

Assisted Living What is it, really?

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History

- **1993**
- **Alternative to nursing home**
- **1996 – Medicaid, but not really**
- **2001 – 10% MA requirement**
- **2014 - 214**

Philosophy of AL

- **Individuality**
- **Independence**
- **Choice**
- **Dignity**
- **Privacy**
- **Home-like setting**

- **Alternative to nursing home care**

Aging in Place

"Aging in place" means a process whereby individuals remain in their living environment despite the physical and/or mental decline and growing needs for supportive services that may occur in the course of aging. For aging in place to occur, services are added, increased, or adjusted to compensate for the individual's physical and/or mental decline.

What should an AL Do?

"Assisted living" means a coordinated array of supportive personal and health services, available 24 hours per day, to residents who have been assessed to need these services including persons who require nursing home level of care.

Assisted living promotes resident self direction and participation in decisions that emphasize independence, individuality, privacy, dignity, and homelike surroundings.

What should an AL do?

The assisted living residence or comprehensive personal care home shall be capable of providing at least the following services: assistance with personal care, nursing, pharmacy, dining, activities, recreational, and social work services to meet the individual needs of each resident.

The assisted living residence, comprehensive personal care home, or assisted living program shall provide supervision of self-administration of medications, and administration of medications by trained and supervised personnel, as needed by residents.

AL Do (con't)

- The assisted living residence, comprehensive personal care home, or assisted living program shall be capable of providing nursing services to maintain residents, including residents who require nursing home level of care....

Discharge Criteria

However, the resident may be, but is not required to be moved from the facility or program if it is documented in the resident record that a higher level of care is required, as demonstrated by one or more of the following characteristics:

1. The resident requires 24-hour, seven day a week nursing supervision;
2. The resident is bedridden for more than 14 consecutive days;
3. The resident is consistently and totally dependent in four or more of the following activities of daily living: dressing, bathing, toilet use, transfer, locomotion, bed mobility, and eating;

D/C Criteria (con't)

4. The resident has a cognitive decline severe enough to prevent the making of simple decisions regarding activities such as bathing, dressing and eating and cannot respond appropriately to cueing and simple directions;
5. The resident requires treatment of a stage three or four pressure sore or multiple stage two pressure sores. However, a resident who requires treatment of a single stage two pressure sore shall be retained and a plan of care developed and implemented to stabilize the pressure sore and the condition which caused it;
6. The resident requires more than "assistance with transfer";

D/C Criteria (con't)

7. The resident is a danger to self or others; or
8. The resident has a medically unstable condition and/or has special health problems, and a regimen of therapy cannot be appropriately developed and implemented in the assisted living environment.

Managed Risk

"Managed risk" means the process of balancing resident choice and independence with the health and safety of the resident and other persons in the facility or program. If a resident's preference or decision places the resident or others at risk or is likely to lead to adverse consequences, such risks or consequences are discussed with the resident, and, if the resident agrees, a resident representative, and a formal plan to avoid or reduce negative or adverse outcomes is negotiated, in accordance with the provisions of N.J.A.C. 8:36-5.18.

Managed Risk Agreement

"Managed risk agreement" means the written formal plan developed in consideration of shared responsibility, bounded choice and assisted living values and negotiated between the resident and the facility or program to avoid or reduce the risk of adverse outcomes which may occur in an assisted living environment.

What should an AL NOT do?

An assisted living residence or comprehensive personal care home offers a suitable living arrangement for persons with a range of capabilities, disabilities, frailties, and strengths. In general, however, assisted living is not appropriate for individuals who are incapable of responding to their environment, expressing volition, interacting, or demonstrating any independent activity.

For example, individuals in a persistent vegetative state should not be placed or cared for in an assisted living residence, comprehensive personal care home or assisted living program.

No.

"Specialized long-term care" or "specialized care" means the care of individuals who must use a respirator or mechanical ventilator, and the care of individuals with severe behavior management problems, such as combative, disruptive, and aggressive behaviors.

Residents who require "specialized long-term care" shall not remain in the assisted living residence or comprehensive personal care home and shall be transferred to a long-term care facility that provides the applicable form of specialized care.

What the heck is an ALP? Better yet, a CPCH??

"Assisted living program" means the provision of or arrangement for meals and assisted living services, when needed, to the tenants (also known as residents) of publicly subsidized housing which because of any Federal, State, or local housing laws, rules, regulations or requirements cannot become licensed as an assisted living residence. An assisted living program may also provide staff resources and other services to a licensed assisted living residence and a licensed comprehensive personal care home.

"Assisted living program provider" means an organization licensed by the New Jersey Department of Health to provide all services required of an assisted living program.

So...a CPCH??

- **Just for kicks, lets add some regs**

Arrange vs. Do ~ For ex...

The facility shall be capable of providing resident transportation, either **directly or by arrangement**, to and from health care services provided outside the facility, and shall promote reasonable plans for security and accountability for the resident and his or her personal possessions, as well as transfer of resident information to and from the provider of the service, as required by individual residents and specified in resident service plans.

The facility or program shall assist residents, if needed, in **arranging for** transportation to activities of social, religious, and community groups in which the resident chooses to participate.

Arrange vs. Do (con't)

- **MD/Dentist**
- **Hospice**
- **Social Work Services**
- **Emergency Medical Services**
- **Flu/Pneu**
- **Religious Services**

General Service Plan vs Medicaid Plan of Care

Upon admission, each resident shall receive an initial assessment by a registered professional nurse to determine the resident's needs.

If this initial assessment indicates the resident has general service needs, a general service plan shall be developed within 14 days of the resident's admission.

GSP (con't)

The general service plan shall include, but not be limited to, the following:

1. The resident's need, if any, for assistance with activities of daily living (ADL);
2. The resident's need, if any, for assistance with recreational and other activities; and
3. The resident's need, if any, for assistance with transportation.

Health Service Plan

"Health care service" means any service that is ordered by a physician and required to be provided or delegated by a licensed, registered or certified health care professional. Any other service, whether or not ordered by a physician, that is not required to be provided by a licensed, registered or certified health care professional is not to be considered a health care service.

For purposes of this definition, a certified health care professional excludes certified homemaker/home health aides, certified nurse aides, certified personal care assistants, and certified medication aides.

Medicaid

- **Requirement**
- **Spend down**
- **Family's role**

Requirement

In accordance with N.J.S.A. 26:2H-12.16 et seq., a new assisted living residence or comprehensive personal care home licensed on or after September 1, 2001, shall attain a level of occupancy by Medicaid-eligible persons of at least 10 percent of its total bed complement within three years of licensure and shall maintain this level of Medicaid occupancy thereafter.

Wait List

Spend down – Typical Timeframe

"Medicaid-eligible person"

- financial eligibility
- assessed as being in need of nursing home-level care
- Admitted to the facility as private paying residents and subsequently became eligible for Medicaid or
- admitted directly to the facility as Medicaid-eligible.

Family's Role

How are scripts filled?

- **Prepackaged meds**
- **Leave and go to rehab**

Vacation Anyone?

- 2 weeks

Time to go...

- **Discharge criteria**
- **30 notice**
- **Alzheimer's?**

How does this work?

- **Teamwork**

Misc

- **Who lives in AL**
- **Hospice (RN Staffing)**
- **Palliative Care**
- **POLST**
- **Expectations – live here forever?**
- **Advanced Standing**