

**Statement of
Reverend Dean Painter
President and CEO of the Eaton Terrace Group**

INTRODUCTION

Good afternoon, Senator Grassley, Senator Breaux, and members of the committee. I am Reverend Dean Painter, President and CEO of the Eaton Terrace Group which owns and operates an assisted living residence and Section 8 congregate housing and independent living program for the elderly in Lakewood and Denver, Colorado. I serve on the board of the American Association of Homes and Services for the Aging (AAHSA) and as chair of the association's assisted living committee. On behalf of AAHSA's membership, I am pleased to present testimony that addresses quality and consumer protection issues in assisted living.

AAHSA is a national nonprofit organization representing more than 5,200 not-for-profit assisted living residences, continuing care retirement communities, senior housing facilities, nursing homes and community-based organizations that serve more than one million older persons daily. More than half of AAHSA's members are affiliated with religious organizations; the remaining members are sponsored by private foundations, fraternal organizations, government agencies, unions, and community groups. With strong community involvement and long-standing community ties, AAHSA and its members are deeply committed to providing quality care to the people we serve and to meeting the needs of these individuals in a manner that enhances their sense of self-worth and dignity, and that allows them to function at their highest possible levels of independence. For the past thirty-six years, AAHSA has been an advocate for the elderly and for a long-term care delivery system that assures all those in need of high quality services and quality of life.

Twenty-five percent of our members provide assisted living. Our members were providing assisted living long before the term became part of the long-term care vernacular. The roots of assisted living in the United States are found in the not-for-profit homes for the aging at the turn of the last century.

The GAO Report

The report of the General Accounting Office, which is the subject of this hearing, was requested to look at quality and consumer protection issues in assisted living.

The report is based on 622 survey responses from licensed assisted living communities nationwide and a review of consumer protection and quality of care issues in four states: California, Florida, Ohio, Oregon. The four state reviews included interviews with state licensing officials, ombudspersons, adult protective services staff and Medicaid fraud control units, if applicable, and an examination of reports of on-site surveys and inspections conducted by state licensing staff.

The GAO report affirms three basic, positive and widely-held beliefs about assisted living:

- 1) A wide variety of models exist which give consumers a desirable choice of settings;
- 2) State regulation is a workable approach for oversight; and
- 3) Consumer protection is the key to preserving both the flexibility and accountability of this service option.

Variety is Good. The GAO indicates that assisted living facilities exhibit a great degree of variety, which extends across states, within states and within local communities. Variety also exists in state regulatory requirements, services provided and type of physical structure.

The number and variety of options give consumers the choice they need in determining what is most appropriate to their circumstances. The varying needs of assisted living consumers necessitate a range of responses. The "typical" 82 year old woman residing in assisted living is a composite of many different people with a wide range of supportive and health related needs. The level of family support that may or may not supplement services differs. Financial needs may also vary.

State regulation works. GAO did not *discover* problems within assisted living. The GAO *disclosed* problems *already identified* by state agencies. Twenty-two states have licensing rules for assisted living. The remainder have regulations that govern assisted living, although the licensure category may be called by another name such as adult residential care. Although the GAO report did not address enforcement, we know from the report's account of state survey results that state agencies *are* inspecting assisted living facilities at the present time. Each year several states revisit their assisted living regulations. Sixteen states currently are studying or developing rules or have rules pending for assisted living, which signifies to us that regulation is keeping pace with developments in the field.

A commitment to consumer protection is required. Maintaining the variety and flexibility for which assisted living is known requires a high level of commitment to consumer protection by providers. Disclosure and assessment and service planning are key concepts of that consumer protection.

Disclosure

A variety of options, the hallmark of assisted living, presents a challenge to both consumers and providers. The consumer must choose a facility based on sufficient, accurate information about an assisted living facility so he or she may make the appropriate decision regarding his or her living and service arrangement.

Providers have an obligation to present accurate, precise and understandable information to consumers about their programs, including but not limited to:

- a description of the guiding philosophy of the assisted living program;
- the criteria for admission, transfer and discharge;
- a description of services offered by the residence and the fees for those services;
- a description of services that the residence will arrange to be provided by another organization and the fees for those services;
- a list of services that residents or their caregivers may provide or arrange to have provided and any time limitation associated with provision;
- services not provided;
- circumstances under which a resident's need for services will be reviewed, and if necessary, revised; and
- a copy of the statement of resident rights.

Marketing materials must be straightforward in describing the assisted living community and should not offer conflicting statements of who can be served and for how long.

AAHSA is strong proponent of disclosure in assisted living. The Association's manual "Operational Practices for Assisted Living," includes a sample resident contract that providers might use in developing their own resident agreements. The Assisted Living Quality Coalition, which is described below, includes a detailed section on resident application, contracts and agreements within its model guidelines. We believe that quality is achieved through a partnership between providers, consumers and other stakeholders where all are given the tools they need to improve quality and make informed decisions.

Resident Assessment and Service Plans

The process of screening and assessing a resident's needs, and developing and regularly updating a resident service plan, **is absolutely critical** to assure that residents receive the services they want and need in an appropriate manner. This process, also known as case management or care coordination is the foundation of a high quality assisted living program. Resident and family involvement is the key to assuring that the philosophy of assisted living is attained -- that is, the resident's autonomy, independence, dignity, and choice is maximized and respected.

At my facility, Eaton Terrace II, the assessment process begins with a seventeen page document which has evolved over ten years experience in evaluating the needs of frail elders. The purpose of the assessment is to: 1) assess the individual's level of acuity and whether his or her needs "fit" with our service package; and 2) to help us in getting to know the person better and to assist us in making the pending move less threatening and more comfortable.

The assessment is linked with a physician review and contact with home health care professionals, discharge planners (where the resident has been hospitalized) and family members. The resident's family is invited to participate in the assessment process, but is instructed not to answer for the resident because it is important that we learn how the potential resident perceives his or her level of functioning. If the prospective resident's answers indicate some degree of dementia, more complete data can be obtained elsewhere without causing discomfort and anxiety for the resident. If the assessment is favorable towards move-in, the last question we usually ask is: "We would be pleased to have you as a resident, but how do you feel about making a move to Eaton Terrace?"

It also must be pointed out that because many assisted living residents receive home health care services through Medicare certified home health agencies, the residents will also be assessed by the home health agency.

The resident assessment plays a critical and essential role in developing, with the resident's input, the initial service plan for his or her stay with us. The plan specifies what services are to be provided, in what amount, how often and for how long. For example, a typical service plan might specify that a resident needs help with bathing three times a week and that according to the resident's preference, the assistance shall be provided in the morning and shall consist only of help getting in and out of the tub.

The initial assessment is used as a baseline for evaluating a change in health status or behavior during occupancy. At Eaton Terrace II, we use a case management team to develop and modify the service plan to assure that it addresses the resident's current needs and preferences. The plan may be modified to address a resident's change in acuity and, at times, to determine whether the resident's needs exceed the ability of our program, staff and licensure requirements. In several instances, review of the resident's service plan resulted in a move to our congregate facility because of improved status. At other times, it has resulted in transfer to rehabilitative or skilled care when home health services were no longer

sufficient to meet the individual's needs or safety.

The assessment and service plan development process fosters a holistic or "wellness" approach to care in which the resident is encouraged to function at a maximum level of independence. Further, because a wellness approach to assisted living says, "We will help you take care of yourself rather than "we will take care of you," it requires a partnership between residents and providers that enables, encourages and expects residents to actively engage in all decisions about their lives. The resident has ownership and choice in the development of a service plan, enhancing his or her sense of self-worth and dignity. Residents and providers work together to maximize the resident's quality of life resulting in greater resident and family satisfaction.

Several years ago, when AAHSA was developing its "wellness model" of assisted living, it interviewed close to fifty assisted living providers across the country. They were in universal agreement over the importance of incorporating an assessment and service planning process into assisted living operations. AAHSA's wellness model that's outlined in our "Operational Practices for Assisted Living" includes an aggressive case management strategy that assures early detection of potential problems and timely intervention to avoid an acute care episode. At Eaton Terrace II, we have found that medication monitoring, good nutrition, increased socialization and physical activity, and prompt response to changes in resident status can reduce the number of emergency room visits, hospital days and utilization of the acute care system.

The GAO study found that state regulation and provider practice varies in how assessment service planning should be or is conducted. According to "State Assisted Living Policy: 1998" prepared by the National Academy for State Health Policy, all but two states require providers to conduct a resident assessment and most all those require that it be conducted prior to move-in. Of the two that don't specify resident assessment as a requirement, one (Colorado) requires that a service plan be developed. The point is that while the method may vary, states are requiring and providers are conducting resident assessments and service plans to assure that the provider is capable of meeting the resident's needs and has a conscious plan for doing so.

Making a Good System Better

Many of you are aware of the Assisted Living Quality Coalition, a group of six national consumer and provider organizations that began working together over three years ago to develop a new approach for achieving quality in assisted living. The Coalition consists of

AAHSA, AARP, the Alzheimer's Association, the American Seniors Housing Association, the Assisted Living Federation of America and the National Center for Assisted Living of the American Health Care Association. The Coalition developed a quality initiative for the industry through the input of countless stakeholders.

The initiative is outlined in the Coalition's 1998 consensus report, *Assisted Living Quality Initiative: Building a Structure that Promotes Quality*. The report presents an overall framework for a quality improvement system and includes many recommendations. The report includes model guidelines that states might use in the development of state standards. The guidelines provide a definition of assisted living, and describe the philosophy, services, environment, and consumer protections that should be required of assisted living providers.

The Assisted Living Quality Coalition's model state guidelines stress individual choice and the ability to age in place. As a consequence, much specificity that is usually included in standards for long-term care

setting is left to negotiation between residents and providers in the service plan. Because of this emphasis, the coalition views assessment, monitoring and service coordination as essential and provides some detail on how service plans should be developed, negotiated and updated in their guidelines. Mr. Chairman, I have a copy of the Coalition's report that I'd like to submit for the record.

Throughout development of its initiative, the Coalition focuses on the goal of providing the highest quality of life possible for those living in assisted living settings. Paramount was the concern that the needs and preferences of the consumer remain at the center of the delivery of assisted living as the industry grows and matures. The Coalition believes that the core of any effort to preserve the assisted living model in the future must focus on ensuring that providers retain needed flexibility in providing assisted living services. Further, the Coalition believes that quality improvement efforts must focus on key outcome measures. It is Coalition's hope that the initiative will offer a new way for consumers, providers, government and third party payers to work together to foster a system that responds to the unique needs of each resident.

The Coalition currently is preparing to study the feasibility of establishing an independent National Assisted Living Quality Organization proposed in our initiative. This would be central to developing the needed information sources and managing the quality improvement system we envision. The Coalition is also holding an Assisted Living Outcome Measures Summit in June 1999, to obtain and share the most current information on the status of outcome measures.

CONCLUDING REMARKS

Mr. Chairman and members of the committee, we urge you to recognize the importance of assisted living as a residential and services option for America's elderly. We urge you to recognize that the present state regulatory environment allows innovation and creativity to flourish, which ultimately gives the consumer more options from which to choose. We believe that this environment must continue. We urge you to consider the consumer-centered, outcome based approach to quality outlined in the Assisted Living Quality Coalition's initiative.

In the future we need to look at how long-term care is financed in this country, so that everyone has access to the supportive services and care they need, while remaining as independent as possible. Assisted living has and will play an important role in providing these opportunities.

We thank you for this opportunity to share our views.