

# UTAH

**Citation** Assisted living facilities: R432-270

## General Approach and Recent Developments

The regulations were revised in 2005. The regulations establish assisted living as a place of residence where elderly and disabled persons can receive 24-hour individualized personal and health-related services to help maintain maximum independence, choice, dignity, privacy, and individuality in a home-like environment. The regulations allow facilities who meet new requirements to offer ADC services under the assisted living license and do not require a separate license from the Department of Human Services.

A report card on facilities was prepared and posted on the bureau of licensing's website based on survey findings from 2000-2002. The report card website is being revised. The state's regulations were revised in March 2001. Revisions to the construction rules were effective in March 2002. The state recognizes accreditation by national organizations.

The managed long-term care program that covered assisted living was replaced by a §1915(c) waiver program in 2007.

## Adult Foster Care

AFC is licensed by the Department of Human Services and is defined as the provision of care in homes which are conducive to the physical, social, emotional and mental health of disabled or elderly adults who are temporarily unable to remain in their own homes (R501-17) -- <http://www.rules.utah.gov/publicat/code/r501/r501-17.htm#T3>.

Web Address	Content
<a href="http://health.utah.gov/hflcra/rules/rulepage.php?RULE=R432-270.htm">http://health.utah.gov/hflcra/rules/rulepage.php?RULE=R432-270.htm</a>	Rules
<a href="http://health.utah.gov/hflcra/rules/rulepage.php?RULE=R432-006.htm">http://health.utah.gov/hflcra/rules/rulepage.php?RULE=R432-006.htm</a>	Rules
<a href="http://health.utah.gov/hflcra/facinfo.php">http://health.utah.gov/hflcra/facinfo.php</a>	List, provider

Category	Supply					
	2007		2004		2002	
	Facilities	Units	Facilities	Units	Facilities	Units
Assisted living facilities I	87	1,733	92	1,678	108	1,886
Assisted living facilities II	64	3,523	49	2,808	43	2,460

## **Definition**

*Assisted Living Type I* is a residential facility that provides assistance with ADLs and social care to two or more ambulatory residents who are capable of achieving mobility sufficient to exit the facility without assistance of another person.

*Assisted Living Type II* is a residential facility with a home-like setting that provides an array of coordinated supportive personal and health care services, available 24-hours-a-day, to residents who have been assessed.

Type I and II facilities may be classified as: large facilities (17 or more residents; facilities comply with the I-2 Uniform Building Code); small facilities (6-16 residents; facilities comply with the R-4 code); and limited capacity facilities (2-5 residents; facilities comply with the R-3 code).

## **Philosophy**

The philosophy is contained in requirements for assessment and care planning. Services shall be individualized to maintain capabilities and facilitate using those abilities; create options to enable individuals to exercise control over their lives; provide supports which validate self-worth; maintain areas or spaces which provide privacy; recognize individual needs and preferences, and are flexible in service delivery; and allow residents to choose how they will balance risk and quality of life.

## **Unit Requirements**

*Type I facilities.* Each resident must be provided an individual living unit. Units may be shared upon request. Bedrooms must be at least 100 square feet for single units and 160 square feet for double units. Facilities providing only bedrooms must provide a toilet and lavatory for every six occupants and a bathtub or shower for every ten residents.

*Type II facilities.* Living units include 120 square feet for single occupancy rooms and 299 square feet for double occupancy rooms, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules. A single occupancy unit with additional living space must be 100 square feet and a double occupancy unit 160 square feet. Type II facilities must offer private living units, unless shared by choice. A maximum of two residents may share a unit. If private baths are not part of the unit, at least one toilet and lavatory is required for every four residents and a bathtub or shower for every ten residents.

## **Admission/Retention Policy**

*Type I facilities* may serve residents who are ambulatory or mobile and are capable of taking life saving action in an emergency, have stable health, do not require assistance or require

only limited assistance in ADLs, and require and receive regular or intermittent care or treatment in the facility from a licensed health professional (contract or through the facility). These facilities may serve individuals who do not require significant assistance during sleeping hours, are able to take life saving action in an emergency and do not require significant assistance with more than two ADLs.

*Type II facilities* are intended to enable residents to age in place. Residents may be independent or semi-independent but not dependent. These facilities may serve individuals who require significant assistance in two or more ADLs providing the staff level and health and service needs can be met.

Facilities may not serve anyone who requires in-patient hospital care or long-term nursing care; anyone who is suicidal, assaultive, or a danger to self or others; or anyone with active tuberculosis or another communicable disease that cannot be adequately treated at the facility or on an out-patient basis or that may be transmitted to other residents through a normal course of activities.

## **Nursing Home Admission Policy**

Must document two of the following:

- Due to diagnosed medical conditions, the applicant requires at least substantial physical assistance with ADLs above the level of verbal prompting, supervision, or setting up; or
- The attending physician has determined that the applicant's level of dysfunction in orientation to person, place, or time requires nursing facility care; or equivalent care provided through an alternative Medicaid health care delivery program; or
- The medical condition and intensity of services indicate that the care needs of the applicant cannot be safely met in a less structured setting or without the services and support of an alternative Medicaid health care delivery program.

## **Services**

Facilities must provide personal care, food service, housekeeping, laundry, maintenance, activity programs, medication administration, and assistance with self-administration and must arrange for necessary medical and dental care. A service plan must be developed within seven days of admission. Service plans must meet the unique cognitive, medical, physical, and social needs of residents.

*Type II facilities* provide substantial assistance with ADLs in response to medical conditions above the level of verbal prompting, supervision or coordination, nursing services, activities, and medication administration. Residents must have a service plan that includes specified intermittent nursing services, administration of medications, support services promoting residents' independence, and self-sufficiency. Type II facilities must employ or

contract with a RN to provide or supervise a nursing assessment, general health monitoring, and routine nursing tasks including those that may be delegated. Facilities do not provide skilled nursing care but assist the resident in obtaining it. Skilled tasks are determined by the complexity or specialized nature of the services. They include those tasks that can be safely or effectively performed only by or under close supervision of licensed health care professionals, and care that is needed to prevent deterioration of a condition or to sustain current capacities of the resident.

## **Dietary**

Facilities must be capable of providing three meals a day and snacks. Facilities admitting residents with therapeutic diets must have an approved dietary manual available. Dietary staff must have six hours of training a year.

## **Agreements**

Agreements include: room and board charges and charges for basic and optional services; 30- day notice of change in charges; admission, retention, transfer, discharge, and eviction policies; conditions for termination of the agreement; the name of the responsible party; notice that the state agency has the authority to examine resident records; and refund policy.

## **Provisions for Serving People with Dementia**

Type II facilities may operate secure units and may admit residents with a diagnosis of Alzheimer's/dementia if the resident is able to exit the facility with limited assistance from one person. Residents must have an admission agreement that indicates placement in the secure unit. The admission agreement must document that a Department-approved wander risk management agreement has been negotiated with the resident or resident's responsible person and identify discharge criteria that would initiate a transfer of the resident to a higher LOC than the ALF is able to provide. At least one staff with documented training in Alzheimer's/dementia care must be in the secure unit at all times.

## **Medication Administration**

Facilities are allowed to provide medication administration by licensed staff and assistance with self-medication by unlicensed staff (i.e., opening containers, reading instructions, checking dosage against the label, reassuring the resident that the correct dosage was taken, and reminding residents that a prescription needs to be refilled). Type I ALFs must employ or contract with a RN to provide or delegate medication administration for any resident who is unable to self-medicate or self-direct medication management. Legislation passed in 2006 authorized a medication aide certification pilot project under the Nurse Practice Act. Aides must have worked

2000 hours as a CNA, complete 40 hours of classroom training and 40 hours of practical training.

## Public Financing

In 2007, the state replaced coverage in assisted living from a §1915(a) state plan amendment to a §1915(c) waiver. The “New Choices Waiver” serves individuals with disabilities over age 21 and adults age 65 and older who have been covered by Medicaid in a nursing home for at least 90 days and want to relocate to the community or who receive services in another waiver and are at immediate or near immediate need of admission to a nursing home. The waiver program currently serves 548 people. Providers receive a daily rate of \$69.75. The SSI payment is \$623 a month in 2007 and the room and board payment amount is negotiated between the facility and the participant. Family members may supplement the room and board payment.

Medicaid Participation					
2007		2004		2002	
Facilities	Participants	Facilities	Participants	Facilities	Participants
77	548	NA	380	NA	400

## Staffing

Direct care staff are required on-site 24-hours-a-day to meet resident needs as determined by assessments and service plans. Staff providing personal care in Type II facilities must be CNAs or complete a CNA training program within four months.

## Training

*Administrators.* Requirements vary by the type and size of the facility. Type II facility administrators must complete a national certification program and meet one of the following criteria: experience, licensing, or college degree depending on the size of the facility. Type I facility administrators have an associate’s degree or two years experience in a health care facility.

*Staff.* Orientation shall include job descriptions; ethics, confidentiality, and resident rights; fire and disaster plan; policy and procedures; and reporting responsibility for abuse, neglect, and exploitation. In-service shall be tailored to include all of the following subjects that are relevant to the person’s job:

- Principles of good nutrition, menu planning, food preparation, and storage;
- Principles of good housekeeping and sanitation;
- Principles of providing personal care and social care;
- Proper procedures in assisting residents with medications;

- Recognizing early signs of illness and determining when there is a need for professional help;
- Accident prevention, including safe bath and shower water temperatures;
- Communication skills which enhance resident dignity;
- First aid;
- Residents' rights and reporting requirements; and
- Needs of dementia/Alzheimer's residents.

## **Background Check**

Administrators must be of good moral character with no felony convictions. All direct care staff are screened through background checks which include the Adult Protective Services register. FBI checks are required if a person has not resided in Utah for five years. Chapter 43 of the Acts of 2007 extended access to juvenile criminal records.

## **Monitoring**

Licenses are now issued for a two year period. Facilities are surveyed annually.

## **Fees**

There is a \$100 base fee plus \$18 per bed. Additional fees (\$9 per bed) are charged for changes in the license.

# **RESIDENTIAL CARE AND ASSISTED LIVING COMPENDIUM: 2007**

## Files Available for This Report

REPORT INTRODUCTION (*including Cover, Table of Contents, Acknowledgments, and Acronyms*)

HTML: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom.htm>  
PDF: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom.pdf>

SECTION 1. Overview of Residential Care and Assisted Living Policy

HTML: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom1.htm>  
PDF: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom1.pdf>

SECTION 2. Comparison of State Policies

HTML: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom2.htm>  
PDF: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom2.pdf>

SECTION 3. State Summaries

HTML: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom3.htm>  
PDF: <http://aspe.hhs.gov/daltcp/reports/2007/07alcom3.pdf>

Each state's summary can also be viewed separately at:

Alabama	<a href="http://aspe.hhs.gov/daltcp/reports/2007/07alcomAL.pdf">http://aspe.hhs.gov/daltcp/reports/2007/07alcomAL.pdf</a>
Alaska	<a href="http://aspe.hhs.gov/daltcp/reports/2007/07alcomAK.pdf">http://aspe.hhs.gov/daltcp/reports/2007/07alcomAK.pdf</a>
Arizona	<a href="http://aspe.hhs.gov/daltcp/reports/2007/07alcomAZ.pdf">http://aspe.hhs.gov/daltcp/reports/2007/07alcomAZ.pdf</a>
Arkansas	<a href="http://aspe.hhs.gov/daltcp/reports/2007/07alcomAR.pdf">http://aspe.hhs.gov/daltcp/reports/2007/07alcomAR.pdf</a>
California	<a href="http://aspe.hhs.gov/daltcp/reports/2007/07alcomCA.pdf">http://aspe.hhs.gov/daltcp/reports/2007/07alcomCA.pdf</a>
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