Assisted Living: Identifying Policy to Promote Quality Assurance, Safety, and Quality of Life

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Director, Institute on Aging, Portland State University
How I became interested in AL

- From PA to OR
  - Powell Lawton, PhD
  - Keren Brown Wilson & Michael DeShane

- Theory of person-environment fit

- Social model
  - Non-institutional in (nearly) every way
  - Independence, privacy, dignity, choice, individuality in a home-like setting
Why is focusing on AL important?

- Consumer preference
- Number of AL providers increased by 30%, with a 17% increase in bed capacity from 2012--2016
- Currently 28,900 AL communities, with 996,100 licensed beds
  - Range in size from 4 to 581 beds (average 35)
- Estimated 811,000 to one million residents
Outline

- What is assisted living and who lives there?
- How much does it cost?
- How is it regulated?
- What are the current policy issues?
Definition(s)

- Congregate residential setting
- Provides/coordinates personal care
- At least two daily meals
- 24-hour staff; unscheduled needs
- Social-recreational and health-related services (hospice; medications; monitoring BP)
- Social model values
Assisted Living Workgroup Topics

1. Definition and core principles,
2. Accountability & oversight,
3. Affordability,
4. Direct care services,
5. Medication management,
6. Operations (building features),
7. Resident rights,
8. Staffing.

Consumer-centered, dementia care, quality, affordability
U.S. Assisted Living Residents

- 89% white, non-Hispanic
- 67% female
- 55% ages 85 years or older
- 61% need help with 3+ ADLs
  - 77% with bathing;
  - 26% with eating
- 19% are Medicaid beneficiaries

(Caffrey et al., 2021; Harris-Kojetin et al., 2019)
Alzheimer’s Disease

- 42% diagnosed with Alzheimer disease or other dementia
  - 71% estimated to have some level of cognitive impairment

- 48% of nursing home residents have AD

(Harris Kojetin et al., 2019; Zimmerman et al., 2014)
How Much Does AL Cost?

- Largely private pay
- Median cost in 2021 (1 bedroom apt)
  - $5,380 per month
  - $64,560 annually
- Memory care: $6,935 per month ($83,220)
- 51% of AL communities charge a one-time fee ($1,000 to $5,000)
- Flat fee, service levels, & *a la carte*

New York
Zip: Monthly
10023: $5,750
12205: $5,269
13901: $4,597

Genworth, 2021; National Investment Center, 2021
Who Works in AL?

Distribution of full-time equivalent employees, by staff type

- RN: 9.9%
- LPN/VN: 6.1%
- Aide: 83.3%
- Social worker: 0.8%

States’ requirements for Medication Administration by Aides, and Medication Aide Training, 2015

- Aide may administer meds: 36
- Aide may not administer meds: 14
- Coursework: 26
- Delegation: 8
- Undetermined: 3

Adapted from Harris-Kojetin et al., 2019

Adapted from Carder & O'Keeffe, 2016
How is Assisted Living Regulated?

- Minimal federal oversight
- Nearly every state has >1 category of AL
- As of 2018, states used 182 licensure classifications
  - 45 primary license types
  - 71 subtypes
  - 66 designations
- These can be combined in 350 different ways by state regulators

(Study funded by R01AG057746, PI: Kali S. Thomas)  Smith et al., (2021)
Assisted Living Classification Example

- Oregon:
  1. Residential Care Facility
  2. Assisted Living Facility
  3. RCF + Memory care designation
  4. ALF + Memory care designation

- New York: Adult Home; Enriched Housing Program; Assisted Living Residence++; Assisted Living Program; Transitional Adult Home
<table>
<thead>
<tr>
<th>License name</th>
<th>Description</th>
<th>Administrative code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisted Living Residence</td>
<td>ALR is an additional license that EHP or AH can seek. It cannot apply to ALP beds. It can be licensed with or without certifications in SNALR, EALR, or both.</td>
<td>10 NYCRR § 1001</td>
</tr>
<tr>
<td>ALR + Enhanced Assisted Living Residence</td>
<td>EALR is higher acuity and has additional rules for workers. Any EALR beds are licensed as ALR.</td>
<td>10 NYCRR § 1001.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10 NYCRR § 403</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 NYCRR § 64.9</td>
</tr>
<tr>
<td>ALR + Special Needs Assisted Living Residence</td>
<td>Usually a dementia care unit, but could be used for other special needs populations. Any SNALR beds are licensed as ALR.</td>
<td>10 NYCRR § 1001.5</td>
</tr>
<tr>
<td>Assisted Living Program</td>
<td>Medicaid program; cannot be applied to the same beds within a facility that ALR applies to.</td>
<td>18 NYCRR § 505.35</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18 NYCRR § 494</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10 NYCRR § 86-7</td>
</tr>
<tr>
<td>Transitional Adult Home</td>
<td>adult home with a certified capacity of 80 beds or more in which 25% or more of the resident population are persons with serious mental illness</td>
<td>18 NYCRR § 487.13</td>
</tr>
<tr>
<td>Adult Home</td>
<td>for the purpose of providing long-term residential care, room, board, housekeeping, personal care and supervision to 5+ adults</td>
<td>18 NYCRR § 485</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18 NYCRR § 486</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18 NYCRR § 487</td>
</tr>
<tr>
<td>Enriched Housing Program</td>
<td>means an adult care facility established and operated for the purpose of providing long-term residential care to five or more adults, primarily persons 65 years of age or older, in community-integrated settings resembling independent housing units.</td>
<td>18 NYCRR § 485</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18 NYCRR § 486</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18 NYCRR § 488</td>
</tr>
</tbody>
</table>
## Dementia Care Regulations, 2018

<table>
<thead>
<tr>
<th>Dementia-specific training and screening requirements</th>
<th>None</th>
<th>Dementia-certified only</th>
<th>Some license types</th>
<th>All license types</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct care worker initial training</td>
<td>10</td>
<td>17</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td>Administrator initial training</td>
<td>24</td>
<td>11</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Cognitive screening at admission</td>
<td>16</td>
<td>10</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td>One or more requirements</td>
<td>30</td>
<td>24</td>
<td>16</td>
<td>26</td>
</tr>
<tr>
<td>All requirements</td>
<td>7</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Dementia-specific training AL Admin

A. Requirements by State, 2007

B. Requirements by State, 2018

Legend
- Green: Yes – All License Types
- Light Green: Yes – Some License or Sub-License Types
- Purple: Yes – Dementia-Designated Only
- White: No Regulation Within Scope

C. Previous Research Findings (Carder, 2017)

Smith et al., 2021
Assisted Living Residence + Special Needs (NY) Resident Aide Training

- shall receive 40 hours of initial training as specified in the Department's training requirements or an approved equivalent program.
- shall receive 12 hours of ongoing, in-service education annually in topics applicable to their responsibilities.

The operator shall provide staff sufficient in number and qualified by training and experience to render, at a minimum, those services mandated by statute or regulation. The operator shall conduct an initial program of orientation and in-service training for employees and volunteers, as well as ongoing in-service training.

Memo: operator should provide staff training in characteristics and needs of persons with dementia, including behavioral symptoms, and mental and emotional changes. The training should include methods for meeting the residents’ needs on an individual basis.
(b) Pre-service dementia care training as required before independently providing personal care or other services. The dementia care training must address these topics:
(A) Education on the dementia disease process, including the progression of the disease, memory loss and psychiatric and behavioral symptoms.
(B) Techniques for understanding, communicating and responding to distressful behavioral symptoms; including but not limited to, reducing the use of antipsychotic medications for non-standard uses when responding to distressful behavioral symptoms.
(C) Strategies for addressing social needs of persons with dementia and engaging them with meaningful activities;
(D) Information concerning specific aspects of dementia care and ensuring safety of residents with dementia including, but not limited to, how to:
(i) Identify and address pain;
(ii) Provide food and fluid;
(iii) Prevent wandering and elopement;
(iv) Use a person-centered approach....
State Variability in Assisted Living Residents’ End-of-Life Care Trajectories

Kali S. Thomas PhD a,b, Emmanuelle Belanger PhD a, Wenhan Zhang MPH a, Paula Carder PhD c

Memory care reduces nursing home admissions among assisted-living residents with dementia

Portia Y. Cornell 2  |  Wenhan Zhang 2  |  Lindsey Smith 3  |  Momotazur Rahman 2  |  David C. Grabowski 4  |  Paula Carder 3  |  Kali S. Thomas 1,2

The Relationship Between States’ Staffing Regulations and Hospitalizations of Assisted Living Residents

Research funding: National Institute on Aging
R01AG057746, PI: Kali S. Thomas
Specificity of States’ Staffing Regulations (Thomas et al., 2021)

<table>
<thead>
<tr>
<th>Staff Type and Specificity of Regulation</th>
<th>Specificity Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Direct Care Worker Specificity Score, mean (SD)</strong></td>
<td></td>
</tr>
<tr>
<td>The license type does not have any regulation pertaining to direct care workers, %</td>
<td>0</td>
</tr>
<tr>
<td>The license type requires direct care workers, but does not specify levels or ratio, %</td>
<td>1</td>
</tr>
<tr>
<td>The license type specifies that direct care staffing levels or ratios are “sufficient” to meet acuity of the residents, %</td>
<td>2</td>
</tr>
<tr>
<td>The license type has specific requirements for direct care staffing levels or ratios, %</td>
<td>3</td>
</tr>
</tbody>
</table>
Summary score 0-9; with 9 the most specific requirements

Thomas et al., (2021)

SOURCE Authors’ analysis of regulations pertaining to staffing in assisted living and states’ assisted living licensure information in 2018. NOTE Mean summary staffing specificity scores among assisted living communities with 25 or more beds operating in 2018 (N = 8,620).
New York – Staffing Specificity Over Time

(c) 2007 NY Counties
(d) 2018 NY Counties

Summary Specificity Score
- No data available
- 0.57 - 1.10
- 1.11 - 2.52
- 2.53 - 3.60
- 3.61 - 5.26
- 5.27 - 9.00

Thomas et al., 2021
State Oversight & Reporting
Current Policy Issues
## State Oversight & Public Reporting

<table>
<thead>
<tr>
<th>State Action or Policy</th>
<th>Number of states (n=48*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual/biannual inspection</td>
<td>39</td>
</tr>
<tr>
<td>Initial licensing inspection</td>
<td>45</td>
</tr>
<tr>
<td>Request plan of correction</td>
<td>44</td>
</tr>
<tr>
<td>Conduct follow-up review or verification</td>
<td>44</td>
</tr>
<tr>
<td><strong>Data collection by state agency about AL (selected items)</strong></td>
<td></td>
</tr>
<tr>
<td>Collect data on resident falls of unknown origin</td>
<td>12</td>
</tr>
<tr>
<td>Collect data on staff turnover</td>
<td>2</td>
</tr>
<tr>
<td>Do not compile data on AL</td>
<td>27</td>
</tr>
<tr>
<td><strong>Public disclosure</strong></td>
<td></td>
</tr>
<tr>
<td>Basic information about AL on website</td>
<td>28</td>
</tr>
<tr>
<td>Post notice of violation in public space inside facility</td>
<td>32</td>
</tr>
<tr>
<td>Share notice of violation with state officials, industry</td>
<td>15</td>
</tr>
</tbody>
</table>

*NY and CT did not participate

Kaskie et al, 2021
Number of ALW Recommendations Adopted by States, 2003-18

Prior to 2003

2018

Maps created by Lindsey Smith, MPP

Carder et al., 2019
States’ Assisted Living Policies: Current & Emerging Topics

- Person-centered care
- Dementia care, including non-pharmacologic approaches for meeting resident needs
- Quality indicators and outcome measures
- Medical oversight
- Emergency preparedness
- Diversity and inclusion
- Affordability and managed LTSS

Carder et al., 2019
All-cause mortality rates, nationally, were significantly higher in 2020 at 2.30 deaths per 1000 residents per week compared with 2.02 deaths in 2019. New York had the greatest excess mortality between 2020 and 2019 (mean 2.50 vs 1.57 deaths per 1000 residents per week, January to August).
Tensions for Change in AL

S. Zimmerman et al. / JAMDA 23 (2022) 225–234

Fig. 2. Tensions for change in assisted living.
### TABLE 1

**Potential Research Questions to Optimize Person–Environment Fit in Assisted Living (AL)**

<table>
<thead>
<tr>
<th>The Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do consumers of AL make decisions (e.g., at move in, after move in) and what information and prioritizing their preferences?</td>
</tr>
<tr>
<td>What are the needs and relevant outcomes for sub-populations of AL residents (e.g., dual-eligible people with Alzheimer’s disease and related disorders, mental health issues)?</td>
</tr>
<tr>
<td>What is the experience of residents and families with AL? How does the culture fit with expect the balance of risks with autonomy?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>How could environments (staffing, training, processes) best support AL residents?</td>
</tr>
<tr>
<td>How could leaders and staff of AL promote effective collaboration with families?</td>
</tr>
<tr>
<td>What programs support quality of life for residents/families (e.g., physical activity, cognitive care)</td>
</tr>
<tr>
<td>What state policies and regulatory structures promote optimal outcomes? How do we improve?</td>
</tr>
<tr>
<td>How is the relative impact of facility vs. state policy?</td>
</tr>
<tr>
<td>How could accessible and transparent quality information improve programs?</td>
</tr>
<tr>
<td>What is and could be the role of the nurse in AL?</td>
</tr>
<tr>
<td>How could technology enable care delivery and reduce social isolation in AL?</td>
</tr>
<tr>
<td>What is the impact of external health professional and referring agency understanding of AL capacity?</td>
</tr>
<tr>
<td>How adequate are case finding, infection control, and public health supports for AL?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Fit</th>
</tr>
</thead>
<tbody>
<tr>
<td>How can the concept of balancing autonomy and risk inform programmatic decisions and policy in AL?</td>
</tr>
<tr>
<td>What are the most important quality indicators and how is AL doing with quality?</td>
</tr>
<tr>
<td>How does engagement of health care professionals within AL and the community promote optimal outcomes?</td>
</tr>
<tr>
<td>How could leadership in AL promote optimal person–environment fit?</td>
</tr>
<tr>
<td>How can AL promote health equity and cultural inclusion across racial/ethnic, LGBTQ, and economic groups?</td>
</tr>
<tr>
<td>How does AL respond to residents’ changing needs over the course of stay through end of life?</td>
</tr>
<tr>
<td>How could the role of the RN evolve with changes in the resident population to include community health and leadership elements?</td>
</tr>
</tbody>
</table>
In sum

- AL popularity will continue due to consumer preference for non-institutional settings
- AL is licensed and regulated
- Regulations impact resident health outcomes:
  - hospice, hospital and nursing home use
- AL variation, just as our own homes differ

- AL community owner/operator policies may exceed states’ minimum requirements
References


Thank you!