Mandate or Myth?

A PRACTICAL GUIDE TO ASSISTED LIVING

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Objectives

1. Describe characteristics of the typical assisted living resident in terms of physical and medical needs.

2. Understand the different levels of care that exist within the assisted living environment.

3. Improve transitions of care of an assisted living resident from the community, the hospital, or the nursing home setting.

Assisted Living Statistics

	Number of Communities	Number of Licensed Beds	Average Number of Beds/Facility
New York	500	35,500	66
USA	28,900	996,100	33

Harris-Kojetin L, Sengupta M, Lendon JP, Rome V, Valverde R, Caffrey C. Long-term care providers and services users in the United States, 2015–2016. National Center for Health Statistics. Vital Health Stat 3(43). 2019.

National Assisted Living Statistics

Assisted Livings as an Industry

- 453,000 total employees
- 81% are for-profit, 56% are part of a chain
- $32 Billion annually
- Large source of tax revenue locally and federally

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Licensed Facilities in NYS

Adult Home

- Any age, at least 5 residents often with psychiatric diagnoses
- Provide housing, meals, housekeeping, medications, assistance with personal care

Enriched Housing Programs

- At least 55 yo, 75% have to be over 65 yo
- Communal setting with individual apartments
- Provide at least one hot meal a day

Licensed Facilities in NYS

Assisted Living Residences

- 24 hour supervision, case management, food services, personal care with or without home care services
- Medication services
- Individualized service plans reviewed every 6 months
- Must encourage autonomy, independence, and privacy in the least-restrictive setting

ALF Levels of Care – Aging in Place

Enhanced Assisted Living

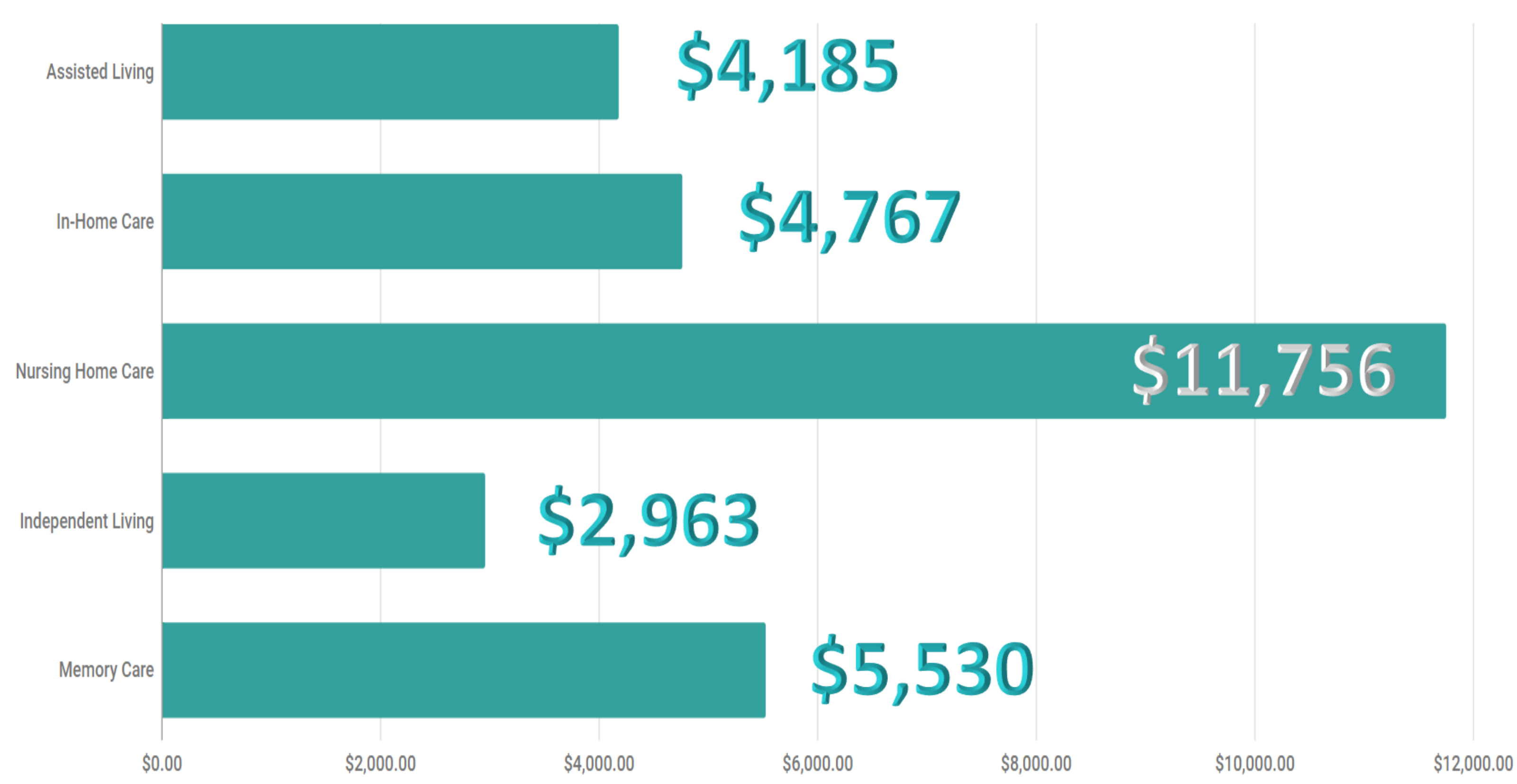
- Additional services to provide assistance with mobility (1A, 2A, some mechanical lifts), continence, medical equipment (eg ostomy, catheter), and additional medical assistance (injections, CHF monitoring)
- $$$$$ - starts at $40/day extra
- Beds can “float” throughout building

Special Needs Assisted Living

- Provide memory care to residents with cognitive impairment
- 14% of ALFs have Memory Care Units
- Memory unit is self-contained with delayed-egress doors and enclosed outdoor spaces

Finances

- Private Pay
- Long-term Care Insurance
- Supplemental Security Income (SSI)



https://www.assistedliving.org/new-york/#the_cost_of_assisted_living_in_new_york

Assisted Living Program (ALP)

- Serves Medicaid recipients who would otherwise qualify for nursing homes
- Regulated by NYS Department of Health
- Provide supervision, assistance with personal care, housekeeping, case management, medication administration, life enrichment activities
- Nursing and therapy services provided to resident depending on nursing assessments
- NYS Medicaid funds ~10,000 ALP beds

The Typical Assisted Living Resident

Of the 810K+ residents in the US

- **71%** are women
- **81%** are non-Hispanic White
- **52%** are over 85 years old
- **22 Month** average length of stay

NCHS, National Study of Long-Term Care Providers, 2016.

The Typical Assisted Living Resident

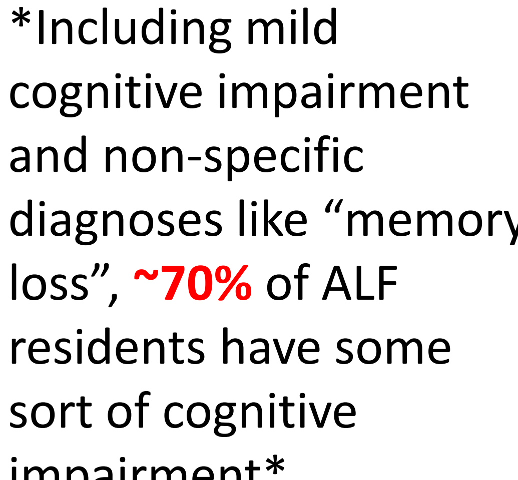
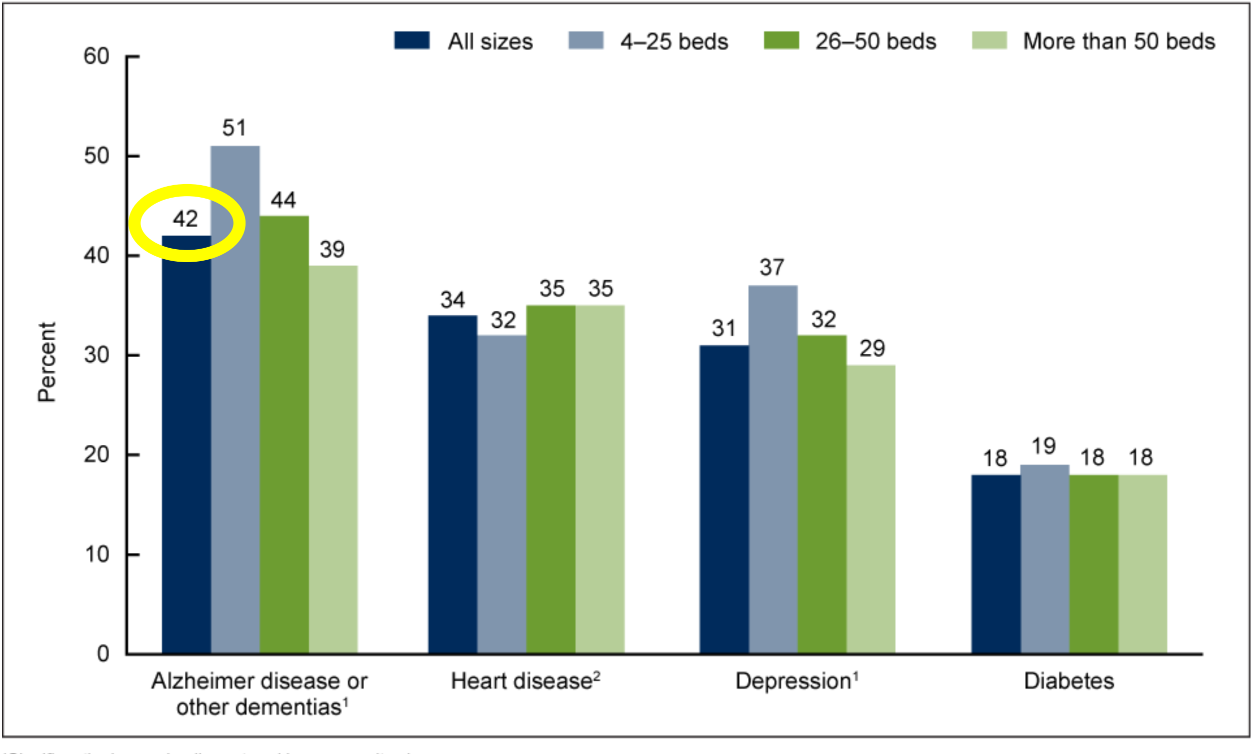


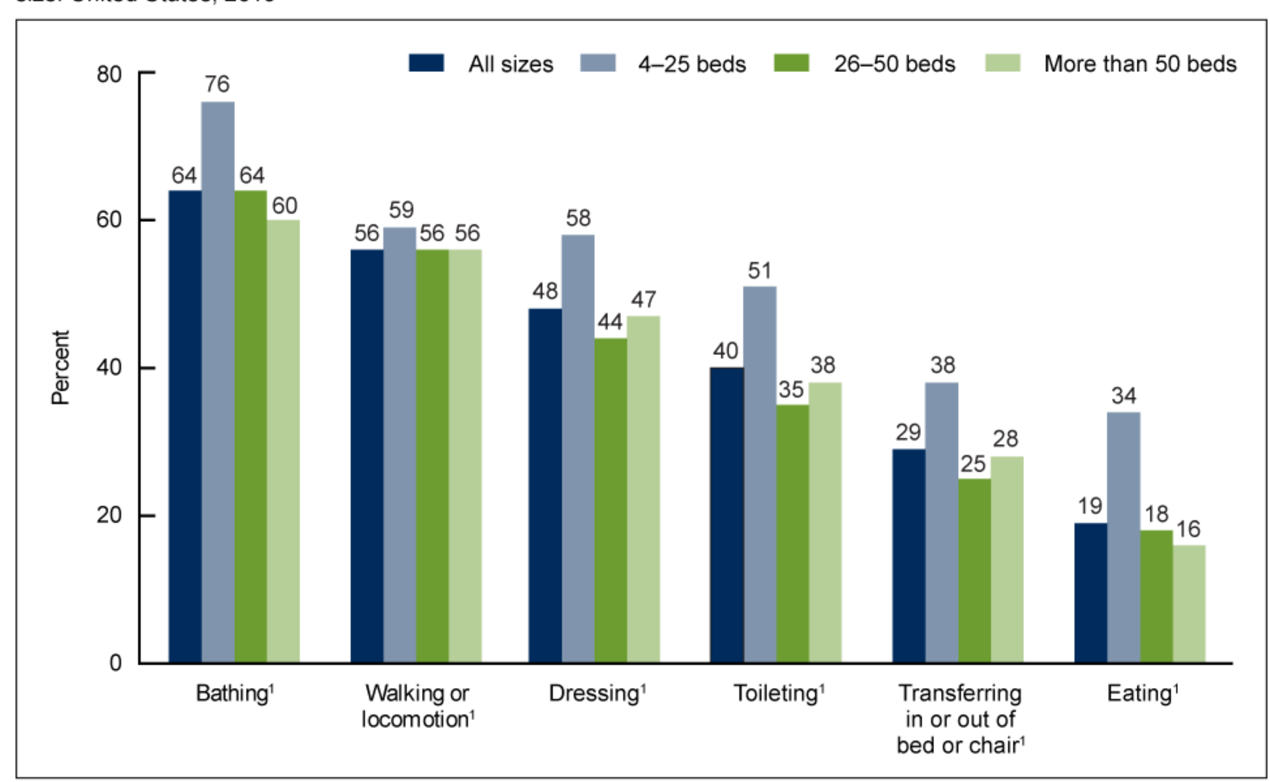
Figure 3. Selected diagnosed medical conditions among residential care residents, by community size: United States, 2016



[1]Significantly decreasing linear trend by community size.
[2]Significantly increasing linear trend by community size.
NOTES: Cases with missing data are excluded. Heart disease, depression, and diabetes each had 13% missing; see "Data source and methods" for details. Changes in question wording may have contributed to a difference in estimates from earlier National Study of Long-Term Care Providers surveys. Access data table for Figure 3 at: https://www.cdc.gov/nchs/data/databriefs/db299_table.pdf#3.
SOURCE: NCHS, National Study of Long-Term Care Providers, 2016.

The Typical Assisted Living Resident

Figure 4. Need for assistance with selected activities of daily living among residential care residents, by community size: United States, 2016



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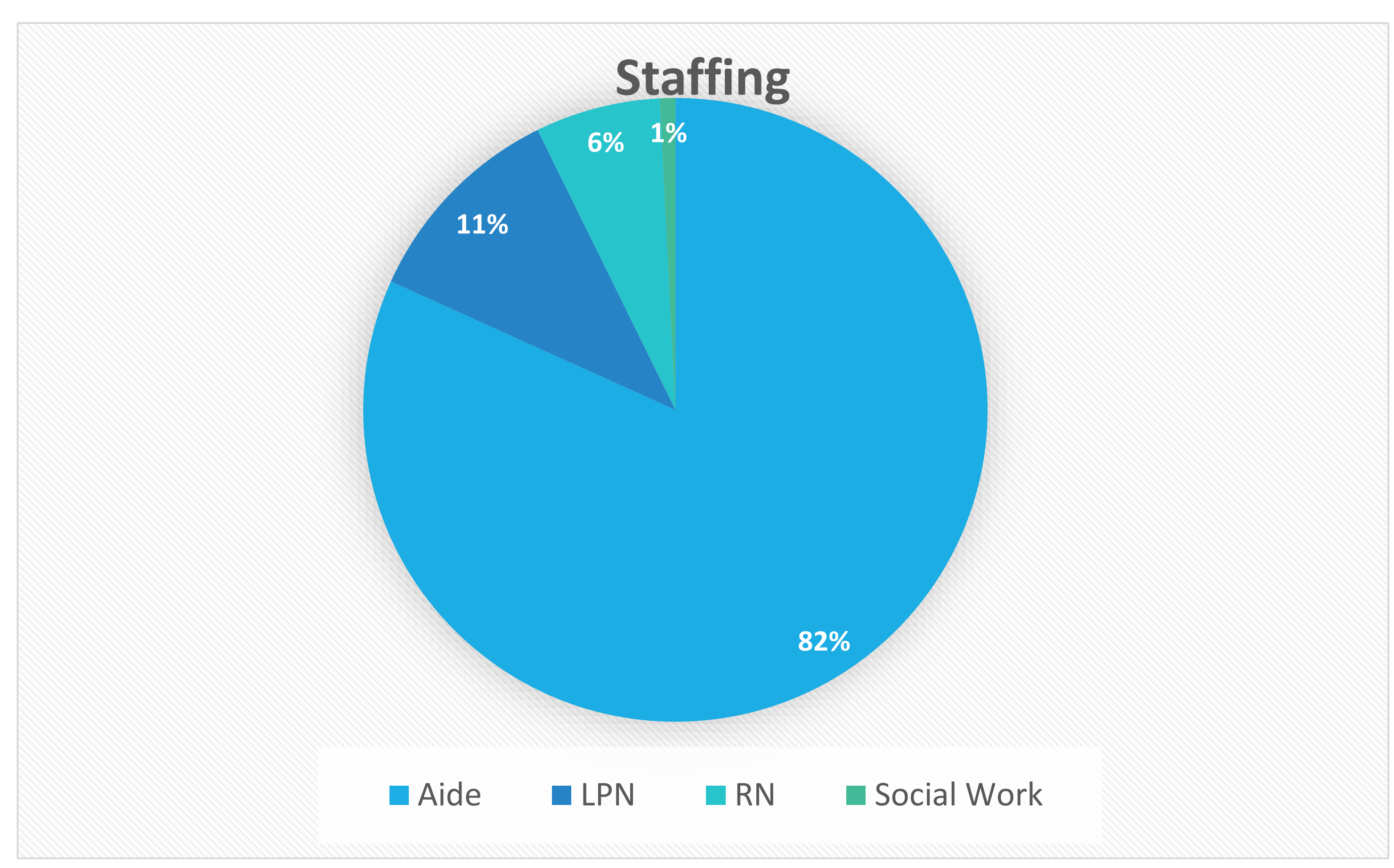
SOURCE: NCHS, National Study of Long-Term Care Providers, 2016.

Assisted Living Staff



Harris-Kojetin L, Sengupta M, Park-Lee E, et al. Long-term care providers and services users in the United States: Data from the National Study of Long-Term Care Providers, 2013–2014. National Center for Health Statistics. Vital Health Stat 3(38). 2016.

Assisted Living Staff

	Basic ALF	Enhanced ALF	Special Need ALF
Administrator	+	+	+
Case Manager	+	+	+
Resident Aids	+	+	+
Nursing (LPN or RN)		+	+*
Home Health Aids		+	+*

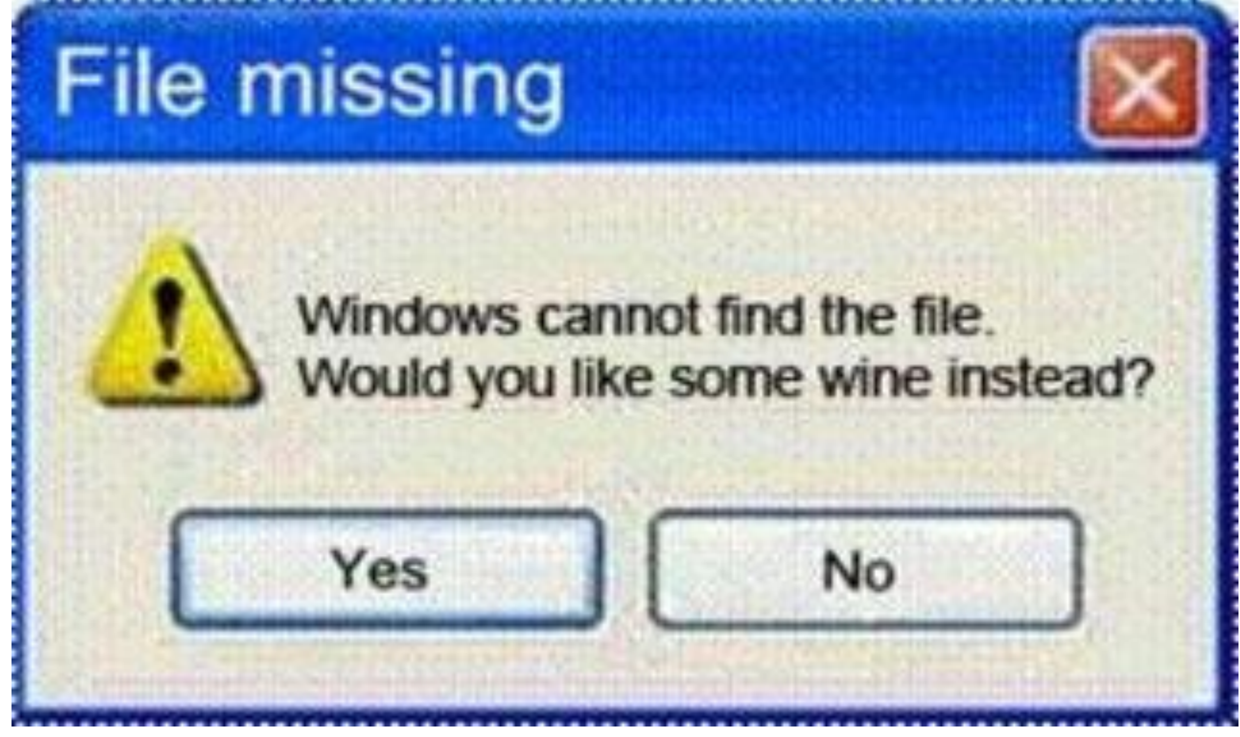
* Extra training required
  - Understanding dementia and the needs of the patient
  - Identifying behavioral symptoms and changes in mentation and emotion
  - Approach to residents with dementia including acute agitation

Assisted Living Staff

- In NYS, No minimum staffing ratios, “must be sufficient to meet resident care needs”
- All staff undergo criminal background check and fingerprinting
- Anyone can report on a patient’s condition, only RN’s can offer an assessment

Medical Care in ALF

Let’s review the data:



Medical Care in the ALF

FULL TEXT ARTICLE

The Role of Physician
Time for Change

Paul R. Katz MD, CMD, Alan Kronhaus MD
Journal of the American Medical Directors Associat
AMDA – The Society for Post-Acute and Long-Tern

Although there is general consensus o
and dedicated physicians in the nursin
concerning the “value proposition” for

NEWS COLUMNS TECHNOLOGY COMPANIES RESOURCES TOPICS EVEN

Home > Columns > Guest Columns

February 25, 2019

It’s time we integrate assisted living

Christopher E. Laxton, CAE

The New York Times

THE NEW OLD AGE

Where There’s Rarely a Doctor in the House: Assisted Living

As residents become older and more frail, some facilities are bringing in doctors and nurses instead of relying on 911.

Medical Care in ALF

- Residents can keep their community doctor or switch to the partnering medical team
- In Monroe County, 35 of 39 ALFs have on-site medical care
- When a patient moves in, they have to choose to transfer their care to the “in-house” doctor

UR Medicine Geriatrics Group

- Caring for patients in **20** local assisted living facilities across three counties
- One physician and one APP per site
- On-site acute and chronic visits (every 3 months)
- Arranges services like on-site phlebotomy and mobile imaging
- 24 hour on-call access to provider with telemedicine
- Benefit of seeing patient in home setting and coordinating with care team

Medications in the Assisted Living

- 10% of residents self-administer meds (has to be ok'd by provider with regular staff audits)
- All OTC medications and creams need an order
- Unless specified, residents do not keep medications in their rooms
- PRN medications
  - Residents are supposed to be able to request a medicine
  - If a patient has dementia, a nurse needs to be present to assess if the patient is displaying symptoms that require a medication (displays of pain, agitation, etc)

Hospice in the Assisted Living

- NYS regulations state that ALFs can have a resident on hospice as long as the care of the resident does not detract from the care of other residents
- Most easily achieved at a place with enhanced services (but you pay more for extra staff time)
- Family can provide extra help (personally or hire in)
- If needs exceed the capabilities of ALF, Hospice helps dispo appropriately
- Some facilities do not allow Hospice care ☹
- Cannot be on ALP and Hospice at the same time

Importance of the MOLST

- All residents should discuss their goals of care and define their advance directives with their medical provider
- Facility will keep usually keep a copy in the resident's chart
- Cannot be Do Not Hospitalize
  - Unless on hospice

Future Hospitalization/Transfer *Check one:*
☐ Do not send to the hospital unless pain or severe symptoms cannot be otherwise controlled.
☐ Send to the hospital, if necessary, based on MOLST orders.

- Most corporations restrict their staff from performing CPR

The 3122

- Completed prior to admission and annually
- Every box has to be checked – frequently audited by the state
- Annual 3122 should be prepared by facility
- Can be signed by physician, NP, or PA
- Can attach a medication list, but every page must be signed
- Will be requested by facility after hospital admission and/or if there is a significant change in function requiring a change in level of care (like moving to enhanced care)

The 3122

Includes:

- Demographics
- Recent vital signs
- Primary and secondary medical diagnoses
- Allergies
- TB screening
- ADL review including continence
- Home services and therapies
- Cognitive impairment screening
- Mental health assessment
- Medication list
- Certification that the resident is medically and mentally appropriate for assisted living

* Should be completed by provider

The 4449c

- Assisted Living Program (Medicaid) Form
- Done on admission and every 6 months
- Similar information as 3122
- Every page of med list must be signed
- Has to be signed by a **Physician**

DSS-4449C (Rev. 4/97, 05/13, 9/13)

ALP MEDICAL EVALUATION

Check all that apply: ❑ AH ❑ EHP ❑ ALP ❑ Initial ❑ Rug Category Change ❑12 month ❑ Other

❑ **UAS-NY Summary Report is attached for RUG Category Change, 12 month and other assessments**

This form may be used to verify that an individual's health/safety needs can appropriately be met in an adult home, enriched housing program or residence for adults. It may also be used to verify that an applicant/resident of an Assisted Living Program (ALP) is medically eligible to reside in a nursing facility but does not require continual nursing or skilled care and the individual's needs can be met in an ALP.

Resident/Patient Name: ______________________ Date of Birth: ______________

Facility Name: ______________________ Address: ______________________

Sex: Male ❑ Female ❑ **Weight:** ________ **Blood Pressure:** ____________

Primary Diagnosis/Prognosis:

Secondary Diagnoses/Prognosis:

Significant medical history & current conditions:	**Continence:** Bladder: ❑ Yes ❑ No Bowel: ❑ Yes ❑ No	**Allergies:** NKA ❑
Needs assistance with self-administration of medications? ❑Yes ❑No	**Type of Diet:** Regular ❑ NSA ❑ NCS ❑ Other: (Explain) ❑	

List all current medications (prescription and OTC, including dosage, type, frequency and method of administration and note special instructions: (attach additional sheets if necessary signed and dated by Physician)

MEDICATION	DOSAGE	TYPE	FREQUENCY	METHOD

DSS-4449C (Rev. 4/97, 5/13, 9/13) **ALP MEDICAL EVALUATION (Page 2)**

Resident/Patient Name: ______________________

Is the individual free of communicable disease? ❑Yes ❑No If no, describe: ____________

Does the individual require supervision and/or assistance by aide with:

bathing: ❑No If yes, is it?: intermittent: ❑ constant ❑

grooming: ❑No If yes, is it?: intermittent: ❑ constant ❑

dressing: ❑No If yes, is it?: intermittent: ❑ constant ❑

eating: ❑No If yes, is it?: intermittent: ❑ constant ❑

transferring: ❑No If yes, is it?: intermittent: ❑ constant ❑

ambulation: ❑No If yes, is it?: intermittent: ❑ constant ❑

toileting: ❑No If yes, is it?: intermittent: ❑ constant ❑ *Such that it requires toileting program 24 hours/7 days per week to maintain continence?

Describe any additional activity restrictions/needs: ____________

Describe Current Treatment Plan (e.g., nursing, therapies, etc.): ____________

Is Palliative Care appropriate/recommended?: ❑Yes ❑ No If yes, describe services: ____________

Is the individual's condition stable? ❑Yes ❑No If no, describe: ____________

Cognitive Impairment/Memory Loss (including dementia)

Does the individual have/show signs of dementia or other cognitive impairment? ❑Yes ❑No If yes, describe:

If yes, do you recommend testing be performed? ❑Yes ❑No If yes, describe:

If testing has already been performed, date/place of testing if known: ____________

Mental Health Assessment (non-dementia)

Does the individual have a history, current condition or recent hospitalization for mental disability? ❑Yes ❑No If yes, describe:

Based on your examination, would you recommend the patient seek a mental health evaluation? (If yes, provide referral? ❑Yes ❑No

Date of Today's Examination ____________ **Recommended frequency of Medical Exams** ____________

I certify that I have accurately described the individual's medical condition, needs, and regimens, including any medication regimens, and that the individual is medically appropriate to be cared for in an Adult Home, Enriched Housing Program or an ALP.

Physician Signature (required) Date

Nurse Practitioner, Physician or Specialist's Assistant Signature Date

Why do they keep calling us?

Assisted livings have to have a signed order for almost everything

- Vital signs WITH PARAMETERS!
- Equipment
- Medication orders
- Missed meds/delayed meds
- Weight changes over 5 lbs
- Alcohol use

Regulation of the ALF

- County Health Department
- New York State Department of Health
  - DOH survey every 18 months, usually unannounced
    - Focused audits – medications, case management, dietary, maintenance
    - Citations require a plan of correction
- Corporate Policies

Why do they all run differently?

Facility	Medical Needs									Functional Needs			
	Medication Management	BG Checks w/Insulin Assistance	Oxygen Assistance	Check Vital Signs	Administer Injections	On-Site Nursing Staff	On-Site Provider Visits	Memory Care	Dietary Modifications	Wearable Call System	Toileting Assistance/Schedule	ADL Assistance	Assistance with Transferring
Baywinde- Sage Harbor	X	X		X		X	X	X	X	X	X	X	
Bridges of Mendon	X	X	X	X	X	X	X	X	X	X	X	X	X
Brookdale Pittsford	X	X		X	X	X	X	X	X		X	X	
Cobbs Hill Manor	X	X	X	X	X	X	X				X	X	X
Creekstone	X	X	X	X		X	X	X	X		X	X	X
Depaul Horizons	X						X					X	
Elderwood	X					X	X					X	
Fairport Baptist Home	X			X	X	X	X			X		X	X
Glenmere	X	X	X	X	X	X	X	X	X	X	X	X	X
GrandeVie	X	X	X	X	X	X	X	X	X	X	X	X	X
Highlands at Pittsford- Laurelwood	X	X	X	X		X	X		X	X	X	X	
Heathwood	X	X	X	X	X	X	X	X	X	X	X	X	X
Heather Heights	X	X	X	X	X	X	X	X	X		X	X	X
Landing of Brighton	X			X		X	X	X		X	X	X	X
Morgan Estates	X	X		X	X	X	X	X			X	X	X
Quail Summit	X	X		X		X	X	X			X	X	X
Rochester Presbyterian Home	X	X	X	X	X	X	X	X	X	X	X	X	X
St. Johns Meadows- Hawthorne	X	X	X	X	X	X	X		X	X	X	X	X
The Northfield	X	X	X	X	X	X	X			X		X	
Woodcrest	X	X	X			X	X		X		X	X	X

Where is the Medical Director?

- ALFs are not required to have a medical director
- Just because there is an “in-house doctor”, do not assume the ALFs have any sort of medical advisement
- NYS requires a laboratory director if they check BGs, check UA’s, perform viral swabs
- URMGG has developed a medical director contract
  - Currently working with 8 ALFs in medical director role
    - Monthly meetings
    - Data collection and QA review
    - Review policies and procedures, new regulations
    - On-call for difficult cases
    - Liaison between levels of care

Transitions: Home to ALF

Considerations for community dwellers moving to ALF:

Social Work Questions for Families of a Potential ALF Candidate

1. Does he/she have dementia and/or memory issues?
   a. If yes, does he/she have behavior issues/concerns from their dementia/memory issues?
2. Does he/she have a history of falling 2x or more within the past month?
3. Has he/she had to call 911 or be hospitalized in the past 6 months?
4. Is he/she able to manage their own medications safely?
   a. Does he/she have diabetes?
5. Has he/she had significant weight loss over the last 6 months?
6. Does he/she have homecare services at home (ex: aide, visiting nurse, PT, etc.)?
   a. If yes, how often and what services?

Transitions: Hospital to ALF

- Early SW contact to ALF is critical
  - Document the patient's baseline cognitive and functional baseline
  - understand what services the facility can provide and what the patient will need to be independent with (eg Oxygen)
  - ALF Staff is a great source of information
- PT: early and often!
- Home Care referrals from the hospital gets the service to the patient sooner
- Dietary restrictions cannot be enforced - only No Added Salt and Low Concentrated Sweets
- Always confirm if facility can manage a modified diet

Transitions: SNF to ALF

- SW coordination is again critical
- Avoid describing ALF as an extended rehab
- Ensure PCP is still following patient before discharge
- If newly moving to ALF, the “in-house doctor” doesn’t automatically assume care of patient

When it is time to move on:

1. resident needs continual medical care or has unstable medical condition with skilled nursing needs
2. serious and persistent mental disability
3. medical or psychiatric needs exceed the ALF abilities
4. repeatedly behaves in a unsafe manner for self or others
5. refuses to comply with policies or prescribed treatments
6. chairbound or bedbound in AL without enhanced services
7. needs assist with medical equipment, mobility or continence (w/o Enhanced)
8. has a communicable disease
9. personal care needs not able to be met by staff
10. engages in drug or alcohol use resulting in destructive behavior

In the time of COVID…

Lessons learned:

- Few ALFs have established infection prevention programs
- Staff has no experience with PPE beyond universal precautions
- Many places without nurses to perform swabs
- No medical provider to be able to order mass testing on residents or staff
- ALF population is inherently more difficult to quarantine than SNF
- ALFs are more likely to send infected residents to the hospital

In the Time of COVID…

COVID-19 Post Acute and Long Term Care- September 18, 2020

	Number of affected facilities	Total COVID-19 cases	Hospitalized	Deaths*
Nursing Homes	21	681	192 (28%)	205 (30%)
Assisted Living	12	127	81 (64%)	16 (13%)
Independent Living	11	17	12 (71%)	5 (29%)
Total		825	285 **(35%)**	226 **(27%)**

**deaths in post acute and long term care and hospital*

Slide from Dr. Ghinwa Dumyati, PACC meeting, 9/23/20.

The Upside of a Pandemic

Emphasis on Telemedicine

- Insurance carriers started covering visits
- Reduce infectious risk to resident
- Increase access of patient to provider
- Avoid hospitalization
- Improve perceived quality of care

Where do we go from here?

- ALFs need to embrace a blended model of care to include social and medical care
- ALFs should work with medical provider to expand telemedicine services and insurance companies should continue coverage
- ALFs need more training in infection control
- ALFs would benefit greatly from formal medical advice

THANK YOU!!