

IDAHO

Licensure Terms

Residential Care/Assisted Living Facilities

General Approach

The Idaho Department of Health and Welfare licenses residential care/assisted living facilities (RCFs/ALFs). The purpose of a RCF/ALF is to provide choice, dignity, and independence to individuals needing assistance with daily activities and personal care. The licensing rules set standards for providing services that maintain a safe and healthy environment.

Adult Foster Care. The Department of Health and Welfare sets standards for certified family homes to provide care to 1-2 adults who are unable to reside on their own and require help with personal care, protection, and security. *Regulatory provisions for certified family homes 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 RCFs/ALFs. The complete regulations are online at the links provided at the end.

Definitions

Residential care/assisted living facility means a residence, however named, operated on either a profit or non-profit basis for the purpose of providing necessary supervision, personal assistance, meals, and lodging to three or more adults not related to the owner.

Resident Agreements

Admission agreements must include information on the following: (1) provided services, including medications; (2) staffing patterns and qualifications; (3) rates for basic and additional services or supplies; (4) management of resident funds; (5) conditions for emergency transfers; and (6) resident's responsibilities.

Disclosure Provisions

No provisions identified.

Admission and Retention Policy

Facilities may not admit or retain residents who require ongoing skilled nursing services or services that are not within the facility's legally licensed authority, for example, care of gastrostomy tubes and certain shunts or catheters inserted within the previous 21 days; continuous total parenteral nutrition or intravenous therapy; physical restraints; tracheotomy care; syringe feeding; and care for Stage III or IV pressure ulcers.

Residents may also not be admitted or retained if they have physical, emotional, or social needs that are not compatible with the facility's other residents, or who are violent or a danger to themselves or others.

Residents who require assistance in ambulation must reside on the first story unless the facility complies with specified fire safety rules.

Services

Facilities must have the capacity and capability to provide needed and appropriate services to all residents. Basic services must include assistance with activities of daily living (ADLs); supervision; first-aid; assistance with and monitoring of medications; emergency interventions; coordination of outside services; and routine housekeeping and laundry.

Service Planning

Facilities must perform a uniform assessment that covers a wide range of areas, including: (1) the level and frequency of ADL support and other services; (2) the need for health services; (3) the level of medication assistance; (4) specific behavioral symptoms and interventions for each behavioral symptom; and (5) physicians' orders. Negotiated service agreements are based on the results of the uniform assessment. Facilities serving residents whose care is funded by the state must use a uniform assessment form provided by the licensing Department.

Third-Party Providers

Residents are permitted to contract for services with third parties.

Medication Provisions

Residents may self-administer medications, receive assistance with self-administration, or have medications administered. Unlicensed staff who successfully complete an assistance with medications course and have been delegated to provide assistance with medications by a licensed nurse, are permitted to assist residents with self-administration of medication. A licensed professional nurse is required to administer medications and to check residents' medication regimens on at least a quarterly basis.

Facilities must use medi-sets or blister packs filled by a pharmacy or licensed nurse. Psychotropic or behavior-modifying medications must not be the first resort to address behavioral issues; the facility must attempt non-drug interventions to assist and redirect the resident's behavior and must monitor the need for and potential side effects of psychotropic medication.

Food Service and Dietary Provisions

Each resident on a therapeutic diet must have an order from a physician or authorized provider. Prior to serving a therapeutic diet, the facility must have a therapeutic diet menu planned or approved, signed, and dated by a registered dietitian. Food selections must include those served in the community and in season, and must take into account residents' food habits and preferences, and their physical abilities. Snacks must be offered between meals and at bedtime.

Staffing Requirements

Type of Staff. Each facility must have one *administrator* to supervise all staff, including contract personnel, unless a variance has been issued allowing the administrator to cover more than one facility. The administrator must be on site for the time required to provide for safe and adequate care to residents. A *licensed nurse* must be available to administer medications and review medication services, and to delegate qualified staff to assist residents with self-administration. Trained *staff* must be available to provide resident services and at least one *direct care staff* with certification in first-aid and cardiopulmonary resuscitation must be in the facility at all times.

Staff Ratios. Facilities licensed for 15 or fewer beds must have at least one or more qualified and trained staff immediately available during resident sleeping hours. If any resident has been assessed as having night needs or is incapable of calling for assistance, staff must be awake. For facilities licensed for 16 or more beds, qualified and trained staff must be awake and immediately available during resident sleeping hours. For facilities with residents housed in detached buildings or units, at least one qualified and trained staff person must be present and available in each building.

Training Requirements

Staff must have a minimum of 16 hours job-related orientation training before they are allowed to provide unsupervised personal assistance to residents, and each employee must receive 8 hours of job-related continuing training per year.

Licensed administrators must receive 12 hours of continuing education each year as approved by the Bureau of Occupational Licenses.

A facility admitting and retaining residents with a diagnosis of developmental disability, mental illness, or traumatic brain injury must train staff to meet these residents' specialized needs. Examples of training topics in the regulations include: (1) overview of illness or disability; (2) symptoms and behaviors; (3) resident's adjustment to the new living environment; (4) behavior management; (5) communication; (6) integration with rehabilitation services; (7) ADLs; (8) promotion of independence; (9) use of adaptive equipment; and (10) stress reduction for facility personnel and residents.

Provisions for Apartments and Private Units

Apartment-style units are not required. A maximum of two residents is allowed per resident unit, unless a facility was licensed prior to July 1, 1991, in which case four residents can be housed per room. One toilet must be provided for every six residents.

Provisions for Serving Persons with Dementia

Dementia Care Staff. No provisions identified.

Dementia Staff Training. If the facility admits or retains residents with a diagnosis of dementia, staff must be trained in the following topics:

- Overview of dementia.
- Symptoms and behaviors of people with memory impairment.
- Communication with people with memory impairment.
- Resident's adjustment to the new living environment.
- Behavior management.
- Stress reduction for facility personnel and residents.

If a resident is admitted with a diagnosis of dementia or if a resident acquires this diagnosis, and staff have not received relevant training, they must be trained within 30 calendar days. In the interim, the facility must meet the resident's needs.

Dementia Facility Requirements. If the facility accepts and retains residents who have cognitive impairment, the facility must provide an interior environment and exterior yard that is secure and safe.

Background Checks

A RCF or ALF must complete a criminal history and background check on employees and contractors who have direct patient access to residents in the RCF or ALF. Criminal history and background checks must, at a minimum, be fingerprint-based and include a search of the following record sources: Federal Bureau of Investigation, National Criminal History Background Check System, Nurse Aide Registry, and other specified state registries.

Inspection and Monitoring

Surveys are conducted within 90 days from initial licensure, followed by a survey within 15 months. Facilities receiving no core issue deficiencies during both the initial and the subsequent survey will then enter the 3-year survey cycle (i.e., surveys are conducted at least every 36 months for those facilities with no core issue deficiencies for two or more consecutive surveys).

For facilities receiving core issue deficiencies during any survey, the Licensing and Survey Agency may conduct surveys as frequently as it determines necessary.

Public Financing

The state pays for personal care provided in RCFs/ALFs through both the Medicaid State Plan Personal Care option and the Medicaid Aged and Disabled 1915(c) Waiver program. State Plan services are available to residents who meet the state's definition of medical necessity, which requires that the resident may need no more than 16 hours of personal care services per week.

Room and Board Policy

The state's suggested room and board limit for Medicaid-eligible residents was \$623 per month in 2014, the personal needs allowance for Medicaid participants living in a RCF/ALF was \$98.

The state provides an optional state supplement (OSS) to recipients of the federal Supplemental Security Income benefit who reside in RCFs/ALFs or certified family homes. In 2014, the OSS ranged from \$319 to \$453.¹

Family supplementation is allowed.

Location of Licensing, Certification, or Other Requirements

Idaho Administrative Code, Idaho Administrative Procedure Act 16, Title 03, Chapter 22: Residential Care or Assisted Living Facilities in Idaho.

<http://adminrules.idaho.gov/rules/current/16/0322.pdf>

Idaho Administrative Code, Idaho Administrative Procedure Act 16, Title 03, Chapter 19: Rules Governing Certified Family Homes.

<http://adminrules.idaho.gov/rules/current/16/0319.pdf>

Information Sources

Robert VandMerwe
Idaho Health Care Association

Susie Choules
Idaho Division of Medicaid
Bureau of Long Term Care

¹ Idaho State Plan Amendment Transmittal Number 14-002.

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

Files Available for This Report

FULL REPORT

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.]

Alabama	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-alabama-profile
Alaska	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-alaska-profile
Arizona	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-arizona-profile
Arkansas	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-arkansas-profile
California	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-california-profile
Colorado	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-colorado-profile
Connecticut	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-connecticut-profile
Delaware	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-delaware-profile
District of Columbia	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-district-columbia-profile
Florida	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-florida-profile

Georgia	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-georgia-profile
Hawaii	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-hawaii-profile
Idaho	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-idaho-profile
Illinois	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-illinois-profile
Indiana	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-indiana-profile
Iowa	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-iowa-profile
Kansas	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-kansas-profile
Kentucky	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-kentucky-profile
Louisiana	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-louisiana-profile
Maine	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-maine-profile
Maryland	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-maryland-profile
Massachusetts	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-massachusetts-profile
Michigan	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-michigan-profile
Minnesota	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-minnesota-profile
Mississippi	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-mississippi-profile
Missouri	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-missouri-profile
Montana	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-montana-profile
Nebraska	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-nebraska-profile
Nevada	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-nevada-profile
New Hampshire	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-new-hampshire-profile
New Jersey	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-new-jersey-profile

New Mexico	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-new-mexico-profile
New York	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-new-york-profile
North Carolina	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-north-carolina-profile
North Dakota	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-north-dakota-profile
Ohio	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-ohio-profile
Oklahoma	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-oklahoma-profile
Oregon	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-oregon-profile
Pennsylvania	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-pennsylvania-profile
Rhode Island	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-rhode-island-profile
South Carolina	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-south-carolina-profile
South Dakota	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-south-dakota-profile
Tennessee	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-tennessee-profile
Texas	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-texas-profile
Utah	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-utah-profile
Vermont	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-vermont-profile
Virginia	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-virginia-profile

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