



# *Assisted Living Workgroup Participating Organizations*

## **ACCREDITING ORGANIZATIONS**

CARF-CCAC  
Joint Commission on Accreditation of  
Healthcare Organizations

## **AGING/LONG TERM CARE ORGANIZATIONS**

American Geriatrics Society  
National Academy of Elder Law Attorneys  
National Adult Family Care Organization  
National Association of Professional Geriatric  
Care Managers  
National Council on Aging  
Pioneer Network

## **CONSUMER ADVOCATES**

AARP  
American Bar Association Commission on Law  
and Aging  
Alzheimer's Association  
Consumer Consortium on Assisted Living  
Center for Medicare Advocacy  
National Association of Local Long Term Care  
Ombudsmen  
National Association of State Ombudsman  
Programs  
National Association for Continence  
National Citizens' Coalition for Nursing Home  
Reform  
National Committee for the Prevention of Elder  
Abuse  
National Committee to Preserve Social Security  
and Medicare  
National Senior Citizens Law Center  
NCB Development Corporation, The Coming  
Home Program

## **DISABILITY COMMUNITY**

National Multiple Sclerosis Society  
Paralyzed Veterans of America  
United Cerebral Palsy

## **HEALTH CARE PROFESSIONALS**

American Academy of Home Care Physicians  
American Assisted Living Nurses Association  
American College of Health Care Administrators  
American Medical Directors Association  
American Occupational Therapy Association  
American Physical Therapy Association  
American Society of Consultant Pharmacists  
Consultant Dietitians in Health Care Facilities  
National Association of Activity Professionals  
National Association of Social Workers  
National Network of Career Nursing Assistants  
National Conference of Gerontological Nurse  
Practitioners  
National Hospice and Palliative Care  
Organization

## **PROVIDER ASSOCIATIONS**

American Association of Homes and Services for  
the Aging  
American Association of Service Coordinators  
American Seniors Housing Association  
Assisted Living Federation of America  
Catholic Health Association of the United States  
National Association for Home Care  
National Center for Assisted Living

## **REGULATOR ASSOCIATIONS**

Association of Health Facility Survey Agencies  
National Association for Regulatory  
Administration

## **STATE/LOCAL GOVERNMENT**

National Association of State Units on Aging

## **OTHER**

American Institute of Architects

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## *Assisted Living Workgroup Steering Committee*

### AARP

American Assisted Living Nurses Association  
American Association of Homes and Services for the Aging  
American Medical Directors Association  
American Seniors Housing Association  
Assisted Living Federation of America  
Association of Health Facility Survey Agencies  
Consumer Consortium on Assisted Living  
National Association of State Ombudsmen Programs  
National Center for Assisted Living  
National Citizens' Coalition for Nursing Home Reform  
The NCB Development Corporation/Coming Home Project  
Pioneer Network

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### AO.01 Center for Excellence in Assisted Living

#### Recommendation

A national Center for Excellence in Assisted Living (CEAL) should be formed and funded to continue the work of the Assisted Living Workgroup and serve as an ongoing information clearinghouse and shall include a governing board comprised of key stakeholders.

The CEAL should foster and develop the following: 1) performance measures, including measures of clinical outcomes, functional outcomes, staff and resident\* satisfaction; 2) updated versions of the ALW recommendations and report; 3) dissemination of these tools that are developed; 4) practice protocols to deal with identified problem areas. The CEAL should also develop capacity to provide technical assistance to states, at their request, for integration of outcome measures and the ALW recommendations; identify and promote areas for research AL; and utilizing objective quality measures and data, provide a regular report to Congress and the nation regarding the state of the assisted living industry.

An additional role of the CEAL is to develop a means of reporting quality information about ALRs in ways that are useful to various constituents.

The governing board of the CEAL should include balanced representation ensuring no one group dominates the board. The groups represented should include: 1) consumers and their advocates, 2) providers, 3) state officials, 4) other professionals working in long term care.

#### Implementation

Guideline for Federal Policy

#### Rationale

Promoting quality in assisted living requires developing better information tools for all constituents—to foster autonomy for consumers, innovation among providers, and informed decision-making among government officials.

**Consumers:** Consumers and their families considering assisted living need information about quality that would allow them to make informed choices among alternatives. Those consumers who live in assisted living need a mechanism to express their satisfaction or dissatisfaction in ways that feed into management practices, state enforcement, and quality reports for other potential consumers.

**Supervisory and Direct Care Staff:** Quality services are a function of able and committed staff. Staff satisfaction and retention of staff are vital to the continuity of services. Supervisory and direct care staff should be consulted on structure and performance measures and process considerations, including staff scheduling, the appropriateness of workload standards, the availability of supplies and equipment, continuing education for staff.

**Providers:** Providers shall focus on quality outcomes in their day to day management and

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operations. Outcomes measures developed by the CEAL should be useful to providers in evaluating their performance and identifying areas for improvement. Practice protocols could help providers develop more effective interventions in problem areas.

**State Enforcement Agencies:** States have the primary responsibility for overseeing quality and enforcing minimum standards for assisted living. The CEAL would have responsibility for updating the guidelines for states on minimum standards. Over time, the effectiveness of these standards should be measured against outcomes measures validated by the CEAL. Quality indicators may be one type of outcomes measure that the CEAL could validate for use by state regulators to ensure more continuous monitoring and more timely and effective interventions.

**State and Federal Funding Agencies:** State and federal governments have shown increasing interest in providing public reimbursements to assisted living, especially through the Medicaid program and various housing programs. Outcomes measures and the guidelines for state minimum standards should provide benchmarks to evaluate state efforts to assure quality—making sure that increased federal funding is used appropriately.

**State and Federal Elected Officials:** Members of Congress and state legislators have a responsibility to oversee assisted living and to develop policies affecting the industry. An annual report on the state of quality identifying areas for policy development would help policy decision-makers do their jobs, based on accurate and timely information. The CEAL could serve as an ongoing source of information on quality issues for elected officials as well as other constituents.

**Governing Board:** Broad acceptance of the recommendations of the CEAL will require broad and balanced representation on the governing board. Further, the governing board should be an independent decision-making entity rather than affiliated with a governmental body.

**Funding by Congress:** The independence of the CEAL will be critical to its credibility. Congressional funding of the core operations of the CEAL would enable the organization to begin offering services sooner and would help guarantee the independence of the organization. The CEAL may, with approval of its board, seek other funding to sponsor research, help disseminate information, and carry out other functions that it may identify.

**Organizations Supporting This Recommendation**

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, Assisted Living Federation of America, American Medical Directors Association, Catholic Health Association of the United States, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Association of Activity Professionals, National Association of Home Care, National Association of Professional Geriatric Care Managers, National Association of Social Workers, National Adult Family Care Organization, Pioneer Network

**Organizations Opposing This Recommendation**



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American Seniors Housing Association, Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Academy of Elder Law Attorneys, National Association for Regulatory Administration, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition for Nursing Home Reform, National Senior Citizens Law Center, National Committee to Preserve Social Security and Medicare, National Senior Citizens Law Center

**Organizations Abstaining From the Vote on This Recommendation**

None

**Supplemental Positions for AO.01**

1) We dissent. This recommendation would establish a private group to perform many functions that are now tasked to public regulatory agencies. We oppose this recommendation because its full implementation would transfer a government function to a private organization with a nebulous governing structure.

The recommendation also would allow the CEAL to solicit contributions for its work, but has no requirements prohibiting conflicts of interest. The provider community would clearly be in a position to make contributions, thus directing the areas of research and potentially affecting research outcomes

*Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association for Regulatory Administration, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center*

2) The undersigned strongly support Accountability and Oversight AO.1 as written for the following reasons:

- To address the on-going quality of assisted living, a national organization is necessary to research and disseminate information and best practices. The CEAL's role as an objective resource to develop and/or validate outcome measures is especially important if these measures are to assume a significant role in quality monitoring.
- A national resource is necessary to continually update standards as better methods of delivery and quality monitoring (e.g., outcome measures) are developed or problems are identified.
- A national organization is needed to develop and disseminate technical assistance to states regarding best practices in regulation and monitoring and to providers regarding operations.
- The products of the CEAL (e.g., regulatory updates, outcome measures, best practices in operations) will benefit all consumers and providers but will be especially useful to affordable assisted living residents and providers. The replacement of process oriented requirements with outcome measures holds great promise to allow greater flexibility in meeting consumers' needs and preferences while allowing providers to run the most affordable operation possible. Likewise, best practice technical assistance will allow states and providers to deliver high quality affordable assisted living.
- Public funding is necessary and appropriate for this function, especially as more federal funding is directed to ALRs.

*AAIRP, Alzheimer's Association, American College of Health Care Administrators, NCB Development Corporation, Consumer Consortium on Assisted Living, National*

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*Multiple Sclerosis Society, Pioneer Network*

3) The rationale for this recommendation specifies: "States have the primary responsibility for overseeing quality and enforcing minimum standards for assisted living." We support states continuing their current roles of overseeing assisted living. We support and encourage the creation of Centers for Excellence in Assisted Living (CEAL) in each state and adopting the goals outlined above.

*American College of Health Care Administrators, American Seniors Housing Association, National Center for Assisted Living*