

Consumer Consortium On Assisted Living

STATEMENT OF

KAREN LOVE Chair, Board of Directors Consumer Consortium on Assisted Living

BEFORE THE UNITED STATES SENATE SPECIAL COMMITTEE ON AGING

Washington, DC: April 16, 2002

Chairman Breaux, Senator Craig, and members of the Committee, thank you for the

opportunity to speak today. I am here today on behalf of the Consumer Consortium on

Assisted Living and my Assisted Living Workgroup (ALW) colleagues. We commend

you for providing the unique opportunity to jointly work on assuring quality care for

those residing in assisted living communities.

I would like to present an image that highlights the humanity of the work before us.

Imagine if you went to see a play and the orchestra was seated in the first 5 rows of the

audience; the lighting and sound technicians were running cables, microphones, and

lights on the stage; set and costume changes were made before the audience; orchestra

members were talking out loud in between the musical interludes; and the director was

providing audible instruction to the actors and technicians. Can you imagine enjoying

such a play? Even worse, what if this 'play' was your everyday life?

Unfortunately, the typical long term care residential experience too often has functioned

like this play. Staff and their operations take *center stage* instead of the residents. The

provision of meals, housekeeping, maintenance, health care services and facility

administration should be behind the curtain and not detract from the 'living' experience

that makes up the everyday life of the individuals who reside in assisted living

communities.

The participants of the ALW represent the broad array of stakeholders in assisted living:

providers, consumers, consumer advocates, long term healthcare professionals,

Testimony to the Senate Special Committee on Aging by the Consumer Consortium on Assisted Living regulators, direct care staff, aging and long term care organizations, disability organizations, state and local government and others - over 50 national organizations. A

full list of participants is attached.

While there is great diversity among the ALW participants, our common ground centers

on assuring quality care for residents of assisted living. The ALW is working to develop a

report of consensus recommendations to present to this Committee in April 2003. We

have entitled this report "Assuring Quality Care in Assisted Living: Best Practices and

Guidelines for State Regulations, Federal Policy and Operations" in order to capture the

range of aspects being considered. Our work is focused on "setting the bar" for

regulations, policy, and operations.

The ALW decision process relies upon consensus-building. A two-thirds majority of

ALW participants moves a recommendation forward to a vote. Again, a two-thirds

majority is necessary to adopt a recommendation. Participants not able to adopt the

majority recommendation must form consensus on a minority position. The report will

clearly indicate the specific organizations agreeing to a recommendation, those

organizations having a minority position on a recommendation, and those organizations

that can not agree with either.

The ALW developed a working definition of assisted living [see attachment #2]. Six

topic groups meet at least once a month to discuss and work on the substantive issues

surrounding each topic. The topic groups are:

- ξ Resident Rights and Facility Ethics;
- ξ Staffing;
- ξ Medication Management;
- ξ Operations;
- ξ Direct Resident Care; and
- ξ Affordability

While the substantive issues are generally unique to each topic group, the ALW recognizes that there are a number of overarching interests that all topic groups should take into consideration as recommendations are crafted. These are: quality indicators, best practices, outcome measures, research, considerations for individuals with cognitive impairment, accountability, facility size, affordability, and education and training. A list of the key areas of discussion from each topic group is also attached.

As we work to develop consensus recommendations on state regulations, federal policy and facility practices, we need to be mindful of the need to focus on the 'living' experience for residents and not to accidentally place staff and services on *center stage*.

Thank you again for the opportunity to appear before the Committee today.

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Assisted Living Workgroup

WORKING DEFINITION OF ASSISTED LIVING -

A congregate residential setting that provides or coordinates personal services and care, 24-hour on-site support and assistance (scheduled and unscheduled), activities and health-related services by qualified individuals. It is designed to: minimize the need to move (as disclosed); accommodate individual resident's changing needs and preferences; protect resident's rights; maximize resident's dignity, autonomy, privacy, independence, choice, safety, quality of life, and quality of care; and encourage family and community involvement.

ALW TOPIC GROUPS and KEY ISSUES

ξ Resident Rights and Facility Ethics

- Autonomy
- Privacy (including private rooms)
- Resident and family councils
- Contracts
- Marketing practices
- Admission and discharge criteria
- Negotiated risk agreements
- Aging in place

ξ Staffing

- Training
- Skill development
- Qualifications
- Background checks
- Appropriate staffing levels
- Universal worker
- Human Resource practices
- Wages and benefits
- Volunteer and student orientation

ξ Resident Direct Care Services

- Care coordination
- Levels of service
- Resident assessments
- Service plans
- Dementia care
- Emergency medical services
- Advance directives
- Infection control

ξ Operations

- Nutrition and food services

- Activities
- Life safety
- Dementia safety and environment
- Emergency evacuation plans and drills
- Transportation
- Smoking policies

ξ Medication Management

- Administration
- Oversight
- Staff qualification and supervision
- Pharmacy criteria

ξ Affordability

- Medicaid waivers
- HUD Section 202s
- Public entitlement to assisted living