Testimony for House Aging & Older Adult Service Committee: Assisted Living as a Community-Based Care Option

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Good morning, Chairs Madden and Mentzer as well as members of the House Aging & Older Adult Services Committee. My name is Joe Elliot, and I am the Director of Care Management for PA Health & Wellness (PHW).

Thank you for the opportunity to speak today about the critical role Assisted Living Facilities play in supporting older adults and individuals with disabilities in our communities.

At the core of Pennsylvania's Long-Term Services and Supports system is a simple but powerful principle: individuals should have the opportunity to receive care in the least restrictive, most appropriate setting, consistent with their needs and preferences. Assisted living is a key component of achieving that goal.

Assisted living provides a person-centered, community-based alternative to institutional care. For many individuals who meet a nursing facility level of care, but do not require 24-hour skilled medical oversight, assisted living offers a balanced model of support—combining personal care, medication management, supervision, and access to services, all within a more home-like environment.

This model is particularly important because it **expands meaningful choice.** Participants can transition out of nursing facilities, avoid institutional placement altogether, or select assisted living as their long-term residence based on their needs and preferences.

In practice, assisted living supports several key populations:

- Individuals stepping down from nursing facilities who are ready for a less restrictive setting
- Individuals in the community whose needs exceed what can safely be provided at home
- Individuals with cognitive conditions, such as dementia, who benefit from specialized environments

These use cases demonstrate how assisted living can meet individuals across the continuum of care.

The outcomes are clear and compelling. Assisted living supports increased socialization and community integration amongst our older Pennsylvanians, improved participant satisfaction and enhanced quality of life, all through the delivery of care that is most closely aligned with individual preferences and goals. Make no mistake, these are meaningful impacts—helping individuals maintain independence, remain connected to their communities, and live in environments that promote dignity and autonomy.

Assisted living also plays an important role within the broader care delivery system. It integrates with existing services such as physician care, therapy, and behavioral health supports, while service coordination ensures ongoing monitoring of participant needs, satisfaction, and quality.

At the same time, it is important to acknowledge a key implementation challenge: **assisted living providers have been relatively slow to enroll in Medicaid payment models, including In Lieu of Services options.**

This slow uptake limits access for eligible participants who could benefit from this setting and creates variation in availability across regions. While the model is well-aligned with participant needs and system goals, broader provider participation will be necessary to fully realize its potential as a community-based option.

Within PA Health & Wellness, progress is being made to expand access—PHW attempted to contract with all 18 assisted living residences, successfully contracting with 15, and has supported 22 participants currently residing in assisted living settings.

One notable example was that of a 57 year old participant with a history of bipolar disorder and multiple unsuccessful living arrangements. She faced increasing challenges maintaining independence, ultimately requiring nursing facility care. During her time in the nursing home — particularly throughout the COVID-19 pandemic — she experienced significant isolation and felt the setting did not meet her needs. Despite financial barriers and prior traumatic transitions, she expressed interest in assisted living and actively advocated for herself. The Nursing Home Transition team partnered with assisted living admissions and coordinated with her peer specialist to ensure continuity of behavioral health supports and appropriate service alignment. Following her transition to assisted living in May 2026, she reports improved well-being, greater stability, renewed independence, and sustained community living without the need for readmission to a higher level of care.

Ultimately, assisted living is not a replacement for nursing facility care—but it is a **critical option within the continuum.** It allows us to better match individuals to the right level of care, at the right time, in the right setting, based on their clinical needs and personal preferences.

In closing, assisted living facilities represent a proven, person-centered approach to care that strengthens the alignment between someone's care needs and care settings. It promotes their independence and dignity. It expands their access to community-based options. And, most importantly, it contributes to and can improve their overall quality of life.

Thank you for your time and your commitment to supporting individuals who rely on long-term services and supports.