



Virginia Assisted Living Association

“Virginia’s Unified Voice for Assisted Living”

February 8, 2012

U.S. Department of Health and Human Services

Re: DRAFT Framework for the National Plan to Address Alzheimer’s disease

Thank you for the opportunity to provide comments on the DRAFT Framework for the National Plan to Address Alzheimer’s Disease.

The Virginia Assisted Living Association (VALA), representing assisted living providers from throughout Virginia, as well as thousands of residents and employees served by these providers, supported the passage of the National Alzheimer’s Project Act. We strongly support the goals outlined in the Draft Framework, but we are disappointed in the lack of acknowledgement of the importance of and the extensive use of assisted living services for individuals with Alzheimer’s disease.

Assisted living is long-term care service provider, that offers a more affordable home and community based alternative to skilled nursing care. Assisted living providers focus on the resident and offer services that are unique to the individual needs of the residents to allow for individual choice and help residents maintain dignity and respect. Assisted living is a professionally managed, community-based option for seniors and disabled individuals to use when needing assistance with activities of daily living, including specialized care for individuals with memory loss.

Statistics will show that consumers prefer assisted living care over institutionalized care settings, which is directly contributing to the drastic increase in the population numbers of assisted living communities. As reported in the 2009 Overview of Assisted Living (research conducted and analyzed by Acclaro Growth Partners), more than 1/3 of all residents living in assisted living communities have a diagnosis of Alzheimer’s or a related dementia. The US Government has evidence of this in its release of the 2010 National Survey of Residential Care Facilities as conducted by the CDC’s National Center for Health Statistics, which stated that 42% of the residents living in residential care have Alzheimer’s disease. This number is expected to continue or even increase as the levels of care and the options of care continue to expand within assisted living communities for memory impaired residents.

We respectfully request HHS to acknowledge and to include assisted living as a viable option when educating and caring for individuals with Alzheimer’s and their families. We also request that the word “patient” be replaced with the word “individual”. Below is listing of some of our recommendations of changes to the Draft Framework...

- Goal 2. Add licensed assisted living communities to the list of settings in the opening paragraph after “hospitals”
- Strategy 2.A Change patients to individuals
- Strategy 2.B Change patients to individuals
- Strategy 2.C Change patients in the title to individuals
- Strategy 2.E Add assisted living and a transition options from the home to assisted living and from hospitals to assisted living
- Strategy 2.E Change patients to individuals and add assisted living to the list of transition settings after “home”
- Goal 3: Change the title to Expand Support of Individuals with Alzheimer’s and their Families, and add assisted living to the list of care settings after “hospitals”
- Strategy 3.B Add assisted living before “nursing home placement” in both references
- Strategy 3.D The use of the term “residential care facilities” in the first sentence is odd because that term has never been used throughout the document. A more consistent term could be “long term care settings”. In two places the term “assisted living facilities” is used and the term “facilities” should be replaced with “communities”. This strategy should be strengthened to support a zero tolerance for abuse of individual’s with Alzheimer’s, regardless of where they live. Criminal background checks, educating family members, residents and staff in how to recognize, respond and report suspected abuse and termination of staff when appropriate must be a top priority.

Thank you for your time and consideration of these comments, and please contact me should I be able to offer you assistance in this ongoing Plan.

Cordially,

Judy Hackler