



Department of Health & Human Services, Centers for Medicare & Medicaid Services

LTSS in Our Community: Assisted Living

Summary Report

May 15, 2017



LTSS in Our Community: Assisted Living

Summary Report

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Introduction

The AI/AN elder population is growing at a rate twice that of the general U.S. population, reaching 2 million by 2060 (Boccuti, et al., 2014). A growing elder population, along with an increased life expectancy, in Indian Country has tribal communities looking to address the growing need for long-term care (Aldrich, 2008). Conversations about providing long-term care for elders have already begun in many communities. However, overcoming barriers, such as poor access to services and transportation, cultural insensitivity by providers, lack of education or awareness of available services, low number of professional caregivers, and/or funding, need continued resolve (Smyer, et al. 2007).

Long-term care has a range of service and support options for individuals that can be provided in the home or in the community, including congregate meals, adult day care, senior housing, or nursing home, for assistance with daily activities, whether they are medical, personal, or social (Aldrich, 2008; Center for Medicare & Medicaid Services (CMS) TTAG & Johns, 2009). Assisted living facilities are long-term care options that many tribes opt for to provide services and care to their communities' elders and individuals with disabilities. Assisted living facilities provide residents who need assistance with activities of daily living with private living spaces and shared communal areas, in contrast nursing homes provide increased medical care and 24-hour care by licensed professionals (CMS, 2009).

Tribal communities will approach their provision of long-term care and support differently.

Understanding the community's care needs is critical in determining what level of services or supports are required to assist their elders or individuals with disabilities while maintaining their quality of life, independence, and dignity (Aldrich, 2008). For the Comanche Nation of Oklahoma, the Pueblo of Isleta, and the Yukon Koyukuk Elder Assisted Living Consortium of Tribes in Alaska, addressing their elders' needs meant developing their own assisted living facilities. Kauffman & Associates, Inc., interviewed each tribe's assisted living facility administrator about the development of their facility— the Edith Kassinoid Gordon Assisted Living Center (EKGALC) in Lawton, OK; the Pueblo of Isleta Assisted Living Facility (PIALF) in Isleta, NM; and the Yukon Koyukuk Elder Assisted Living Center (YKEALC) in Galena, AK. Each administrator noted that their community began discussing the need for long-term care years before construction started. All three communities conducted a survey with the communities and elders to determine care needs. This document provides a summary account of these communities' stories in developing their assisted living facilities from the initial discussions to development with lessons learned from the process.



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Beginning the Conversation for Long-Term Care Need

For the Comanche Nation of Oklahoma, Pueblo of Isleta, and the Yukon Koyukuk Elder Assisted Living Consortium (Nulato Tribe, Louden Tribe, Native Tribe of Koyukuk, Ruby Tribe, and Kaltag Tribe), the need for long-term care services to support elders in their communities were identified decades before construction started. Initial discussions about developing long-term care services took place during community meetings where attendees introduced the following concerns regarding aging and elders.

- **Elders taking care of elders** – When an elder provides care for another elder, their health may be declining as rapidly as the health of the person they care for, as is often seen when a sibling takes care of another sibling.
- **Increased life expectancy** – With increased life expectancy, people are living longer and require more care.
- **Elders leaving the community for care** – Elders had to move away from the community to receive needed care (Abeita, 2017).

Following the initial recognition of the need for long-term care, the tribes and consortium needed to determine their specific communities' needs. They each conducted either a needs assessment to gauge community interest and benefits to community or a feasibility analysis to determine if the construction of a building was an option. Each community was initially interested in developing a nursing home; however, due to a rigorous state licensing process, an assisted living facility was the best alternative to address the needs of the community.

Assisted Living Program Development

Once each community approved the concept for the assisted living program, the tribes and consortium launched four concurrent development phases. These phases comprise: (1) acquiring funding for building development and sustainability, (2) acquiring licensing and certification, (3) developing resident payment policies, and (4) hiring and training staff. Each tribe approached these phases differently based on their tribe's resources and community needs.

Building Development and Sustainability

After the community and tribe approved the concept of developing an assisted living facility for their community, the tribes and consortium then had to secure resources to design and construct the building. The Comanche Nation of Oklahoma, Pueblo of Isleta, and the Yukon Koyukuk Elder Assisted Living Consortium each approached this phase differently. Table I outlines each community's development resources, including those accessed for their facilities' construction.



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Table I. Assisted Living Facility Approaches

Assisted Living Facility	Ownership	Certifications	Resident Payment	Building Development
Pueblo of Isleta Assisted Living Facility Isleta, NM Opened 2015 20 Rooms	Tribally owned and operated	State license, memorandum of agreement Medicaid, temporary license	Medicaid Private pay Tribal supplement	Federal grant Tribe New building
Yukon Koyukuk Elder Assisted Living Center Galena, AK Opened 2013 9 Rooms	Tribal consortium, nonprofit status	State license Medicaid	Medicaid Tribal Housing Authority State program supplement Private pay	Consortium State grant New Market Tax Credit Donations New building
Edith Kassaroid Gordon Assisted Living Center Lawton, OK Opened 2014 9 Rooms	Tribally owned and operated	State license	Private pay Tribal supplement	Fully funded by tribe Upgraded existing building

In each case, the tribe or consortium put forth funds for development, including construction. For the EKGALC, the tribe fully funded the project and upgraded an existing building to house the facility. For the PIALF, the tribe secured a federal grant that covered construction costs for the assisted living facility and a senior center. For the YKEALC, the consortium found it challenging to secure funding for the building development. However, the consortium used a myriad of funding sources and qualified to apply for various grants, given their nonprofit status, for the building’s initial construction.

The YKEALC noted that a critical piece of the development phase was to design the building with sustainability in mind. As the YKEALC administrator described, “the more elaborate and expensive your building is, the higher the insurance will be.” Along with costs to replace and repair appliances, furnishings, etc., and undergo regular inspections and upgrades, general maintenance adds up. YKEALC qualified for the New Market Tax Credit program, a program that draws private investments to qualifying organizations in exchange for tax credit. The financial support offered by the program was used critical to upgrade the building’s energy systems in 2014. For anyone looking to develop their own



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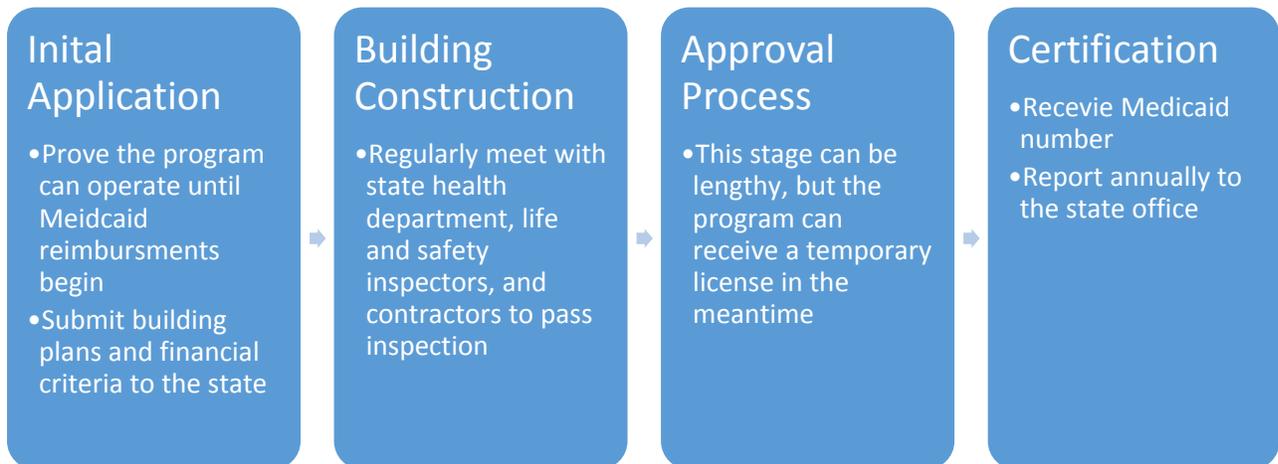
facility, the YKEALC administrator advises they determine the cost of sustaining the building from the outset.

State Licensing, Medicaid Certification, and Regulations

After acquiring funding to develop a sustainable building, the tribes and consortium developed program policies and determined which licenses and certifications they needed to operate their facilities. They also had to determine how the residents would pay for their services. The tribes and consortium found it important to establish relationships with the state health department offices during this process, as several aspects of program development require state oversight, especially when the program is looking for Medicaid reimbursements.

The EKGALC, PIALF, and YKEALC found the state licensing process lengthy. The PIALF hired a consultant to help them acquire a state license. The PIALF was also interested in Medicaid certification, their process for which is reflected in Figure 1.

Figure 1. PIALF's Medicaid Certification Process



Each phase of the process requires concurrence with the state and assurance that the regulations are being met, beginning with pre-construction when building plans and financial criteria are submitted to the state for review. During construction, life and safety inspectors ensure that regulations codes are being met. After construction, the approval process continues, but a temporary license can be issued, as was the case for the PIALF. Once approved, the facility will be issued a Medicaid number and must submit annual reporting data to the state Medicaid office. Each program's licensing is listed in Table I on page 5.

Resident Payment Policy

The development of the resident payment policy is another critical phase of program development, as this policy dictates how services are paid. For the EKGALC, PIALF, and YKEALC, resident policy was



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decided based on a determination of service versus business. First, the programs determined the cost of their care, followed by resident rates.

The EKGALC primarily uses gaming revenue to cover costs for the care of its residents. The EKGALC then have the residents pay as they are able. The EKGALC administrator added, “So, we do have some rental revenue from residents. It doesn’t really cover a whole lot of the expense.... The main purpose of the facility was to have it here for our tribe.”

In determining their cost of care, the PIALF considered that each resident would have different needs that require different levels of care. However, the PIALF decided that a base rate would best inform the resident rate. Compared to other facilities in the area, PIALF’s base rate is considerably low. In justification of their rate, the PIALF administrator said, “we wanted to make sure that we are making it [as] affordable as we could for our elders,” since many do not qualify for Medicaid and need to privately pay.

The YKEALC conducted outreach to the community to educate them about the program and how it handles payment for services. To determine how a resident will pay for their care, first, the YKEALC determines the resident’s level of care. Then, the resident is assessed for qualification for assistance programs through either the State General Relief program or Medicaid. If the resident is not qualified for assistance, that resident will have to pay privately. It took time for the community to adjust to the idea that their personal savings may be needed to cover their care.

Each program tries to provide the best quality of life for their community and keep members close to home and family. However, facilities must maintain regulations and policies that permit affordable care through Medicaid reimbursement, state relief programs, third party insurance, or private pay. The challenge is finding a balance between the tribe’s intent, community needs, and state regulation requirements. Each community has a different approach and set of resources to accomplish this goal.

Program Staff and Training

The EKGALC, PIALF, and YKEALC approach staffing and training needs similarly. For the most part, they recruited local staff through tribal employment or education programs. Each program identified a common health concern among its residents and works to provide their staff with the training they need to address these concerns in their care for provision. Further, each program closely follows state requirements for new hire training and the continued education of its staff.

The EKGALC worked with the tribal job placement program and educational programs to recruit staff to work at the facility. The tribe sponsored classes for nurses’ aides and sent several tribal members to school to receive needed education. Based on the community’s greatest health concern, diabetes, they developed staffing shifts that would best fit its residents’ needs. These shifts required the EKGALC to hire enough licensed practical nurses to staff every shift. For the continued education of its staff, the facility also holds monthly trainings that coincide with payday. For these trainings, facility staff review



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material on various topics on which they are then quizzed. The facility also works with the local Indian Health Service to provide in-person trainings.

At the YKEALC, the consortium set aside funding for staff training. Onboarding new staff includes 3 days of on-the-job training; orientation to the building and regulations; and resident care. Also, included in training are CPR, first aid, and training on dementia diseases. The facility is also interested in providing resiliency training for staff to boost their ability to overcome challenges in the work environment. The administrator is also establishing a formal staff evaluation process.

Each facility took pride in its ability to staff local tribal members. These staff introduce important cultural considerations for the facilities' residents. They understand the cultural needs of their residents, speak the language of the elders, and may even know their residents' families. This helps create an environment in which their residents feel at ease and at home.

Cultural Considerations

The EKGALC, PIALF, and YKEALC developed their visions to include the community, which determined how culture tied into their program and the care of their residents. Culture is at the heart of each of these assisted living facilities. They incorporate traditions in the residents' daily lives through food, activities, and end-of-life considerations.

Hiring local staff who understand their communities' traditions and speak a shared language with residents was a key component of the facilities' staffing decisions. They further incorporate culture by designing daily activities and meals that incorporate traditions. Menus include local and traditional foods and are reviewed by a dietician and nutritionist. For instance, the YKEALC has local hunters and fishermen bring food for the elders, like moose, beaver, and salmon. The PIALF started chili pepper pots that residents can harvest for meals like beans and green chili or chili stew.

For these communities, the assisted living facility is a community hub. Activities that incorporate other community members help keep the culture vibrant for the residents. For instance, the EKGALC connected with the EKGALC daycare so children can come and sing with the elders. Elders attend community events like powwows and enjoy regalia-making classes. The residents determine many of the facility's activities.

Overall, the facilities discovered that state and federal regulations did not hinder cultural and traditional practices as they originally thought might happen. Further, state contacts even encouraged the facilities to incorporate traditions and practices into the daily lives of the residents. The tribes and consortium also facilitated great partnership opportunities by including the community into their planning process and vision development, which enabled the facilities to become community hubs as an added benefit for their residents.



Conclusion

The EKGALC, PIALF, and YKEALC each opened their assisted living programs within the last 5 years, starting in 2013. Each facility ran into their own challenges during development, and established community, and state partnerships that were beneficial. Recommendations for other tribes to consider when developing an assisted living facilities in their communities include:

- Research state and federal license requirements;
- Establish relationships with state departments and organizations;
- Build and use your community, state, and national network groups; and
- Establish a vision, mission, and policies for the facility early in the planning process (Abeita, 2017).

Each tribe and the consortium committed to providing long-term care because the need and community support were there. After the communities' initial commitment, it took time, research, planning, and networking to establish the assisted living facilities. Now each of these communities has a place where their elders can turn to seek long-term care without moving away from home. They can live in a place that is sensitive to their cultural needs and keeps them connected to their communities. Further, the facility employs local people and keeps generations connected—parents, children, and grandchildren—which allows the residents to continue giving back to the community.



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Program Profile of the Edith Kassanoid Gordon Assisted Living Center

Edith Kassanoid Gordon Assisted Living Center

“It’s been in progress for 10 years and started with tribal members themselves asking.”

– *Melanie Lewis, Administrator, Edith Kassanoid Gordon Assisted Living Center*

Program Description

The Edith Kassanoid Gordon Assisted Living Center is tribally owned and operated by the Comanche Nation of Oklahoma. The center provides long-term services and supports to its residents, including activities of daily living. The center provides medication administration, personal care, transportation, meals, activities, and housekeeping. Center staff identified diabetes as the most common health concern among their residents and designed services to address it.

The center’s development began with tribal members’ interest in a long-term care facility. Once the tribe decided to build an assisted living center, the tribal business council and tribal members approved the project. Establishment of the center with fully supported by the tribe’s gaming revenues.

Successful Strategies

Center staff have seen success in their efforts to determine rates, recruit and train staff, and incorporate cultural into their care.

Resident Rates

The center bases resident rates on income, which amounts to a monthly rent. Typically, resident income comes from Social Security benefits. The Comanche Nation has a low-income subsidy program that supports residents housing rates. Private pay is also accepted by the facility.

Operated by: Comanche Nation

Opened: October 2014

Total Rooms: 9 rooms

Contact Information:

Melanie Lewis
1001 SE 36th St.
Lawton, OK 73501
580-699-3736
melaniel@comanchenation.com

Website:

www.comanchenation.com

Community: Edith Kassanoid Gordon Assisted Living Center serves elders aged 65 and older. The average resident age at the center is currently 85 years.





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Program Profile of the Edith Kassanoid Gordon Assisted Living Center

Staffing

The center worked with the tribal job assistance program and educational programs to recruit staff for the center. The tribe sponsored classes for nurse aides and sent several tribal members to school to receive needed education. Because the community's greatest health concern is diabetes, the center developed staffing shifts to best fit the needs of its residents who have diabetes. This shift schedule ensures that licensed practical nurses staff every shift, particularly to address the needs of insulin-dependent residents. This staffing schedule also meets Oklahoma regulations for treating patients with diabetes. The center also hired certified nursing assistants to provide personal care.

"They know all the details about what our residents need, their personalities and being willing to step up and say 'I'm going to do this for them, I'm going to do that.' So, it's not just a job to them, they're providing a service to their community, that they are helping their own people.

– *Melanie Lewis on staff commitment*

"Look at population needs. Know what's there and how those needs bump against state regulations. Each [state's] regulations are different. They need to be aware of requirements and elder needs. Then try to see what's doable in the planning."

– *Melanie Lewis on development considerations for other tribes*

The center has 20 staff, half of whom are nurses, followed by CNAs, a receptionist, a maintenance team, housekeeping, dietary staff that includes cooks and a certified dietary manager, an activities manager, and contract staff. Contract staff include a registered nurse consultant, dietician, medical doctor, and consultant pharmacist.

Staff Training

Employee's must meet Oklahoma State licensing requirements for training before their first day. The center holds monthly trainings that coincide with pay days. Employees review material on various topics and are then quizzed on the material. The center also works with the local Indian Health Service to provide in-person trainings.

Cultural Considerations

Culture is the heart of the center. The center incorporates traditions in the elders' daily lives through food, activities, and end-of-life considerations. For instance, the center connects with the Comanche daycare, and children come and sing with the elders. Elders attend community events, like powwows, and enjoy regalia-making classes. The residents determine many of the center's activities.

Future Considerations

The community is looking to expand the center's functions. Options include having other tribal programs housed at the center, like independent living, an elder nutrition center, or daycare services.



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Program Profile of the Pueblo of Isleta
Assisted Living Center

Pueblo of Isleta Assisted Living Facility

“They are our elders. We want to give them quality care, quality of life. That’s our standard. They deserve the best care we can provide them.”

– Natalie Abeita, Administrator, Pueblo of Isleta Assisted Living Facility

Program Development

Pueblo of Isleta’s long-term care facility had been in the making for almost 60 years. Efforts began with discussions that shared the pueblo’s hope to lighten caregiver burden for its families and keep elders in the community. Pueblo of Isleta identified grant funding in early 2000 to construct the assisted living building. The tribe also conducted a community survey to determine their community’s need and levels of support. These efforts resulted in tribal administration approval to develop the facility.

A consultant helped facility staff acquire state licensing. The facility is working to attain Medicaid certification and currently holds a temporary license.

Successful Strategies

Facility staff have seen success in their efforts to acquire funding, meet client needs, and incorporate cultural into their care.

Resident Funding

Facility staff developed a budget to determine a base rate for the cost of care for its residents, which accounts for fluctuations from varying resident needs.

Residents can access private pay, Medicaid, or tribal supplements to cover the cost of care. The facility is considering nonprofit status, as its goal is not to make a profit, but to provide a community service. Nonprofit status would also allow the facility to apply for certain grants.

Operated by: Pueblo of Isleta

Opened: October 2015

Contact Information:

Natalie Abeita
PO Box 234
Isleta, NM 87022
505-869-5560
info@navavets.org

Website:

<http://isletapueblo.com/assistedlivingfacility.html>

Community: Pueblo of Isleta Assisted Living Facility is a 20-bed facility that services elders aged 60 and above. The community’s elder population has grown over the past several years.





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Program Profile of the Pueblo of Isleta Assisted Living Center

“When I met with the state, they were positive and assuring that I could create activities and meals that were safe for the elders, and we did not lose the custom or tradition.”

– *Natalie Abeita on cultural considerations*

Cultural Considerations

Within state and federal regulations, facility staff embrace culture and tradition to help keep it vibrant for the residents. They incorporate traditional meals with the help of a dietician and nutritionist, like beans and green chili or chili stew. The facility started seed pots that residents can harvest for their meals. For residents with dementia, cultural experiences that help with memory are especially important. Further, most staff are tribal members who speak the language.

Lesson Learned

The facility offers the following considerations to tribes looking to develop assisted living facilities:

- Research state, federal, and Medicaid license requirements;
- Establish relationships with state departments and organizations;
- Develop a tribal elder code;
- Ask for help when needed and do not be afraid to reach out;
- Build and use a provider support network;
- Establish a vision and mission for the facility early in the development process; and
- Develop facility policies early on and seek guidance from the tribal counsel.

Future Considerations

The facility is working to become self-sustaining, so it can continue to operate without supplemental funding from the tribe to cover resident care.

Facility Services

The facility offers 24-hour care, and its each resident’s service plan is based on their care needs and developed with the resident and their family. Basic facility services include meals and daily activities, especially traditional activities, like making bread or tortillas. Other services include:

- Housekeeping and laundry;
- Increased interpersonal engagement;
- Medication assistance and management; and
- Resident connections to external health agencies, as needed for care.

“I am honored the tribe let me take this project on and to be able to help it grow. I hope to see other pueblos and tribes build their own either assisted living or nursing home. The positivity that we are seeing in our elders from being within their own community—it keeps our traditions and culture alive.”

– *Natalie Abeita on the impact of the facility on elders and the community*



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Program Profile of the Yukon Koyukuk
Elder Assisted Living Center

Yukon Koyukuk Elder Assisted Living Center

“We get lots of visitors, just like in any grandma or grandpa’s house in Indian Country; the coffee pot is always on, and the door is always open.”

– Agnes Sweetsir, Administrator, Yukon Koyukuk Elder Assisted Living Center

Program Description

The Yukon Koyukuk Elder Assisted Living Center is owned by five tribes through a consortium. The center provides long-term services and supports to its residents, including activities of daily living. Each resident has a private unit with a bath and small living area. Dementia is the most common health concern among residents, and staff are trained to care for residents with dementia diseases.

The center’s development started 30 years ago as a discussion by elders. In the 1990s, the tribes became more aware that elders had to move away to receive the care they needed. In early 2000, the tribes established the consortium, began pooling resources, and conducted a feasibility study. By 2009, they finalized the construction plans, and the center’s doors opened in 2013.

Successful Strategies

Center staff have seen success in their efforts to acquire funding, recruit patients, train staff, and incorporate cultural into their care.

Funding Streams

The center secured funding for construction, furnishings, maintenance, upgrades, and resident care through the following sources:

- The Tribal Housing Authority,
- Alaska state and federal grants,
- The New Market Tax Credit,

Operated by: Yukon Koyukuk Elder Assisted Living Consortium (Nulato Tribe, Louden Tribe, Native Tribe of Koyukuk, Ruby Tribe, and Kaltag Tribe)

Opened: 2013

Total Rooms: 9 rooms

Contact Information:

Agnes Sweetsir
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Galena, AK 99741
907-656-2574
asweetsir.ykealf@gmail.com

Community: Yukon Koyukuk Elder Assisted Living Center is in a remote area that is only accessible by plane or river. Of its community, 20% of the of the population is over 55 and 5% is 75 years of age.





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Program Profile of the Yukon Koyukuk Elder Assisted Living Center

“Design [the] facility and program with sustainability in mind, and let the local cultural values drive the design. We had to access a lot of resources to make our center energy efficient and sustainable.”

– Agnes Sweetsir on building construction

- Donations and tribal supplements, and
- Medicaid.

The center established a payment policy to direct how residents pay for care and a care plan that outlines resident care. The center also assesses qualifications for the state’s General Relief program or Medicaid. If residents do not qualify for assistance, the center develops a private pay schedule for them, and the consortium supplements resident care as needed.

Assisted Living Acceptance

When the center initially opened, the center faced the following challenges with resident recruitment: (1) elders did not want to leave their homes, (2) the community associated a stigma with assisted living centers, and (3) elders were supporting family members.

To address this, the center reached out to the community through the elders’ families, friends, and providers. Direct, one-on-one conversations were the most beneficial to share information about the center services and address the community’s fears and concerns. Further, the center began to shift toward a community hub.

Staff & Training

The center currently staffs seven and a half full-time employees who are all local tribal members. From the start, the consortium had set aside funding for staff training. Onboarding for new staff includes:

- 3-days of on-the-job training;
- orientation to the building, residents, and resident care;
- orientation to regulations, center practices, and duties;
- CPR and first aid training; and
- training on dementia diseases.

The center is looking to institute RESILIENCE training and establish a formal staff evaluation process.

“We are truly an Athabascan assisted living home. We provide employment for our local people. We keep generations connected—children and grandchildren. Our elders are still giving back to the community. That makes a big difference to them and to the community.”

– Agnes Sweetsir

Cultural Considerations

Development of the center’s vision included the consortium and community. The vision determined how the center would tie culture into its practice and resident care. Currently, the center is one of the main community hubs. Local hunters and fishers bring food for the elders—moose, beaver, and salmon. The center also administers a federal grant that brings community elders to the center for congregate meals.