UTAH

Citation Assisted living facilities, R432-270

General Approach and Recent Developments

The initial regulations were effective July 1995 and establish assisted living as a place of residence where elderly and disabled persons can receive 24-hour individualized personal and health related services to help maintain maximum independence, choice, dignity, privacy, and individuality in a home-like environment.

A report card on facilities was prepared and posted on the bureau of licensing's web site based on survey findings from 2000-2002. A work group is developing recommendations related to the provision of hospice care and allowing facilities to also offer adult day care services.

The State's regulations were revised in March 2001. Revisions to the construction rules were effective in March 2002. The State recognizes accreditation by national organizations.

Supply						
Category	2004		2002		2000	
	Facilities	Units	Facilities	Units	Facilities	Units
Assisted living facilities I	92	1,678	108	1,886	116	1,954
Assisted living facilities II	49	2,808	43	2,460	26	1,221

Definition

Assisted Living Type I is a residential facility that provides assistance with ADLs and social care to two or more ambulatory residents who are capable of achieving mobility sufficient to exit the facility without assistance of another person.

Assisted Living Type II is a residential facility with a home-like setting that provides an array of coordinated supportive personal and health care services, available 24 hours a day, to residents who have been assessed.

Type I and II facilities may be classified as: large facilities (17 or more residents; facilities comply with the I-2 Uniform Building Code); small facilities (six to sixteen residents; facilities comply with the R-4 code); and limited capacity facilities (up to five residents; facilities comply with the R-3 code).

Philosophy

The philosophy is contained in requirements for assessment and care planning. Services shall be individualized to maintain capabilities and facilitate using those abilities; create options to enable individuals to exercise control over their lives; provide supports which validate self-worth; maintain areas or spaces which provide privacy; recognize individual needs and preferences, and are flexible in service delivery; and allow residents to choose how they will balance risk and quality of life.

Unit Requirements

Type I facilities. Bedrooms must be at least 100 square feet for single units and 160 square feet for double units. Facilities providing only bedrooms must provide a toilet and lavatory for every six occupants and a bathtub or shower for every 10 residents.

Type II facilities. Living units include 120 square feet for single occupancy rooms and 299 square feet for double occupancy rooms, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules. A single occupancy unit with additional living space must be 100 square feet and a double occupancy unit 160 square feet. Type II facilities must offer private living units, unless shared by choice. A maximum of two residents may share a unit. If private baths are not part of the unit, at least one toilet and lavatory is required for every four residents and a bathtub or shower for every ten residents.

Admission/Retention Policy

Type I facilities may serve residents who are ambulatory or mobile and are capable of taking life saving action in an emergency, have stable health, do not require assistance or require only limited assistance in ADLs, and require and receive regular or intermittent care or treatment in the facility from a licensed health professional (contract or through the facility). These facilities also may not serve anyone who requires significant assistance during sleeping hours or requires close supervision and a controlled environment.

Type II facilities are intended to enable residents to age-in-place. Residents may be independent or semi-independent but not dependent.

Facilities may not serve anyone who requires in-patient hospital care or long-term nursing care; anyone who is suicidal, assaultive, or a danger to self or others; or anyone with active tuberculosis or another communicable disease that cannot be adequately treated at the facility or on an out-patient basis or that may be transmitted to other residents through a normal course of activities.

Nursing Home Admission Policy

Must document two of the following:

- Due to diagnosed medical conditions, the applicant requires at least substantial physical assistance with ADLs above the level of verbal prompting, supervision, or setting up; or
- The attending physician has determined that the applicant's level of dysfunction in orientation to person, place, or time requires nursing facility care; or equivalent care provided through an alternative Medicaid health care delivery program; or
- The medical condition and intensity of services indicate that the care needs of the applicant cannot be safely met in a less structured setting or without the services and support of an alternative Medicaid health care delivery program.

Services

Facilities must provide personal care, food service, housekeeping, laundry, maintenance, activity programs, medication administration, and assistance with self-administration and must arrange for necessary medical and dental care. A service plan must be developed within seven days of admission. Service plans must meet the unique cognitive, medical, physical, and social needs of residents.

Type II facilities provide substantial assistance with ADLs in response to medical conditions above the level of verbal prompting, supervision or coordination, nursing services, activities, and medication administration. Residents must have a service plan that includes specified intermittent nursing services, administration of medications, support services promoting residents' independence, and self-sufficiency. Type II facilities must employ or contract with a registered nurse to provide or supervise a nursing assessment, general health monitoring, and routine nursing tasks including those that may be delegated. Facilities do not provide skilled nursing care but assist the resident in obtaining it. Skilled tasks are determined by the complexity or specialized nature of the services. They include those tasks that can be safely or effectively performed only by or under close supervision of licensed health care professionals, and care that is needed to prevent deterioration of a condition or to sustain current capacities of the resident.

Dietary

Facilities must be capable of providing three meals a day and snacks. Facilities admitting residents with therapeutic diets must have an approved dietary manual available. Dietary staff must have six hours of training a year.

Agreements

Agreements include: room-and-board charges and charges for basic and optional services; 30- day notice of change in charges; admission, retention, transfer, discharge, and eviction policies; conditions for termination of the agreement; the name of the responsible party; notice that the state agency has the authority to examine resident records; and refund policy.

Provisions for Serving People with Dementia

Training requirements include meeting the needs of residents with dementia. Clarification of the rules for secure units are being developed.

Medication Administration

Facilities are allowed to provide medication administration by licensed staff and assistance with self-medication by unlicensed staff (opening containers, reading instructions, checking dosage against the label, reassuring the resident that the correct dosage was taken, and reminding residents that a prescription needs to be refilled).

Public Financing

The State added long term care benefits to a managed care program operating in urban parts of the State through a 1915 (a) state plan amendment. Begun in April 2000, the managed care contractors provide long term care benefits to people who relocate from nursing homes to the community. The program is operating in five counties. Five more counties in Southern Utah will be covered in July 2004 and three more counties will be added later in 2004. In 2005, six more counties will be served bringing the total to 19 of the 29 counties.

The program currently serves about 400 people, and about 80% are residents of assisted living facilities. The HMO receives a capitation payment based on the per diem paid for nursing home care. Payments to facilities are negotiated. The flexibility of capitation allows the managed care plan to pay for room and board and services. Beneficiaries retain a $45 personal needs allowance and all other income is applied to the cost of services covered by the plan. Contractors are able to allow family members to supplement the room and board payment for a larger room but the contractors have not implemented supplementation.

Medicaid Participation					
2004		2002		2000	
Facilities	Participants	Facilities	Participants	Facilities	Participants
NA	380	NA	400	NA	NA

Staffing

Direct care staff are required on-site 24 hours a day to meet resident needs as determined by assessments and service plans. Staff providing personal care in Type II facilities must be CNAs or complete a CNA training program within four months.

Training

Administrators. Requirements vary by the type and size of the facility. Type II facility administrators must complete a national certification program and meet one of the following criteria: experience, licensing, or college degree.

Staff. Orientation shall include job descriptions; ethics, confidentiality, and resident rights; fire and disaster plan; policy and procedures; and reporting responsibility for abuse, neglect, and exploitation. In-service shall be tailored to include all of the following subjects that are relevant to the person's job:

- Principles of good nutrition, menu planning, food preparation, and storage;
- Principles of good housekeeping and sanitation;
- Principles of providing personal care and social care;
- Proper procedures in assisting residents with medications;
- Recognizing early signs of illness and determining when there is a need for professional help;
- Accident prevention, including safe bath and shower water temperatures;
- Communication skills which enhance resident dignity;
- First aid;
- Residents' rights and reporting requirements; and
- Needs of dementia/Alzheimer's residents.

Background Check

Administrators must be of good moral character with no felony convictions. All direct care staff are screened through background checks which include the Adult Protective Services register. FBI checks are required if a person has not resided in Utah for five years.

Monitoring

Licenses are now issued for a two year period. Facilities are surveyed annually.

Fees

There is a $100 base fee plus $9 per bed. Additional fees are charged for plan based on size.

STATE RESIDENTIAL CARE AND ASSISTED LIVING POLICY: 2004

PDF Files Available for This Report

Cover, Table of Contents, and Acknowledgments
http://aspe.hhs.gov/daltcp/reports/04alcom.pdf

SECTION 1: Overview of Residential Care and Assisted Living Policy
http://aspe.hhs.gov/daltcp/reports/04alcom1.pdf

SECTION 2: Comparison of State Policies http://aspe.hhs.gov/daltcp/reports/04alcom2.pdf

SECTION 3: State Summaries http://aspe.hhs.gov/daltcp/reports/04alcom3.pdf

Also available: A complete list of sections and tables, with HTML and PDF links to each, is available at http://aspe.hhs.gov/daltcp/reports/04alcom.htm. This table of contents also includes links to Section 3 summaries, broken down by state.