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Results and Recommendations from the Research on Assisted Living Facilities and the Tenure Question

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1 BACKGROUND & PURPOSE FOR RESEARCH

This report reflects the Center for Survey Methods Research's (CSMR's) investigation of the characteristics of Assisted Living Facilities (ALFs). The purpose of this research was to investigate the details of assisted living arrangements for the elderly and determine whether and how the tenure question on the 2010 Census can be revised to accommodate reporting of assisted living arrangements.

The tenure question is currently as follows:

Is this house, apartment, or mobile home-
MARK ONE BOX
- ☐ Owned by you or someone in this household with a mortgage or loan?
- ☐ Owned by you or someone in this household free and clear (without a mortgage or loan)?
- ☐ Rented for cash rent?
- ☐ Occupied without payment of cash rent?

A problem was noted in the 1990 and 2000 censuses when residents of ALFs complained that the tenure category gave them no place to identify themselves. Upon moving into these facilities, residents had paid a large entrance fee (usually $100,000-$300,000) and still paid monthly fees (usually over $1000 per month). While they felt like they were more than renters because they had invested some money in the facility, they knew that they technically were not owners.

The current research had two objectives. The first was to research the payment methods of ALFs in order to determine whether a separate tenure category should be added to the 2004 Test Census. The second objective was to identify whether ALFs should be enumerated as housing units or group quarters. This distinction is critical for this research because if they were labeled group quarters, the tenure category would be irrelevant.

There were three parts to this research. The first involved a literature review to determine how ALFs are defined and what the characteristics are. The second involved conducting unstructured interviews with 21 individuals or small groups that represented experts in the field, either in the private sector or in government that deal with senior housing. For the final part of this project, five ALFs were chosen for site visits and consultation with management.

2 EXECUTIVE SUMMARY

ALF residents pay monthly fees for room, meals, utilities and services. Although in many cases residents do not refer to their monthly fee as "rent," payment for shelter is usually included in their monthly fee. In most cases, these residents are clearly not owners, and fit closely with definitions of renters - even though their arrangement is not typical of renters. Based on this review, the current tenure question seems adequate for residents in ALFs that are not part of Continuing Care Retirement Communities (CCRCs).

A CCRC provides independent living, assisted living and skilled nursing care on one campus to facilitate aging in place. While technically, there is no transfer of ownership of property in most CCRCs, residents have paid a large sum of money in the form of an entrance fee which they may feel is equivalent to purchasing property. Consequently, they may think of themselves as more than a renter, even though they pay a substantial monthly fee. The problem with the tenure question as it relates to CCRCs is that some people do consider residents to be owners, others consider them renters and still others think they do not fit into either category. If a fifth tenure category is added to account for CCRC residents, we would face two challenges: (1) residents of regular retirement communities may falsely endorse this category, which could lower the home-ownership rate, and (2) some residents of CCRCs may identify themselves as owners (they might actually be condominium owners, in some cases) or renters, instead of marking this category. According to the statistics from American Seniors Housing Association (ASHA), only approximately 0.2% of the US population lives in CCRCs. Of these, some may legitimately consider themselves owners or renters.

ALFs fall on the continuum between housing units and group quarters. They may be semi-private or private (though, arguably, most are private). They may or may not have kitchen facilities in each room. They normally provide congregate dining for at least one meal (three meals in many cases). Most often they have locks on the doors of the units (Special Care units are the exception). Most have separate bathrooms. In most cases, residents may come and go as they please (again, Special Care is the exception). Most residents do receive some personal care assistance (including dressing, grooming or bathing assistance). Almost all units have direct access from the outside or from a common hall. In most cases Special Care units (including Alzheimer's or Dementia care) are more similar to nursing home units than regular assisted living units are.

The classification of assisted living units will depend on the definition given to a housing unit and a group quarter. Because of the vast differences in state regulations concerning these facilities, I recommend that ALFs not be grouped as a particular type of housing, but rather they be listed as housing units or group quarters based on a case-by-case evaluation of the living arrangements of the residents. If clear criteria are set forth for housing units (i.e., units have locks on doors, private baths and kitchenettes), then management could easily assess whether their units meet that criteria. This would allow units that function more independently and are structurally more similar to housing units to be enumerated as housing units and sampled as such while placing more institutionalized facilities under the group quarters heading.

A potential wording of a new response category for the tenure question is presented, although my recommendation is that the small number of people for whom it is relevant (less than 0.2% of the population) does not warrant its inclusion in the question.

3 METHOD & RESPONDENT CHARACTERISTICS

In September and October of 2002, a member of CSMR staff conducted unstructured interviews with twenty-one respondents (or groups of respondents)[1] interviewed either over the telephone or at their place of business. Interviews ranged in duration from 30 to 90 minutes and were audio-taped after gaining respondents' consent. With the exception of one person, all respondents gave their consent to have their names, titles and affiliations included as consultants on this research project. A list of people participating in this research is presented in Appendix A.

The questions administered to participants were arranged to first gather information about ALFs, then to discuss more specifically the Housing Unit/Group Quarters issue and the applicability of the tenure question. Appendix B provides a topic outline of the protocol used to conduct the interviews.

Following the expert interviews, five ALFs were chosen for site visits and consultation with management. These facilities were located in Maryland, Virginia, and Washington state. The selected sites were as follows: a Continuing Care Retirement Community, a public housing assisted living project, a senior living condominium community; a privately-owned ALF and a corporately-owned ALF. These distinct types of communities/facilities were visited in order to gather a broad view of assisted living arrangements. This is not a random selection of all types of ALFs, nor is it representative. It constitutes an attempt to see, first hand, a few of the types of facilities that were discussed by the experts. Appendix C gives descriptions of each facility visited. Information gathered from these visits is included in the following analysis. At each facility a member of management was consulted. In that respect, this provides five additional expert informants.

4 DEFINING ASSISTED LIVING

One of the problems that has been heavily cited concerning assisted living research is that there is no national definition for assisted living. Instead, assisted living is licensed and regulated by each state, and the definition across states varies widely. For this research, we were primarily concerned with types of seniors' housing facilities that were neither clearly independent housing units, nor were they nursing home facilities. We were also interested in cases where the resident would neither be clearly a renter nor an owner.

Other types of seniors' housing arrangements were encountered during the course of this research and were deemed not applicable to the current research on assisted living. These include congregate housing, HUD section 202 subsidized housing or supportive seniors housing, cooperatives, co-housing, naturally-occurring retirement communities (NORCs), commercial retirement communities and home health care. Brief definitions are provided for each of these living arrangements in

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[1]For several agencies, there were 2 or more people who wanted to speak with us concerning this research. In these cases, the protocol remained the same, but the interview took the form of a focus group rather than a one-on-one interview. Both types of interviews will be treated together, because we have no reason to believe that the information would be qualitatively any different.

Appendix D.

Examples of Assisted Living Definitions

From US Dept of Heath and Human Services, Office of the Assistant Secretary for Planning & Evaluation[2]:

> Residences that provide a "home with services" and that emphasize residents' privacy and choice. Residents typically have private locking rooms (only shared by choice) and bathrooms. Personal care services are available on a 24-hour-a-day basis.

From American Seniors Housing Association:

> Assisted Living residences... include 24-hour protective oversight and assistance for individuals with functional limitations. Assisted living residences are residential dwellings, typical with less than 100 apartment units and many resemble large single-family homes and house 30 to 60 residents. Most offer private rooms with kitchenettes and common living and dining areas. Services vary but often include: assistance with activities of daily living; administration of medicine; first-aid and medical care for minor ailments; and round-the-clock protective oversight.

The purview of assisted living provided by the Consumer Consortium on Assisted Living is much broader than most other definitions. It is not limited by the structure of the facility, the specific services provided, the number of residents or the payment method. However, the consortium does not include home health care or multifamily apartments that provide minimal services. See Appendix E for the details of its definition.

These are just a few of the many conceptions of assisted living that exist. With these three examples, it is apparent that the level of specificity of the definition varies greatly and the units that are considered assisted living units may also vary tremendously between organizations in respect to services offered and type of structure.

Given that there is no single definition or way to characterize assisted living, experts in this field were contacted to gather information concerning our goals of assessing the type of structure that an assisted living is (housing units or group quarters) and relevance of the current tenure categories.

5 OVERVIEW OF ASSISTED LIVING FACILITIES

Characteristics of ALFs do vary greatly - this was apparent both within and between interviews with experts.

Types of Facilities

[2] http://aspe.hhs.gov/daltcp/diction.htm

ALFs can be free-standing or associated with an Independent Living Facility[3] or a skilled nursing facility. In October 2002, American Seniors Housing Association (ASHA) estimated 7,150 facilities with 531,625 residents in the United States[4].

Continuing Care Retirement Communities (CCRCs) also contain an ALF unit. CCRCs offer a continuum of care for the aging adult. They represent a philosophy of aging in place - allowing a person to enter the community in his or her late fifties or early sixties and remain there for the rest of his or her life by providing additional services as they are needed. In general, CCRCs offer independent living, assisted living and skilled nursing care on their campuses. In October 2002, ASHA estimated 2,150 CCRC properties in the US, containing 613,625 units.

There are several types of ALFs. The following are general classifications:

1. Apartments are the traditional structure of ALFs. They can be studio, one-, or two bedroom apartments. They offer services and centralized meals, which sometimes replace the need for individual kitchen facilities.

2. Special care, dementia or Alzheimer's care ALFs are for a more frail population than traditional ALFs. They are more likely to be semi-private, less likely to have any kitchen facilities, less likely to have locks on doors and more likely to restrict their residents from leaving freely than traditional ALFs. The higher the level of care, the more institutionalized the surroundings become.

3. Group homes for the elderly or adult foster care residences can be housed in a single family home structure and may call themselves ALFs.

4. Large congregate care or board and care facilities may be dorm-style (i.e. more than 2 persons per room), lower income, and more institutionalized. In some states, these are licensed as ALFs.

This research focuses on the first and second types of ALFs. These two types of units are sometimes found within one facility, with separate wings or floors dedicated to each type of residence.

Please note that adult foster care, group homes for the elderly and board and care facilities may be licensed as ALFs in some states. Many experts did not include these types of facilities in their discussion of ALFs because these facilities do not adhere to the philosophy of assisted living that they advocate. Instead, the name and licensure has been applied to a type of facility that is very different from the concept of an ALF.

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[3]Independent living is characterized as a living arrangement primarily for seniors that offers minimal services. In many cases, meals and minimal services (housekeeping and laundry) may be purchased or, less often, included in the monthly fees.

[4]Preede, Ken (2002). Housing the Nation's Elderly Population. Available at http://www.seniorshousing.org/whatsnew/default.html

Physical Appearance

The physical appearance of an ALF depends largely on state regulations. Some facilities have units with full kitchens or kitchenettes - which might include a refrigerator and a microwave or hot-plate. However, one of the main reasons for moving to an ALF is that a senior has trouble with making meals. Thus, meals are usually provided in a common dining hall.

Private vs. Semi-private Apartments

Many experts advocate a model of assisted living that includes private rooms; some even use private rooms as a defining characteristic of a 'true' ALF. However, this is not always the case. Approximately 25% of units are shared.

Semi-private rooms are usually offered for financial reasons. The higher-priced facilities are mostly private; lower-priced, including public, facilities are more often semi-private. One exception is HUD ALFs which are, reportedly, all private units with kitchenettes.

Special Care, Alzheimer's or Dementia ALFs are also more likely to be semi-private.

Population

One respondent reported that approximately 2% of the residents of ALFs nationwide are young disabled. These facilities are usually, but not always, for the elderly. In many cases, this is self selection, rather than a regulation. Most facilities either specialize in elderly or young disabled; there are not many cases of mixed populations.

Services

The following review of services provided by ALFs is based on the opinions of expert respondents, not a survey of the industry (although some respondents did have access to this data).

Almost all ALFs provide at least one meal per day. Many provide 3 meals per day. This is one of the defining characteristics of ALFs - communal dining.

One key characteristic of ALFs is their provision of assistance with activities of daily living (ADLs). In almost all cases, assisted living residents will need assistance with at least one (more, in many cases) ADL. Examples of these include dressing, grooming and bathing assistance. At a very minimum, by definition an ALF provides some personal care or oversight.

Medication management is often another key characteristic of ALFs, though the details of this are strictly regulated by some states. Often, there will be a nurse on-site sometimes for a limited time, in other cases for 24 hours a day. Most experts describe these services as "limited nursing care."

Some form of security is usually provided. At the minimum, doors are usually locked at night. Some ALFs provide alarms, cameras or security guards, but this is not always the case.

Most ALFs provide some laundry services. At the minimal, linen cleaning is included in the package of services. Sometimes personal laundry will be done (usually at an extra charge) or facilities will be provided for personal use. Similarly, a minimal amount of housekeeping is

typically offered.

Many facilities provide transportation to and from doctors' appointments and some offer recreational outings. Transportation assistance can range from making arrangements for transportation to having an employee personally chauffeur the resident. Many facilities also offer on-site organized gatherings and activities.

6 PAYMENT AND TENURE

Assisted Living Facilities

In most cases, for free-standing ALFs or those associated with an independent living or skilled nursing care facility, there is a deposit of only one or two month's rent upon moving in. Charges are incurred on a monthly (or daily) basis. Contracts or leases, if they exist, are flexible due to the sometimes fragile health of the resident.

ALF residents pay monthly fees for room, meals, utilities, and services. In private pay facilities, there are usually tiers of services that vary in cost. The basic fee covers room, meals, utilities, and minimal services. Additional services cost extra. Although in many cases residents do not refer to their monthly fee as "rent," included in their fee is a rental payment (or payment for shelter).

Some experts did express concern that ALF residents were different from renters, since they are in the facility because they need special care (not just housing) and landlord/tenant laws do not apply. Many experts referred to them as "residents" rather than "renters." In most cases, these residents are clearly not owners, and fit most closely with definitions of renters - even though their arrangement is not typical of renters. Based on this review, the current tenure question seems adequate for residents in ALFs that are not part of CCRCs.

Continuing Care Retirement Communities

For a CCRC**,** a considerable sum of money (i.e. $10,000 to $500,000) is paid upon moving into the community. This is referred to as "an entrance fee," "endowment financing," "life care contract," "a purchase price," "an annuity,"or "long term care insurance." In most cases, there is no purchase of property (although there are a few places where a condominium is actually purchased and can be resold). Rather, the resident is purchasing some sort of guarantee to a place to live, care, and services - sometimes at a fixed rate, sometimes at a variable rate. Instead of purchasing property, the person purchases the right to live within the community and to take advantage of the services offered. Sometimes this entrance fee is refundable (in full or, more often, at a declining rate), but other times it is completely non-refundable. The newer model is to offer refundable deposits or smaller entrance fees. There is still a substantial monthly fee that covers services, meals, utilities, and possibly rent.

While technically, there is no transfer of ownership of property in most cases, residents have paid a large sum of money which they may feel is equivalent to purchasing property. Consequently, they may think of themselves as more than a renter, although they still pay a substantial monthly fee. In some cases, this fee does not change as they move to different levels of care. In other cases, it does change.

The problem with the tenure question as it relates to CCRCs is that some people do consider

residents to be owners, others consider them to be renters and still others think they do not fit into either category. In fact, during one of the on-site interviews, I asked two members of management, separately, whether the residents were owners, renters or neither. One manager replied that they were more like renters, and the other thought they were more like owners.

Here we seem to face a problem similar to that of Cooperative housing. Residence status is something in between renting and owning. If we add a fifth tenure category to account for CCRC residents, we would face two challenges: (1) residents of regular retirement communities may falsely endorse this category, which could lower the home-ownership rate, and (2) some residents of CCRCs may identify themselves as owners (they might actually be condominium owners, in some cases) or renters, instead of marking this category.

7 GROUP QUARTERS VS. HOUSING UNITS

Many experts noted that ALFs are neither truly group quarters nor housing units - they are a hybrid. ALFs are marketed as housing units as opposed to group quarters. The philosophy of assisted living is maintaining one's independence and aging-in-place. This is more consistent with our concept of housing units than group quarters. They do not typically have 24-hour nursing care (though in some states they may). The current trend is for assisted living units to be larger and look more like independent apartments. Experts expressed a need for housing data on these units - for this reason the housing unit classification is more appealing than the group quarters classification.

Criteria for Separating Group Quarters from Housing Units

Because of the vast differences between the structural facilities and services rendered in ALFs in different states, it would be difficult to label them as a group into either group quarters or housing units.

There are many ways that housing units could be identified for the purposes of sorting ALFs into housing units or group quarters. The following outline specifies some of these criteria for housing units and delineates the effects they would have on ALFs.

A. All private units - Most facilities are, reportedly, private. One estimate shows that only 25% of all units are semi-private. However, separating private from semi-private may separate low income from high income facilities (though this is inconclusive).

B. All units have locks on doors - Many regular assisted living units can be locked, though management almost always has a key for emergencies. Alzheimer's, Dementia and Special Care units are not likely to have locks.

C. All units have separate bathrooms - Almost all ALFs do have a bathroom in each unit that contains at least a toilet. When the residents need bathing assistance, sometimes there will be a shower room instead of an individual shower.

D. All units have separate kitchen(ette) - I was not able to obtain data on the percentages of ALFs that have kitchen facilities in each room. It was apparent that some do and some do not. Alzheimer’s, Dementia or Special Care units are less likely to have kitchen facilities.

Victor Regnier, Jennifer Hamilton, and Suzie Yatabe, authors of *Assisted Living for the Aged and Frail: Innovations in Design, Management and Financing*, maintain that "units should contain an area for food storage and preparation... because it defines the image of a 'complete' residential unit" (1995, p33). In some ALFs, residents must go to a communal dining hall for every meal and do not have the opportunity to make their own meals. Units that do not have eating facilities are typically smaller as well, with a bedroom, but no dining area. If a resident must leave his or her unit to eat in a common dining area, then arguably, the resident does not live independently from other residents in the building.

E. Residents may come and go as they please - In most regular ALFs residents may come and go as they please, though in most cases, the management would like to be informed that the person is leaving. In Alzheimer's, Dementia, and Special Care units, residents generally cannot leave without being "checked out" by a friend or family member.

F. Residents do not receive personal care assistance (dressing, grooming, or bathing assistance) - Almost all facilities provide personal care assistance - this is a defining characteristic of ALFs. If "living independently" implies living without assistance with activities of daily living, then ALF residents do not live independently. By virtue of moving to an ALF, the resident has conceded that he/she cannot live completely independently.

G. All units have direct access from the outside or from a common hall - Almost all ALFs have direct access from the outside or (more often) from a common hall. The possible discrepancy here is that sometimes residents may walk through a common living room to get to their rooms.

Housing Unit/ Group Quarters Distinction

In most cases, Special Care units (including Alzheimer's or Dementia care) are more similar to nursing home units than independent housing units. However, the classification of these special assisted living units will depend on the definition given to a housing unit and a group quarter.

It is common for independent living, assisted living, and special care units to be housed on separate wings, floors or buildings when they occur in the same facility. Most units within a facility have similar characteristics, so that if the building (or wing) is listed as housing units or a group quarter, all units within the building (or wing) will be accurately classified.

Many residents of ALFs have some form of dementia, and possibly could not complete the questionnaires on their own. One expert mentioned that the staff at many ALFs are trained to be "personal helpers" and even help residents with voting, if they need the assistance. She said that they would be able to help residents without influencing their responses. While many experts thought that residents could get help from staff or family, it is evident that by enumerating these facilities as housing units, many proxy reports will be given. One expert suggested that, based on his past research, approximately 1/3 of assisted living residents will be reported by proxy.

8 RECOMMENDATIONS

Group Quarters or Housing Units

Because of the vast differences in state regulations and types of facilities that are labeled ALFs, I recommend that ALFs not be grouped together as a single type of housing, but rather be listed as housing units or group quarters based on a case-by-case evaluation of the living arrangements of the residents. If clear criteria are set forth for housing units (i.e. units have locks on doors, private baths and kitchenettes), then management could easily assess whether their units meet that criteria. This would allow units that function more independently and are structurally more similar to housing units to be enumerated as housing units and sampled as such, while placing more institutionalized facilities under the group quarters heading.

Several experts recommended that residents be enumerated as housing units, but some information be gathered from the management as well (to make sure everyone was accounted for). A representative from the Assisted Living Federation of America (ALFA) suggested that the Census Bureau form a partnership with ALFA for the 2010 Census to ask members to assist their residents with the forms.

Tenure Category

According to the statistics from ASHA, approximately 0.2% of the US population live in CCRCs. Of these, some may legitimately consider themselves owners or renters. Others do not identify with either category. Given the problems that would be inherent in the creation of a new category, the small number of people involved would not seem to warrant one.

However, if it is necessary to provide such a category, the following tenure question should be cognitively and field tested with a sample salted with residents of CCRCs, naturally-occurring retirement communities (NORCs) and commercial retirement communities to ensure that there will not be too many false endorsements:

> Is this house, apartment, or mobile home-
> MARK ONE BOX
> **9** Owned by you or someone in this household with a mortgage or loan?
> **9** Owned by you or someone in this household free and clear (without a mortgage or loan)?
> **9** Rented for cash rent?
> **9** Occupied as a resident of a Continuing Care Retirement Community (CCRC) or a Life Care Community?
> **9** Occupied without payment of cash rent?

Appendix A:
Experts Consulted for this Research

R1: Tom Wetzel, President, Retirement Living Information Center, CT

R2: Ken Preede, American Seniors Housing Association, DC

R3: Andrew Kochera, Public Policy Institute, AARP, Washington, DC
Don Redfoot, Senior Policy Advisor, AARP

R4: Beverly Soble, VP of Regulatory Affairs, Virginia Health Care Associates: Monitors regulations for nursing and assisted living facilities - federal and state regulations, VA

R5: Sharron Dreyer, Director, National Institute of Senior Housing, Fairfax County Department of Housing, VA

R6: Scott Parkin, Director of Communications, National Council on Aging

R7: Karen Barno, President, Arizona ALFA

R8:Edward Sheehy, VP State Legislative and Regulatory Affairs, Assisted Living Federation of America (ALFA)

R9: Anonymous

R10: Dina Elani, Assistant Director of the Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century

R11: Karen Love, Chair, Consumer Consortium on Assisted Living

R12: Stephen M. Golant, Ph.D., Researcher on Assisted Living and Affordable Supportive Housing, Professor of Geography, University of Florida

R13: Leslie Marks, Executive Director, National Council on Seniors' Housing, National Association of Home Builders
Paul Emrath, Assistant Staff Vice President, NAHB

R14: Robert Jenkins, Vice President NCB Development Corporation, Washington, DC

R15: Janet O'Keeffe, Senior Researcher and Policy Analyst, Research Triangle Institute International

R16: Robert Newcomer, Ph.D., University of California, San Francisco; Department of Behavioral and Social Sciences

R17: Phoebe S. Liebig, University of Southern California, Andrus Gerontology Center

R18: US Department of Housing and Urban Development
Cheryl Levine, Policy Development Research

Joanna Ramani, Policy Analyst
Kevin Neary, Director of Program Evaluation Division
Bill Hill, Office of Multi-Family Policy and Participation Standards
Ulysses Bridges, Office of Multi-Family Housing, Office of Housing Assistance and Grant Administration
Aretha Williams, Office of Multi-Family Housing, Grant, Policy and Management Division
Denise Benjamin

R19: Doug Pace, Director of Assisted Living and Continuing Care at the American Association of Homes and Services for the Aging, Washington, DC

R20:Administration on Aging, US Department of Health and Human Services, Washington, DC
Kari Benson, Policy Analyst,
Irma Tetzloff, Regional Office Liaison
Deborah Burns, Policy Analyst
Nate Laurence, Intern
Katie Edwards, Intern

R21: National Center for Health Statistics, Center for Disease Control, Washington DC
Amy Bernstein, ScD, Acting Branch Chief, Analytic Studies Branch
Julia S. Holmes, PhD, Senior Service Fellow, Division of Health Care Statistics
Irma Arispe, PhD, Associate Director for Science, Division of Health Care Statistics
Robin Remsburg, PhD, Chief, Long-term Care Statistics Branch
Jennifer Madans, Associate Director for Science

Appendix B:

Research Protocol for Assisted Living Project

1. Physical Living Arrangements

- e.g. What are the living arrangements of people in the assisted living facilities that you are familiar with? Do residents share living quarters? Are these facilities restricted to elderly, or can individuals with disabilities reside there as well?

2. Services offered

3. Payment

- e.g. Is there an entrance fee or down payment? Is there a monthly payment? Is the monthly payment considered rent? Can payment options be categorized easily? Are the residents owners, renters or neither? Can residents sell the real estate? Is the property left to one's heirs or is it reclaimed when the person dies or moves to a different facility?

4. Other types of senior housing

- e.g. What are the living arrangements? How are they paid for? What services are offered?

5. Housing Unit vs. Group Quarters:

- e.g. Does each resident live separately from other persons in the building? Does each resident have direct access from outside the building or through a common hall? Can those who don't meet this criteria be easily distinguished from those who do meet it? (For example, do some floors/buildings contain independent housing units, while other floors/buildings have group or common quarters?)

6. Do you think residents could answer survey questions by themselves?

Appendix C
Assisted Living Facilities Visited

I. Collington
A CCRC in Mitchellville, MD

Units
180+ Independent Living cottages and apartments - private
46 Assisted Living Units - private; without kitchenette facilities, many, but not all units have a private bath; serve 3 meals/day.
44 Nursing units - private.

Age limit 60 for entire community.

Residents can leave grounds without approval.

Residents can move back and forth between Independent living, Assisted living and nursing care - as their health permits. There is a transition committee that recommends moving from Independent living to Assisted living, but residents can veto and hire private home health care.

Payment
Entrance fee is $70,000 - $300,000 depending on size of unit. It purchases a lifetime lease - no property, but right to housing and care at a standard rate. There are different contracts that allow no refund, small refund or full refund, and these reflect differences in entrance fees.

The monthly payment is $1800-$4000 and remains stable throughout one's life, even if one moves to Assisted living or nursing care.

Problem with tenure question - residents don't consider themselves renters, even though they technically are. Most have a lot of money, and don't want to fit themselves into that category, yet they know they do not technically own.

Subjective assessment
Fairly clearly housing units. It seems also that residents rent, whether or not they identify themselves as renters. They never actually purchase property.

II. Lincolnia Assisted Living and Independent Apartments
Public housing in Alexandria, VA

Units
26 Independent living units - private efficiencies, kitchens, baths, have own mailboxes

52 Assisted living beds, 26 rooms - all semi-private, no kitchen facilities, semi-private bath, mail is delivered to front desk, then to rooms

Everything is restricted to age 62 and older.

Residents may leave to a certain extent - they must sign out. Those prone to wonder do wear an alarm device. Staff need to know where Assisted living residents are - for their own protection. Independent living residents come and go more freely. Assisted living doors can lock, but occasionally locks are removed if residents are not cooperative - most do not use locks.

Assisted living residents must need help with at least one ADL, most need more.

Payment
50% of residents have an auxiliary grant from state by which the state subsidizes their rent/services fees. The remaining residents pay 60% of their income, and the rest is subsidized by the county.

Residents of Assisted living and Independent living are fairly clearly renters - they sign a resident agreement or a regular apartment lease, respectively.

Subjective assessment
Assisted living and Independent living units fit into the category of renters. Residents of Assisted living seem more frail and not as able to complete the necessary forms on their own. The living quarters seem much more like hospital rooms than apartments - no kitchen facilities and all, forced shared units. The Independent living units seem like housing units, while the Assisted living units seem more like group quarters.

III. The Jefferson, by Marriott

A CCRC in Arlington, VA

Units
Independent living units - floors 5-21 - independently owned condominiums 1-2 bedrooms;

Assisted living units - floor 4 - can leave without permission; locks on doors; private or semi-private; no kitchen facilities; private bath per room; manager sees them as group quarters because they do not have arrangements to cook or eat in their room - that part is group living

Special Care/Alzheimer's unit - similar to Assisted living physically; cannot leave w/o guardian; no locks on doors; private or semi-private; no kitchen; private bath per room.

Health Care/Skilled Nursing - 24 hour nursing care

Payment
Independent living units - have monthly service and condo fees to cover services - clearly owned units, have right to sell independently - only restriction is age limit

Assisted living units and Special care units - clearly rental - monthly charges with one month's payment as a deposit, payment for Assisted living is distinct from Independent living payments - must make both payments if one wishes to keep the Independent living condo while staying in Assisted living.

Nursing care - rates by day and a la carte service charges

Subjective assessment

Independent living clearly owners; Assisted living clearly renters. Because Assisted living units do not have kitchen facilities, they do not seem to truly live separately from other persons in the building. However, under other criteria, they would classify as a housing unit.

IV. Weatherly Inn - Tacoma, WA

Privately owned Independent living, Assisted living and special care Alzheimer's.

Units

Independent living and Assisted living are same units - only differ by resident level of care. Apartments all private - studio to 2 bedroom - almost all have kitchenette or kitchen (very few had only sink and fridge). Residents do have freedom to come and go at will - though doors lock for safety at night. All rooms have private bath.

Special care - most semi-private, few private. No kitchen facilities. Private bath per room. Not free to come and go.

Most are elderly, though it is not restricted. Two residents have their older children living with them.

Offers full range of services including an RN on staff. 3 meals per day offered to all residents.

Payment

Payment clearly rent. Deposit of $1500, then monthly room and board (and services for Assisted living and SC) from $2000 - $4000 monthly.

Subjective assessment

All residents are clearly renters. Assisted living and Independent living units are identical and seem to clearly be housing units. The special care units seem more like nursing home, or group quarters units - no kitchen facilities or freedom to leave.

V. Sunrise of Mercer Island - WA

Corporately owned Assisted Living and Alzheimer's care.

Units

Assisted living units - most private (5/50 semi-private), studio, single or double bedroom; units have sink and refrigerator, no `stovetops; private bathroom in each room with shower; 3 meals and a snack are served per day; can come an go as they please.

Special care - semi-private; same physically as above; wander guard on those who wander - they must have family members check them out at the desk; separate wing.

Offers a full range of services including a nurse on duty.

Management also would classify setting as a group quarters over a housing unit because the environment is much like a college dorm. Residents all eat together and spend time in the common areas.

Payment
Deposit is less than one month's rent, prices are daily rates, billed monthly - includes room, board, utilities and a level of care, management sees them clearly as renters

Subjective assessment:
Residents are clearly renters. Type of structure less clear - not a full kitchen in each room (refrigerator is very minimal for a kitchen), but most Assisted living units are private and residents may come and go as they please (though management likes to be notified). Most special care units are semi-private and residents must be checked out of the facility to leave.

Appendix D:
Other Types of Seniors Housing

Board and Care - sometimes licensed as ALFs. Usually Board and care are cheaper than ALFs and provide less privacy and more shared space. These are more likely to look like group quarters than housing units.

Group homes/Adult Foster Care - these are usually single family homes that provide housing to several residents. Sometimes the owner/manager also lives in the house. These are also more likely to look like group quarters (or a single housing unit) than independent housing units.

Congregate housing - similar to independent living, though usually less expensive and may provide only congregate meals. Most often, these are clearly rentals, and sometimes subsidized.

Independent Living - sometimes offers meals, transportation, activities, but no assistance with ADLs. They may also offer 24 hour emergency support (i.e. staff on duty to call ambulance if necessary). Except in the case of a CCRC, these are clearly rental housing.

Section 202 subsidized housing or Supportive Seniors Housing- Offers some personal care and assistance through social services or some other third party. Sometimes there is congregate dining, either provided by management or a third party (i.e. Meals on Wheels). There may be a day health care center that is operated by a third party on site. These units are most often clearly rental housing units.

Cooperatives - These are the purchase of stock from a cooperative corporation that owns the building. Purchase of this stock reserves an individual the right to reside in one of the units in the building as long as they make their monthly association payments. Cooperatives do not include extensive personal or home-care services, except in the case where individual residents purchase home health care.

Co-housing - In these communities, each family has their own residence, but there is a large common house for activities. There are monthly home-owners fees to support these activities. Sometimes there may be a few residences that are each shared by roommates, but these seem to be predominately independent housing units.

Naturally occurring retirement communities (NORCs) - These can be housing developments or apartment buildings where the elderly population has self-selected (i.e. entry was not age restricted). Management of these communities may decide to contract with another agency to provide services. These units would be clearly owned or rented housing units.

Commercial retirement communities - There are several chains of high-end retirement communities that may offer some services at an extra charge. These include Sun City and Leisure World complexes. They are independent living communities that offer services on-campus (but not in the housing units). These would clearly be owned or rented housing units.

Home health care - In this case, a nurse will visit a resident in his/her private home. Some independent living residents will employ a home health nurse independently of any services offered by the community.

Appendix E:
Consumer Consortium of Assisted Living Purview of AL

ASSISTED LIVING DEFINITION:

- Residential facilities which include a broad array of housing ranging from detached houses or cottages to full apartments; arrangements with complete kitchen facilities and/or single rooms without kitchens; individual suites/rooms or shared suites/rooms
- Residential facilities where, in addition to a place to live, the monthly fee/fees can include:

meals	laundry and housekeeping services	linens
activities	transportation – general/specific	telephone
security	medication supervision	personal care
health care oversight	management and maintenance of facility	supplies

- Residential facilities which serve as few as three or four individuals or serves several hundred residents or any number in-between;
- Residential facilities which are licensed by the states in which they operate;
- Residential facilities that provide services – whether facility based or contractual – based on a resident's needs and/or willingness/ability to pay for specific additional services;
- Residential facilities considered group homes, personal care homes, domiciliary care, board and care homes, adult homes, adult care residences, and other categories or names; and
- Residential facilities whose residents pay privately and facilities whose resident fees are augmented by public sources.

NOT INCLUDED IN THE CCAL PURVIEW OF ASSISTED LIVING:

- the broad array of community based long-term care services to enable residents to remain in their homes including congregate housing, and;
- multifamily apartments that provide some services (one or more meals, housekeeping, maintenance, call bells, and/or service coordinators).