide those supplemental health care services.

The big focus for assisted living, at least in the way it differs from personal care homes, is the ability for individuals to age in place a little bit more effectively. To have to avoid or to be able to avoid moving from a personal care home when their needs can no longer be met directly into a skilled nursing facility. And I think that's where that dove tailing with in lieu of service comes in so well because it allows us to strengthen that nursing home divergent aspect of what assisted lives residences were already kind of designed to do.
There's also a large focus in the assisted living residence regulations on resident choice and self-determination.
If we go to the next slide, we can address that a little bit more thoroughly.
So these are just some very broad differences in how assisted living residences differ from personal care homes. We have set up personal care homes as this very basic, at least in theory, activity of daily living instrumental activity of daily living assistance. Again, the conceptual difference then with an assisted living residence is we can start by meeting those needs, those more basic needs. But as the residents of the community continue to age, they can age in place without having to move into that nursing facility when their needs increase due to the assisted living residence having the capacity, the capability to be able to offer more extensive services to meet needs that are a little bit higher than what you would typically see in a personal care home.
We also see a large difference in the physical site requirements for assisted living residences. They are typically, but not always larger, as Juliet had mentioned before. And I think it's important to note in our license sure, we license from four beds up. Most of our assisted living residences --
>> KATHY CUBIT: This is Kathy. I don't know if it's just me. I don't hear Josh anymore.
>> JULIET MARSALA: It's not just you, Kathy.
>> Yeah, it's not.
>> JOSHUA HOOVER: Residents of an assisted living residence cannot be required to have roommates. They are required to have ensuite bathrooms, the capacity to have a kitchenette. There are higher square footage requirements for the activities -- oh, Juliet says -- can you hear me now?
>> JULIET MARSALA: Yes, we can hear you now. But I think that you had cut off at the -- right after you were talking about how we license greater than four individuals.
>> JOSHUA HOOVER: Got you. Okay. Sorry about that, everyone.
So as I was saying there, the regulatory definition license is greater than four individuals. We do have assisted living residences that stay on the small side. I think our smallest have maybe about eight beds. So they may meet that settings rule. However, there also are a lot of assisted living residences that are quite a bit larger.
So the regulatory requirements continue to require a little bit of a higher standard in terms of individual living units, residents in assisted living cannot be required to have a roommate. Their living units must have their own ensuite bathroom. They have to have the capacity to have a kitchenette, there are higher square footage requirements for living spaces and so on and so forth.
Again, one of the big points of difference is care. There are services that can be provided in assisted living residences that would otherwise be provided in a nursing facility. And that's not only because there is at the very least that minimal clinical staffing requirement, but also because the assisted living residences are permitted to offer in-house supplemental health care services. So they actually can provide what are considered health care services.
We also have a process by which an assisted living residence can apply for a waiver of

regulatory requirements that limit in very specific ways who can be admitted and cared for in assisted living residence. So there are a lot of very acute conditions listed in the regulations as not servable in an assisted living residence. However, built into that process is what we call the request of admission of a resident with an excludable condition. It gives the assisted living residence the ability and a context in which they can provide evidence that they have the staffing and services necessary to be able to meet someone's needs who might typically be served in a nursing facility, again, to allow them to age in place a little bit more effectively.
And the final point of difference that I wanted to bring up is choice. There are many more opportunities for self-determination and decision making for residents in an assisted living residence. And some specific examples of that is there are provisions for opting out of services. If a resident does not require a specific service, they may be able to opt out of that service and then not be charged for that service because they choose not to receive it.
There are also regulatory provisions for informed consent in assisted living residences which do not exist in personal care homes. Again, a lot more focus on having residents be able to make decisions that they feel are in their best interest rather than having decisions made for them or not even so much having decisions made for them as having regulatory requirements that lock residents into certain situations because of what's required by the regulations, what the home is required to do, what the facility is required to do. There's a lot more opportunity for choice in assisted living.
Next slide, please.
So I wanted to share this with you. It is a little bit small even on this screen. This is part of a publication that we will take to events where we may want to distribute it. It's a trifold brochure, which is why it looks the way it does.
And this is really for education of the community. I am going to have some of these printed so we can have them available at the next in-person LTSS subcommittee meeting. That way folks can take them with them.
This provides kind of a basic break down of the difference in levels of care between personal care homes, assisted living residences, and skilled nursing facilities.
And we have talked about a lot of these already. But as you can see, personal care and assisted living regulated by the Department of Human Services and state regulations as opposed to skilled nursing facilities that have both state and Federal regulations with involvements of CMS and the PA Department of Health.
Personal care homes and assisted living residences are not required to have medical directors. Some of them do, but they are not required to have a licensed physician on staff.
They are also not required to have directors of nursing. Again, these are community settings, they are not built on a medical model. I had mentioned that the administrators do not hold a license, that CNAs are not required. Assisted loving residences do require to have at least one licensed nurse and a dietitian on staff or under contract.
You will see that some of the staffing requirements are different. They're a little bit, I don't want to say lower, necessarily. They're a little bit different than skilled nursing facilities. The thing is there are additional regulations. So if you look specifically at the staffing requirements in this breakdown, personal care homes and assisted living residences don't work on ratios, they work according to staffing hours alone. But there are also regulations that help kind of close that loop. One regulation we spend a lot of time looking at requires that at all times there are staffing in the facility sufficient to meet the needs of the residents. So again, there's that determination aspect of what services are offered by the facility, what residents are they serves, they need to have staff not so much have staff that are -- staffing that's governed by a long, long set of black

and white regulatory requirements, although there are some so much as always staffing that can support meeting the needs of the residents.
With that lack of clinical staff, it means that medications are being administered often by unlicensed staff in personal care homes and assisted living residences. Any unlicensed staff in Human Services facilities that administer medications are trained through the Office of Developmental Programs medication administration training program.
And then of course we have talked about kind of the basic funding environment here.
So I did want to make this available to you. Again, I will also have some printouts available at the next in-person meeting.
Next slide, please.
So this is, again, kind of a brief discussion of the intersection of personal care and assisted living and waiver services that we continue to have. We talked this morning -- well, it's still morning, but earlier today and at our January meeting at in lieu of services and that intersection with assisted living residences.
I wanted to provide some basic information on what we see more in personal care homes, which is residential habilitation.
And for those of you that may not be familiar with residential habilitation, again, there's that strong focus on settings rule, the personal care homes, if you have a licensed personal care home, they cannot be a personal care home serving 30, 60, 100 individuals. They have to be small home-like environments. And they are able to receive enhanced services that are typically more than they would receive in a personal care home through residential habilitation.
The one big difference that always stands out to me is that right now in lieu of services when we look at it, it's all licensed settings. So for ALR in lieu of services, you are always going to have the Bureau of Human Services Licensing standing there as a bulwark against regulatory noncompliance. You will have an entirely separate agency also working toward protecting the health, safety, and well-being of the individuals. Whereas in residential habilitation, there is residence rehab in unlicensed settings, which does not take away the general OLTL oversight. But I think that's a benefit of in lieu of services is that you have multiple overlapping layers of oversight.
Residential habilitation settings have to have accreditations. Again, there are measures in place, even if they're unlicensed. But the big thing with this is we are able to serve individuals again that would typically services at a much higher level in a less restrictive setting that maintains that home-like environment.
I believe that that was my last slide. Unless I'm forgetting. What's our next slide?
Yep. Now I'm going to hand it over to Theresa Hartman, who is the director of the Bureau of Human Services Licensing.
>> THERESA HARTMAN: Good afternoon, everyone. Josh, thank you for a great overview and kind of giving everyone the landscape for licensing. It's a good thing that we are not in person today because I am the latest victim of the colds that have been sweeping through. So at least we're doing this virtually so I can't infect anyone virtually. So bear with my voice.
So I just want to begin by saying that assisted living is overseen in terms of the in lieu of service by the Bureau of human service Licensing and all of the personal care and assisted living homes are monitored by a really tremendous group of people.
Our licensing representatives take this job to heart and they really spend the time and effort in those facilities to ensure that the residents are getting the best quality of care, that their health, safety, and welfare is looked after appropriately, and that the facilities are adhering to the regulations.

Where I would like to go over for you right now is just our annual report because I think that will give you a better idea of how many homes there are, the statistics about the homes, and just the general overview.
We put out an annual report every year. Last year we put out our 2023 report in August which gives you the demographics, the different types of needs of the individuals, different types of enforcement action.
We take a lot of data. The other methods that we use to achieve our mission and if you're looking for the report, the entire report, I believe Josh will share this with you and you can click on the link. But it's on our website for public access.
Next slide.
So some highlights from 2023. For that report, we landed with 1,068 personal care homes and 67 assisted living residences.
As we ended the year, we were down to 1,015 personal care homes and 62 assisted living residences.
So what we noted and what we're noting year over year is there is a decrease primarily in personal care homes. We have had 40 facility closures with only 12 new facilities opening, and they are typically the larger facilities. Where that impacts us is those smaller homes that serve the SSI population are struggling to be able to stay afloat financially. So a lot of those homes have voluntarily closed.
We do close homes from department action when we have gone through the process of progressive enforcement and we issue a nonrenewal. The majority of the closures are voluntary closures that you see in those numbers.
We have noted that there is an increase year over year in the number of violations that we're citing on our annual or renewal inspections.
Next slide.
So when you look at all of our licenses, again, this breaks it down for you as to kind of where we started the year, where we ended the year. The break down of how many of those facilities are for profit, which is the majority. 67% of the personal care homes, 57% of the assisted livings are for profit.
We have a number that are nonprofit, but again, the vast majority are for profit facilities.
The other thing I will note is we have a lot of activity that goes on through the year through the sale of legal entity or change of ownership. So we have facilities that remain open, but they're bought and sold by other entities.
And then we also break out those facilities that are closed voluntarily and those that are closed by Department action.
Next slide.
So what does the resident census look like? If you look here, you can see that our approximate census is roughly 43,000 individuals that we're serving. So that is the census, not the capacity, which I will show you on another slide.
The majority of those residents are over 60. We serve a smaller group within that that have a mental health diagnosis. And we serve some individuals that have intellectual disabilities.
We also serve residents that receive SSI income and again, they're in the minority and there's very few residents that are within assisted living residence that are served and accept the SSI dollars. The few that do are typically the assisted living residences that when we have a closure, they agree to accept a few residents on SSU.
Next slide.
So when we look at our census, we have to look at our capacity. And what we're noting year

over year is that our capacity or our number of empty beds with a combination of personal care and assisted living has been staying around 37, 30 to 37%. So the good news is that we do have capacity in those homes. We do have the ability to fill more of those beds.
Next slide.
So I just want to break down for you the different types of inspections that our teams perform. Again, as Josh mentioned, every 365 days, we do a full inspection or an annual renewal inspection where we look at all of the regulations and measure those within the facility.
We also do partial inspections. So that's where we look at a portion of the regulations in response to a complaint or incident. Or the we're doing ongoing monitoring for a facility on a provisional license or operating pending appeal of an action.
Our initial inspections where we measure all of the regulations are done for every new license, new owner to operate an existing license, and for those that are going under a sale of legal entity for personal care and assisted living.
And so as you can see, we do a lot of inspections in a year. We did over 2500 total inspections and issued the licensing inspection summaries. Those licensing inspection summaries are similar to what you might see in a skilled nursing facility on a nursing home report that breaks down what we looked at and what types of violations might not have been in compliance. And what the facility did to correct those violations.
Next slide.
Again, lots more data. So we also receive a number of complaints that we do out and inspect. As you can see, we go out and do an on site inspection for 85% of the complaints that we receive.
When we see a complaint investigation that results in a regulatory violation, we're seeing that happen in about 34% of those complaint investigations that we go out to see. So we often get complaint investigations, but those are not substantiated.
We also find additional regulatory violations when we go out on those complaint inspections. That usually opens the door to other things that might be go on in the facility. And in about 40% of our inspections, we'll note that there's additional violations to the regulations outside of what the initial complaint was about.
And then less than 1% of those are really considered high risk complaints or complaints on the spectrum of anywhere from frustration with food service to questions about staffing. So the majority of those are not generally a high risk situation.
Next slide.
And then the last thing I just want to share with you are all of our resources. So you can go to our website and that lists out our regulations. You can also see all the available providers when you look at the provider list and see their most recent inspection results. If you join the ListServ, you will get information and any updates that we're sharing regarding assisted living or personal care licensing.
And we have an operator support hot line that is available for operators to contact the Department if they have questions, concerns. And there's also a mechanism for you to be able to share complaints.
So that's just kind of a large overview within our annual report that gives you an idea of how assisted living and personal care break down across Pennsylvania.
And with that, I will see if anyone has any questions.
>> KATHY CUBIT: This is Kathy. I want to thank Josh and Theresa for this informative presentation. Theresa, we hope you feel better soon.
So we'll open up the floor to questions, comments.

>> PAM WALZ: Hi, this is Pam Walz. Thank you so much for that. Thanks for providing the information on the capacity in the personal care homes and assisted living.
Do you know what the capacity is in the SSI homes? Trees trees I don't have the break down off the top of my head. But there is definitely significantly less capacity in the SSI homes. Generally one of two things we see is that the SSI homes are shrinking and there's less people that are coming into them. And they are getting closer to closure for a variety of reasons. The home needs repair, less people are interested in going there.
And then we have the SSI homes that because of the shrinkage, we're definitely seeing less capacity. I will certainly get you those numbers.
>> PAM WALZ: Thanks a lot.
>> KATHY CUBIT: Other questions?
Shanri ka, is there anything in the chat?
>> Yes, there are several questions in chat.
The first one is from Brenda Deer. Can you give more detail about what one staff in our resident actually means?
>> JOSHUA HOOVER: I think if you look at the next chat from Brenda, she wanted to withdraw that question so she could write it out a little bit more specifically and send it in to us.
>> Okay. Thank you.
There's a question --
>> JOSHUA HOOVER: Thank you for that question, Brenda. I can absolutely get back to you.
>> KATHY CUBIT: This is Kathy. I don't know if we lost sound or is there anything else in the chat?
>> SHANRIKA: Can you hear me?
>> KATHY CUBIT: Yes, thank you.
>> SHANRIKA: There is a question in chat from Juanita Gray.
My question is are administrative costs outweighing the cost of the needs of the participants? It seems with the already massive amount of administrative personnel there are issues with participants staying in the poverty level of living. It would seem that participants should benefit in a more increased manner to improve their quality of life. They require much more than that extremely minimal financial contribution to sustain level of decency. I do not believe that MCOs should be increasing in their positions in any further services. There should be a decrease in MCO input and oversight and more resident and participant input. While I feel the in lieu of services could be a good option for those able to use it, it seems that the services are mirroring what participants wanted to move away from.
>> KATHY CUBIT: This is Kathy. I don't know if OLTL wants to respond to that comment.
>> JULIET MARSALA: One of the things, and I certainly can Kathy, and thank you so much for the comment.
A couple of things that I would like to kind of highlight and raise and encourage each of the CHC/MCOs are required to have participant advisory committees that they use and that they engage, certainly we encourage participants to require with their managed care organizations about the opportunities to engage with the managed care organizations as well.
Another thing is that the Community HealthChoices population isn't sort of a homogeneous group. The CHC folks represent over almost 400,000 Pennsylvanians. In the LTSS group, represents almost 140,000 Pennsylvanians. Pennsylvanians expressed a variety of needs and wants are regards to their own long-term services and supports plans. If you look at the master plan on aging, there is information that indicates an interest in assisted living residences.
So we absolutely recognize that adding an in lieu of service around assisted loving residences

does not meet everyone's needs or would only meet certain individuals' needs who have an interest in it.
So for the OLTL, our priority is and always has been to provide choice for individuals. Choice includes a choice of settings. It includes options across our entire long-term care and LTSS systems. And that is why person-centered planning is critically important. And that is why this is a service that heavily requires a participant's choice and the participant driving and pursuing that option if that is what the participant wants. No one can force a participant to accept in lieu of service. It is just expanding options and choice.
And certainly we do recognize that there are important stakeholders where this would never be an option for them. As I said prior, there is wide diversity in our LTSS populations in Pennsylvanians we serve.
>> JUANITA GRAY: Okay. Thank you for that explanation. I appreciate it.
>> KATHY CUBIT: Thank you for that comment and response -- comment, Juanita, and your response, Juliet.
Other questions either from members or in the chat?
>> LLOYD WERTZ: Load again. Having -- Lloyd again. Having being an administrator, the main thing I had concern with, one of the main things was that the individual was not eligible for a skilled nursing center in order to live in my personal care home. So I keep butting up against that question when in fact in order to receive services through the CHC, you got to have eligibility to be in a nursing home.
So help me, please, to understand the differences there and why that's okay now for in lieu of service provision in these types of settings.
>> JULIET MARSALA: Sorry, Josh. Happy to do that, Lloyd.
One thing is to clarify personal care homes are not an in lieu of service option that we're discussing right now. It's assisted loving residences that are allowed to accept that same level of care.
That being said, the Community HealthChoices and OBRA waiver have allowed personal care home level of care in very specific circumstances, which is under our residential habilitation services.
And under the personal care home license sure, there is the ability to submit for a waiver for sort of the level of care difference from a personal care home to a higher level of care. And it has certain requirements to have a waiver granted.
So just to -- for your understanding, so there are pathways both to have a sort of personal care home level of care service because of that option of submitting a waiver that allows a personal care operator to kind of operate within the waiver space, particularly as it relates to residential habilitation services.
Is that helpful?
>> LLOYD WERTZ: That is helpful. Thank you very much. I can get rid of that bothersome question in my head. Thanks.
>> JULIET MARSALA: It's a great question, Lloyd. Thank you for raising it.
>> KATHY CUBIT: This is Kathy. Other questions?
>> I'm just making sure that I'm scrolling. I do not see any questions in chat at the moment and there are no hands raised.
>> KATHY CUBIT: Thank you.
It looks like we can move on to additional public comments. But I would like to ask Theresa a question since there is a little bit of time. If you could talk a little bit more about memory care and people living in both personal care homes and assisted living with Alzheimer's disease or

dementia. How do you ensure particularly that they have access to quality services in these settings? Any thoughts on that would be appreciated.
>> THERESA HARTMAN: Sure. Thank you for the question, Kathy. For our memory care, which is what we call the public-facing, but internally, there are secure care dementia units or secure care units under the regulations.
So within assisted living and within personal care, there's a subset of regulations that specifically applies if you want to open those types of units.
So some facilities are entirely memory care. Some have a portion of their facility that services those populations. And again, you have to meet either the 2600 or 2800 regulations that apply to those secure care units.
So that's how we ensure that in addition to all of the other regulations that you have to meet, you have to have additional training and additional parameters specific to those types of programs.
Does that answer your question?
>> KATHY CUBIT: Yes, that's helpful.
I'm always also interested in how the residents that live with Alzheimer's and dementia are included in and talked to about the quality of care that they're receiving or their thoughts. I know there's different levels where that may not be the ability to do so. But I think trying to really look at quality of care is extra challenging for people living with dementia to really include them in the quality of life and care issues.
>> JOSHUA HOOVER: I can maybe add a little bit of kind of boots on the ground experience to Theresa's answer that might help with that from experience being in facilities that do have secure units or special care units for assisted living residences.
First of all, in terms of that subset of regulations, there are obviously added protections that are built into those regulations. For instance, a resident cannot be admitted to a security unit unless they have the appropriate diagnosis and certification by a physician that that is appropriate and they require care in a secured care unit. There's an acknowledge required from the resident or the resident's responsible person that they understand the implications of living in that secured care unit.
In addition to that, there are additional program requirements. The facilities have to have different policies, more specific programming in terms of activities and social well-being and so on and so forth that help to meet those residents' needs that are in many ways much different than a resident that may not live in a secure care unit.
So there are kind of a lot of different levels of additional requirements to additional staff training and so on and so forth to try to ensure that they are receiving the appropriate care that they need.
In terms of having them be part of the conversation, that's with personal care homes and assisted living residences, that's one place that I personally have always struggled because we have traditionally not been Medicaid enrolled facility, we do not have a lot of resident data available to us. So it can be very difficult to get that kind of stakeholder input in that direction. Because we don't have the ability to do broad surveys or things like that.
What we do whenever we conduct inspections, one of the integral parts of our inspections are staff and resident interviews. And we do sit down with residents and we talk to them about their experience living in the facilities. And we utilize that information that we receive both for the inspection and also to provide varying levels of technical assistance to the facility to help to determine what our training offerings need to be, where do we need to focus areas of outside consultation and support.

And we make it a point just because someone has a diagnosis of Alzheimer's disease or some other more advanced neurocognitive disorder that may make -- that may cause barriers to communication with them, that doesn't mean that we don't interview those residents. Those interviews just look different. And our staff in BHSL take that very seriously and try to provide them with as much training as we can to make sure that they're empowered to be able to communicate with people who have various levels of needs.
I can tell you from my personal experience as a licensing rep, a lot of my quote, unquote interviewing for residents that had a major neurocognitive disorder had to do with observation of that individual both in their own living space and in interacting with staff and other residents. And you learn to pick up on things that can give you a lot of contextual information about the care that this individual is receiving.
But we also train our staff and we focus on many ways to connect with residents. I would very frequently make sure that I had my phone on me so I could pull up YouTube or a music service and see if I could connect to a resident based on the kind of music that they might listen to. Find different ways to connect with these people, to open them up, to get them talking or communicating in any way that they can.
I can't speak highly enough, it's the one job I think that I will miss for the rest of my life, no matter where I go, is working as a licensing representative for BHSL. The staff there truly are exemplary and care deeply about the people they serve and they try to do everything they can to make sure that their needs are being met.
>> KATHY CUBIT: This is Kathy. Thank you both for that additional detail and all of the important work that you do.
It looks like we can move on to additional public comments. We'll start with if there are additional questions. We'll start with our members. Any members that want to jump in with other questions, comments?
Okay. Shanrika, is there anything in the chat?
>> SHANRIKA: Hi. There is no comments and no questions in the chat or in the question panels. And I do not see any hands raised.
>> KATHY CUBIT: Thank you.
While we're just waiting a couple more minutes to see if none is typing or has additional thoughts, I do want to mention once again that our next meeting was rescheduled and we are going to be meeting virtually only on Friday, March 7th, from 10:00 to 1:00. And all are welcome to join us.
Carrie, did you -- before we do a final sweep, Carrie, was there anything you wanted to say or to add to our conversation today?
>> CARRIE BACH: Hi, Kathy. Thank you very much. I don't have anything additional to add today.
>> KATHY CUBIT: Thanks, Carrie.
So again, I think we'll be ready to adjourn unless I want to give one more chance to see if members have any questions.
>> Hi, Kathy. I had one very important public comment to add today, if I may.
>> KATHY CUBIT: Oh, sure.
>> JULIET MARSALA: And surprised it hasn't come up already.
But I do want to officially say go, Eagles, for the Super Bowl. I hope everyone wears green and cheers for Pennsylvania.
>> KATHY CUBIT: I fully support you on that. Thank you for raising that. Go, Birds.
>> And I do too.

>> KATHY CUBIT: Let's all hope we're happy on Sunday. Have a little joy in our lives.
So again, I know it's unusual to be adjourning this early, so I just want to double check one last time with members and Shanrika about if there's anything else before we adjourn.
>> MINTA LIVENGOOD: Kathy, this is Minta Livengood.
>> KATHY CUBIT: My, Minta.
>> MINTA LIVENGOOD: Hi. I just want to share something. If nobody has seen, I met with Governor Shapiro last Wednesday, and I spoke about the needs of seniors. So it was on Facebook and YouTube and all over. So if anybody would like to see that, it was more on the subject that he won the lawsuit for utilities that was going to go up 30% next year.
But we also addressed the needs of the seniors. So if anybody gets a chance, if it's still up, there is a picture of me and him on Facebook.
>> KATHY CUBIT: Is that the state's Facebook page you're talking about, Minta?
>> MINTA LIVENGOOD: Yes. It's on Governor Shapiro's information. And I would imagine it's the State's too.
>> KATHY CUBIT: Thank you. And thanks as always for all your advocacy, Minta. And I don't know -- I want to note for the record since this is virtual that there were a number of virtual applause or hands applauding as you mentioned that. So thank you for sharing that information and again for all your advocacy.
>> MINTA LIVENGOOD: You're welcome.
>> KATHY CUBIT: Other questions, comments?
>> MICHAEL GRIER: This is Mike Grier speaking. Juliet, did you say that we would be receiving a link to Dr. Arkoosh's budget presentation on Friday?
>> JULIET MARSALA: Yes, that is correct.
>> MICHAEL GRIER: Okay. Thank you.
>> KATHY CUBIT: Other questions?
Has anything been typed into the chat?
>> SHANRIKA: We are still clear in chat. There are no questions.
>> KATHY CUBIT: Thank you. I just wanted to be sure. I know sometimes it takes a bit to sometimes get thoughts into the chat.
So I think unless anyone else wants to say anything for the good of the order, I will take a motion to adjourn.
>> I motion to adjourn. This is Patty.
>> I will second it.
>> KATHY CUBIT: Thank you both. I want to again thank everyone for joining us today. Hope you can join us again on March 7th. And again, Go, Birds. Thanks, everybody.