

Topic Group Recommendations Adopted by 2/3 Majority of the ALW

Accountability & Oversight

Purpose

The Accountability & Oversight Topic Group developed recommendations for regulatory systems designed to provide oversight to assisted living residences.

Issues

The group worked on two primary issues: 1) developing regulatory system guidelines for states and 2) establishing a mechanism to develop outcome measures and quality improvement methods that can be integrated with traditional systems to provide state-of-the-art measurement systems to ensure consumer safety and satisfaction. Related to the goal of providing guidance regarding current regulatory systems, the topic group made recommendations in the following areas: components of a state accountability and oversight system; state-level assisted living stakeholder groups; consumer reports; licensure of assisted living; supply constraints; pre-licensure review; funding for long-term care ombudsmen; and public access to statutes, regulations, survey and inspection reports.

To develop valid outcome measures and improved quality improvement systems, the topic group made recommendations to create a National Center for Excellence in Assisted Living (CEAL), including the tasks to be undertaken by that entity. CEAL would be an on-going effort at the national level to review, research, evaluate and validate methods that will promote quality in assisted living. An additional recommendation made by the topic group is the creation of state-based assisted living workgroups, comprised of assisted living stakeholders, that evaluates the final recommendations of the national assisted living workgroup from the viewpoint of each particular state.

Participants

This topic group was co-chaired by Lyn Bentley of the National Center for Assisted Living and Rick Harris of the Association of Health Facility Survey Agencies.

Topic group participants included Doug Pace of the American Association of Homes and Services for the Aging, Paul Willging and Ed Sheehy of the Assisted Living Federation of America, Karen Love and Jackie Pinkowitz of the Consumer Consortium on Assisted Living, Marianna Grachek of the Joint Commission on the Accreditation of Healthcare Organizations, Donna Lenhoff and Christopher Havins of the National Citizens' Coalition for Nursing Home Reform, Dorothy Northrop of the National Multiple Sclerosis Society, Toby Edelman of the Center for Medicare Advocacy, Don Redfoot of AARP, Bill Reynolds of the Pioneer Network, Carolynne H. Stevens of the National Association for Regulatory Administration, Robert Jenkins of the NCB Development Corporation's Coming Home Program, Josh Allen of the American Assisted Living Nurses Association, Janet Kreizman and Meg LaPorte of the American Medical Directors Association, and Nancy Coleman of the American Bar Association's Commission on Law & Aging.

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AO.01 Center for Excellence in Assisted Living

Recommendation

A national Center for Excellence in Assisted Living (CEAL) should be formed and funded to continue the work of the Assisted Living Workgroup and serve as an ongoing information clearinghouse and shall include a governing board comprised of key stakeholders.

The CEAL should foster and develop the following: 1) performance measures, including measures of clinical outcomes, functional outcomes, staff and resident* satisfaction; 2) updated versions of the ALW recommendations and report; 3) dissemination of these tool that are developed; 4) practice protocols to deal with identified problem areas. The CEAL should also develop capacity to provide technical assistance to states, at their request, for integration of outcome measures and the ALW recommendations; identify and promote areas for research AL; and utilizing objective quality measures and data, provide a regula report to Congress and the nation regarding the state of the assisted living industry.

An additional role of the CEAL is to develop a means of reporting quality information about ALRs in ways that are useful to various constituents.

The governing board of the CEAL should include balanced representation ensuring no on group dominates the board. The groups represented should include: 1) consumers and their advocates, 2) providers, 3) state officials, 4) other professionals working in long term care.

Implementation

Guideline for Federal Policy

Rationale

Promoting quality in assisted living requires developing better information tools for all constituents—to foster autonomy for consumers, innovation among providers, and informed decision-making among government officials.

Consumers: Consumers and their families considering assisted living need information about quality that would allow them to make informed choices among alternatives. Those consumers who live in assisted living need a mechanism to express their satisfaction or dissatisfaction in ways that feed into management practices, state enforcement, and quality reports for other potential consumers.

Supervisory and Direct Care Staff: Quality services are a function of able and committed staff. Staff satisfaction and retention of staff are vital to the continuity of services. Supervisory and direct care staff should be consulted on structure and performance measures and process considerations, including staff scheduling, the appropriateness of workload standards, the availability of supplies and equipment, continuing education for staff.

Providers: Providers shall focus on quality outcomes in their day to day management and

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operations. Outcomes measures developed by the CEAL should be useful to providers in evaluating their performance and identifying areas for improvement. Practice protocols could help providers develop more effective interventions in problem areas.

State Enforcement Agencies: States have the primary responsibility for overseeing quality and enforcing minimum standards for assisted living. The CEAL would have responsibility for updating the guidelines for states on minimum standards. Over time, the effectiveness of these standards should be measured against outcomes measures validated by the CEAL. Quality indicators may be one type of outcomes measure that the CEAL could validate for use by state regulators to ensure more continuous monitoring and more timely and effective interventions.

State and Federal Funding Agencies: State and federal governments have shown increasing interest in providing public reimbursements to assisted living, especially through the Medicaid program and various housing programs. Outcomes measures and the guidelines for state minimum standards should provide benchmarks to evaluate state efforts to assure quality—making sure that increased federal funding is used appropriately.

State and Federal Elected Officials: Members of Congress and state legislators have a responsibility to oversee assisted living and to develop policies affecting the industry. An annual report on the state of quality identifying areas for policy development would help policy decision-makers do their jobs, based on accurate and timely information. The CEAL could serve as an ongoing source of information on quality issues for elected officials as well as other constituents.

Governing Board: Broad acceptance of the recommendations of the CEAL will require broad and balanced representation on the governing board. Further, the governing board should be an independent decision-making entity rather than affiliated with a governmental body.

Funding by Congress: The independence of the CEAL will be critical to its credibility. Congressional funding of the core operations of the CEAL would enable the organization to begin offering services sooner and would help guarantee the independence of the organization. The CEAL may, with approval of its board, seek other funding to sponsor research, help disseminate information, and carry out other functions that it may identify.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, Assisted Living Federation of America, American Medical Directors Association, Catholic Health Association of the United States, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Association of Activity Professionals, National Association of Home Care, National Association of Professional Geriatric Care Managers, National Association of Social Workers, National Adult Family Care Organization, Pioneer Network

Organizations Opposing This Recommendation

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American Seniors Housing Association, Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Academy of Elder Law Attorneys, National Association for Regulatory Administration, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition for Nursing Home Reform, National Senior Citizens Law Center, National Committee to Preserve Social Security and Medicare, National Senior Citizens Law Center

Organizations Abstaining From the Vote on This Recommendation

None

Supplemental Positions for AO.01

1) We dissent. This recommendation would establish a private group to perform many functions that are now tasked to public regulatory agencies. We oppose this recommendation because its full implementation would transfer a government function to a private organization with a nebulous governing structure.

The recommendation also would allow the CEAL to solicit contributions for its work, but has no requirements prohibiting conflicts of interest. The provider community would clearly be in a position to make contributions, thus directing the areas of research and potentially affecting research outcomes.

Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association for Regulatory Administration, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center

2) The undersigned strongly support Accountability and Oversight A0.1 as written for the following reasons:

- To address the on-going quality of assisted living, a national organization is necessary to research and disseminate information and best practices. The CEAL's role as an objective resource to develop and/or validate outcome measures is especially important if these measure are to assume a significant role in quality monitoring.
- A national resource is necessary to continually update standards as better methods of delivery and quality monitoring (e.g., outcome measures) are developed or problems are identified.
- A national organization is needed to develop and disseminate technical assistance to states regarding best practices in regulation and monitoring and to providers regarding operations.
- The products of the CEAL (e.g., regulatory updates, outcome measures, best practices in operations) will benefit all consumers and providers but will be especially useful to affordable assisted living residents and providers. The replacement of process oriented requirements with outcome measures holds great promise to allow greater flexibility in meeting consumers' needs and preferences while allowing providers to run the most affordable operation possible. Likewise, best practice technical assistance will allow states and providers to deliver high quality affordable assisted living.
- Public funding is necessary and appropriate for this function, especially as more federal funding is directed to ALRs.

AARP, Alzheimer's Association, American College of Health Care Administrators, NCB Development Corporation, Consumer Consortium on Assisted Living, National

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Multiple Sclerosis Society, Pioneer Network

3) The rationale for this recommendation specifies: "States have the primary responsibility for overseeing quality and enforcing minimum standards for assisted living." We support states continuing their current role of overseeing assisted living. We support and encourage the creation of Centers for Excellence in Assisted Living (CEAL) in each state and adopting the goals outlined above.

American College of Health Care Administrators, American Seniors Housing Association, National Center for Assisted Living

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AO.02 Increased Funding for Long Term Care Ombudsmen

Recommendation

Congress and the states should provide adequate funding for the Long-Term Care Ombudsman Program to fulfill its responsibilities under the Older Americans Act.

Implementation

Guideline for Federal and State Policy

Rationale

Ombudsmen have legislative authority to resolve complaints and represent resident interests in licensed ALRs. Long-term care ombudsmen have the unique opportunity to negotiate agreements and resolve problems before they become enforcement issues. Equally important, long-term care ombudsmen are resources for consumer education on a wide variety of issues related to assisted living, including resident rights, the difference between nursing-home and assisted-living care, community resources, etc. Providing adequate funding would result in more frequent visits to assisted living residents, increased capacity to provide consumers with much-needed education on assisted-living services, and training to effectively carry out the ombudsman responsibilities in this setting.

Organizations Supporting This Recommendation

AARP, Alzheimer’s Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, National Network of Career Nursing Assistants, Center for Medicare Advocacy, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Academy of Elder Law Attorneys, National Association of Activity Professionals, National Association of Local Long Term Care Ombudsmen, National Association of Professional Geriatric Care Managers, National Association for Regulatory Administration, National Association of Social Workers, National Association of State Ombudsman Programs, National Center for Assisted Living, National Committee to Preserve Social Security and Medicare, National Hospice and Palliative Care Organization, National Senior Citizens Law Center, National Adult Family Care Organization, Paralyzed Veterans of America, Pioneer Network

Organizations Opposing This Recommendation

Assisted Living Federation of America

Organizations Abstaining From the Vote on This Recommendation

None

Supplemental Positions for AO.02

None Submitted

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**AO.03 State-level Public Meetings to Review ALW
Recommendations**

Recommendation

States should convene public meetings attended by regulators, consumers, consumer advocates, assisted living provider representatives, and professionals working in the assisted living setting. At these meetings, states should consider the recommendations of the Assisted Living Workgroup, as well as other local issues that are relevant to the assisted living industry. Similarly-constituted groups should be convened from time to time to consider new issues and to evaluate the impact of decisions made previously. Particular care should be taken to assist consumers and consumer advocacy organizations in obtaining the resources necessary to participate in this effort.

Implementation

Guideline for State Regulation

Rationale

The members of the Assisted Living Workgroup believe that the discussions we have had about various questions are at least as valuable as the conclusions and recommendations that we have reached. We do not expect that states will or should adopt the recommendations of the ALW in wholesale fashion. Decisions involve weighing competing values. Inevitably, states will find balance points that differ from one another and from the ALW. We think it is critically important, however, to articulate the values that underlie decisions, including the values that prevail and those that do not. It is no less important to keep the books open on controversial questions, revisiting from time to time decisions that have been made, evaluating once again the underlying value choices, and determining, to the extent possible, whether adoption of a particular recommendation has had its intended effect.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, Assisted Living Federation of America, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Catholic Health Association of the United States, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Association of Activity Professionals, National Association of Home Care, National Association of Professional Geriatric Care Managers, National Association of Social Workers, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Hospice and Palliative Care Organization, National Adult Family Care Organization, Paralyzed Veterans of America, Pioneer Network

Organizations Opposing This Recommendation

Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Association for Regulatory Administration, National Senior Citizens Law Center

Organizations Abstaining From the Vote on This Recommendation

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None

Supplemental Positions for AO.03

1) We agree that states should seek maximum public input when considering assisted living standards. We fully endorse the concept that care should be taken to include input from consumers and consumer advocates.

We dissent because we believe that most of the recommendations from the Assisted Living Workgroup are not appropriate for adoption by the states. For states that have recently revised their assisted living regulatory approach, adoption of the recommendations in the Assisted Living Workgroup report would in nearly every case be a step backwards, increasing the risk of adverse outcomes to thousands of consumers. Rather than follow the report's recommendations, those states seeking to revise their current assisted living regulations should consider measures adopted by other states in recent years. In several dissents published in this report, and in a separately published paper, we will identify several promising, recently-adopted state regulatory approaches to a number of serious care and safety problems within the assisted living industry.

Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association for Regulatory Administration, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center

2) We support this recommendation. We support the concept of convening state meetings to discuss quality improvements in Assisted Living. We recommend that stakeholder meetings be brought together with a vision statement affirming that consumer-centered perspective will be considered in defining all standards.

A consumer-centered perspective is respected when consideration is given to the consumer's values and experiences, as well as individual preferences into the definition and evaluation of quality of care and quality of life.

It is critical that state level discussions to improve quality not be limited solely to consideration of processes, but rather, give equal weight to alternative approaches that might integrate or substitute measures of results and performance, including consumer satisfaction.

Assisted Living Federation of America, Consumer Consortium on Assisted Living, National Association for Home Care, National Center for Assisted Living, Joint Commission on Accreditation of Health Care Organizations

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AO.04 Pre-licensure Review

Recommendation

A state review of applicants prior to licensure shall focus on both provider capacity and past performance in assisted living and related fields. For applicants without a relevant performance history, in addition to the capacity review, states should exercise heightened oversight until the applicant demonstrates the capacity to operate the residence in compliance with the regulations for one year.

Implementation

Guideline for State Regulation

Rationale

An effective tool for promoting quality in assisted living is a pre-licensure review. State licensure review should include two parts: a capacity review and a performance review. The capacity review would determine the applicant's ability to meet minimum standards and assess its financial soundness. The performance review would focus on a provider's history of providing quality assisted living or similar services. The performance review should include any records of past performance, records of complaints, past business practices, and specific experience a provider brings to serving older persons and persons with disabilities. States should not grant licenses to providers that have unacceptable performance records or show inadequate capacity to provide quality services. States should expedite requested records and reviews of past performance, including information requested by licensing agencies in other states.

New providers are necessary in many locations. States may also want to use provisional licensure for providers with limited experience. Lack of relevant performance histories should not be an obstacle to licensure or limit entry into the assisted living field. Instead an approach combining a rigorous capacity review and heightened oversight should be adopted for applicants new to the assisted living field until a performance record is established.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Assisted Living Federation of America, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, National Network of Career Nursing Assistants, Center for Medicare Advocacy, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Academy of Elder Law Attorneys, National Association of Activity Professionals, National Association of Local Long Term Care Ombudsmen, National Association of Professional Geriatric Care Managers, National Association for Regulatory Administration, National Association of Social Workers, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Hospice and Palliative Care Organization, National Senior Citizens Law Center, National Adult Family Care Organization, Paralyzed Veterans of America, Pioneer Network

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Organizations Opposing This Recommendation

None

Organizations Abstaining From the Vote on This Recommendation

None

Supplemental Positions for AO.04

None Submitted

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AO.05 Supply Constraints

Recommendation

States should not use certificates of need, license moratoria, or any other means to limit the supply of assisted living residences.

Implementation

Guideline for State Regulation

Rationale

Constraints on the supply of assisted living (such as certificates of need or license moratoria) can negatively affect the quality of services by keeping marginal performers in business while limiting the entry of new providers. Licensure should be used to improve quality, not to limit the supply of assisted living residences. Because they reduce competition, supply constraints drive up costs and diminish quality and innovation. Therefore, states should not use certificates of need, license moratoria, or any other artificial constraint on the supply of assisted living residences.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Assisted Living Federation of America, Catholic Health Association of the United States, National Network of Career Nursing Assistants, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Academy of Elder Law Attorneys, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Association of Social Workers, National Hospice and Palliative Care Organization, National Adult Family Care Organization, Paralyzed Veterans of America, Pioneer Network

Organizations Opposing This Recommendation

Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association for Regulatory Administration, National Center for Assisted Living, National Citizens' Coalition for Nursing Home Reform, National Network of Career Nursing Assistants

Organizations Abstaining From the Vote on This Recommendation

National Association of State Ombudsman Programs, National Association of Local Long Term Care Ombudsmen, National Committee to Preserve Social Security and Medicare, National Senior Citizens Law Center

Supplemental Positions for AO.05

1) We dissent from the majority's recommendation to ban supply constraints and from its view that these inevitably preserve substandard facilities while preventing market entry by other providers.

We believe it is equally true that unrestrained growth can and sometimes does result in over-supply with high vacancy rates that force facilities to divert resources from resident care to pay debt

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burdens and other fixed costs. We have seen:

- Facilities, stressed by high vacancies, make ill-advised admissions of high-acuity residents they could not adequately serve or residents who would be inappropriately placed in a home for frail elderly people;
- Abrupt closures that displaced residents;
- Reduced staffing, unmet payrolls with real/threatened walk-outs, and real/threatened cut-offs of services and utilities in over-extended facilities during time-consuming appeal proceedings related to regulators' forcible closure actions and lender foreclosures;
- Some areas dangerously over-built while others remain grossly under-supplied.

Thus, consumers can and do suffer as much from over-supply, voracious competition by large chains, and market volatility as from under-supply.

The wiser course is to allow states the flexibility to adopt, or not adopt, methods and tools according to their prevailing conditions. States are responsible for protecting residents and preventing harmful conditions. States should not be hampered in choosing methods to perform this mission.

Regardless of the states' choices, residents would fare better if:

- States streamlined their appeals processes to reduce the time residents are exposed to high-risk conditions during forcible closure actions;
- States and the federal government generated better planning data and offered planning assistance to promote better, more agile decision-making by providers, lending institutions and states;
- States that establish a certificate of need process assured opportunities for public input; and,
- States that employ market-restraint methods avoided creating unduly thin supply margins that can result in a reduction of healthy competition or consumer options.

Association of Health Facility Survey Agencies, National Association for Regulatory Administration, National Committee to Preserve Social Security and Medicare, National Network of Career Nurse Assistants

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AO.06 Components of a State Accountability and Oversight System

Recommendation

Part I

The regulatory system for assisted living is founded on these principles:

- A regulatory system for assisted living is responsible for abating harm and supporting the resident's decision-making control.
- The regulatory system ensures that there is meaningful assisted living stakeholder participation, especially resident* participation, when defining regulatory standards.
- The regulatory system specifies that the practices, protocols and methods by which care provided are respectful of, and responsive to individual resident preferences, needs and values and that resident values guide care and service delivery decisions.
- Regulatory requirements should be periodically re-evaluated to determine whether or not they are achieving their intended effect.

Part II

Each state shall have adequate survey staff to enforce its assisted living regulations and should have an accountability and oversight system (otherwise referred to as a survey and enforcement system) that includes the following elements:

1. Standards for Licensing – Quality assurance begins with the licensing or certification of the ALR. Standards for licensing should include: documentation of competent management; performance history; criminal background checks; financial soundness; required policies and procedures; compliance with specific building and life safety code requirements; appropriately trained staff, food safety, service planning, dietary oversight
2. A Monitoring Element – Includes a system of no less than annual unannounced inspections, and a responsive complaint investigation process.
3. A Technical Assistance Element – The Technical Assistance Element may be used by a state agency as a third component of its integrated oversight of ALRs; the other two components are surveys and complaint investigations. The state agency may provide technical assistance to ALRs on its own initiative or in response to an ALR's request. The technical assistance includes explanation of regulatory requirements and standards.
4. A Remedy and/or Sanction Element – In the Remedy and/or Sanction Element, a range of remedies and/or sanctions may be employed by the state agency, including: directed plans of corrections; fines, reduced capacity; required training, stipulations on admissions; relief of administrative control of the facility, and license revocation. The remedy and/or sanction component should be based on clear regulatory standards that detail the basis for the licensing sanctions. In some instances the state may require a management consultant to be paid for by the ALR.

Regulatory systems should have systems in place designed to timely identify substandard performers, and to quickly and effectively induce satisfactory performance or closure of the

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ALR. There are three approaches that regulatory agencies should consider using:

Track 1: A small number of ALRs having regulatory difficulties are in such dire circumstances that any reasonable person would fear for the immediate health and safety of the residents. Examples of this situation include: residents are not being fed; there is no heat in the building during the winter due to non-payment of utility bills; residents are being denied urgently needed medical care; residents are being abused by staff and management of the ALR has failed to take any action. Under these circumstances, the only solution is to bring legal action asking for immediate injunctive relief. In situations where the deficiencies do not indicate a physical plant emergency, the injunction shall request some type of receivership or other court-approved change of management of the facility in order to protect residents and allow them to remain in their homes under new management. Discharge of residents shall be an available remedy, but this remedy should be sought by the state agency when there is a physical plant emergency or when receivership or other court-approved change of management of the facility is not possible. Regulatory agencies should have ample legal authority to get immediate relief where necessary to protect residents.

Track 2: ALR operators who have been identified as substandard operators should be immediately notified of their status, of the regulatory agency's assessment of the nature of their problems, and of the remedies and/or sanctions imposed by the state survey agency. The message conveyed should be that identified problems shall be immediately corrected or the ALR will be the subject of additional remedies and/or sanctions and adverse licensure action. In situations involving no harm to residents, the state may give the ALR an opportunity to correct deficiencies before imposing any remedy and/or sanction. Any opportunity to correct problems, if offered, should be limited to a narrow time frame, such as thirty to forty-five days. If problems are not corrected as agreed, the state survey agency shall impose additional remedies and may require the facility to sell or lease the ALR to an unrelated party acceptable to the regulatory agency or bring in an unrelated management company that is acceptable or publicly defend itself at a license revocation hearing. It may be appropriate to conduct a face-to-face meeting with the ALR administrator or with corporate officials to ensure the message is understood and to ensure that any contemplated corrective measures are adequate.

Track 3: License revocation. When Track 2 fails, regulatory agencies shall be prepared to exercise this option.

5. Administrative Procedures Element – Administrative procedures should be expeditious and not unduly prolong or exacerbate the situation that led to the ALR's or State's decision. Administrative procedures should include:

- a. An opportunity for the ALR (including clinical/direct care staff) to discuss survey problems informally with the state agency both during the survey and at the exit conference and to submit a plan of corrections.
- b. The opportunity for the ALR to have an informal conference with the regulatory agency with notification provided to residents*, the ombudsman, or other appropriate consumer advocacy representative.
- c. The right of the ALR to a hearing before an impartial agency officer with a clear set of

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procedural rules. The ALR shall have the right to appeal only deficiencies for which the state agency imposes a sanction.

d. The right of an ALR to appeal the state agency decision to the appropriate state court after a contested case hearing. The ALR shall have the right to appeal only deficiencies for which the state agency imposes a sanction.

The state's rules shall be designed and implemented in a way that:

--Minimizes the time between the identification of deficiencies and final imposition of the remedy(ies); and

--Provides for the imposition of incrementally more severe fines and remedies for repeated or uncorrected deficiencies.

Where the state determines there is an immediate threat to residents' health or safety the state's rules shall authorize the imposition of remedies and/or sanctions during the pendency of an administrative hearing.

Implementation

Guideline for State Regulation

Rationale

This recommendation suggests a framework for an approach to oversight of assisted living. This approach seeks to combine elements of traditional regulatory systems having to do with deterrence and abatement of harm with other modes for monitoring and improving performance and quality of care.

This new approach would align the values associated with assisted living (autonomy, choice, dignity) with the outcomes to be accomplished and the means to evaluate the effectiveness of services within a system that encourages and rewards excellence while retaining traditional state responsibility for vigorous rule enforcement when necessary.

A regulatory system for assisted living serves two primary goals: (1) determining compliance with regulatory standards of care (which include quality of life and residents' rights) and (2) preventing avoidable bad outcomes for residents [California Association of Health Facilities v. Department of Health Services, 16 Cal.4th 284, 940 P.2d 323, 65 Cal.Rptr.2d 872 (1997)].

While it could be beneficial for regulatory agencies to provide technical assistance to facilities to help them provide better care for their residents, that work (1) is not the state core function and therefore should not be done until the state's core functions are completed; and (2) can be accomplished by other entities (trade associations, private consultants, etc). Facilities engage in quality improvement activities. State survey agencies protect public health and safety. Their roles should not be confused. State agencies should not serve as or become part of an ALR's staff or quality assurance teams.

It should be noted that the sequential listing of the Monitoring, Technical Assistance and Remedy and/or Sanction Components is not meant to imply that the state regulatory

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agency shall follow a linear progression from one component to the next. Instead, each component is a distinct part of the system. A state agency, for example, may take direct enforcement action against a provider without prior technical assistance. Similarly, as part of its monitoring functions, a state agency may provide on-site technical assistance in the way of a suggested best practice or the provider may voluntarily initiate a request for technical assistance.

State oversight programs may consider the clinical staff's medical judgment and decision-making in its examination of care processes. ALR clinicians could have the opportunity to provide adequate clinical pertinent explanations regarding their care decisions as part of collaborative or consultative process.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American College of Health Care Administrators, American Medical Directors Association, American Society of Consultant Pharmacists, Assisted Living Federation of America, Catholic Health Association of the United States, Center for Medicare Advocacy, Consultant Dietitians on Healthcare Facilities, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Association of Activity Professionals, National Association of Social Workers, National Academy of Elder Law Attorneys, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Citizens' Coalition on Nursing Home Reform, National Hospice and Palliative Care Organization, National Senior Citizens Law Center, National Association of Professional Geriatric Care Managers, National Conference of Gerontological Nurse Practitioners, National Adult Family Care Organization, Paralyzed Veterans of America, Pioneer Network

Organizations Opposing This Recommendation

American Association of Homes and Services for the Aging, American Seniors Housing Association, Association of Health Facility Survey Agencies, National Association for Regulatory Administration, National Center for Assisted Living, National Committee to Preserve Social Security and Medicare

Organizations Abstaining From the Vote on This Recommendation

National Network of Career Nursing Assistants

Supplemental Positions for AO.06

1) Although we agree with much of this recommendation, we submit this supplemental position to indicate our strong disagreement with #1, the purported principles of a regulatory system. The underlying assumption of the introductory principles is that the most significant problem faced by AL regulators is ensuring that residents have enough decision making control. This assumption reflects the majority's unwillingness to acknowledge significant care and safety problems occurring throughout the assisted living industry-- problems such as abuse and neglect, some resulting in injury or death, elopements resulting in injuries or death, avoidable falls resulting in fractures, and dangerous unplanned weight loss that could be avoided using well-recognized interventions.

The introductory principles, by elevating resident choice above all other concerns would be an impediment to an effective regulatory system. The majority diverts attention from the truly

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important issues. Ignoring the prevalence of care and safety problems in the assisted living setting, it directs regulators merely to make sure that residents have the right to make choices. This is neither useful nor rational as a response to the growing crisis in resident safety and well-being.

Association of Health Facility Survey Agencies, National Association for Regulatory Administration, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center

2) As proposed, this recommendation mirrors the current oversight system for assisted living in some states and the federal oversight system for all certified nursing homes. This type of oversight has not proven to be successful and has shifted the main focus of nursing homes from their customers to their regulators. The ALW has an opportunity to propose a new vision for an oversight system and this recommendation does not reflect a new vision.

The oversight system for assisted living should be designed to embrace the following concepts:

- Partnership among providers, residents and regulators to reach the desired goal of quality assisted living;
- Regulators responsible for assisted living should receive specialty training about assisted living;
- The oversight agency should offer technical assistance to the assisted living residences upon request;
- Resident satisfaction should be an integral component for determining quality; and
- Utilize sanctions and fines only as a last resort (sanctions and fines are punishment and do not necessarily relate to long-term improvement of a situation).

American Association of Homes and Services for the Aging, National Center for Assisted Living, American Seniors Housing Association

Accountability and Oversight

AO.07 Public Access to Statutes, Regulations, Survey and Inspection Reports

Recommendation

State regulatory agencies should make available information that is helpful to consumers and others related to assisted living residences. This availability includes electronic access to statutes and regulations impacting assisted living. The state should also maintain as public records all survey and inspection reports and plans of corrections for a period of at least three years. States should take steps to offer low cost access to these reports, such as by posting the reports on their web page.

Implementation

Guideline for State Regulation

Rationale

Consumers need to have easy access to information that will be useful as they assess assisted living residences.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Assisted Living Federation of America, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, National Network of Career Nursing Assistants, Center for Medicare Advocacy, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Academy of Elder Law Attorneys, National Association of Activity Professionals, National Association of Local Long Term Care Ombudsmen, National Association of Professional Geriatric Care Managers, National Association for Regulatory Administration, National Association of Social Workers, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Hospice and Palliative Care Organization, National Senior Citizens Law Center, National Adult Family Care Organization, Paralyzed Veterans of America, Pioneer Network

Organizations Opposing This Recommendation

None

Organizations Abstaining From the Vote on This Recommendation

None

Supplemental Positions for AO.07

None Submitted

Accountability and Oversight

Accountability and Oversight

AO.08 Federal Jurisdiction Over Assisted Living

Recommendation

The federal government shall exercise its jurisdiction to oversee assisted living and enforce federal law in the following areas:

- To protect consumers from unfair and deceptive acts and practices under the Federal Trade Commission Act;
- Whenever an assisted living provider receives Medicaid funding, the federal government shall adequately enforce its responsibilities for Medicaid waiver for assisted living;
- National abuse registries and criminal background checks;
- Civil rights laws, such as the Americans with Disabilities Act;
- Any other existing federal laws and standards that apply.

This recommendation is not intended to take a position on the need for additional federal authority over assisted living.

Implementation

Guideline for Federal Policy

Rationale

The Senate Special Committee on Aging and GAO have identified consumer disclosure and marketing practices as a problem area for assisted living. These issues are particularly important in the context of an industry whose providers offer a whole range of services with different types of billing strategies, admission and retention policies, and subsidy options. Under the circumstances, it would make sense for the Federal Trade Commission (FTC) to focus attention under its existing consumer protection authority to examine practices in this industry and to take action where problems may persist.

Similarly, CMS should enhance its oversight of states that are using Medicaid waivers and state plan services in assisted living. Since waivers require that recipients be eligible for nursing home services, they require AL providers to offer a higher level of services to a more disabled population than is often envisioned by state AL regulations. CMS should make sure that states are doing an adequate job overseeing quality—not only through having regulations that address higher levels of disability, but also sufficient staffing in state monitoring agencies.

There may be other ways that the federal government can play a more active role in seeing that states do an adequate job with quality—e.g., federal housing programs may play a role. The general goal will be to give states adequate tools, adequate resources, and adequate oversight to make sure they can meet their responsibilities for promoting quality in assisted living.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American College of Health Care Administrators, American Medical Directors Association, American Society of Consultant Pharmacists, Association of Health Facility Survey Agencies, National Network of Career Nursing Assistants, Center for Medicare Advocacy, Consultant Dietitians on Healthcare

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Facilities, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Association of Activity Professionals, National Association of Social Workers, National Academy of Elder Law Attorneys, National Association of Local Long Term Care Ombudsmen, National Association for Regulatory Administration, National Association of State Ombudsman Programs, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Hospice and Palliative Care Organization, National Senior Citizens Law Center, National Association of Professional Geriatric Care Managers, National Conference of Gerontological Nurse Practitioners, National Adult Family Care Organization, Paralyzed Veterans of America, Pioneer Network

Organizations Opposing This Recommendation

American Association of Homes and Services for the Aging, Assisted Living Federation of America, Catholic Health Association of the United States, National Center for Assisted Living

Organizations Abstaining From the Vote on This Recommendation

American Seniors Housing Association

Supplemental Positions for AO.08

None Submitted

Accountability and Oversight

AO.09 Licensure of Assisted Living

Recommendation

States shall require assisted living licensing for any entity that meets the state's definition or does the following:

1. Holds itself out as an ALR; OR
2. Offers to provide assisted living services unless licensed under another related category OR
3. Uses the phrase "assisted living" in its name or marketing materials.

Implementation

Guideline for State Regulation

Rationale

Entities that meet the criteria identified in the above recommendation should be licensed as assisted living. This will provide the states with appropriate regulatory oversight of entities that are providing assisted living. Additionally, it will provide consumers with a broad definition of assisted living and the assurance that there is state regulatory monitoring and oversight.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Association of Homes and Services for the Aging, American Assisted Living Nurses Association, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Catholic Health Association of the United States, Consultant Dietitians on Healthcare Facilities, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Association of Activity Professionals, National Association of Social Workers, National Association of Local Long Term Care Ombudsmen, National Association of Professional Geriatric Care Managers, National Association of State Ombudsman Programs, National Center for Assisted Living, National Conference of Gerontological Nurse Practitioners, National Hospice and Palliative Care Organization, National Adult Family Care Organization, Paralyzed Veterans of America, Pioneer Network

Organizations Opposing This Recommendation

Assisted Living Federation of America, Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Academy of Elder Law Attorneys, National Association for Regulatory Administration, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center

Organizations Abstaining From the Vote on This Recommendation

None

Supplemental Positions for AO.09

- 1) We dissent. This definition essentially says that a business only needs to get licensed as an

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assisted living residence if it calls itself, "Assisted living," or if it meets the state's definition of assisted living. It avoids making any recommendations to states on how they should define assisted living.

Licensure requirements should be based on the care needs of the residents that a facility houses, rather than based on the services that it provides. Otherwise, assisted living residences are unlimited in which residents they may admit and retain. Moreover, facilities could lawfully escape having to meet licensure requirements merely by not offering one out of a long list of services. We believe a more rigorous legal definition is required, and propose the following as a guideline to states:

"Assisted living residence" means any business entity, including an individual, that offers housing, meals, and care to ___ [insert here a minimum number to be determined by state law or policy] or more adults who require assistance with activities of daily living or more extensive care, unless the facility is subject to licensure as a different entity, such as a nursing home, or unless the entity is specifically excluded by law from the requirement to be licensed.

Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association for Regulatory Administration, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center

2) We dissent. This recommendation goes beyond the mandate to the ALW to focus on recommendations to the states to improve quality in assisted living. Rationale says that adoption of this recommendation will provide the states with appropriate regulatory oversight authority. States already have the requisite authority. Therefore this recommendation provides no new guidance to the states that will improve quality in assisted living. Further, the thrust of the recommendation infringes on state authority to set the terms and conditions for licensure.

Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations

Accountability and Oversight

AO.10 Stakeholder Involvement in Federal Actions

Recommendation

Congress and federal agencies shall, in a public and open manner, consult with a diverse representation of stakeholders, including residents* in the review, evaluation and formulation of any assisted living law, policy, regulation or program.

Implementation

Guideline for Federal Policy

Rationale

The development and consideration of any assisted living measure without effective communication with the diverse stakeholders of assisted living will result in outcomes that are not significantly effective.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Association of Health Facility Survey Agencies, National Network of Career Nursing Assistants, Center for Medicare Advocacy, Consultant Dietitians on Healthcare Facilities, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Academy of Elder Law Attorneys, National Association of Activity Professionals, National Association of Social Workers, National Association of Local Long Term Care Ombudsmen, National Center for Assisted Living, National Association of Professional Geriatric Care Managers, National Association for Regulatory Administration, National Association of State Ombudsman Programs, National Citizens' Coalition on Nursing Home Reform, National Conference of Gerontological Nurse Practitioners, National Committee to Preserve Social Security and Medicare, National Hospice and Palliative Care Organization, National Senior Citizens Law Center, National Adult Family Care Organization, Paralyzed Veterans of America, Pioneer Network

Organizations Opposing This Recommendation

American Association of Homes and Services for the Aging, Assisted Living Federation of America, Catholic Health Association of the United States

Organizations Abstaining From the Vote on This Recommendation

None

Supplemental Positions for AO.10

None Submitted

Topic Group Recommendations That Did Not Reach Two-Thirds Majority

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The following recommendations did not reach a two-thirds majority of the ALW. The recommendations showing a voting record were unable to reach two-thirds majority at the final vote. The recommendations that do not show a voting record were unable to reach the two-thirds majority during the development process.

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AO.11 Measure of Resident Outcomes

2/3 Maj. Not Reached

Recommendation

The CEAL (Center for Excellence in Assisted Living) should research, develop and validate measures of resident outcomes including consumer satisfaction and consumer quality of life. When resident outcome measures are available, states may integrate these measures into their regulations and survey process.

The CEAL's designation of outcome measures shall be preceded by research and analysis to identify a limited number of outcome measures that are most useful in evaluating resident quality of life.

Implementation

Guideline for Federal Policy

Rationale

Outcome measures are a powerful tool in enhancing the quality of life of residents. Additionally, outcome measures may be used to focus state inspection and survey activities on issues that are of greatest concern, to act as sentinels for potential problems as they develop and to help consumers choose an appropriate ALR.

Information on outcome measures should be provided to consumers. The information about outcome measures will require analyses with risk adjustments for the ALRs involved, the level of services offered, and the characteristics of the residents served. The CEAL should work on the technical issues so that reports made to consumers and providers are accurate and understandable comparisons that are useful to their respective decision-making needs.

There are substantial costs imposed on both providers and on regulatory agencies involved in a data collection effort such as the one envisioned here. Restricting data elements to only those most useful to consumers, providers, and states in their respective decision-making as identified by the preceding efforts should minimize these costs.

Because of the complicated technical issues in validating quality measures, collecting the data, analyzing the data, and reporting the results, the ALW envisions an extended period of time during which these measures are developed and implemented. As measures are validated and tested, they may be introduced a few at a time rather than as a whole. The ALW urges particular attention to consumer satisfaction and quality of life measures as areas too often ignored in evaluating quality performance.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American College of Health Care Administrators, American Medical Directors Association, American Society of Consultant Pharmacists, Consultant Dietitians on Healthcare Facilities, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Association of Social

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Workers, National Conference of Gerontological Nurse Practitioners, Paralyzed Veterans of America, Pioneer Network

Organizations Opposing This Recommendation

American Association of Homes and Services for the Aging, American Seniors Housing Association, Assisted Living Federation of America, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, National Network of Career Nursing Assistants, Center for Medicare Advocacy, National Academy of Elder Law Attorneys, National Association of Local Long Term Care Ombudsmen, National Association for Regulatory Administration, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Hospice and Palliative Care Organization, National Senior Citizens Law Center

Organizations Abstaining From the Vote on This Recommendation

None

Supplemental Positions for AO.11

1) We oppose this failed recommendation because it is not appropriate for a private organization structured like the proposed "CEAL" to develop the outcome measures and a minimum data set. Our objections to the CEAL concept are more fully set out in our dissent to recommendation AO-01.

Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association for Regulatory Administration, National Association of Local Long Term Care Ombudsmen, National Citizens' Coalition for Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center

2) The undersigned strongly support recommendation AO.11. The ongoing effort to promote quality in assisted living must include research to develop and validate measures of resident outcomes. Particular attention should be paid to measures of consumer satisfaction and quality of life. The CEAL, a national body with representation from a balanced group of stakeholders, is the ideal group to conduct this important work.

The Rationale recognizes the value of outcome measures for consumers, providers, and states. Outcome measures benefit consumers by providing the information needed to develop consumer reports, which provide potential residents and their families with the information they need when choosing an ALR. Outcome measures are useful to providers in their internal quality improvement efforts. Performance-based outcome measures are also valuable for states' survey and monitoring efforts, helping states to focus efforts on improving resident outcomes.

It is the hope of the signatories that as outcome measures are validated, and where determined appropriate and feasible, the outcome measures would replace some of the more prescriptive requirements contained in current ALW recommendations which we support in the interim in the absence of appropriate alternatives.

AARP, Alzheimer's Association, American Assited Living Nurses Association, Consumer Consortium on Assisted Living, NCB Development Corporation, National Multiple Sclerosis Society, Pioneer Network

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3) We dissent. We support in principle the intent of the recommendation, however this recommendation goes beyond the mandate to the ALW to focus on recommendations to the states to improve quality in assisted living.

CEAL is premised on federal funding. Senate Special Committee on Aging did not request recommendations for spending on new federal programs.

Rationale for CEAL calls for federal regulation of assisted living; i.e. Members of Congress have a responsibility to develop policies affecting the industry.

Assisted Living Federation of America, National Association for Home Care, Joint Commission on Accreditation of Health Care Organizations

Accountability and Oversight

AO.12 Consumer Reports

2/3 Maj. Not Reached

Recommendation

The CEAL should develop models for states to use in producing assisted living consumer reports and a uniform disclosure form that are easy to read and useful. These reports should be developed with input from assisted living stakeholders and the assistance of experts in the field of assessing consumer preferences and information needs when making major decisions affecting consumers' lives.

Implementation

Guideline for Federal and State Policy

Rationale

Using valid scientific research and state of the art marketing research techniques to determine what AL consumers want to know has never been attempted at a national level.

Organizations Supporting This Recommendation

AARP, Alzheimer's Association, American Assisted Living Nurses Association, American College of Health Care Administrators, American Medical Directors Association, American Seniors Housing Association, American Society of Consultant Pharmacists, Consultant Dieticians on Healthcare Facilities, Consumer Consortium on Assisted Living, Joint Commission on Accreditation of Health Care Organizations, National Multiple Sclerosis Society, NCB Development Corporation, National Association of Activity Professionals, National Association of Professional Geriatric Care Managers, National Association of Social Workers, National Conference of Gerontological Nurse Practitioners, Paralyzed Veterans of America, Pioneer Network

Organizations Opposing This Recommendation

American Association of Homes and Services for the Aging, Assisted Living Federation of America, Association of Health Facility Survey Agencies, Catholic Health Association of the United States, National Network of Career Nursing Assistants, Center for Medicare Advocacy, National Academy of Elder Law Attorneys, National Association of Local Long Term Care Ombudsmen, National Association for Regulatory Administration, National Association of State Ombudsman Programs, National Center for Assisted Living, National Citizens' Coalition on Nursing Home Reform, National Committee to Preserve Social Security and Medicare, National Hospice and Palliative Care Organization, National Senior Citizens Law Center

Organizations Abstaining From the Vote on This Recommendation

None

Supplemental Positions for AO.12

1) We oppose this failed recommendation because it is not appropriate for a private organization structured like the proposed "CEAL" to develop a model consumer report. Our objections to the CEAL concept are more fully set out in our dissent to recommendation AO-01.

Association of Health Facility Survey Agencies, Center for Medicare Advocacy, National Association for Regulatory Administration, National Association of Local Long Term Care Ombudsmen, National Association of State Ombudsman Programs, National Citizens' Coalition for Nursing Home Reform, National Committee to

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Preserve Social Security and Medicare, National Network of Career Nursing Assistants, National Senior Citizens Law Center

2) The undersigned strongly support recommendation AO.12. A crucial part of the ongoing effort to promote quality in assisted living is the development of consumer reports that will help consumers be more informed about quality outcomes in ALRs. A national model for these consumer reports would help consumers to compare ALRs across states.

A key problem in assisted living has been that consumers are often not informed about important information they need in choosing an ALR. The development of a useful, easy to read uniform disclosure form would ensure that consumers are consistently provided the information they need to make informed decisions.

The CEAL, a national body with representation from a balanced group of stakeholders, is the ideal group to develop models for consumer reports and uniform disclosure forms for the states to use.

AARP, Alzheimer's Association, American Assisted Living Nurses Association, Consumer Consortium on Assisted Living, NCB Development Corporation, National Multiple Sclerosis Society, Pioneer Network

3) Oversight for assisted living is and should remain at the state level. Thus, development of assisted living consumer reports should logically be done at the state level.

States are encouraged to research what consumers want to know about an assisted living residence and develop a report that provides that information for use by consumers. Keeping this at the state level will make it possible to create reports that embrace the differences in assisted living from state to state.

National Center for Assisted Living, American Seniors Housing Association

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