

# Washington

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**Licensure Term** Assisted Living Facility

**Opening Statement** The Washington State Department of Social and Health Services, Aging and Long-Term Support Administration (DSHS/ALTSa), licenses assisted living facilities (ALFs), which provide room and board and help with activities of daily living (ADLs) to seven or more residents. Exceptions exist for those facilities licensed for three to six residents prior to July 2000. ALFs may contract with ALTSa and meet additional contract requirements to provide assisted living services to residents paid for fully or partially by DSHS. Medicaid covers three levels of services provided by licensed ALFs that contract with Medicaid.

**Legislative and Regulatory Update** There are no finalized recent legislative or regulatory updates affecting assisted living licensing.

The definition of ADLs was updated to include assistance with medications.

The state has proposed several new or updated rules for assisted living facilities that would affect management agreements, definitions of restraint and abuse pursuant to SSB 5600, physical plant requirements, criminal history/background checks, training and requirements associated with tuberculosis. These rule changes are currently "open" and should be finalized in 2018. ALF regulations were last updated in 2012.

**Definition** An ALF is any home or institution, however named, that is advertised, announced, or maintained for the express or implied purpose of providing housing, basic services, and assuming general responsibility for the safety and well-being of the residents, and may also provide domiciliary care for seven or more residents after July 1, 2000. However, an ALF that is licensed for three to six residents prior to or on July 1, 2000, may maintain its ALF license as long as it is continually licensed as an ALF. An ALF does not include any

facilities certified as group training homes, nor any home, institution or section thereof which is otherwise licensed and regulated under the provisions of state law providing specifically for the licensing and regulation of a group training home, institution or section thereof. It also does not include independent senior housing, independent living units in continuing care retirement communities, or other similar living situations including those subsidized by the U.S. Department of Housing and Urban Development.

**Disclosure Items**

ALFs are required to disclose to interested persons on a standardized form the scope of care and services that they offer, including:

- (1) Activities;
- (2) Food and diets;
- (3) Services related to arranging and coordinating health care services;
- (4) Laundry;
- (5) Housekeeping;
- (6) Level of assistance with ADLs;
- (7) Intermittent nursing services;
- (8) Help with medications;
- (9) Services for persons with dementia, mental illness, and developmental disabilities;
- (10) Transportation services;
- (11) Ancillary services and services related to smoking and pets;
- (12) Any limitation on end-of-life care;
- (13) Payments/charges/costs;
- (14) 'Bed hold' policy;
- (15) Policy on acceptance of Medicaid payments;
- (16) Building's fire protection features; and

**Facility Scope of Care**

(17) Security services.

ALFs must provide the following basic services, consistent with the resident's assessed needs and negotiated service agreement:

(1) Housing;

(2) Activities;

(3) Housekeeping;

(4) Laundry;

(5) Meals, including nutritious snacks and prescribed general low sodium diets, general diabetic diets, and mechanical soft diets;

(6) Medication assistance;

(7) Arranging for health care appointments;

(8) Coordinating health care services with the ALF's services;

(9) Monitoring of residents' functional status; and

(10) Emergency assistance.

ALFs may provide the following optional services:

(1) Assistance with ADLs;

(2) Intermittent nursing services;

(3) Health support services;

(4) Medication administration;

(5) Adult day services;

(6) Care for residents with dementia, mental illness, and developmental disabilities;

(7) Specialized therapeutic diets; and

(8) Transportation services.

<b>Third Party Scope of Care</b>	The ALF must allow a resident to arrange to receive on-site care and services from licensed health care practitioners and licensed home health, hospice, or home care agencies, if the resident chooses to do so. The ALF may permit the resident to independently arrange for other persons to provide on-site care and services to the resident.
<b>Admission and Retention Policy</b>	<p>The ALF may admit and retain an individual as a resident only if:</p> <p>(1) The ALF can safely, appropriately serve the individual with appropriate available staff who provide the scope of care and services described in the facility's disclosure information and make reasonable accommodations for the resident's changing needs;</p> <p>(2) The individual does not require the frequent presence and frequent evaluation of a registered nurse, excluding those individuals who are receiving hospice care or individuals who have a short-term illness that is expected to be resolved within 14 days as long as the ALF has the capacity to meet the individual's identified needs; and</p> <p>(3) The individual is ambulatory, unless the ALF is approved by the Washington state director of fire protection to care for semiambulatory or nonambulatory residents.</p>
<b>Resident Assessment</b>	The ALF must ensure a preadmission assessment is conducted before each prospective resident moves in. The preadmission assessment must include specified information, unless the information is unavailable. The ALF must complete a full assessment addressing more detailed information within fourteen days of the resident's move-in date.
<b>Medication Management</b>	<p>All ALFs must provide medication assistance services (differentiated from medication administration). Medication assistance may be provided by staff other than licensed nurses without nursing supervision. Assistance may include reminding or coaching the resident to take medication, or handing or opening the medication container to the individual, though the resident must be able to put the medication in his or her mouth or apply or instill the medication.</p> <p>ALFs have the option to provide medication administration services directly through licensed nurses or through formal nurse delegation. Nurses may fill medication organizers for residents under certain conditions.</p> <p>Residents may self-administer medications or the ALF may permit family members to administer/assist with medications to residents.</p>

Residents have the right to refuse medications.

Residents who have physical disabilities may accurately direct others to administer medications to them.

An ALF may alter the form in which medications are administered under certain conditions.

Residents who are assessed as capable have the right to store their own medications. The ALF must ensure that residents are protected from gaining access to other residents' medications.

### **Square Feet Requirements**

Resident rooms must be a minimum of 80 square feet for a single occupancy room and shared resident units must provide a minimum of 70 square feet per resident. ALFs receiving Medicaid funding under an assisted living contract with the state must provide a private room with a kitchen area and private bathroom. The room must be a minimum of 220 square feet, excluding the bathroom. ALFs with other contracts with DSHS/ALTSA must meet the licensing requirements for room size.

### **Residents Allowed Per Room**

A maximum of four residents is allowed per resident unit for ALFs licensed before July 1, 1989. For ALFs licensed after this date, a maximum of two residents is allowed per unit. Under an assisted living services contract with DSHS/ALTSA, only one resident per room is allowed unless the resident requests to share the room with another person, such as his or her spouse.

### **Bathroom Requirements**

When providing common-use toilet rooms and bathrooms, one toilet and one sink are required for every eight residents and one bath/shower is required for every 12 residents. A private bathroom is required for all residents served under an assisted living contract with DSHS/ALTSA.

### **Life Safety**

All facilities or portions of facilities proposed for licensure as an ALF that initially submit construction review documents after July 1, 2005 are required to be protected by an automatic fire sprinkler system. All facilities or portions of facilities proposed for licensure as an ALF are required to be equipped with smoke detectors in each sleeping room, outside each sleeping room, and on each level. The primary power source for these detection systems must be the building wiring system with battery backup. When these new facilities are to be licensed for more than 16 residents, then they are required to be provided with an approved manual and automatic fire alarm system complying with National Fire Protection Association 72.

All ALFs first issued a project number by construction review services on or after Sept. 1, 2004 must provide emergency lighting in all areas of the facility. ALFs constructed prior to 2004 are required to have emergency lighting or flashlights in all areas of the facility.

ALFs also must have a current disaster plan describing measures to take in the event of internal or external disasters.

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

ALFs must collect additional assessment information for residents who meet screening criteria for having dementia. Additionally, an ALF that operates a dementia care unit with restricted egress must ensure that residents or a legally authorized representative give consent to living in such units and, for example:

- (1) Make provisions for residents leaving the unit;
- (2) Ensure the unit meets applicable fire codes;
- (3) Make provisions to enable visitors to exit without sounding an alarm;
- (4) Make provisions for an appropriate secured outdoor area for residents; and
- (5) Provide group, individual, and independent activities.

If an ALF serves residents with dementia, the facility must provide specialized training with specific learning outcomes to staff who work with those residents.

### **Staffing Requirements**

The ALF must have a qualified administrator who is responsible for the overall 24-hour operation of the facility. The ALF must have adequate trained staff to:

- (1) Furnish the services and care needed by each resident consistent with his or her negotiated service agreement;
- (2) Maintain the ALF free of hazards; and
- (3) Implement fire and disaster plans.

Long-term care workers hired after Jan. 7, 2012 must have a federal fingerprint-based background check, in addition to a state background check.

### **Administrator Education/Training**

The administrator must be at least 21 years of age, and have the education, training, and experience outlined in the ALF regulations

to qualify as an ALF administrator. Additionally, ALF administrators must meet the training requirements of chapter 388-112A WAC, including continuing education and department training on Washington state statutes and administrative rules related to the operation of an ALF.

### **Staff Education/Training**

Long-term care workers must complete an orientation and safety program before having routine interaction with residents. The orientation provides basic introductory information appropriate to the residential care setting and population served. They also must complete a basic training class and demonstrate competency in the core knowledge and skills needed in order to provide personal care services effectively and safely. DSHS/ALTSA must approve basic training curricula. Long-term care workers must complete the basic training within 120 days of hire. Until competency in the basic training has been demonstrated, they must have direct supervision when providing hands-on personal care.

Long-term care workers must complete specialty training whenever the ALF serves a resident whose primary special need is assessed as a developmental disability, dementia, or mental illness. The specialty training provides instruction in caregiving skills that meet the needs of individuals with mental illness, dementia, or developmental disabilities.

Certified or registered nursing assistants or home care aide-certified (HCA-C) who accept delegated nursing tasks must complete nurse delegation training. If the nursing assistant will be administering insulin through nurse delegation, he or she must complete the "Special Focus on Diabetes" course and successfully pass an exam with a score of 90 percent prior to assuming these duties. The nurse will continue to meet with the nursing assistant once a week for the first four weeks of delegation.

ALF administrators (or their designees) and long-term care workers must complete 12 hours of continuing education each year by their birthday.

### **Entity Approving CE Program**

Effective July 1, 2012, DSHS must pre-approve all continuing education courses and instructors.

### **Medicaid Policy and Reimbursement**

Medicaid covers three levels of services provided by licensed ALFs that contract with Medicaid in Washington. The state Medicaid plan covers Adult Residential Care, which includes medication reminders, personal care, and limited supervision for residents who need monitoring for safety. Additionally, the Residential Support 1915(c) waiver program covers two package options: (1) Assisted Living

Services, which includes a private apartment and some type of nursing care is occasionally provided along with help for medication administration and personal care; and (2) Enhanced Adult Residential Care that includes services provided under Adult Residential Care with an additional level of services as needed, such as medication administration or care for residents with dementia. Medicaid payments to ALFs are based on the assessed needs of the residents.

The legislature passed and the Governor signed a bill for a new Medicaid Reimbursement system for Assisted Living. The new system is data driven and acuity based. SHB 2515 went into effect on June 7, 2018, and requires that DSHS establish a Medicaid payment methodology for ALFs.

## Citations

Revised Code of Washington, Title 18, Chapter 18.20 RCW: Assisted Living Facilities (Formerly Boarding Homes). [June 7, 2012]  
<http://apps.leg.wa.gov/rcw/default.aspx?cite=18.20>

Washington Administrative Code, Title 388, Chapter 388-76 WAC: Adult Family Home Minimum Licensing Requirements. [December 7, 2016]  
<http://apps.leg.wa.gov/WAC/default.aspx?cite=388-76>

Washington Administrative Code, Title 246, Chapter 246-888 WAC: Medication Assistance [September 1, 2004].  
<http://app.leg.wa.gov/WAC/default.aspx?cite=246-888&full=true>

Washington Administrative Code, Title 388, Chapter 388-78A WAC: Assisted Living Facility Licensing Rules. [February 9, 2016]  
<http://app.leg.wa.gov/WAC/default.aspx?cite=388-78A>

Department of Social and Health Services, Aging and Long-Term Support Administration. Medicaid: Long-Term Care Housing Options.  
<https://www.dshs.wa.gov/altsa/home-and-community-services/medicaid>

Department of Social and Health Services, Aging and Long-Term Support Administration. Information for Assisted Living Facility Professionals.  
<https://www.dshs.wa.gov/altsa/residential-care-services/information-assisted-living-facility-professionals>

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