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HOUSE JOINT RESOLUTION NO. 352

Offered February 2, 1998

Recognizing the special needs of small adult care residences.

Patron—Hall

Consent to introduce

Referred to Committee on Health, Welfare and Institutions

WHEREAS, adult care residences provide compassionate and quality-oriented care primarily in a home-like environment for the Commonwealth's elderly and disabled citizens, thus enabling them to enjoy the quality of life they deserve; and

WHEREAS, Virginia's adult care residences have made significant contributions since 1974 toward providing the citizens of the Commonwealth with the best and most cost-effective residential care; and

WHEREAS, Virginia has more than 615 licensed adult residence facilities which provide care to over 26,000 residents, including 7,000 auxiliary grant recipients; and

WHEREAS, while health care may be a component of their services, adult care residences in the Commonwealth help people to live independently within the community, with as much freedom of choice as possible; and

WHEREAS, adult care residences are settings which permit the frail adult to age in place with dignity; and

WHEREAS, the adult care residence industry exhibits a diversity in the delivery of care unparalleled in the long term care sector, thus giving residents greater choice; and

WHEREAS, regulations and increasing competition from larger operators and long term care chain providers pose a threat to the small, traditional adult care residences which serve a population that is ambulatory and needs very limited assistance with basic activities; and

WHEREAS, new regulations which became effective February 1, 1996, have had an impact on small adult care residences which has not received accurate recognition; and

WHEREAS, these new regulations have denied small adult residences the ability to maintain their traditional residential approach to providing care; and

WHEREAS, the regulations ignore the population that requires only basic care by focusing on medical needs, thereby threatening the survival of small adult care residences; and

WHEREAS, governmental micromanagement, which has been accommodated by these regulations, has compromised the administrative rights of small home operators; and

WHEREAS, the new regulations and assessment procedures also infringe on residents' rights; and WHEREAS, government funding through the auxiliary grant program has resulted in the development of two levels of regulations, creating a two-tier class structure among residents; and

WHEREAS, by challenging requests for temporary detention orders (TDOs), the new regulations have infringed upon the operators' ability to protect their entire population of residents; and

WHEREAS, given the unique nature of small adult care residences, no effort has been made to evaluate the cost impact of the new regulations; and

WHEREAS when carrying out their duties, governmental oversight agencies need to exercise common courtesies and maintain professional relationships with the operators of small adult care residences; and

WHEREAS, small adult care residences do not have a pool of trained staff and administrators to comply with the new regulations; and

WHEREAS, the Commonwealth has not made an effort to use adult care residences as training opportunities for recipients of public assistance; and

WHEREAS, small adult care residences have become the training ground for other, larger providers of long term care; and

WHEREAS, state regulations do not realistically permit enough time to train the direct care staff of small adult care residences; and

WHEREAS, cross-training is not being accommodated for small adult care residences; and

WHEREAS, adult care residences' staffs are not permitted to train their own direct staff; and

WHEREAS, regulations are pushing small adult care residences into a medical model; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the complaints of the small adult care residences be recognized and that the appropriate governing bodies develop measures to

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60 address these concerns.