

HAWAII

Citation

Assisted living facilities; Hawaii Administrative Rules §11-90-1 et seq.
Adult residential care homes; Hawaii Administrative Rules §11-100-1 et seq.
Extended care adult residential care homes; Hawaii Administrative Rules §11-101-1 et seq.

General Approach and Recent Developments

The licensing agency is planning to develop changes to structural requirements for assisted living facilities. The agency responsible for enforcing building codes has intervened with facilities that meet the R-1 (residential apartment) code. As a result, these facilities must only serve residents who are ambulatory and can evacuate in an emergency. Providers contend enforcement limits their ability to implement other aspects of the regulations supporting aging in place. The agency also worked with providers to develop guidelines for implementing managed risk agreements, disclosure, resident agreements, and transfer/discharge procedures.

One condominium association developed a service plan for owners. Because all the residents participate, it meets the requirements for licensing. A court decision upheld the agency's position requiring a license. A new state law allows individuals who own a condominium unit to receive an assessment and to develop a service plan using outside providers without requiring that the entire project be licensed.

The licensing agency expects to receive approval to establish fees for licensing facilities that would be deposited into a special fund that could be used for training and other activities related to licensing.

Revised rules for adult residential care home and extended care adult residential care homes are pending.

SUPPLY						
Category	2004		2002		2000	
	Facilities	Units	Facilities	Units	Facilities	Units
Adult residential care homes	542	2,882	545	2,882	552	2,866
Assisted living	7	1,008	3	354	0	0

Definition

Assisted living facility means a facility as defined in §321-15.1, HRS. This facility shall consist of a building complex offering dwelling units to individuals and services to allow residents to maintain an independent assisted living lifestyle. The environment of assisted living shall include one in which meals are provided, staff are available on a 24-hour basis, and services are based on the individual needs of each resident. Each

resident, family member, and significant other shall work together with the facility staff to assess what is needed to support the resident in his or her greatest capacity for living independently. The facility shall be designed to maximize the independence and self-esteem of limited-mobility persons who feel that they are no longer able to live on their own.

Assisted living means encouraging and supporting individuals to live independently and receive services and assistance to maintain independence. All individuals have a right to live independently with respect for their privacy and dignity and to live in a setting free from restraints.

Adult residential care home means any facility providing 24-hour living accommodations, for a fee, to adults unrelated to the family, who require at least minimal assistance in ADLs, but who do not need the services of an intermediate care facility. There are two types of homes--Type I homes serve five or fewer residents and Type II serve six or more residents. Adult residential care homes may obtain an extended care license to serve a limited number of residents who meet the nursing home level of care.

Unit Requirements

Assisted living. The rules require apartment units with a bathroom, refrigerator, and cooking capacity, including a sink and a minimum of 220 square feet, not including the bathroom (sink, shower, and toilet). The cooking capacity may be removed or disconnected depending on the needs of the resident. Other requirements include wiring for phone and television, a private accessible mail box, and a call system monitored 24 hours a day by staff.

Adult residential care homes. The current rules for Type II facilities allow four residents to share a room. Single rooms must have 90 square feet and multiple-occupancy rooms 70 square feet per occupant. One toilet is required for every eight residents, one shower for every 14 residents, and one lavatory for every 10 residents.

Admission/Retention Policy

Assisted living facility. Each facility must develop admission policies and procedures that support the principles of dignity and choice. Facilities must also develop discharge policies and procedures that allow a 14-day notice for behavior or needs that exceed the facility's ability to meet, or based on the resident's established pattern of non-compliance. The rules do not specify who may be admitted and retained. Rather, each facility may use its professional judgment and the capacity and expertise of the staff in determining who may be served.

Nursing Home Admission Policy

To qualify for an ICF level, beneficiaries must need intermittent skilled nursing, daily skilled nursing assessment and 24-hour supervision provided by RNs or LPNs. They may also require non-skilled nursing services such as administration of medications, eye drops and ointments, general maintenance care of colostomies or ileostomies, and other services and significant assistance with ADLs.

Services

Assisted living facilities shall provide awake, 24-hour, on-site staff; three dietician approved meals a day; laundry services; opportunities for individual and group socialization; services to assist with ADLs; nursing assessment, health monitoring and routine nursing tasks; housekeeping; medication administration; services for residents with behavior problems (staff support, intervention, and supervision); and recreational and social activities. Facilities must also arrange or provide transportation, ancillary services for medically related care (physician, pharmacist, therapy, podiatry), barber/beauty care, hospice, home health, and other services.

Managed risk agreements may be used by facilities. A separate form is used for the agreement and the provisions are included in the service plan.

Dietary

Facilities provide three meals a day, snacks, and modified diets that have been evaluated and approved by a dietitian on a semiannual basis and are appropriate to the residents' needs and choices.

Agreements

Assisted living facilities. Residents' agreements are required to be available prior to and upon move-in and describe the services provided, rates charged, and the conditions under which additional services or fees may be charged.

Adult residential care homes. Homes without an extended care license may not serve residents needing nursing home care. Type I extended care homes may serve no more than two residents qualifying for nursing home care and Type II homes may serve no more than 10 percent of its residents needing this level of care.

Provisions for Serving People with Dementia

Not specified.

Medication Administration

Assisted living facilities. The rules allow assistance with self-administration and administration of medication as allowed under the Nurse Practice Act. Residents may keep medications in their unit. Medications in units shared by two residents may be kept in a locked container in the unit. Medications administered by the facility must be reviewed at least every 90 days by a registered nurse or physician.

Public Financing

Assisted living was added as a Medicaid waiver service in 2000 for elders and people with disabilities. Assisted living facilities and extended adult residential care homes (E-ARCH) may participate; however, no assisted living facilities have contracted to participate in the program. Participation figures for E-ARCH were not available. The State offers a flat rate of \$58.46 a day for services. Room-and-board charges are limited to \$418 a month. The monthly SSI payment is \$568.90.

Staffing

Assisted living facilities must have licensed nursing staff available 7 days a week to meet care management and monitoring needs of residents.

Adult residential care homes. Licensees must submit a plan showing how they will obtain a registered nurse and case manager. Sufficient staff must be on duty 24-hours a day to meet resident needs.

Training

Assisted living facilities. The *administrator/director* must have 2 years experience in the health and social services field and show evidence of having completed an assisted living facility administrator's course acceptable to the Department.

All *staff* shall be trained in CPR and first aid. The facility shall have written policies and procedures that incorporate the assisted living principles of individuality, independence, dignity, privacy, choice, and home-like environment. In-service education consists of an orientation for all new employees to acquaint them with the philosophy, organization, practice and goals of assisted living; and ongoing in-service training on a regularly scheduled basis (minimum of 6 hours annually).

Adult residential care homes. A registered nurse must train and monitor primary caregivers.

Background Check

Assisted living facilities. Licensure may be denied for convictions in a court of law or substantiated findings of abuse, neglect, or misappropriation of resident funds or property.

Adult residential care homes. All staff, including the licensee, must have no history of confirmed abuse, neglect, or misappropriation of funds.

Monitoring

Assisted living facilities. Facilities are inspected biannually. The agency may suspend, revoke, or refuse to issue a license for violations of regulations. Other enforcement steps include increased monitoring frequency, restrictions, requiring additional training, and monetary fines. The licensing agency holds quarterly meetings with providers to discuss general survey findings and other regulatory issues.

Fees

None. A plan to establish fees is being developed.

STATE RESIDENTIAL CARE AND ASSISTED LIVING POLICY: 2004

Files Available for This Report

Cover, Table of Contents, and Acknowledgments

HTML <http://aspe.hhs.gov/daltcp/reports/2005/04alcom.htm>
PDF <http://aspe.hhs.gov/daltcp/reports/2005/04alcom.pdf>

SECTION 1. Overview of Residential Care and Assisted Living Policy

HTML <http://aspe.hhs.gov/daltcp/reports/2005/04alcom1.htm>
PDF <http://aspe.hhs.gov/daltcp/reports/2005/04alcom1.pdf>

SECTION 2. Comparison of State Policies

HTML <http://aspe.hhs.gov/daltcp/reports/2005/04alcom2.htm>
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SECTION 3. State Summaries (All States)

HTML <http://aspe.hhs.gov/daltcp/reports/2005/04alcom3.htm>
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