

## What is an ALR?

EFFECTIVE JANUARY 18, 2011, PENNSYLVANIA WILL OFFER A NEW RETIREMENT-LIVING OPTION – ASSISTED LIVING RESIDENCES (ALRS)<sup>1</sup>. ALRS WILL CHANGE THE WAY PENNSYLVANIA VIEWS THE CONTINUUM OF CARE, AS THESE COMMUNITIES WILL PROVIDE AN ALTERNATIVE TO NURSING-HOME PLACEMENT, PROVIDING INDIVIDUALS WITH THE CHOICE TO REMAIN INDEPENDENT IN A COMFORTABLE LIVING ENVIRONMENT. IN OTHER WORDS, INDIVIDUALS RESIDING IN AN ALR WILL BE PERMITTED TO “AGE IN PLACE.”

**You may have heard** the terms “Personal Care” and “Assisted Living” and asked yourself, “What is the difference?” These terms refer to levels of care for individuals having physical or cognitive impairments that make it difficult to perform Instrumental Activities of Daily Living (using the telephone, preparing food, shopping and handling finances) and/or Activities of Daily Living (eating, toileting, dressing, bathing, transferring and continence). The terms “Personal Care” and “Assisted Living” are often used interchangeably. However, because of the introduction of the Assisted Living Residences, this will not hold true for long.

### What is the difference between Personal Care Homes (PCHs) and ALRs?

While there are similarities between PCHs and ALRs (such as performing initial assessments and developing support plans), there are many differences between these styles of communities, as well.

A PCH, as defined by the Pennsylvania Department of Public Welfare, is “a premise in which food, shelter and personal assistance or supervision are provided for a period exceeding 24 hours for four or more adults who are not relatives of the operator, who do not require the services in or of a licensed long-term care facility...”

All ALRs are currently licensed as PCHs. As seen in the previous quote,

PCHs are designed to serve residents of a higher functioning level (not those individuals with Skilled Nursing needs). ALRs, on the other hand, are presenting individuals with the option to age in place even as their functioning levels deteriorate, giving them more choices and further opportunities to apply their independence.

There are three primary ways that Assisted Living Residences are different from Personal Care Homes:

- Care
- Construction
- Concept

### Care

Individuals needing the level of care provided in a nursing facility are not permitted to live in a PCH setting, whereas those same individuals will be able to live in an ALR. These individuals will be provided with the services needed to maximize and maintain their independence, but also meet the needs of the individual as those needs increase. The admission process of an ALR will incorporate the following:

1. Initial Assessment completed 30 days prior to admission.
2. Preliminary support plan completed 30 days prior to admission.<sup>2</sup>
3. Final support plan implemented within 30 days after admission, requiring a quarterly review.
4. Assessments performed on an annual basis, as an individual’s needs change or as directed by the Department of Public Welfare (DPW).

According to the DPW, ALRs, at minimum, will provide nutritious meals and snacks, laundry services, a daily program of social and recreational activities, assistance with performing IADLs and ADLs, assistance with self-administration of medication or medication administration, housekeeping services, transportation, financial management, 24-hour supervision, monitoring and emergency response, activities and socialization, and basic cognitive support services. Unlike PCHs, ALRs will provide two packages including:

1. Independent Core Package – offered to residents who do not require assistance with ADLs.
2. Enhanced Core Package – offered to residents who require assistance with ADLs.

If a resident does not wish to have some of the services available such as meals, housekeeping or laundry, he or she may choose to “opt-out,” assuming it is stated in the agreement that the service is not being provided and the corresponding fee schedule charge adjustment is made based on the reduction of services.

Lastly, residents may arrange to have other services available to them (Supplemental Health Care Services) such as hospice, therapy, behavioral health, etc., which, in turn, help them maintain their independence.

<sup>1</sup> Based on regulations published on July 17, 2010, 40 Pa.B. 4073

<sup>2</sup> The initial assessment and preliminary support plan may be developed 15 days after admission, if the individual is directly admitted from a hospitalization, abusive situation or no alternative living arrangement is available.

## Construction

PCHs permit up to four residents per room (bathrooms may be shared). ALR residents, on the other hand, will have private accommodations, unless it is desired by the individual(s) to share a room. Additionally, each room in an ALR will have a private bathroom. Newly constructed ALR single-resident living units must consist of at least 225 square feet of living space, excluding bathrooms and closets. For those individuals choosing to share space, there must be a total of 300 square feet of living space. ALRs existing prior to regulations must have single-resident living units of at least 160 square feet of living space.

Those residing in an ALR will have the opportunity to exercise their independence with increased living space. Residents will have more amenities available to them such as cooking appliances (microwave and refrigerator), a bar sink and/or a country kitchen, allowing them to prepare their own meals, if desired.

## Concept

ALRs exemplify the concept of allowing residents to maintain their independence. ALRs provide residents with choices, allowing them to “age in place” without having to move to a licensed long-term care facility when needs increase.

The DPW’s final regulations do allow for dual licensure for communities desiring to offer both PCH and ALR facilities. In other words, those communities that have existed as PCHs may submit an application to the DPW requesting dual licensure if the PCH and the ALR are located in separate areas of the same building. It is still unknown which communities will convert Personal Care to Assisted Living. You will find, however, that many communities that define themselves as offering “Assisted Living” will need to be more cautious when using the term in the future.

The care, construction and concept of ALRs will meet the ongoing needs and trends of the rapidly aging population. Allowing individuals to maintain and maximize their independence and providing more choices should contribute to a more positive outlook on retirement living. ❖



Jessica A. Pavelko, CSA, a lifelong Lancaster resident and senior consulting specialist, launched Pavelko Senior Consulting Services, LLC (PSCS) in 2006.

The business takes a unique personal and professional interest in seniors and their families by assisting them in making certain all of the resources are being utilized that best meet an individual’s needs. PSCS acts as an advocate and navigator for seniors, and helps them and their family members make wise decisions regarding the care that they desire and deserve. For more information, contact PSCS at 717-517-8871, e-mail at [info@pavelko.org](mailto:info@pavelko.org) or visit [www.pavelko.org](http://www.pavelko.org).