

## ALASKA

### Licensure Terms

Assisted Living Homes

### General Approach

The Department of Health and Social Services, Division of Health Care Services, and the Department of Administration each have responsibilities for licensing assisted living homes. Providers may determine the level of care and the services they will offer, but must furnish the state with a list of these services. Assisted living rules apply to all adult foster homes that serve three or more residents.

Assisted living homes may provide care primarily to persons who have a physical disability, who are elderly, or who suffer from dementia, but who are not diagnosed as chronically mentally ill, in which case, they are the responsibility of the Department of Administration; they may also not provide care primarily to persons with a mental or developmental disability; if they do, they are the responsibility of the Department of Health and Social Services.

*Adult Foster Care.* Licensure is not required for adult foster homes that serve one or two persons, but these homes may choose to apply for licensure as an assisted living facility, which allows the home to participate as a Medicaid waiver program service provider.

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

### Definitions

Assisted living home means a facility that provides room and board to three or more residents who are not related to the owner by blood or marriage, or that receives state or federal payment for services regardless of the number of adults served; and that provides, or obtains for its residents, assistance with activities of daily living (ADLs) and other personal assistance. Typical residents include elderly persons and persons with mental health, developmental, or physical disabilities.

## **Resident Agreements**

A contract must be signed prior to move-in and must include information about the following topics: services and accommodations; rates; resident rights, duties, and obligations; policies and procedures for contract termination; amount and purpose of advance payments; and refund policy.

## **Disclosure Provisions**

*No provisions identified.*

## **Admission and Retention Policy**

Residents may not require skilled nursing care for more than 45 consecutive days. Terminally ill residents may remain in the facility if a physician confirms their needs are being met. Some variances that promote aging in place are permitted.

## **Services**

Facilities provide assistance with: (1) ADLs and instrumental activities of daily living; (2) obtaining supportive services (recreational, leisure, transportation, social, and legal); and (3) monitoring. Facilities may provide health-related services, including assistance with self-administration of medications, intermittent nursing services, 24-hour skilled nursing for up to 45 days, and hospice services.

### ***Service Planning***

Within 30 days of admission, each resident must have an assisted living plan that is approved by the resident or their representative. The plan must identify the resident's strengths and weaknesses in performing ADLs; physical disabilities and impairments; preferences for roommates, living environment, food, and recreation; and religious affiliation. The plan must identify how services will be provided by the facility or other agencies, and how health-related needs will be addressed.

Risks must be addressed during the care planning process. The plan must recognize the responsibility and right of the resident or the resident's representative to evaluate and choose, after discussion with all relevant parties, including the facility, the risks associated with each option when making decisions pertaining to the resident's abilities, preferences, and service needs; and must recognize the right of the facility to evaluate and to either consent to or refuse to accept a resident's choice of risks to assume.

The plan must also identify the resident's reasonable wants and how they will be met. If health-related services are provided or arranged, the service plan must be re-evaluated quarterly; if not, an annual re-evaluation is required.

### ***Third-Party Providers***

A resident who needs skilled nursing or hospice care may, with facility consent, arrange for these services to be provided in the assisted living home by a licensed nurse, if that arrangement does not interfere with the services provided to other residents.

## **Medication Provisions**

Aides (assisted living home staff persons) may provide medication reminders, read labels, open containers, observe a resident while taking medication, check a self-administered dosage against the label, reassure the resident that the dosage is correct, and direct/guide the hand of a resident at a resident's request. A registered nurse may delegate medication administration tasks according to the state's nurse delegation statute and rules.

## **Food Service and Dietary Provisions**

Assisted living homes must offer three balanced, nutritious meals and at least one snack daily at consistent times. All food offered must follow the U.S. Department of Agriculture publication, *The Food Guide Pyramid*. Fresh fruits and vegetables should be offered as often as possible. The home must consider each resident's health-related or religious restrictions and cultural or ethnic preferences in food preparation, as well as any preference for smaller portions.

## **Staffing Requirements**

***Type of Staff.*** Facilities must have an *administrator* who is responsible for daily operation and oversight of the home, and *care providers* who meet residents' specific needs.

***Staff Ratios.*** *No minimum ratios.* Facilities must employ the type and number of staff needed to operate the home and develop a staffing plan that is appropriate to provide services required by residents' care plans. A care provider who has cardiopulmonary resuscitation and first-aid training must be on staff.

## Training Requirements

Staff must receive orientation that covers emergency procedures, fire safety, resident rights, universal precautions, resident interaction, house rules, medication management, physical plant layout, and reporting responsibilities. Annually, administrators must receive 18 hours of continuing education, and care providers must receive 12 hours.

## Provisions for Apartments and Private Units

Apartment-style units are not required. Units may be single-occupancy or double-occupancy. Residents must have “reasonable privacy” (*not defined*) when sharing a room. A minimum of one sink, toilet, and shower/bath is required for every six residents.

## Provisions for Serving Persons with Dementia

***Dementia Care Staff and Staff Training.*** No provisions identified.

***Dementia Facility Requirements.*** A facility that provides care for adults with dementia or a cognitive impairment, including adults with a history of wandering or attempting to run away, must have a method to alert staff when someone exits the building. The building must install a 15-second delayed exit door with an alarm at each exit, use a wander alarm system, or use another Department-approved method. If the building owner wants to install a delayed exit door, the municipal fire marshal must give approval.

## Background Checks

No person may be employed who has been convicted of certain crimes specified in the State’s administrative rules, including felonies, domestic violence, indecent exposure, and arson. Administrators and staff must provide: (1) a sworn statement regarding any convictions of the listed crimes; (2) the results of an initial and biennial criminal background check ; and (3) the results of a national fingerprint criminal history check conducted by the Alaska Department of Public Safety, initially and every 6 years.

## Inspection and Monitoring

The Department of Health and Social Services is responsible for screening applicants, issuing licenses, and investigating complaints. An annual monitoring visit or a self-monitoring report filed by the facility is required.

## Public Financing

Two Medicaid 1915(c) waiver programs--Alaskans Living Independently and Adults with Physical and Developmental Disabilities--cover a service called residential supported living in assisted living homes.

### **Room and Board Policy**

In 2011, the monthly federal Supplemental Security Income benefit was \$674 and the state provided an optional state supplement (OSS) of \$100 for residents in an assisted living home.<sup>1</sup>

In 2009, room and board rates were not capped for Medicaid participants, the personal needs allowance (PNA) was \$100, and family supplementation was allowed.<sup>2</sup>

In a limited number of cases, the state covers room and board and some services through its "general relief" program.

## Location of Licensing, Certification, or Other Requirements

*Alaska Administrative Code*, Title 7, Chapter 7: Licensing of Assisted Living Homes.  
<http://dhss.alaska.gov/dhcs/Documents/cl/ALHRegulationsandStatutesEffectiveasof3-7-09.pdf>.

## Information Sources

Dennis Murray  
Alaska State Hospital and Nursing Home Association

Eric Wharton  
Senior and Disabilities Services/Senior Grants Unit  
Department of Health and Social Services

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<sup>1</sup> Social Security Administration. *State Assistance Programs for SSI Recipients*, January 2011.  
[http://www.socialsecurity.gov/policy/docs/progdesc/ssi\\_st\\_asst/2011/ak.html](http://www.socialsecurity.gov/policy/docs/progdesc/ssi_st_asst/2011/ak.html). The amount of the OSS in 2015 was not available online or from other sources.

<sup>2</sup> Mollica, R.L. (2009). *State Medicaid Reimbursement Policies and Practices in Assisted Living*, National Center for Assisted Living, American Health Care Association.  
<http://www.ahcancal.org/ncal/resources/Documents/MedicaidAssistedLivingReport.pdf>. Current information about Medicaid room and board policies, the amount of the PNA, and family supplementation policy was not available online or from other sources.

# 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>
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