

Vermont

Agency	Department of Disabilities, Aging and Independent Living, Division of Licensing and Protection
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Licensure Term Assisted Living Residences and Residential Care Homes

Definition An assisted living residence is a program or facility that combines housing, health, and supportive services to support resident independence and aging in place. Within a homelike setting, the residence must offer a minimum of a private bedroom, private bath, living space, kitchen capacity, and a lockable door. Assisted living must promote resident self-direction and active participation in decision making while emphasizing individuality, privacy, and dignity.

Residential care homes are divided into two categories depending on the level of care: Level III or Level IV. Both levels must provide room and board, assistance with personal care, general supervision and/or medication management. Level III homes must provide the additional service of nursing oversight. Assisted living residences must meet Level III residential care home licensing requirements, in addition to meeting assisted living residences licensing requirements. Assisted living regulations require private apartments that promote resident self-direction and active participation in decision-making while emphasizing individuality, privacy, and dignity. The following are requirements for assisted living residences.

Special care units that provide specialized services to a specific population must meet residential care home licensing requirements, which are incorporated by reference into the assisted living residences licensing regulations.

Regulatory and Legislative Update The Department of Disabilities, Aging and Independent Living, Division of Licensing and Protection, licenses two settings that provide housing, meals, and supportive services to adults who cannot live independently but do not require the type of care provided in a nursing home: assisted living residences and residential care homes.

There is no recent legislative or regulatory activity that affects assisted living.

Facility Scope of Care A resident needing skilled nursing care may arrange for that care to be provided in the facility by a licensed nurse as long as it does not interfere with other residents.

Limitations of Services

The facility shall not admit any individual who has a serious, acute illness requiring the medical, surgical or nursing care provided by a general or special hospital nor any individual who has the following equipment, treatment or care needs: ventilator, respirator, stage III or IV decubitus ulcer, nasopharyngeal, oral or tracheal suctioning or two-person assistance to transfer from bed or chair or to ambulate.

Facilities may not accept or retain an individual who meets level of care eligibility for nursing home admission, or who otherwise has care needs which exceed what the home can safely and appropriately provide. Residents may be discharged if they pose an immediate threat to themselves that cannot be managed through a negotiated risk agreement or to others, or if their needs cannot be met with available support services and arranged supplemental services.

Move-in Requirements Including Required Disclosures/Notifications

Providers must describe all service plans, rates, and circumstances under which rates might be subject to change. A uniform disclosure form is required and must be available to residents prior to or at admission and to the public upon request. Information required includes:

- (1) The services the assisted living residence will provide;
- (2) The public programs or benefits that the assisted living residence accepts or delivers;
- (3) The policies that affect a resident's ability to remain in the residence;
- (4) If there are specialized programs offered, such as dementia care, a written statement of philosophy and mission and a description of how the assisted living residence can meet the specialized needs of residents; and
- (5) Any physical plant features that vary from those required by regulation.

Resident Assessment Requirements and Frequency

There is a required assessment form: Vermont Residential Care Home/Assisted Living Residence Assessment Tool. This tool is available online. The assessment must be administered by a registered nurse (RN) within 14 days of move-in.

Medication Management

If residents are unable to self-administer medications, they may receive assistance with administration of medications from trained facility staff. Staff may be trained to administer medications by delegation from an RN in accordance with regulations and Vermont's Nurse Practice Act. Assisted living residences must provide medication management under the supervision of a licensed nurse.

Staffing Requirements

A director is responsible for the daily management of the home, including supervision of employees and residences. There must be a sufficient number of qualified personnel available on site at

all times to provide necessary care. There are no staffing ratios. Staff must have access to the administrator and/or designee at all times. At least one personal care assistant must be on site and available 24- hours per day to meet residents scheduled and unscheduled needs. An RN or licensed practical nurse must be on site as necessary to oversee service plans.

Administrator/Director Education and Training Requirements

The manager must have completed a state-approved certification course or have one of the following:

- (1) At least an Associate's degree in the area of human services and two years of administrative experience in adult residential care;
- (2) Three years of general experience in residential care, including one year in management, supervisory, or administrative capacity;
- (3) A current Vermont license as a nurse or nursing home administrator; or
- (4) Other professional qualifications and experience related to the provision of healthcare services or management of healthcare facilities including, but not limited to, that of a licensed or certified social worker.

Directors/administrators must complete 20 hours of continuing education per year in courses related to assisted living principles and the philosophy and care of the elderly and disabled individuals.

Direct Care Staff Education and Training Requirements

All staff providing personal care must be at least 18 years of age. All staff must be oriented to the principles and philosophy of assisted living and receive training on an annual basis regarding the provision of services in accordance with the resident-driven values of assisted living. All staff providing personal care must receive training in the provision of personal care activities (e.g., transferring, toileting, infection control, Alzheimer's, and medication assistance and administration). Staff who have any direct care responsibility must have training in communications skills specific to persons with Alzheimer's disease and other types of dementia.

Staff providing direct care to residents must receive at least 12 hours of training each year. The training must include but is not limited to: resident rights; fire safety and emergency evacuations; resident emergency response; procedures, policies and procedures regarding reports of abuse, neglect or exploitation; respectful and effective resident interaction; infection control measures; and general supervision and care of residents.

All personal care services staff must receive 24 hours of continuing education in courses related to Alzheimer's disease, medication management and administration, behavioral

management, documentation, transfers, infection control, toileting, and bathing.

Quality Requirements

The licensee shall develop a quality improvement program that identifies and addresses quality issues. At a minimum, the licensee shall:

- (a) Have an internal quality improvement committee that shall:
 - (i) consist of the director of the assisted living residence, a registered nurse, at least one other direct care staff member, a resident and other representatives as needed to achieve program objectives;
 - (ii) meet at least quarterly to identify issues with respect to quality improvement, to develop and implement appropriate plans of action and to review and act upon resident satisfaction surveys.
 - (iii) allow residents to have meaningful opportunities to provide input, to discuss grievances and to review plans of action.

Infection Control Requirements

There are no specified infection control requirements detailed.

Emergency Preparedness Requirements

There are no specific requirements for emergency and disaster preparedness detailed.

Life Safety Requirements

Vermont uses the 2006 edition of the National Fire Protection Association Life Safety Code as the basis for fire safety standards for assisted living facilities. The Department of Public Safety administers life safety rules published at <https://firesafety.vermont.gov/buildingcode/codes>.

Requirements vary based on building type. Smoke detector and sprinkler system requirements apply to most facilities. The highest requirements apply to new construction. Effective October 2007 required carbon monoxide detectors must be hard-wired (versus battery-powered).

Medicaid Policy and Reimbursement

Two programs cover assisted living services.

The Assistive Community Care Services Program is a Medicaid state plan service that provides services to eligible residents ages 65 or older or age 18 or older who have a disability and who live in participating Licensed Level III Residential Care Homes or Assisted Living Residences.

Vermont has a Section 1115 waiver, Global Commitment to Health is a Demonstration Waiver, that provides enhanced residential care home services in an approved Level III Residential Care Home or an Assisted Living Residence. All participating individuals have needs that meet Vermont's nursing home level of care guideline and meet long-term care Medicaid requirements.

Choices for Care, which operates under the Global Commitment to Health Waiver, covers long-term services and supports to eligible residents with a nursing home level of care. The Enhanced Residential Care option under Choices for Care provides 24-hour care and supervision in approved licensed Level III Residential Care Homes or Assisted Living Residences. For beneficiaries in the ERC option, the home may also bill Medicaid for Assistive Community Care Services (ACCS) payments as well.

Citations

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