Assisted Living Facilities

This guide provides an overview of assisted living—services, staffing, cost, licensing and regulations—and describes how to find and evaluate a facility. Note—Terminology used to describe assisted living facilities varies from state to state; what may be referred to as assisted living in some states may be called personal board and care homes, sheltered care, or something entirely different in another state.

What Are Assisted Living Facilities?

Assisted living facilities are defined by the Assisted Living Federation of America (ALFA) as “a special combination of housing, supportive services, personalized assistance and health care designed for individuals who need help with activities of daily living.” Basically, assisted living is a middle ground between independent living and long-term care (nursing homes). Typically, assisted living facilities provide custodial care—assistance with activities of daily living, as opposed to skilled care—medical care administered by a medical professional.

The structure and size of assisted living facilities vary, though most are based on a residential model rather than an institutional model—meaning they typically consist of independent housing units or apartments, rather than hospital-like rooms. Specifically, adults usually have the option of a shared or private room, suites, or apartments in houses or complexes that range in size. The majority of facilities are freestanding, but may also be part of a retirement community, senior apartment complex or nursing home.

Services

The cornerstone of the assisted living philosophy is to provide adults with supervision and assistance as needed while maximizing their privacy and autonomy. Adults opting for this type of living arrangement commonly require assistance with custodial care (e.g., bathing, dressing, eating, incontinence care and medication management) only.

In most cases, assisted living residents pay a monthly fee, which typically includes the following services:

- Meals
- Housekeeping
- Laundry
- Assistance with activities of daily living (e.g., meal preparation, personal hygiene, eating, dressing, etc.)
- Health monitoring, exercise and other programs
- Transportation services
- Social and recreational activities
- Group field trips
- Emergency response systems

Services that generally cost extra include:

- Medications and medical supplies (e.g., incontinence supplies, diabetic supplies, etc.)
- Durable medical-supply rentals (e.g., walkers, canes, hospital beds)
- Health and beauty aids
- Blood pressure checks
- Utilities (e.g., cable, telephone)
- Snacks
- Barber/beautician services
• Physical therapy
• Veterinary services (at facilities allowing small pets)
• Special meal services (e.g., kosher, low sodium, etc.)
• Nutritional supplements

Some assisted living facilities may offer separate wings or services for residents with Alzheimer’s disease or dementia.

Assisted living should not be considered a lifetime living arrangement. Most residents remain in an assisted living facility for about two and a half years before needing a higher level of care in a long-term care facility.

**Staffing**

Staffing requirements at assisted living facilities vary from state to state. In general, staff is employed directly by the facility, or contracted or hired through outside agencies. Staff may include activities directors, social workers, food service managers, dietary consultants, housekeepers, administrators, home health care aides and/or personal care aides. Residents who require intermittent medical care must usually contract with outside services such as a home health care agency.

**Cost of Assisted Living**

Depending on the facility, rates for assisted living may be uniform or may be adjusted for each resident based on the level of care required. While the average monthly cost of assisted living (for a one-bedroom) is approximately $2,500 per month, this can vary dramatically depending on where you live and in some areas the cost can be considerably higher.

Assisted living is still largely a private-pay market, with at least 90 percent of payments being made by individuals from their own funds. However, that is beginning to change as an increasing amount of government funding becomes available.

Government funding may be available through the following programs:

• **Supplemental Security Income (SSI)**—A program funded by finances from general government revenues (not by Social Security taxes) that provides a minimum income to elderly or disabled persons with low income and assets. Check with the Social Security Administration for eligibility requirements.

• **Social Services Block Grants**—A state-initiated program that provides financial assistance to qualified residents in assisted living facilities.

• **Medicaid Waivers**—Waivers are designed to provide states with the flexibility to cover some supportive services previously not covered by Medicaid for eligible recipients. State laws vary considerably, as do individual eligibility requirements. Contact your local or state Medicaid Office to find out if waivers are accepted in your state and eligibility requirements.

Additionally, many long-term care insurance policies cover assisted living fees under a provision that is typically referred to as an “alternative care benefit.”

**Licensing and Regulations**

Some states regulate assisted living facilities (i.e., set minimum staff-to-resident ratios, require criminal background checks, set health and safety standards, etc.), and each state has different guidelines and restrictions for licensing them. Call your state Department of Public Health or your local ombudsman to find out about the regulations in your state.
Evaluating Assisted Living Facilities

Visit as many facilities as possible and interview staff members as well as several residents and/or their families. Ask the facility for at least three references and check them all. For your convenience, we’ve included an evaluation checklist at the end of this guide.

Helpful Resources

American Association of Homes and Services for the Aging (AAHSA)
901 E Street N.W., Suite 500
Washington, DC 20004
202-783-2242
www.aahsa.org

Sponsored by the Continuing Care Accreditation Commission, this organization can provide information about care options for the elderly, including nursing homes, home care options and retirement communities nationwide. It does not provide referrals to providers.

Assisted Living Federation of America (ALFA)
10300 Eaton Place, Suite 400
Fairfax, VA 22030
703-691-8100
www.alfa.org

This nonprofit organization provides information, literature, brochures, and listings of assisted living facilities throughout the United States.

Continuing Care Accreditation Commission (CCAC)
901 E Street N.W., Suite 500
Washington, DC 20004
202-783-7286
www.ccaconline.org

An independent accrediting body sponsored by the American Association of Homes and Services for the Aging that accredits retirement communities that meet its industry standards for health, safety and administration. Call or visit its web site for a listing of CCAC-accredited retirement communities.

Council of Better Business Bureaus, Inc.
4200 Wilson Boulevard, Suite 800
Arlington, VA 22203
703-276-0100
www.bbb.org

The national headquarters of the Better Business Bureau (BBB) is dedicated to fostering fair and honest relationships between businesses and consumers, instilling consumer confidence and contributing to an ethical business environment. Check the Yellow Pages of your telephone directory for the Better Business Bureau in your area or contact the national office.
**Checklist for Evaluating an Assisted Living Facility**

Consider using this checklist to help you evaluate and assess assisted living facilities. Make copies and take one with you to each facility you visit.

Name of Facility: ______________________________________________________

**Licensing and Operation**

1. **Is the facility licensed by the state?**  □ No  □ Yes  May I see a copy? _____________

2. **How long has the facility been in operation?** ________________________________

3. **Have any complaints been registered against the facility?**  □ No  □ Yes

   Please explain: ___________________________________________________________________

4. **Can you provide me with a list of references, including residents and physicians?**  □ No  □ Yes (Call at least three.)

   Reference 1: ___________________________________________________________________

   Reference 2: ___________________________________________________________________

   Reference 3: ___________________________________________________________________

**Services**

5. **What services are provided?**

   □ Housekeeping  □ Transportation
   □ Utilities
      (Cable? Telephone?)  □ Assistance walking and/or moving around the facility
   □ Custodial care  □ Exercise programs
   □ Physical therapy  □ Medication management
   □ Incontinence care  □ Health/wellness screenings
   □ Other: ___________________________________________________________________

6. **Does the facility provide access to health and medical services?**  □ No  □ Yes

   Please explain: ___________________________________________________________________

**Food Services**

7. **Do you serve three meals a day?**  □ No  □ Yes

8. **Can meals be provided at any time or are there set times for meals?** _____________

9. **Are snacks provided?**  □ No  □ Yes
10. Can nutrition and special dietary needs be accommodated? □ No □ Yes
   Please explain: ____________________________________________________________

11. Is food delivered to residents who are unable to eat in the dining room?
   □ No □ Yes

**Staff and Training**

12. What type of staff does the facility employ? ________________________________
    _______________________________________________________________________

13. What certification/training are staff members required to have? ________________
    _______________________________________________________________________

14. Does the facility provide ongoing training for staff members to keep their ________
    skills current? □ No □ Yes Please explain: ________________________________
    _______________________________________________________________________

15. Is the staff supervised by a skilled professional? □ No □ Yes

16. What is the staff-to-resident ratio (the number of staff members per resident)?
    _______________________________________________________________________

17. Does the facility provide individual attention to residents? □ No □ Yes
    Please explain: __________________________________________________________

18. Are any staff members on call 24 hours a day? □ No □ Yes
    Please explain: __________________________________________________________

**Activities**

19. What type of activities does the facility provide? _____________________________
    _______________________________________________________________________

20. Are therapeutic activities offered? □ No □ Yes Please explain: _________________
    _______________________________________________________________________

21. What entertainment/recreational activities are offered? _______________________
    _______________________________________________________________________

22. Is the facility sensitive to religious preferences? □ No □ Yes
    Please explain: __________________________________________________________
23. **Does the facility sponsor/offer any excursions or trips?**  
   □ No  □ Yes  
   Please explain: ______________________________________________________

24. **Are any activities mandatory?**  
   □ No  □ Yes  Which ones? ______________________
   ______________________________________________________

**Safety and Security**

25. **What safety features does the facility offer?**
   - □ Grab bars
   - □ Wander-proof security system
   - □ Railings
   - □ Emergency evacuation plan
   - □ Non-slip surfaces
   - □ Emergency pull cords
   - □ 24-hour security
   - □ Regular fire drills
   - □ Ramps for wheelchair accessibility
   - □ Other: ______________________________________________________

26. **Is the building handicapped-accessible?**  
   □ No  □ Yes

27. **Are bathrooms handicapped-accessible?**  
   □ No  □ Yes

28. **Are there safety features for the facility’s outdoor area (for example, is the area enclosed)?**  
   □ No  □ Yes  Please explain: __________________________________________
   ______________________________________________________

29. **What emergency systems do you have in place?**  
   ______________________________________________________
   ______________________________________________________

**Visiting and Family Services**

30. **What is your visitation policy?**  
   ______________________________________________________
   ______________________________________________________

**Rooms and Privacy**

31. **How are roommates paired up?**  
   ______________________________________________________
   ______________________________________________________

32. **Are any private rooms available?**  
   □ No  □ Yes
   Is there an extra charge?________________________________________

33. **May residents bring their own furniture?**  
   □ No  □ Yes
34. Is smoking allowed in the room?  ☐ No  ☐ Yes

35. Are pets allowed in the room?  ☐ No  ☐ Yes

**Finances and Insurance**

36. Are residents required to sign an admissions contract?  ☐ No  ☐ Yes

37. **What are the basic terms of the contract?** *Note*—Review the contract thoroughly, and consider having a lawyer review it as well.

38. What is the monthly fee?

39. Which services are included in the fee?

40. Which services cost extra?

41. Are rates clearly outlined?  ☐ No  ☐ Yes

42. Will rates increase?  ☐ No  ☐ Yes  Please explain:

43. Please explain the billing, payment and credit policies.

44. What types of insurance does the facility accept?

   ☐ Medicaid  ☐ SSI  ☐ State funding

   ☐ Private insurance  What type?

45. Are other financial programs available to help cover the cost of services?

   ☐ No  ☐ Yes  Please explain:

46. Who is responsible if finances run out?

   ☐ Resident  ☐ Caregiver

   ☐ Other. Please explain:

   *Note*—If you are signing a contract for a loved one, keep an eye out for clauses that indicate you, the caregiver, are responsible for payment.

47. **When can a contract be terminated, and what are the refund policies?**
General Observations

Ask yourself the following questions when touring the facility:

48. Is the building clean?  
   □ No  □ Yes

49. Are there any unpleasant odors?  
   □ No  □ Yes

50. Is the floor plan easy to follow?  
   □ No  □ Yes

51. Are cupboards and shelves in the units easy to reach?  
   □ No  □ Yes

52. Are carpets securely tacked to the floor to prevent falls?  
   □ No  □ Yes

53. Is the facility well-lit?  
   □ No  □ Yes

54. Is the facility appropriately heated/cooled?  
   □ No  □ Yes

55. Is there a safe outdoor area for residents to enjoy?  
   □ No  □ Yes

56. Do you like the location and outward appearance of the residence?  
   □ No  □ Yes

57. Is the lobby decor attractive and home-like?  
   □ No  □ Yes

58. Are staff members friendly and available to answer questions?  
   □ No  □ Yes

59. Are you able to talk with residents and family members about how they like the facility and staff?  
   □ No  □ Yes

60. Do staff members call residents by name and interact warmly with them?  
   □ No  □ Yes

Notes

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