

## OKLAHOMA

### Licensure Terms

Assisted Living Center and Residential Care Home

### General Approach

The Department of Health, Protective Health Services, Long-term Care Services, licenses assisted living centers and residential care homes (RCHs). A subchapter of the RCH rules includes provisions for facilities that serve three or fewer residents; this profile includes provisions for assisted living centers and RCHs for four or more residents.

The state does not have a licensure category for adult foster care. Homes that serve two or more residents may be licensed as assisted living centers or RCHs.

*This profile includes summaries of selected regulatory provisions for assisted living centers and RCHs. The complete regulations can be viewed online using the links provided at the end.*

### Definitions

**Assisted living center** means a home or establishment coordinating or providing services to two or more persons who by choice or because of functional impairment need assistance with personal care or nursing supervision, and may need intermittent or unscheduled nursing care, medication assistance, and assistance with transfer and/or ambulation.

**Residential care home** means a facility that provides accommodations and supportive assistance. Residents must be ambulatory and essentially capable of managing their own affairs and may not routinely require skilled nursing care or intermediate care.

### Resident Agreements

**Assisted living centers** must provide a complete and understandable contract to each resident that includes information about admission and discharge criteria; services provided; dispute resolution and grievance procedures; the contract's term, renewal,

and cancellation provisions; and conformity with state law. All rights, privileges, and assurances in the regulations are considered part of the contract.

**Residential Care Homes.** A written contract must be signed within 120 days of admission, or when the source of resident funds changes from private to public or from public to private, or when the terms of the contract have changed. The contract must specify its terms; the services that may be provided to supplement those in the contract and the charges for those services; sources liable for payment; and the rights, duties and obligations of the resident.

## Disclosure Provisions

**Assisted living centers** that provide care to persons with Alzheimer's disease or other dementias must use the Department's required disclosure form to provide specific information about the type of services provided and any additional cost associated with these services; admission, transfer, and discharge policies and procedures; service planning and implementation of care, including specific structured activities that are offered; staffing and staff training to address residents' needs; and safety features of the physical environment.

A facility with only one awake direct care staff member on duty during the night shift must disclose this fact to the resident or the resident's representative prior to move in and must have in place a plan that is approved by the Department of Health for dealing with urgent or emergency situations, including resident falls.

**Residential Care Homes.** *No provisions identified.*

## Admission and Retention Policy

**Assisted living centers** may not admit or retain individuals whose need for care or services exceeds what the facility can provide; who require physical or chemical restraints as determined by a physician; who pose a threat to self or others; or if the facility is unable to meet their needs for privacy and dignity.

If a resident develops a disability or a condition consistent with the facility's discharge criteria, the resident's physician, facility staff, and the resident or his/her representative must determine through consensus any reasonable and necessary accommodations and additional services required to permit the resident to remain in the facility. All accommodations or additional services must be described in a written plan that is reviewed at least quarterly by a licensed health care professional. If the parties fail to reach a consensus on a plan of accommodation, the facility may terminate residency.

**Residential care homes** may not admit or retain individuals who need services provided in a licensed nursing facility or who are not ambulatory and essentially capable of managing their own affairs. A home may not involuntarily transfer or discharge a resident except for medical reasons or for the resident's or other residents' safety.

## Services

**Assisted living centers** provide assistance with personal care; nursing supervision; intermittent or unscheduled nursing care; medication administration; assistance with cognitive orientation and care or services for persons with Alzheimer's disease and other dementias; assistance with transfer or ambulation; social activities, and housekeeping and laundry.

**Residential care homes** provide assistance with personal care; housekeeping; and storage, distribution, and assistance with medications. Facilities may also provide supportive assistance to residents receiving habilitation or rehabilitation services.

### Service Planning

Assisted living centers must have a health professional trained in the state's assessment process assess each applicant using a Department-required form. The assessment is used to determine the appropriateness of the individual's placement in the facility and to prepare a care plan in consultation with the individual.

**Residential Care Homes.** *No provisions identified.*

### Third-Party Providers

**Assisted living centers** and/or residents may contract with licensed home health agencies as defined in the facility's description of services. Residents may receive home health care, hospice care, and intermittent, periodic, or recurrent nursing care. Facilities must monitor and ensure the delivery of third-party services.

The resident or resident's representative may privately contract with or arrange for private nursing services under the orders and supervision of the resident's physician. All nursing services must be in accordance with the written orders of the resident's physician.

**Residential Care Homes.** *No provisions identified.*

## Medication Provisions

**Assisted living centers** must provide medication administration, which may only be administered on a physician's order. The employee responsible for administering

medications prepares the dose, observes the swallowing of oral medications, and records the medication. Unlicensed personnel administering medications must complete a training program approved by the relevant state entity. Medications must be reviewed monthly by a registered nurse (RN) or pharmacist, and quarterly by a pharmacist.

The provisions include very detailed provisions regarding the administration of bulk medications, including staff who may dispense from bulk medication containers (e.g., licensed nurse, physician, pharmacist, certified medication aide, or medication aide technician); storage (e.g., maximum container size); and permitted types of bulk medications (e.g., oral analgesics, antacids, and laxatives).

**Residential care homes** may administer medications and assist with self-administration of medications. Self-administration of all medications--prescription and over-the-counter--is permitted only after the resident has been monitored and documentation shows the resident capable of self-administration of medications. Only persons who have completed an approved course in medication administration may administer or monitor medications. Monitoring includes observation of the resident taking the proper medication, in the proper dosage, at the correct time; documenting medication taken; and storing the medication in a safe manner. The RCH staff must conduct at least a monthly documented review of a resident's self-administration program.

## Food Service and Dietary Provisions

**Assisted living centers** provide three daily meals and must use a licensed dietician or qualified nutritionist to develop the center's diet plan and address the needs of residents who require special diets. Staff who prepare food must complete a food service training program offered or approved by the Department.

**Residential care homes** must provide three nutritionally adequate meals per day. Homes with residents requiring special diets prescribed by a physician must contract with a consulting licensed/registered dietician, who must approve all special diet menus.

## Staffing Requirements

### **Assisted Living Center**

**Type of Staff.** An *administrator* is required who is responsible for facility operations. *Nursing staff* must be employed or arranged for to supervise skilled interventions and other nursing services. Facilities must have a *dietary consultant*, *pharmacy consultant*, and *nurse consultant* if there are no nurses on staff. *Direct care staff* provide assistance with personal care and other resident services.

**Staff Ratios.** *No minimum ratios.* Staff must be available based on residents' needs. A minimum of two staff members must be on-duty and awake on all shifts if a facility has a unit or program designed to prevent or limit resident access to areas outside the designated unit or program, one of whom must be on-duty at all times in the restricted egress unit.

### **Residential Care Home**

**Type of Staff.** All homes must have an *administrator* who is responsible for daily operations and a signed, written agreement with a *registered nurse* consultant. Staff must be hired to provide personal care services to residents. All employees must be certified in first-aid and cardiopulmonary resuscitation (CPR).

**Staff Ratios.** RCHs must employ sufficient personnel appropriately qualified and trained to provide the essential services of the home. Homes must have a minimum of 0.75 of an hour of personnel per day per resident based on the average daily census. There must be at least one person in charge of the home and its operation on duty in the home whenever residents are present.

## **Training Requirements**

**Assisted Living Centers.** Administrators must complete 16 hours of continuing education per year. All direct care staff must be trained in first-aid and CPR. Staff working in a specialized unit must be trained to meet residents' needs.

**Residential Care Homes.** New employee orientation must cover the following topics: policies and procedures on abuse and neglect; confidentiality; residents' rights; handling emergencies; and job descriptions. All direct care staff must begin 8 hours of in-service training within 90 days of employment and completed within 12 months of employment. Eight hours of in-service training is required annually thereafter.

Staff responsible for administering or monitoring medications must receive 8 hours of training annually in patient reporting and observation; record-keeping; and such other training that is relevant to the residential care program. Administrators must complete 16 hours of continuing education, not including first-aid and CPR training, per year.

## **Provisions for Apartments and Private Units**

**Assisted Living Centers.** Apartment-style private units are not required. No more than two residents may share a bedroom. No more than four residents may share bathing and toilet facilities.

**Residential Care Homes.** Apartment-style private units are not required. There is no specified limit to the number of residents who may share a bedroom. Toilet facilities

must be provided for every six residents and a tub/shower for every ten residents. Male and female residents may not be housed in the same or adjoining rooms that lack a full floor-to-ceiling partition and lockable door (exceptions for immediate family).

Medicaid requires apartment-style units for waiver program participants, which may be shared by residents' choice.

## Provisions for Serving Persons with Dementia

*No provisions identified apart from those stated in assisted living center staffing and training.*

## Background Checks

*Both types of facilities* must follow the Long-Term Care National Background Check program rules to determine applicants' employment eligibility, including a search of criminal history records and the Oklahoma Department of Human Services Registry for each potential employee who is not a licensed health professional and who will provide, for compensation or as a volunteer, on a full-time or part-time basis, health-related services or assistance to a resident.

## Inspection and Monitoring

***Assisted Living Centers.*** The Department inspects each facility annually.

***Residential Care Homes.*** Before issuing a license, the Department must inspect the home and inform the applicant of any condition that requires correction prior to issuance of a license. Inspections are conducted every 15 months.

## Public Financing

Three Medicaid 1915(c) waiver programs pay for services in assisted living and residential care facilities: (1) the Advantage Program for adults age 65 and older, and age 21-64 with physical disabilities; (2) the Sooner Services Program for persons age 65 and older; and (3) the My Life My Choice Program for adults age 19-64 with physical disabilities. The latter two programs are specifically for Medicaid clients who have transitioned to the community from nursing facilities under the Living Choice/Money Follows the Person demonstration program.

## **Room and Board Policy**

In 2014, room and board charges for Medicaid waiver program participants were limited to 90 percent of the federal Supplemental Security Income (SSI) payment with 10 percent retained as a personal needs allowance.

The state does not provide an SSI payment to residents of assisted living centers and RCHs. Family supplementation is allowed.

## **Location of Licensing, Certification, or Other Requirements**

*Oklahoma Administrative Code*, Title 310, Chapter 663: Continuum of Care and Assisted Living. [July 1, 2008]

<http://www.ok.gov/health2/documents/LTC%20Continuum%20of%20Care%20&%20AL%20Rules.pdf>

*Oklahoma Statutes*, Title 63, Continuum of Care and Assisted Living Act. [November 1, 2013]

<http://www.ok.gov/health2/documents/HRDS%20663%20CC-AL%20Act%201113.pdf>

*Oklahoma Administrative Code*, Title 310, Chapter 680: Residential Care Homes. [July 25, 2010]

<http://www.ok.gov/health2/documents/HRDS-Chapt680%20ResCare.pdf>

*Oklahoma Administrative Code*, Title 317, Chapter 35-17-2: Level of care medical eligibility determination. [June 25, 2012]

<http://www.okdhs.org/library/policy/oac317/035/17/0002000.htm>

Oklahoma State Department of Health website: Long-Term Care National Background Check Program, with links to provider resources. [May 8, 2014]

[http://www.ok.gov/health/Protective\\_Health/Health\\_Resources\\_Development\\_Service/Oklahoma\\_Long\\_Term\\_Care\\_National\\_Background\\_Check\\_Program/](http://www.ok.gov/health/Protective_Health/Health_Resources_Development_Service/Oklahoma_Long_Term_Care_National_Background_Check_Program/)

## **Information Sources**

J. Megan Haddock, Esq.  
Medicaid Services Director  
Department of Human Services Aging Services

# COMPENDIUM OF RESIDENTIAL CARE AND ASSISTED LIVING REGULATIONS AND POLICY: 2015 EDITION

## Files Available for This Report

### FULL REPORT

Executive Summary	<a href="http://aspe.hhs.gov/execsum/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-executive-summary">http://aspe.hhs.gov/execsum/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-executive-summary</a>
HTML	<a href="http://aspe.hhs.gov/basic-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition">http://aspe.hhs.gov/basic-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition</a>
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### SEPARATE STATE PROFILES

[**NOTE:** These profiles are available in the full HTML and PDF versions, as well as each state available as a separate PDF listed below.]

Alabama	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-alabama-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-alabama-profile</a>
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Tennessee	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-tennessee-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-tennessee-profile</a>
Texas	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-texas-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-texas-profile</a>
Utah	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-utah-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-utah-profile</a>
Vermont	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-vermont-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-vermont-profile</a>
Virginia	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-virginia-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-virginia-profile</a>

Washington	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-washington-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-washington-profile</a>
West Virginia	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-west-virginia-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-west-virginia-profile</a>
Wisconsin	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-wisconsin-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-wisconsin-profile</a>
Wyoming	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-wyoming-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-wyoming-profile</a>