VI. ASSISTED LIVING SETTINGS

KEY POINTS

• **Assisted living differs from nursing facility care** in that assisted living does not provide the 24-hour skilled nursing care offered in licensed nursing homes. Nursing homes and assisted living communities operate under entirely different sets of rules and regulations.

• **In Michigan, several types of residential and healthcare communities** may fall under the umbrella of “assisted living.” These types include independent senior apartments, housing with services establishments, homes for the aged and adult foster care homes.

• **Costs for assisted living vary widely** depending on the type of residence and levels of service offered. As a general rule, residents or their families pay the costs from their own financial resources. Health insurance policies or long-term care insurance policies may cover some costs.
Dear Manor of Novi,

It is two years this June that our family had to make a very agonizing decision to place our mom/wife in a nursing facility. After much investigating, it came to be that mom came to live at the “Manor.”

Our fears and pain slowly subsided as we learned the daily routine and the staff at her new home. It seemed every person from the maintenance staff, the kitchen staff, all the way to the medical staff came to know and respect our mom/wife.

Her new home became ours.

I can’t believe how quickly two years have come and gone and many things change in that amount of time but the one thing that has not, is the same care and respect that she is shown today. That is the constant reminder that we made the right decision.

Thank you to everyone for your continued care and support of our mom/wife.

The Family of Doris Richmond
VI. ASSISTED LIVING SETTINGS

MICHIGAN CENTER FOR ASSISTED LIVING -- A DIVISION OF HCAM

The Michigan Center for Assisted Living (MCAL) represents both licensed and non-licensed assisted living (AL) settings.

Many people are confused as to what assisted living is, and how it differs from other options, such as nursing facilities. Assisted living is part of the continuum of long-term care services that may provide a combination of housing, personal services and health care designed to help individuals who need assistance with normal Activities of Daily Living (ADLs) in a manner that promotes the person’s independence.

Assisted living differs from nursing facility care in that assisted living does not provide the 24-hour skilled nursing care offered in licensed nursing facilities. Nursing facilities and assisted living communities operate under entirely different sets of rules and regulations. The level of services and/or types of care offered varies widely.

Botsford Senior Living Center, Farmington Hills
What Types of Assisted Living Residences Exist?

In Michigan, several types of residential and healthcare communities may fall under the umbrella of “assisted living.” These types include independent senior apartments, housing with services establishments, homes for the aged and adult foster care homes. They may be freestanding or housed with other options, such as independent living or nursing care. Residences may vary in size from one room to full-size apartments. They may be operated by nonprofit or for-profit companies. A description of each type of residential community follows:
Independent Senior Apartments (ISA) operate under a traditional tenant/landlord agreement. They may offer community events such as scheduled activities or outings. Residents of these communities must be able to take care of their daily needs, just as if they were living at home or in a traditional apartment community.

Housing with Services Establishments (HSE) are designed to provide a pleasant, supportive environment, which enables each individual tenant to maintain his or her optimum level of independence. The HSE offers services suitable for persons who are independent, requiring minimal assistance with daily activities but desire the amenities and services of living in an HSE. For consideration of the rent payable under the rental agreement, a variety of services may be provided without additional charge.

Any additional service elections selected by the tenant should be set forth in a services addendum indicating services selected and the cost of said services.

HSEs do not require licensure by the state of Michigan. Many licensed services may be available through outside agencies, such as home health.

Through a state plan, Medicaid waiver may cover personal care services in a non-licensed environment. However, the number of waivers available is very limited and the waiting lists are generally very long.

A Home for the Aged (HFA) is a supervised personal care facility, other than a hotel, adult foster care facility, hospital, nursing home or county medical care facility that provides room, board and supervised personal care to 21 or more unrelated, non-transient individuals who are 60 years of age or older.

Administrators and all staff in supervisory positions must be at least 21 years of age. All staff must go through training to learn how to work with the population for which they are caring. HFAs may provide assistance with activities of daily living. A sufficient number of attendant personnel shall be on duty on each shift to assist residents with their personal care under the direction of the supervisor of resident care.
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Communities that advertise or market themselves as providing specialized Alzheimer’s or dementia care are to provide prospective resident families with a written description of the care and services provided.

Homes for the Aged (HFAs) are required to be licensed by the state of Michigan and are regulated by the Michigan Department of Human Services (MDHS).

**Adult Foster Care (AFC) homes** are residential settings that provide 24-hour personal care, protection and supervision for individuals who are developmentally disabled, mentally ill, physically handicapped or aged who cannot live alone but who do not need continuous nursing care. Generally, AFC homes may have as few as one resident and as many as 20.

There must be sufficient direct care staff on duty at all times for the supervision, personal care and protection of residents and to provide the services specified in the residents’ care agreements and assessment plans. In homes with 13 to 20 residents, there shall be no fewer than one staff to 15 residents during waking hours and one staff to 20 residents during normal sleeping hours. Many communities may staff at a higher level to meet their residents’ varying needs.

Administrators must have at least one year of experience working with persons who are mentally ill, developmentally disabled, physically handicapped or aged. Both the licensee of the home and the administrator must complete either 16 hours of training approved by the MDHS or six hours at an accredited college or university in an area approved by MDHS. The licensee or administrator must provide in-service training or make training available through other sources for direct care staff in the following areas: reporting requirements, first aid, CPR, personal care, supervision, protection, resident rights, safety and fire prevention, prevention and containment of communicable diseases.

AFCs are required to be licensed by the state of Michigan and are regulated by MDHS.
Who Lives in Assisted Living Communities?

Thousands of Michigan citizens live in assisted living communities. Characteristics of assisted living residents vary. They may be young or old, affluent or low-income, frail or disabled. The typical assisted living resident is a female in her eighties – usually either widowed or single. Some residents may have dementia or other memory impairments and may need help facing challenges, such as lack of mobility or incontinence. Assisted living is an appropriate choice for someone who is too frail to live at home or who wants extra support with “ADL”s.
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What Types of Services are Offered in Assisted Living Communities?

Assisted Living communities offer a variety of services to residents, based upon individual needs. Some of these services may include:

- Available meal options, including up to three meals a day served in a common dining area;
- Housekeeping services;
- Assistance with transportation;
- Assistance with various ADLs, including eating, bathing, dressing, etc.;
- Access to health and medical services (may be in-house for licensed communities or contracted from an outside organization in housing with services establishments or other non-licensed settings);
- 24-hour security and staff availability;
- Emergency call systems for each resident’s unit;
- Exercise and other health promotion programs;
- Assistance with medications;
- Laundry services; and
- Social and recreational activities.
Who Pays for Assisted Living?

Costs for assisted living vary widely depending on the type of residence and levels of service offered. As a general rule, residents or their families pay the costs from their own financial resources. Health insurance policies or long-term care insurance policies may cover some costs. Michigan also has a Medicaid waiver program that may cover the costs for those who meet certain requirements.

When analyzing the costs of assisted living, it is important to keep in mind that some residences charge a base rate for some services and additional “ala carte” services may increase the costs substantially. It’s important to meet with representatives of the community who can help you understand their cost structure.
FROM THE DIRECTORS

The Health Care Association of Michigan (HCAM) is also a resource we hope you will call upon if you have questions about long-term care. There are members of HCAM in your district and surrounding areas, please call us if we might be of assistance.

As we enter an era of rapid growth for our aging population, Michigan is being challenged along many fronts to provide an expanded array of long-term care services. Today’s nursing and rehabilitation facilities are very different from the nursing homes of just a few years ago. Residents have a broad array of services and supports available to them. Many are there for short-term rehabilitation visits. Others with more complex or chronic medical conditions are there for longer-term care. Quality improvement is an important part of operating today’s nursing facility. Person-centered care is delivered by a skilled workforce. Resident, family, and employee satisfaction is measured and used to improve patient care. Michigan leads the country in new construction and renovation of nursing facilities. Nursing and rehabilitation centers are the common thread throughout every county and community in our state and the need for twenty-four hour, quality, skilled nursing care remains and will continue to be a core government responsibility to its senior citizens.

HCAM is a statewide trade association representing Michigan’s long-term care providers since 1948. Our membership continues to grow and now includes skilled nursing and rehabilitation facilities, county medical care facilities, hospital long-term care units and assisted living facilities. HCAM represents 260 nursing facilities. Whether a member or not, the Association, through its efforts, has a direct impact on all of Michigan’s 400 facilities employing more than 40,000 dedicated workers caring for nearly 40,000 of Michigan’s elderly citizens every day of the year. In 1999, HCAM established an affiliate association to serve assisted living communities: the Michigan Center for Assisted Living (MCAL). Its growth continues and now represents 98 communities throughout the state.