News Currents

Medicaid in one state might not be in another state, or might be eligible for Medicaid but not for Medicaid HCBS."

The working group participants suggested raising the income eligibility level to 300 percent of Supplemental Security Income for the Medicaid HCBS state plan option and extending spousal protections to align with spousal impoverishment rules for beneficiaries in nursing facilities.

Meanwhile, the brief looking at lessons learned from states already offering HCBS programs found that those at the "forefront" of the HCBS movement have common characteristics, including a philosophical commitment, sometimes accompanied by legislative direction, to provide more options for consumers; a single administrative agency; and global budgeting for the provision of all long-term services and supports rather than separate budgets for institutional and community-based services.

The report says states might be wary of taking on a new HCBS initiative, particularly during tough financial times, but "structural or procedural changes can be accomplished with minimal or no additional cost."

There is evidence from states that providing services in the community can be less expensive than providing institutional care, according to the report. "Additional federal support to states, provided under certain conditions, could provide a strong incentive for a shift to increase the availability and accessibility of community-based services financed by Medicaid."

—**Suzanne Struglinski**

In-Depth Report

LISA GELHAUS

Preparation Eases Move-Out

Assisted Living Guidance Calls For Constant Communication

When the 91-year-old woman resident of Shard Villa in Salisbury, Vt., had a stroke, Deb Choma, the assisted living community's registered nurse and administrator, swung into action. She called the resident's physician to begin diagnosing and determining the medical conditions that would trigger transferring the resident to a hospital.

After speaking with the resident's physician, Choma called her two adult children about the change in their mother's condition and invited them to come for a visit and conference that night.

Choma waited until the children arrived before explaining to the resident what had happened and the potential necessity for a transfer to a hospital, nursing facility, or rehabilitation center. With everyone in the resident's room, she called the physician and put him on a speaker phone so everyone heard at the same time what happened medically and the conditions that would require moving the resident.

"I have a team approach. Everyone is involved together as we care for the resident," says Choma.

Preparing Residents In Advance

This holistic approach is one of several practices advocated by the National Center for Assisted Living (NCAL) in its new pamphlet, titled "Practices in Excellence: Preparing Residents For Moving Out."

'The goal is to keep the resident as comfortable as possible.'

But before an emergency situation arises, providers should prepare residents and their family members for the potential of a move-out even before the resident moves in. It is also recommended that providers review move-out criteria with the resident and family periodically during the resident's stay.

No matter the reason for residents moving out, assisted living operators interviewed understand the importance of providing information, support, and coordination to residents and their families during a transition out of the community.

The goal is to keep the resident as comfortable as possible while transitioning out of the community, says Nancy Andrews, director of housing and assisted living of Valley Memorial Homes in Bismarck, N.D. "Staff can relieve residents' anxiety associated with move-outs by setting realistic expectations when they move in. Another key piece is continuous communication with the resident and their family of any noted changes in the resident's condition.

"When it is time for a change in the level of care, it is not as devastating when the communication has been in place all along. We must communicate the possibility that is always there—at some point in time the resident may need to move out of the assisted living community," she says.

"We review the medical condi-

tions we can and cannot accommodate with the resident and their family when the resident is moving in," says Cathy Schmidt, director of assisted living for Valley View Heights, a Valley Memorial Homes community located in Bismarck, N.D.

"If a resident's condition declines, we start talking to the resident and their family immediately. We do this because it gives people time to adjust, and if you don't have buy-in from the resident and the family, it could negatively impact the resident's condition when they move."

"Periodically, I hold a family night with the resident, and we have a conversation that includes reviewing the state's criteria for remaining in an assisted living community and the services that we do and don't provide," says Marj Shell, executive director at Miller's Health Systems, in Warsaw, Ind.

"A lot of time residents are moving to a higher-level community with an occasional move of a resident back to their home," says Jean Palmer, director of assisted living for Good Shepherd's two assisted living communities—Kentucky Ridge and Cornerstone Assisted Living, located in Mason City, Iowa.

Steps To Take

When an assisted living resident begins to move out, providers should be in constant contact with family members to ensure a smooth move to the new setting.

In preparation of the resident's move-out day, providers should compile the resident's medical records, including advance care directives, care plans, medical histories, and medication administration records, which list the medications taken, the dosage, and frequency given.

Staff should also provide support to residents and family. At Valley View, Schmidt and the nurse manager meet daily to review the resident's status to make sure things are going smoothly. Palmer says her communities provide suggestions on moving companies, nursing facilities, or home health agencies.

Support throughout a move is vital.

On move-out day, providers should have staff accompany residents as they leave. Schmidt says many assisted living residents move into the onsite nursing facility. They have the nurse manager accompany the resident to the nursing facility and give the staff a report on their new resident.

"We want the resident to know that they have someone they know and trust," Schmidt says.

Helping staff and the resident say goodbye is an additional aspect of a move-out. Palmer encourages her staff to visit residents at the Good Shepherd Health System, the nursing facility.

"When a resident moves to a nursing facility, it's harder on staff," says Palmer. "We give staff a lot of opportunities to visit with the former residents at the nursing home, and some former residents come back to participate in our special activities."

Palmer says the community has paid for bus fare for assisted living residents to visit former residents at the Good Shepherd Health System.

"No matter where they move, you want them to be successful," she says.

—Lisa Gelhaus

In Brief

New Grants Aimed At Medication Compliance

The Center for Technology and Aging, Oakland, Calif., will invest $500,000 in grant money to organizations interested in expanding the use of technologies that will help older patients remember to take their medication.

The Medication Optimization Diffusion Grants Program will award up to six one-year grants to organizations proposing programs to directly benefit older adults. Four or five grants will focus on Californians, while one or two may benefit older adults in other regions of the United States, according to the center.

"Medication-related errors are taking a terrible toll on the health and lives of older adults," says David Lindeman, director of the Center for Technology and Aging. "Of the 3 billion medication prescriptions issued each year in the U.S., 12 percent are never picked up by the patient, and 40 percent are not taken correctly. Additionally, older adults too often receive duplicate prescriptions or prescriptions that have not been safety-checked for drug interactions. And, yet, effective tools and technologies already exist to greatly reduce these problems."

The grants will go to organizations to use technologies that can help manage medication information, dispensing, adherence, and tracking.

"Grantees will be expected to have prior experience with medication optimization technologies and will need to demonstrate a positive and measurable impact in the near term, including reducing the likelihood that older adults will be moved to more intensive, high-cost care settings," according to the center.

—Suzanne Struglinski