



Michigan Affordable Assisted Living Program Housing & Services Staff Orientation Program

This educational module was developed by the MI Affordable Assisted Living Steering Committee formed by the Michigan State Housing Development Authority and partnering state agencies including the Department of Community Health, Department of Human Services and Office of Services to the Aging.

The orientation program includes an instructor manual, a pre and post test for participants and a participant manual. It was designed for affordable assisted living (AAL) housing and service provider staff who serve low to moderate income seniors in addition to market rate tenants in MSHDA residential settings. The orientation program informs these service providers about the AAL program philosophy, available services and tenant rights with the intent to assure an understanding of the specialized nature of the AAL program.

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Training Module – Affordable Assisted Living Instructors Module

Notes for instructor:

Before beginning the session, make a copy of the participant’s manual for each attendee, along with a copy of the test found at the end of this module. The test serves as both a pre-test and post-test, so that participants can see their improved understanding of Affordable Assisted Living (AAL) components after completing the module.

The instructor’s manual contains the exact text as the participant’s guide; with notes to initiate discussion at certain intervals (notes to the instructor will be given in the font you are reading now).

Affordable Assisted Living Required Orientation Overview

Affordable Assisted Living (AAL) is a new community based long term care option (LTC) that combines private apartment style housing with the same types of personal and health care services provided in the home setting, in addition to 24 hour supervision and access to care.

Michigan has not previously had standardized assisted living programs or specifically an AAL program as a component of the state’s LTC system; although some residential care operators refer to their housing and service operations as assisted living. An AAL test or pilot project was developed to provide housing with services to seniors (age 55 and older) with varying income amounts. This includes housing and services priced at rates for tenants who can pay the full price for their apartment and services tenants who may receive some support to pay for their housing and services. The purpose of this module is to help provide you with a better understanding of the following key concepts in assisted living:

- Assisted living background and philosophy
- Aging in Place
- Tenant rights
- Risk Management

Affordable assisted living background & operating philosophy

AAL provides apartment-style housing with a variety of supportive services paid by private pay, Medicaid and other community based service resources. In addition to the personal care and health related services provided at the assisted living residence, the on-site assisted living provider will also provide or coordinate with other service providers to arrange for skilled home health, hospice and other services as needed by tenants.

Generally, assisted living programs provide housing and services for persons who can no longer remain home and those who prefer to live in residences with available supports and

services. AAL is also an option for current nursing home residents to move back to the community and receive less costly services. AAL is clearly a community based rather than institutional program providing personal care and home health services with 24 hour supervision for safety and security.

AAL residences are built specifically to provide housing and services for seniors with low to moderate incomes. A Michigan demonstration project was initiated from the Michigan State Housing Development Authority (MSHDA) which formed partnerships with other state agencies. The project's intent is to successfully combine housing and services as a new program that is both cost effective and provided to the satisfaction of tenants.

AAL Philosophy

The state partnering agencies developed a working philosophy to frame decisions for both the physical design of the residence and the types of services available:

To provide a community based long term care program in a home-like apartment style residence that facilitates person centered planning, self direction and managed risk to maximize tenant independence, dignity, privacy and aging in place in an accessible environment.

Home-like apartment means that tenants may furnish the apartment with their own furniture or other preferred furnishings. In regard to privacy, each apartment includes private sleeping quarters and bathroom, lockable doors and individual temperature controls. Other ideas promoted in the philosophy include:

- A. Person centered planning.** This is a process for planning and supporting the individual receiving services that honors the individual's preferences, choices and abilities.
- B. Self- direction.** This is a program option that supports participants in planning and directing their own care.
- C. Risk management.** The commitment to consumer independence and choice means allowing residents to take some risks. Tenant decisions may conflict with provider judgments of “best interest” for accepting needed services, following meal or medication regimens and other crucial areas. The concern for consumer health and safety and the potential of legal action create the need to reduce, or

manage risk. Risk can be managed through the care planning process in which risks are identified.

Discuss examples of risky behavior & issues (e.g. compliance) and potential education, monitoring and risk agreements

- D. **Aging in Place.** This includes housing design features and a broad scope of services that promote that tenants remain in their living space and avoid having to move to a different care setting due to a decline in health status or functioning.

Discuss examples of design & service limitations that create barriers to aging in place

AAL Services

In the AAL model, a housing entity or individual manages the physical property, and the personal and health care is provided by a home health agency or other qualified health care provider. In this model, there are three distinct billing pieces:

- A. **Rents** Rent can be paid solely by the tenant or some tenants may be eligible for rental assistance through a rent subsidy program.
- B. **Board** covers the cost of items including private pay housekeeping, some meals and recreational and educational activities.
- C. **Personal care & health related services;** the provider agency bills the tenant (or the public program) for services, just as they would if the tenant was in his/her own home.

Whether services are paid privately or received from publicly funded programs; **AAL tenants have a choice in who will provide their personal care and health related services** even when a provider is on-site at the AAL residence. The funders of services and housing and services staff will encourage tenants to make the best use of the on-site AAL provider as their preferred choice or as a secondary back-up support to an alternate provider.

There is an array of services available from the on-site assisted living provider, including:

- 24-hour staffing for safety & security
- Homemaking and Personal Care
- Private Duty Nursing

- Counseling Services (including caregiver supports)
- Environmental Accessibility Adaptations (Home Modifications)
- Home Delivered Meals
- Transportation
- Nursing Facility Transition Services
- Personal Emergency Response System
- Specialized Medical Equipment and Supplies
- Other Care including: Blood Sugar Monitoring, Medication Set-up & Administration, Wound Care, Bowel Programs, etc.

What distinguishes AAL from other long term care opportunities?

AAL is specialized form of housing with services that operates from a philosophy that promotes dignity by supporting privacy, autonomy and aging in place opportunities. Tenants enjoy the same privacy, dignity and autonomy (independence) that they experienced in their own homes with the added security of assistance available on a twenty four hour basis.

- The aging in place philosophy promotes the location of AAL residences in areas of the community for tenants to easily access goods and services, the design of apartments and common spaces that support tenants to move about safely and to assure that personal and health services are available as the service needs of tenants change.
- Respect of tenant privacy is a crucial component of assisted living. Apartment design features include private living, bathroom and sleeping space, lockable doors and full kitchen area for those who prefer to eat in the apartment.
- Supporting autonomy or independence in decision making of tenants is also a crucial cornerstone of assisted living. Autonomy is enhanced by supporting tenant choice even when the provider may consider a decision to be a “poor choice”, as long as the decision or behavior is not a threat or potential harm to another tenant or staff person

Discuss other ways to preserve autonomy; recognize tenant:

- ***Individuality***
- ***Values recognition***
- ***Meaningful activity***
- ***Well-being***

Tenant Rights

As a participant in assisted living, tenants have a right to:

- Receive considerate, respectful care and, at all times, be treated with dignity.
- Be free from any verbal, sexual, mental, and physical abuse.
- Freely and actively participate in developing your plan of care.
- Refuse medical treatment and/or any services and be informed of any and all possible results.
- Privacy and confidentiality concerning your health, social and financial circumstances as well as your records and what takes place within your assisted living residence.
- Be informed of the agency's policies & procedures including costs, qualifications of personnel and supervision.
- File a grievance or complaint if service issues or problems arise.
- To have the Tenant's visitors, including advocates, permitted to visit privately during reasonable hours and without prior notice, provided that the rights of other tenants are not infringed upon.

Instructor: Allow participants three to four minutes to complete the post-test section of the pre- and post-test. Provide the answers from the answer key located at the back of your instructor packet. Ask participants if there are any areas where they missed the mark on the pre-test but filled in the right answer on the post-test. Collect the pre- and post-tests to file with a copy of this module and the sign-in sheet.

Test Answers:

- 1. b 2. a, c & d 3. True 4. b 5. b**
6. True 7. d 8. True 9. b 10. c

Affordable Assisted Living Certification Module – Pre & Post test (circle all responses that apply for each question)

Question	Pre-test answer	Post-test answer
1. The concept of balancing choice with risk in assisted living is referred to as:	a. Risks vs. benefits b. Managed risk c. Calculated risks d. Risky business	a. Risks vs. benefits b. Managed risk c. Calculated risks d. Risky business
2. Tenants who receive assisted living services have rights to (circle all that apply):	a. Refuse treatments and services b. Infringe on the rights of others c. Be treated with dignity d. Complain about services or workers	a. Refuse treatments and services b. Infringe on the rights of others c. Be treated with dignity d. Complain about services or workers
3. MI assisted living programs support tenants to age in place.	True False	True False
4. MI's assisted living philosophy of care centers around these principles:	a. Service delivery, payment systems, and customer satisfaction b. Dignity, autonomy and privacy c. Admission, occupancy, and discharge d. Love, laughter, and friendship	a. Service delivery, payment systems, and customer satisfaction b. Dignity, autonomy and privacy c. Admission, occupancy, and discharge d. Love, laughter, and friendship
5. Which of the following program design features <i>is not</i> a feature of assisted living:	a. Lockable doors b. Shared bathrooms c. Private living & sleeping spaces d. Individual temperature controls	a. Lockable doors b. Shared bathrooms c. Private living & sleeping spaces d. Individual temperature controls
6. Assisted living programs offer a new institutional long term care opportunity	True False	True False
7. Which of the following disqualifies an individual from living in an assisted living program (circle all that apply):	a. Chronic diabetes b. Wheelchair-bound c. Routine two-person transfer d. None of the above	a. Chronic diabetes b. Wheelchair-bound c. Routine two-person transfer d. None of the above
8. Tenants have a choice in the providers that provide their care	True False	True False
9. Assisted living programs that are built specifically to serve low to moderate-income seniors are referred to as:	a. Low-income housing b. Affordable assisted living c. Public housing d. Senior projects	a. Low-income housing b. Affordable assisted living c. Public housing d. Senior projects
10. The following concepts need to be included in an environment that preserves dignity (circle all that apply):	a. Direction, delegation & discussion b. Service delivery schedules that are convenient for the provider c. Privacy, autonomy & aging in place d. Provider controlled decision making	a. Direction, delegation & discussion b. Service delivery schedules that are convenient for the provider c. Privacy, autonomy & aging in place d. Provider controlled decision making
TOTAL CORRECT		

Name:

Date:



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Participant Module

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