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SENATE JOINT RESOLUTION NO. 486

Offered January 21, 1999

Requesting the Joint Commission on Health Care to undertake a comparative review of services provided in assisted living facilities.

Patron—Walker

Referred to Committee on Rules

WHEREAS, nationally and in the Commonwealth, the concept of assisted living has emerged in recent years as an important link in the continuum of care for the elderly; and

WHEREAS, although numerous assisted living facilities are operating in the Commonwealth (particularly in urban areas) and many more are in the planning and construction phases, the cost of residency in most such facilities lies beyond the reach of a majority of seniors; and

WHEREAS, the number of seniors in the Commonwealth is increasing significantly; and

WHEREAS, the population of our nation, our Commonwealth, and our neighborhoods has grown older and more frail, whether in single family or multifamily residences, assisted living facilities, and other types of living arrangements; and

WHEREAS, as the need for supportive services begins, the individual needing the same is faced with the choice of moving to a facility that provides care, obtaining care in his or her own residence, or going without care; and

WHEREAS, seniors in need of care receive the same from a variety of individuals, including family, friends, certified nursing assistants, licensed practical nurses, registered nurses, registered nurses certified in geriatrics, therapists, and physicians, with different levels of training and expertise; and

WHEREAS, the most intimate and consistent such care is often provided by individuals who are at the entry level of the long term care profession and who receive the least financial compensation; and

WHEREAS, the Virginia Housing Study Commission in December 1998 concluded a two-year study of affordable assisted living options for seniors; and

WHEREAS, such Commission study found that (due to such factors as the difficult nature of providing such intimate care, the low unemployment rate in the Commonwealth, and the relatively low pay scale for certified nursing assistants and case managers) individuals, agencies, and facilities statewide are challenged in attracting and retaining well-trained, dependable, and compassionate care

WHEREAS, such study recognized the possibility that more competitive compensation packages for such care givers will likely enhance opportunities of assisted living facilities and providers to attract and retain the best qualified, most dependable, and most compassionate staff; and

WHEREAS, the Joint Commission on Health Care has formed a Subcommittee on Long-Term Care; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, that the Joint Commission on Health Care is requested to undertake a comparative review of services provided in assisted living facilities, including payment rate and waiver option approaches utilized in other jurisdictions. Such review should address payment schedules for programs funded by the Department of Medical Assistance Services (DMAS), the Auxiliary Grant, and the care managers funded by the Department of Social Services (DSS). In addition, such review should consider benefit packages, in addition to salary, available to service providers. To determine the consistency of the DSS Adult Protective Services function statewide, such review also should include funding available for oversight responsibilities for the same. Finally, such review should include such other related issues as may seem appropriate. The Commission is requested to consult with the Virginia League of Social Services Executives in conducting such review.

All agencies of the Commonwealth, particularly DMAS and DSS, shall provide assistance to the Commission for this study, upon request.

The Commission shall complete its work in time to submit its findings and report on its progress to the Governor and the 2000 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.