

Hawaii

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Licensure Term	Assisted Living Facilities
Opening Statement	The Department of Health, Office of Health Care Assurance (OHCA), licenses assisted living facilities. Assisted living facility regulations have been in effect since August 1999.
Legislative and Regulatory Update	There are no finalized legislative or regulatory updates that affect assisted living. However, a committee comprised of assisted living Administrators with representation from the Healthcare Association of Hawaii is currently conducting a comprehensive review of the current Title 11 Chapter 90 Assisted Living Facilities regulations, as well as a proposed revision to those rules.
Definition	An assisted living facility consists of a building complex offering dwelling units to individuals and services to allow residents to maintain an independent assisted living lifestyle.
Disclosure Items	None specified. However, guidelines have been developed through a work group comprised of providers and the department and have been in use since 2001. The proposed amendments to the Chapter rules will address disclosure.
Facility Scope of Care	The facility must provide: 24-hour on-site direct care staff to meet the needs of the residents; services to assist residents in performing all activities of daily living; three meals daily, seven days a week, including modified diets and snacks which have been approved by a dietician on a semi-annual basis and are appropriate to the residents' needs and choices; laundry services to the extent that the resident is unable to perform these tasks; opportunities for individual and group socialization; household services essential for the health and comfort of the resident; and nursing assessment, health monitoring, and routine nursing tasks. The facility must also have the capability to provide or arrange access to the following services: transportation for medical and social appointments; ancillary services for medically related care, barber or beauty care services, social or recreational opportunities, or other services necessary to support the resident; services for residents who have

behavior problems, social work services; and maintenance of a personal fund account for residents.

Third Party Scope of Care

The facility may arrange access to ancillary services for medically related care (e.g., physician, podiatrist) and social work services.

Admission and Retention Policy

There are no specific limitations on the admission of residents unless otherwise indicated by restrictions placed through the County Building Department review and/or as determined by the ability of the facility to meet the resident's needs. A resident must receive a written 14-day notice of discharge if his or her behavior imposes an imminent danger to him/herself or others, if the facility cannot meet the resident's needs for services, or if the resident or responsible person has a documented established pattern in the facility of not abiding by agreements necessary for assisted living. Residents shall receive a written notice when the facility has had its license revoked, not renewed, or voluntarily surrendered or for nonpayment of charges by the resident. Guidelines have been developed through a work group of providers and the department, and have been in use since 2001. The proposed amendments to the Chapter rules will address these requirements.

Resident Assessment

There is no specific resident assessment form required. However, the facility staff must conduct a comprehensive assessment of each resident's needs, plan and implement responsive services, maintain and update resident records as needed, and periodically update the plan. The plan should include the resident's level of involvement; support principles of dignity, privacy, choice, individuality, independence, and a home-like environment; and should include significant others who participate in the delivery of services. Guidelines have been developed by a work group comprised of providers and the department, and have been in use since 2001. The proposed amendments to the Chapter rules will address these requirements.

Medication Management

The facility must have medication management policies related to self-medication and the administration of medication. Facilities may provide assistance with self-administration of medications and unlicensed assistive personnel may provide this assistance as delegated by a registered nurse (RN) under state administrative rules Title 16, Chapter 89 Nurses and the National Council of State Boards of Nurses Inc. (NCSBN) Nursing Model Act. An RN, registered pharmacist, or physician must review all residents' medications at least every 90 days.

Square Feet Requirements

Facilities must provide each resident with an apartment unit with the following: a bathroom, refrigerator, and cooking capacity, including a sink; a unit that is a minimum of 220 square feet, not including the

	bathroom.
Residents Allowed Per Room	None specified.
Bathroom Requirements	Each resident unit shall have a separate bathroom with a sink, shower, and toilet.
Life Safety	Facilities must meet requirements set forth by state and county building occupancy and fire codes, as per the International Building Code and the National Fire Protection Association, respectively. The level of compliance for fire rating is determined by both the number of residents occupying a facility and whether residents are ambulatory, self preserving, or wheelchair bound. All counties are currently adopting International Building Code standards, and county fire authorities are reviewing their respective fire codes in an effort to be consistent.
Unit and Staffing Requirements for Serving Persons with Dementia	None specified.
Staffing Requirements	Facilities must employ direct care staff and an administrator who is accountable for providing training for all facility staff in the provision of services and principles of assisted living. There are no required staffing ratios. All staff must be trained in cardiopulmonary resuscitation and first-aid. Licensed nursing staff must be available seven days a week to meet the care management and monitoring needs of the residents. Facilities must make arrangements for an RN to conduct resident assessments and to train and supervise staff.
Administrator Education/Training	The administrator or director must have at least two years of experience in a management capacity in the housing, health care services, or personal care industries. The completion of an assisted living facility administrator's course or course equivalent is required.
Staff Education/Training	All facility staff must complete orientation on the philosophy, organization, practice and goals of assisted living. Additionally, a minimum of six hours annually of regularly scheduled in-service training is required, and all staff must be trained in CPR and first aid. Beginning July 1, 2017, licensed registered nurses and licensed practical nurses must complete continuing competency requirements as defined by the Hawaii State Board of Nursing prior to the renewal of their license.
Entity Approving CE Program	The Hawaii State Department of Commerce and Consumer Affairs, Board of Nursing approves whether the criteria for the continuing competency requirements have been met; they do not approve

nursing contact hours/CEs.

Medicaid Policy and Reimbursement

Hawaii has a Medicaid Home and Community Based Services waiver program through the Hawaii 1115 Demonstration Waiver Program called QUEST Integration. This is a managed care program that provides opportunity for those assisted living facilities that have entered into an agreement with Hawaii's Department of Human Services to be reimbursed for services provided to a Medicaid eligible resident.

Citations

Hawaii Administrative Rules, Title 11, Chapter 90: Assisted Living Facility

<http://health.hawaii.gov/opppd/files/2015/06/11-90.pdf>

Hawaii Administrative Rules, Title 16, Chapter 89: Nurses

<http://www.hawaii-center-for-nursing.org/>

Med-QUEST Division

<http://www.med-quest.us/>