ASSISTED LVING TODAY: TITLE 22 AND THE NP

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Your life at age 85….

**Exercise**: Where might your life experience take you at age 85.

Using 5 separate pieces of paper jot down the following…

Your life at age 85….

Your Home

Your Automobile

Your Spouse / significant other

Your child or pet

Your favorite physical feature

What time do you prefer to wake up in the morning?

Your life at age 85….

When people move into Assisted Living communities they are generally coping with many life losses.

**Assisted Living Today**

An Assisted Living community assists residents with activities of daily living and basic care support in a homelike or apartment setting.

**Assisted Living in California**

There are 7,570 licensed Assisted Living communities (RCFEs)

176,026 seniors live in Assisted Living communities

Assisted Living provides more than 68,000 jobs in the state

(Source: California Assisted Living Association)

**Different types of Assisted Living….**

6 Bed RCFE (Board & Care)

Stand Alone Assisted Living

Assisted Living mixed with other levels of care

**Amenities in assisted living typically include:**

Three meals a day served in a common dining area

Housekeeping services

Transportation

24-hour security

Exercise and wellness programs

Personal laundry services

Social and recreational activities

(Source: Assisted Living Federation of America)

**Personal care in assisted living typically includes:**

Staff available to respond to both scheduled & unscheduled needs

Assistance with eating, bathing, dressing, toileting, & walking

Access to health and medical services, such as physical therapy & hospice

Emergency call systems for each resident’s apartment

Medication management

Care for residents with cognitive impairments

(Source: Assisted Living Federation of America)

**Assisted Living Resident Demographics**

More than half of all residents are age 85 or older

Nearly 40 percent of residents require assistance with three or more activities of daily living.

The median stay in assisted living is 22 months

An overwhelming majority of residents are female.

(Source: Assisted Living Federation of America)

**How Assisted Living is Regulated**

Assisted Living communities in California are licensed through the Department of Social Services as Residential Care Facilities for the Elderly (RCFEs), and are governed by a robust set of laws and regulations.

The regulatory framework is designed to promote resident independence and self-direction to the greatest extent possible in a residential, non-medical setting. Nearly every aspect of the Assisted Living experience is governed by state regulation or statute.

(Source: California Assisted Living Association)

**Trained for Success**

Assisted Living communities share the common goal of providing excellent service, care, and support to their residents. In keeping with these goals, the extensive requirements established for Assisted Living staff and administrators are essential to the mental, physical, and emotional well-being of residents.

The required initial and ongoing education, testing, and training in comprehensive Assisted Living subjects ensure that staff and administrators are well-trained to meet the needs of residents.

(Source: California Assisted Living Association)

**Costs & Payments**

The cost of Assisted Living varies depending upon level of need, amenities, apartment size, and location. Still, Assisted Living is among the least costly care options. According to a 2014 Genworth study, the California state average for an Assisted Living private room is $45,000 annually, or $3,750 per month.

Assisted Living in California is almost entirely private pay. Unlike health facilities or other home and community-based programs, MediCal does not cover Assisted Living except through a waiver program in a few counties.

(Source: California Assisted Living Association)

**Memory Care in Assisted Living**

Memory Care communities, which include Alzheimer’s and Dementia care facilities, consist of specially designed living spaces and supporting environments for those who are living with cognitive challenges brought on by Alzheimer’s and dementia. These may include carefully considered flooring to reduce problematic patterns for those with Alzheimer’s or dementia and wall colors that help them to find the way.

The dementia care environment helps cue its residents in their daily lives. Areas of the community are set up for safe engagement in activities such as gardening, kitchen work, and other life skills that provide purposeful and meaningful successful moments.

**Is this Person Appropriate?**

RCFE must conduct an interview with the applicant and their responsible person

RCFE must conduct a pre-admission assessment

RCFE must obtain and evaluate a recent medical assessment.

**Pre-Admission Appraisal**

The Pre-Admission Appraisal helps the RCFE determine:

Functional capabilities

Mental conditions

Social factors

<<LIC 603 >>

**Functional Capabilities Assessment**

The LIC 9172 Functional Capability Assessment is the state approved assessment tool

Many RCFE providers have developed a company specific assessment tool that will determine this information, as well as additional details

<<LIC 9172 >>

**Medical Assessment**

The California Physician’s Report ~ LIC 602-A

All residents living in Assisted Living in the state of California must have a completed LIC-602-A *PRIOR TO* moving into an RCFE.

When a resident experiences a significant change in condition the RCFE’s often will have physicians complete a new LIC 602-A

RCFE’s serving people with dementia are required to obtain updated LIC 602-A’s annually.

**MCI vs. Dementia**

California Department of Social Services (DSS) has modified the licensing regulations covering residential care facilities for the elderly (RCFEs) to include **a new definition for the diagnosis of mild cognitive impairment (MCI) to help distinguish this condition from dementia.**

The following definitions represent the consensus of many experts, including the Alzheimer Society. They recognize the differences in level of functioning between MCI and dementia, which determine the appropriate care and supervision to be provided. In addition, the regulations emphasize the need for ongoing assessments and continuous observation of persons with MCI, since MCI may deteriorate to dementia. However, nothing in the regulations requires a physician to diagnose a resident as having MCI or dementia.

The following are the DSS definitions under which we operate and which we ask our residents’ physicians to keep in mind when providing diagnoses of cognitive conditions:

Mild Cognitive Impairment (MCI)

**MILD COGNITIVE IMPAIRMENT (MCI):** “Mild Cognitive Impairment” refers to people whose cognitive abilities are in a “conditional state” between normal aging and dementia. Normal age-related memory changes can include forgetting a person’s name or the location of an object. However, individuals with MCI have difficulty with short-term memory loss. MCI is a state in which at least one cognitive function, usually short-term memory, is impaired to an extent that is greater than would be anticipated in the normal aging process. MCI is characterized by short-term memory problems, but no other symptoms of dementia (*e.g.*, problems with language, judgment, changes in personality or behavior) that affect a person’s daily functioning. Individuals with MCI may experience some difficulty with intellectually demanding activities, but lack the degree of cognitive and functional impairment to meet the diagnostic criteria for dementia.

DEMENTIA

**DEMENTIA:** “Dementia” means the loss of intellectual function (such as thinking, remembering, reasoning, exercising judgment, and making decisions) and other cognitive functions, sufficient to interfere with an individual’s ability to perform activities of daily living or to carry out social or occupational activities. Dementia is not a disease itself, but rather a group of symptoms that may accompany certain conditions or diseases, including Alzheimer’s disease. Symptoms may include changes in personality, mood, or behavior. Dementia is irreversible when caused by disease or injury, but may be reversible when caused by depression, drugs, alcohol, or hormone or vitamin imbalances.

**Dementia is NOT a diagnosis!**

To better serve our seniors with a “dementia diagnosis”, we need to know more.

We need to understand what is causing dementia in the patient.

A proper diagnosis will help the care provider to provide the appropriate type of care.

Change in Condition

When a resident experiences a change in condition the RCFE should:

Communicate the change in condition to the family

Communicate the change in condition to the PCP

Generally via fax or e-mail

The RCFE should update the Plan of Care

Depending on how significant the change, the LIC 602-A should be updated

**Medications in Assisted Living**

Residents living in an RCFE can receive assistance with medications from a trained Medication Technician

Only licensed medical professionals can “administer” medications in RCFE’s.

Assist Vs. Administer

ASSIST

Does not actually place the medication in or on the resident’s body

Pours the medication from its original container and brings it to the resident

Resident then “self- administers” the medication

ADMINISTER

Places the medication directly into, or onto the body

Only done by the resident or a licensed medical professional.

(Source: Care & Compliance)

Sir William Osler

“One of the things that distinguishes humans from animals is the desire of humans to take medicine.”

“One of the first duties of the physician is to educate the masses not to take medicine.”

YIKES!

90% of people over 65 years of age use at least one medication daily.

40% claim to use five or more.

12% use ten or more.

(\*Not including nursing home residents)

Close Monitoring in Elderly

Antibiotics (kidney excretion)

Antidepressants

Antipsychotics

Antispasm drugs

Diabetes medicines

Antihypertensives

NSAIDs

Narcotics

Tranquilizers

Warfarin

Digoxin

**Drugs to Avoid in the Elderly**

Amitryptiline

Barbiturates

Disopyramide

Doxepin

Long-acting benzos

Meperidine

Meprobamate

Methyldopa

Pentazocine

Propoxyphene

Ticlopidine

PRN’s in Assisted Living

Because assisted living communities are not based upon a medical model, typically medication technicians assist residents with their medications

Non-medical professionals cannot determine appropriately if/when a resident might need a PRN medication.

RCFE must obtain a PRN determination / authorization in writing prior to service.

**OTC’s in Assisted Living**

Over the Counter Medications

The physician must indicate if/when a resident is safe to have access to OTC’s

If the RCFE is assisting with medications, ALL OTC’s must be prescribed

Even medicated shampoo is considered an OTC and requires physician’s orders.

Restricted Health Conditions

Administration of O2

Catheter Care

Colostomy / ileostomy

Contractures

Enemas, suppositories and/or fecal impaction removal

Stage 1 and 2 pressure ulcers

Wound Care

**Prohibited Health Conditions**

Stage 3 and 4 pressure ulcers

Gastrostomy Care

Naso-gastric tubes

Staph infection or other serious infections

Residents who depend on others to perform all activities of daily living for them

Tracheotomies

**The Future of Assisted Living**

Many Baby Boomers do not want what is offered today.

Our current infrastructure cannot support the upcoming Baby Boomer generation

Assisted Living providers are changing to remain relevant to their customers

Assisted Living Providers are looking for ways to serve seniors outside of the “brick and mortar”

The cost of caring for the next generation is also a huge unknown factor.

Aging in America

1. What percentage of the U.S. population is currently over age 65?
   * 1. 6%
     2. 13%
     3. 20%

Aging in America: Present

Percentage over age 65: 13%

Average life expectancy: 77

Average life expectancy for a 65-year old: 19 years (20.3 for women; 17.4 for men)

85+ cohort is fastest growing segment of the population.

Centenarians in 2007: 80,000

*Source: U.S. Census Bureau*

Aging in America:  
“Silver Tsunami”

By 2020, over-65 age group will comprise 20% of the population.

Average life expectancy will be in the mid-80’s within the next century.

Centenarians expected to number over 600,000 by 2050.

The Silver Tsunami

Increased Disability

75% of people over 65 have one or more chronic health conditions.

Gains in life expectancy accompanied by greater periods of disability

Alzheimer’s disease

Currently over 5 million Americans

Another American diagnosed every 70 secs

15 million by 2050 unless cure found

Another American will be diagnosed every 30 secs

**The Future of Assisted Living**

Thank You!