

Alabama

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| Licensure Term | Assisted Living Facilities and Specialty Care Assisted Living Facilities |
| Opening Statement | The Department of Public Health, Bureau of Health Provider Standards, licenses three categories of assisted living facilities based on the number of residents. Alabama has two types of licensed assisted living facilities for the elderly: standard assisted living facilities and specialty care assisted living facilities for residents with dementia or Alzheimer's symptoms. Each of these is divided into three categories based on number of beds: Family (two or three residents), Group (three to 16 residents), and Congregate (17 or more residents). Specialty care assisted living facilities have additional requirements. |
| Legislative and Regulatory Update | There are no finalized legislative or regulatory updates affecting assisted living. In 2018, the state will make public proposed changes to the regulations for assisted living facilities and specialty care assisted living facilities. In July 2016, the state released a revised initial license application to operate an assisted living facility and change of ownership license application, which can be found at http://www.adph.org/healthcarefacilities/ . The regulations were amended most recently in October 2015 to update the definition of an assisted living facility, and group and family assisted living facilities. |
| Definition | <p>Assisted living facility means an individual, individuals, corporation, partnership, limited partnership, limited liability company or any other entity that provides, or offers to provide, any combination of residence, health supervision, and personal care to three or more individuals who are in need of assistance with activities of daily living (ADL).</p> <p>A specialty care assisted living facility meets the definition of an assisted living facility and is specially licensed and staffed to permit residents with a degree of cognitive impairment that would ordinarily make them ineligible for admission or continued stay in an</p> |

assisted living facility. Both assisted living and specialty care assisted living are sub-classified according to the number of residents:

A family assisted living facility is authorized to care for two or three adults and was licensed prior to the effective date of the state's amendments (10/01/2015). Family assisted living facilities currently licensed may renew their license yearly but if closed for any reason, may not be relicensed as a family assisted living facility. No new license will be granted for assisted living facilities of fewer than three beds after the effective date of the state's amendments (10/01/2015).

Group assisted living facility is authorized to care for three to 16 adults.

Congregate assisted living facility is authorized to care for 17 or more adults.

Disclosure Items

Prior to, or at the time of admission, the resident or the resident's sponsor shall receive at least one copy of an executed financial agreement that contains, among other items: a complete list of the facility's basic charge; a list of services not covered under basic charges and for which additional charges will be billed; and the provisions for termination of the agreement by either party. Additionally, prior to or at the time of admission each resident shall be informed of the resident's rights.

Facility Scope of Care

Assistance with ADLs such as bathing, oral hygiene, and grooming may be provided. A facility must provide general observation and health supervision of each resident to develop awareness of changes in health condition and physical abilities and awareness of the need for medical attention or nursing services.

Third Party Scope of Care

Home health services may be provided by a certified home health agency. Hospice care may be provided by a licensed hospice agency.

Admission and Retention Policy

To be admitted to an assisted living facility, residents may not: require restraints or confinement; require limitations on egress from the facility; or have chronic health conditions requiring extensive nursing care, daily professional observation, or the exercise of professional judgment from facility staff. A resident who requires medical care, requires skilled nursing care, is severely cognitively impaired, or requires any care beyond assistance with ADLs must be discharged.

However, a resident who requires medical care, administration of oral medications, or skilled nursing care for no longer than 90 days, or if a resident has been admitted to a certified and licensed hospice

program because of a condition other than dementia, may remain in the facility by arrangement of such care to be delivered by properly licensed individuals. In these instances the facility is responsible for the delivery of the appropriate care.

Resident Assessment

Each resident must have a medical examination by a physician not more than 30 days prior to entering an assisted living facility and a plan of care developed by the facility in cooperation with the resident and, if appropriate, the sponsor. There is certain information that must be included in the plan of care, but there is no required standard form for the assessment or the plan of care. Each resident shall thereafter be given an annual physical exam.

Two assessments on required forms must be completed for individuals who move into a specialty care assisted living facility: a Physical Self Maintenance Scale and a Behavior Screening Form. Each resident must have a specified score on the Physical Self Maintenance Scale to be able to live in the specialty care assisted living facility.

Medication Management

A resident may either manage, keep, and self-administer his or her own medications or receive assistance with the self-administration of medication by any staff member. Medications managed and kept under the custody and control of the facility shall be unit-dose packaged. A facility may use a licensed nurse to administer medication to a resident who is capable of self-administration. A resident of a specialty care assisted living facility may have medications administered only by an individual who is currently licensed to practice medicine or osteopathy by the Medical Licensure Commission of Alabama, or by an individual who is currently licensed by the Alabama State Board of Nursing as a Registered Professional Nurse (RN) or Licensed Practical Nurse (LPN).

Square Feet Requirements

Private resident units must be a minimum of 80 square feet, and double occupancy resident units must be a minimum of 130 square feet.

Residents Allowed Per Room

A maximum of two residents is allowed per resident unit.

Bathroom Requirements

Bathrooms may be shared and resident rooms may have common toilets, lavatories, and bathing facilities. When shared, there must be at least the following: one bathtub or shower for eight residents; one lavatory for six residents; and one toilet for six residents.

Life Safety

Alabama Code Section 420-5-4-12 describes requirements for complying with the Life Safety Code chapter depending on the size of assisted living facility.

A Family facility is usually set up in an individual's home. The home is reviewed and modified as necessary for compliance with the National Fire Protection Association (NFPA) 101 chapter for One and Two Family Dwellings. By rules, both Group and Congregate facilities are required to comply with the NFPA 101 chapter on Residential Board and Care with residents classified as "impractical to evacuate." Under this evacuation requirement, the Life Safety Code requires each facility to have both a sprinkler system and a supervised fire alarm system. In the Residential Board and Care chapter, a Group facility is required to comply with Small Facility standards. A Congregate facility is referred under Large Facility to the requirements of Limited Care found in the NFPA 101 chapter for Health Care Occupancies.

Unit and Staffing Requirements for Serving Persons with Dementia

Facilities that are not licensed as specialty care facilities may neither admit nor retain residents with severe cognitive impairments and may not advertise themselves as a "Dementia Care Facility," an "Alzheimer's Care Facility," or as specializing in or being competent to care for individuals with dementia or Alzheimer's disease.

Residents must be screened and approved to move into the specialty care facility. The screening must include a clinical history, a mental status examination including an aphasia screening, a geriatric depression screen, a physical functioning screen, and a behavior screen. Additionally, the Physical Self Maintenance Scale and the Behavior Screening Form must be completed and the state has required scores that must be achieved on the Physical Self Maintenance Scale in order for a resident to move in and continue to reside in the facility.

A specialty care assisted living facility shall have at least two staff members on duty twenty-four hours a day, seven days a week. The state specifies minimum staffing ratios based on the number of residents and time of day. Each specialty care assisted living facility shall have a medical director who is a physician currently licensed to practice medicine in Alabama. The medical director is responsible for implementation of resident care policies, and the coordination of medical care in the facility. Each facility shall have at least one registered professional nurse (RN) to assess the residents in the specialty care assisted living facility. There shall be a Unit Coordinator who will manage the daily routine operation of the specialty care assisted living facility.

All staff having contact with residents in assisted living facilities and specialty care dementia units must receive training on specific topics prior to having any resident contact and must have at least six hours

of continuing education annually.

Staffing Requirements

There must be an administrator who is responsible for overall management and the day-to-day operation of the facility. A facility must have personal care staff as needed to provide adequate care and promote orderly operation of the facility. Assisted living facilities that are not specialty care assisted living facilities do not have staffing ratio requirements. An assisted living facility shall be staffed at all times by at least one individual who has a current CPR certification.

Specialty care assisted living must have an administrator, a medical director, at least one RN, and a unit coordinator. Specialty care assisted living must have at least two staff members on duty 24 hours-a-day, seven days a week, and must, at a minimum, meet the staffing ratios specified in regulation.

Administrator Education/Training

Administrators are required to be licensed by the Alabama Board of Examiners of Assisted Living Administrators. To be licensed as an Assisted Living Administrator, an individual must be at least 19 years of age, and have either (1) a high school diploma or GED, and at least two years of experience working fulltime in an administrative and resident or patient care position in an assisted living facility, nursing home, hospital, or residential care setting for the elderly or disabled; or (2) have completed at least two years of college or university coursework and have three months of experience as described above. Administrators must pass a licensure exam and complete a 20-hour classroom training program. There are additional requirements for administrators of Specialty Care Assisted Living Facilities.

Alabama State Board of Health rules require administrators to complete six hours of continuing education per year. The Alabama Board of Examiners of Assisted Living Administrators requires 12 hours of continuing education for licensed administrators of assisted living facilities, and 18 hours of continuing education for licensed administrators of specialty care assisted living facilities.

Staff Education/Training

In an assisted living facility, staff having contact with residents including the administrator must have required initial training and refresher training as needed. The training must cover topics such as, but not limited to: state law and rules on assisted living facilities, identifying and reporting abuse, neglect, and exploitation, as well as the special needs of the elderly, mentally ill, and mentally retarded.

In a specialty care assisted living facility, each staff member must have initial training in the basics and complete the Dementia

Education and Training Series on dealing with dementia and complete at least six hours of continuing education per year.

**Entity Approving
CE Program**

None specified.

**Medicaid Policy and
Reimbursement**

There is no Medicaid waiver program at this time.

Citations

Rules of Alabama State Board of Health, Chapter 420-5-4: Assisted Living Facilities. Alabama Department of Public Health. [October 1, 2015]

<http://www.adph.org/HEALTHCAREFACILITIES/assets/AsstedLivingRules112015.pdf>

Rules of Alabama State Board of Health, Chapter 420-5-20: Specialty Care Assisted Living Facilities. Alabama Department of Public Health. [October 27, 2008]

<http://www.adph.org/HEALTHCAREFACILITIES/assets/SCALFRules.pdf>

Alabama Board of Examiners of Assisted Living Administrators, information on the licensure and regulation of assisted living administrators

<http://www.boeala.alabama.gov/Default.aspx>