MICHIGAN

Licensure Terms

Homes for the Aged, Adult Foster Care

General Approach

The Department of Human Services licenses and regulates homes for the aged and adult foster care (AFC). In general, a home for the aged provides care to persons who are over the age of 60, while an AFC home can provide care to any adult in need of AFC service. All licensed settings must comply with minimum standards (statutes and administrative rules) that establish an acceptable level of care. The term assisted living is used, but it is not recognized in the rules.

Adult Foster Care includes three categories: family homes that serve up to six residents and the licensee resides in the home; small group homes that serve 1-12 residents; and large group homes that serve 13-20 residents. For these last two, the licensee is not required to reside on-site. Regulatory provisions for AFC settings are not included in this profile but a link to the provisions can found at the end.

This profile includes summaries of selected regulatory provisions for homes for the aged. The complete regulations are online at the links provided at the end.

Definitions

Homes for the aged are personal care facilities, other than hotels, AFC homes, hospitals, nursing homes, or county medical care facilities, that provide supervised personal care to 21 or more individuals who are age 60 or older. Homes that are operated in conjunction with and as a distinct part of a licensed nursing home may serve 20 or fewer adults.

Resident Agreements

The resident admission contract must specify the services to be provided; monthly fees and rate increase policies; refund policies; admission and discharge policies; and resident rights and responsibilities.

Disclosure Provisions

Settings that represent to the public that they provide care and services to persons with Alzheimer's disease or other dementias are required to provide prospective residents and/or their representatives with a written description of the following information:

- The program's overall philosophy and mission reflecting the needs of residents with Alzheimer's disease or other dementias.
- Services provided and the type and frequency of activities for residents with Alzheimer's disease or other dementias.
- Additional fees for dementia care services.
- Admission and discharge criteria.
- The assessment and care planning process.
- Staff training and continuing education policies and practices.
- The physical environment and design features appropriate to support the functioning of residents with Alzheimer's disease or other dementias.

Admission and Retention Policy

A licensee may not admit an individual whose needs cannot be met. A resident who needs continuous nursing care may not remain in the home unless the resident is receiving services from a licensed hospice program or home health agency. Residents may be discharged for medical reasons or if a resident has demonstrated behaviors that pose a risk of serious harm to himself or herself or others, unless the home has the capacity to manage the resident's behavior.

Services

Homes for the aged must provide supervised personal care, which means guidance (cuing, prompting, reminding) or assistance with eating, toileting, bathing, grooming, dressing, transferring, mobility, medication management, reminding resident of important activities to be carried out, assisting a resident to keep appointments, supporting a resident's personal and social needs, and being aware of a resident's general whereabouts even if the resident is capable of independent travel about the community.

Service Planning

If an applicant is under a health care professional's care, a written health care statement that describes prescribed treatments and medications must be provided to the facility prior to admission. The home must complete a service plan in cooperation with each resident and/or their representative, if any, that identifies the individual's specific needs for care, services, and activities, taking into account the preferences and competency of the resident. The service plan must be updated annually and following a significant change in health status.

Third-Party Providers

Residents may receive services from a licensed hospice or home health agency.

Medication Provisions

Facilities must provide medication supervision and administration. Supervision means reminding a resident to maintain his/her medication schedule in accordance with the prescription. If direct care workers supervise residents or administer medications, the home must train them in the proper handling and administration of medications. Residents who are capable may self-administer medications.

Food Service and Dietary Provisions

Three daily meals and snacks must be provided, and medical nutrition therapy prescribed by a licensed health care professional. Food must be prepared in accordance with the recommended daily dietary allowances of the Food and Nutrition Board of the National Academy of Sciences' National Research Council.

Staffing Requirements

Type of Staff. The home must have an *administrator* to operate the home. One staff person on each shift must be designated as the shift *resident care supervisor* whose responsibilities include ensuring that residents are treated with kindness and respect, protecting residents from accidents and injuries, and maintaining residents' safety in an emergency. *Direct care staff* provide personal care and supervision and protection of residents.

Staff Ratios. No minimum ratios. The resident care supervisor must be awake and on the premises when on duty. The home must have adequate and sufficient staff on duty at all times, who are trained and capable of providing for resident needs consistent with their service plans.

Training Requirements

The administrator must establish and implement a staff training program based on the home's program statement, the residents' service plans, and employees' needs. Training topics include: reporting requirements and documentation; first-aid; administration of medication; personal care; supervision; residents' rights and responsibilities; safety and fire prevention; containment of infectious disease; and standard precautions. *Requirements for administrator training were not identified*.

Provisions for Apartments and Private Units

Apartment-style units are not required. Resident rooms may be single-occupancy or multiple-occupancy, with no more than four beds in a room. (Homes constructed prior to 1969 may have more than four beds in a room.) A minimum of one toilet and sink is required for every eight resident beds per floor and one bath/shower for every 15 residents.

Provisions for Serving Persons with Dementia

No provisions identified.

Background Checks

A criminal background state and Federal Bureau of Investigation fingerprint check is required. Homes may not employ, independently contract with, or grant clinical privileges to an individual who will regularly have direct access or provides direct services to residents if he or she has been convicted of a felony or misdemeanor, unless 15 years have elapsed since the conviction. In case of a felony, all terms of either parole or probation must also have been satisfied.

Inspection and Monitoring

The Bureau of Children and Adult Licensing conducts annual onsite inspections to determine compliance with state law and licensing rules.

Public Financing

The state covers personal care services provided in homes for the aged through the Medicaid State Plan.

Room and Board Policy

The state provides an optional state supplement (OSS) to Supplemental Security Income (SSI) recipients who reside in a home for the aged and limits room and board charges for Medicaid-eligible residents to the combined SSI and OSS payments minus a personal needs allowance (PNA). In 2009, the monthly room and board payment was \$765.30 (SSI \$674 plus OSS \$135.30 less a PNA of \$44).

Location of Licensing, Certification, or Other Requirements

Bureau of Children and Adult Licensing, Department of Human Services: Licensing Rules for Homes for the Aged.

http://michigan.gov/documents/dhs/BCAL PUB 0337 253632 7.pdf?20140414155325

Bureau of Children and Adult Licensing, Department of Human Services: Licensing Rules for Adult Foster Care Large Group Homes (13-20).

http://michigan.gov/documents/dhs/DHS-BCAL-PUB-334_276575_7.pdf?20140414155325

Bureau of Children and Adult Licensing, Department of Human Services: Licensing Rules for Adult Foster Care Small Group Homes (12 or less).

http://michigan.gov/documents/dhs/BCAL-PUB-0333_241598_7.pdf?20140414155325

Bureau of Children and Adult Licensing, Department of Human Services: Licensing Rules for Adult Foster Care Family Homes.

http://michigan.gov/documents/dhs/BCAL-PUB-0332_281384_7.pdf?20140414155325

Michigan Compiled Laws, Section 333.20178: Alzheimer's care disclosure requirement. https://www.legislature.mi.gov/(S(rp2roazw4jr55s45levpuqfr))/mileg.aspx?page=getObject&objectName=mcl-333-20178

Michigan Compiled Laws, Section 333.20173a. Criminal History Check. http://www.legislature.mi.gov/(S(t50xwhv22fgh0mei4dxzqgrk))/mileg.aspx?page=GetObject&objectname=mcl-333-20173a

Information Sources

Linda Lawther Michigan Center for Assisted Living

¹ 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 OSS, 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

Arizona

Executive Summary http://aspe.hhs.gov/execsum/compendium-residential-care-and-

assisted-living-regulations-and-policy-2015-edition-executive-

summary

HTML http://aspe.hhs.gov/basic-report/compendium-residential-care-and-

assisted-living-regulations-and-policy-2015-edition

PDF http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-

assisted-living-regulations-and-policy-2015-edition

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.]

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