

- SUBJECT:** Alternative accreditation for assisted living facilities
- COMMITTEE:** Human Services — committee substitute recommended
- VOTE:** 7 ayes — Hupp, Eissler, J. Davis, A. Allen, Goodman, Paxton, Reyna
0 nays —
2 absent — Gonzalez Toureilles, Naishtat
- WITNESSES:** For — David Bragg, AARP; Skip Comisa, Michael Crowe, Texas Assisted Living Association; Christine MacDonell, Commission on Accreditation of Rehabilitation Facilities; Sid Rich, Texas Association of Residential Care Communities; (*Registered, but did not testify:* Will Brown, AARP; Tim Graves, Texas Health Care Association)

Against — (*Registered, but did not testify:* Beth Ferris, Texas Advocates for Nursing Home Residents)

On — Veronda Durden, Department of Aging and Disability Services; (*Registered, but did not testify:* Dotty Acosta, Department of Aging and Disability Services)
- BACKGROUND:** Assisted living facilities are places where individuals live who need help with daily living activities but not the intensive care offered by a nursing home. These facilities are licensed by the Department of Aging and Disability Services (DADS) and are required to undergo an annual inspection to determine compliance with state standards, established by the Health and Human Services Commission (HHSC). Both the state-federal Medicaid program for low-income individuals, and the federal Medicare program for the elderly also require inspections for reimbursement.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Commission on Accreditation of Rehabilitation Facilities (CARF) are national organizations that inspect and review facilities based on a standardized set of safety and quality indicators and industry best practices. Many facilities seek accreditation from an outside organization as an assurance of quality to potential residents and for

insurance purposes.

DIGEST: CSHB 1558 would require DADS to accept accreditation from JCAHO or CARF in lieu of inspection for assisted living facilities if the alternate accreditation standards were at least as stringent as the state's. The stringency standard would include the requirements for licensure established by the HHSC commissioner and an on-site inspection or survey in accordance with HHSC's minimum standards.

An assisted living facility would submit its accreditation reports along with the required application, fee, and any other information needed to apply for or renew a license. A facility also could choose not to obtain alternative accreditation.

DADS would determine if any federal authorization was needed to accept alternative accreditation by October 1, 2005. The bill would not limit DADS' authority to inspect or take action against an assisted living facility under its purview. The bill would take effect September 1, 2005, and the department would report to the governor and the Legislature by December 1, 2005.

SUPPORTERS SAY: Alternative accreditation streamlines the process for all parties and has worked well for nursing homes and hospitals. Assisted living facilities also should benefit from the reduced administrative hassle that alternative accreditation offers.

In no way would alternative accreditation diminish the quality of assisted living services or the safety of its residents. The alternative standards would have to be at least as stringent as the state's, and the department's oversight authority would not be compromised.

OPPONENTS SAY: Another set of eyes is always a good thing when setting standards for the homes that care for elderly and fragile patients. Even if the objective standards were the same between the alternative accreditation and the state standards, checking at two different times may show different results. Texas should not rely on one report when it directly relates to the health and safety of vulnerable populations.

NOTES:

The committee substitute made a correction to language in the original about which set of minimum standards an assisted living facility would have to meet.

The companion bill SB 1055 by Janek, has been referred to the Health and Human Services Committee.