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Evaluation of Ohio's Assisted Living Medicaid Waiver Program:

Assessment and Service Plan Development Process

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BACKGROUND

In the 2006/2007 biennium budget, the Ohio Legislature authorized the development and evaluation of an Assisted Living Medicaid Waiver Program. The state received approval from the Federal Centers for Medicare and Medicaid Services (CMS) to begin operations in July of 2006. The waiver is administered by the Ohio Department of Aging, through its regional network of PASSPORT Administrative Agencies (PAA). This study evaluates program performance for the initial implementation period July 2006 through March 2007. During that period the program enrolled 134 participants; and as of May 1st, 170 individuals had entered the program.

One component of the evaluation addressed whether the assisted living program design supported the assisted living principles of privacy, independence, and choice for residents. Linked to this area of inquiry and addressed in this report are questions about how residents, case managers, administrators, and assisted living on-site coordinators perceived the program. The overall evaluation includes three topical reports and a summary final report. This report on the *Assessment and Service Plan Development Process* is accompanied by two other topical papers, *Consumer Access and Satisfaction* and *Program Costs*. Findings from these three free standing reports are combined into a final summary document.

The concept of assisted living is based on the philosophy that the traditional institutional setting did not maximize choice and autonomy for residents. The assisted living model, with a single occupancy room, private bathroom, locking door, and socialization space is designed to support residents in their efforts to lead their lives with as much privacy, independence, and choice as is possible. The negotiated service plan is the mechanism used in the assisted living program to help residents and facilities to achieve these important goals. The initial service plan is developed by the PAA case manager, who identifies the needed level of service and assigns

the resident to a care level/tier. The amount of assistance that the resident requires guides the tier level assignment, which determines the reimbursement rate. Developing the right plan and assignment to the correct tier has important implications for both service quality and costs. The waiver program in Ohio is designed to provide services at three levels or tiers based on the service needs of the client.

Although all enrollees in the Assisted Living Waiver Program must meet the nursing home level of care criteria, there are expected differences in disability and care needs between tier groupings. Tier 1 clients require no more than 2.75 hours of service per day. Tier 2 clients require more daily hands-on assistance from staff and nursing assistance on a weekly basis. These consumers use between 2.75 and 3.35 hours of service per day. The most severely impaired assisted living clients are placed in Tier 3, which is characterized by ongoing daily needs from both general staff and nursing assistance that requires more than 3.35 hours of service per day. The need for assistance with medication administration automatically assigns a consumer to Tier 3. The increasing care needs across the three tiers correspond to increases in daily service payments. Daily service costs by tier are $50 for Tier 1, $60 for Tier 2, and $70 for Tier 3. A flat rate reimbursement for room & board of $573 per month in 2007 is applied across all tiers. Thus, the respective monthly reimbursement rates across the three tiers are $2,123, $2,433, and $2,743 (assumes a 31 day month).

To assess how well the assisted living waiver program has done in developing and delivering services this component of the evaluation addressed the following questions:

- What is the effectiveness of the service plan process in preserving the assisted living consumers' independence, privacy and choice?
- What factors result in a service tier change within the first 90 days of enrollment?

- What factors result in a permanent service tier re-assignment?

RESEARCH METHODS

Design and Sample

The study approach for this component of the evaluation involved site case studies that included in-depth interviews with residents, assisted living staff, and PAA case managers. The case studies were centered on the residents, who were selected at random from five regions of the state. To supplement interviews with residents, we also collected data from the on-site coordinator (the facility's staff member who is most familiar with the waiver program, oftentimes this was a social worker or director of nursing) of the assisted living residence and the PAA case manager working with the participant. The site visits included interviews with 20 assisted living residents, housed in ten facilities that were located in five Area Agency regions of the state. These regions included urban, rural, and suburban areas of the state. Additionally, assisted living on-site coordinators were interviewed in-person regarding 17 of the 20 residents (some were not completed because the on-site coordinator was not available). Researchers contacted PAA case managers to complete a mailed survey regarding the 20 residents and received 12 completed surveys. The initial design called for 24 resident interviews in four regions of the state. Because enrollment in the waiver program was lower than originally anticipated, the sample was limited to 20 residents who were drawn from five regions of the state. A description of case study visits is presented in Table 1.

Table 1
Number of Site Visits and Respondents by PAA

	AAA 1	AAA 5	AAA 7	AAA 10a	AAA 11	TOTAL
Number of Facilities Visited	3	1	3	2	1	10
Number of Residents Interviewed	8	2	6	2	2	20*
Number of On-Site Coordinator Interviews Completed	8	2	2	2	3	17**
Number of AAA Case Manager Surveys Completed	8	2	3***	0****	2	15

* One of the resident interviews only include open-ended responses because the resident could not complete the rest of the interview.
** An extra On-Site Coordinator Interview was completed regarding a resident who was not able to be interviewed. It was decided to include this interview in the qualitative analysis of the On-Site Coordinator Interviews.
*** These three Case Manager surveys were received after completion of the data analysis and are not included in the results reported here.
**** No Case Manager surveys were returned from this PAA.

Data Collection

Enrollees were interviewed in-person and answered closed-ended questions on their satisfaction with the move-in process, satisfaction with assisted living, and their involvement in decision making about joining the program and in selecting the assisted living residence. Some of the closed-ended questions were from the Resident Satisfaction Survey for Ohio's Residential Care Facilities that is expected to be implemented statewide in 2007. Respondents also answered open-ended questions about a) what they liked the most about the assisted living residence, b) what they liked the least about the assisted living residence, and c) how their situation had changed since moving to the residence. The length of these interviews ranged from 23 minutes to 80 minutes, with the average being 44 minutes.

We also relied upon some data elements from the PASSPORT Management Information System (PIMS). Specifically, from the PIMS we were able to identify which of the three service tiers the resident was assigned to based on levels of needed care and their accompanying costs.

On-site coordinators were also interviewed in-person and answered open-ended questions about the service plans of those residents who were interviewed and how the plans maintained the residents' privacy, choice, and independence. Researchers also collected information from resident charts kept by the facility. However, the charts concentrated on medical issues and did not typically address the principles of privacy, independence and choice directly. Thus, researchers had to rely on interviews with the on-site coordinators to examine how the service plans reflected the principles of assisted living. When on-site coordinators were unavailable for an in-person interview a survey was mailed to them.

PAA case managers were asked to complete a mailed survey for those program participants who had been interviewed during the site visit. Questions focused on the resident's initial assessment and service plan, including how case managers developed the initial plan to promote the privacy, choice, and independence of the consumer.

Upon visiting a site to conduct the resident and on-site coordinator interviews, researchers also met with the facility's Administrator about the program. Along with the rest of the information that was gathered on site, notes from interviews with the Administrators were reviewed to provide an additional perspective about the waiver program.

Analysis

The closed-ended data collected from the residents were entered into an SPSS data management and analyses program. Data from the PIMS that contained assessment and service plan information on the assisted living participants was merged with case study information. These data provide a comprehensive description of the residents included in the case study. Open-ended responses from residents, on-site coordinators, and case managers, and notes from meetings with the administrators were coded to identify common themes.

RESULTS

Residents involved in the case study represent a sample of those who enrolled in the program from July to November 2006. The 20 residents ranged in age from 54 to 95, with an average age of 79 years. As is typical for long-term care services, three in four were women, and almost half were widowed. Three quarters of the residents interviewed were assigned to Tier 3, the highest level of service need and reimbursement used in the Assisted Living Waiver Program.

Five residents reported receiving income from Supplemental Security Income (SSI), and three reported receiving a private pension. When asked about their medical insurance, fifteen acknowledged being on Medicare. None of the residents reported having long-term care insurance or any other medical insurance (e.g., Medi-Gap).

Effectiveness of the service plan process in preserving the Assisted Living consumers' independence, privacy, and choice

To assess the effectiveness of the service planning process consumers were asked questions such as why they moved to the assisted living residence, who helped them with selecting the residence, their satisfaction with the services, and how their independence, privacy and choice were maintained. Resident responses to questions regarding satisfaction are presented below (see also Table 2).

Three quarters of the residents indicated that they were not alone in making the decision to be part of the waiver program. They had assistance selecting the assisted living residence primarily from family members. Seven respondents said that their children helped them make the decision. Others who assisted included: siblings, grandchildren, nieces/nephews, and the nursing home social worker. About half of the respondents (11 of 20) reported moving from a nursing

home to the assisted living residence. When asked about the reasons for leaving their prior residence, common responses (some residents mentioned more than one issue) included:

- physical health problems (6)
- wanted a safer environment/ afraid to live alone (4)
- did not need the skilled nursing that was offered at the nursing home (3)
- not wanting to live with other family or friends (2)
- needed help with grocery shopping, transportation, etc. (2)
- needed help taking medications (2)
- needed assistance with bathing, dressing, etc. (2)

To examine resident satisfaction with assisted living, questions were drawn from a survey instrument developed for a state-wide survey of residential care facilities (Straker, Leek, McGrew, Ejaz, & Peters, 2007). Findings about the resident's ability to make choices in the assisted living facility are based upon the resident's perceptions. Key findings are highlighted below. Residents reported that they could always…

- … go to bed when they liked (18).
- … control the temperature in their room (16). (One person reported that he/she could not control the room temperature.)
- … bring in personal belongings such as a piece of furniture to make their room feel like home (17).

When asked "if you had a choice would you move to another facility?" 17 of 20 respondents indicated "no, definitely not."

In terms of having choices in food and dining services, residents reported that they always…

- … had a choice of what to eat and drink (15). (Two reported that they hardly ever had such choices.)
- …could get the foods they liked (10). (Seven residents could sometimes get what they liked.)
- …could prepare food in their room (6). (Nine said that they could never do this. There was no follow-up question to clarify whether the resident was prohibited from preparing food or physically could not do it.)

Table 2
Frequency of Responses to Questions on Residential Care Satisfaction

Question	Yes, always	Yes, sometimes	No, hardly ever	No, never	Don't Know/ Not Applicable/ Missing Information
The employees.					
a) Are the employees courteous to you?	16	3	0	0	1
b) Can you count on the employees?	11	6	1	0	2
c) Are the employees here friendly to you?	16	3	0	0	1
d) Do the employees who take care of you know what you like and don't like?	10	5	2	0	3
e) Are employees available to help you if you need it? (e.g., days, nights, or weekends)	13	5	1	0	1
f) Do you feel confident that the employees know how to do their job?	12	5	2	0	1
The management.					
g) Are the supervisors available to talk with you?	10	5	2	0	3
h) Do the supervisors treat you with respect?	15	2	0	0	3
Care and services.					
i) Do you get the care and services that you need?	16	2	0	1	1
j) Do you get your medications on time?	11	5	0	0	4
Activities.					
k) Do you have enough to do here?	13	3	3	0	1
l) Do you get enough information about the activities offered here?	15	4	0	0	1
m) Are there programs/activities here that meet your spiritual needs?	12	5	1	0	2
n) Are there programs/services that promote health and wellness?	11	2	1	2	4
o) Are you satisfied with the activities they offer here?	12	4	0	0	4
p) Without family or friends to help, can you get to places you want to go?	7	3	1	1	8
Laundry services.					
q) Do your clothes get lost in the laundry?	0	5	1	8	6
r) Do your clothes get damaged in the laundry?	0	1	1	12	6
Food, meals, and mealtime.					
s) Do you get enough to eat?	17	1	0	0	2
t) Can you get snacks and drinks whenever you want them?	11	2	2	0	5
u) Can you prepare food in your room?	6	2	0	9	3
v) Is the food here tasty to you?	12	4	1	1	2
w) Is the food here healthy?	13	3	0	1	3
x) Do you have a choice of what to eat and drink?	15	1	2	0	2
y) Can you get the foods you like?	10	7	0	0	3
z) Is your food served at the right temperature? (hot foods hot, cold foods cold)	12	5	1	0	2
aa) Is the dining area a pleasant place for you to eat?	17	2	0	0	1

Table 2
Frequency of Responses to Questions on Residential Care Satisfaction

Question	Yes, always	Yes, sometimes	No, hardly ever	No, never	Don't Know/ Not Applicable/ Missing Information
Look and feel of the facility.					
bb) Do you like the location of this place?	12	2	2	0	4
cc) Are the outside walkways and grounds taken care of well?	15	1	0	0	4
dd) Is this place kept clean enough for you?	17	1	0	0	2
ee) Do you have enough privacy in your room?	14	4	1	0	1
ff) Is this place quiet when it should be?	19	0	0	0	1
gg) Are you satisfied with your room?	19	0	0	0	1
hh) Do you think this is an appealing place for people to visit?	16	0	0	0	4
ii) Do you feel safe here?	17	2	0	0	1
jj) Are your belongings safe here?	14	3	1	0	2
kk) Do you feel comfortable here?	17	1	0	0	2
The rules, policies and choices.					
ll) Are the rules here reasonable?	15	1	1	0	3
mm)Is it acceptable to make a complaint here?	9	4	1	2	4
nn) Do you think this place is well-managed?	11	1	1	1	6
oo) Can you go to bed when you like?	18	1	0	0	1
pp) Can you control the temperature in your room?	16	0	0	1	3
qq) Do the employees leave you alone if you don't want to do anything?	15	3	0	0	2
rr) Do the employees let you do the things you want to for yourself?	16	3	0	0	1
ss) Are you free to come and go as you are able?	18	0	1	0	1
tt) When you wish, can you bring in personal belongings like a piece of furniture to make your place feel like home?	17	1	0	0	2
uu) Can you decide what clothes to wear?	19	0	0	0	1
vv) Does the facility interfere in your day-to-day affairs?	2	1	0	14	3
ww)Can you plan your own schedule for the day?	15	3	0	0	2
xx) Do people who live here fit in well with each other?	10	4	1	0	5
yy) Are the residents here friendly?	14	4	0	0	2
zz) Are you treated fairly here?	15	2	1	0	2
aaa)Overall, do you like living here?	10	7	0	1	2
bbb) Do you feel you can experience independence here?	12	7	0	0	1
ccc)Would you recommend this place to a family member or friend?	13	4	0	2	1
ddd)Are you free to live your own lifestyle here?	14	4	0	0	2

Participants also rated the information and assistance they received during their enrollment into the waiver program. Residents often rated the information and assistance that they received as good or excellent:

- Three quarters of respondents rated the information concerning the services at the assisted living facility as good or excellent.
- Twelve of twenty respondents rated the financial information regarding the Assisted Living Waiver program as good or excellent.
- Sixteen of twenty rated the helpfulness of the staff during their move to the facility as good or excellent.
- About half rated the helpfulness of the PAA case manager during their move as good or excellent.
- Three quarters rated the helpfulness of his/her family during their move as good or excellent.

Residents also offered positive comments on having choices in terms of their social activities. On the other hand, a few respondents perceived that their choice of having their own physician was limited because residents were not allowed to keep their own physician (rather they had to use the staff physician).

In addition to residents' comments, on-site coordinators and PAA case managers also provided various examples of how residents' choices were taken into consideration (see Table 3 for a summary of on-site coordinator and case manager comments). For example, on-site coordinators mentioned that residents had the opportunity to participate in various activities and could choose what they did/did not want to do. They also commented that residents had a choice in selecting foods to eat. At least one coordinator noted that residents could choose what time they ate meals at the facility or whether they went out to a restaurant to eat.

The independence of the residents was also discussed with residents, on-site coordinators, and PAA case managers. For example, residents provided the following types of answers to questions about how their independence was maintained.

- Eighteen residents reported that they were always free to come and go as they were able to. One said that he/she was hardly ever free to come and go as he/she could.
- Fourteen residents reported that the facility hardly ever interfered in their day to day affairs. Two residents reported that the facility always interfered.
- Fifteen residents reported they always felt free to live their own lifestyle.
- Seven residents reported that without family or friends to help they could always get to places they wanted to go to.

Residents also commented that they felt more independent because they did not have to deal with daily burdens such as shopping or cooking. However, a few respondents perceived that the facility was isolated and/or there was a lack of available transportation. A few residents also mentioned that they did not have enough spending money, thereby implying that this limited their independence to a certain degree.

PAA case managers noted that the independence of the residents was maintained because of policies at the assisted living facilities. For example, they mentioned that residents could provide input on developing/changing their care plans. From on-site coordinators, the most common example was that residents receive periodic assessments to evaluate their level of independence in activities of daily living. Such assessments are documented in the service plan and help maintain resident independence. One other response focused on how residents' independence was maintained by the activities that they chose to engage in: being active in the community, and going out shopping whenever they wanted.

Residents, on-site coordinators, and PAA case managers also shared their views on how the privacy of residents was maintained in the assisted living facility.

- Fourteen residents reported they always felt they had enough privacy in their room. One reported that they hardly ever had enough privacy in their room.
- Fifteen residents reported that the employees always left them alone if they didn't want to do anything.

Respondents also commented positively on increased privacy, and feeling safe and secure in the residence. On-site coordinators and PAA case managers echoed the comments of residents by noting the importance of the private room with a bathroom. Another example of privacy, mentioned by on-site coordinators, included maintaining the confidentiality of the service records (e.g., not discussing issues such as diagnoses or payer information in front of or to other residents). A few residents offered negative comments and noted limited privacy and felt that the staff members, in a few instances, emphasized rules over consumer needs.

Table 3
Frequency of Answers to Open-Ended Questions,
On-Site Coordinators and Case Managers

	On-Site Coordinator	AAA Case Manager
How is privacy of the resident maintained?	Charts/ medical locked away or limited access (11) Private room/ bath (11) Staff retains confidentiality (6)	Privacy is not an issue that case managers have to designate in the care plan (6) Private room specified in the legislation (3) Client decides how privacy should be maintained (2)
How is choice for the resident maintained?	Activities (9) Food (7) Periodic assessments (5) What and how much care is received (4) Financial (2) Location (1)	Physical assistance/ care (5) Activities (4) Food (2) Furnishings/ living environment (2) Cleaning (1) Receiving psych. care (1) Financial assistance (1) Input into care plan (1)
How is independence of the resident maintained?	Periodic assessments (8) Activities (5) Living Space (4) Decisions (3) Health (2) Grooming (2) Speaking up (2)	ALF has policy to maintain independence (7) Resident has input into care plan (5) Activities (3) Transportation provided (1)

Respondents were also asked what they liked most/least about living at the residence (See Table 4). Several of the residents commented on the good staff and the opportunity to socialize. A few residents mentioned they felt that they experienced personal growth and improved health since moving into assisted living and one resident even shared a poem she had written about her experiences since moving to assisted living.

Service Tier Change of Residents

A tier change was reported for two of the twenty residents who were interviewed. One resident had a tier change within the first month of enrollment, and the second person had a tier change after he/she had been in the assisted living for a few months. For both of the residents the tier assignment changed from Tier 2 to Tier 3 after enrollment. In one case it became clear that resident needed assistance with medications. The decision to make this change was made in consultation with the resident, the PAA case manager, and the on-site coordinator. For the other resident, there is less information available about the tier change as neither the on-site coordinator nor PAA case manager survey was returned. Based on information from the resident, more services are being received now than prior to the tier change. The resident indicated that the tier change occurred because of a need for more help with mobility and the need for more assistance with activities of daily living. The resident commented that she/he was part of the decision and is now “very satisfied” with the current services and care. It is not surprising that only two residents had a tier change in our sample because 15 of the 20 residents that participated in the case study were assigned to Tier 3, which provides the highest level of care to the resident and also provides the facility with the highest level of reimbursement.

Table 4
Frequency of Resident Open-Ended Codes

Code	Frequency
What do you like most about living here?	
Good staff	8
Ability to socialize	8
Reduced daily burdens / convenient	4
Activities	3
Likes private space	3
Help available	3
Facility location	3
Food quality	3
Freedom of choice in activities	3
Likes room / facility	2
No cooking necessary	2
Safety / security	2
Clean	2
Amenities	2
Personal growth	2
What do you like least about living here?	
No transportation / facility isolated	6
Nothing bad comes to mind	5
Administrative / staff inflexibility	3
Food quality	2
Must use facility physician	2
Not enough spending money	2
Privacy limited	2
Smoking – outside	2
Facility awkward for resident	2
Activities / choices restricted	2
Miss aspects of former life	2
Not enough staff	1
Not allowed to cook in room	1
Need medications on time	1
No pet	1
Realize physical limitations	1
Do you feel that your situation has changed with the move to this facility? What are the key reasons for this?	
Fewer physical / daily limitations	6
Increased privacy, quiet	5
Personal growth	4
Health improved	3
Safety / security / stress	3
Like having people to talk to	1

Additional Findings Related to the Assisted Living Medicaid Waiver Demonstration

In addition to information on promoting residents' independence, choice, and privacy, and their tier levels/changes, respondents also shared thoughts and perceptions about the waiver program. We believe this information provides additional insights about program design and implementation. The comments are organized around three basic issues: administration of the waiver program; financial issues; and general implementation.

Experiences with the Administration of the Waiver Program

The most typical comment about the program was about the requirement that assisted living residents who have "spent down" their private funds must move temporarily to a nursing facility before they become eligible for the waiver program (see Table 5). Having current assisted living residents move to a nursing home in order to be eligible for the waiver was seen as an unnecessary barrier for both the resident and facility.

On a positive note, most administrators and coordinators felt that the service plans were fairly accurate in meeting residents' needs. They also praised their experiences with the PAA case manager(s) and their ease of working with him/her. On a few occasions though, it was noted that some residents were not appropriate for assisted living because they needed too much care or had psychiatric issues. It was suggested that a more thorough assessment might have prevented such inappropriate placement.

Related to program eligibility, it was suggested by PAA case managers, and to a lesser extent by facility staff, that eligibility criteria for these various Medicaid-based programs needed to be streamlined in order to promote a seamless system of care. Waiting for approval for these programs resulted in time delays causing frustration for residents, families, and staff.

Table 5
Comments on the Administration of the Waiver Program

Code	Frequency
Program design/ implementation	
Lack of rollover for spend down/ require nursing home admission	17
Program was not well designed/ need better program development	6
Service plan is burden/ extra	5
Incompatible / inconsistent rules and determinations	5
Process too slow	4
Lack of publicity	3
No appeals process / eviction process	1
Time to spend transition money too short	1
"Unscheduled needs" cause delays	1
Staffing/ training	
Good case managers	6
Some residents not appropriate/ Better assessment incl. mental health	6
Inadequate staffing/ too slow	6
Not enough training/ knowledge	5
Assessment/ care plans	
Care plans accurate for resident needs	11
Assessment adequate	1
Information/ communication	
Need better communication between PASSPORT and ODJFS	1
Need better information for clients	1

Facility staff also commented that the program itself needed to be refined since it was in a demonstration phase. Some of these comments related to delays in enrolling residents, payment delays as well as inconsistent rules and determinations and concerns about reimbursement rates. Some facility staff reported they had to make multiple calls to the state and the PAA to find out how to handle certain administrative tasks. As part of the waiver program, residents were allotted $1,500 to be used in the first 60 days of enrollment for the procurement of "transition" items (this is known as the community transition service). Several facilities mentioned having to take a risk on purchasing needed items for residents and only finding out later if the item was eligible for reimbursement. They noted having to be careful or else they would be "stuck" with the cost of ineligible items, or experiencing uncertainty because various program decision makers had

different interpretations of the guidelines. They felt that because the program was new, not everyone they talked to was clear about the rules and regulations of the program.

Some facilities noted that the PAA staffing was inadequate to handle the program's needs. They also wished for better communication, better training, and better procedures to handle less routine tasks, they also wanted better publicity about the program. Other staff commented on the burden of completing and maintaining service/care plans since they were unaccustomed to doing so much documentation. Case managers also expressed some frustration when the program requirements were not made clear, suggesting that they would welcome better guidelines.

Financial Matters

There were several financial-related comments made by residence staff (See Table 6). Facility staff and PAA case managers expressed concerns that the program does not provide adequate funding on various levels. For example, the monthly stipend of $50 in residents' spending money was considered inadequate, especially in light of Medicare Part D prescription copays, and costs for other needed supplies such as Depends. They felt that this shortfall wasn't fair to the residents or their families.

Another concern was that the $1,500 transition allowance for residents to move into the assisted living facilities was not adequate, especially when furniture has to be purchased. Another issue regarding the spending of this money was that it is too time-limited (money must be spent within six months of enrollment). Assisted living staff also thought that reimbursement rates were not adequate. Reasons for this insufficient reimbursement include the private room requirement, the increase in the minimum wage for all workers in the state (e.g., resident assistants and other direct care workers), and the cost of administrative requirements such as the

Table 6
Comments on Financial Matters/ Money in Relation to the Waiver Program

Code	Frequency
Increase stipend (e.g. medication cost/ co-pay high)	15
Resident confusion with payments/ liabilities	8
Payments are not timely	6
Transition money inadequate	6
Only Tier 3 get reasonable reimbursements	3
Program rate is too low/ Private room on rate not realistic	5
Reimbursement fair/ adequate	3
Minimum wage increase not accounted for	2
Need better reimbursement system	2
Bed hold policy is expensive for facility	2
Could save state money	1

bed hold policy (e.g., if a resident is hospitalized, the facility does not receive service reimbursement for those days). A few facilities felt the reimbursement system needed improvement in order to expedite payments, which were often delayed. Some administrative staff, on the other hand, had positive views about financial matters. They believed that the tier reimbursement rates were fair or adequate.

General Comments

There were many positive general comments regarding the Assisted Living Waiver program (see Table 7). Many responses indicated that the program helps facilities fill empty rooms and increases their census in a competitive environment. They also had altruistic comments about the program and believed that it provides a worthwhile service to low income people. One administrator commented that he participated in the program because it was “the right thing to do.” Others pointed to how the program was beneficial because it helped to transition people who do not really need the care provided by a skilled nursing facility. It was

Table 7
General Comments on the Waiver Program

Code	Frequency
Fills empty rooms/ raise census	16
Great for low income people / area	13
Moves people out of inappropriate nursing home setting	9
Very good for clients/ Higher quality of life	4
Not fair to private pay residents	3
Higher acuity than private pay	3
Desired such a program	2
Adjustment for some clients from nursing home difficult	1
Less acute than private pay	1

also suggested that the program was very good for residents because they have a private room, a "homey" setting, more independence, and they "see more hope" than being in a nursing home setting. A smaller number voiced the opinion that the program was somehow unfair to private pay residents since the waiver resident often got similar services for a lower cost. There were mixed opinions regarding whether waiver participants were of greater or lesser acuity than private pay residents.

CONCLUSION

In conclusion, the case study method of directly interviewing residents, on-site coordinators and other staff as well as surveying PAA case managers provided information about how residents' quality of life was being maintained after moving to assisted living. Most importantly, the information gathered pointed specifically to how the principles of assisted living were being maintained for waiver participants with particular respect to privacy, choice, and independence.

Both residence staff participants and PAA case managers had a great deal of insight into program operations and saw the potential for improvement. Even though they were approaching

the questions from different points of view, their concerns overlapped and converged in most instances. In particular, they were most concerned that the program receive increased funding to meet both costs for facilities and to meet the needs of residents, and that the program become better defined so that there will be fewer delays and less confusion about what is covered under the program. They believed that the program was a very important option for low-income older persons, and that it prevented unnecessary nursing home placement. Thus, they reaffirmed their support of the program, saw a great deal of benefit and value in it and offered their comments in the spirit of quality improvement. Such insights we believe can provide guidance to the State for further refinement of the program beyond its first year.

REFERENCES

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