

Washington

Agency	Department of Social and Health Services, Home and Community Living Administration
Contact	Tamara Tredo
E-mail	tamara.tredo@dshs.wa.gov
Web Site	https://www.dshs.wa.gov/altsa

Opening Statement The Washington State Department of Social and Health Services, Home and Community Living Administration, Residential Care Services (DSHS/HCLA/RCS), licenses assisted living facilities (ALFs), which provide room and board and help with activities of daily living (ADLs) to seven or more residents. Exceptions exist for those facilities licensed for three to six residents prior to July 2000. ALFs may contract with HCLA and meet additional contract requirements to provide assisted living services to residents paid for fully or partially by Medicaid. Medicaid contracts vary and include several different service features including specialized dementia care, behavioral health supports, and intermittent nursing services.

Licensure Term Assisted Living Facility

Definition An ALF is any home or institution, however named, that is advertised, announced, or maintained for the express or implied purpose of providing housing, basic services, and assuming general responsibility for the safety and well-being of the residents, and may also provide domiciliary care for seven or more residents after July 1, 2000. However, an ALF that is licensed for three to six residents prior to or on July 1, 2000, may maintain its ALF license as long as it is continually licensed as an ALF. An ALF does not include any facilities certified as group training homes, nor any home, institution, or section thereof which is otherwise licensed and regulated under the provisions of state law providing specifically for the licensing and regulation of a group training home, institution or section thereof. It also does not include independent senior housing, independent living units in continuing care retirement communities, or other similar living situations including those subsidized by the U.S. Department of Housing and Urban Development.

Regulatory and Legislative Update There have been legislative and regulatory changes for assisted living primarily in terminology,

**Move-in Requirements
Including Required
Disclosures/Notifications**

ALFs are required to disclose to interested persons on a standardized form the scope of care and services that they offer, including:

- (1) Activities;
- (2) Food and diets;
- (3) Services related to arranging and coordinating health care services;
- (4) Laundry;
- (5) Housekeeping;
- (6) Level of assistance with ADLs;
- (7) Intermittent nursing services;
- (8) Help with medications;
- (9) Services for persons with dementia, mental illness, and developmental disabilities;
- (10) Transportation services;
- (11) Ancillary services and services related to smoking and pets;
- (12) Any limitation on end-of-life care;
- (13) Payments/charges/costs;
- (14) 'Bed hold' policy;
- (15) Policy on acceptance of Medicaid payments;
- (16) Building's fire protection features; and
- (17) Security services.

Facility Scope of Care

ALFs must provide the following basic services, consistent with the resident's assessed needs and negotiated service agreement:

- (1) Housing;
- (2) Activities;
- (3) Housekeeping;
- (4) Laundry;
- (5) Meals, including nutritious snacks and prescribed general low sodium diets, general diabetic diets, and mechanical soft diets;
- (6) Medication assistance;
- (7) Arranging for health care appointments;
- (8) Coordinating health care services with the ALF's services;
- (9) Monitoring of residents' functional status; and
- (10) Emergency assistance.

ALFs may provide the following optional services:

- (1) Assistance with ADLs;
- (2) Intermittent nursing services;
- (3) Health support services;
- (4) Medication administration;
- (5) Adult day services;
- (6) Care for residents with dementia, mental illness, and developmental disabilities;

- (7) Specialized therapeutic diets; and
- (8) Transportation services.

Limitations of Services

The ALF may admit and retain an individual as a resident only if:

- (1) The ALF can safely, appropriately serve the individual with appropriate available staff who provide the scope of care and services described in the facility's disclosure information and make reasonable accommodations for the resident's changing needs;
- (2) The individual does not require the frequent presence and frequent evaluation of a registered nurse, excluding those individuals who are receiving hospice care or individuals who have a short-term illness that is expected to be resolved within 14 days as long as the ALF has the capacity to meet the individual's identified needs; and
- (3) The individual is ambulatory, unless the ALF is approved by the Washington state director of fire protection to care for semi-ambulatory or non-ambulatory residents.

Resident Assessment Requirements and Frequency

The ALF must ensure a preadmission assessment is conducted before each prospective resident moves in. The preadmission assessment must include specified information unless the information is unavailable. The ALF must complete a full assessment addressing more detailed information within fourteen days of the resident's move-in date, upon changes in condition, and at least annually thereafter.

Medication Management

All ALFs must provide medication assistance services (differentiated from medication administration). Medication assistance may be provided by trained caregivers other than licensed nurses without nursing supervision. Assistance may include reminding or coaching the resident to take medication or handing or opening the medication container to the individual, though the resident must be able to put the medication in his or her mouth or apply or instill the medication. Assistance may also include setting up diabetic devices for self-administration or handing injectable medications to a resident for self-administration. If the resident is physically unable to put the medication in his or her mouth or apply or instill the medication, he or she can accurately direct caregivers to perform this task under the medication assistance regulations.

ALFs have the option to provide medication administration services directly by licensed nurses or by credentialed and trained caregivers via formal registered nurse delegation. Nurses may fill medication organizers for residents under certain conditions.

Residents may self-administer medications, or the ALF may permit

family members to administer/assist with medications to residents. Residents have the right to refuse medications. An ALF may alter the form in which medications are administered under certain conditions. Residents who are assessed as capable have the right to store their own medications. The ALF must ensure that residents are protected from gaining access to other residents' medications.

Staff Scheduling Requirements

ALFs must collect additional assessment information for residents who meet screening criteria for having dementia.

Additionally, an ALF that operates a memory care unit with restricted egress must ensure that residents or a legally authorized representative give consent to living in such units and, for example:

- (1) Make provisions for residents leaving the unit;
- (2) Ensure the unit meets applicable fire codes;
- (3) Make provisions to enable visitors to exit without sounding an alarm;
- (4) Make provisions for an appropriate secured outdoor area for residents; and
- (5) Provide group, individual, and independent activities.

If an ALF serves residents with dementia, the facility must provide specialized training with specific learning outcomes to caregiving staff who work with those residents.

The ALF must have a qualified administrator who is responsible for the overall 24-hour operation of the facility. The ALF must have an adequate number of trained staff to:

- (1) Furnish the services and care needed by each resident consistent with his or her negotiated service agreement;
- (2) Maintain the ALF free of hazards; and
- (3) Implement fire and disaster plans.

Long-term care workers and administrators must have a federal fingerprint-based background check, in addition to a state background check.

Administrator/Director Education and Training Requirements

The administrator must be at least 21 years of age, and have the education, training, and experience outlined in the ALF regulations to qualify as an ALF administrator, including department training on Washington state statutes and administrative rules related to the operation of an ALF. Additionally, ALF administrators or their designees must meet the training requirements of chapter 388-112A WAC, including continuing education.

Direct Care Staff Education and Training

Administrators must have a federal fingerprint-based background check, in addition to a state background check.

Long-term care workers must become either certified nursing assistants or certified home care aides. For those workers becoming certified home care aides, they must complete an orientation and safety program before having routine interaction with residents. The orientation provides basic introductory information appropriate to the residential care setting and population served. They also must complete a basic training class and demonstrate competency in the core knowledge and skills needed in order to provide personal care services effectively and safely. DSHS/HCLA must approve basic training curricula for home care aides. Long-term care workers must complete the basic training for home care aides or complete certified nursing assistant training within 120 days of hire and must become certified within 365 days of hire. Until competency in the basic training or nursing assistant training has been demonstrated, they must have direct supervision when providing hands-on personal care.

Long-term care workers must complete specialty training whenever the ALF serves a resident whose primary special need is assessed as a developmental disability, dementia, or mental illness. The specialty training provides instruction in caregiving skills that meet the needs of individuals with mental illness, dementia, or developmental disabilities.

Certified or registered nursing assistants or home care aide-certified who accept delegated nursing tasks must successfully complete nurse delegation training. If the certified long term care worker will be administering insulin through nurse delegation, he or she must also successfully complete the "Special Focus on Diabetes" course prior to assuming these duties. The registered nurse will continue to meet with the certified long term care worker every other week for the first four weeks of insulin delegation, then transition to every 90 days.

ALF administrators (or their designees) and long-term care workers must complete 12 hours of state-approved continuing education each year by their birthday.

Quality Requirements

An ALF may have a quality assurance (QA) committee. If they choose to have a QA committee, there are requirements as to who must serve on the committee, how often they meet, and what records are kept.

Infection Control Requirements

The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

The assisted living facility must:

- (a) Develop and implement a system to identify and manage infections;
- (b) Restrict a staff person's contact with residents when the staff person has a known communicable disease in the infectious stage that is likely to be spread in the assisted living facility setting or by casual contact;
- (c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;
- (d) Provide all resident care and services according to current acceptable standards for infection control;
- (e) Perform all housekeeping, cleaning, laundry, and management of infectious waste according to current acceptable standards for infection control;
- (f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC.

Emergency Preparedness

ALFs must have a current disaster plan describing measures to take in the event of internal or external disasters and must also include infectious disease outbreaks in their disaster/emergency plans.

The assisted living facility must:

- (a) Maintain the premises free of hazards;
- (b) Maintain any vehicles used for transporting residents in a safe condition;
- (c) Provide, and tell staff persons of a means of emergency access to resident-occupied bedrooms, toilet rooms, bathing rooms, and other rooms;
- (d) Provide emergency lighting or flashlights in all areas accessible to residents of the assisted living facility.
- (e) Make sure first-aid supplies are:
 - (i) Readily available and not locked;
 - (ii) Clearly marked;
 - (iii) Able to be moved to the location where needed; and
 - (iv) Stored in containers that protect them from damage, deterioration, or contamination.
- (f) Make sure first-aid supplies are appropriate for:

- (i) The size of the assisted living facility;
- (ii) The services provided;
- (iii) The residents served; and
- (iv) The response time of emergency medical services.
- (g) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:
 - (i) On-duty staff persons' responsibilities;
 - (ii) Provisions for summoning emergency assistance;
 - (iii) Coordination with first responders regarding plans for evacuating residents from area or building;
 - (iv) Alternative resident accommodations;
 - (v) Provisions for essential resident needs, supplies and equipment including water, food, and medications; and
 - (vi) Emergency communication plan.

Medicaid Policy and Reimbursement

Medicaid covers several different contracts for services provided by licensed, Medicaid-contracted ALFs. Medicaid payments to ALFs are based on the assessed needs of the residents.

The Medicaid contracts include:

- (1) Adult Residential Care, which includes medication assistance, personal care, and limited supervision for residents who need monitoring for safety. Typically this contract includes two unrelated residents sharing a room.
- (2) Assisted Living Services, which includes a private apartment and some type of intermittent nursing care is occasionally provided along with medication administration if the resident needs this level of service, and personal care; and
- (3) The Enhanced Adult Residential Care service package includes services provided under Adult Residential Care with an additional level of services as needed, such as medication administration and intermittent nursing services.
- (4) The Enhanced Adult Residential Care - Specialized Dementia Care Services service package includes all services in the Enhanced Adult Residential Care contract and additional services for a resident with dementia such as behavioral support resources, additional care staff training on dementia-related topics, assistance with eating, awake staff at night, and a more robust activities program.
- (5) Expanded Community Services is an additional layered contract that includes intensive supports for clients experiencing challenging behaviors due to mental illness and/or dementia.

Citations

Washington State Legislature. (n.d.) Revised Code of Washington, Title 18, Chapter 18.20 RCW: Assisted Living Facilities (formerly Boarding Homes).

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Washington Department of Social and Health Services. (n.d.) Aging
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