ASSISTED LIVING: INDEPENDENCE, CHOICE AND DIGNITY

The National Center for Assisted Living (NCAL) actively represents the assisted living profession's perspectives to policymakers who shape laws, regulations, policies, and opinions that will influence the future of assisted living. NCAL advocates that the elderly must have access to all long term care services and the resources to pay for those services.

Assisted Living Today

Assisted living is a long term care alternative for seniors who need more assistance than is available in a retirement community, but who do not require the heavy medical and nursing care provided in a nursing facility. While many seniors relocate to an assisted living residence after a period of rehabilitation in a nursing home or hospital, nearly half come directly from their homes.

Assisted living residences are designed to be operated, staffed, and maintained to best meet the needs and desires of their residents. Security and independence, privacy and companionship, and physical and social well-being are the primary characteristics of an assisted living setting; this accounts for its popularity among seniors and their families. Individuals receive, as needed, supervision, personal care assistance, and health care services that emphasize their right to control their lives.

Extended life expectancy and the graying of America are at the heart of the unprecedented demand for a variety of long term health care services. In 2000, about one in eight Americans was aged 65 or older; by 2030, it is estimated that approximately one in five will be aged 65 or older.[1]

What You Can Expect In An Assisted Living Residence

Residents live in a congregate residential setting that generally provides personal services, 24-hour supervision and assistance, activities and health-related services, designed to:

- Minimize the need to relocate;
- Accommodate individual residents' changing needs and preferences;
- Maximize residents' dignity, autonomy, privacy, independence, choice, safety; and
- Encourage family and community involvement.

Assisted living services can be provided in freestanding facilities, on a campus with skilled nursing facilities or hospitals, as components of continuing care retirement communities, or at independent housing complexes.

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Facts About Assisted Living

NCAL's latest national survey conducted in 2000 provides consumers, regulators, and policymakers valuable data about the residents and services that define assisted living. The survey findings presented below about assisted living facilities, residents, and costs help to bring assisted living into focus.

Assisted living residences are not defined or regulated by the federal government but are regulated by state and local governments. The NCAL survey found that nearly all (99 percent) assisted living residences were licensed or certified by the states in which they operate. Regulations vary from state to state, and as a result, competition among providers has become the catalyst for establishing levels of service, controlling costs, and maintaining a high quality of service.

Number of Assisted Living Residences. The multiple terms used to describe assisted living makes it difficult to pinpoint the exact number of assisted living facilities in the United States. A study conducted by the National Academy for State Health Policy in 2000 reported 32,886 licensed assisted living residences with 795,391 units or beds nationwide[2].

Resident Profile. The "typical" assisted living resident is a woman between 75 and 85 years of age who is mobile, but needs assistance with about two activities of daily living. Although most elderly assisted living residents are female, 31 percent are male.

Activities of Daily Living. The survey found that 19 percent of all residents need no help with activities of daily living or ADLs, which include bathing, dressing, transferring, toiletting and eating. However, 81 percent of residents do need help with one or more of these activities (See Table 1). On average, assisted living residents need help with 2.25 ADLs, compared to 3.75 ADLs for nursing facility residents.

Table 1. Percent Distribution of Assisted Living Residents who need No Help, Some Help, or Require Significant Help with Activities of Daily Living

Activities of Daily Living	% of Residents Who Need No Help	% of Residents Who Need Some Help	% of Residents Who Require Help
Bathing	28%	42%	30%
Dressing	43%	33%	24%
Transferring	64%	19%	17%
Toiletting	58%	22%	19%
Eating	77%	13%	10%

Note: Percentages may not sum to 100 due to rounding.

Instrumental Activities of Daily Living (IADLs) include telephoning, shopping, meal preparation, housework, taking medication, and managing money. NCAL's survey found that 93 percent of assisted living residents need or accept help with meal preparation and housework, while 86 percent need or accept help with their daily medication (see Table 2).

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Table 2. Percent Distribution of Assisted Living Residents who need No Help, Some Help, or Require Significant Help with Instrumental Activities of Daily Living

Instrumental Activities of Daily Living	% of Residents Who Need No Help	% of Residents Who Need Some Help	% of Residents Who Require Help
Telephoning	51%	22%	27%
Shopping	17%	30%	53%
Meal Preparation	7%	14%	80%
Housework	7%	20%	73%
Money Management	22%	19%	59%
Traveling	12%	22%	66%

Note: Percentages may not sum to 100 due to rounding.

Medications. The survey found that 14 percent of residents do not require help with their medications while 26 percent require some help and 60 percent require significant help. Generally, residences may supervise, assist or administer medications as prescribed by state rules and regulations.

Moving In and Moving Out. Residents move to assisted living residences from a variety of settings. Just under half (46 percent) came from their home, while 20 percent came from another assisted living residence, 14 percent came from a hospital, and 10 percent came from a nursing home.

Table 3. Assisted Living Residents Moving In

Prior Setting	Percent*
Home	46
Another Assisted Living Residence	20
Hospital	14
Nursing Facility	10
Independent Living Facility	9
Other	3

Note: Percentages may not sum to 100 due to rounding.

As needs change, residents may leave assisted living residences. The NCAL survey showed that the most common destination of residents who left assisted living residences was the nursing home.

Table 4. Assisted Living Residents Moving Out

Destination	Percent
Nursing Facility	33
Deceased	28
Home	12
Another Assisted Living	14
Hospital	11
Other	2

Note: Percentages may not sum to 100 due to rounding.

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Costs. Costs for assisted living residences vary greatly and depend on the size of units, services provided, and location. The NCAL survey found that 48 percent of surveyed assisted living residences charge between $1,000 and $2,000 in average monthly rent and fees. Another 23 percent charge between $2,000 and $3,000, and 9 percent charge more than $3,000 each month, while 16 percent of assisted living facilities charge less than $1,000. The overall average monthly charge was $1,873; the median was $1,800.

Design and Services Available

Residents typically can choose furnished or unfurnished studio or one-bedroom units with a private or shared bathroom. Accommodations include private and semi-private units, based on availability. Assisted living residences vary from a high-rise apartment building to a residential home. NCAL's survey found that 25 percent of residences had kitchenettes and another 19 percent offered full kitchens.

The average size of the assisted living residences that responded to the survey is 23 units, with 30 beds and 24 residents. In a 1998 study sponsored by the US Department of Health and Human Services, only residences with a capacity of 11 or more beds were examined. Using the same criteria, NCAL's survey yields results that are similar to those of the government study. This restriction changes the average number of beds to 46 and the average number of residents to 36, whereas the government study found an average of 53 beds and 46 residents[3].

The assisted living model is dynamic, and the range of services offered is wide. Assisted living residences typically provide or coordinate 24-hour supervision; three meals a day in a group dining room; and a range of services that promote resident quality of life and independence, including:

- Personal care services (help with eating, bathing, dressing, etc.);
- Various health care services;
- Social services;
- Supervision of persons with cognitive disabilities;
- Social and religious activities;
- Exercise and educational activities;
- Arrangements for transportation;
- Laundry and linen service; and
- Housekeeping and maintenance.

Additional popular amenities--such as recreation rooms, exercise rooms, outdoor gardens, libraries or chapels--may be available depending on the residence.

Personnel and Service Planning

The number of staff employed by assisted living residences varies based on several factors, including state regulations, the number of people living in the residence, and their needs. Staff may be employed directly by the facility or from an outside agency. Typical staff may include administrators, nurses, certified nurse assistants, personal care attendants, health/wellness directors, activity directors, food service managers, marketing staff and maintenance personnel. Contract services frequently include physicians, podiatrists, dieticians, nutritionists, physical therapists, and beauticians.

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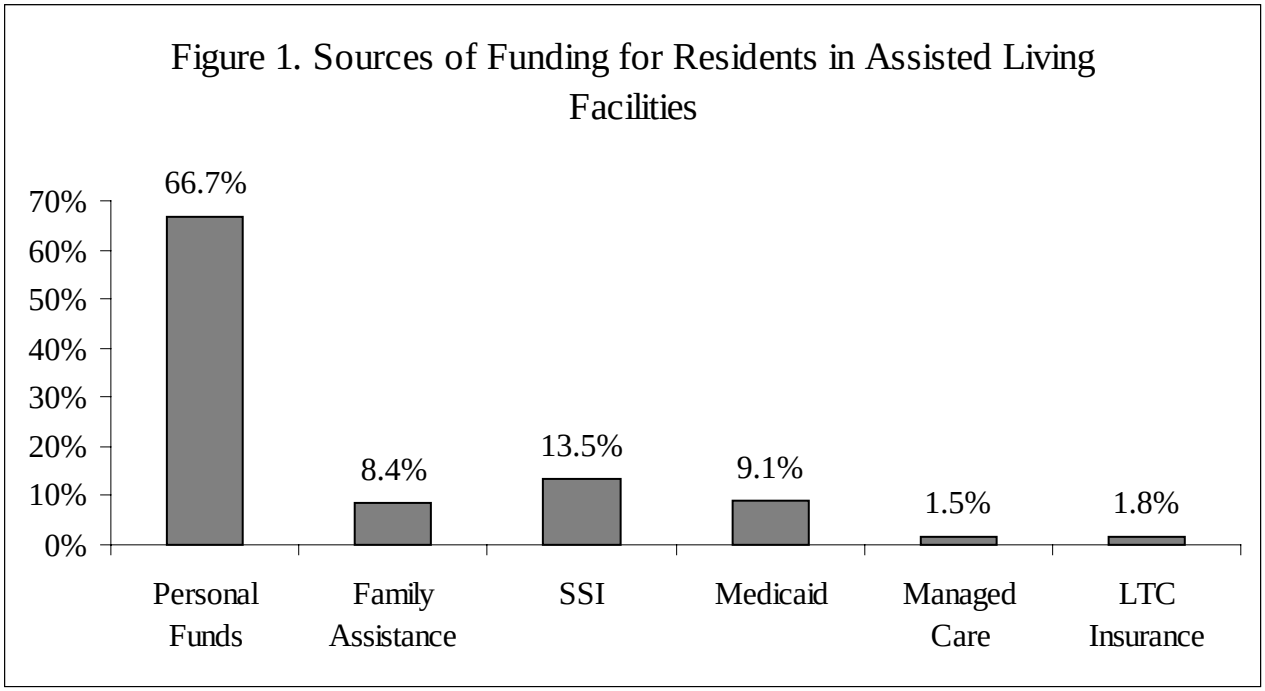
The service agreement or plan includes an assessment of the residence's services and how they can best meet the needs of the individual. An assessment of the individual's physical and psychosocial status is part of the service planning process, and the individual, family, or other responsible party are usually involved.

Paying for Assisted Living

According to the NCAL survey, about two-thirds (67 percent) of assisted living residents paid with their own funds, 8 percent of residents rely on family funding, and 14 percent pay with SSI (see Figure 1).



Assisted living is covered in a growing number of long term care insurance policies. The Health Insurance Association of America reported that all 11 of the leading insurance companies that sell long term care insurance offer assisted living coverage[4]. However, the majority of people in assisted living residences and/or their families pay for care themselves because many elderly Americans do not carry long term care insurance.

Assisted living is not covered by Medicare, but certain services are paid under Supplementary Security Income and Social Services Block Grant programs. Thirty-eight states reimburse or plan to reimburse for assisted living services as a Medicaid service[5]. In addition, states have the option to pay for assisted living under Medicaid by including services in the state's Medicaid plan or petitioning the U.S. Department of Health and Human Services for a waiver.

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Assisted Living in the Future

The scope of long term health care services now available is expanding to meet the needs of America's growing elderly population. Assisted living is a relatively new, widely popular consumer-oriented option. Consumers will continue to be attracted to assisted living because it offers independence, privacy, and personal care. Consumer demand for assisted living is expected to keep pace with the increase of the 75-years-or-older population.

NCAL: The Source of Information About Assisted Living

See NCAL's web site (***www.ncal.org***) for publications, upcoming seminars, and material about assisted living, or write to: NCAL, 1201 L Street, N.W., Washington, D.C. 20005.

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SOURCES

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