

constitute the fundamental appeal of AL as a LTC program (AL Workgroup). Initiatives should include:

- Increasing the affordability of AL for low-income persons through expansion of the AL Medicaid waiver and Department of Housing and Urban Development (HUD)-funded programs related to AL
  - Increasing SSI payments to cover the room and board costs of AL, allowing family members to provide supplemental support for AL residents, and creating national- and state-level public and private initiatives to enhance incentives (tax credits) for affordable AL development
  - Developing AL reimbursement formulas, similar to those for nursing homes, based on solid cost and outcomes data
  - As a general guideline, setting AL reimbursement at 65% of nursing home care, with higher level funding for residents with extensive healthcare needs
  - Campaigning for public support of AL
- AL is sustained largely by the fact that many older people very much prefer it to nursing home care and may, in many cases, find it preferable to home care.
  - It would not take the application of very many nursing home-style regulations, however, to make AL substantially less affordable and far less attractive than it has proven to be over the last 10 years.
  - Every effort should be made to contain these risks by putting the perspective of the consumer foremost in developing regulation and by supporting rigorous research to support sound, rational policy development.
  - The research on AL is already more extensive than for nursing homes and in-home care at similar stages in their development, and it is better able to inform policy.
  - This research and the appeal of the AL philosophy is influencing nursing home (culture change) and in-home (consumer direction) policies. AL is a great LTC success story, but we cannot be complacent.
  - Maintaining an appropriate balance in AL policy, especially regulation, will always be a demanding task, but continuing research and adhering to the consumer perspective can provide essential guidance.

## References

1. Hawes C, Phillips CD, Rose M, Holan S, Sherman M. A national survey of assisted living facilities. *Gerontologist*. 2003;43(6):875-882.
2. Zimmerman S, Sloane PD, Williams CS, et al. Dementia care and quality of life in assisted living and nursing homes. *Gerontologist*. 2005;45 Spec No 1(1):133-146.
3. Ball MM, Perkins MM, Whittington FJ, et al. Managing decline in assisted living: the key to aging in place. *J Gerontol B Psychol Sci Soc Sci*. 2004;59(4):S202-S212.
4. Hawes C, Phillips CD. High service or high privacy assisted living facilities. Their residents and staff: results from a national survey. Report prepared for the US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Disability, Aging, and Long-Term Care Policy (ASPE) and Research Triangle In-

stitute. November 2000. Available at: <http://aspe.hhs.gov/daltcp/reports/hshp.htm>. Accessed January 5, 2007.

5. Kane R, Baker M, Veazie W, Solomon J. Consumer perspectives on private versus shared accommodations in assisted living settings. Washington, DC: American Association of Retired Persons, Public Policy Institute; 1998.
6. Kane RL, Bershadsky B, Kane RA, et al. Using resident reports of quality of life to distinguish among nursing homes. *Gerontologist*. 2004;44(5):624-632.
7. Reinhard SC, Young H, Kane RA, Quinn WV. Nurse delegation of medication administration for elders in assisted living. New Brunswick, NJ: Rutgers Center for State Health Policy. The Institute for Health, Health Care Policy, and Aging Research; June 2003. Available at: [www.cshp.rutgers.edu/PDF/Nurse%20Delegation%20of%20Med%20Admin%20for%20Elders%20in%20AL.pdf](http://www.cshp.rutgers.edu/PDF/Nurse%20Delegation%20of%20Med%20Admin%20for%20Elders%20in%20AL.pdf). Accessed January 5, 2007.
8. Morgan LA, Eckert JK, Gruber-Baldini AL, Zimmerman S. Policy and research issues for small assisted living facilities. *J Aging Soc Policy*. 2004;16(4):1-16.
9. Zimmerman S, Sloane PD, Eckert JK, et al. How good is assisted living? Findings and implications from an outcomes study. *J Gerontol B Psychol Sci Soc Sci*. 2005;60(4):S195-S204.
10. Salmon JR. Affordable assisted living facilities: government-sponsored benefits for reimbursing assisted living services, room, and board. Report conducted for the Department of Elder Affairs, Committee on Affordable Assisted Living Facilities. Tampa, FL: Florida Policy Exchange Center on Aging; April 2003. Available at: [www.fpeca.cas.usf.edu/chltc/PDF\\_Files/Affordable\\_Assisted\\_Living\\_Facilities\\_%20Final\\_Report\\_April\\_2003.pdf](http://www.fpeca.cas.usf.edu/chltc/PDF_Files/Affordable_Assisted_Living_Facilities_%20Final_Report_April_2003.pdf). Accessed January 4, 2007.
11. Stearns S, Morgan L. Economics and financing. In: Zimmerman S, et al., eds. *Needs, Practices and Policies in Residential Care for the Elderly*. Baltimore: Johns Hopkins University Press; 2001:78-91.
12. Zimmerman S, Eckert J, Morgan L, Gruber-Baldini A, Mitchell C, Reed P. Promising directions in assisted living research. Paper presented at: 55<sup>th</sup> Annual Meeting of the Gerontological Society of America; 2002; Boston, MA.

---

## AL Resident Assessment and the Future of LTC

Joan Hyde, PhD

A preliminary survey of state-mandated assessment tools for AL finds a variety of tools in use. Seventeen states use uniform resident assessment tools (Table 1).

### Varieties of Assessment Domains and Tools

- Variants of the Minimum Data Set (MDS)
- Physician assessments, primarily targeted at certifying that a resident is appropriate for AL as codified in that state
- "Leveling" for use in Medicaid reimbursement
- Service plan-based assessments (eg, which services are needed, especially for ADL and medication assistance)

### Interactive Resident-centered AL Assessment Tools

The MDS assessment tool was developed for use in

**Table 1. States Requiring Standardized Assessment Tools**

State	Name of tool	Which department regulates assessments	Who completes the assessment	When is the assessment completed?
Delaware	Uniform Assessment Instrument (UAI)	Department of Health and Social Services, Division of Long Term Care Residents Protection	Registered nurse	At move-in and on ongoing basis
District of Columbia	Individualized Service Plan	Department of Health, Health Regulation Administration		
Idaho	Uniform Assessment Instrument (UAI)	Department of Health and Welfare	If resident is private pay, a trained employee from the AL facility completes the assessment. If the resident is a member of the Department of Health and Welfare, the department completes the assessment.	Within 14 days of admission, every 12 months after initial assessment; when there is a significant change in resident's medical or mental status
Kansas	Resident Assessment Instrument (RAI)	Department on Aging	Licensed nurse, social worker, or administrator	
Maine	Medical Eligibility Determination (MED)	Department of Health and Human Services, Office of Elder Services	Independent agency	Within 30 days of move-in and every 6 months thereafter
Maryland	Assisted Living Assessment and Scoring Tool	Department of Health and Mental Hygiene, Office of Health Care Quality	AL manager or designee	
New Hampshire	Resident Assessment Tool (RAT)	Department of Health and Human Services, Office of Program Support, Health Facilities		Prior to admission and every 6 months or when there is a significant change in the needs of the resident
New York	Individualized Service Plan	Department of Health, Division of Home and Community Based Care	AL operator in consultation with the resident's physician	Prior to admission and every 6 months or when there is a significant change in the needs of the resident
North Carolina	Adult Care Home Personal Care Physician Authorization and Care Plan	Department of Health and Human Services, Division of Facility Services	Multi-unit assisted housing with services (MAHS) provider to make sure that AL can meet the needs; then in-depth assessment by administrator	Within 72 hours of move-in and then at 30 days and every 12 months thereafter
Pennsylvania	Adult Residential Licensing Personal Care Preadmission screening and Personal Care Home assessment	Department of Public Welfare, Division of Personal Care Homes	Personal care home administrator, human service agency, or designated personal care home (PCH) staff member	Preadmission screening: within 30 days prior to admission Assessment: within 15 days of admission and every 12 months following or when there is a significant change in the needs of the resident

nursing homes. It is designed to be filled out by nurses using medical findings and data. A different type of assessment tool (AlphaPLAN) was developed by the author that uses staff interviews with residents and their families, a more interactive, resident-centered model.

It is difficult to compare such interactive assessment tools with MDS tools in terms of interrater reliability and validity. However, a study by the author found that, in fact, the assessment tools embedded in the AlphaPLAN software are highly correlated with MDS scores.

**How Do Stakeholders Use Assessment Data?**

- Overwhelmingly, regulators simply check that data are in the records.
- Physicians, nurses, and other AL staff fill out required forms and put them in the record. This may or may not influence the service planning or actual services provided.
- Little research can be done using these "data"—researchers typically reevaluate populations being studied.

State	Name of tool	Which department regulates assessments	Who completes the assessment	When is the assessment completed?
Rhode Island	Assisted Living Residential Initial Assessment	Department of Health Facilities, Regulation Division	AL administrator	Prior to admission, every 12 months after admission, and when there is a significant change in the needs of the resident
South Dakota		Department of Health, Office of Health Care Facilities Licensure and Certification		At the time of admission, 30 days after admission, and annually
Utah	Resident Assessment	Department of Health, Facility Licensing, Certification and Resident Assessment	Healthcare professional from a personal care agency	Prior to admission, annually, and when there is significant change in the needs of the resident
Vermont	Vermont Residential Care Home/Assisted Living Residence Assessment Tool (RCHRAT)	Department of Aging and Disabilities, Division of Advocacy and Independent Living	Registered nurse	14 days after receipt of the clinical certification and transitional service plan or admission
Virginia	Virginia Uniform Assessment Tool	Department of Social Services, Division of Licensing Programs	Department (those receiving care by auxiliary grants) and administrator (private pay)	Prior to admission, annually, and when there is a significant change in the needs of the resident
Washington	Dementia Specialty Placement Criteria  CARE tool (for all LTC facilities)	Department of Social and Health Services, Aging and Disability Services Administration	Assessor who has either a master's or a bachelor's degree in social services and has 2 years' experience working with adults who have functional or cognitive disabilities, or a registered nurse or physical therapist with a valid Washington state license. If the resident services are being paid by the department, an authorized department case manager will handle the assessment. Both assessments are completed using a software program installed on individual laptops.	Prior to move-in and 14 days from day of admission
Wisconsin	Resident Assessment Instrument	Department of Health & Family Services, Division of Disability and Elder Services, Bureau of Quality Assurances, Assisted Living Section	Administrator	Prior to admission

NOTES: Idaho uses some of the information provided by the assessment to provide tax payers information of the characteristics of elderly clients and those with physical, developmental, and mental disabilities along the full spectrum of services.  
Most of the information from the assessments is only used for inspections and surveys required by the state. The information from the assessments is kept very private to follow HIPAA. The spaces above represent the lack of knowledge of the state departments regarding the assessment process in assisted living facilities.

### What Value is MDS-like Assessment in AL?

If MDS-like assessments were adapted in the AL environment, both positive and negative impacts would be felt.

#### Positive Impacts

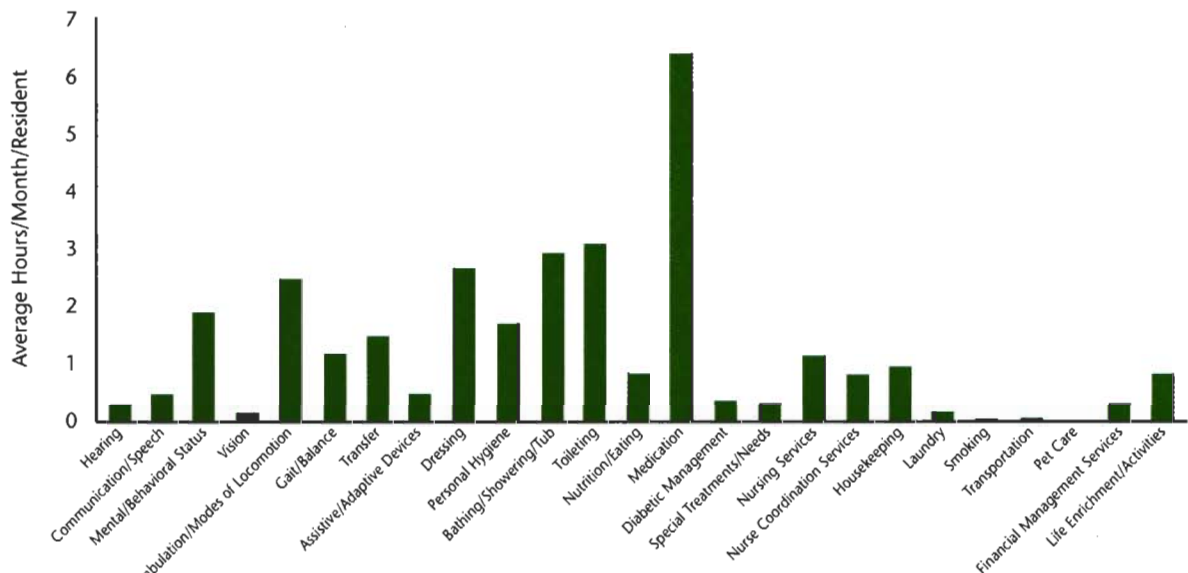
- Medicaid and other third-party payers may be more willing to pay for AL if they can measure acuity and obtain services for high-acuity residents in less costly settings.
- Consumers may find that they have more flexibility and better information for choosing the setting that is best for their needs.

- Researchers will be better able to compare outcomes across settings.

#### Negative Impacts

- If MDS-like assessments are used to "rate" AL quality (ie, to compare falls, hospitalizations, etc.), AL providers may attempt to select healthier residents to keep their scores high.
- The consumer-driven philosophy of AL will be diluted and AL will become "nursing home-like."
- The cost of AL will increase without adding value

**Table 2. Resident-centered Data Analysis Using Vigilant® Software\***



\*Vigilant, Incorporated. © 2006. Vigilant conducted the variable-data, resident-centered study in August, 2006. Included were 5371 residents in 61 AL communities in 17 states. These data are useful for determining staffing needs and developing resident programs.

because staff time is used to fill out forms.

**What is Value of Resident-centered and Variable Assessment in AL?**

The impact of resident-centered and variant assessment in AL would be both negative and positive. For example, one use of resident-centered assessment (Table 2) is to understand the overall needs of the total resident population when planning staffing and programs.

**Negative Impacts**

- Difficulties in benchmarking the relationship of structure and process to outcomes will make it more difficult for regulators, researchers, providers, and consumers to determine effective practices.
- Differentiation between better and worse performers will remain difficult.

**Positive Impacts**

- Residents and their families will be able to determine what services are or are not of value to them based on their personal definition of “good outcomes.”
- The AL philosophy will continue to infiltrate other sectors of the LTC system.

ALC

**References**

1. Lawton MP, Casten R, Parmelee PA, Van Haitsma K, Corn J, Kleban MH. Psychometric characteristics of the minimum data set II: validity. *J Am Geriatr Soc.* 1998;46(6):736-744.
2. Gruber-Baldini AL, Zimmerman SI, Mortimore E, Magaziner J. The validity of the minimum data set in measuring the cognitive impairment of persons admitted to nursing homes. *J Am Geriatr Soc.* 2000;48(12):1601-1606.

**Brief Bibliography**

Aud MA, Rantz MJ, Zwiygart-Stauffacher M, Manion P. Developing a residential care facility version of the observable indicators of nursing home care quality instrument. *J Nurs Care Qual.* 2004;19(1):48-57.

Casten R, Lawton MP, Parmelee PA, Kleban MH. Psychometric characteristics of the minimum data set I: confirmatory factor analysis. *J Am Geriatr Soc.* 1998;46(6):726-735. 46.6 726-735.

Hyde J. Resident centered information system for assisted living. Presentation at the Paris Conference of the International Society for Quality in Healthcare. Paris: November, 2002. Available at: [www.isqua.org.au/isquaPages/Conferences/paris/ParisAbstractsSlides/Wednesday/A08/ppt%20pdf/253Hydeppt.ppt.pdf](http://www.isqua.org.au/isquaPages/Conferences/paris/ParisAbstractsSlides/Wednesday/A08/ppt%20pdf/253Hydeppt.ppt.pdf). Accessed January 5, 2007.

National Center for Assisted Living (NCAL) Assisted Living State Regulatory Review 2006. Washington, DC: NCAL; 2006. Available at: [www.ncal.org/about/2006\\_reg\\_review.pdf](http://www.ncal.org/about/2006_reg_review.pdf). Accessed January 75, 2007.