



Assisted Living LINGO

by Beth Johnson

You're all set. You've arranged for several tours at assisted-living communities in town, carved out the time to visit, and have a few questions jotted down. Are you done with your homework? Not yet. It will make life easier if you have a general understanding of the lingo used before you take the time to tour.

But first, a history lesson. "Today, assisted living is regarded as something of an intermediate station between independent living and life in a nursing home," according

to *Being Mortal* by Atul Gawande. Keren Brown Wilson, one of the originators of the concept, built her first assisted-living home for the aged in Oregon in the 1980s. She and her husband were two academics who worked with an architect to lay out the plans and went to banks to get a loan. When that did not succeed, they found a private investor who backed them but required they give up the majority ownership and accept personal liability for failure.

In 1983, Park Place opened in Portland.

It was a "living center with assistance." The common term now is assisted living, and it is estimated that more than 40,000 assisted-living facilities have been developed nationwide.¹

What is assisted living? It may be easiest to describe what it's not. It's not a place where residents march to the routine set in place by the facility. Gone are the days where people are called patients. The kinder and, in fact, more accurate term for people living in a community is resident. Today, just as with Park Place, care

providers understand that they are entering into someone's home.

Assisted living promotes resident self-direction and decision making, provides the comforts of home, and has staff to assist in Activities of Daily Living (ADLs). ADLs is a term used when referring to people's daily self-care activities, including transferring (moving from one place to another), bathing/showering, dressing, self-feeding, personal hygiene and grooming, and toileting. Meals and social events are also typically part of the package.

How does one learn about the various assisted-living options in the Madison area knowing that there are a remarkable number of communities in the area? First, understand that Wisconsin licenses, certifies, registers, and regulates four types of assisted-living facilities and programs: Adult Day Care (ADC), Adult Family Home (AFH), Residential Care Apartment Complex (RCAC), and Community-Based Residential Facility (CBRF). Most seniors and their families will focus on either an RCAC or CBRF when looking for a community. ADC is a day program typically run weekdays and AFHs typically have capacity for three or four residents.

Residential Care Apartment Complex (RCAC)

An RCAC is an independent apartment complex where five or more adults reside. Apartments must each have a lockable entrance and exit; a kitchen, including a stove or microwave oven; an individual bathroom; and sleeping and living area. Sizes of RCACs can vary, with the average complex size being 36 apartments. They must adhere to State of Wisconsin Administration

Code, DHS 89, and can be either certified or registered. Certified RCACs house both private-pay tenants and those eligible for the Community Options Program or Medicaid, and are inspected every two years. Registered RCACs house only private-pay tenants and are not inspected. Complaints are investigated in both. An RCAC does not include a nursing home or CBRF, but may be physically part of a structure that is either:

RCACs can provide a maximum of 28 hours per week of the following services either directly with their staff or under contract:

- Supportive Services—general housekeeping, transportation to access community services and recreational activities.
- Personal Assistance—services related to ADLs, nursing

services (health monitoring, medication administration, and medication management), and emergency assistance (an RCAC shall ensure that tenant health and safety are protected in the event of an emergency and shall be able to provide emergency assistance 24 hours a day).

RCACs are often a good option before someone steps up to needing CBRF level of care.

Community-Based Residential Facility (CBRF)

A place where five or more adults who are not related to the operator or administrator reside and live together in a community setting where they receive care, treatment, and services that may include up to three hours per week of nursing care per resident. Adults residing in a CBRF should not require care above intermediate level nursing





care. CBRFs can admit and provide services to people of advanced age and persons with dementia. CBRFs range in size from 5 to 257 beds, and are licensed under Wisconsin Administrative Code, DHS 83.

Department licensing specialists inspect CBRFs every two years via unannounced surveys. However, a facility may be visited between these inspections if there are any complaints received.

Wisconsin Department of Health Services lists 105 CBRFs and 24 RCACs in its Public Directory for Dane County.²

Whereas assisted living serves both residents with and without memory loss, “RCACs are most appropriate for a person with a dementia who is in the very early stages, who can make their own decisions regarding care options, and who can live independently with minimal assistance, or for the person with

dementia and their spouse together,” says Bonnie Nutt, program and advocacy manager of South Central Wisconsin Chapter of the Alzheimer’s Association.

“CBRFs are appropriate for a person with dementia in early-mid, middle, and late stage of the disease process. Usually someone in a CBRF can receive no more than three hours a week of nursing care. If a person needs more than that, they should see if outside care can be brought in or if a skilled nursing facility would be a better choice.”

If you are considering assisted living for someone who has dementia, you may also want to know whether or not the community employees staff with Dementia Specialist Training.

“Dementia Specialist Training is recommended for direct-care staff, including nursing assistants, nurses, therapists, administrators,

social workers, support staff, and supervisors. It offers the most up-to-date knowledge and techniques for caring for persons with dementia. Most importantly, the program encourages an understanding of the person as a unique individual,” says Bonnie.

“A facility that has invested the time and money into dementia training helps ensure a safe care environment for everyone involved. It gives the staff and resident the ability to have a greater quality of life. Studies show staff trained specifically in dementia care are able to provide better quality of life for residents and have increased confidence, productivity, and job satisfaction.”

¹ *The History of Assisted Living.*
assistedlivinghistory.com

² *Wisconsin Department of Health Services.*
dhs.wisconsin.gov/guide/cbrfdane.pdf and
dhs.wisconsin.gov/guide/rcacdane.pdf

Oakwood Lutheran Senior Ministries has two campuses in the Madison area: University Woods on the west side and Prairie Ridge on the east side. Beth Johnson has helped hundreds of families transition to Oakwood Village. She can be reached at (608) 230-4487.

Photographs courtesy of Oakwood Lutheran Senior Ministries.



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