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Aging is an issue that, if we're lucky, affects all of us.

We all have experiences where we're asked to step up or step in to assist with the care of a loved one, a family member, or a friend.

NCALA is here to help families with that as well as to serve its members.

NCALA's Mission

- To support social and residential models that provide alternative care options to elders or others who need assisted living services.
- To educate consumers, regulators, legislators, and the general public about assisted living.
- To serve the needs of the consumer and industry with regard to assisted living.
- To advocate for outcome-oriented quality standards in the assisted living industry.



- ❑ The North Carolina Assisted Living Association is a non-profit trade association
- ❑ 180 member Adult Care Home – assisted living -- communities that provide high quality, appropriate, supportive housing and services for individuals with compromised health and safety needs
- ❑ varied income levels.
- ❑ NCALA members serve more than 14,000 residents, 4500 of whom are low-income and who receive state assistance.

www.ncala.org

- Membership includes member providers as well as the vendors that serve residents, like long-term care pharmacies.
- Statistics that you'll hear from the Department will reflect the landscape of adult care homes across the state and across all types.

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Tenets that are common to NCALA members are:

- Communities serve seniors and frail-elderly individuals.
- Cost-effective care that is personalized for individual needs that promotes independence, dignity, and respect for residents.
- Programming and care that involves family and friends, as appropriate.
- Provides a safe, residential environment that interacts with, and is a part of, the surrounding community.

When visiting and NCALA member that accepts low-income residents, you wouldn't be able to differentiate between residents who are on state assistance or who are not. They all receive the same high-quality, compassionate care.

NCALA members focus on making the environments as home-like as possible because the communities are home to residents. Here you can see the emphasis on integrating outdoor space into the residents' daily routines.



Private room in a NCALA member community.



Home-like environments are key to encouraging independence. Pets are key elements to so many of our homes, whether birds, cats, dogs, fish or others. Many communities have aquariums in common areas.

Additionally, many of our communities allow residents to bring their pets with them, depending upon the resident's abilities. After all, their pets are part of their families and key to residents' happiness and ability to adjust to environs.

Pet therapy is a program that many of our communities employ. It serves residents well on so many levels, especially staving off depression, which affects so many of our older citizens.



Here are some more photos from NCALA member communities. Some of you have visited our members and I am inviting all of you right now to please feel welcome to visit. We'd be happy to make arrangements for you to do that.



Dining is set up as much as possible to be homelike. You won't see long cafeteria-like tables set up. The tables are set up similar to what you would see in your own kitchen, where four or so folks can gather around for a meal and conversation.



Activities are integral to quality of life and NCALA members have lots of activities. They try, too, to encourage the community to reach out to seniors. Here you see the “Senior Prom” held by one of our communities. Members of the local high school ROTC act as escorts. This is an event that is eagerly anticipated at this community and is the “talk of the town” for some time afterward.



- What is Adult Care – communities licensed and regulated by DHSR to provide arranged 24/7 assistance for residents – elderly or disabled -- in home like communities
 - Adult Care Homes that serve Frail Elderly-NCALA
 - Adult Care Homes that serve mixed populations
 - Adult Care Homes that serve the mentally ill
 - MultiUnit Housing with Services – no Certificate of Need, but must register with the state. Most services are provided through arrangements with home care

The homes include small family care homes, medium sized homes and larger homes. NCALA members are the larger homes and serve about 14,000 residents, 4,500 of whom receive assistance from the state. Special Care Units for persons with dementia—like Alzheimer’s—is also a segment in adult care homes.

Statewide, the population in adult care homes is around 34,000. Seventy percent of those folks receive state assistance and Medicaid PCS. NCALA members don’t, however, look like the rest of the state’s providers and its payer source is not reflective of the statistic above.

NCALA members serve the frail-elderly only. About ¼ of NCALA members’ residents receive state assistance. The rate for basic adult care homes is \$1,182 and the personal needs allowance is \$46. The adjusted income must be below \$1,228. Cost is shared by state/county. Medicaid PCS has been whittled down to about \$18.21 for one hour of care per day in assisted living. Data support that ACH routinely provide more than 2 hours of care per day.

NCALA members also represent the largest group of adult care homes’ Special Care Units for seniors with Alzheimer’s or dementia, which have special staffing, dietary, infrastructure, and training requirements. For licensed Special Care Units, the rate is \$1515, so income must be below \$1,561. An enhanced Medicaid PCS rate is available for Alzheimer’s’ residents.

NCALA is also the largest provider of administrator training in North Carolina. This training is required of adult care home administrators.



- Nursing Homes – what’s the difference?
 - Nursing homes are for chronic or convalescent patients. Nursing homes provide medical and nursing care, but the patient is not sick enough to require general hospital care.
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Patients are sometimes admitted for short-term rehabilitation or convalescent care following hospitalization.

Most patients are in for long-term care.

Licensed by the state and are under Certificate of Need.

Nursing homes can receive Medicare and Medicaid payments, but must be certified to do so.

Continuum of care: hospital – nursing home – adult care home.

Reality: patients in nursing homes are sicker and residents in adult care homes are sicker. Pressures and care needs increase; reimbursement decreases.



□ Challenges

- Payer issues – Medicaid/State County Special Assistance
- Regulatory issues – too much
- Population issues – Happy Retirement Baby Boomers!

Medicaid/State County Special Assistance – Medicaid PCS is an optional program under Medicaid.

We know that fewer NCALA members accept state-assisted residents than did in the past. Many NCALA members that continue to accept state-assisted residents accept fewer such residents than in the past.

Over-regulation of industry – Aging of Baby Boomers – Implications for State Budget

Issues that need to be addressed.

Cost of ignoring the issue – which has been ongoing for decades.

Lack of physicians adequate to serve the population.

Lack of sufficient mid-level practitioners or licensure restrictions to allow services to affected populations.



Solutions?

- Separate Licensure – Mixed Populations
- Common Sense Approach to Regulations
- Preserve supports for Low Income Residents
- Acknowledge that Adult Care Homes have been insufficiently funded and hold them harmless in 2011
- Long Term Care Insurance Tax Credits that make sense

Ideas and Solutions

Legislation passed in 2005 for separate certification – rulemaking charged to MCS that could pave the way for separate licensure, regulations that are appropriate to the populations served and reimbursement appropriate to staffing and training levels.

We believe that could begin to address the mixed population issue – nothing has happened since that legislation was passed, other than a note on a license that indicates what kind of population is served in the community.

Common Sense Approach to regulations – discharge policies, overly burdensome, costly oversight – Examples:

- Incontinence products, TED hose.
- Adult care home specialists monitoring homes that have a consistent, clean track record; shouldn't we focus on homes that have problems to fix?
- Very difficult to discharge residents who are a danger – focus on protecting the rights of one resident who could cause danger to other residents.
- Training requirements – for state-assisted residents, state does not pay for the requirements that are already in place.
- Assessment tools – Do not impose requirements on communities that already have assessments in place and do not participate in Medicaid.

Long-term care tax credit – current is insufficient to address the issue – credit is too low and limited to income levels that are too low.



- Solutions? (continued)
 - Most importantly --- Please acknowledge that Adult Care Homes have been insufficiently funded and hold them harmless in 2011
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Adult care homes' PCS is a tiny piece of the Medicaid budget that serves a very frail population. **Please, do not deteriorate ACH PCS any more than it already has been!**

Be realistic about monitoring activities that accompany these programs. The monitoring costs money and pays for an unnecessary service. If someone is determined to have Alzheimer's disease, they're going to need extra help. That will not change over time.



Questions? Discussion?

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