

Missouri

		Phone
Agency	Department of Health and Senior Services, Division of Regulation and Licensure, Section for Long-Term Care Regulation	(573) 526-8524
Contact	Carmen Grover-Slattery (Regulation unit manager)	(573) 526-8570
E-mail	Carmen.Grover-Slattery@health.mo.gov	
Web Site	health.mo.gov/safety/index.php	

Licensure Term Assisted Living Facilities and Residential Care Facilities

Opening Statement The Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Section for Long-Term Care Regulation, licenses assisted living and residential care facilities (RCFs). One set of rules govern both settings, however some provisions differ for the two facility types. The primary difference between assisted living and RCFs is that assisted living facilities (ALFs) may admit and retain individuals who require a higher level of assistance to evacuate the building than can RCFs, whose residents must be able to evacuate without assistance. In addition, ALFs must adhere to social model of care principles and have a physician available to supervise care.

Legislative and Regulatory Update There are no recent legislative or regulatory updates affecting assisted living or residential care facilities.

Definition ALF: Any premise, other than a RCF, intermediate care facility, or skilled nursing facility, that is utilized by its owner, operator, or manager to provide 24-hour care and services and protective oversight to three or more residents who are provided with shelter, board, and who may need and are provided with the following:

- (1) Assistance with any activities of daily living (ADLs) and any instrumental activities of daily living (IADLs);
- (2) Storage, distribution, or administration of medications; and
- (3) Supervision of health care under the direction of a licensed physician provided that such services are consistent with a social model of care.

ALFs do not include facilities where all of the residents are related within the fourth degree of consanguinity or affinity to the owner, operator, or manager of the facility.

RCF: Any premise, other than an ALF, intermediate care facility, or skilled nursing facility, which is utilized by its owner, operator, or manager to provide 24-hour care to three or more residents, who are not related within the fourth degree of consanguinity or affinity to the owner, operator, or manager of the facility and who need or are provided with shelter, board, and protective oversight. Services may include storage and distribution or administration of medications and care during short-term illness or recuperation. Residents are required to be physically and mentally capable of negotiating a path to safety unassisted or with the use of assistive devices.

Disclosure Items

For both ALFs and RCFs, at the time of admission the facility is required to disclose information regarding the services the facility is able to provide or coordinate and the cost of services. Also, the facility is required to provide statements of resident rights, a copy of any facility policies that relate to resident conduct and responsibilities, and information concerning community-based services available in the state. Facilities that provide care to residents with Alzheimer's disease or other dementias by means of an Alzheimer's special care unit or program are required to disclose the form of care or treatment.

ALFs and RCFs are also required to disclose grounds for transfer/discharge.

Facility Scope of Care

ALF: Must provide 24-hour care and protective oversight including but not limited to: assistance with ADLs and IADLs, medication management, dietary services, activities, and food sanitation. The regulations specify additional requirements for ALFs that admit or retain individuals needing more than minimal assistance due to having a physical, cognitive, or other impairment that prevents the individual from safely evacuating the facility.

RCF: Must provide 24-hour care, shelter, board, and protective oversight including but not limited to: assistance with storage, distribution, and/or administration of medications; dietary services; and food sanitation. The facility can provide care to residents during a short-term illness or recuperation period.

Third Party Scope of Care

Facilities may obtain services from third party providers that are necessary to meet residents' needs. Each resident shall be allowed the option of purchasing or renting goods or services not included in the per diem or monthly rate from a supplier of his or her own choice, provided the quality of goods or services meets the reasonable standards of the facility.

Admission and Retention Policy

ALF: The following conditions would prevent admission into a facility:

- (1) Exhibiting behaviors that present a reasonable likelihood of serious harm to self and/or others;
- (2) Requiring a restraint (physical or chemical);
- (3) Requiring skilled nursing care;
- (4) Requiring more than one person to provide physical assistance (excluding bathing and transferring);
- (5) Being bed-bound; and
- (6) Being under 16 years of age.

Residents on hospice who require skilled nursing care, require more than one person to provide physical assistance, or are bed-bound may continue to reside in the facility provided the resident, his or her legally authorized representative or designee, or both, and the facility, physician, and licensed hospice provider all agree that such program of care is appropriate for the resident. Residents experiencing short periods of incapacity due to illness or injury or recuperation from surgery may be allowed to remain or be readmitted from a hospital if the period of incapacity does not exceed 45 days and written approval of a physician is obtained.

An ALF cannot admit any individual, including someone on hospice, who: has exhibited behaviors that present a reasonable likelihood of serious harm to himself or herself or others; requires a physical or chemical restraint; requires skilled nursing placement; requires more than one person to physically assist with ADLs with the exception of bathing and transferring; or is bed bound or immobilized due to a debilitating/chronic condition.

The following conditions would permit a transfer/discharge from an ALF:

- (1) The resident's needs cannot be met in the facility;
- (2) The resident no longer needs the services provided by the facility;
- (3) The health and/or safety of other residents in the facility is

endangered;

(4) After appropriate notice and reasonable efforts by the facility, the resident has not paid for his/her stay; or

(5) The facility ceases to operate.

Before an ALF can transfer/discharge a resident it is required to give the resident a 30-day notice. If the health and/or safety of the resident and other residents in the facility are endangered, the resident may qualify for an emergency transfer/discharge. Facilities are required to record and document in detail the reason for a 30-day and/or emergency transfer /discharge.

RCF: The facility shall not admit residents whose needs cannot be met or those under 16 years of age. Residents must be able to negotiate a normal path to safety unassisted or with the use of assistive devices within five minutes of being alerted of the need to evacuate. Residents suffering from short periods of incapacity due to illness, injury, or recuperation from surgery may be allowed to remain or be readmitted from a hospital if the period of incapacity does not exceed 45 days and written approval of a physician is obtained.

The following conditions would permit a transfer/discharge from an RCF:

(1) The resident's needs cannot be met in the facility;

(2) The resident no longer needs the services provided by the facility;

(3) The health and/or safety of other residents in the facility is endangered;

(4) After appropriate notice and reasonable efforts the resident has not paid for his/her stay; or

(5) The facility ceases to operate.

Before RCFs can transfer/discharge a resident they are required to give the resident a 30-day notice. If the health and/or safety of the resident and other residents in the facility are endangered, the resident may qualify for an emergency transfer/discharge. Facilities are required to record and document in detail the reason for a 30-day and/or emergency transfer/discharge.

Resident Assessment

ALF: Prior to admission the facility must complete a pre-move-in screening. Within five calendar days after admission an appropriately trained and qualified individual will conduct a community-based assessment. Also, within ten days after admission the resident must have an admission physical examination. The examination must be performed by a licensed physician with documentation of the resident's current medical status and any special orders or procedures that should be followed. The community-based assessment shall be reviewed whenever there is a significant change in the resident's condition and at least semiannually. Facilities must use the community-based assessment form provided by the department or another assessment form if approved in advance by the department.

RCF: Residents admitted to the facility shall have an admission physical examination no later than ten days after admission. The examination must be performed by a licensed physician with documentation of the resident's current medical status and any special orders or procedures that should be followed. The facility must perform a monthly resident review or more frequently, if indicated, of the following:

- (1) The resident's general medical condition and needs;
- (2) Review of medication consumption of any resident controlling his/her own medication;
- (3) Daily record of medication administration;
- (4) Logging of medication regimen review process;
- (5) Monthly weight;
- (6) Record of each referral for services from an outside service provider;
- (7) Record of any resident incidents including behaviors that present a reasonable likelihood of serious harm to himself or herself or others; and
- (8) Record of accidents that potentially could result in injury or did result in injuries involving the resident.

Medication Management

ALF: A pharmacist or registered nurse must review the medication regimen of each resident every other month. At a minimum, staff who administer medications must be a Level I Medication Aide

(LIMA). Facilities are required to have a safe and effective system of medication control and use.

RCF: In an RCF I, a pharmacist or registered nurse (RN) must review the medication regimen of each resident every three months. In an RCF II, a pharmacist or RN must review the medication regimen of each resident every other month. At a minimum, staff who administer medications must be a LIMA. Facilities are required to have a safe and effective system of medication control and use.

Square Feet Requirements

For both ALFs and RCFs, resident units must provide a minimum of 70 square feet per resident.

Residents Allowed Per Room

For both ALFs and RCFs, the maximum number of beds/residents allowed is four per unit.

Bathroom Requirements

For both ALFs and RCFs, at least one tub or shower must be provided for every 20 residents or major fraction of 20, and separate bathing facilities must be provided if there are more than 20 residents. ALFs and RCFs must provide one toilet and lavatory for every six residents or major fraction of six.

Life Safety

Where applicable, the National Fire Protection Association (NFPA) codes and standards are cited in rule with regard to the minimum fire safety standards for ALFs and RCFs. The fire safety regulations for ALFs and RCFs include but are not limited to: notifying and submitting a report if there is a fire in the facility or premises; right of inspection of any portion of a building that is not two-hour separated; ensuring no part of a building presents a fire hazard; maintaining exterior premises to provide for fire safety; visual or tactile alarm systems for hearing impaired; no storage of combustibles under stairways; fire extinguishers; range hood extinguishing systems; fire drills; fire safety training; exits, stairways, and fire escapes; exit signs; complete fire alarm system installed in accordance with NFPA 1010, Section 18.3.4, 2000 Edition; protection from hazards; sprinkler systems; emergency lighting; interior finish and furnishing; smoking standards; trash and rubbish disposal; and standards for designated separated areas.

ALFs and RCFs licensed on or after August 28, 2007 or any section of a facility in which a major renovation has been completed on or after August 28, 2007, shall install and maintain a complete sprinkler system in accordance with NFPA 13, 1999 edition. Facilities that have an approved sprinkler system installed prior to August 28, 2007 shall continue to meet all laws, rules, and regulations for testing, inspection, and maintenance of the sprinkler system.

In 2012, the new fire safety regulations require written emergency

**Unit and Staffing
Requirements for
Serving Persons
with Dementia**

preparedness plans to meet potential emergencies or disasters and provide an up-to-date copy of the facility's entire plan to the local jurisdiction's emergency management director. In addition, requirements for oxygen storage must be in accordance with NFPA 99, 1999 Edition.

The Department of Health and Senior Services, Division of Regulation and Licensure-Section for Long Term Care Regulation or the Missouri State Fire Marshal's office will conduct the annual fire safety inspection of any ALF or RCF that is licensed.

Any facility with an Alzheimer's special care unit is required to provide a document with information on selecting an Alzheimer's special care unit to any person seeking information about or placement in such a unit.

For both ALFs and RCFs, during the admission disclosure, a facility must explain how care in the Alzheimer's special care unit or program is different from the rest of the facility and if the services are appropriate. The disclosure must include the following:

- (1) A written statement of its overall philosophy and mission reflecting the needs of residents afflicted with dementia;
- (2) The process and criteria for placement in, and transfer or discharge from, the unit or program;
- (3) The process used for assessment and establishment of the plan of care and its implementation, including the method by which the plan of care evolves and is responsive to changes in condition;
- (4) Staff training and continuing education practices;
- (5) The physical environment and design features appropriate to support the functioning of cognitively impaired adult residents;
- (6) The types and frequency of resident activities;
- (7) The involvement of families and the availability of family support programs;
- (8) The costs of care and any additional fees; and
- (9) Safety and security measures.

For both ALFs and RCFs, staff who provide direct care to any resident

having Alzheimer's disease or related dementias must have at least three hours of dementia-specific orientation training. One hour of dementia-specific orientation training is required for staff who do not provide direct care but may have daily contact with residents. All dementia-specific training must be incorporated into each facility's new employee orientation and ongoing in-service training. For all employees involved in the care of persons with dementia, dementia-specific training shall be incorporated into ongoing in-service curricula.

ALFs which provide services to residents with a physical, cognitive, or other impairment that prevents the individual from safely evacuating the facility with minimal assistance are required to have an adequate number and type of personnel for the proper care of residents and upkeep of the facility. At a minimum, the staffing pattern for fire safety and care of residents shall be one staff person for every 15 residents or major fraction of 15 during the day shift, one person for every 15 residents or major fraction of 15 during the evening shift, and one person for every 20 residents or major fraction of 20 during the night shift.

Staffing Requirements

ALF: Must designate an administrator licensed by the MO Board of Nursing Home Administrators to be in charge of the facility. ALFs must have an adequate number and type of personnel for the proper care of residents, the residents' social well being, protective oversight of residents, and upkeep of the facility. At a minimum, the staffing pattern for fire safety and care of residents shall be one staff person for every 15 residents or major fraction of 15 during the day shift, one person for every 20 residents or major fraction of 20 during the evening shift, and one person for every 25 residents or major fraction of 25 during the night shift. If the ALF admits/retains residents that require more than minimal assistance at a minimum, the staffing pattern for fire safety and care of residents shall be one staff person for every 15 residents or major fraction of 15 during the day shift, one person for every 15 residents or major fraction of 15 during the evening shift, and one person for every 20 residents or major fraction of 20 during the night shift. Meeting the minimal staffing requirements may not meet the needs of residents as outlined in the residents' assessment and individualized service plan or individual evacuation plan.

Additionally, facilities must have a licensed nurse employed by the ALF to work at least eight hours per week for every 30 residents or additional major fraction of 30.

RCF: An RCF I must designate an administrator to be in charge of the

facility. An RCF II must designate an administrator licensed by the MO Board of Nursing Home Administrators. RCFs must provide an adequate number and type of personnel on duty at all times for the proper care of residents and upkeep of the facility. In an RCF I, at a minimum, one employee shall be on duty for every 40 residents to provide protective oversight to residents and for fire safety. In an RCF II, at a minimum, the staffing pattern for fire safety and care of residents shall be one staff person for every 15 residents or major fraction of 15 during the day shift, one person for every 20 residents or major fraction of 20 during the evening shift, and one person for every 25 residents or major fraction of 25 during the night shift. Additionally, an RCF I must have a licensed nurse employed by the facility to work at least eight hours per week for every 30 residents. An RCF II's must have a licensed nurse employed by the facility to work at least eight hours per week for every 30 residents or additional major fraction of 30.

Administrator Education/Training

ALFs and RCF IIs must have an administrator licensed by the Board of Nursing Home Administrators. The administrator may hold either a nursing home administrator license or residential care and assisted living (RCAL) license. An RCAL administrator cannot serve as an administrator for an intermediate care facility or skilled nursing facility. ALF and RCF II administrators are required to have 40 hours of approved training every two years.

An RCF I can have a manager who is fully authorized and empowered to make decisions regarding the operation of the facility. A manager must either be currently licensed as a nursing home administrator, or have successfully completed the state-approved LIMA course, be at least 21 years of age, have no convictions of an offense involving the operation of a long term care facility, and attend at least one continuing education workshop within each calendar year. In an RCF I, the manager must attend at least one continuing education workshop within each calendar year given by or approved by the department.

Staff Education/Training

ALF: Prior to or on the first day that a new employee works in a facility, he/she shall receive orientation of at least two hours appropriate to job function and responsibilities. The orientation shall include but not be limited to: job responsibilities, emergency response procedures, infection control, confidentiality of resident information, preservation of resident dignity, information regarding what constitutes abuse/neglect and how to report abuse/neglect, information regarding the Employee Disqualification List, instruction regarding the rights of residents and protection of property, instruction regarding working with residents with mental illness,

instruction regarding person-centered care and the concept of a social model of care, and techniques that are effective in enhancing resident choice and control over his/her own environment. Also, staff are required to have a minimum of two hours of initial training on the appropriate ways to transfer a resident care within the facility (e.g., wheelchair to bed, bed to dining room chair).

RCF: Prior to or on the first day that a new employee works in a facility, he/she shall receive orientation of at least one hour appropriate to job function. The orientation shall include but not be limited to: job responsibilities, emergency response procedures, infection control, confidentiality of resident information, preservation of resident dignity, information regarding what constitutes abuse/neglect and how to report abuse/neglect, information regarding the Employee Disqualification List, instruction regarding the rights of residents and protection of property, and instruction regarding working with residents with mental illness.

For both ACF and RCF I, any facility with residents that have Alzheimer's disease or related dementia shall provide orientation training as follows:

1. For employees providing direct care to such persons, the orientation training shall include at least three hours of training including at a minimum an overview of mentally confused residents such as those having Alzheimer's disease and related dementias, communicating with persons with dementia, behavior management, promoting independence in ADLs, techniques for creating a safe, secure and socially oriented environment, provision of structure, stability and a sense of routine for residents based on their needs, and understanding and dealing with family issues;
2. For other employees who do not provide direct care for, but may have daily contact with, such persons, the orientation training shall include at least one hour of training including at a minimum an overview of mentally confused residents such as those having dementias as well as communicating with persons with dementia; and
3. For all employees involved in the care of persons with dementia, dementia-specific training shall be incorporated into ongoing in-service curricula.

RCF IIs do not have a required number of hours for training.

For RCF IIs, there is required training for employees involved in the

delivery of care to persons with Alzheimer's disease or related dementias who are employed by the RCF, or independent contractors providing direct care to persons with Alzheimer's disease or related dementias. Such training shall be incorporated into new employee orientation and ongoing in-service curricula for all employees involved in the care of persons with dementia as follows:

1. For employees providing direct care to persons with Alzheimer's disease or related dementias, the training shall include an overview of Alzheimer's disease and related dementias, communicating with persons with dementia, behavior management, promoting independence in activities of daily living, and understanding and dealing with family issues; and

2. For other employees who do not provide direct care for, but may have daily contact with, persons with Alzheimer's disease or related dementias, the training shall include an overview of dementias and communicating with persons with dementia.

ALFs and RCFs are required to ensure that specified fire safety training is provided to all employees.

**Entity Approving
CE Program**

Continuing education credits for ALF and RCF II administrators are approved by the Board of Nursing Home Administrators. An approving agency is not specified for the continuing education requirements for a level one RCF manager.

**Medicaid Policy and
Reimbursement**

The state pays for the provision of personal care services in assisted living and RCFs under the Medicaid State Plan Personal Care authority. The program provides support to residents whose personal care needs exceed those that the facility is typically able to provide. The state does not cover services in either facility type under a Medicaid waiver program, except for attendant care services provided in RCFs under an AIDS waiver.

Citations

Code of State Regulations, Title 19, Division 30, Chapter 86: Licensure and Regulation of Residential Care Facilities and Assisted Living Facilities. [September 30, 2012]
<http://s1.sos.mo.gov/cmsimages/adrules/csr/current/19csr/19c30-86.pdf>

Missouri Revised Statutes, Title XL, Chapter 192.2000: Division of Aging created-dementia-specific training requirements established. Transferred 2014; formerly 660.050
<http://revisor.mo.gov/main/OneSection.aspx?section=192.2000&bid=9844&hl=>

Missouri Department of Social Services. MO HealthNet Division.
<http://dss.mo.gov/mhd/>