

*Thank you for the opportunity to provide comments on the Draft Framework for the National Plan to Address Alzheimer's disease.*

*The Assisted Living Federation of America and the hundreds of providers who are our members supported passage of the National Alzheimer's Project Act one year ago. We are pleased to see the Administration is currently pursuing a plan for a coordinated national strategy to address Alzheimer's disease. While the Draft Framework is a good start, we were dismayed to see the lack of acknowledgement of the role assisted living has in caring for individuals with Alzheimer's disease.*

*As you are aware, assisted living is a home and community based alternative to skilled nursing care. The philosophy is resident centered and the care is provided to support individual choice and help our residents maintain dignity and respect. In the past decade consumers have shown a preference for assisted living over more institutionalized care settings. The population of assisted living residents with Alzheimer's and related diseases is rapidly increasing. According to the 2009 Overview of Assisted Living (research conducted and analyzed by Acclaro Growth Partners), more than 1/3 of all of the residents residing in assisted living communities have a diagnosis of Alzheimer's or a related dementia. A survey of the top 80 senior living providers by Senior Living Executive in 2011 confirmed that 17% of the total residents served by these top providers are residents living in special memory care accommodations. A 2010 National Survey of Residential Care Facilities conducted by the CDC's National Center for Health Statistics released data that 42% of the residents living in residential care have Alzheimer's disease. We expect this trend to continue as many consumers prefer the state of the art programming that has been developed for memory impaired residents in assisted living. Indeed there are some assisted living companies that are dedicated exclusively to caring for residents with Alzheimer's and related dementia.*

*I am sure you can understand my concern that assisted living was not included in any of the goals or strategies that referenced care setting for individuals with Alzheimer's disease. Assisted living has been and will continue to be an option that can provide not only the most appropriate setting for individuals with this disease but a cost effective option as well. The recommendations below cite some specific places in the report where we would appreciate the inclusion of assisted living.*

*We also respectfully request that the word "patient" used through out the document be changed to "individual" or "resident". While we understand that someone under a physician's orders is called a patient, individuals residing in assisted living and other home and community based options are referred to as individuals or residents. Thank you for your time.*

- *Goal 2. Add licensed assisted living communities to the list of settings in the opening paragraph after "hospitals"*
- *Strategy 2.A Change patients to individuals*

- *Strategy 2.B Change patients to individuals*
- *Strategy 2.C Change patients in the title to individuals*
- *Strategy 2.D Add assisted living as a care setting after “physicians office”*
- *Strategy 2.E Change patients to individuals and add assisted living to the list of transition settings after “home”*
- *Goal 3: Change the title to Expand Support of Individuals with Alzheimer’s and their Families, and add assisted living to the list of care settings after “hospitals”*
- *Strategy 3.B Add assisted living before “nursing home placement” in both references*
- *Strategy 3.D The use of the term “residential care facilities” in the first sentence is odd because that term has never been used throughout the document. A more consistent term could be “long term care settings”. In two places the term “assisted living facilities” is used and the term “facilities” should be replaced with “communities”. This strategy should be strengthened to support a zero tolerance for abuse of individual’s with Alzheimer’s, regardless of where they live. Criminal background checks, educating family members, residents and staff in how to recognize, respond and report suspected abuse and termination of staff when appropriate must be a top priority.*