

KANSAS

Licensure Terms

Adult Care Home, Assisted Living Facility, Residential Health Care Facility

General Approach

The Secretary of Aging and Disability Services licenses a broad range of residential service delivery settings under the term adult care homes (ACHs), including assisted living facilities (ALFs) and residential health care facilities. The regulations differentiate among the many types of ACHs.

Small private residences--called boarding care homes and home plus--are also licensed under the ACH rules. These residences serve up to ten and 12 residents, respectively, who are not related to the operator or owner by blood or marriage. They do not provide the level of services available in assisted living and residential health care facilities. *Regulatory provisions for boarding care home and home plus settings are not included in this profile but a link to the provisions are provided at the end.*

This profile includes summaries of selected regulatory provisions for ALFs and residential health care facilities. The complete regulations can be viewed online using the links provided at the end.

Definitions

Assisted living facility means any place or facility caring for six or more individuals not related to the administrator, operator, or owner by blood or marriage, and who, by choice or because of functional impairments, may need personal care and supervised nursing care. An ALF must provide apartments with kitchens for residents and provide or coordinate a range of services that are available 24 hours a day, 7 days a week to support resident independence.

Residential health care facility means any place or facility, or a contiguous portion of a place or facility, caring for six or more individuals. Resident units are not required to have a kitchen. Residential health care facilities provide the same services that are furnished in ALFs.

Resident Agreements

All facilities must provide residents with a written admission agreement--at or before admission--that describes the providers' general responsibilities, the services provided, and their daily or monthly cost. In addition, an initial negotiated service agreement must be developed at admission, which is based on a resident assessment that describes resident preferences, who provides services, and any recommended services that the resident refuses.

Residents are liable only for the charges disclosed to them, or the residents' legal representative, and documented in a signed admission agreement.

Disclosure Provisions

No provisions identified.

Admission and Retention Policy

No facility may admit or retain individuals with the following conditions unless a negotiated service agreement specifies that services are sufficient to meet their needs:

- Incontinence, when the resident cannot or will not participate in its management.
- Immobility requiring total assistance in exiting the building.
- Any ongoing condition requiring two or more persons to physically assist the resident.
- Any ongoing skilled nursing intervention needed 24 hours a day for an extended period of time.
- Any behavioral symptom that cannot be managed by facility staff.
- Any person whose clinical condition requires the use of physical restraints.

The state does not license or certify dementia care units, but facilities may serve persons with "special needs" if their admission and discharge criteria identify the diagnosis, behavior, or specific clinical needs of the residents to be served. A written physician's order is required for admission, and a medical diagnosis, medical care provider's progress notes, or both may be used to justify admission to the special care section of the facility. Prior to admission, the resident or his/her legal representative must be informed of the services and programs available.

Services

General services include health care services based on an assessment by a licensed nurse, housekeeping, medical, dental, social transportation, planned activities, and other services needed to support residents' health and safety. Health care services provided by or coordinated by a licensed nurse may include personal care, supervised nursing care, and wellness and health monitoring.

Service Planning

Facilities must develop a negotiated service agreement with each resident in collaboration with the resident, the residents' legal representative (if any), family members (if agreed to by the resident), or case manager (if any). The agreement describes the services that will be provided, the service provider, and the parties responsible for payment when services are provided by an outside agency.

The negotiated service agreement is reviewed at least annually or when requested by any of the participating parties and must address services that are refused by the resident, the potential negative consequences of the refusal, and the resident's acceptance of the risks involved.

If the resident requires health care services, a licensed nurse must develop a health care service plan. Health care services include personal care as well as nursing care tasks. The health care service plan must specify the skilled nursing services to be provided and the licensed person or agency providing the services.

Third-Party Providers

If the resident's negotiated service agreement includes outside resources, the facility must provide the resident with a list of providers available to furnish needed services; assist the resident, if requested, in contacting outside resources for services; and monitor the services provided by outside resources and act as an advocate for the resident if services do not meet professional standards of practice.

Medication Provisions

The facility may administer medications or a resident may self-administer medications if a licensed nurse has assessed and determined his or her ability to do so. If the facility is responsible for administering some or all of the resident's medications, a licensed nurse or medication aide must administer and manage the resident's medications. Licensed nurses may delegate nursing procedures not included in the medication aide curriculum to medication aides under the state's Nurse Practice Act, but medication aides may not administer intravenous or subcutaneous medications.

A licensed pharmacist must conduct a medication regimen review at least quarterly for each resident whose medication the facility manages, and each time the resident experiences a significant change in condition. Residents who self-administer must be offered this service. The review covers the following areas, and adverse findings must be communicated to the care provider:

- Lack of clinical indication for use of medication.
- The use of a subtherapeutic dose of any medication.
- Failure of the resident to receive an ordered medication.
- Medications administered in excessive dosages, including duplicate therapy, or in excessive duration.
- Adverse medication reactions and medication interactions.
- Lack of adequate monitoring.

Health care services, including medication administration and personal care assistance, may be provided without charge by the resident's friends or family members.

Food Service and Dietary Provisions

Residents must have input into the selection of food served and the timing of meals. Therapeutic diets are provided if included in the negotiated service agreement, based on instructions from a physician or licensed dietician. Menus must be planned based on *The Dietary Guidelines for Americans*, 4th edition, published by the U.S. Department of Agriculture and the U.S. Department of Health and Human Services. A dietetic services supervisor or licensed dietician must provide scheduled on-site supervision in facilities with 11 or more residents.

Staffing Requirements

Type of Staff. Both types of facilities must have an *administrator*. A full-time *operator* (not required to be a licensed administrator if fewer than 61 residents are in the facility) must be employed by the facility. A *registered nurse* must be available to provide supervision to *licensed practical nurses*.

Staff Ratios. *No minimum ratios.* Both assisted living and residential health care administrators must ensure that a sufficient number of qualified personnel are available to provide each resident with services and care in accordance with his or her functional capacity screening, health care service plan, and negotiated service agreement. Staff must be awake and responsive at all times.

Training Requirements

Facilities must provide orientation to new employees and regular in-service training for all employees. Topics for orientation and in-service training must include the principles of assisted living; fire prevention and safety; disaster procedures; accident prevention; residents' rights; infection control; and the prevention of abuse, neglect, or exploitation of residents. Administrators must complete 50 hours of continuing education every 2 years. Operators do not have any continuing education requirements.

Provisions for Apartments and Private Units

Assisted living facility units are apartments that must have a living area, storage area, full and accessible bathroom, kitchen (with sink, refrigerator, stove or microwave, and space for storage of utensils and supplies), lockable door, and operable window. The regulations do not specify whether these units must be private.

Residential health care facility units are not required to have a kitchen but must have an accessible private bathroom with a bathing facility.

Facilities licensed prior to January 1, 1995, as an intermediate personal care facility, are not required to offer kitchens and private baths.

Provisions for Serving Persons with Dementia

Dementia Care Staff. *No provisions identified.*

Dementia Staff Training. Facilities that admit persons with dementia must provide in-service education for all employees on the treatment of behavioral symptoms.

Dementia Facility Requirements. Exits must be controlled in the least restrictive manner possible.

Background Checks

A criminal background check is required for all facility staff, including contract staff.

Inspection and Monitoring

The authorized agents and representatives of the licensing agency must conduct at least one unannounced inspection of each facility within 15 months of any previous inspection for the purpose of determining whether the facility is complying with

applicable statutes and rules and regulations relating to residents' health and safety. The statewide average interval between inspections must not exceed 12 months.

Public Financing

The state's KanCare program expanded managed care to almost all Medicaid State Plan populations for physical, behavioral, and long-term care services. KanCare also provides managed care authority for the state's concurrent 1915(c) Home and Community-Based Services waivers, creating the first section 1115(a)/1915(c) combination waiver program. KanCare pays for services in an ALF.¹

Room and Board Policy

In 2009, waiver program participants negotiated the room and board rate and the personal needs allowance (PNA) with the facility. Family supplementation was allowed for non-covered services.²

The state does not provide an optional supplement to residents of residential care settings.

Location of Licensing, Certification, or Other Requirements

Kansas Statutes Annotated, Chapter 39: Statutes and Regulations for the Licensure and Operation of Assisted Living and Residential Health Care Facilities.

http://www.aging.ks.gov/PolicyInfo_and_Regs/ACH_Current_Regs/ALF_Regs_Complete.pdf

Kansas Department for Disability and Aging Services website: Adult Care Home Licensure Information, including links to regulations and other information about all types of adult care homes mentioned in this profile.

http://www.aging.ks.gov/AdultCareHomes/ACH_Licensure_index.html

Information Sources

Linda Mowbray
Kansas Health Care Association

¹ It was not possible to determine from online or other sources whether KanCare pays for services in residential health care facilities, boarding care homes, or home plus settings.

² Mollica, R.L. (2009). *State Medicaid Reimbursement Policies and Practices in Assisted Living*, National Center for Assisted Living, American Health Care Association.

<http://www.ahcanal.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.

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Kansas Department for Aging and Disability Services

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

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