

Colorado

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Licensure Term	Assisted Living Residences
Opening Statement	<p>The Department of Public Health and Environment licenses assisted living residences (ALRs). Residences that are certified to receive Medicaid reimbursement, called alternative care facilities, must meet additional requirements. Facilities are eligible for reduced licensing fees if 35 percent or more of the licensed beds are occupied by Medicaid enrollees for at least nine months in a fiscal year.</p>
Legislative and Regulatory Update	<p>Updated medication administration regulations are projected to go into effect July 1, 2017.</p> <p>Colorado is in the process of reviewing and revising requirements for assisted living residences.</p>
Definition	<p>ALRs are residential facilities that make available to three or more adults who are unrelated to the owner, either directly or indirectly through an agreement between the provider and the resident, room and board and at least the following services: personal services; protective oversight; social care due to impaired capacity to live independently; and regular supervision that must be available on a 24-hour basis, but not to the extent that regular 24-hour medical nursing care is required.</p> <p>Another type of assisted living is a residential treatment facility for the mentally ill, which has received program approval from the Department of Human Services and provides treatment for psychiatric needs for no more than 16 mentally ill individuals not related to the licensee.</p>
Disclosure Items	<p>There must be written evidence that the following have been disclosed, upon admission, unless otherwise specified, to the resident or the resident's legal representative, as appropriate: the facility's policies and procedures; the method for determining staffing levels based on resident needs and the extent to which certified or licensed health professionals are available onsite; types of daily activities, including examples of those activities that will be</p>

provided for the residents; whether the facility has automatic fire sprinkler systems; if the facility uses restrictive egress alert devices and the types of behaviors exhibited by persons who need such devices; the onsite availability of first aid certified staff; and the facility policy on CPR and lift assistance. They must also receive a copy of the house rules established by the facility.

Facility Scope of Care

The facility must make available, either directly or indirectly, through a resident agreement the following services sufficient to meet the needs of the residents: a physically safe and sanitary environment; room and board; personal services; protective oversight; and social care. Personal services include assistance with transportation and activities of daily living.

Third Party Scope of Care

A facility may choose to contract with home health agencies for services beyond what it provides. An individual resident also may enter into a contract with an agency for additional services.

Admission and Retention Policy

Only residents whose needs can be met by the facility within its licensure category shall be admitted. The facility's ability to meet resident needs shall be based upon a comprehensive pre-admission assessment of the resident's: physical, health, and social needs; preferences; and capacity for self-care.

A facility shall not admit or keep any resident requiring a level of care or type of service that the facility does not provide or is unable to provide and in no event shall a facility admit or keep a resident who: (1) is consistently uncontrollably incontinent unless the resident or staff is capable of preventing such incontinence from becoming a health hazard; (2) is totally bedridden with limited potential for improvement; (3) needs medical or nursing services on a 24-hour basis; (4) needs restraints; (5) has a communicable disease or infection unless the resident is receiving a medical or drug treatment for the condition and the admission is approved by a physician; or (6) has a substance abuse problem unless it is no longer acute and a physician determines it is manageable.

A facility may keep a resident that becomes bedridden while residing in it if there is documented evidence of the following: (1) an order from a physician describing the services required to meet the resident's health needs (including the frequency of assessment and monitoring by the physician or other licensed medical professionals); (2) ongoing assessment and monitoring by a licensed or certified home health agency or hospice (at least weekly assessment); and (3) adequate staffing by individuals trained in the provision of care to bedridden residents.

Resident Assessment	There is no standard required assessment form. However, the regulations require a comprehensive pre-admission assessment of the residents' physical, health, and social needs, preferences, and capacity for self care.
Medication Management	All personal medication is the property of the resident and no resident shall be required to surrender the right to possess or self-administer any personal medication, except as otherwise specified in the care plan of a resident of a facility that is licensed to provide services specifically for the mentally ill, or if a physician or other authorized medical practitioner has determined that the resident lacks the decisional capacity to possess or administer such medication safely. For residents who are unable to self-administer medications, medications must be given by a qualified medication administration staff member who has passed a competency evaluation. A qualified medication aide is permitted to administer oral, inhalant, topical, vaginal, and rectal medications, but not injections. If donated by a resident or resident's legal representative, a facility may return unused prescription medications that are not controlled substances to a pharmacist in accordance with state laws.
Square Feet Requirements	Private resident units must be a minimum of 100 square feet and double occupancy resident units must provide a minimum of 60 square feet per resident. Bathroom areas shall not be included in the determination of square footage.
Residents Allowed Per Room	A maximum of two residents is allowed per resident unit. In facilities licensed prior to July 1, 1986, up to four residents are allowed per room, until either a substantial remodeling or a change of ownership occurs.
Bathroom Requirements	<p>Shared bathrooms are permitted with at least one full bathroom for every six residents. A full bathroom shall consist of at least the following fixtures: a toilet, hand washing sink, toilet paper dispenser, mirror, tub or shower, and towel rack. However, any facility licensed to provide services specifically for the mentally ill prior to January 1, 1992 may have one bathroom for every eight residents until either a substantial remodeling or a change of ownership occurs.</p> <p>There shall be a bathroom on each floor having resident bedrooms that is accessible without requiring access through an adjacent bedroom. If one or more residents utilizes an auxiliary aid, the facility shall provide at least one full bathroom with fixtures positioned so as to be fully accessible to any resident utilizing an auxiliary aid.</p>
Life Safety	Current life safety-related regulations for Colorado's Assisted Living Residence program became effective May 30, 2004. All new

requests for licensure require compliance with the National Fire Protection Association (NFPA) Life Safety Code, 2003 edition, Chapter 32, New Residential Board and Care Occupancies. The chapter addresses both small facilities (16 beds or less) and large facilities (17 beds or more). Automatic sprinklers and smoke detection are required, per the Life Safety Code, in these facilities. Automatic sprinkler systems utilizing antifreeze are not allowed in new facilities.

Existing facilities are required to meet the 2003 Life Safety Code, Chapter 33, Existing Residential Board and Care Occupancies, or NFPA 101A Guide on Alternative Approaches to Life Safety (2004 edition). Requirements for sprinklers, fire alarm systems, and smoke detection systems are dependent upon a facility's level of evacuation capability.

Unit and Staffing Requirements for Serving Persons with Dementia

Secured units for the purpose of serving residents with Alzheimer's disease are allowed and additional requirements are set forth in the regulations.

A facility that operates a secured environment shall disclose to the resident and the resident's legal representative, if applicable, prior to the resident's admission to the facility, that the facility operates a secured environment. The disclosure shall include information about the types of resident diagnoses or behaviors that the facility serves and for which staff of the secured environment is trained to provide services.

Staffing must be adequate and staff must be trained to meet residents' needs. For those facilities choosing to provide secured care, at least one trained staff member must be in the secured unit at all times.

Staffing Requirements

An ALR must have an administrator who is responsible for the overall operation, and daily administration, management and maintenance of the facility. Staffing must be adequate to meet residents' needs. There are no staffing ratios. In determining staffing, the facility shall give consideration to factors including (but not limited to) services to be provided both under the care plan and the resident agreement. Each facility shall ensure that at least one staff member is present who has specified qualifications and training and is at least 18 years of age.

Administrator Education/Training

Operators must be at least 21 years of age and must meet the minimum educational, training, and experience standards in one of the following ways: completing a Department of Public Health-approved program or having documented previous job-related

experience or education equivalent to successful completion of such program. The department may require additional training to ensure that all the required components of the training curriculum are met. The administrator must have the equivalent of 30 hours of training in 15 required topics and 15 hours of training pertinent to the care needs of the residents served by the facility.

Staff Education/Training

Staff shall be given on-the-job training or have related experience in the job assigned to them. Prior to providing direct care, the facility must provide adequate training on specific needs of the population served (e.g., residents in secured environments, severely and persistently mentally ill, frail elderly, AIDS, Alzheimer's disease, diabetics, dietary restrictions, and bedfast); residents' rights; first aid and injury response and procedures for providing lift assistance; the care and services for the current residents; and the facility's medication administration program. Training must also be provided on emergency plan and evacuation procedures. Within one month of hire, the facility must provide adequate training on assessment skills; infection control; identifying and dealing with difficult situations and behaviors; and health emergency response. There must be one staff member onsite at all times who has current certification in adult first aid that meets the standards of the American Red Cross or American Heart Association.

**Entity Approving
CE Program**

None specified.

**Medicaid Policy and
Reimbursement**

A Medicaid home and community-based services waiver covers services in "alternative care facilities," which are ALRs certified by the Colorado Department of Health Care Policy and Financing to receive Medicaid reimbursement. Facilities are reimbursed for services on a flat rate based on residents' income.

Citations

Code of Colorado Regulations., Title 6, Chapter 7: Assisted Living Residences. [various effective dates between November 1, 2008 and August 14, 2015]
<http://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=6354&fileName=6%20CCR%201011-1%20Chap%2007>

Code of Colorado Regulations, Title 6, Chapter 2: General Licensing Standards. [effective June 1, 2016]
<http://www.sos.state.co.us/CCR/6%20CCR%201011-1%20Chap%2002.pdf?ruleVersionId=6751&fileName=6%20CCR%201011-1%20Chap%2002>

Code of Colorado Regulations, Title 6, Chapter 24: Medication Administration Regulations. [projected effective date July 1, 2017]
<https://drive.google.com/file/d/0ByqZDBabyNVSXVGQ1xZU01Q2M>

/view

Code of Colorado Regulations, Title 6, Chapter 24: Medication Administration Regulations. [projected effective date July 1, 2017]
<https://drive.google.com/file/d/0ByqZDBabyNVSRXVGQi1xZU01Q2M/view>

Colorado Department of Health Care Policy and Financing, Health First Colorado (Medicaid Program): Alternative Care Facilities.
<https://www.colorado.gov/pacific/hcpf/alternative-care-facilities>