

EXPANDING THE LONG-TERM CARE CONTINUUM: ASSISTED LIVING AND SOCIAL WORK PRACTICE

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BACKGROUND:

Given the choice, the majority of older Americans would prefer to age in their homes, rather than live in institutional settings (Administration on Aging [AoA], 1998). Although many older individuals are fortunate to live out their lives in their own homes, it is not always possible for them to do so. There are many reasons older people decide to re-evaluate their housing situations and consider alternatives. For example, living alone can be socially isolating or inconvenient; maintaining a home can be costly and a burden; health problems or cognitive decline may make independent living a struggle; and personal safety could be at risk. In addition, some communities may not have the necessary services and resources available to help support and maintain older individuals at home.

Assisted living is often a viable alternative for individuals who are no longer able to remain living in their own homes, but who do not require the level of service provided in nursing facilities. Assisted living refers to a type of care that combines housing and services in a residential environment, and strives to maximize residents' individual functioning and autonomy. In contrast to the nursing home environment, the concept of assisted living was born out of the hospitality industry, and has typically served those with minimal or unskilled care needs. There is no current, standard definition of assisted living. While states have varying definitions, assisted living is generally defined as a long-term care alternative for those who need more assistance than is available in a retirement community, but who do not require the skilled medical and nursing care that is typically provided in a nursing facility (National Center for Assisted Living [NCAL], 2001).

Although assisted living is a relatively new component of the long-term care arena, it is also one of the most rapidly growing segments of the long-term care continuum. Several factors are contributing to the increased interest in assisted living as a long-term care option: the growth in the population of older persons; the demand for a variety of long-term health care services; the preference for alternatives to nursing home placement; the desire of older persons to age in place; and changes in family structure (such as families living at a distance) that have resulted in a decrease in social support networks (AARP, 1999; AoA, 1998).

As the number of individuals residing in assisted living continues to rise, there will be a greater demand for social workers to serve those who are residing in assisted living environments. In an effort to enhance the effectiveness of social workers and others caring for older adults, this practice update will explore some of the policy and practice issues surrounding this unique and rapidly growing component of the long-term care continuum.

ABOUT ASSISTED LIVING: Philosophy

The philosophy of assisted living is consistent with the values of social work, in that there is an emphasis on personal dignity, autonomy, independence, and privacy (Williams, 2002). The primary objective of assisted living is to maintain or enhance residents' capabilities so that they can remain as independent as possible in a home-like environment. Assisted living is best suited to those who require some day-to-day assistance, but still want to preserve their independence. Assisted living, as a rule, is not designed to serve persons requiring 24-hour skilled care or ongoing medical monitoring (AARP, 1999).

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Profile of Residents

More than 900,000 residents are reportedly living in assisted living facilities (Mollica, 2002). According to the National Center on Assisted Living (2001), the typical assisted living resident is a woman between 75 and 85 years of age who is mobile, but needs assistance with an average of two activities of daily living. Many residents, although not acutely ill, require an array of personal, supportive, and health care services. Estimates suggest that at least half of those who reside in assisted living have dementia or some cognitive impairment (Kopetz, et al., 2000).

Services

The assisted living model is dynamic, and there is a wide array of services that are offered to meet residents' individual care needs. Models of service can vary from a social model to that of a more medically oriented model of care. Assisted living residences typically provide or coordinate 24-hour supervision, group meals, and personal care services to help with activities of daily living (ADLs), including: bathing, toileting, dressing, and eating. Other services may include social services, limited health care services, supervision of persons with cognitive impairments, housekeeping, recreational activities, exercise and educational activities, laundry and linen service, medication management, arrangements for transportation, limited assistance with financial management, and an emergency call system (NCAL, 2001). Although it is advantageous for assisted living facilities to offer a broad spectrum of services, assisted living may not be the best long-term care option for every situation. There are limitations as to who can best be served in an assisted living facility. Some older adults may require a level of care that either cannot be provided in this environment, or is cost prohibitive.

Costs

Costs for assisted living residences vary greatly and depend on the size of the unit, the services provided, and the location. For example, an efficiency unit will cost much less than a spacious one-bedroom apartment with a full kitchen. Most assisted living residences charge a monthly fee for rent and services. Some residences charge additional fees for services that are not included in the basic rent, such as extra housekeeping services, local transportation, or personal care beyond the standard level of care that is offered. They may also require a one-time entrance fee. All assisted living residences accept residents who pay for services privately, and an increasing number of long-term care insurance policies will cover some of the costs for assisted living. Assisted living is not covered under Medicare. However,

many states are incorporating assisted living into their public long-term care systems, typically through Medicaid waivers.

Staffing

The number and level of staff employed by assisted living residences varies and is based on several factors, including state regulations, the number of people living in a particular facility, and residents needs. The staff may be employed by the facility directly, or may be outsourced from an agency. Facility staff may include administrators, nurses, certified nursing assistants (CNAs), personal care attendants, activity directors, marketing personnel, food service, and maintenance personnel. Contract staff may include clinical social workers, physicians, podiatrists, dietitians, and physical therapists (NCAL, 2001).

Regulation of Assisted Living

In contrast to nursing homes, assisted living residences are not defined or regulated by the federal government. Instead, states have their own established laws and regulations. Some, but not all, states have licensing requirements for assisted living facilities. Consumers should be aware that states vary significantly in their requirements, quality standards, and monitoring and enforcement activities (AARP, 1999; NCAL 2001). Since there is no standard definition of assisted living, there is no consensus regarding how government policies should balance concerns of appropriate consumer protection versus the regulation of this emerging option of long-term care.

IMPLICATIONS FOR SOCIAL WORK:

The scope of residential long-term care options is expanding to meet the needs of our nation's growing older population. As practitioners working with older adults and their families, social workers are aware of the increasing attention on assisted living and are in an excellent position to help older persons and their families understand the benefits and risks of assisted living as an option for care.

The decision to enter an assisted living facility is usually made after a crisis when there are pressures to choose a facility quickly. However, the concerns that cause a placement into a facility will still need to be addressed once the individual is admitted. Additional concerns may also arise because of the nature of the setting itself and how services are delivered. The transition that older persons and their families face when an individual moves from the

community to an institutional setting is a difficult one. Moving out of one's home may result in leaving friends, changing routines, and has potential to produce a great amount of anxiety, anger, and feelings of loss. Social workers can be enormously helpful in making sure that the facility is a good match to meet the older person's needs, while also helping the elder's family to feel comfortable with the move.

Social workers are a natural fit for helping families and older adults address multiple issues related to assisted living. There are many roles for social workers in assisted living as family counselors, case managers, facility administrators, marketers/admissions counselors, discharge planners, consultants, care coordinators, staff trainers, and clinicians—just to name a few (Franks, 2002; Williams, 2002). Administrators, owners, and staff of assisted living facilities, in turn, would greatly benefit from being aware of how to best utilize the services of social workers to help residents with psychosocial issues, such as depression, grief, loss, anxiety and other mental health issues. These concerns are often unrecognized, misdiagnosed, and mistreated in assisted living (Feinberg, 2002; Franks, 2002).

Professional social workers in assisted living facilities currently serve in a less formalized capacity than their colleagues in nursing homes, hospitals, home care, and adult day programs (Williams, 2002). This fact may be related to the lack of regulations that specify staffing levels in assisted living. As assisted living facilities admit more residents with increasingly complex needs, and as existing residents age in place, the role of social work will become an invaluable component of providing basic services for care (Williams, 2002). Clearly the need for policies to clarify the definition and guidelines for the provision of care will become more critical as the interest in assisted living continues to grow (Cummings, 2002). National and state policymakers will face increasingly difficult decisions with respect to the services, regulation and financing of assisted living, particularly with regard to the extent to which it should provide health and mental health services to frail elders.

Questions to ask when considering assisted living:

- Is the facility licensed and accredited?
- What are the admissions criteria?
- What are the restrictions on medical or psychiatric conditions under which a resident can be admitted and continue to live in the facility?
- What are the discharge criteria?
- Is there a licensed social work professional available to provide services?
- Are staff members qualified to provide special care?
- Who coordinates home care (such as physical therapy, speech therapy, hospice care) and visits to the doctor?
- What is the staff to resident ratio during the day and at night?
- What kind of health and personal care support is available?
- Do staff members appear to be attentive to residents' needs and desires?
- Is self-administration of medication allowed?
- Are special dietary needs accommodated?
- What kinds of social and recreational activities are available? How often are they offered?
- What are the base fees and what is considered extra? How often do rates increase?
- Does the facility accept long-term care insurance or Medicaid?
- Is the facility clean? Are the residents' rooms spacious? Are the grounds well maintained?
- Are residents permitted to bring their own furniture and mementos?
- Is the building safe and secure? Is the building wheelchair accessible?
- Is the location convenient for friends and family to visit? What is the policy on guests and visitors? Is there a charge for overnight guests?
- Do the residents socialize with each other and seem happy and comfortable? Are they participating in activities?
- Does the facility have special services or accommodations for persons with dementia or other cognitive impairments?

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RESOURCES:

To locate an assisted living facility in your area:

Eldercare Locator
 This free service will direct you to the nearest Agency on Aging. (800) 677-1116

To find consumer information on assisted living facilities:

AARP
 601 E Street, NW
 Washington, DC 20049
 (202) 434-2277
 (800)-424-3410
www.aarp.org

American Association of Homes and Services for the Aging
 2519 Connecticut Avenue, NW
 Washington, DC 20008
 (202) 783-2242
www.aahsa.org

Assisted Living Federation of America
 11200 Waples Mill Road
 Fairfax, VA 22030
 (703) 691-8100
www.alfa.org

Consumer Consortium on Assisted Living
 2342 Oak Street
 Falls Church, VA 22046
 (703) 533-8121
www.ccal.org

National Center on Assisted Living
 1201 L Street, NW
 Washington, DC 20005
 (202) 842-4444
www.ncal.org