expert in long-term care disparities and quality discussing the implications for policymakers, providers, and the population needing long-term care in assisted living.

A TYPOLOGY OF HEALTH SERVICES REGULATED IN U.S. ASSISTED LIVING COMMUNITIES

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State agencies regulate assisted living (AL) with varying approaches across and within states. The implications of this variation for resident case mix, health service use, and policy, are not well described. We collected health services-relevant AL regulatory requirements for all 50 states and DC and used a mixed-methods approach (thematic analysis; k-means cluster analysis) to identify six types: Housing, Affordable, Hybrid, Hospitality, Healthcare, and Hybrid-Healthcare. We stratified Medicare claims data by regulatory type, identifying variation in resident case mix and health service use. Housing and Affordable clusters have larger proportions of dual-eligible beneficiaries, Black residents, and residents of Affordable had more long-term nursing home use compared to other clusters. Dual-eligible beneficiaries account for 26.6% of Housing cluster residents compared to 8.1% of Hybrid Healthcare cluster residents. We provide other examples and explain the implications in terms of sampling AL for single and multi-state studies, racial disparities, and health-related policies.

RACIAL DISPARITIES IN USE OF MEMORY CARE AND PREVALENCE OF DUALS IN ASSISTED LIVING

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Assisted living (AL) communities with memory care licenses are disproportionately located in affluent and predominantly White communities and Black older adults are underrepresented in AL. But little is known about characteristics of AL that care for Black residents. We estimated the association of facility-level characteristics as proxy measures for AL resources, such as memory care designations and percentage of dual-eligible residents, across low (0-5%), medium (5-10%) and high (>10%) percentages of Black residents. We found broad differences among communities in the three levels of Black-resident prevalence. High percentage of Black residents was associated with large differences in the percentage of Medicaid-enrolled residents (high 54% duals [s.d.=34], med 28% [31], low=13% [22], $p<0.001$). ALs with high Black populations were less likely to have a memory-care designation than ALs with medium and low percentages of Black residents (high 4.7% memory care, med 11%, low 17%).

TRENDS IN ACUITY OF RESIDENTS IN ASSISTED LIVING

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Assisted living serves as a substitute for nursing home residents with low care needs, especially in markets with a high proportion of dually eligible Medicare beneficiaries. This study examines trends in the acuity of residents in assisted living communities over time in comparison to nursing homes to characterize how substitution has affected the resident compositions of both settings. We also examine how trends in acuity are shaped by dual eligibility. Using Medicare claims data, we identify cross-sectional samples of beneficiaries in each setting from 2007-2017. The proportion of residents in assisted living with high care needs has increased 18% in assisted living communities compared to 8.7% in nursing homes. Acuity levels are higher among dually eligible assisted living residents compared to assisted living residents who are not dually eligible. Policy makers and administrators should examine whether assisted living is prepared to provide care for an increasingly acute population.

PLACE OF DEATH AMONG ASSISTED LIVING RESIDENTS AS A FACTOR OF HOSPICE REGULATIONS

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Our objective was to examine the likelihood of dying in RC/AL among a national cohort of fee-for-service Medicare beneficiaries who died in 2018 (N=31,414) as a factor regulations allowing hospice care. We estimated multivariable logistic regression models to examine the association between RC/AL as place of death and supportive hospice regulations, controlling for demographic characteristics, dual Medicare/Medicaid eligibility, years in AL, and hospital referral region (HRR) to control for hospice practice patterns. A majority of beneficiaries in our cohort died in RC/AL; more than half while receiving hospice services. In unadjusted models, the odds of remaining in RC/AL communities until death were significantly higher in the presence of regulations supportive of hospice care. This relationship was no longer significant once adjusting for covariates and an HRR fixed effect, suggesting important variation in end-of-life experiences for AL residents not explained by hospice regulations.

INTER- AND INTRASTATE VARIATION OF MENTAL HEALTH REQUIREMENTS FOR ASSISTED LIVING IN SEVEN STATES

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Little is known about states' approaches to regulating mental health (MH) services in assisted living (AL) settings. Yet, one in nine AL residents are diagnosed with serious mental illness (Hua et al, 2020). This study describes the MH regulatory requirements in AL regulations within Arkansas, Louisiana, New Jersey, New York, Oklahoma, Pennsylvania, and Texas. Using health services regulatory analysis (Smith et al, 2021), we reviewed 2018 regulations for the 45 identified AL licenses within these states sourced from Nexis Uni.