MISSOURI

Citation Residential care facilities: Missouri revised statutes §198.003 et. seq.; Missouri code of regulations, Title 19 §30-82, 83, 84, 86, 87 and 88

General Approach and Recent Developments

Legislation (SB 616) passed in 2006 changed the name and requirements for two types of facilities: ALFs and RCFs. New regulations implementing the bill were effective April 30, 2007. The legislation also directed the Department of Health and Senior Services to develop a new tiered payment methodology under the Medicaid state plan. The Department is preparing an HCBS waiver application to cover services in ALFs.

Legislation passed in 2007 (SB 952 and SB 674) requires facilities licensed or completing major renovations after August 28, 2007 to install a sprinkler system. Facilities that serve individuals who cannot evacuate the facility with minimal assistance must have a sprinkler system. A loan fund to install sprinklers was created to help facilities that serve Medicaid beneficiaries.

The licensing agency posts statements of deficiencies on their website. The statements are included in a searchable data base of licensed facilities.

Adult Foster Care

The Department of Health and Senior Services does not regulate homes serving one or two individuals.

Web Address	Content
http://www.sos.mo.gov/adrules/csr/current/19csr/19c30-82.pdf	General rules
http://www.sos.mo.gov/adrules/csr/current/19csr/19c30-83.pdf	Definitions
http://www.sos.mo.gov/adrules/csr/current/19csr/19c30-84.pdf	Training for nursing assistant rules
http://www.sos.mo.gov/adrules/csr/current/19csr/19c30-86.pdf	Physical plan and other rules
http://www.sos.mo.gov/adrules/csr/current/19csr/19c30-87.pdf	Sanitation rules
http://www.sos.mo.gov/adrules/csr/current/19csr/19c30-88.pdf	Resident rights rules
http://www.dhss.mo.gov/showmelongtermcare/longtermcare.html	List, survey results
http://www.dhss.mo.gov/NursingHomes/580-2637.pdf	Special care disclosure form

Supply						
Category	2007		2004		2002	
	Facilities	Units	Facilities	Units	Facilities	Units
Residential care facility*	502	15,661	RCF I 280	6,363	285	6,533
Assisted living facility*	114	5,505	RCF II 364	15,434	363	15,106
* **NOTE**: 242 of the 502 RCFs meet the licensing requirements for RCF II in effect prior to the August 28, 2006 effective date of the new legislation. Thirty-one of the 114 ALFs meet the licensing requirements that allow these facilities to admit and retain a resident who requires more than minimal assistance to evacuate the facility.						

Definition

Assisted living facility means any premises -- other than a RCF II, ICF, or skilled nursing facility -- which is utilized by its owner, operator, or manager to provide 24-hour care and services and protective oversight to three or more residents who are provided with shelter, board and who need and are provided with the following: assistance with any ADLs and any IADLs; storage, distribution, or administration of medications; and supervision of health care under the direction of a licensed physician, provided that such services are consistent with a social model of care. The term “assisted living facility” does not include a facility where all of the residents are related within the fourth degree of consanguinity or affinity to the owner, operator, or manager of the facility.

Residential care facility means any premises, other than an ALF, ICF, or skilled nursing facility, which is utilized by its owner, operator or manager to provide 24-hour care to three or more residents, who are not related within the fourth degree of consanguinity or affinity to the owner, operator, or manager of the facility and who need or are provided with shelter, board, and with protective oversight, which may include storage and distribution or administration of medications and care during short-term illness or recuperation.

"Social model of care" is defined as long-term care services based on the abilities, desires, and functional needs of the individual delivered in a setting that is more home-like than institutional and promotes the dignity, individuality, privacy, independence, and autonomy of the individual. Any facility licensed as a RCF II prior to August 28, 2006, shall qualify as being more home-like than institutional with respect to construction and physical plant standards.

Unit Requirements

Any ALF formerly licensed as a RCF shall be more home-like than institutional with respect to construction and physical plant standards. Facilities built or have plans approved after August 28, 2006 must met the home-like construction and physical plan standards.

Home-like means a self-contained long-term care setting that integrates the psycho-social, organizational and environmental qualities that are associated with being at limited, to the following: a living room and common use areas for social interactions and activities; kitchen and family style eating area for use by the residents; laundry area for use by residents; a toilet room that contains a toilet, lavatory and bathing unit in each resident’s room; resident room preferences for residents who wish to share a room, and for residents who wish to have private bedrooms; outdoor area for outdoor activities and recreation; and a place where residents can give and receive affection, explore their interests, exercise control over their environment, engage in interactions with others and have privacy, security, familiarity and a sense of belonging.

Residential care facilities and *assisted living facilities* licensed prior to August 26, 2006 must provide 70 square feet of space per resident in both private and multiple-occupancy rooms. A maximum of four residents may share a room. Homes licensed prior to 1987 shall provide a

minimum of 60 square feet per resident. One tub/shower must be provided for every 20 residents and one toilet and lavatory for every six residents.

Admission/Retention Policy

Assisted living facilities may admit and retain individuals who do not require hospitalization or skilled nursing placement, and only if the facility: provides for or coordinates oversight and services to meet the needs of the resident; has 24-hour staff appropriate in numbers and with appropriate skills to provide such services; has a written plan for the protection of all residents in the event of a disaster, including keeping residents in place, evacuating residents to areas of refuge, evacuating residents from the building if necessary, or other methods of protection based on the disaster and the individual building design; completes a pre move-in screening with participation of the prospective resident; completes for each resident a community-based assessment conducted by appropriately trained and qualified individual, develops an ISP in partnership with the resident, or legal representative of the resident, that outlines the needs and preferences of the resident. ALFs must a plan to protect the rights, privacy and safety of all residents and to protect against financial exploitation. Facilities may not accept or retain a resident who: has exhibited behaviors that present a reasonable likelihood of serious harm to himself or herself or others; requires physical or chemical restraint; requires skilled nursing services for which the facility is not licensed or able to provide; requires more than one person to simultaneously physically assist the resident with any ADL, with the exception of bathing and transferring; is bed-bound or similarly immobilized due to a debilitating or chronic condition.

Residential care facilities may admit and retain residents whose needs can be met and who are physically and mentally capable of negotiating a normal path to safety unassisted or with the use of assistive devices. Residents suffering from short periods of incapacity due to illness, injury or recuperation from surgery may be allowed to remain or be readmitted from a hospital if the period of incapacity does not exceed 45 days and written approval of a physician is obtained for the resident to remain in or be readmitted to the facility. If necessary services cannot be obtained in or by the facility, the resident shall be promptly referred to appropriate outside resources or transferred to a facility providing the appropriate LOC which also applies to ALFs.

Nursing Home Admission Policy

Eligibility for nursing home and waiver services is determined by a scoring system. Applicants with an assessed level of 21 or more points qualify for intermediate care, and higher point levels qualify for skilled nursing care. Residents are assessed in nine areas: mobility; dietary (eating); restorative services; monitoring; medication; behavior; personal care (hygiene, personal grooming including dressing, bathing, oral hygiene, hair and nail care, and shaving) and bowel and bladder functions; and rehabilitation. Each area receives points based on the level of need: no points for no or very limited care; three points for minimal care; six points for moderate assistance; and nine points for maximum assistance. The rules define what qualifies as minimal, moderate, and maximum assistance.

Services

Assisted living facilities provide self-care, productive and leisure activity programs and person centered activities appropriate to individual needs, preferences, background and culture. The state requires use of a standard pre-admission screening and assessment tool. The ISP required to be completed by the ALF must be reviewed by the resident, or legal representative of the resident at least annually or when there is a significant change in the resident's condition which may require a change in services. The signatures of an authorized representative of the facility and the resident, or resident's legal representative shall be contained on the ISP to acknowledge that the service plan has been reviewed and understood by the resident or legal representative.

Facilities designate a staff member to be responsible for leisure activity coordination and for promoting the social model, multiple staff role directing all staff to provide routine care in a manner that emphasizes the opportunity for the resident and the staff member to enjoy a visit rather than simply perform a procedure. The facility shall make available and implement self-care, productive and leisure activity programs which maximize and encourage the resident's optimal functional ability for residents. Facilities provide person-centered activities appropriate to the resident's individual needs, preferences, background and culture. Individual or group activity programs may consist of the following: gross motor activities, such as exercise, dancing, gardening, cooking and other routine tasks; self-care activities, such as dressing, grooming and personal hygiene; social and leisure activities, such as games, music and reminiscing; sensory enhancement activities, such as auditory, olfactory, visual and tactile stimulation; outdoor activities, such as walking and field trips; creative arts; or other social, leisure or therapeutic activities that encourage mental and physical stimulation or enhance the resident's well-being.

Dietary

At least three meals a day must be served (two must be hot). Modified diets prescribed by a physician can be provided if the resident is monitored by the physician and the diet is reviewed at least quarterly by a consulting nutritionist, dietitian, RN, or physician. The modified diets must be posted in the kitchen.

Agreements

The *assisted living facility* must disclose to a prospective resident, or legal representative of the resident information regarding the services the facility is able to provide or coordinate, the cost of such services to the resident, and the resident conditions that will require discharge or transfer including the following: exhibit behaviors that present a reasonable likelihood of serious harm to himself or herself or others; requires physical restraint or chemical restraint; requires skilled nursing services which the facility is not licensed or able to provide; requires more than one person to simultaneously physically assist the resident with any ADL, with the exception of

bathing and transferring; or is bed-bound or similarly immobilized due to a debilitating or chronic condition.

Assisted living facilities and *Residential care facilities*. The residents' rights regulations requires that residents be fully informed in writing prior to or at admission of the services available; related charges; charges for services not covered in the basic rate; procedures in a medical emergency; services outside the facility which may be available; individual's right to make treatment decisions; and state laws concerning advance directives.

Provisions for Serving People with Dementia

Every long-term care facility that provides specialized Alzheimer's or dementia care services must submit a disclosure form that includes a written statement of its overall philosophy and mission which reflects the needs of residents afflicted with dementia; the process and criteria for placement in, or transfer or discharge from, the unit or program; the process used for assessment and establishment of the plan of care and its implementation, including the method by which the plan of care evolves and is responsive to changes in condition; staff training and continuing education practices; the physical environment and design features appropriate to support the functioning of cognitively impaired adult residents; the frequency and types of resident activities; the involvement of families and the availability of family support programs; the costs of care and any additional fees; safety and security measures; and a *Guide to Selecting an Alzheimer's Special Care Unit* or a document of choice which contains, but is not limited to all information on selecting an ASCU or program that is contained in the *Guide to Selecting an Alzheimer's Special Care Unit.*

ALFs may accept or retain physically and cognitively impaired individuals who cannot evacuate the facility with minimal assistance, if the following additional requirements are met:

- The facility has an automatic sprinkler system that complies with specified codes;
- Use of personal electronic monitoring devices for any resident whose physician recommends the use of such device;
- Take necessary measure to provide residents with the opportunity to explore the facility, and, if appropriate, its grounds;
- Have sufficient staff present and awake 24-hours-a-day to assist in the evacuation;
- Include an individualized evacuation plan in the service plan of the resident.

Staff receive orientation training to staff regarding mentally confused residents. For direct care staff, at least three hours of training is required to include an overview of care to mentally confused residents, communicating with persons with dementia, behavior management, promoting independence in ADLs, and understanding and dealing with family issues. For other employees, at least one hour of training is required to include an overview of care to mentally confused residents and communicating with persons with dementia. For all employees involved in the care of persons with dementia, dementia-specific training shall be incorporated into on-going in-service curricula.

Medication Administration

Assisted living facility and *Residential care facility*. Certified Medication Technicians may administer medications in all licensed facilities. Level I Medication Aides may administer medications in RCFs and ALFs. Injections shall only be administered by a physician or a licensed nurse except that insulin injections may be administered by a certified medication technician (all levels of care) or by a Level I medication aide (RCFs/ALFs) who has successfully completed the state-approved course for insulin administration, taught by a department-approved instructor.

Medications must be reviewed by a pharmacist or RN every other month in Level II facilities and every three months in Level I facilities.

Public Financing

Personal care and advanced personal care services are reimbursed as a Medicaid state plan service in RCFs. The program serves elders, people with disabilities, people with MR/DD, and people with mental illness. A 1915(c) waiver is being prepared based on legislation that passed in 2007.

Medicaid Participation					
2007		2004*		2002	
Facilities	Participation	Facilities	Participation	Facilities	Participation
614	6,000**	494	8,125*	569	7,300
* Unduplicated 2003 count.					
** Number of participants receiving personal care in July 2007.					

The payment varies by resident based on an assessment and a plan of care completed by a case manager from the Division of Health and Senior Services. The state changed the basis of payment from an hourly rate to 15 minute increments for PCAs ($4.02) and advanced PCA services ($5.03). The rate for nursing visits is $39.97 per visit. The maximum payment in FY2007 is $2,379 month and is based on the net state cost in a nursing facility. Residents needing only personal care may receive 60% of the total cap. Residents who need advanced personal care services may receive the full amount of the cap.

Facilities can set their own rates for room and board. Residents can make payments by various means including SSI, Missouri Cash Grant if eligible, another state agency (such as the Department of Mental Health), and family supplementation. Type I facilities receive a room and board payment from SSI and state supplement of $779 a month (less the $25 PNA), and Type II facilities receive a room and board payment of $875 a month (less the $25 PNA).

Staffing

Facilities must have adequate staffing. ALFs must have 24-hour staff sufficient in numbers and skills to provide the services specified in the ISP for all residents. Staffing patterns are

higher for ALFs that serve residents with physical, cognitive or other impairments that prevent them from safely evacuating the facility with minimal assistance. RCFs (formerly RCF I and facilities formerly licensed as RCF II that will continue to meet those standards) must have an adequate number and type of personnel for the proper care of residents and upkeep of the facility.

Comparison of staffing requirements							
RCFs		Facilities Complying with RCF II Standards & ALFs*		ALFs with Residents Needing more than Minimal Assistance with Evacuation			
Staff	Residents	Shift	Ratio	Shift	Ratio	LPN/RN Hours	Residents
1	3-40	Day	1:15	Day	1:15	8	3-30
2	41-80	Evening	1:20	Evening	1:15	16	31-60
3	81-120	Night	1:25	Night	1:20	24	61-90
4	120-160					40	>90
* A facility operating adjacent to or immediately connected to another long-term care facility may meet slightly lower staff ratios.							

Training

Administrators

Residential care facilities. Administrators/Managers of RCFs, previously licensed as RCFs I, must be either a licensed nursing home administrator or must attend at least one continuing education workshop within each calendar year given by or approved by the department. They must also successfully complete a state approved Level I Medication Aide course unless he/she is a physician, pharmacist, licensed nurse or certified medication technician, or if the facility is operating in conjunction with a skilled nursing facility or ICF on the same premises. Nursing home administrator licenses are not required for administrators/managers of RCFs, previously licensed as RCFs I, although annual attendance at in-service training sessions is required.

Administrators of RCFs, previously licensed as RCFs IIs, must be licensed nursing home administrators. They must also successfully complete a state approved Level I Medication Aide course unless he/she is a physician, pharmacist, licensed nurse or certified medication technician, or if the facility is operating in conjunction with a skilled nursing facility or ICF on the same premises, or if facility employs on a full-time basis, a licensed nurse who is available seven days per week.

Assisted living facilities. Administrators of ALFs must be licensed nursing home administrators.

Staff

Residential care facilities. New employees receive at least a one hour orientation to his/her job function. The minimum orientation includes job responsibilities, how to handle emergency situations, the importance of infection control and hand washing, confidentiality of resident information, preservation of resident dignity, how to report abuse/neglect to the department, information regarding the employee Disqualification List, instruction regarding the rights of residents and protection of property, and instructions working with residents with mental illness.

Assisted living facilities. In addition to the orientation for RCF staff, new employees in ALFs must receive instruction regarding person-centered care and the concept of a social model of care, and techniques that are effective in enhancing resident choice and control over his or her own environment. Training is also required for staff in ALFs regarding safely transferring residents.

A statement must be included in the personnel record of each employee that the employee was instructed on residents' rights, facility's policies, and job duties and that orientation was received.

Background Check

Administrators must not have been convicted of an offense involving the operation of a long-term care facility or similar facility.

Assisted living facility and Residential care facility staff. Prior to allowing any person who has been hired in a full-time, part-time or temporary position to have contact with any residents the facility shall, or in the case of temporary employees hired through or contracted for an employment agency, the employment agency shall prior to sending a temporary employee to a provider. For persons for whom the facility has contracted for professional services (e.g., plumbing or air conditioning repair) that will have contact with any resident, the facility must either require a criminal background check or ensure that the individual is sufficiently monitored by facility staff while in the facility to reasonably ensure the safety of all residents.

A background check is performed on all employees. Individuals who have been convicted of a Class A or B felony of a crime against a person are not permitted to work or volunteer in the facility in any capacity. In addition, no person listed on the Employee Disqualification List maintained by the Department of Health and Senior Services shall work or volunteer in the facility in any capacity.

Monitoring

Not specified.

Fees

Licensing fees are $100 for facilities of 3-24 beds, $300 for facilities with 25-100 beds, and $600 for facilities of more than 100 beds.

RESIDENTIAL CARE AND ASSISTED LIVING COMPENDIUM: 2007

Files Available for This Report

REPORT INTRODUCTION (*including Cover, Table of Contents, Acknowledgments, and Acronyms*)

HTML: http://aspe.hhs.gov/daltcp/reports/2007/07alcom.htm
PDF: http://aspe.hhs.gov/daltcp/reports/2007/07alcom.pdf

SECTION 1. Overview of Residential Care and Assisted Living Policy

HTML: http://aspe.hhs.gov/daltcp/reports/2007/07alcom1.htm
PDF: http://aspe.hhs.gov/daltcp/reports/2007/07alcom1.pdf

SECTION 2. Comparison of State Policies

HTML: http://aspe.hhs.gov/daltcp/reports/2007/07alcom2.htm
PDF: http://aspe.hhs.gov/daltcp/reports/2007/07alcom2.pdf

SECTION 3. State Summaries

HTML: http://aspe.hhs.gov/daltcp/reports/2007/07alcom3.htm
PDF: http://aspe.hhs.gov/daltcp/reports/2007/07alcom3.pdf

Each state's summary can also be viewed separately at:

Alabama	http://aspe.hhs.gov/daltcp/reports/2007/07alcomAL.pdf
Alaska	http://aspe.hhs.gov/daltcp/reports/2007/07alcomAK.pdf
Arizona	http://aspe.hhs.gov/daltcp/reports/2007/07alcomAZ.pdf
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