

Assisted Living in Massachusetts

A Consumer's Guide



Commonwealth of Massachusetts

Executive Office of Elder Affairs

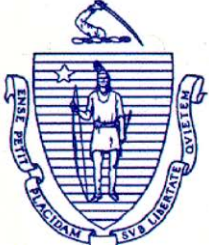
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Dear Consumer:

I am pleased to make available, *Assisted Living in Massachusetts: A Consumer's Guide (Guide)* to assist you in deciding whether Assisted Living is the right option for you or your family member and in choosing the most appropriate residence.

Each Assisted Living Residence is now required to provide this Guide to prospective residents before they agree to move into the Residence. The goal of Assisted Living is to provide the resident with the maximum amount of independence, in a residential setting, with personalized assistance. Elder Affairs recognizes that by offering a combination of housing and individualized personal care services, Assisted Living Residences provide an essential option in the continuum of care that helps elders to age in their communities.

Each Assisted Living Residence is different and there are many things to consider when deciding which facility is right for you or your family member. This Guide includes questions and answers and other helpful information about costs, the Residency Agreement or contract, the disclosure of rights and services, staffing and services, activities, Special Care Residences, and more. There is also a "consumer checklist" for you to use when you visit a facility.

We hope that you find this Guide helpful as you begin your search for the best possible living arrangement. We welcome your suggestions to make the Guide even more useful. If you have any questions or comments about the Guide or Assisted Living in general, please contact the Executive Office of Elder Affairs at 1-800-AGE-INFO or visit the Elder Affairs' website at www.mass.gov/elders.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michael E. Festa".

Michael E. Festa

Elder Affairs: 1-800-AGE-INFO (1-800-243-4636)

TDD/TTY: 1-800-872-0166

Web Site: www.mass.gov/elders

This document is available on alternative formats upon request.

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OVERVIEW

One of the most rapidly growing forms of residential long-term care in Massachusetts is Assisted Living. Since the passage of Chapter 354 of the Acts of 1994, An Act Establishing Assisted Living Residences, the number of assisted living residences has grown to almost two hundred, and they collectively serve over twelve-thousand residents. The goal of assisted living residence programs is to provide the resident with the maximum amount of independence, in a residential setting, with personalized assistance. By offering an individualized combination of housing and personal care services, Assisted Living Residences (ALRs) serve as an essential part of the continuum of care that allows elders to age in their communities.

WHAT IS ASSISTED LIVING?

Assisted Living usually refers to a combination of housing and supportive services including personal care (such as bathing and dressing assistance) and household management (such as meals and housekeeping aid). Assisted Living is a residential option which stresses privacy, dignity, autonomy, and individuality.

Assisted Living Residences across the Commonwealth vary in size and style. They include large apartment-style settings as well as smaller family-style homes. Some ALRs serve fewer than ten residents while others serve over one hundred residents. Some ALRs are operated for profit while others are operated by non-profit organizations. In addition, some are affiliated with religious organizations and some are affiliated with hospitals or nursing homes. Some ALRs have a section of the building set aside for people who need a specialized or secure environment. These are referred to as Special Care Residences (SCR), and the individual residential units within them are referred to as Special Care Units (SCUs.) Some examples of SCRs are those established specifically for residents with:

- Alzheimer's and related dementia;
- Huntington's disease; or
- Mental Health issues or other related cognitive impairments.

For more information about how to choose the right SCR for a person with dementia, please contact the Massachusetts Chapter of the Alzheimer's Association at 617-868-6718 or on line at www.alzmass.org. There you can order a copy of its publication, "Assisted Living Consumer Guide: What to Look or While Evaluating Assisted Living for Someone with Memory Impairment."

WHO SHOULD CONSIDER ASSISTED LIVING?

Assisted Living Residences provide care to people who are having difficulty living independently, but do not need the daily nursing services provided in a nursing home. Assisted Living is intended for adults who need some assistance with tasks such as housecleaning, preparing meals, bathing, dressing, or taking medications, and would like the security of having help available on a 24 hour basis in a residential and non-institutional environment.

ALRs are **not** the same as nursing homes and they are prohibited from providing "skilled care." Examples of skilled care include administering injections or changing sterile dressings. However, any resident has the right to supplement the care that is being provided by the Residence.

SUGGESTIONS FOR SELECTING THE RIGHT ASSISTED LIVING RESIDENCE

Once you or your family member has decided to move to an ALR, how do you go about finding the right one? To find out what Residences exist in the area you are interested in, ask your friends, ask your local Council on Aging, and visit your local library to review newspapers, retirement living guides, and other publications. The Massachusetts Executive Office of Elder Affairs (Elder Affairs) maintains a list of ALRs in Massachusetts which includes their location, the number of units, and a contact telephone number for each. This list may be accessed on line at www.800ageinfo.com, a website sponsored by Elder Affairs, or at 1-800-AGE-INFO (1-800-243-4636) or 617-727-7750. Elder Affairs does **not** recommend specific ALRs. However, this Consumer Guide should help you identify factors to consider when deciding if a particular ALR would make a desirable home for you.

Once you have a general idea of the setting, services, and price range you prefer, call several Residences in the location you're considering. You may want to ask the following preliminary questions to help you narrow your search:

- ❖ What is the size of the Residence?
- ❖ What types of living units are available?
- ❖ What is the monthly fee?
- ❖ Do you require a deposit? If so, how much?
- ❖ What services do you provide?
- ❖ What services are included in the monthly fee?
- ❖ What services are extra?

Plan to request a brochure, a price list, a copy of the Residency Agreement (which may be called the "lease" or contract), and the Disclosure of Rights and Services Statement so that you can review those items during your selection process. Read the Residency Agreement closely, paying special attention to cost, services provided as well as what services are not provided, and the criteria and costs for termination of the agreement.

It is to your advantage to tour the Residence that you are interested in. Initially, it is advisable to call and schedule a tour, which is usually given by a marketing representative. If possible, try to make a few visits at different times during the day. You may wish to have lunch or dinner at the ALR in order to try the food and see what the service is like, as well as participate in an activity or social event to meet and talk with current residents and staff.

You may also wish to inquire as to whether an ALR offers respite or trial stays. Some ALRs may allow a potential resident to move in for a short period of time to see whether or not he or she would be happy living there. This provides you or your family member with the opportunity without signing a long-term contract to see what it would be like to live at the ALR.

If you are interested in an ALR which is not yet open, visiting will be impossible. If the management company of the ALR you are considering manages another ALR in the area, you may want to visit that ALR to get an idea of how that company operates them.

STANDARDS REQUIRED BY LAW FOR ASSISTED LIVING RESIDENCES IN MASSACHUSETTS

By law, all ALRs in Massachusetts are required to obtain and maintain certification from the Massachusetts Executive Office of Elder Affairs. To do this, an ALR must meet regulatory standards which were designed to increase consumer protection, while also allowing an individual ALR to be flexible in meeting the needs and desires of residents. These required standards include the provision of:

- Studio, one or two-bedroom apartments with lockable doors;
- A newly constructed ALR must have private bathrooms in each apartment. Bathrooms may be shared in some smaller and more home-like ALRs;
- Kitchenettes within each apartment, or a community kitchen which everyone may use;
- At least one meal a day including meals with an option for low-fat, low-sugar or low-salt foods;
- Assistance with bathing, dressing and ambulation for all residents who need this;
- Housekeeping and laundry;
- 24 hour a day on-site staff;
- Personal Emergency Response system or other similar procedures used to signal on-site staff;
- Individualized Service Plans developed and signed by the resident (and, if applicable, his or her Legal Representative or Resident Representative) and the Service Coordinator at the ALR that document which services will be provided, how often they will be provided, and by whom;
- Disclosure of Rights and Services (Disclosure Statement) which outlines those services offered, service limitations, costs involved, termination policy, Special Care Residence policies and procedures (if applicable), and staffing levels;
- Residency Agreement (Lease/Contract) that details what the ALR will provide to the resident, including the rights and responsibilities of both the ALR and the resident;
- Self-Administered Medication Management (SAMM) for all residents who need this service. Under the Self-Administered Medication Management regulations, personal care staff may only assist residents

with taking medication. For example, they may remind a resident when to take medication and open bottles or other containers. They may not administer any medication. This means, for example, that they may not squeeze eye drops into a resident's eye, put a pill into a resident's mouth, or rub medicated cream on a resident's back. If you need more than reminders to take medication, you will need to find an ALR that offers Limited Medication Administration (see "Optional Medication Service" below); and

- Optional Medication Service — Some ALRs provide a higher level of assistance with medication through the Limited Medication Administration program (LMA). Under the rules that apply to LMA, a nurse can administer eye drops, apply medicated cream, and place pills in a resident's mouth. Not all ALRs provide LMA, so if you need or think you will need medication administration; ask to make sure this service is available.

DIFFERENCES TO CONSIDER

Although all ALRs that are certified by the State will have met these general standards, ALRs throughout the State will still differ from one another in important ways. Although you should be aware of the standards and Resident Rights required by law, the following issues should be seriously considered when you are deciding which ALR is right for you or your family member.

COST OF ASSISTED LIVING

While Assisted Living is usually more affordable than a nursing home, it can still be expensive. The cost of Assisted Living varies greatly. The base monthly fee for an ALR in Massachusetts is typically between \$3,000 and \$5,000, but can be higher depending upon the level of care needed. The variation in the cost is based on many factors, including:

- The kind and number of services you need;
- The size, design and amenities of the Residence;
- The size of the apartment you choose;
- The location of the Residence.

Most Assisted Living Residences charge a base monthly fee. This fee may increase, and the amount of the increase, as well how often the ALR may increase the fee, is determined by the terms of the Residency Agreement. It is vital that you read and understand all the terms in your agreement prior to signing it.

In addition, most Assisted Living Residences require an additional fee before you move in. These initial fees may be called "entrance fees" or "community fees." They can range from a hundred to thousands of dollars and are usually not refundable.

The monthly fee you pay to live in an Assisted Living Residence will depend on the care you need. The ALR will assess your needs prior to your admission, and will conduct re-evaluations every six months while you live there. In general, the more care needs you have, the higher the fee.

The majority of Assisted Living residents pay privately. Medicare, the federal health insurance program for elders and the disabled, does **not** provide coverage for the costs of Assisted Living. Individuals with long term care insurance policies should inquire of their carrier to determine if they qualify for coverage of any services.

The following subsidy programs are available in Massachusetts to qualified individuals.

- **Supplemental Security Income – Category G (SSI-G)** – This is a rental or room-and-board subsidy program administered by the Social Security Administration and supplemented by the Massachusetts Department of Transitional Assistance. This subsidy program is only available to individuals who have been determined to need and are receiving medical services from the MassHealth Group Adult Foster Care (GAFC) Program (see page 9.) To qualify for SSI-G, an individual must:
 - Meet all SSI-G criteria;
 - Be residing in a certified ALR in Massachusetts that accepts SSI-G payments for rental or room-and-board;
 - Be clinically eligible for and receiving MassHealth GAFC services; and
 - Be financially eligible based on SSI-G income criteria.

SSI-G criteria require an individual and/or member(s) of a couple to meet certain financial guidelines. SSI-G examines, among other things, available assets and monthly income to determine eligibility for the program. Potential ALR residents are encouraged to talk to Social Security directly through the field offices sites, a list of which may be found at www.socialsecurity.gov/otherssasites. Not all ALRs accept SSI-G as payment for rent or room-and-board. Potential residents should inquire about SSI-G funding prior to signing a Residency Agreement. This proactive step ensures that if and when the potential resident in the ALR has exhausted all financial resources, financial assistance is available.

- **Other income qualifying programs** - Some ALRs provide reduced rates for moderate income residents. Depending on the agency or organization through which the ALR received financing, the ALR may be required to set aside a certain number of units for residents meeting low income guidelines. You should inquire as to whether the particular Residence you are considering offers reduced rates.

Some other questions you should ask regarding the cost of the ALR:

- **What services are included in the monthly base rate?** Most rates include room, meals, and housekeeping. The services that are offered may be in various packages that are available from the Residence for an additional fee. When considering these prices, **think about what services you may need in the future**, not just your current needs. Would future costs become too high for you to afford?

- **For services that are not covered in the base rate or in any special packages, what are the costs and how are they billed?** Charges for telephone, cable, newspaper delivery, and salon services are usually billed in addition to your base rate and service package. Make sure you understand what all the extra "add-ons" may be.
- **Does the ALR require an initial entrance fee, application fee or deposit up front?** Some ALRs may require a security deposit, while others may ask for a large "entrance" or "community fee." Medicaid-eligible residents may also have to pay these up front fees. If these are required, you should ask for the purpose of such fees, whether such fees are refundable, and if so, under what circumstances. You may want to ask for an explanation of any up-front fees in writing. Depending on circumstances, it is also possible to try to negotiate these fees.
- **Is there a limit on the percentage by which the monthly rate can be increased or how often the rate can be raised?** All monthly rates, the increases and the frequency of these increases are determined by the Residency Agreement. It is important to understand the terms of your agreement prior to signing it. Unless specifically noted otherwise, the ALR can raise the rent at its discretion. For example, you may not want to sign a lease believing the monthly rate is \$3000 a month and then six months later find out the rate is being raised to \$3300 a month.
- **What happens if I run out of money?** In Massachusetts, Assisted Living is based on a residential model; an ALR is not a medical facility. If you are unable to pay the monthly rent, you do not automatically qualify for assistance. It is important to find out how the ALR will handle a situation if you run out of assets and your income does not cover the entire cost of your rent and services. If the ALR makes any guarantees that you can stay even if you run out of money, we recommend you get this guarantee in writing. If the ALR is a GAFC provider, you may want to ask if there is usually a wait for a GAFC-eligible apartment and if you will need to relocate to a different unit reserved for GAFC participants.
- **How does the Termination Clause in the Residency Agreement affect me financially?** Most termination clauses include the amount of notice that must be given to terminate the agreement between you and the Residence. It is not uncommon for the agreement to call for a 30, 60, or 90 day notice period. Most agreements include more specific language on the notice requirements for terminating an agreement in the event of an unexpected death, or a medical emergency which results in the Resident not being able to return to their apartment. Please take the time to read and understand what you are signing.

MassHealth GROUP ADULT FOSTER CARE (GAFC) PROGRAM

GAFC is a MassHealth funded program that provides additional medical services in a group residential setting such as an Assisted Living Residence. Services include assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), other personal care, and case management. The GAFC provider monitors the participant's care through regular nursing and social

work team visits. To be eligible for the MassHealth GAFC program, an individual must meet the following criteria:

- Be clinically approved to receive MassHealth GAFC services;
- Maintain a personal physician and receive a physician's order for GAFC services;
- Require a supervised environment for the provision of these services;
- Be at least 22 years old;
- Require assistance with at least one Activity of Daily Living such as bathing, dressing, eating, toileting or continence care, ambulating, and transferring (please note that "assistance" is defined as cueing and/or physical assistance throughout the entire ADL task); and
- Reside in an ALR that participates in the GAFC Program.

Not all ALRs choose to participate in the GAFC Program. ALRs that do participate in the GAFC Program may identify which units are specifically used for GAFC residents. There may be a limited number of rooms available for GAFC residents, and in many cases these rooms are double occupancy. In addition, many Special Care Residences do not participate in the GAFC Program.

For information on the GAFC Program, please contact the MassHealth Customer Services line at 1-800-841-2900.

DISCLOSURE STATEMENT

The Disclosure Statement is an important document you will receive from the ALR at the time of or prior to paying any money to the ALR or signing a Residency Agreement. The purpose of the Disclosure Statement is to make you, the prospective resident, aware of the services which are or are not offered by the ALR before you enter into a formal agreement with the ALR or pay any fees. It is important to read this document thoroughly and ask questions about any of the information provided. The Disclosure Statement may also be used as a comparative tool to narrow down your choices among ALRs. At a minimum, you should find the following information in the Disclosure Statement:

- The number and type of units the ALR is certified to operate;
- The number of units available under a subsidy program and whether they are shared units;
- The number of staff employed by the ALR by shift and the availability of overnight staff;
- List of Resident Rights;
- An explanation of the eligibility requirements of any subsidy programs offered at the ALR. This should include a statement of any additional costs for which you would be responsible that are beyond the scope of the subsidy program;
- The ALR's policy on assisting residents with medications;
- Limitations of services the ALR will provide, as well as limits on behavioral management;
- Explanation of the role of the nurse;
- Entry criteria to the ALR and the assessment process;
- The ALR policy on CPR and the number of staff who are trained to provide CPR;

- The conditions of termination by either party of the Residency Agreement;
- The layout of the ALR and any Special Care Units (SCU);
- A description of the services plan;
- An explanation of special diets;
- Enrichment activities; the type and the number of activities offered each day;
- The ALR disaster and emergency preparedness plan;
- The option to include the family in meetings;
- The ALR security policy and the method of admitting guest; and
- If applicable, the philosophy and mission of the Special Care Residence.

RESIDENCY AGREEMENT/ LEASE

The Residency Agreement, or lease, is a **contract** that is between you and the ALR. It is the **most important document** that you will receive. This document includes the following important information, much of which you will have already received in the Disclosure Statement:

- An explanation of all fees;
- Services the resident will receive;
- Conditions which govern the resident's stay;
- List of resident rights;
- Circumstances under which the agreement can be terminated by either the resident or the ALR;
- A resident grievance policy;
- Staffing levels and information about health care:
 - The nurse's function (what she or he may and may not do);
 - The ALR's policy on assisting residents with medications; and
 - Limitations on the services the ALR can or will provide.

ALRs are prohibited by law from simply "discharging" residents whom they feel are no longer appropriate. All residents in Assisted Living are protected by Landlord/Tenant Law. People who live in Assisted Living are, in effect, "renting an apartment." Therefore, a Residence cannot legally prohibit a resident from returning to his or her apartment without formally terminating the tenancy and obtaining an eviction order. For example, if a Resident is out of the community for a hospitalization, the Residence cannot keep a resident from returning to his or her apartment. If a resident refuses to leave when his or her tenancy is terminated, an ALR can only evict the resident pursuant to the requirements of Landlord/Tenant Law.

For more information on Landlord/Tenant Law, you can contact the Massachusetts Office of Consumer Affairs at 617-727-7780 and www.mass.gov/consumer. The Office of Consumer Affairs has a free pamphlet for tenants. If you are being evicted and need to be referred to an attorney, you can locate a lawyer through:

- Massachusetts Bar Association Lawyer Referral Service at 866-627-7577 and www.massbar.org or, in the Boston area, 617-654-0400 (TTY: 617-338-0585)
- Boston Bar Association Lawyer Referral Service at 617-742-0625 and www.bostonbar.org
- 1-800-AGE-INFO (1-800-243-4636) and www.800ageinfo.com

By signing a Residency Agreement, the terms you agree to will become legally binding. It is important to thoroughly understand the conditions by which an ALR can terminate your tenancy. Pay careful attention to how much notice you will be required to give if you need or choose to move out of your apartment. Without the proper notice, you may be required to pay the monthly fee throughout the entire notice period even if you no longer live at the ALR.

Questions to consider before signing the Residency Agreement:

Is the language in the Residency Agreement clear and unambiguous? Even though it is recommended that a lawyer read over the Residency Agreement, you should also make sure **you** understand all the provisions of the agreement.

Does the Agreement include terms which appear vague or non-specific? For example, if a clause says that the resident must designate a "responsible person" in the Agreement, what does this mean? Responsible for what? Does this mean that the person is contacted in case of emergency or does it mean responsible for guaranteeing payment should the resident run out of money? If different service packages are available, is it clear what is included in each package and how much the additional services will cost?

What are the conditions under which the ALR can terminate the Residency Agreement? Do the conditions for terminating the Residency Agreement appear balanced? For example, if the Residency Agreement requires you to give at least 30 days notice if you choose to terminate it, is the ALR also required to give you at least 30 days notice if it terminates the Residency Agreement? Or is the ALR only required to give 14 days notice before terminating it?

Does the Residency Agreement specify what happens if a resident becomes "unsuitable" for Assisted Living? How does the ALR determine what is unsuitable? For example, if a resident requires two people to help get out of bed, does the ALR have a policy requiring him or her to leave? Is there specific behavior that the ALR will not address; for example, is the ALR equipped and is the staff trained to deal with wandering behavior? If not, will wandering be a basis for determining that a Resident is unsuitable for the ALR?

Is the Residency Agreement silent on any important matters? If there are areas which are important to you but which are not mentioned in the Residency Agreement, you may ask for these areas to be included in your Residency Agreement. For example, if you are told that transportation to the supermarket is available daily or that rent will only be increased once per year, ask the ALR to put it in writing in your Residency Agreement.

Does the agreement include certain rules or restrictions which would make you uncomfortable? Does the ALR prohibit residents from having pets in their units? Can you smoke in your room, in designated areas, or not at all? If the ALR prohibits residents from having pets or smoking in their units, would that be a problem or a preference for you?

What happens when residents have complaints?

Every ALR will have its own grievance procedure which should be explained in the Residency Agreement. Make sure you read and understand the grievance procedure. Would you or your relative feel comfortable expressing concerns in the manner expected?

Remember, Residency Agreements are written to protect the ALR. We strongly suggest that you have your own attorney review the Residency Agreement on your behalf and explain the conditions (especially for termination) to you in clear language.

It is also important to know that the Massachusetts Executive Office of Elder Affairs has an **Assisted Living Ombudsman Program**. This program is available to all Massachusetts Assisted Living residents and their family members. An Ombudsman acts as an advocate for a resident by receiving and mediating complaints filed by residents or their family members. You may reach an Assisted Living Ombudsman at 1-800-AGE-INFO (1-800-243-4636) or 617- 727-7750.

PHYSICAL ENVIRONMENT OF THE ASSISTED LIVING RESIDENCE

Assisted Living Residences are developed as residential environments, not as medical facilities. They are **not** the same as nursing homes. Each private unit within an ALR must have a lockable door for privacy and private bathrooms. There are some Residences that are older or much smaller and will not have private bathing facilities or a kitchenette within each unit. Within a Special Care Residence, some limitations on access to kitchen facilities are allowable.

Some questions to consider asking about the physical environment include:

- **Do all of the units have private full bathrooms?** If not, and you have to share a bathing room (shower and tub), where is the bathing room located, and with how many other residents would you have to share? Would sharing bother you?
- **Will you have a kitchenette within your own unit?** If the unit does not have a private kitchenette, where are the cooking facilities located? Is there a cook top or only a microwave oven? How important is it for you to have access to a kitchen in your unit? Do you like to get up in the middle of the night and have a snack? Is this something that would be difficult if the kitchenette is not in your room?

- **Are you able to choose the unit that you will live in or is a unit assigned to you?**
- **Is the size of the unit acceptable to you?** Is it large enough for you to feel comfortable if you spend a great deal of time there? Is there enough closet space to meet your needs? If not, is there storage available, and at what cost?
- **Can you control the temperature in your unit? Are the units air-conditioned?** Although heat must be provided every day from September 15 until June 15, air conditioning is an amenity and not mandated by law.
- **What are the common areas like?** Are these areas where you would feel comfortable spending time? When visiting the ALR, were residents using the common areas or did these areas appear to be more for show?
- **Is the ALR well maintained?** Are the hallways and walkways free of clutter? Does the ALR smell pleasant? Is the entrance neatly landscaped and well groomed? Is the kitchen clean and organized?
- **Is it easy to get around in the ALR?** Is one elevator enough? Are there very long hallways? Is the ALR well lighted? Does the ALR have outdoor grounds suitable for walking in the nice weather?
- **Is the ALR accessible to people who use mobility aids such as walkers, canes and wheelchairs?** Could someone in a wheelchair get around comfortably both in the private units (and bathrooms) as well as in the common areas of the ALR?
- **Is the ALR located near public transportation, libraries, museums, houses of worship, or other places that may be of interest to you?**
- **Do they have activities that you would enjoy? Are the activities and events well attended? How frequently are they provided?**
- **What type of security is available at the Residence?** Is there someone at a front desk 24 hours a day? Are the main doors locked after a certain time? If the doors are locked, are keys made available for residents who come in late at night?

SPECIAL CARE IN AN ASSISTED LIVING RESIDENCE

A Special Care Residence (SCR) provides care and services for residents who require assistance with specialized needs. Residents who reside within a Special Care Residence may need assistance in directing their own care due to, for example, Alzheimer's and related dementias, Huntington's disease, or mental health issues. A SCR may be a separate secured area within a traditional ALR or it may be operated as a stand-alone facility.

In addition to the training that is required for all ALR staff, staff of SCRs must also have training that is based upon the specialized care needs of the residents of the SCR. Also, SCRs' enrichment activities are required to be provided at least once per day. The SCR should have a daily activity schedule indicating which activities are occurring each day.

Each SCR must have an Operating Plan that explains how it meets the needs of the specialized residential population it is supporting. The information in the Operating Plan addresses the following areas

- Physical design of the units, apartments, and building;
- Physical environment;
- Specialized safety features;
- Policies and procedures for reducing potential environmental hazards;
- A specialized plan in place to provide for emergency assistance;
- Policies and procedures to address unsafe behaviors;
- Enrichment activities;
- Specialized staff training;
- Policies regarding the transition of residents in or out of the SCR;
- Disclosure Statement; and
- Residency Agreement.

Questions to ask about Special Care Residences:

- **What licensed or certified staff work at the SCR and what type of staff training is offered?** How many nurses are employed by the SCR? Is there an activity director solely for the SCR? How many home health aides or personal care workers are employed on a given shift? What specific training is offered to each employee? Is the training specialized to the SCR? Does the SCR have a schedule of trainings offered at a minimum on a monthly basis?
- **What is the physical design of the SCR? Are units or apartments shared?** Does the SCR have an enclosed outside walkway or yard? Can the residents access the outside space or do they need to be escorted to the first floor? Is the design of the SCR conducive to resident safety? Does the Residence have clear pathways, areas free of obstacles, proper and natural lighting, proper storage of chemicals, etc. to allow residents to safely walk from place to place? Does the SCR have a continuous walkway that permits the resident to continue walking without interruption or confusion?
- **What specialized programs or services does the SCR offer?** Is the SCR able to handle behavioral management issues? How does the SCR monitor wandering? You may want to find out what resident behaviors are beyond the SCR's ability. What is the SCR's plan if a resident develops behaviors that are beyond the scope of its care?

- **What types of activities are offered? Are activities specialized for the population that the SCR is serving?** Does the SCR have unique programs to meet the needs of the residents, such as reminiscing programs and exercise programs? At a minimum, does the SCR offer daily activities? If offered, are residents able to attend activities and trips outside of the SCR, and are there appropriate staff-to-resident ratios? Is a variety of activities offered throughout the week? The resident and family should be able to receive a calendar or list of activities that are scheduled within the SCR.
- **What type of assistance with medication does the SCR offer?** Like all ALR's, the SCR will offer Self-Administered Medication Management (SAMM) assistance by personal care workers. If a resident needs medication administration by a nurse, does the SCR offer Limited Medication Administration (LMA)? If so, how much more will it cost?
- **What is the SCR's plan regarding emergency assistance?** The SCR should have a plan in place for 24 hour emergency assistance. What are the number and job positions of employees available at each shift to assist in case of a potential emergency?
- **What is the SCR's policy for ensuring a safe environment?** What policies and procedures does the SCR use to ensure the building, furnishings, and grounds are as safe as possible for the types of residents who live there? Has the SCR given special consideration to the layout, security features, and decoration?
- **What is the SCR's policy for transitioning residents in or out of the SCR?** What type of assessment does the SCR complete to determine if the resident is appropriate to live at the SCR? Does the SCR identify the specific transition process once a resident is no longer appropriate to live at the SCR?
- **What information is written in the Disclosure Statement regarding the SCR?** What is disclosed about its SCR philosophy and mission? Is the information written clearly and in understandable language? If the SCR is part of an ALR, does the Disclosure Statement distinguish between available staff in the traditional ALR and the SCR? Does the Disclosure Statement differentiate between activities conducted for the SCR and ALR residents?

SERVICES

By law, all ALRs are required to provide assistance and supervision with bathing, dressing, and mobility to all residents whose service plans so specify. ALRs must also provide reminders and supervision to take medications for any residents who need this service. The ALR should encourage the resident and include the resident's Legal Representative or Resident Representative to the maximum extent possible when developing the service plan. Each Resident of an ALR will have an individualized service plan which is based upon a current assessment, and that includes at least the following information:

- Services and assistance the resident needs and will receive;
- How often and when the services will be provided;
- The payer of the services;
- Details of the 24 hour on-site staffing and emergency response procedures;
- Details of the medication assistance the resident will receive;
- Special dietary needs or food preparation requirements;
- Goals;
- Services provided by an outside provider (e.g., VNA, private duty aide) when known; and
- If applicable, enrichment activities held in the ALR.

Service plans must be updated at least every six months to determine the achievement of the desired goals and whether the services remain appropriate based upon the resident's needs and the ability to meet those needs. Service plans must indicate the current amount of service that the resident is receiving.

Questions to ask about available services:

- **What personal care services are available and how are they billed?** Are they included in the basic monthly rate, or are they paid for separately as they are needed ("a la carte")?
- **For the services available in the basic monthly rate, how much service does the rate include?** For example, the basic monthly rate might include 45 minutes per day of assistance with bathing, dressing, and medication assistance. Does the 45 minutes include an escort to meals? If more services are needed, an extra fee may be charged. How is the cost for the additional services determined? How are they billed? For example, are they billed in 15 minute increments? What is the cost per increment? How is the number of minutes calculated? Is it based on actual time or by task?
- **If I need skilled nursing or other services, is there someone at the ALR available to help me hire such services from an outside provider?** ALRs do not provide skilled nursing services, but you may arrange these services with a private home health agency. All residents have the right to contract with providers of their choice.
- **If I need assistance with my medications, must I use a specific pharmacy or can I continue to use the pharmacy of my choice?** You may continue to use the pharmacy of your choice. However, some ALRs may require you to utilize a specific medication packaging system. Speak to the Executive Director at the ALR if this is a problem.
- **Can my family member continue to fill my medication cassette?** You may continue to have your family member fill your medication cassette.

- **What type of assistance with medications is available?** Does the ALR provide Limited Medication Administration or only Self-Administered Medication Management? (See page 6 for a description of both programs.)
- **How much flexibility is there with assistance or supervision with personal care?** For example, if you need assistance with bathing, is there flexibility in whether you can have a bath or shower? Can you determine the time of day to receive assistance with your bath or shower?

STAFFING

All ALR staff in Massachusetts must complete training to orient them to the policies and procedures of the ALR, and to address a standard set of issues common to the needs of ALR residents. Many ALRs hire their own staff to provide services while other ALRs choose to contract with an outside agency to provide services. All staff providing assistance with personal care must complete a personal care training course.

In addition to speaking with the Executive Director or a marketing representative, try to observe the staff and how they interact with current residents as well as visitors. Are they respectful of and attentive to the residents' needs? Try to speak with personal care workers, activities coordinators, or nursing staff. Does the staff seem to enjoy the work that they are doing?

Questions to ask about staffing:

- **What are the staffing levels of nurses and personal care workers? How many staff persons are available to provide personal care services?** How many personal care workers are available during the day, the evening, overnight, and on the weekend? If, for example, the ALR does not employ personal care workers overnight, what is the procedure if you feel you need such services then?
- **What are the responsibilities of the staff persons who will be providing me with personal care assistance?** Do they have other functions such as organizing activities, delivering meals, etc.? If they provide many other functions, are they always available to assist with personal care when they are needed?
- **Will I have the same personal care worker all of the time?**
Is this important to you? What is the nurse's role versus the personal care worker's?
- **Are there problems with delays in receiving services?** If this is the case, it could mean that the Residence is understaffed.
- **How responsive is staff to unscheduled needs?** For example, if you are going out to dinner one night and need some help to get dressed at the last minute, will a staff person be available to help you?

- **What is the process used to signal staff in emergency situations, and how are emergencies responded to?** You should have the ALR explain the manner in which staff responds to an emergency, both during the day and at night. You are also entitled to receive a copy of the emergency preparedness plan, if you request it.

ACTIVITIES

Most ALRs advertise that they have many activities available for residents. You need to ask what those activities are and how often they are offered. Are these activities that you would enjoy? Is bingo five days a week an appropriate and sufficient activity? Look for ALRs which will allow you or your family member to continue the activities which you or they have always enjoyed. Ask to see a schedule of activities.

Also, try to sit in on the activities that interest you. Do a large number of residents attend the activities? Do residents seem to prefer staying in their own rooms instead of attending activities? If so, try to speak with some residents to find out why.

Questions to ask about activities:

- **What activities are offered? Is a variety of meaningful activities offered on a daily and weekly basis?**
- **Are residents active in planning activities and events?**
- **Is there a Tenants' or Residents' Council in operation?** If so, are many residents active on the Council? Do residents themselves operate the Council or is a staff person involved?
- **Is transportation available to access community activities?** One way of knowing whether an ALR encourages the participation of residents in community activities is the availability of transportation. Is transportation only available at certain times, or can you access transportation whenever you need it? Will it take you to the specific events or places, such as your place of worship, that you wish to attend or visit? Is there an extra cost for transportation?

MEALS

Most ALRs provide three meals a day. However, by law, ALRs only have to provide one meal a day. ALRs are also required to provide food selections that allow a resident to adhere to sodium-restricted, sugar-restricted, and low fat diets. It is always helpful to try to visit the ALR during a meal time. You should even try to have a meal there to determine if the food is to your liking. Check to make sure that you are dining on a meal that is on that day's menu. Observe the dining room staff; are they attentive to the residents? Is there conversation? Do the residents appear to be enjoying the meal?

Questions to ask about meals:

- **How many daily meals are provided? Are they all covered in the monthly base rate?** If you are away from the ALR for an extended period of time, is a meal credit provided?
- **Are meals in the dining room provided at convenient times?** Is there a choice of the times that you can eat? If you are late for a serving time, will you be accommodated at the next seating? If you wish to sleep late, are coffee, juice and muffins available later?
- **Do residents have to wait for an unreasonable amount of time before being served or after making a special request?**
- **What is the ALR's policy about having meals delivered to a resident's room?** Is this allowed? Is there a charge or limit on the number of times you may have a meal in your room?
- **What is the menu like?** Are there enough interesting choices? What alternatives are available if the main meal is not to your liking? Do not rely upon the sample menu provided with the marketing materials; get real menus being used in the dining room.
- **Does the ALR require residents to sit in assigned seats during meals?** If it does, can you choose to sit somewhere else if you are not happy with the choice that was made for you?

RESIDENTS' RIGHTS

The law and regulations provide residents of Assisted Living with specific rights. Every resident of an Assisted Living Residence has the right to:

- (A) Live in a decent, safe, and habitable residential environment;
- (B) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy;
- (C) Privacy within the Resident's Unit subject to rules of the Assisted Living Residence reasonably designed to promote the health, safety, and welfare of Residents;
- (D) Retain and use his **or** her own personal property, space permitting, in the Resident's living area so as to maintain individuality and personal dignity;
- (E) Private communications, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of her or his choice;
- (F) Freedom to participate in and benefit from community services and activities and to achieve the highest level of independence, autonomy, and interaction within the community;

(G) Directly engage or contract with licensed or certified health care providers to obtain necessary health care services in the Resident's Unit or in such other space in the Assisted Living Residence as may be made available to Residents to the same extent available to persons residing in their own homes: and with other necessary care and service providers, including, but not limited to, the pharmacy of the Resident's choice subject to reasonable requirements of the Residence. The Resident may select a medication packaging system within reasonable limits set up by the Assisted Living Residence. Any Assisted Living Residence policy statement that sets limits on medication packaging systems must first be approved by Elder Affairs;

(H) Manage his or her own financial affairs, unless the Resident has a Legal Guardian or other court-appointed representative with the authority to manage the Resident's financial affairs;

(I) Exercise civil and religious liberties;

(J) Present grievances and recommended changes in policies, procedures, and services to the Sponsor, Manager or staff of the Assisted Living Residence, government officials, or any other person without restraint, interference, coercion, discrimination, or reprisal. This right includes access to representatives of the Assisted Living Ombudsman program established under M.G.L. c. 19D, s. 7, the Elder Protective Services program established under M.G.L. c. 19A, ss. 14 through 26, and the Disabled Persons Protection Commission (DPPC) established under M.G.L. c. 19C et seq.;

(K) Upon request, obtain from the Assisted Living Residence in charge of his or her care the name of the Service Coordinator or any other persons responsible for his or her care or the coordination of his or her care;

(L) Confidentiality of all records and communications to the extent provided by law;

(M) Have all reasonable requests responded to promptly and adequately within the capacity of the Assisted Living Residence;

(N) Upon request, obtain an explanation as to the relationship, if any, of the Residence to any health care facility or educational institution to the extent the relationship relates to his or her care or treatment;

(O) Obtain from a person designated by the Residence a copy of any rules or regulations of the Residence which apply to his or her conduct as a Resident;

(P) Privacy during medical treatment or other rendering of services within the capacity of the Assisted Living Residence;

(Q) Informed consent to the extent provided by law;

(R) Not to be evicted from the Assisted Living Residence except in accordance with the provisions of landlord/tenant law as established by M.G.L. c. 186 or M.G.L. c. 239 including, but not limited to, an eviction notice and utilization of such court proceeding as required by law;

(S) Be free from Physical and Chemical Restraints;

(T) Receive an itemized bill for the basic fee and for charges, expenses and other assessments for the provision of Resident services, Personal Care Services, and optional services;

(U) Have a written notice of Residents' Rights published in typeface no smaller than 14 point type posted in a prominent place or places in the Assisted Living Residence where it can be easily seen by all Residents. This notice shall include the address and telephone number of the Elder Affairs Assisted Living Ombudsman Program and the telephone number of the Elder Abuse Hotline; and

(V) Be informed in writing by the Sponsor of the Assisted Living Residence of the community resources available to assist the Resident in the event of an eviction procedure against him or her. Such information shall include, but not be limited to, the name, address and telephone number of the Assisted Living Ombudsman Program.

NOTICE OF NON-DISCRIMINATION AGAINST PERSONS WITH DISABILITIES

The Americans with Disabilities Act (ADA) is a federal law prohibiting discrimination against persons with disabilities in all public facilities, places of employment, and commercial facilities. The Federal Fair Housing Amendments Act of 1988 (FHAA) as well as the Massachusetts Fair Housing Act (Mass FHA) prohibits discrimination against persons with disabilities in housing transactions, including the provision of services in connection with the housing. Therefore, Assisted Living residents, employees, and visitors with disabilities are covered under the provisions of the ADA, FHAA, and Mass FHA.

ACCESSIBILITY AND REASONABLE ACCOMMODATIONS

In order to ensure that persons with disabilities are not discriminated against, Assisted Living Residences must make reasonable accommodations so that individuals with disabilities may participate and enjoy the same benefits of Assisted Living that non-disabled individuals enjoy.

According to the ADA, reasonable accommodation means any modification or adjustment to the environment that will assure individuals with disabilities the same rights, privileges, and access equal to those individuals without disabilities. Reasonable accommodations include the use of auxiliary aids, services, or devices (e.g. installing grab bars in the bathroom or a raised toilet seat.)

For example, if a resident is unable to participate in certain activities (such as a lecture or book club) because of a hearing impairment, the ALR should make a reasonable accommodation to facilitate the resident's participation. Such an accommodation might include obtaining a microphone, moving the activity to a room where the acoustics are better, or providing other audio enhancers.

Some reasonable accommodations for residents with vision impairments include making arrangements for newspapers or books on tape to be available and printing menus and activity calendars in large type. For residents using wheelchairs, automatic door openers can be installed and residents can be assigned mailboxes on the bottom row so that they can retrieve their mail without assistance.

You should be aware of your rights under the ADA and find out what types of accommodations the Residence will make in different situations. For more information on ADA or reasonable accommodations, contact the Massachusetts Office on Disability at 617-727-7440 or toll free 800-322-2020 (V/TTY).

CONCLUSION

We hope this guide has provided you with the information you need to help make an educated and informed decision regarding choosing an Assisted Living Residence. If you have any comments or questions about the Consumer Guide, please call the Executive Office of Elder Affairs at 617-727-7750.

The Assisted Living regulations may be accessed on-line at www.mass.gov/elders or purchased at the Massachusetts State Bookstore by calling 617-727-2834.

OTHER RESOURCES

Assisted Living Ombudsman Program

Phone: 617-727-7750 or 1-800-243-4636

TTY: 1-800-872-0166

Alzheimer's Association, Massachusetts Chapter

Phone: 1-800-548-2111

Webpage: www.alzmass.org

Massachusetts Extended Care Federation

Phone: 1-800-227-3367 or 617-558-0202

Webpage: www.mecf.org

Mass Aging

Phone: 617-244-2999

Webpage: www.massaging.org

Massachusetts Assisted Living Facilities Association (Mass-ALFA)

Phone: 781-622-5999

Webpage: www.massalfa.org

Assisted Living Federation of America (ALFA)

Phone: 703-691-8100

Webpage: www.alfa.org

Massachusetts Office on Disability

Phone: 617-727-7440 or toll free 1-800-322-2020 (V/TTY)

Webpage: www.mass.gov/mod

Consumer Checklist

This checklist is not intended to be an abbreviated version of the Consumer Guide. You are strongly encouraged to read through the entire content of the Consumer Guide prior to selecting an Assisted Living Residence (ALR) or a Special Care Residence (SCR) which will best meet your needs.

Residence Information

- How many units in the ALR? _____
- Is there a Special Care Residence (SCR)?
 - Yes _____ No _____ # units _____
- What type of special needs does the Special Care Residence address?

- Is there a subsidy program available in the Residence for people with limited incomes and assets? _____

Services Included in the Monthly Fee

Assistance with:

	<u>Daily</u>	<u>Weekly</u>	<u>Time Limit</u>
➤ Bathing	_____	_____	_____
➤ Dressing	_____	_____	_____
➤ Grooming	_____	_____	_____
➤ Transferring	_____	_____	_____
➤ Toileting	_____	_____	_____
➤ Meals (#day)	_____	_____	_____
➤ Housekeeping	_____	_____	_____
➤ Shopping	_____	_____	_____
➤ Laundry	_____	_____	_____
➤ Transportation	_____	_____	_____
➤ Snacks	_____	_____	_____
➤ Activities	_____	_____	_____

➤ OTHER Services Included:

➤ Self- Administered Medication Management (SAMM)

- Included in the monthly fee? Yes ____ No ____
- If no, what is the cost per month: \$ _____

➤ Limited Medication Administration (LMA)

- Does the Residence provide LMA? Yes ____ No ____
- Included in the monthly fee? Yes ____ No ____
- If no, what is the cost per month: \$ _____

ALR - Monthly Fee: \$ _____

SCR - Monthly Fee: \$ _____

Other Questions to Consider

➤ What other services do you need that are not included In the basic services package? _____

➤ What are the associated costs for those services you are seeking that are not included in the basic service package \$ _____

➤ Does this Residence offer the opportunity for a respite stay? If so what is the cost? \$ _____ per day

➤ Is this Residence conveniently located to:

- family members: _____

- friends: _____
- doctor: _____
- hospital: _____
- shopping: _____
- place of worship: _____
- other: _____

NOTES:

Final Checklist

Before you sign an agreement, review the list below to make certain that all of your needs will be met for a cost you can afford:

Know what all of the upfront cost are;

- Entrance Fee : \$ _____
- Application Fee: \$ _____
- Deposit: \$ _____

Know what the basic service package includes as well as the cost for that package:
\$ _____ / month

Know the cost of additional services:

- | | |
|---------------|----------|
| Service _____ | \$ _____ |
| Service _____ | \$ _____ |
| Service _____ | \$ _____ |

Understand exactly what services you are you going to receive each day.

Know the circumstances of how often fees will increase and how much advance notice is given to the resident.

Receive a complete copy of the Residency Agreement and the Disclosure Statement.

Take one final tour of the Residence and surrounding community.

Have the name and number of your contact at the Residence for follow-up questions.

NOTES:
