



## *The Roles and Functions of Occupational Therapy in Assisted Living Facilities*

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The growth of assisted living facilities has provided great opportunities for many professions, including occupational therapy (OT). While OT services traditionally have been based in many settings, their presence in community settings has grown and prospered in recent years.<sup>1,2</sup>

Today, the roles and functions of occupational therapists in assisted living facilities straddle the medical and community continuum and are both traditional and innovative in nature. As many ALFs follow a social rather than a medical model, OT is a natural presence in this setting. At the same time, there is tremendous potential for even more varied roles for occupational therapists in ALFs than these professionals currently serve.

### **Common Roles of Occupational Therapists in ALFs**

Currently, occupational therapists generally fulfill a traditional role in rehabilitation after illness, injury, or a change in health status in their work with ALFs. Medicare provides reimbursement for occupational therapy services when there is an acute condition or functional impairment, a physician's prescription, and an approved plan of care.<sup>3</sup> There is no reimbursement provided for chronic care or maintenance unless there is a distinct medical reason or a change in health care status. There are also limitations on frequency and duration of services.

OT interventions in assisted living generally focus on improving the individual's functional capabilities, especially in the area of activities of daily living (ADLs), instrumental

activities of daily living (IADLs) (eg, basic maintenance of one's room or apartment, managing money, or using a telephone) and the performance of other meaningful activities in the resident's life. Within these service areas, the occupational therapist also may evaluate the resident

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to determine the need for durable medical equipment, which is covered by Medicare when prescribed by a physician.

Additionally, the occupational therapist may make recommendations about additional pieces of adaptive equipment that make the performance of specific tasks easier for the resident. Such equipment might include a long-handled sponge for bathing, a sock aide to assist in dressing, or a reacher—aides that may significantly enhance the resident's performance and independence. However, while this equipment may be relatively inexpensive, it is not covered by Medicare. It may be covered by supplemental medical insurance with a

physician's prescription or letter of medical need, depending on the specific policy.

Frequently, OT services are provided on a contractual basis to the ALF by a therapist or agency that provides home care services and not by a direct facility employee. These services may meet the resident's acute medical and therapeutic needs, but they may not always be the most effective in the context of the ALF. For example, cooking would be important for seniors living at home alone in the community but would be much less important for an ALF resident. At the same time, maintaining one's room or apartment in a basically neat condition or being socially appropriate might be more important in an ALF. Nonetheless, when a therapist does not have specific experience with an individual ALF, it may be difficult for him or her to truly understand its customs, culture, and expectations (ie, contextual issues). McPhee and Johnson<sup>4</sup> noted that it is necessary to understand the population, culture, and expectations in a particular facility to appropriately plan a program for either individuals or groups.

### **Emerging and Potential Roles**

In addition to the traditional roles for occupational therapists in ALFs, there are a host of emerging roles seen in more progressive institutions and in demonstration projects. These range from environmental assessments and modifications, including the use of adaptive equipment and assistive technology, to lifestyle redesign programs. The latter generally are broader in nature

and focus on quality of life for residents and improving participation in personally meaningful activities both individually and as a population.

These roles are less medical in nature but just as important to the functional performance, quality of life, and happiness of the residents.

Environmental assessment and modification activities represent an important role for occupational therapists working with older adults, including those in ALFs. Such assessments focus on how the resident functions in the context of his or her apartment and environment in general, with the goals of increasing safety and improving function.

These assessments may involve the placement of furniture to promote smooth movement in the apartment, removing throw rugs or clutter to prevent possible falls, or reorganizing materials in cabinets to prevent reaching that may compromise balance. Other OT activities in this area may include suggesting bathroom modification and adaptive equipment to enhance independent performance. They also may include energy conservation techniques to decrease fatigue, such as performing a task while sitting at the table rather than standing at a counter.

Energy conservation techniques can lead to improved function and minimize fatigue that can compromise performance and safety. Additionally, an environmental assessment may include suggesting visual cues for residents with cognitive impairments or the placement of handrails in key locations to allow residents to move about safely and feel secure in their movements.

### **Plugging into OT Possibilities**

Another potential role for the occupational therapist might be to explore the need for assistive technology and make recommendations about the most effective type of equipment or devices for the situation. Assistive technology covers a

broad range of equipment, services, and strategies that help individuals who have disabilities related to their functional performance.<sup>5</sup>

Evaluations and recommendations for “low-tech” adaptive equipment may include lights that flash when the telephone or doorbell rings for hearing impaired residents or electronic aids for daily living (also called environment control units) to turn off all lights in an apartment from one bedroom switch. Assistive technology can play an important role in energy conservation and can be helpful for individuals with vari-



## **There are a host of emerging roles for occupational therapy in more progressive institutions and demonstration projects.**



ous sensory, motor, and cognitive impairments.

The use of computers has become more popular among older adults as a means of communicating with friends and relatives and a way to seek information via the Internet. There is a wide variety of assistive technology that occupational therapists can suggest to enable easier computer use, including larger keyboards, touch screens, screen magnification, and alternatives to the standard mouse. Even posting detailed instructions for computer use in large fonts can be an effective OT intervention. Occupational therapists can play a significant role in identifying assistive technology that will help individual residents effec-

tively use a computer, increase their ability to communicate with others, and utilize resources from the outside world.

### **That's Life: Lifestyle Design**

Lifestyle redesign is a term coined by Dr. Florence Clark as part of a grant-funded study that took a different approach to preventative programming for the well elderly.<sup>6</sup> This program explored client-identified needs and then worked with residents on an individual and group basis to maintain and improve performance in areas that were problematic to these residents. These problem areas included not being able to care for oneself adequately and independently, not being physically able to engage in activities that were previously enjoyed, not being able to travel independently, and decreased opportunities to be involved with others.

As part of the study, residents were involved in individual and group tasks, activities, and experiences, along with educational and discussion groups. Data from this study demonstrated the effectiveness of occupational therapy in working with older adults and improving and maintaining function and quality of life.

Elsewhere, Mitchell and Kemp<sup>7</sup> related that quality of life must be a high priority in programming for any assisted living facility. Their research indicated that emphasis on the social component of residents' lives made the greatest contribution to quality of life.

### **Knocking Down Cost and Reimbursement Barriers**

Even though OT services can be important for ALF residents, getting a program up and running can be easier said than done. One of the primary barriers is cost. Medicare only reimburses for direct services related to acute medically-related

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- The resident must understand the form he or she is signing.
- The resident's signature must be witnessed by at least two other adults. Certain people are not allowed to be a witness to a HCPA because of a possible conflict of interest. These include the resident's spouse, child, grandchild, brother, sister, parent, possible heir, person benefiting from the resident's will, his or her physician, the person he or she is appointing patient advocate in the document, and/or an employee of the resident's life or health insurance carrier or of the resident's ALF.

In the process of determining who to designate as their HCPA, residents can ask themselves several questions:

- Who do I want to make decisions about my health care?
- Is quality of life more important than longevity?
- How important is physical and/or mental functioning in decisions to accept, refuse, or limit medical treatment?
- What are my spiritual beliefs, and how do they fit with my choices?
- Are the intake of food and water basic human rights, regardless of delivery (ie, tube, mouth, or vein)?

The resident's HCPA should address the answers to these questions.

Residents should give copies of their living will or HCPA to their physicians. A copy of the HCPA should also be given to the person appointed to carry out the wishes and another placed with important papers. The resident's lawyer should hold a copy of all documents, and the person should keep copies at home. ALC

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## The Interdisciplinary Team

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rehabilitation and evaluations for durable medical equipment. Since these are the only occupational therapy evaluations and interventions that are reimbursed by Medicare, the cost of any other type of occupational therapy services must be covered by the facility or individual residents.

Some more progressive facilities either have hired occupational therapy consultants to provide these services or funded grant projects to have occupational therapists provide demonstration projects within their facilities.<sup>8,9</sup> Hay et al<sup>10</sup> found that preventative occupational therapy was cost-effective for independent living older adults, and it seems plausible that similar results would occur for ALF residents.

The use of an occupational therapy consultant to develop and implement such a program would potentially present a win-win situation by providing residents with improved function while enabling them to utilize lower levels of care. Further, many ALFs view part of their mission as enhancing quality of life; for them it would be important to explore potential programming identified through documented research to meet that objective. Unfortunately, the economics of current health care in this country have not provided adequately for the concepts of prevention and quality of life improvement.

A secondary barrier might be caregivers' and providers' cultural values and possible biases. Some cultures focus on caring for the older adult, rather than promoting their independence. Fortunately, this is less common in assisted living facilities. Care providers should be encouraged to explore their biases and not let them interfere with the promotion of resident independence.

## Conclusion

Occupational therapists can provide many varied services to ALF residents. Currently, only a few of these

services are widely utilized. ALF administrators and managers should commit themselves to exploring the broader range of interventions that occupational therapists may provide to enhance their programs. While costs present a significant barrier, OT services can make a real and viable difference in residents' independence, quality of life, and functioning. ALC

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