SENATE/HOUSE FILE _____
BY (PROPOSED DEPARTMENT OF ELDER AFFAIRS BILL)

Passed Senate, Date _____ Passed House, Date _____
Vote: Ayes _____ Nays _____ Vote: Ayes _____ Nays _____
Approved _____

A BILL FOR

An Act relating to the regulation of elder group homes and providing penalties.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

TLSB 1267DP 81
pf/gg/14

S.F. _____ H.F. _____

Section 1. Section 231B.1, Code 2005, is amended by striking the section and inserting in lieu thereof the following:

231B.1 DEFINITIONS.

1. "Department" means the department of elder affairs or the department's designee.

2. "Elder" means a person sixty years of age or older.

3. "Elder group home" means a single-family residence that is operated by a person who is providing room, board, and personal care and may provide health-related services to three through five elders who are not related to the person providing the service within the third degree of consanguinity or affinity, and which is staffed by an on-site manager twenty-four hours per day, seven days per week.

4. "Governmental unit" means the state, or any county, municipality, or other political subdivision or any department, division, board, or other agency of any of these entities.

5. "Health-related care" means services provided by a registered nurse or a licensed practical nurse, on a part-time or intermittent basis, and services provided by other licensed health care professionals, on a part-time or intermittent basis, as defined by rule, and provided in accordance with respective health-related professional governing standards. "Health-related care" does not include a twenty-four-hour program of health-related care.

6. "Occupancy agreement" means a written agreement entered into between an elder group home and a tenant that clearly describes the rights and responsibilities of the elder group home and the tenant, and other information required by rule. "Occupancy agreement" may include a separate signed lease and signed service agreement.

7. "Personal care" means assistance with the essential activities of daily living which may include but are not limited to transferring, bathing, personal hygiene, dressing,

grooming, and housekeeping that are essential to the health and welfare of a tenant.

8. "Tenant" means an individual who receives elder group home services through a certified elder group home.

9. "Tenant advocate" means the office of the long-term care resident's advocate established in section 231.42.

10. "Tenant's legal representative" means a person appointed by the court to act on behalf of a tenant, or a person acting pursuant to a power of attorney.

Sec. 2. NEW SECTION. 231B.1A FINDINGS, PURPOSE, AND INTENT.

1. The general assembly finds that elder group homes are an important part of the long-term care continua in this state. Elder group homes emphasize the independence and dignity of the individual while providing housing in a cost-effective manner.

2. The purposes of establishing and regulating elder group homes include all of the following:

a. To encourage the establishment and maintenance of a safe and homelike environment for individuals of all income levels who require assistance with personal care to live independently but who require health-related care only on a part-time or intermittent basis.

b. To establish standards for elder group homes that allow flexibility in design, which promotes a model of service delivery by focusing on individual independence, needs and desires, and consumer-driven quality of service.

c. To encourage public participation in the development of elder group home programs for individuals of all income levels.

3. It is the intent of the general assembly that the department of elder affairs establish policy for elder group homes and that the department of inspections and appeals enforce this chapter.

Sec. 3. Section 231B.2, Code 2005, is amended by striking

the section and inserting in lieu thereof the following:

231B.2 CERTIFICATION OF ELDER GROUP HOMES -- RULES.

1. The department shall establish by rule, in accordance with chapter 17A, minimum standards for certification and monitoring of elder group homes. The department may adopt by reference, with or without amendment, nationally recognized standards and rules for elder group homes. The standards and rules shall be formulated in consultation with the department of inspections and appeals and affected industry, professional, and consumer groups and shall be designed to accomplish the purposes of this chapter and shall include but not be limited to rules relating to all of the following:

a. Provisions to ensure, to the greatest extent possible, the health, safety, well-being, and appropriate treatment of tenants.

b. Requirements that elder group homes furnish the department of elder affairs and the department of inspections and appeals with specified information necessary to administer this chapter. All information related to the provider application for an elder group home presented to either the department of inspections and appeals or the department of elder affairs shall be considered a public record pursuant to chapter 22.

c. Standards for tenant evaluation or assessment, which may vary in accordance with the nature of the services provided or the status of the tenant.

d. Provisions for granting short-term waivers for tenants who exceed occupancy criteria.

2. Each elder group home operating in this state shall be certified by the department of inspections and appeals. An elder group home certified under this section is exempt from the requirements of section 135.63 relating to certificate of need requirements.

3. The owner or manager of a certified elder group home shall comply with the rules adopted by the department for an

elder group home. A person, including a governmental unit, shall not represent an elder group home to the public as an elder group home or as a certified elder group home unless and until the program is certified pursuant to this chapter.

4. a. Services provided by a certified elder group home may be provided directly by staff of the elder group home, by individuals contracting with the elder group home to provide services, or by individuals employed by the tenant or with whom the tenant contracts if the tenant agrees to assume the responsibility and risk of the employment or the contractual relationship.

b. If a tenant is terminally ill and has elected to receive hospice services under the federal Medicare program from a Medicare-certified hospice program, the elder group home and the Medicare-certified hospice program shall enter into a written agreement under which the hospice program retains professional management responsibility for those services.

5. The department of inspections and appeals may enter into contracts to provide certification and monitoring of elder group homes. The department of inspections and appeals shall:

a. Have full access at reasonable times to all records, materials, and common areas pertaining to the provision of services and care to the tenants of a program during certification, monitoring, and complaint investigations of programs seeking certification, currently certified, or alleged to be uncertified.

b. With the consent of the tenant, visit the tenant's unit.

6. A department, agency, or officer of this state or of any governmental unit shall not pay or approve for payment from public funds any amount to an elder group home for an actual or prospective tenant, unless the program holds a current certificate issued by the department of inspections

and appeals and meets all current requirements for certification.

7. The department shall adopt rules regarding the conducting or operating of another business or activity in the distinct part of the physical structure in which the elder group home is operated, if the business or activity serves persons who are not tenants. The rules shall be developed in consultation with the department of inspections and appeals and affected industry, professional, and consumer groups.

8. An elder group home shall comply with section 135C.33.

9. An elder group home, an owner or agent of the elder group home, or an employee of the elder group home shall not act as a fiduciary as defined in section 633.1102 or be designated as an attorney in fact under a power of attorney for a tenant or any of the tenant's property. An elder group home shall not require a tenant or the tenant's legal representative to liquidate personal property as a condition of tenancy.

10. Certification shall be for two years unless revoked for good cause by the department of inspections and appeals.

Sec. 4. Section 231B.4, Code 2005, is amended by striking the section and inserting in lieu thereof the following:

231B.4 ZONING -- FIRE AND SAFETY STANDARDS.

An elder group home shall be located in an area zoned for single-family or multiple-family housing or in an unincorporated area and shall be constructed in compliance with applicable local housing codes and the rules adopted for the special classification by the state fire marshal. In the absence of local building codes, the facility shall comply with the state plumbing code established pursuant to section 135.11 and the state building code established pursuant to section 103A.7 and the rules adopted for the special classification by the state fire marshal.

Sec. 5. NEW SECTION. 231B.5 WRITTEN OCCUPANCY AGREEMENT REQUIRED.

1. An elder group home shall not operate in this state unless a written occupancy agreement, as prescribed in subsection 2, is executed between the elder group home and each tenant or the tenant's legal representative prior to the tenant's occupancy, and unless the elder group home operates in accordance with the terms of the occupancy agreement. The elder group home shall deliver to the tenant or the tenant's legal representative a complete copy of the occupancy agreement and all supporting documents and attachments and shall deliver at least thirty days prior to any changes, a written copy of changes to the occupancy agreement if any changes to the copy originally delivered are subsequently made, unless otherwise provided in this section.

2. An elder group home occupancy agreement shall clearly describe the rights and responsibilities of the tenant and the elder group home. The occupancy agreement shall also include but is not limited to inclusion of all of the following information in the body of the agreement or in the supporting documents and attachments:

a. A description of all fees, charges, and rates describing tenancy and basic services covered, and any additional and optional services and their related costs.

b. A statement regarding the impact of the fee structure on third-party payments, and whether third-party payments and resources are accepted by the elder group home.

c. The procedure followed for nonpayment of fees.

d. Identification of the party responsible for payment of fees and identification of the tenant's legal representative, if any.

e. The term of the occupancy agreement.

f. A statement that the elder group home shall notify the tenant or the tenant's legal representative, as applicable, in writing at least thirty days prior to any change being made in the occupancy agreement with the following exceptions:

(1) When the tenant's health status or behavior

constitutes a substantial threat to the health or safety of the tenant, other tenants, or others, including when the tenant refuses to consent to relocation.

(2) When an emergency or a significant change in the tenant's condition results in the need for the provision of services that exceed the type or level of services included in the occupancy agreement and the necessary services cannot be safely provided by the elder group home.

g. A statement that all tenant information shall be maintained in a confidential manner to the extent required under state and federal law.

h. Occupancy, involuntary transfer, and transfer criteria and procedures, which ensure a safe and orderly transfer.

i. The internal appeals process provided relative to an involuntary transfer.

j. The program's policies and procedures for addressing grievances between the elder group home and the tenants, including grievances relating to transfer and occupancy.

k. A statement of the prohibition against retaliation as prescribed in section 231B.13.

l. The emergency response policy.

m. The staffing policy which specifies the staff is available twenty-four hours per day, if nurse delegation will be used, and how staffing will be adapted to meet changing tenant needs.

n. The refund policy.

o. A statement regarding billing and payment procedures.

3. Occupancy agreements and related documents executed by each tenant or tenant's legal representative shall be maintained by the elder group home from the date of execution until three years from the date the occupancy agreement is terminated. A copy of the most current occupancy agreement shall be provided to members of the general public, upon request. Occupancy agreements and related documents shall be made available for on-site inspection to the department of

inspections and appeals upon request and at reasonable times.

Sec. 6. NEW SECTION. 231B.6 INVOLUNTARY TRANSFER.

1. If an elder group home initiates the involuntary transfer of a tenant and the action is not a result of a monitoring evaluation or complaint investigation by the department of inspections and appeals, and if the tenant or tenant's legal representative contests the transfer, the following procedure shall apply:

a. The elder group home shall notify the tenant or tenant's legal representative, in accordance with the occupancy agreement, of the need to transfer, the reason for the transfer, and the contact information of the tenant advocate.

b. The elder group home shall provide the tenant advocate with a copy of the notification to the tenant.

c. The tenant advocate shall offer the notified tenant or tenant's legal representative assistance with the program's internal appeals process. The tenant is not required to accept the assistance of the tenant advocate.

d. If, following the internal appeals process, the elder group home upholds the transfer decision, the tenant or the tenant's legal representative may utilize other remedies authorized by law to contest the transfer.

2. The department, in consultation with the department of inspections and appeals and affected industry, professional, and consumer groups, shall establish by rule, in accordance with chapter 17A, procedures to be followed, including the opportunity for hearing, when the transfer of a tenant results from a monitoring evaluation or complaint investigation conducted by the department of inspections and appeals.

Sec. 7. NEW SECTION. 231B.7 COMPLAINTS.

1. Any person with concerns regarding the operations or service delivery of an elder group home may file a complaint with the department of inspections and appeals. The name of the person who files a complaint with the department of

inspections and appeals and any personal identifying information of the person or any tenant identified in the complaint shall be kept confidential and shall not be subject to discovery, subpoena, or other means of legal compulsion for its release to a person other than department of inspections and appeals' employees involved with the complaint.

2. The department, in cooperation with the department of inspections and appeals, shall establish procedures for the disposition of complaints received in accordance with this section.

Sec. 8. NEW SECTION. 231B.8 INFORMAL REVIEW.

1. If an elder group home contests the findings of regulatory insufficiencies of a monitoring evaluation or complaint investigation, the program shall submit written information, demonstrating that the program was in compliance with the applicable requirement at the time of the monitoring evaluation or complaint investigation of the regulatory insufficiencies, to the department of inspections and appeals for review.

2. The department of inspections and appeals shall review the written information submitted within ten working days of the receipt of the information. At the conclusion of the review, the department of inspections and appeals may affirm, modify, or dismiss the regulatory insufficiencies. The department of inspections and appeals shall notify the program in writing of the decision to affirm, modify, or dismiss the regulatory insufficiencies, and the reasons for the decision.

3. In the case of a complaint investigation, the department of inspections and appeals shall also notify the complainant, if known, of the decision and the reasons for the decision.

Sec. 9. NEW SECTION. 231B.9 PUBLIC DISCLOSURE OF FINDINGS.

Upon completion of a monitoring evaluation or complaint investigation of an elder group home by the department of

inspections and appeals pursuant to this chapter, including the conclusion of all appeals processes, the department of inspections and appeals' final findings with respect to compliance by the elder group home with requirements for certification shall be made available to the public in a readily available form and place. Other information relating to an elder group home that is obtained by the department of inspections and appeals which does not constitute the department of inspections and appeals' final findings from a monitoring evaluation or complaint investigation of the elder group home shall be made available to the department of elder affairs upon request to facilitate policy decisions, but shall not be made available to the public except in proceedings involving the denial, suspension, or revocation of a certificate under this chapter.

Sec. 10. NEW SECTION. 231B.10 DENIAL, SUSPENSION, OR REVOCATION -- CONDITIONAL OPERATION.

1. The department of inspections and appeals may deny, suspend, or revoke a certificate in any case where the department of inspections and appeals finds that there has been a substantial or repeated failure on the part of the elder group home to comply with this chapter or other applicable laws or rules, or minimum standards adopted under this chapter, or other applicable laws or rules, or for any of the following reasons:

a. Cruelty or indifference to elder group home tenants.

b. Appropriation or conversion of the property of an elder group home tenant without the tenant's written consent or the written consent of the tenant's legal representative.

c. Permitting, aiding, or abetting the commission of any illegal act in the elder group home.

d. Obtaining or attempting to obtain or retain a certificate by fraudulent means, misrepresentation, or by submitting false information.

e. Habitual intoxication or addiction to the use of drugs

by the applicant, administrator, executive director, manager, or supervisor of the elder group home.

f. Securing the devise or bequest of the property of a tenant of an elder group home by undue influence.

g. Founded dependent adult abuse as defined in section 235B.2.

h. In the case of any officer, member of the board of directors, trustee, or designated manager of the elder group home or any stockholder, partner, or individual who has greater than a ten percent equity interest in the elder group home, who has or has had an ownership interest in an elder group home, assisted living or adult day services program, home health agency, residential care facility, or licensed nursing facility in this or any state which has been closed due to removal of program, agency, or facility licensure or certification or involuntary termination from participation in either the medical assistance or Medicare programs, or who has been found to have failed to provide adequate protection or services for tenants to prevent abuse or neglect.

i. In the case of a certificate applicant or an existing certified owner or operator who is an entity other than an individual, the person is in a position of control or is an officer of the entity and engages in any act or omission proscribed by this chapter.

j. For any other reason as provided by law or administrative rule.

2. The department of inspections and appeals may as an alternative to denial, suspension, or revocation conditionally issue or continue a certificate dependent upon the performance by the elder group home of reasonable conditions within a reasonable period of time as set by the department of inspections and appeals so as to permit the program to commence or continue the operation of the elder group home pending full compliance with this chapter or the rules adopted pursuant to this chapter. If the elder group home does not

make diligent efforts to comply with the conditions prescribed, the department of inspections and appeals may, under the proceedings prescribed by this chapter, deny, suspend, or revoke the certificate. An elder group home shall not be operated on a conditional certificate for more than one year.

Sec. 11. NEW SECTION. 231B.11 NOTICE -- APPEAL -- EMERGENCY PROVISIONS.

1. The denial, suspension, or revocation of a certificate shall be effected by delivering to the applicant or certificate holder by restricted certified mail or by personal service a notice setting forth the particular reasons for such action. Such denial, suspension, or revocation shall become effective thirty days after the mailing or service of the notice, unless the applicant or certificate holder, within such thirty-day period, requests a hearing, in writing, of the department of inspections and appeals, in which case the notice shall be deemed to be suspended.

2. The denial, suspension, or revocation of a certificate may be appealed in accordance with rules adopted by the department of inspections and appeals in accordance with chapter 17A.

3. When the department of inspections and appeals finds that an imminent danger to the health or safety of a tenant of an elder group home exists which requires action on an emergency basis, the department of inspections and appeals may direct removal of all tenants of the elder group home and suspend the certificate prior to a hearing.

Sec. 12. NEW SECTION. 231B.12 DEPARTMENT NOTIFIED OF CASUALTIES.

The department of inspections and appeals shall be notified within twenty-four hours, by the most expeditious means available, of any accident causing substantial injury or death to a tenant, and any substantial fire or natural or other disaster occurring at or near an elder group home.

Sec. 13. NEW SECTION. 231B.13 RETALIATION BY ELDER GROUP HOME PROHIBITED.

An elder group home shall not discriminate or retaliate in any way against a tenant, a tenant's family, or an employee of the elder group home who has initiated or participated in any proceeding authorized by this chapter. An elder group home that violates this section is subject to a penalty as established by administrative rule in accordance with chapter 17A and to be assessed and collected by the department of inspections and appeals and paid into the state treasury to be credited to the general fund of the state.

Sec. 14. NEW SECTION. 231B.14 CIVIL PENALTIES.

The department may establish by rule, in accordance with chapter 17A, civil penalties for the following violations by an elder group home:

1. Noncompliance with any regulatory requirements which presents an imminent danger or a substantial probability of resultant death or physical harm to a tenant.

2. Following receipt of notice from the department of inspections and appeals, continued failure or refusal to comply within a prescribed time frame with regulatory requirements that have a direct relationship to the health, safety, or security of elder group home tenants.

Sec. 15. NEW SECTION. 231B.15 CRIMINAL PENALTIES AND INJUNCTIVE RELIEF.

1. A person establishing, conducting, managing, or operating an elder group home without a certificate is guilty of a serious misdemeanor. Each day of continuing violation after conviction or notice from the department of inspections and appeals by certified mail of a violation shall be considered a separate offense. A person establishing, conducting, managing, or operating an elder group home without a certificate may be temporarily or permanently restrained by a court of competent jurisdiction from such activity in an action brought by the state.

2. A person who prevents or interferes with or attempts to impede in any way any duly authorized representative of the department of inspections and appeals in the lawful enforcement of this chapter or other applicable law or rules adopted pursuant to this chapter is guilty of a simple misdemeanor. As used in this subsection, "lawful enforcement" includes but is not limited to:

a. Contacting or interviewing any tenant of an elder group home in private at any reasonable hour and without advance notice.

b. Examining any relevant records of an elder group home.

c. Preserving evidence of any violation of this chapter or the rules adopted pursuant to this chapter.

Sec. 16. NEW SECTION. 231B.16 COORDINATION OF THE LONG-TERM CARE SYSTEM -- TRANSITIONAL PROVISIONS.

1. A hospital licensed pursuant to chapter 135B or a health care facility licensed pursuant to chapter 135C may operate an elder group home, if certified pursuant to this chapter.

2. This chapter shall not be construed to require that a facility licensed as a different type of facility also comply with the requirements of this chapter, unless the facility is represented to the public as an elder group home.

3. A certified elder group home that complies with the requirements of this chapter shall not be required to be licensed as a health care facility pursuant to chapter 135C, unless the facility is represented to the public as a licensed health care facility.

Sec. 17. NEW SECTION. 231B.17 IOWA ELDER GROUP HOME FEES.

1. The department of inspections and appeals shall collect elder group home certification and related fees. Fees collected and retained pursuant to this section shall be deposited in the general fund of the state.

2. The following certification and related fees shall

apply to elder group homes:

a. For a two-year initial certification, seven hundred fifty dollars.

b. For a two-year recertification, one thousand dollars.

c. For a blueprint plan review, nine hundred dollars.

d. For an optional preliminary plan review, five hundred dollars.

Sec. 18. NEW SECTION. 231B.18 APPLICATION OF LANDLORD AND TENANT ACT.

Chapter 562A, the uniform residential landlord and tenant Act, shall apply to elder group homes under this chapter.

Sec. 19. NEW SECTION. 231B.19 RESIDENT ADVOCATE COMMITTEES.

The commission of elder affairs shall adopt by rule procedures for appointing members of resident advocate committees for elder group homes.

Sec. 20. NEW SECTION. 231B.20 NURSING ASSISTANT AND MEDICATION AIDE -- CERTIFICATION.

The department of inspections and appeals, in cooperation with other appropriate agencies, shall establish a procedure to allow nursing assistants or medication aides to claim work within an elder group home as credit toward sustaining the nursing assistant's or medication aide's certification.

Sec. 21. Section 335.33, Code 2005, is amended to read as follows:

335.33 ELDER GROUP HOMES.

A county board of supervisors or county zoning commission shall consider an elder group home a family home, as defined in section 335.25, for purposes of zoning, in accordance with section ~~231B.2~~ 231B.4, and may establish limitations regarding the proximity of one proposed elder group home to another.

Sec. 22. Section 414.31, Code 2005, is amended to read as follows:

414.31 ELDER GROUP HOMES.

A city council or city zoning commission shall consider an

elder family home a family home, as defined in section 414.22, for purposes of zoning, in accordance with section ~~231B.2~~ 231B.4, and may establish limitations regarding the proximity of one proposed elder group home to another.

EXPLANATION

This bill establishes a new regulatory framework for elder group homes. The bill provides findings, purpose, and intent related to elder group homes, provides definitions, and provides for certification and monitoring of elder group homes similar to the requirements for assisted living programs. The bill establishes fire and safety standards; requires written occupancy agreements; establishes provisions for involuntary transfer of a tenant and a process for addressing complaints; establishes a process for informal review when an elder group home contests the findings of regulatory insufficiencies of a monitoring evaluation or complaint investigation; provides for public disclosure of final findings upon completion of a monitoring evaluation or complaint investigation to the public and disclosure of other information to the department of elder affairs; establishes provisions for denial, suspension, or revocation of certification and for conditional operation of an elder group home; provides for notice and an appeal process relative to the denial, suspension, or revocation of a certificate; provides for the department of inspections and appeals to be notified of casualties; prohibits retaliation by an elder group home against a tenant, a tenant's family, or an employee of the elder group home who has initiated or participated in any proceeding authorized under the chapter; provides for civil and criminal penalties and injunctive relief; provides transitional provisions; establishes certification and related fees; provides prohibitions relating to fiduciary duties; provides provisions relating to nursing assistants and medication aides; provides that the landlord and tenant Act is applicable to elder group homes; and provides for the appointment of members of resident advocate

committees for elder group homes.

Florida

Citation Assisted living facilities. Florida Statute chapter 400 Part 3; Florida Administrative Code Chapter 58A-5 et seq.*

General approach
Chapter 97 -82, passed in 1997, revised training requirements and added new provisions for facilities serving people with Alzheimer's disease. An earlier law requires that such facilities disclose in their advertising or other documents how their services are especially applicable to people with Alzheimer's disease. Facilities serving more than 17 persons must have awake staff 24 hours a day or, if serving under 17 residents, either awake staff or mechanisms to monitor and ensure the safety of residents. These facilities must also offer special activities, maintain a physical environment that provides for the safety and welfare of residents and employ staff who have completed appropriate training.

Florida's original legislation (1975) has been amended frequently since it was passed. Extended congregate care (ECC) was created as a higher level of assisted living and new requirements were added for providing mental health services and staff training. The law and rules apply a different philosophy and training for ECC facilities than standard ALFs. Licensing authorization for ALFs remained with the Agency for Health Care Administration. 1997 legislation transferred rule authority for assisted living from the Department of Health and Rehabilitative Services to the Department of Elderly Affairs, and renamed adult congregate living facilities to assisted living facilities.

Definition
"Assisted living facility means any building or buildings, section of a building or distinct part of a building, residence, private home, boarding home, home for the aged or other place, whether operated for profit or not, which undertakes to provide through its ownership or management, for a period exceeding 24 hours, housing, food service, and one or more personal services for four or more adults, not related to the owner or administrator by blood or marriage, who require such services; or to provide extended congregate care, limited nursing services, or limited mental health services, when specifically licensed to do so pursuant to s. 400.407, unless the facility is licensed as an adult family care home."

Standard: A facility licensed to provide housing, meals, and one or more personal care services for a period exceeding 24 hours. Personal care services include direct physical assistance with or supervision of a resident's activities of daily living and the self-administration of medication and similar services. The facility may employ or contract with a person licensed under Chapter 464, F.S., to administer medication and perform other tasks as specified in s. 400.4255. F.S., such as take vital signs, give prepackaged enemas ordered by the physician, observe residents, and document in the resident's record.

Limited nursing services: A facility licensed to provide any of the services under a standard license and those services specified in s. 58A-5.0l3l(1)(a)-(m). Those services include: conducting passive range of motion exercises; applying ice caps or collars; applying healing; cutting toenails of diabetic residents or residents with a documented circulatory problem if the written approval of the resident's health care provider has been obtained; performing ear and eye irrigations; conducting a urine dipstick test; replacing established self-maintained indwelling catheter or performing intermittent urinary catheterizations; performing digital stool removal therapies; applying and changing routine dressings that do not require packing but are for abrasions, skin tears, and closed surgical wounds; caring for stage 2 pressure sores; caring for casts, braces, and splints; conducting nursing assessments if conducted by, or under the direct supervision of, a registered nurse; and for hospice patients, providing any nursing service permitted within the scope of the nurse's license including 24-hour supervision.

Extended congregate care: A facility licensed to provide any of the services under a standard license and LNS license including any nursing service permitted within the scope of the nurses's license consistent with ALF residency requirements and the facility's written policy and procedures. A facility with this type of license enables residents to age in place in a residential environment despite mental or physical limitations that might otherwise disqualify them from residency under a standard or LNS license. This definition creates a higher level of care in assisted living which requires an additional license. Facilities with an ECC license must develop policies which allow residents to age in place and which maximize the independence, dignity, choice, and decision making; specify the personal and supportive services that will be provided; specify the nursing services to be provided; and describe the procedures to ensure that unscheduled service needs are met.

Limited mental health license: An ALF that is licensed to serve three or more mental health residents. A mental health resident is an individual who receives social security disability income or SSI income due to a mental disorder as defined by the Social Security Administration and receives optional state supplementation. The facility , mental health resident, and case manager must complete a community living support plan that includes the needs of the resident that must be met in order to enable the resident to live in an ALF and the community .The mental health provider and the facility must execute a cooperative agreement with each mental health resident which provides procedures and directions for accessing emergency and after-hours care.

Unit requirements

Facilities licensed to provide extended congregate care must provide private rooms or apartments, or semi-private room or apartment shared with a roommate of choice, with a lockable entry door. Facilities that offer rooms rather than apartments must have bathrooms shared by no more than four residents. Private rooms must offer 80 square feet and shared rooms 60 square feet per resident.

Facilities that do not have the ECC license and were licensed after October 1999 may offer shared rooms (maximum of two per room), a bathroom for every six residents, and bathing facilities for every eight residents. Facilities licensed prior to

October 1999 may allow four people to share a room.

Tenant policy
Admission. The regulations for "admissions" to all assisted living facilities are specific. (See matrix below.)

Continued residency. Additional criteria affect continued residency. In regular assisted living facilities, people who are bedridden more than seven days or develop a need for 24-hour nursing supervision may not be retained.

In ECC facilities, residents may not be retained if they are bedridden for more than 14 days. Terminally ill residents may continue to reside in any assisted living facility if a licensed hospice agency coordinates services, an interdisciplinary care plan is developed, all parties agree to the continued residency, and all documentation requirements are maintained in the resident's file.

To receive services under the **Medicaid waiver**, tenants must be 60 years of age or older and meet one of the following criteria:

- Require assistance with four or more ADLs or three ADLs plus supervision or administration of medications;
- Require total help with one or more ADLs;
- Have a diagnosis of Alzheimer's disease or another type of dementia and require assistance with two or more ADLs;
- Have a diagnosed degenerative or chronic medical condition requiring nursing services that cannot be provided in a standard ALF;
- Are Medicaid eligible, awaiting discharge from a nursing home but cannot return to a private residence because of a need for supervision, personal care, periodic nursing services, or a combination of the three.

Services
Four licensure types are available: standard, limited nursing service, limited mental health, and extended congregate care. Standard facilities provide personal care and administration of medications. Facilities with an ECC license may provide a higher level of service including total care with bathing, dressing, grooming and toileting, and any nursing service allowed under the scope of the nurse's license except those that are prohibited in the rule. ECC facilities must describe the personal, supportive, and nursing services to be made available. Facilities may provide limited nursing services (e.g., medication administration and supervision of self- administration, applying heat, passive range of motion exercises, ice packs, urine tests, routine dressings that do not require packing or irrigation, and others) and intermittent nursing services (e.g., routine change of colostomy bag and related care, catheter care, administration of oxygen, routine care of an amputation or fracture, prophylactic and palliative skin care).

Other supportive services that may be provided include social service needs, counseling, emotional support, networking, assistance securing social and leisure services, shopping, escort, companionship, family support, information and referral,

transportation, and assistance developing and implementing self-directed activities. In addition, facilities provide ongoing medical and social evaluation, dietary management, and medication administration.

ECC facilities must make available nursing diagnosis or observation and evaluation of physical conditions, ongoing medical and social evaluation to determine when the person's conditions cannot be met within the facility, control of occurrence of infections, promotion of normal elimination patterns through diet and exercise, routine measurement and recording of vital functions, dietary management, administration of medications and treatment, preventive regimens for residents liable to develop pressure sores, provide or arrange for rehabilitation services, and transportation or escort services for health related services.

ECC facilities **may not** provide oral or nasopharyngeal suctioning, assistance with tube feeding, monitoring of blood gasses, intermittent positive pressure breathing therapy, intensive rehabilitation services for a stroke or fracture or treatment of surgical incisions which are not clean and free from infection, and any treatment requiring 24-hour nursing supervision.

The Medicaid waiver includes the following services for recipients in ECC settings: personal care, homemaker, attendant and companion, medication administration and oversight, therapeutic social and recreational programming, physical, occupational and speech therapy, intermittent nursing services, specialized medical supplies, specialized approaches for behavior management for people with dementia, emergency call systems, and case management.

Dietary
The state's tenth edition of the recommended dietary allowances is the standard used to evaluate meals. The rules specify the servings of protein, vegetables, fruits, bread and starches, milk, fats, and water that must be served. All special diets must be reviewed annually by a registered dietician, licensed dietician/nutritionist, or a dietetic technician supervised by a register dietician or nutritionist. Therapeutic diets must be prepared as ordered by a health professional. The person responsible for food service must obtain two hours of continuing education in nutrition and food service. Staff who prepare or serve food must receive a minimum of one hour in-service training in safe food handling practices within 30 days of employment.

Agreements
Information made available to potential residents through promotional brochures or resident contracts must contain residency criteria; daily, weekly, or monthly charges and the services, supplies and accommodations included; personal care services provided and additional costs, if any; nursing services available and additional costs, if any; food service and the ability to accommodate special diets; availability of transportation and additional costs, if any; social and leisure activities; and any service that the facility does not provide but will arrange.

Resident contracts must include a list of specific services, supplies and accommodations provided, including limited nursing services and extended congregate care services; the basic daily, weekly, or monthly rate; a list of any

THE FLORIDA LEGISLATURE

Report No. 97-26

Office of
Program Policy Analysis
And Government Accountability

John W. Turcotte, Director

December 1997

Review of the Pilot Project Authorizing Direct Admission to Extended Congregate Care

Abstract

- **Extended Congregate Care (ECC) can be a cost-effective alternative to nursing home care because it (1) serves residents who are at risk of nursing home placement, (2) provides residents relatively safe environments, and (3) costs less on average than nursing home care.**

- **Despite its cost-effectiveness and the ability of assisted living facilities to directly admit residents into ECC, the number of individuals in ECC remains small.**

- **Perceived barriers to the growth of ECC include limited affordability, lack of knowledge about ECC, and higher levels of regulation.**

Purpose

Chapter 95-418, Laws of Florida, requires our Office to conduct a study of a pilot project authorizing assisted living facilities to directly admit individuals to extended congregate care services. The law also requires our Office to provide a final evaluation report by December 31, 1997. This is the final report of the two-year study.[1] The objective of our evaluation is to determine whether ECC provides a cost-effective alternative to nursing home care. Specifically, we sought to:

- assess the characteristics of individuals in ECC to determine whether they are at risk of nursing home placement;

- compare the safety of ECC to nursing homes; and

- compare the cost of ECC to the cost of nursing home care.

In addition, we sought to identify barriers to the use of ECC and policy options that could reduce those barriers.

Methodology

At the initiation of the project, we conducted a focus group of stakeholders to identify policy relevant questions and organized our inquiries around stakeholders' concerns, using a variety of data collection techniques. We reviewed statutes, rules, and relevant literature to obtain a better understanding of the ECC program. We also collected information on admissions to and discharges from the pilot project facilities, including demographics, medical profiles, cognitive and functional impairment levels, and where residents go when they are discharged from the pilot project facilities. We also surveyed pilot project facility administrators or owners. During these surveys we obtained private-pay rate information about ECC

[1] Two status reports were published on the pilot project: Report No. 95-19, was issued in December 1995, and Report No. 96-26, was issued in December 1996.

services and compared them with private-pay charges for nursing homes we obtained from published sources. We also interviewed ECC residents and responsible parties, usually family members, to find out how caretakers and residents feel about the safety of ECC facilities, as well as their satisfaction with ECC facilities and services. In conjunction with these interviews, we collected information to help us understand the needs of ECC residents. However, due to the small number of direct admissions into ECC (97 out of 1,465 total admissions who indicated type of care at admission) in the pilot project facilities during the study period (October 1995 through September 1997), the study results may not be representative of future trends in ECC.

Background

Extended congregate care allows qualified assisted living facilities to provide impaired residents with additional supportive and nursing services that they would otherwise need to receive in other settings, such as a nursing home. In 1991, the Florida Legislature created the specialty ECC license for assisted living facilities. Assisted living facilities are entities that provide housing, meals, and personal services to individuals who, due to age or disability, need supervision or assistance with activities of daily living such as bathing, eating, or dressing. The additional ECC services enable residents to "age in place" and remain in familiar environments when residents experience physical or mental declines. As of October 1997, 191 of the state's 1,986 licensed assisted living facilities had ECC licenses.

Section 28 of Ch. 95-418, Laws of Florida, established a pilot project that allowed a limited number of extended congregate care facilities to directly admit individuals into extended congregate care services.[2]

The pilot project facilities range from converted single-family homes in residential neighborhoods to apartment-like accommodations in large retirement communities. The facilities also vary in size; with bed capacities ranging from 6 to 600. These facilities are authorized to provide ECC services to about 3,800 residents.

Findings

Extended congregate care can be a cost-effective alternative to nursing home care and can delay or avoid the need for publicly-funded nursing home care.

Extended congregate care can provide a cost-effective alternative to nursing home care for some individuals. Residents receiving ECC services have characteristics that place them at high risk of nursing home placement. ECC offers a relatively safe alternative to nursing home care. In addition, the average monthly cost of ECC is about $1,400 per month less than the average monthly cost of nursing home care for private-pay indivduals. Lower cost enables private-pay residents to conserve their resources and avoid or delay their need for public assistance.

Residents of extended congregate care are at high risk of nursing home placement

Residents receiving ECC services are at high risk of nursing home care, and many would likely have gone to nursing homes if they had not been able to receive the higher level of services available in ECC. Residents receiving ECC services have three key characteristics likely to predict an individual's risk of nursing home placement.[3]

First, although most assisted living facility residents have some cognitive impairment, residents receiving ECC services are almost three times more likely than

[2] Prior to the pilot project, implemented in October 1995, the Legislature allowed assisted living facilities to provide ECC services only to individuals who had resided in their facilities for 90 days or more. The 1997 Legislature amended the law to allow all ECC licensed facilities to begin directly admitting individuals to ECC services as of May 1997. This report includes information only about the 76 facilities that were in the ECC direct admission pilot project before the 1997 law change.

[3] A fourth factor, lack of a caretaker, such as a spouse, is also frequently predictive of placement in a nursing home. However, this factor is strongly predictive of all out-of-home placements. Thus marital status of residents in extended congregate care and those in standard care was very similar in that the majority of residents in both types of care were widowed, divorced, or single.

assisted living residents to have severe cognitive impairments. In the pilot project facilities, 13.8% (13 of 94) of ECC residents were severely cognitively impaired, while 4.9% (64 of 1,306) of assisted living residents were severely cognitively impaired. One study indicates that 22.9% of nursing home residents have severe cognitive impairment.[4]

Secondly, residents receiving ECC services are more likely than assisted living residents to require assistance with one or more activities of daily living. About 75% of the residents in ECC needed help with one or more activities of daily living, while only 47% of the residents in assisted living care needed such assistance.

Finally, residents receiving ECC services tend to be older than assisted living residents. The average age of an individual admitted to ECC in the pilot project facilities was nearly 85 years, while the average age of an individual admitted to assisted living care in those facilities was about 82 years.

Safety of extended congregate care

Although residents receiving ECC services receive less supervision than nursing home residents, ECC facilities appear to be relatively safe alternatives to nursing homes. ECC facilities emphasize giving their residents personal autonomy and privacy, which can increase the risk that these facilities will not be as safe as nursing homes.

Reports of the most recent facility inspections indicate that the safety levels of the pilot project facilities are similar to those of nursing homes. ECC facility inspection reports from October 1995 until October 1997 and nursing home deficiency reports for 1996 show similar percentages of serious deficiencies for both types of facility. These reports indicate that extended congregate care facilities and nursing homes are performing comparably in the area of resident safety. For example, 12% (9 of 76) of the pilot project facilities had a serious violation (Class I or Class II) compared to 9% (59 of 666) of nursing homes.

Extended congregate care resident caretakers or residents believe the facilities are safe. We interviewed 43 ECC resident caretakers, usually family members, or residents themselves. Eighty-six percent (37 of 43) of the individuals believed that the resident has been safe and secure while at the facility.

However, ECC is not risk-free and caretakers and residents identified a few potential problems. About one-third (15 of 43) of the respondents said they were concerned about residents having accidents. About 47% (20 of 43) of the respondents thought that the facility did not have enough direct-care staff for the number of residents they served. In addition, 17% (7 of 41) of caretakers or residents who responded to this question expressed concerns about the administration of medications.

Despite some safety concerns, more than three-fourths of the ECC resident caretakers or ECC residents we interviewed expressed satisfaction with ECC facilities, the quality of their staff, and the level of care residents receive. Most respondents would recommend the assisted living facility they used to others who need ECC.

Extended congregate care is a cost-effective alternative to nursing home care.

Since ECC is relatively safe and serves individuals who otherwise would likely have gone to nursing homes, it is a cost-effective alternative to nursing home care. For facilities in the pilot project, ECC costs an average of about $1,400 per month less than nursing home care ($2,000 average for the lowest cost ECC accommodation versus $3,400 average for a semi-private room in a nursing home).[5] Using ECC as an alternative to nursing homes could benefit the state in two ways.

[4] Project Two: The Florida Long-term Care Elder Population Profiles Survey. The Florida Policy Exchange Center on Aging, University of South Florida and The Southeast Florida Center on Aging, Florida International University, August 1997.

First, low to moderate income individuals are able to stretch their assets over a longer period of time delaying or avoiding the need for Medicaid covered care. Under current eligibility requirements for Medicaid covered nursing home care, an individual's monthly income cannot exceed $1,452 and assets cannot exceed a total of $2,000. Many individuals admitted to pilot project facilities have incomes below the eligibility level for Medicaid and have assets ranging from $20,000 to $80,000. If they stay in ECC as their health declines, rather than going to a nursing home, they will deplete their assets at a slower rate. At the average facility rate of $2,000 a month for ECC, these individuals will delay becoming eligible for Medicaid by about 4 to 16 months. At the average monthly Medicaid nursing home reimbursement rate of $2,200, this could save the state between $8,800 to $35,200 per person.

The second way using ECC could benefit the state and save money is by placing Medicaid eligible individuals in lower cost ECC. Once residents become eligible for Medicaid, placement in ECC rather than a nursing home, when appropriate, can reduce the cost of a Medicaid out-of-home placement by up to $1,350 a month per resident. Florida has implemented a Medicaid waiver program to divert some individuals from nursing homes to assisted living facilities. Under this program, the state allocates up to $850 per person per month to pay for additional services so that individuals who meet the criteria for Medicaid coverage of nursing home care may remain in assisted living facilities. If, by expanding the waiver, the state could divert 1,000 more people from nursing home care for a year, it could save up to $16 million dollars per year.[6] However, total Medicaid savings would be less because in assisted living Medicaid pays for additional services, such as durable medical equipment, that would be part of the Medicaid daily rate in a nursing home.

[5] Facility private pay rates for ECC ranged from a low of $1,350 to a high of $3,050 a month in the pilot project facilities. Accommodations ranged from semi-private rooms to apartments.

[6] In Florida, the federal government funds about 56% of expenditures in Medicaid; the state funds the remaining 44%. Consequently, the state's share of $16 million would be about $7 million.

Despite its cost-effectiveness and the ability of assisted living facilities to directly admit into extended congregate care, the number of individuals in extended congregate care remains small.

The direct admissions policy has increased the use of ECC, but most of the increase in ECC admissions was due to individuals transferring from assisted living care to ECC. In 1997, direct admissions accounted for about one third of admissions into ECC. (See Exhibit 1.)

Exhibit 1
Direct Admissions and Transfers to Extended Congregate Care Are Increasing

ECC Admissions	1996	1997
Direct Admissions	61	111
Transfers	29	259
Total Admissions	90	370

Note: Admissions figures include residents who stay for short periods for reasons, such as allowing their home caretakers to take a break.

Source: Office of Program Policy Analysis and Government Accountability, 1996 and 1997 extended congregate care facility owner/administrator interviews.

Yet, the number of residents receiving ECC services is small. At the time of the owner/administrator interviews, residents receiving ECC services represented about 4% (about 200) of the residents in the pilot project facilities in 1995 and 1996. In 1997, this percentage increased to about 5% or 249 residents receiving ECC services.

More people could be served in ECC, but three barriers limit the growth of this option. First, affordability limits ECC growth. Although ECC costs less than nursing home care, it costs more than assisted living care. Thus, many low to moderate income individuals whose needs cannot be met in assisted living care may not be able to afford ECC. Since the state limits the number of individuals who can participate in the Medicaid waiver program for assisted living facilities at any one time, some individuals eligible for Medicaid coverage of ECC services may not be able to

In addition, about 50% of Medicaid waiver clients receive a maximum monthly state supplement of $171 per person for their assisted living care.

participate in the waiver and instead seek nursing home care which is covered by Medicaid.

Lack of knowledge about the availability of ECC is another barrier to the use of ECC. Facility administrators or owners indicated that physicians and others who advise elders about their long-term care placement options are not aware of the availability of ECC and therefore do not refer individuals to ECC facilities. For example, physicians, hospital discharge planners and other long-term care professionals accounted for only about 31% of the referrals to the pilot facilities, while over half of the residents learned about the facility from relatives or friends.

Although staff from local offices of the Agency for Health Care Administration and the Department of Elder Affairs work well together in some areas to provide education about ECC to long-term care professionals and the public, the two departments do not have a coordinated public education program to inform about ECC. Therefore many individuals still do not know about the availability of ECC as a long-term care alternative to nursing home care.

Finally, administrators or owners of the pilot facilities also identified higher levels of state regulation as a reason for the limited growth of ECC. Although residents receiving ECC services do not pose a higher level of risk than nursing home residents, the state inspects extended congregate care facilities more frequently than it inspects nursing homes. Florida inspects nursing homes each year, and no interim monitoring is required unless there are problems in a facility. ECC facilities must be inspected once every two years, but they also must receive at least two monitoring visits a year. Assisted living facilities are inspected once every two years with no required semi-annual monitoring visits.

Many pilot facility administrators or owners also believe that the state requires too much documentation for residents receiving ECC services. For example, an individual service plan is required for each ECC resident, but assisted living residents are not required to have such plans. However, these requirements are similar to those imposed on nursing homes and most likely are needed to ensure that ECC residents receive the care they need.

Policy options for the Legislature to consider to increase the use of extended congregate care

Unless the Legislature takes some action to slow down the growth of the State's nearly $1.3 billion a year nursing home bill, Florida's Medicaid expenditures for nursing home care will more than double by Fiscal Year 2004-05. We evaluated three options the Legislature may wish to consider for slowing the increase in the Medicaid nursing home budget by diverting individuals from higher cost nursing homes to less expensive ECC facilities. These options are:

- expanding the Medicaid waiver program to divert more Medicaid-eligible individuals to assisted living facilities;

- expanding existing efforts to provide information about extended congregate care to physicians and others who inform individuals about their long-term care options; and

- encouraging more assisted living facilities to offer extended congregate care services by streamlining some regulations.

Expanding the Medicaid Waiver for assisted living facilities

The Assisted Living for the Elderly Medicaid Waiver could be expanded to enable more low and moderate income people to use ECC. The waiver allows a limited number of eligible elders to live in less costly assisted living facilities rather than more costly nursing homes. Although the state has expanded this waiver program since its implementation in 1995, the program serves only a small percentage of the people who are eligible for Medicaid coverage of nursing home care. Under current funding levels for the waiver, the state can use it to serve up to 700 individuals a year. In

contrast, the Medicaid program pays for nursing home care for approximately 46,000 people a year.

However, expanding the waiver could have the unintended effect of increasing the number of people who apply for Medicaid coverage of long-term care. Under Federal law, individuals who are eligible to receive Medicaid coverage of nursing home care are entitled to placement in a nursing home. However, individuals who do not want to go into nursing homes may choose to stay in a home-like setting. As a result, some of these individuals would likely apply for Medicaid waiver coverage of care in an ECC facility. If this occurs, the waiver may not actually divert people from nursing home care, but may increase the number of people who receive state assistance for long-term care. If the Legislature authorizes more beds under the Assisted Living for the Elderly Medicaid waiver, the state should deduct an equal number of new nursing home beds that would be authorized so as not to increase the total costs for long-term care.

Consequently, if the Legislature chooses to expand the Medicaid waiver program more rapidly than it has in the past, it may wish to do so in conjunction with other initiatives to decrease the cost of long-term care. These could include tightening Medicaid's eligibility criteria for nursing home care, placing additional limitations on the growth in nursing home beds, and encouraging individuals to participate in managed health care plans that include a variety of long-term care options.[7]

Expanding educational efforts for medical and other professionals and to the community

To make more people aware of the availability of ECC, the Legislature could direct the Agency for Health Care Administration and the Department of Elder Affairs to better coordinate their efforts to inform about ECC. The two departments could develop a formal community education program that involves staff from both departments in all areas of the state. These efforts should be designed to reach long-term care professionals, such as physicians and hospital discharge planners, as well as the general public.

Streamlining regulatory requirements

To encourage more assisted living facilities to provide ECC, the Legislature may also wish to direct the Department of Elder Affairs and Agency for Health Care Administration to examine ways to streamline the regulations for ECC facilities. Such streamlining must be done carefully so as to not decrease the safety of ECC. However, some streamlining is possible. For example, facilities with good safety records could receive fewer monitoring visits than currently required and the scope of those visits could be reduced. This could serve to reward facilities with good safety practices and encourage other facilities to develop these practices.

Conclusions and Recommendations

Extended congregate care can be a cost-effective alternative to nursing home care because it serves residents who are at risk of nursing home placement in relatively safe environments at less cost on average than nursing home care. We recommend that the Legislature consider three options:

- Expand the Assisted Living for the Elderly Medicaid waiver program to divert more Medicaid-eligible people from nursing homes to assisted living facilities. If the Legislature expands the assisted living waiver, we further recommend that the expansion be done in conjunction with the other recommended initiatives to decrease the cost of long-term care;

- Direct the Department of Elder Affairs and the Agency for Health Care Administration to establish a formal coordinated public education program about extended congregate care and other long-term care alternatives; and

[7] For more information, see OPPAGA's Performance Audit of the Comprehensive Assessment and Review for Long Term Care Services (CARES) Program, Report No. 94-33 and OPPAGA's Performance Review of the Certificate of Need Program for Nursing Homes, Report No. 95-51.

- Direct the Department of Elder Affairs in consultation with the Agency for Health Care Administration to examine ways to streamline the regulations for extended congregate care facilities.

Responses from the Department of Elder Affairs and the Agency for Health Care Administration

The Department of Elder Affairs provided us a written response to our Preliminary and Tentative Findings and Recommendations. The Department concurred with the report's overall conclusion that extended congregate care (ECC) can be a cost-effective alternative to nursing home care. The Department strongly supported the proposed expansion of the Assisted Living for the Elderly Medicaid waiver program. The Department also concurred with the report's finding that lack of knowledge about the availability of ECC is a barrier to expanded use of ECC.

The Agency for Health Care Administration generally concurred with our findings and recommendations. The Agency concurred that expanding the Medicaid Waiver is an appropriate recommendation. The Agency agreed with the need to find ways to increase the information about ECCs to the medical and other communities. The Agency also agreed to work with the Department of Elder Affairs to look at ways to streamline the ECC regulations in ways that do not jeopardize residents health, safety, and welfare.

Copies of both responses are a public record of this Office and are available upon request.

The Florida Legislature

Office of Program Policy Analysis and Government Accountability

ANNOUNCEMENT

The Office of Program Policy Analysis and Government Accountability announces the availability of its newest reporting service. The Florida Government Accountability Report (**FGAR**), an electronic publication specifically designed for the World Wide Web, is now up and operating for your use.

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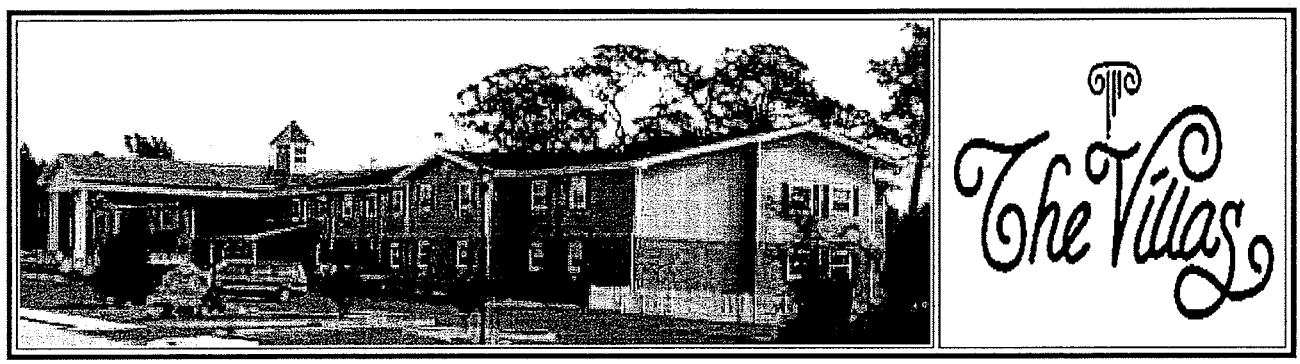

Ext.CongregateCare

Home
Welcome
Apartment Living
Independent Living
Assisted Living
Limited Nursing
Ext.CongregateCare
Aging in Place
Services
Pictures !
Wellness
Gulf Breeze, FL
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The Villas at Gulf Breeze can provide *Extended Congregate Care* services to our residents. These are acts performed by a Registered Nurse or a Licensed Practical Nurse (under the supervision of a R.N.) and other supportive services to enable our residents to age in place despite mental pr physical limitations that might otherwise disqualify them from continued residency in a stand alone ALF.

ECC services are performed in the least restrictive environment and provide intermittent nursing care for residents whose condition is medically stable, have no special health problems and for whom a treatment regimen has been established. Nursing and supportive services are listed in the resident's service plan which will have input from the resident, resident's family or designees, physician and care givers. The service plan states how and by who needs are to be met and the goals for maintaining the highest level of independence possible. The resident is evaluated monthly by a registered nurse and the service plan reviewed quarterly, unless need indicates more often, to determine the physical and mental needs of the resident are being met.

Criteria for Continued Residency

The Villas at Gulf Breeze will be unable to retain a resident who requires 24 hour skilled nursing supervision, is bedridden for more than 14 consecutive days or is totally dependent in 4 or more of the following; eating, bathing, grooming, toileting and ambulating.

The facility must be able to meet the needs and preferences of the resident, including unanticipated needs and be able to

Application

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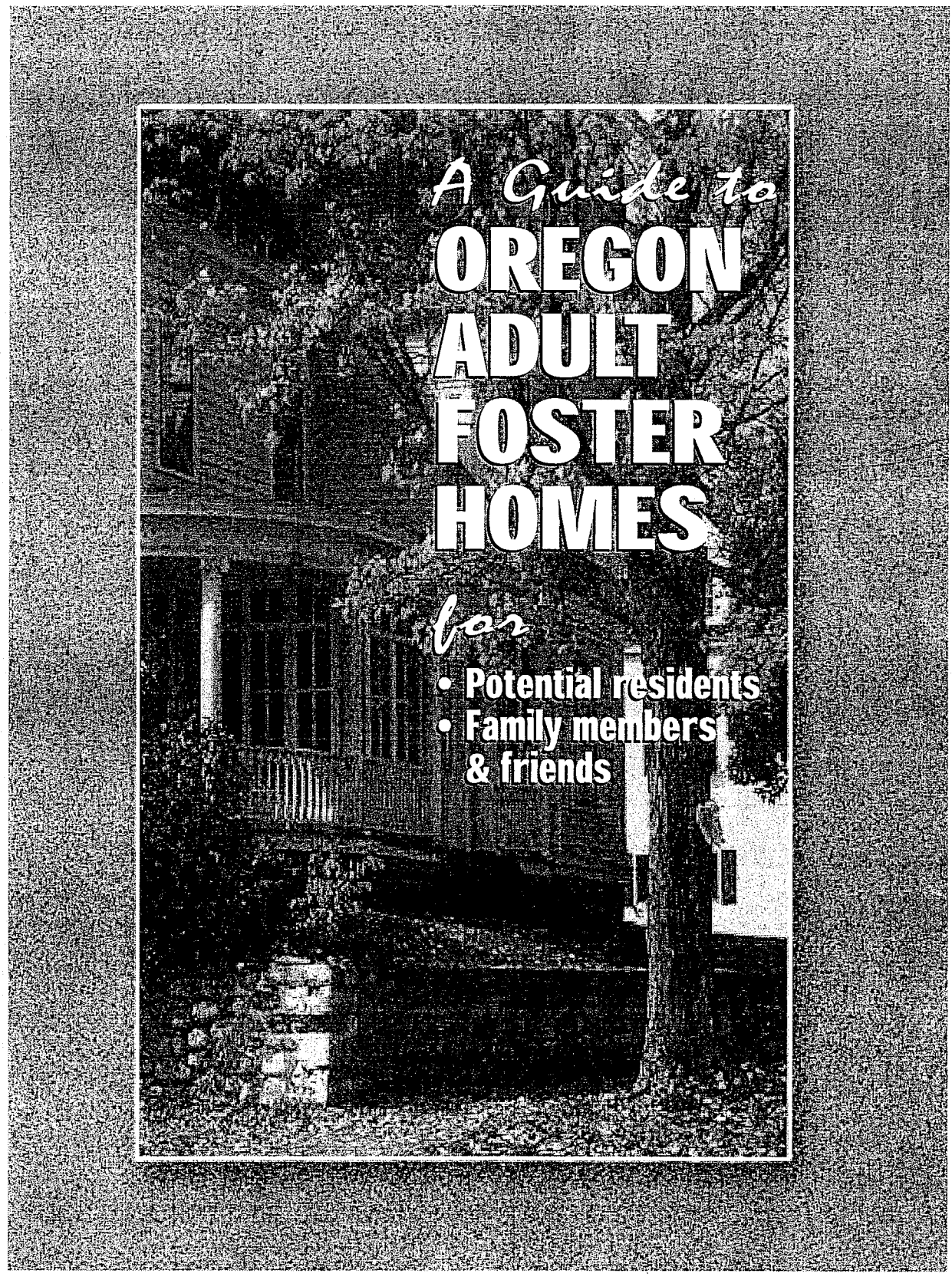
add, increase or adjust needed services to compensate for physical or mental decline.

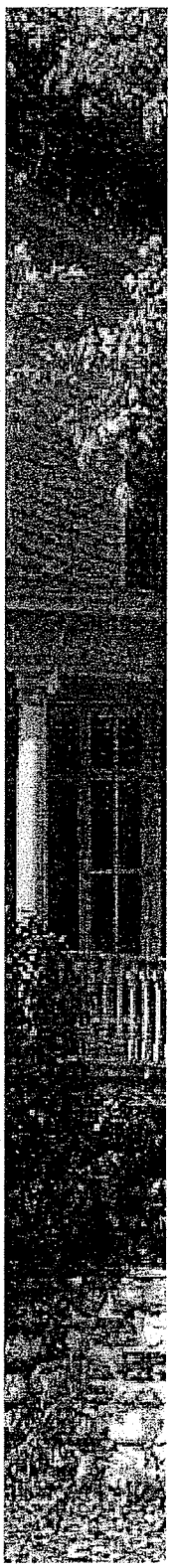
Criteria includes convalesced from an illness, is not a danger to self or others which is not controllable by medication, is medically unstable and has no special health problems without an established regimen of therapy. Resident must not have severe enough cognitive decline to be able to make simple decisions or require treatment of state 3, 4, or unstabilized 2 press sores or requires more than assistance with transfer. An ECC resident who becomes terminal and no longer meets the criteria for continued residency may remain in the facility if each of the following conditions are met: is accepted into hospice care, approval of physician, resident and/or representative designee and the facility as long as physical needs are being met.

For More For Information about our services:
Elaine Williams--Owner
Rose Creighton--Administrator
Jennifer Cutler--Assistant Administrator
Terrie Boisvenu-Hoatland--Assistant Administrator/DON
Telephone (850)934-1061 **FAX** (850) 934-6932
Postal address **101 McAbee Court; Gulf Breeze, Florida 32561**
Electronic mail General Information: **The Villas at Gulf Breeze**


A Guide to
OREGON
ADULT
FOSTER
HOMES
for
• Potential residents
• Family members
& friends

[redacted]

To obtain this information in an alternate format
you will need to contact your local Office of
Senior & Disabled Services or
Area Agency on Aging.



Overview of Adult Foster Homes

Adult Foster Homes

Adult foster homes are single family residences that offer care in a homelike setting. Adult foster homes in Oregon are inspected and licensed. The adult foster home provider must meet certain standards to obtain a license. Staff from Senior and Disabled Services Division (SDSD) or the Area Agency on Aging (AAA) office verify the qualifications of the caregiver, conduct yearly licensing inspections, and investigate complaints and concerns.

All adult foster home providers and primary caregivers must:

- Pass a criminal record check;
- Complete a basic training course and pass an exam;
- Be physically and mentally able to provide care; and
- Provide care in a home that meets structural and safety requirements.

The Consumer's Choice

Adult foster care is often chosen by consumers because care is provided in a homelike setting and is more affordable than other care facilities. Informal adult foster care has been a part of our society for years. People unable to maintain their health while living alone moved in with family, friends or neighbors.

In adult foster homes, medical and personal care are provided to you in a manner that encourages independence and improves the quality of your life. Care and supervision are provided to maintain a safe and secure setting. You can decide to refuse the care and service offered if it conflicts with your wishes. Adult foster home providers strive to provide good care and services in a safe and secure setting. That goal is reached through a cooperative relationship between the care provider and you.

This setting protects and encourages your dignity, choice, and decision-making. Your needs will be addressed in a manner that supports and enables you to maximize your abilities to function at the highest level of independence possible.

As a resident of an adult foster home, you should take an active role to talk to the provider about what it is you want for care. You are encouraged to maintain contact with your family, friends, and community groups as you adjust to your "new home."

When Adult Foster Care Should Be Considered

Most people would like to remain in their own home as long as possible. However, sometimes it becomes too difficult to do the everyday tasks of life even with the help of others. Adult foster care offers the benefits of care and services in a homelike setting.

Any combination of the items listed below may mean that you or someone you know could benefit from the services offered in an adult foster home:

- Difficulty preparing meals or maintaining adequate nutrition;
- Forgetting to take medications or taking the wrong amounts;
- Unable to do daily personal needs such as bathing, dressing, shopping, cooking, laundry or transportation;
- Bruising, scratches or other injuries resulting from falls;
- Ongoing illness or a need for rehabilitation;
- Difficulty coping with feelings of depression, anxiety or fear;
- Difficulty remembering people, places or other things that were once familiar; or
- Family and friends are no longer able to provide adequate care and support.

Services Offered in Adult Foster Homes

Care Services Offered:

- Meals and help with eating;
- Help with dressing;
- Grooming and hygiene;
- Bowel and bladder care (incontinence);
- Help with walking, getting in or out of bed (mobility);
- Help with behavioral issues (behavior management);
- Help with medications; and
- Activities.

Some providers are able to provide more complex care because of their training and experience and/or help from visiting nurses. A caregiver may receive instruction from a registered nurse to perform a care task specific to a particular resident. In some cases, providers may be able to meet your care needs if you are coming to the adult foster home directly from the hospital after surgery or you are recovering from a serious illness.

Other adult foster home providers have special training to provide care for people with Alzheimer's disease, brain injuries, AIDS, respiratory failure, or the need for Hospice services.

Short-Term Versus Long-Term Needs

The services provided depend on your individual wants and needs. You may only need short-term services to help you return home.

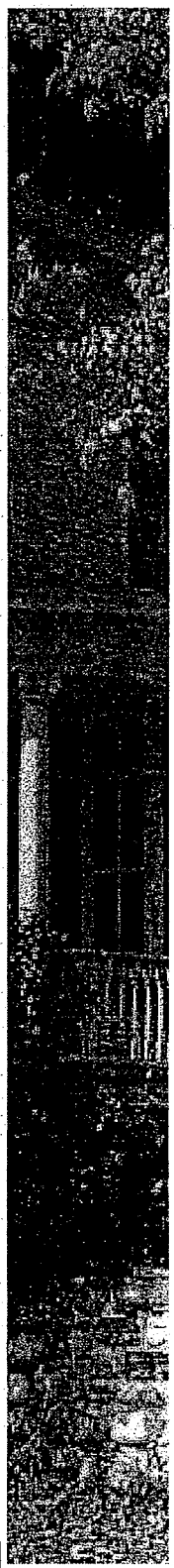
Some adult foster home providers offer short-term care for a few days or weeks. Usually, services are long-term because of a life-long disability or an illness. The adult foster home may be able to provide services for as long as they are needed. Your ability to remain in the adult foster home depends on your choice, your needs and the provider being able to meet those needs.

The Care Plan

The care plan is developed during the first two weeks you are at the foster home. The care plan is updated on a regular basis to reflect your individual needs and wishes. Input from family members and medical professionals may also be included in the care plan at your request.

The care plan is the provider's written summary of your needs and abilities. It covers:

- What you can do for yourself;
- What care is needed;
- Who will provide it; and
- When and how often.



Adult Foster Home Lists

Before you visit any adult foster homes you may want to contact your local office of Senior and Disabled Services or Area Agency on Aging to obtain a list of licensed adult foster homes in your area. The list is updated on a regular basis.

To obtain a list, call the office in your area. (see page 9*)

Adult Foster Home Public Files

To help you decide which foster home you would like to choose, you can review the public files to obtain information about any foster home. The information includes:

- The location of the adult foster home;
- A description of the home;
- The date the license was first issued;
- The level of care provided in the home (see page 11);
- A report and date of the last licensing inspection;
- Copies of complaint investigations;
- Corrective action involving the home; and
- Whether or not the provider lives in the home.

Anyone can review the public files in person by visiting the local Senior and Disabled Services or Area Agency on Aging office in your area. (see page 9*)

Visiting Adult Foster Homes

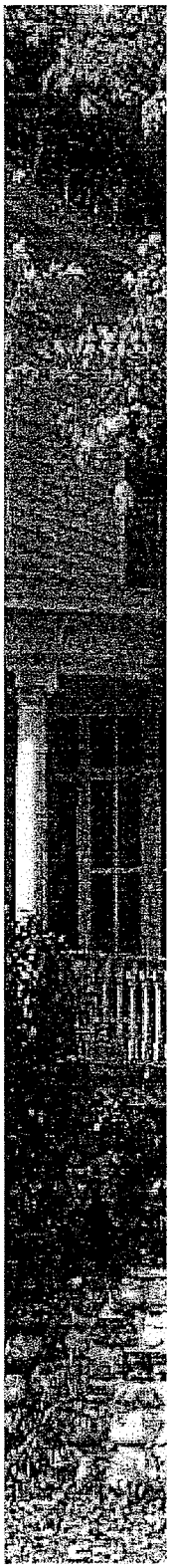
It is important to visit adult foster homes before making a choice. You and your family could visit together. You may want to spend several hours or an entire day, when possible, at the home. Some things to keep in mind while visiting the homes are:

Who provides care in the home?

- The owner lives in the home, or
- The owner does not live in the home and hires a resident manager who lives in the home and is the main caregiver.

Other questions to consider are:

- What are the schedules and/or routines of the home?
- What are the care needs of the other residents?



- Would you feel comfortable living with the other residents and caregivers in the home?

One of the best times to visit a home is around meal time. Meals are an important social time and visiting during that time will allow you to see the kind and quality of food being prepared. You can also see:

- How caregivers relate to the residents; and
- How residents interact with one another.

Although any foster home should be neat, clean and orderly, you should also look for good care. Caring staff who respect the dignity of each resident is important. Select the home that feels right for you!

Payment For Adult Foster Home Care

Cost is an important factor when considering care and services. Most providers charge a monthly amount based on care needs and whether a bedroom is shared with another resident. All adult foster homes must have a contract for residents who are not receiving Medicaid. The contract should include the following:

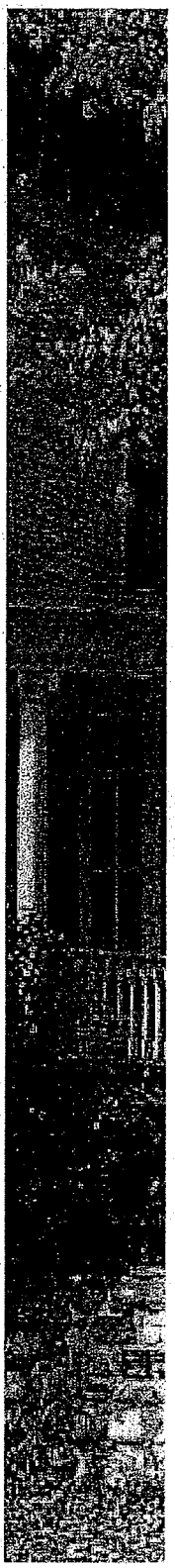
I. Basic Monthly Rate**

- Room,
- Meals,
- Laundry, and
- Specified basic services.

II: Additional Services**

The provider may also include a fee for each additional service such as:

- Incontinence care,
- Assistance with eating,
- Diabetic care,
- Special diets,
- Transportation,
- Mobility and transfers,
- Skilled nursing tasks,
- Night-time care, and
- Dementia care.



The Basic Monthly Rate will always require 30 days written notice to the resident before it can be changed. However, the Additional Service fees can be made effective at the time the service becomes necessary, if it has been stated in the contract.

Be sure to review the contract and ask questions before choosing a home. The contract must contain the monthly rate; other service rates, if any; a refund policy; any refundable deposits the provider requires and terms for ending the contract.

** These services and costs vary between homes and must be specified in the contract.

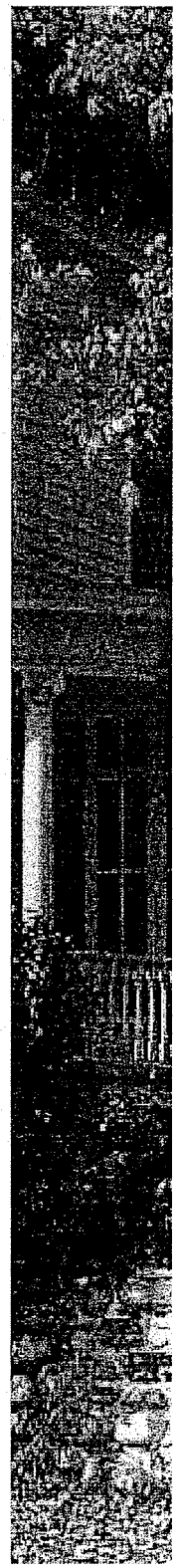
Medicaid Financial Assistance

If you cannot afford to pay for your care and want to know if you qualify for Medicaid assistance contact your local office of Senior and Disabled Services or Area Agency on Aging. (see page 9*)

You do not need to use all of your assets to qualify for Medicaid assistance. It is important to check with a Medicaid Agency when only one spouse needs long term care services. In such cases, a part of the assets of the spouse who is living in their own personal home may be protected. When you are considering any of the long term care choices for yourself or for others, it would be good for you to know what choices are available.

If you are eligible for Medicaid assistance, the local office will determine the total amount the provider will be paid for your care. Based on your income, there will be a decision made to the amount you will be asked to pay and the amount SDSD will pay to the foster home provider, if any. The provider must accept the Medicaid payment as payment in full and cannot ask you or any other person to pay more money.

If you become eligible for Medicaid after you are in a foster home and the provider has a Medicaid contract, the provider cannot ask you to move if the amount of payment is lower than what you paid privately. If the provider does not have a Medicaid contract, you may be asked to move. When visiting homes be sure to ask if the provider has a contract with the State of Oregon to accept Medicaid payment.

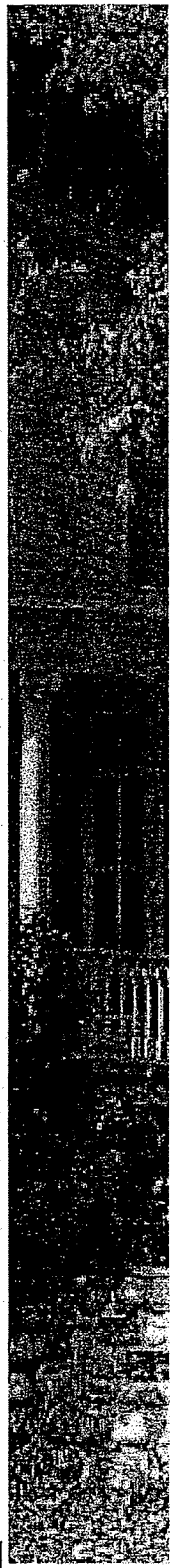


The Residents' Bill of Rights

When you move into an adult foster home, you do not give up any of your civil rights or any rights as an Oregon citizen. Caregivers in adult foster homes must respect your privacy, dignity, independence and your right to make choices. Each adult foster home must post the Residents' Bill of Rights in the home and discuss those rights with each resident at the time of admission.

Each Resident has the right to:

- Be treated as an adult with respect and dignity;
- Be informed of all resident rights and all house policies;
- Be encouraged and assisted to exercise constitutional and legal rights, including the right to vote;
- Be informed of their medical condition and the right to consent to or refuse treatment;
- Receive appropriate care and services and prompt medical care as needed;
- Be free from mental and physical abuse;
- Complete privacy when receiving treatment or personal care;
- Associate and communicate privately with any person of choice and send and receive personal mail unopened;
- Have access to and participate in activities of social, religious and community groups;
- Have medical and personal information kept confidential;
- Be free from chemical and physical restraints except as ordered for medical reasons that maximize functioning, and only after alternatives have been tried;
- Manage own financial affairs unless legally restricted;
- Be free from financial exploitation;
- A safe and secure environment;
- Written notices prior to rate increases, transfers and evictions;
- A written agreement regarding services to be provided and agreed upon rates;
- Be free of discrimination in regard to race, color, national origin, sex or religion; and
- Voice grievances without fear of retaliation.



Adult Foster Home Providers

Adult foster home providers lose some privacy when they choose to provide care and services in their homes. However, they have a right to their own personal safety. They also have a right to expect the cooperation of others so they can operate the home in an efficient and effective manner. Cooperation and mutual respect make it easier for the provider to give the quality of care you as a resident deserve. One necessary area of cooperation is fire evacuation drills. For the safety of all, every resident is expected to participate in fire evacuation drills.

Involvement of Family and Friends

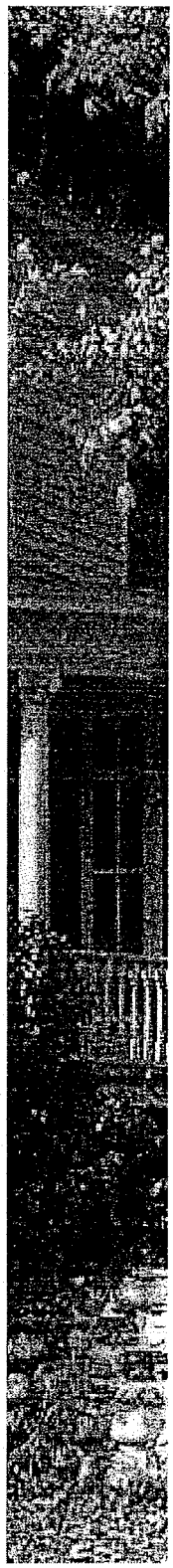
Many people rely on the support of family and friends when making a decision to live in an adult foster home. Those close to you may offer helpful advice to consider before you move in, but remember, the choice is yours. No one, except a court appointed legal guardian, may select a home against your wishes.

Once you have chosen a home, family and friends may help to make the move as easy as possible. Continue to do the things you enjoyed, keep in touch with family and friends and ask them to visit you often.

Problem Solving

People often have an adjustment period when they move to an adult foster home. This adjustment period may affect you, your family, your friends and the foster home household. You may have mixed feelings about moving to an adult foster home. It is common to feel loneliness, resentment, anger or worry about this major life change. Adjusting may take weeks and you may need more support at that time.

Ongoing contact between you, your family, your friends and the provider may help to address concerns before they become problems. Cooperation and a willingness to try to resolve problems are important.



If you have any suggestions or concerns about the adult foster home you have chosen, do not ignore those feelings. Talk about them. It's your right to voice complaints. There are several ways to do this:

- You can tell your concern to the provider;
- You can contact the local office of Senior and Disabled Services or the Area Agency on Aging;
- You can call the office of the Long Term Care Ombudsman; and
- You can ask family or friends to help on your behalf.

You may decide you are not satisfied with the home you live in and the services being provided. You have the right to give the adult foster home provider a written notice if you decide to move. Another move may seem difficult but there is help for you. Contact your local office or the Office of the Long Term Care Ombudsman.

The Office of the Long Term Care Ombudsman

A major goal of the Long Term Care Ombudsman Program is to visit and respond to resident needs and concerns. The program protects the rights and privileges of the residents of long term care facilities and can be helpful to residents, their families and their friends.

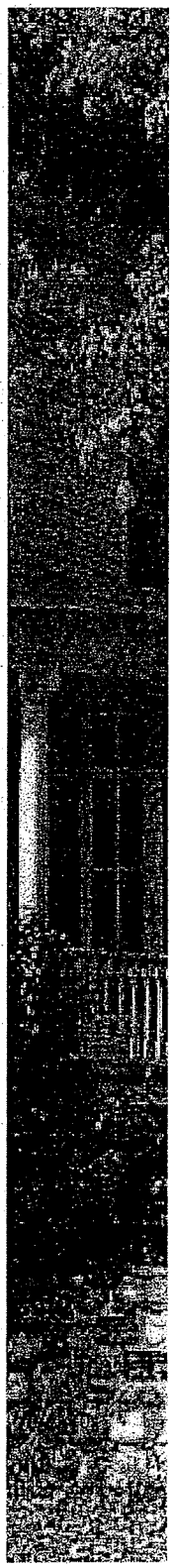
Anyone with concerns about the quality of care or the rights of residents at an adult foster home can contact The Office of the Long Term Care Ombudsman at their toll-free number: 1-800-522-2602. You can also contact your local Senior and Disabled Services office or Area Agency on Aging office.

* If you do not have the number for your local office, call 1-800-232-3020 to obtain that phone number.

Adult Foster Home Classifications

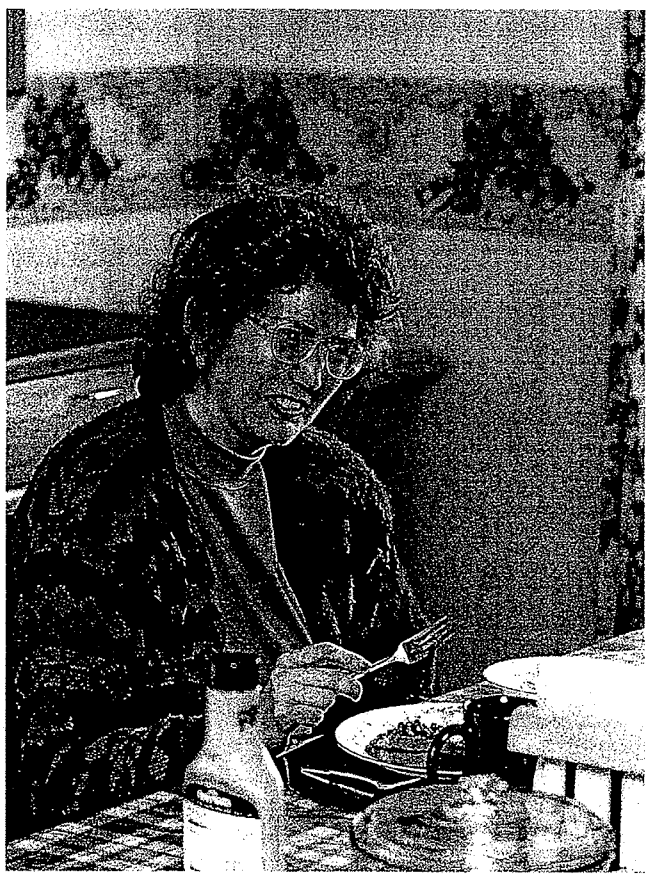
There are three classifications of adult foster home licenses in Oregon. The classifications are based on the experience and/or training of the provider. Each home has a license posted that indicates the classification of the home.

In each classification, the provider can only admit residents with a certain number of impairments. These impairments are defined according to six major activities of daily living (ADLs). These are eating/nutrition, dressing, personal hygiene, mobility, toileting and behavior management.



Definitions of Activities of Daily Living (ADL's):

- Eating/Nutrition. The ability to eat with or without special equipment.
- Dressing. The ability to dress and undress and to comb one's hair, file nails, use makeup, etc.
- Personal Hygiene. The ability to bathe, wash hair, shave and care for teeth.
- Toileting. The ability to get to and from the toilet, to wash afterward and to adjust clothing.
- Mobility. The ability to get around, both inside and outside, using items like canes and wheelchairs if necessary; ability to transfer from bed or wheelchair.
- Behavior Management. The ability to understand one's needs in areas such as health and safety. Any issues with confusion, disorientation, forgetfulness or wandering may be a behavior management need.



Classification of Adult Foster Homes

Classification	Qualifications of the Provider	Type of Care Provided
Class One	Less than two years experience providing direct care. Completion of the basic training course.	Residents may need assistance in up to four activities of daily living (ADLs).
Class Two	Two or more years experience providing direct care. Completion of the basic training course.	Residents may need assistance in all ADLs but are dependent in no more than three.
Class Three	Health care professionals or others with at least three years experience providing care to people who are dependent. Completion of the basic training course.	Residents may be dependent in four or more ADLs. The home may have only one resident at a time who is totally dependent.

SDSD or Area Agency on Aging office may allow, by written exception, a person to live in any classification of a home. The provider must be able to meet your needs, the needs of other residents, and all health and safety standards.

Activities of Daily Living (ADL) Needs Checklist

To help you decide which adult foster home can meet your care needs, you may find the following useful:

Instructions: For each activity of daily living, use the following checklist:

- Independent: You do not need the help of another person to do a task.
- Assistance: You need the help of another person to do part of a task.
- Dependent: You need the help of another person to do all of a task.

Check the box that identifies the care you need for each activity of daily living.

Activity of Daily Living (ADL)	Independent	Assistance	Dependent
Eating/Nutrition			
Dressing			
Personal hygiene			
Toileting			
Mobility			
Behavior Management			
TOTAL			

Total each column.

- If you have checked all the ADL's as being independent or have checked you need assistance with up to four ADL's, any classification could meet your care needs.
- If you have checked you need assistance in all ADL's or have checked you are dependent in less than four ADL's, a class II or III home could meet your care needs.
- If you have checked you are dependent in four or more ADL's, a class III home could meet your needs.

Adult Foster Home Checklist

After you know the classification of the adult foster home needed, the next step is to call and visit some homes. The following checklist can help you decide which home you want to live in. Some questions may be more important to you than others.

(Instructions: Fill in the answers for the following two questions.)

Caregiver Questions	Home#1	Home#2	Home#3
Who is the main caregiver in the home?			
If a resident manager provides the care, how long has she/he worked in the home?			

(Instructions: Answer the following questions with a "Yes" or a "No.")

General Issues	Home#1	Home#2	Home#3
Does the home have a current adult foster home license posted?			
Does the home have the license classification for your care needs?			
Is the home close to family, physician, and social contacts?			
Do you like the home, yard, and furnishings?			
Does the daily routine of the home meet your lifestyle?			
Do the residents interact well with each other?			
Would you feel comfortable living with the residents and caregivers in the home?			
Do the caregivers respect the residents' privacy? (i.e. knocking on doors, not sharing personal information about residents.)			
Does the home seem comfortable to you?			

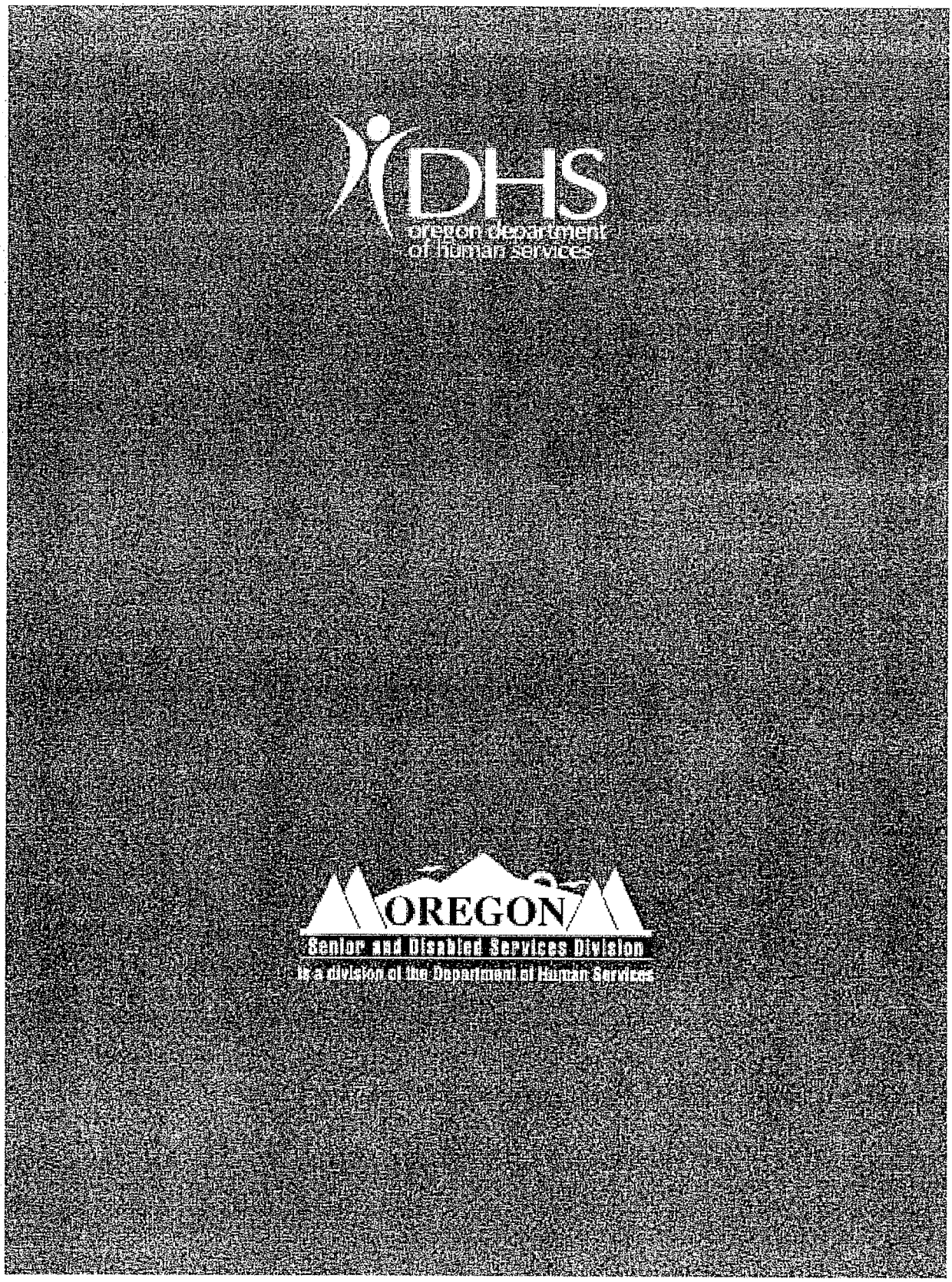
General Issues (continued)	Home #1	Home #2	Home #3
Do the other residents appear well cared for and content?			
If pets, smoking or alcohol use is allowed in the home, is that okay with you?			
Do you like the house policies and visiting hours?			
If the provider's family members are living in the home (spouse, children, relatives), is that okay with you?			
Has this owner been a licensed provider long enough for you to feel comfortable?			
Do the caregivers understand your needs?			
Will your personal choices such as religious practice be supported?			
Bedrooms	**Home #1**	**Home #2**	**Home #3**
Is the available bedroom private?			
If you have to share a room, is that okay with you?			
Do you like the furniture (such as bed, dresser, or lamp?)			
Can you bring your own furniture?			
Is there space to bring some of your own furniture, if you want to?			
Is phone and/or TV/cable available?			
Is phone and/or TV/cable included in the cost?			

General Environment	Home #1	Home #2	Home #3
Are there smoke detectors and fire extinguishers?			
Is there good lighting throughout the home?			
Accessibility	**Home #1**	**Home#2**	**Home #3**
Are halls, doorways and bathrooms wide enough for walking and the use of canes, walkers or wheelchairs?			
Is there enough room in the rest of the home to use canes, walkers or wheelchairs?			
Are there objects or stairs that would make it hard for you to move around by yourself? Look inside and outside the home.			
Are ramps available for wheelchair use?			
Bathroom(s)	**Home #1**	**Home #2**	**Home #3**
Is it clean and odor free?			
Is it close to the bedroom?			
Does it have safety grab bars and equipment?			
Are there fans or windows?			
Care Issues	**Home #1**	**Home #2**	**Home #3**
Is there an alert system between residents' bedrooms and the provider's?			
If yes, can it be turned off for privacy?			
If you have hearing or sight problems can the provider meet those needs?			
Will the provider meet night-time needs to your satisfaction?			
Are there activities offered (as a group or alone) that you would enjoy?			

Care Issues (continued)	Home #1	Home #2	Home #3
Is transportation available?			
Does the provider/caregivers have experience caring for persons with your health needs?			
Are there caregivers in the home when the provider is gone (shopping, vacations, social outings, etc.?)			
Meals	**Home #1**	**Home #2**	**Home #3**
Do the meals and snacks appear tasty and nutritious?			
Are the residents asked what they want to eat when planning meals?			
Can special diet needs be met?			
Will meals meet your cultural, religious or food preferences?			
Financial	**Home #1**	**Home #2**	**Home #3**
Does the provider have a private pay contract for you to review?			
Is there a fee for transportation?			
Is there a bed hold fee?			
Is there a refundable deposit for damages beyond normal wear and tear?			
Do you like the terms of the contract?			
Does the home accept Medicaid residents?			
Does the contract have a schedule of rates?			
Does the contract require an advance payment?			
Is there an acceptable refund policy?			

Review your responses to these questions which will help you select the home that meets your needs.

NOTES...


DHS
oregon department
of human services
OREGON
Senior and Disabled Services Division
is a division of the Department of Human Services