

Vermont

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| Licensure Term | Assisted Living Residences and Residential Care Homes |
| Opening Statement | <p>The Department of Disabilities, Aging and Independent Living, Division of Licensing and Protection, licenses two settings that provide housing, meals, and supportive services to adults who cannot live independently but do not require the type of care provided in a nursing home: assisted living residences and residential care homes. Residential care homes are divided into two categories depending on the level of care--Level III or Level IV. Both levels must provide room and board, assistance with personal care, general supervision and/or medication management. Level III homes must provide the additional service of nursing overview. Assisted living residences must meet Level III residential care home licensing requirements, in addition to meeting assisted living residences licensing requirements. Assisted living regulations require private apartments that promote resident self-direction and active participation in decision-making while emphasizing individuality, privacy, and dignity. The following are requirements for assisted living residences.</p> <p>Special care units that provide specialized services to a specific population must meet residential care home licensing requirements, which are incorporated by reference into the assisted living residences licensing regulations.</p> |
| Legislative and Regulatory Update | There is no recent legislative or regulatory activity that affects assisted living. Regulations for assisted living were adopted in March 2003. |
| Definition | An assisted living residence is a program that combines housing, health, and supportive services to support resident independence and aging in place. Within a homelike setting, the residence must offer a minimum of a private bedroom, private bath, living space, kitchen capacity, and a lockable door. Assisted living must promote resident self-direction and active participation in decision making |

while emphasizing individuality, privacy, and dignity.

Disclosure Items

Providers must describe all service plans, rates, and circumstances under which rates might be subject to change. A uniform disclosure form is required and must be available to residents prior to or at admission and to the public upon request. Information required includes:

- (1) The services the assisted living residence will provide;
- (2) The public programs or benefits that the assisted living residence accepts or delivers;
- (3) The policies that affect a resident's ability to remain in the residence;
- (4) If there are specialized programs offered, such as dementia care, a written statement of philosophy and mission and a description of how the assisted living residence can meet the specialized needs of residents; and
- (5) Any physical plant features that vary from those required by regulation.

Facility Scope of Care

The facility must provide services such as, but not limited to:

- (1) 24-hour staff supervision to meet emergencies, and scheduled and unscheduled needs;
- (2) Assistance with all personal care activities and instrumental activities of daily living;
- (3) Nursing assessment, health monitoring, routine nursing tasks, and intermittent skilled nursing services;
- (4) Appropriate supervision and services for residents with dementia or related issues requiring ongoing staff support and supervision; and
- (5) Medication management, administration, and assistance.

A resident needing skilled nursing care may arrange for that care to be provided in the facility by a licensed nurse as long as it does not interfere with other residents.

Third Party Scope of Care

Facilities must provide access or coordinate access to ancillary services for medical-related care, regular maintenance of assistive

devices and equipment, barber/beauty services, social/recreational opportunities, hospice, home health, and other services necessary to support the resident.

Residents may arrange for third-party services not available through the assisted living residence from a provider of their choice.

Admission and Retention Policy

Facilities may not accept or retain an individual who meets level of care eligibility for nursing home admission, or who otherwise has care needs which exceed what the home can safely and appropriately provide. Residents may be discharged if they pose an immediate threat to themselves that cannot be managed through a negotiated risk agreement or to others, or if their needs cannot be met with available support services and arranged supplemental services.

Resident Assessment

There is a required assessment form: Vermont Residential Care Home/Assisted Living Residence Assessment Tool. This tool is available online. Assessment must be done by a registered nurse (RN) within 14 days of move-in.

Medication Management

If residents are unable to self-administer medications, they may receive assistance with administration of medications from trained facility staff. Staff may be trained to administer medications by delegation from an RN in accordance with regulations and Vermont's Nurse Practice Act. Assisted living residences must provide medication management under the supervision of a licensed nurse.

Square Feet Requirements

Private resident units must be a minimum of 225 square feet (160 in pre-existing structures), excluding bathrooms and closets. Each resident unit shall include a private bedroom, private bathroom, living space, kitchen capacity, adequate space for storage, and a lockable door.

The licensing agency may grant variances for pre-existing structures in specified instances.

Residents Allowed Per Room

All resident units must be private occupancy unless a resident voluntarily chooses to share the unit.

Bathroom Requirements

All resident units must have a private bathroom.

Life Safety

Vermont uses the 2006 edition of the National Fire Protection Association Life Safety Code as the basis for fire safety standards for assisted living facilities. The Department of Public Safety administers life safety rules published at <http://www.dps.state.vt.us/fire/06firecodeADOPTEDJune15092.pdf>. Requirements vary based on building type. Smoke detector and

sprinkler system requirements apply to most facilities. The highest requirements apply to new construction. Effective October 2007, required carbon monoxide detectors must be hard-wired (versus battery-powered).

Unit and Staffing Requirements for Serving Persons with Dementia

Special care units must meet requirements of the Residential Care Home Licensing Regulations at 5.6 (incorporated by reference into the Assisted Living Licensing Regulations). A residence must obtain approval from the licensing agency prior to establishing and operating a special care unit. Approval is based on demonstration that the unit will provide specialized services to a specific population.

Staff who have any direct care responsibility shall have training in communication skills specific to persons with Alzheimer's disease and other types of dementia.

Staffing Requirements

A director is responsible for the daily management of the home, including supervision of employees and residences. There must be a sufficient number of qualified personnel available on site at all times to provide necessary care. There are no staffing ratios. Staff must have access to the administrator and/or designee at all times. At least one personal care assistant must be on site and available 24-hours per day to meet residents' scheduled and unscheduled needs. An RN or licensed practical nurse must be on site as necessary to oversee service plans.

Administrator Education/Training

The manager must have completed a state-approved certification course or have one of the following:

- (1) At least an associate's degree in the area of human services and two years of administrative experience in adult residential care;
- (2) Three years of general experience in residential care, including one year in management, supervisory, or administrative capacity;
- (3) A current Vermont license as a nurse or nursing home administrator; or
- (4) Other professional qualifications and experience related to the provision of healthcare services or management of healthcare facilities including, but not limited to, that of a licensed or certified social worker.

Directors/administrators must complete 20 hours of continuing education per year in courses related to assisted living principles and the philosophy and care of the elderly and disabled individuals.

Staff Education/Training

All staff providing personal care must be at least 18 years of age. All staff must be oriented to the principles and philosophy of assisted living and receive training on an annual basis regarding the provision of services in accordance with the resident-driven values of assisted living. All staff providing personal care must receive training in the provision of personal care activities (e.g., transferring, toileting, infection control, Alzheimer's, and medication assistance and administration). Staff who have any direct care responsibility must have training in communications skills specific to persons with Alzheimer's disease and other types of dementia.

Staff providing direct care to residents must receive at least 12 hours of training each year. The training must include, but is not limited to: resident rights; fire safety and emergency evacuations; resident emergency response; procedures, policies and procedures regarding reports of abuse, neglect or exploitation; respectful and effective resident interaction; infection control measures; and general supervision and care of residents.

All personal care services staff must receive 24 hours of continuing education in courses related to Alzheimer's disease, medication management and administration, behavioral management, documentation, transfers, infection control, toileting, and bathing.

Entity Approving CE Program

The licensing agency approves continuing education hours as part of the annual survey process.

Medicaid Policy and Reimbursement

Two programs cover assisted living services. The Assistive Community Care Services Program is a Medicaid state plan service that pays for services for individuals who do not need a nursing home level of care. Any resident who qualifies for the setting and is enrolled in Medicaid is eligible.

Vermont has an 1115 waiver for an enhanced residential care service that provides funding for services to persons at the "highest" classification of need as an entitlement, and to as many persons at the "high" need classification as funds permit. The program began in October 2005. All participating individuals have needs that meet Vermont's nursing home level of care guideline and meet long-term care Medicaid requirements.

Citations

Division of Licensing and Protection, Department of Disabilities, Aging and Independent Living website: Care Facility Regulations with links to the Assisted Living Residence and Residential Care Home licensing regulations in PDF format.
<http://dlp.vermont.gov/survey-cert/facility-regs>

Department of Disabilities, Aging and Independent Living, Adult Services Division: Choices for Care Program (1115 Medicaid Long Term Care Waiver).

<http://asd.vermont.gov/services/choices-for-care-program>

Department of Disabilities, Aging and Independent Living, Adult Services Division: Enhanced Residential Care.

<http://asd.vermont.gov/services/residential-options>