

EXECUTIVE OFFICE OF ELDER AFFAIRS
MEETING OF THE ASSISTED LIVING ADVISORY COUNCIL (ALAC)
Minutes – March 27th, 2018

Those who attended the meeting included:

ALAC members: Ryan Ambrose, DHCD, Mary Jo Boynton, Linda Cornell, Lucian Leape, and May Shields.

EOEA staff: Secretary Alice Bonner, Matt Casey, Emily Cooper, Siobhan Coyle, Trisha Marchetti, and William A. Travascio.

Guests: Beth Anderson, EPOCH Senior Living, Martha Chamberlin, Mass-ALA, Larry Gerber, EPOCH Senior Living, and Elissa Sherman, LeadingAge Massachusetts

Documents: March 27th, 2018 Meeting Agenda, January 29th, 2018 Meeting Minutes, and ALR Rate Disclosure Form.

1. **Call to order**: The meeting was called to order at 10:07am by Secretary Bonner.

2. **Welcome and Introductions**

3. **Review of Minutes:**

Mary Jo Boynton made a motion to approve the minutes from January 29th, 2018. May Shields seconded the motion and the minutes were approved unanimously.

4. **EOEA Updates:**

Secretary Bonner noted she recently attended the Post-Acute and Long-Term Care Conference, hosted by the American Medical Director's Association (AMDA). The organization is primarily comprised of physicians, nurse practitioners, and physician's assistants that work in a variety of long-term care settings. The Secretary said that since joining the organization in 2000, the organization has added more panels at the conference about home and community based care.

A. Draft ALR Monthly Rate Disclosure:

Emily Cooper, Chief Housing Officer – EOEA, This form was based off the form that residents use in New Hampshire when they move into an ALR. The form is geared for people who seek to move into traditional ALR. Separate forms would be developed for memory care and special care residence in ALR. The form seeks to offer some standardization of pricing for the services required in ALRs under the MA Assisted Living Regulations 651CMR 12.00.

The form encourages consumers who are looking to move into an ALR to review EOEA's Consumer Guide and to contact individual ALRs to ask for their current rates and services offered. The form also states that a resident's needs could impact the actual monthly rate. EOEA would ask ALRs to submit updated monthly rates to EOEA once or twice, per year. Monthly rates would be requested for single occupancy and shared occupancy. EOEA would also ask ALRs to identify services included

in the rate that would not cause the resident to incur an additional fee. This form is a rough draft and we are looking for feedback from ALAC.

Mary Jo Boynton thought that the list was comprehensive, but suggested that transportation be added under the section that lists services that could affect a resident's monthly rate.

Larry Gerber, EPOCH Senior Living, suggested adding medication management under the same section. In addition, he suggested that a range could be given for additional hours of care because there are different levels of care.

Emily Cooper added that ALRs could indicate if they offer an all-inclusive rate for residents.

Secretary Bonner requested that the industry offer ways to simplify the form so that consumers can easily understand what is being offered to them.

Dr. Lucian Leape suggested that one rate be listed for each of the housing options (single and shared) instead of asking the ALR for the current lowest and highest monthly rate. He thought that, that language could confuse consumers. Emily Cooper offered that EOEA could just ask for a base rate instead.

Trisha Marchetti, Director of Assisted Living – EOEA, mentioned that the form is meant to give the consumer a brief overview of costs associated with living in an ALR. The potential resident should reach out to the ALR to get more detailed information.

Emily Cooper added that the goal of the form is to give the perspective buyer some way of comparing ALRs at a base level.

Matt Casey, General Counsel – EOEA, mentioned that it would give the consumer a tool to start a conversation about what they would need in an ALR. This is important because for someone looking at long-term care housing options for the first time, they may not be able to differentiate between an ALR or a nursing home.

Dr. Lucian Leape suggested that the ALR indicate which services would incur an additional cost for the resident and which would not.

Larry Gerber, EPOCH Senior Living, said that if the goal is to determine what the monthly cost is for a typical resident in ALR, than including 1 hr of assistance with daily living activities each day, in the base rate would be accurate.

Elissa Sherman, LeadingAge Massachusetts, said that she would like to send it out to their membership to that they can also offer feedback. Emily Cooper suggested that EOEA can send it out in Microsoft Word format so that the form can be edited. She requested that comments be

submitted by May 1st.

5. **Person-centered care planning and interventions for individuals with various forms of dementia and mental/behavioral health issues:**

Secretary Bonner said that when a consumer first moves into an ALR, they may have no signs of cognitive issues. However, over time people change and could develop those issues.

Beth Anderson, EPOCH Senior Living, said that more behavioral health issues are being brought up in the application process for residents. She believed that 75-80% of her residents are a part of managed programs like PACE, CCA, GAFC. She believed that there needs to be a coordinated approach to push back on over prescribing medications, it cannot just be ALR led.

May Shields said that having a social worker on staff has helped to alleviate issues that arise. Having a social worker on staff helps to develop non-pharmacological ways to assist a resident.

Secretary Bonner asked what is the model that can best keep people safe and keep them aging in one setting longer as their medical condition requires more treatments. She cited an ALR named Brookhaven, that has a clinic that residents can go to if they have a cold or need other assistance.

Trisha Marchetti mentioned that some of the issues that come up in site visits are whether ALRs need to hire additional program staff to perform tasks such as, taking a resident for a walk because doing so could prevent a behavioral health episode. Trisha added that actions such as that taken by an ALR can contribute to better mental health and a decreased likelihood that a doctor would need to prescribe medications that could cause negative symptoms.

Secretary Bonner mentioned that person centered care planning is incredibly important; it requires medication as a last resort. Getting to know the resident, scheduling activities for them, and involving the resident's family have shown to reduce the need for medication.

May Shields noted that it is in the first two to three weeks after a transition that residents are at the highest risk for elopement.

Trisha Marchetti said that having social workers, getting to know the resident, and helping them walk around the residence could be incredibly beneficial to the resident and can cut down on the risk of elopement. However, Trisha also noted that it is not the role of the ALR to coordinate medical care of the resident.

May Shields said in some cases families do not want that responsibility. She added that the system is complicated and even families that do want to coordinate care can get overwhelmed.

Secretary Bonner asked whether it would make sense for legislation to be proposed that would increase the oversight of an ALR with regard to a resident's care?

Beth Anderson, EPOCH Senior Living, mentioned that coordinated care could be a business model for, for profit assisted living residences. She added that if legislation is created than it should be an option, not a mandate, especially if the family wants to manage the elder's care. This legislation shouldn't try to be one size fits all.

Elissa Sherman, LeadingAge Massachusetts, noted that it would be vital for the ALR to be part of the care team, even if it is not coordinating the care of the resident. She also wondered how should the ALR fit into managed care plans, such as an ACO.

Beth Anderson, EPOCH Senior Living, mentioned maybe ALRs should be required to document how they coordinate with outside providers.

Dr. Lucian Leape asked that given the limitations of the present system, what should every assisted living have with regard to care for the individual resident? He said that ALRs ought to have someone onsite to coordinate care at whatever level of need that the resident needs. He added that the goal should be to take care of people when they can no longer take care of themselves.

A. Use of psychoactive medications in SCR, including PRN medications

Secretary Bonner noted that there are a few ALRs with nurses on site 24/7.

Trisha Marchetti said that sometimes situations arise on the night shift when an aide needs to call a nurse to come in to assess if a medication should be given.

6. **Hourly checks in SCR:**

Secretary Bonner said that often times ALRs have put in place a policy where the ALR is supposed to conduct hourly checks during the 11:00 pm through 7:00 am shift, on special care units. EOEA has found that often times that checks aren't being done, therefore the ALRs are not following their own policies. This could be because staff are busy or that they have not been trained to do these checks. The Secretary pointed out that this is a systems issue. She asked the Council what kind of policy can be put into effect that will keep people safe at night and will be adequate with regard to how often people are checked. The biggest issues for EOEA are falls and elopement.

Matt Casey said that while the state does not mandate hourly checks, if the ALR's policy is that they do hourly checks, then EOEA will hold them accountable for their policy.

7. **Industry Updates:**

Elissa Sherman, LeadingAge Massachusetts, mentioned that LeadingAge Massachusetts' Annual Conference is May 10th.

Martha Chamberlin, Mass-ALA, said that they are hosting a nurses training at the DCU Center on April 18th.

May Shields mentioned that her company is hoping to break ground on a new 54 unit residence in the four corners area of Massachusetts. She said that they are waiting to hear back from DHCD about tax credits.

8. Other Topics for Discussion:

None.

9. Adjournment:

The meeting adjourned at 11:30 am. The next meeting is scheduled for Tuesday, June 26th, 2018 at 10:00 am.