

EXECUTIVE OFFICE OF ELDER AFFAIRS
MEETING OF THE ASSISTED LIVING ADVISORY COUNCIL (ALAC)
Minutes – July 24th, 2018

Those who attended the meeting included:

ALAC members: Karen Bresnahan, Linda Cornell, Brian Danaher, Kim Martone, and May Shields.

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

Guests: Nicole Breslin, President & CEO of Youville House and Youville Place, Martha Chamberlin, Mass-ALA, Dan Connolly, ML Strategies, Brian Doherty, MA-ALA, Alexandra Esielonis, Serlin-Haley, and Andrew Salmon, SALMON Health and Retirement (By phone).

Documents: July 24th, 2018 Meeting Agenda & March 27th, 2018 Meeting Minutes

Call to order: The meeting was called to order at 10:02 am by Secretary Bonner.

1. **Welcome and Introductions**

2. **Review of Minutes:**

Kim Martone made a motion to approve the minutes from March 27th, 2018. May Shields second the motion and the minutes were approved unanimously.

3. **EOEA Updates:**

Siobhan Coyle, Deputy General Counsel & Legislative Liaison – EOEA, said that the agency is waiting to hear about reappointments to ALAC. Members are appointed to one year terms. According to M.G.L. Part I, Title II, Chapter 19D, Section 17, the composition of ALAC membership is:

“Said advisory council shall be comprised of the secretary of elder affairs or his designee who shall serve as chairperson, the director of housing and community development or his designee; the secretary of health and human services or his designee, and six members to be appointed by the governor upon nomination by the secretary of elder affairs, three of whom shall represent resident consumer interests and two of whom shall represent sponsors and managers of assisted living residences.”

Trisha Marchetti, Director of Assisted Living Certification, mentioned that EOEA’s website has been updated to include a searchable map and database of all assisted living residences (ALR) across the state. A consumer can get background information about each ALR, such as: contact information, parking information, number of units (special care and traditional care), and the ALR’s website. We are hoping to be able to post the most recent findings/compliance letters by the fall, at the earliest. Individual identifying information will be removed from the letters.

In addition, to the website the 2017 Annual Aggregate Data Report is being reviewed internally and should be available by August 1st. Once the report is ready to be released, the Executive Directors of

each of the ALRs will get an email. The report will also be posted on EOEAs website.

Another item that Trisha mentioned is the changes to site visits that her team conducts at each of the ALRs. Her team now asks the ALRs send materials such as; dietary reviews, quality reviews, skills evaluations, and SAMS information in advance of the visits which are then reviewed at the ALR when the EOEAs ALR certification team visits the residence. Trisha explained that submitting materials in advance has helped to cut down on time spent searching for documents when her staff is in the field, this will allow her team to spend more time with residents.

Kim Martone asked if EOEAs reviews the length of time that a resident spends in an ALR.

Trisha Marchetti responded that while EOEAs does not track the length of time that an individual resident stays in an ALR, the department does track the amount of staff for each level of care provided at an ALR. The purpose is to ensure that there is adequate level of staffing at each level of care.

May Shields spoke about that the transition of process from assisted living to long term care is complicated and should be finessed.

Secretary Bonner asked if there is an industry accepted assessment or if each ALR conducts their own assessment of cognitive ability, physical ability, and activities of daily living for assisted living residents.

Martha Chamberlin, Mass-ALA, mentioned that there are some standardized test forms that a majority of ALRs use to assess their residents.

Brian Danaher added that some states, under their ALR licensing process, mandate the use of certain resident assessment forms. He gave New Hampshire as an example, which requires use of the Resident Assessment Tool (RAT) form. He added that states such as New York and Delaware also have similar forms as well. However, Brian also noted that some of these states have a more medicalized model of assisted living.

Emily Cooper, EOEAs, updates the members on the draft ALR comparison form for perspective residents to use when comparing ALRs, where comparisons were possible. The form was submitted to the ALR network so that their feedback could be incorporated into the form. Emily mentioned that looks of great feedback was received. Once feedback is incorporated, the form will be piloted in a few ALRs by sometime in the fall.

Brian Danaher asked if ALAC will be able to review the form one more time before the pilot is conducted in the fall.

Secretary Bonner mentioned that comments that could be incorporated from the network were incorporated. EOEAs will carry out the pilot this fall and then report back to ALAC with the results.

Emily Cooper mentioned that the sites for the pilot have not yet been selected, but that 3 or 4 locations would be ideal. This is to ensure the form is clear and easy for potential residents to understand.

Brian Danaher said that Benchmark could suggest a few of their sites for the pilot to be conducted.

May Shields echoed Brian's sentiment and said that Hearth would be happy to assist EOEa carry out this pilot as well.

4. **ALR staff coordinating care with outside healthcare providers:**

Secretary Bonner stated that the average age of a resident living in ALRs is 86 years old. This presents challenges such as frailty, increased numbers of mental and behavioral health. As a result some residents have providers come into the ALR to give them care. Under Massachusetts regulations the relationship between the resident and the provider must go through the family. This is because in Massachusetts assisted living is designed to be a social setting and not a medical setting, therefore the ALR cannot be providing these services themselves.

Trisha Marchetti added that more information should be made available to staff at hospitals who. It would be important for them to know that ALRs can do and what they cannot. ALRs are not the same as a nursing homes or rehabilitation centers. Sometimes hospitals engage ALR staff more than they should with regard to a residents care plan.

Secretary Bonner mentioned that this is an opportunity where ALRs can work with their local hospitals, the Massachusetts Health & Hospital Association, and EOEa to spread awareness and build relationships. The Secretary added that Argentum is having a summit in Boston over the fall, perhaps other states have materials or strategies that have worked to foster relationships between ALRs and hospitals.

Linda Cornell mentioned that her ALR has a great relationship with the local SCO and PACE plans. These two plans accept primary responsibility for the overall care coordination of the residents that are enrolled in their plans. She believed that because of this those lower income residents have better access to coordinated care than their market rate neighbors. Linda proposed that each resident have a provider who is primarily responsible for coordinating care with the other providers, like a SCO or PACE plan would. Linda said that when someone moved into, that her ALR recommends that the resident designate a person to coordinate their care.

Brian Danaher added that Benchmark is opening their first ALR in the State of New York and in that state the regulations specify that an ALR needs to have a case manager whose job is to coordinate care for the residents. Brian suggested that, that is model that the Commonwealth could take a closer look at. Brian suggested that Mass-ALA could work with the Massachusetts Health & Hospital Association to educate their staff as to the role of ALRs. He also introduced Brian Doherty, the new

President of Mass-ALA. Brian Doherty, Mass-ALA, mentioned that he previously worked for the Massachusetts Psychological Association and in that role he worked with the Massachusetts Health & Hospital Association and other medical associations.

Secretary Bonner asked if the Massachusetts Psychological Association had a committee for geriatrics.

Brian Doherty responded that the American Psychological Association does, but not the Massachusetts chapter. However, he added that the Massachusetts Psychological Association has a psychologist on staff who visited ALRs as a part of his private practice.

Secretary Bonner mentioned that in a case where the ALR has a list of doctors or providers they do business with, it is important that the primary care provider has a role in suggesting who the resident should see whenever possible, rather than it being driven by the ALR. In regards to behavioral health specifically, there is a growing need for it but we do not want to see a lot of medication being prescribed for it in this environment which is meant to be supportive and should be for providing recreation with adequate staff levels.

5. Assorted compliance topics:

Secretary Bonner mentioned that EOEA will be sending out another form for ALAC to comment on. It would be a cover sheet and it would list all of the documents that an ALR would give to a perspective resident. The cover sheet would clarify for the perspective resident what documents they are signing at the time of move-in and it would clarify that an ALR is not a nursing home. At the end of the cover sheet a staff person would initial that they have gone over with the new resident and the new resident would initial it to confirm that they have received the information. DPH has a similar process for nursing homes and having a procedure such as this in place helps to cut down on the confusion. Questions about the cover sheet can be directed to the ALR certification team and Donna Bucca, the Assisted Living Ombudsman.

6. Mass.gov website update:

Mentioned in EOEA Updates.

7. Industry Updates:

Brian Danaher mentioned that the Mass-ALA has a new President, Brian Doherty.

Kim Martone asked if there was any update about the Common Sense Healthcare bill. Kim added that the bill is important because while it wouldn't provide full skilled care at ALRs. It would allow for basic services to be provided within in an ALR, such as receiving an insulin shot, allowing for dressing and oxygen tanks to be changed. Kim said it would be easier for residents all around if these services could be provided.

Brian Danaher mentioned that it went from the Elder Affairs Committee to the Healthcare Financing Committee and now it is with the Ways and Means Committee. However, Brian also mentioned that there is only one week of the legislative session left.

Linda Cornell felt that it is a complicated issue which would have legal, policy, and clinical ramifications. She felt the passage of the bill would be the first steps towards “mini-skilled care.” She felt that there are many skilled nursing providers would be willing to help ALR providers, to provide that care for their residents.

8. Other Topics for Discussion:

Martha Chamberlin, mentioned that Mass-ALA would be hosting the following educational events:

- September 18, 2018 – Annual Regulations Training – DCU Center, Worcester, MA – 8:00 am - 3:00 pm.
- September 25, 2018 – Riding the Educational Wave - Cape Codder Resort and Spa, Hyannis, MA 8:00 am -3:00 pm.
- October 25, 2018 – Annual Mass-ALA Fall Conference and Tradeshow, DCU Center, Worcester, MA 8:00 am - 4:00 pm.

9. Adjournment:

The meeting adjourned at 11:03 am. The next meeting is scheduled for Tuesday, September 25th, 2018 at 10:00 am.