

Alabama

Agency Department of Public Health, Bureau of Health Provider Standards

Contact

E-mail

Phone

Website <http://www.alabamapublichealth.gov/providerstandards/index.html>

Licensure Term Assisted Living Facilities and Specialty Care Assisted Living Facilities

Definition Assisted living facility means an individual, individuals, corporation, partnership, limited partnership, limited liability company or any other entity that provides, or offers to provide, any combination of residence, health supervision, and personal care to three or more individuals who need assistance with activities of daily living (ADLs).

A specialty care assisted living facility meets the definition of an assisted living facility and is specially licensed and staffed to permit it to care for residents with a degree of cognitive impairment that would ordinarily make them ineligible for admission or continued stay in an assisted living facility.

Both assisted living and specialty care assisted living are sub-classified according to the number of residents. A family assisted living facility is authorized to care for two or three adults and was licensed prior to October 1, 2015. Family assisted living facilities currently licensed may renew their license yearly, but if closed for any reason, may not be relicensed as a family assisted living facility. This category exists only for assisted living facilities, not specialty care assisted living.

Group assisted living facility is authorized to care for three to 16 adults.

Congregate assisted living facility is authorized to care for 17 or more adults.

Regulatory and Legislative Update

The Department of Public Health, Bureau of Health Provider Standards, licenses three categories of assisted living facilities based on the number of residents. Alabama has two types of licensed assisted living facilities for the elderly: standard assisted living facilities and specialty care assisted living facilities for residents with dementia or Alzheimer's symptoms. Each of these is divided into three categories based on number of beds: Family (two or three residents), Group (three to 16 residents), and Congregate (17 or more residents). Specialty care assisted living

facilities have additional requirements.

There have been no recent regulatory or legislative updates this last legislative session.

Facility Scope of Care

Assistance with ADLs such as bathing, oral hygiene, and grooming may be provided. A facility must provide general observation and health supervision of each resident to develop awareness of changes in health condition and physical abilities and awareness of the need for medical attention or nursing services.

Limitations of Services

To be admitted to an assisted living facility, residents: must not receive or require skilled nursing care; must not have a wound that requires care beyond basic first aid; must have the ability to make decisions related to personal safety; must be able to direct his or her care; may not have behaviors that may be dangerous to themselves or others; must be able to safely self-manage medications or self-administer medications with assistance; cannot receive or be in need of hospice services; must have the ability to safely reside in the facility without his or her egress from the facility being restricted; and must not be diagnosed with acute infectious pulmonary disease, such as influenza, or active tuberculosis, or with other diseases capable of transmission to other individuals through normal person-to-person contact.

To be admitted to a specialty care assisted living facility, residents: must not receive or require skilled nursing care; must not have a wound that requires care beyond basic first aid; must not have unmanageable behaviors or behaviors that may be dangerous to themselves or others; must not have a Physical Self-Maintenance Scale (PSMS) score greater than 23 or a score of five in feeding, dressing, grooming, bathing, or a score of four or five in physical ambulation; cannot receive or be in need of hospice services; and must not be diagnosed with acute infectious pulmonary disease, such as influenza, or active tuberculosis, or with other diseases capable of transmission to other individuals through normal person to-person contact.

A resident may not be retained in an assisted living facility if he or she: is returning from a higher level of care and requires care that exceeds the level of care the facility is licensed to provide or is capable of providing; has symptoms or behaviors that infringe on the rights or safety of residents currently in the facility; has unmanageable behaviors or behaviors that may be dangerous to themselves or others; or cannot safely reside in the facility unless his or her egress from the facility is restricted.

A resident may not be retained in a specialty care assisted living facility if he or she: is returning from a higher level of care and requires care that exceeds the level of care the facility is licensed to provide or is capable of providing; has symptoms or behaviors that infringe on the rights or safety of residents currently in the facility; has unmanageable behaviors or behaviors that may be dangerous to themselves or others; or has a PSMS score greater than 23 or a score of five in feeding, dressing, grooming, bathing or a score of four or five in physical ambulation.

Residents of both assisted living and specialty care assisted living facilities who require medical or skilled nursing care which is expected to exceed 90 days may not be retained in the facility unless they: are capable of performing all tasks related to his or her own care; or have sufficient cognitive ability to direct his or her own care and direct others to provide the physical assistance he or she is unable to perform due to limitations of mobility or dexterity, and the facility is capable or and provides such assistance.

If a resident of an assisted living facility is diagnosed with a terminal illness other than dementia, or if a resident of a specialty care assisted living facility is diagnosed with a terminal illness, and requires hospice care, the resident may be admitted to a hospice program. A resident receiving hospice care may remain in the facility beyond 90 days unless the facility is unable to meet the needs of the resident or if the resident requires care beyond what the facility may lawfully provide.

**Move-in Requirements
Including Required
Disclosures/Notifications**

Prior to, or at the time of admission, the resident or the resident's sponsor shall receive at least one copy of an executed financial agreement that contains, among other items: a complete list of the facility's basic charge; a list of services not covered under basic charges and for which additional charges will be billed; and the provisions for termination of the agreement by either party.

Additionally, prior to or at the time of admission each resident shall be informed of the resident's rights.

Policies and procedures must be available to residents, guardians, next of kind, sponsoring agency, or representative payee. All residents shall be provided a copy of the following policies at least 30 days prior to the policies taking effect:

- (1) facility responsibility to protect all residents from abuse, neglect, and exploitation;
- (2) how allegations of abuse, neglect, and exploitation will be handled by the facility;

- (3) resident confidentiality;
- (4) admission and continued stay criteria;
- (5) discharge criteria and notification procedures for residents and sponsors;
- (6) facility responsibility when a resident's personal belongings are lost;
- (7) what services the facility is capable and not capable of providing;
- (8) medication management;
- (9) Infection control;
- (10) meal service, timing, menus and food preparation, storage, and handling;
- (11) fire safety and emergency plan, fire drills, fire alarm system, sprinkler and fire extinguisher checks, and disaster preparedness;
- (12) staffing and conduct of staff while on duty;
- (13) oxygen administration and storage if used in the facility; and
- (14) dietary policies.

**Resident Assessment
Requirements and Frequency**

Each resident must have a medical examination by a physician not more than 30 days prior to entering an assisted living facility and a plan of care developed by the facility in cooperation with the resident and, if appropriate, the sponsor. There is certain information that must be included in the plan of care, but there is no required standard form for the assessment or the plan of care.

Each resident shall thereafter be given an annual physical exam. Additionally, each resident must be assessed monthly by the facility, and more often, when necessary, to identify changes in resident's status including, but not limited to ability to self-administer medication; weight changes; and necessary plan or care revisions.

Two assessments on required forms must be completed for individuals who move into a specialty care assisted living facility:
(1) a Physical Self Maintenance Scale (PSMS); and
(2) a Behavior Screening Form.

Each resident must have a specified score on the PSMS to be able to live in the specialty care assisted living facility. The PSMS and Behavior Screen assessments must be completed upon admission, annually, and when there is a change in the resident's status. A comprehensive assessment must be completed for residents of specialty care assisted living facilities for any of the following reasons: decline in health status or behavior; elopement; significant weight loss as defined in

regulations; two or more falls in a 30-day period; any sign and symptom of adverse drug reaction, interaction or over sedation, or circumstances which contraindicate medications that have been prescribed; unmanageable, combative, or potentially harmful behavior; or any accident with injury.

Medication Management

A resident may either manage, keep, and self-administer his or her own medications or receive assistance with the self-administration of medication. A physician order is required for a resident to manage and have custody of his or her own medications. A resident may have custody of and manage over the counter topical medications with the written approval of a physician. A physician order is not required for over-the-counter topical medications that are self-administered by residents and approved by the physician for resident possession. A facility may use a licensed nurse to administer medication to a resident who is capable of self-administration. Medications managed and kept under the custody and control of the facility shall be unit-dose packaged.

An assisted living facility resident that cannot self-manage may be assisted with self-administration of medication by any assisted living facility staff; however, if the resident is incapable of recognizing his or her name, or understanding the facility unit dose medication system, or does not have the ability to protect himself or herself from a medication error, the resident shall require medication administration, which must only be provided by a physician, a registered nurse (RN), or a licensed practical nurse (LPN) currently licensed in Alabama.

A resident of a specialty care assisted living facility who is incapable of self-administering medications may have medications administered only by a physician, an RN, or an LPN currently licensed in Alabama.

Staffing Requirements

There must be an administrator who is responsible for overall management and the day-to-day operation of the facility. A facility must have personal care staff as needed to provide adequate care and promote orderly operation of the facility. Assisted living facilities that are not specialty care assisted living facilities do not have staffing ratio requirements. An assisted living facility shall be staffed at all times by at least one individual who has a current CPR certification and must be sufficiently staffed to ensure the safe evacuation of all residents in the event of a fire or emergency.

Specialty care assisted living must have an administrator, a medical director, at least one RN, and a care coordinator.

Specialty care assisted living must have at least two staff members on duty 24 hours-a-day, seven days a week, and must, at a minimum, meet the staffing ratios specified in regulation. A specialty care assisted living facility shall be staffed at all times by at least one individual who has a current CPR certification and must be sufficiently staffed to ensure the safe evacuation of all residents in the event of a fire or emergency.

Administrator/Director Education and Training Requirements

Administrators are required to be licensed by the Alabama Board of Examiners of Assisted Living Administrators. To be licensed as an Assisted Living Administrator, an individual must be at least 19 years of age, and have either (1) a high school diploma or GED, and at least two years of experience working fulltime in an administrative and resident or patient care position in an assisted living facility, nursing home, hospital, or residential care setting for the elderly or disabled; or (2) have completed at least two years of college or university coursework and have three months of experience as described above. Administrators must pass a licensure exam and complete a 20-hour classroom training program. There are additional requirements for administrators of Specialty Care Assisted Living Facilities.

The Alabama Board of Examiners of Assisted Living Administrators requires 12 hours of continuing education for licensed administrators of assisted living facilities, and 18 hours of continuing education for licensed administrators of specialty care assisted living facilities.

Direct Care Staff Education and Training Requirements

In an assisted living facility, staff having contact with residents including the administrator must have required initial training and refresher training as needed. The training must cover: state law and rules on assisted living facilities; facility policies and procedures; resident rights; CPR; identifying and reporting abuse, neglect, and exploitation; basic first aid; advance directives; protecting resident confidentiality; resident fire and environment safety; special needs of the elderly, mentally ill, and mentally retarded; safety and nutritional needs of the elderly; and identifying signs and symptoms of dementia.

In a specialty care assisted living facility, each staff member must have initial training in the basics and complete the Dementia Education and Training Act Care Series on dealing with dementia and complete annual continuing education sufficient to remain knowledgeable of the training specified in regulations.

All staff having contact with residents in assisted living facilities and specialty care dementia units must receive training on

specific topics prior to having any resident contact and must have annual continuing education sufficient to remain knowledgeable of the training specified in regulations.

Quality Requirements

There are no specific quality requirements detailed.

Infection Control Requirements

The assisted living facility is responsible for establishing a written policies related to infection control procedures.

Emergency Preparedness Requirements

All assisted living facilities must maintain a current written fire safety, relocation, and evacuation plan. In facilities which do not have multiple smoke compartments, an evacuation floor plan shall be appropriately posted in a conspicuous place. Fire drills shall be conducted at least once per month in all facilities at varying times and days and quarterly on each shift of Group and Congregate facilities. All fire drills shall be initiated by the fire alarm system and may be announced in advance to the residents. The drills are required to involve the actual evacuation of residents to assembly areas in adjacent smoke compartments or to the exterior as specified in the emergency plan to provide staff and residents with experience in exiting through all exits required by the currently adopted Life Safety Code. Written observations of the effectiveness of the fire drill plan shall be assessed monthly, filed, and kept for at least three years.

Life Safety Requirements

Alabama Administrative Code Section 420-5-4-12 describes requirements for complying with the Life Safety Code chapter depending on the size of assisted living facility while Alabama Administrative Code Section 420-5-20-12 describes the requirements as applied to specialty care assisted living facilities.

A Family facility is usually set up in an individual's home. The home is reviewed and modified as necessary for compliance with the National Fire Protection Association (NFPA) 101 chapter for One- and Two-Family Dwellings. By rules, both Group and Congregate facilities are required to comply with the NFPA 101 chapter on Residential Board and Care with residents classified as "impractical to evacuate." Under this evacuation requirement, the Life Safety Code requires each facility to have both a sprinkler system and a supervised fire alarm system. In the Residential Board and Care chapter, a Group facility is required to comply with Small Facility standards. A Congregate facility is referred under Large Facility to the requirements of Limited Care found in the NFPA 101 chapter for Health Care Occupancies.

Facilities that are not licensed as specialty care facilities may neither admit nor retain residents with severe cognitive impairments and may not advertise themselves as a "Dementia Care Facility," an Alzheimer's Care Facility," or as specializing in

or being competent to care for individuals with dementia or Alzheimer's disease.

Residents must be screened and approved to move into the specialty care facility. The screening must include a clinical history, a mental status examination including an aphasia screening, a geriatric depression screen, a physical functioning screen, and a behavior screen. Additionally, the Physical Self Maintenance Scale (PSMS) and the Behavior Screening Form must be completed, and the state has required scores that must be achieved on the PSMS in order for a resident to move in and continue to reside in the facility.

A specialty care assisted living facility shall have at least two staff members on duty 24 hours a day, 7 days a week. The state specifies minimum staffing ratios based on the number of residents and time of day. Each specialty care assisted living facility shall have a medical director who is a physician currently licensed to practice medicine in Alabama. The medical director is responsible for the implementation of resident care policies, and the coordination of medical care in the facility. Each facility shall have at least one registered professional nurse to assess the residents in the specialty care assisted living facility. There shall be a Unit Coordinator who will manage the daily routine operation of the specialty care assisted living facility.

In a specialty care assisted living facility, each staff member must have initial training on specified topics and complete the Dementia Education and Training Act (DETA) Care Series on dealing with dementia. All licensed staff shall complete DETA Brain Series Training, the Pharmacological Management of Dementia, and the Dementia Assessment Series provided by the DETA Program or equivalent training approved by the State Health Officer. All staff must receive annual continuing education sufficient to remain knowledgeable of the training specified in regulations.

**Medicaid Policy and
Reimbursement
Citations**

There is no Medicaid waiver program at this time.

Alabama Department of Public Health. (2019, April 6). *Rules of the Alabama State Board of Health, Chapter 420-5-4: Assisted Living Facilities.*
<https://www.alabamapublichealth.gov/providerstandards/assets/alfruleseff04062019.pdf>

Alabama Department of Public Health. (2019, April 6). *Rules of the Alabama State Board of Health, Chapter 420-5-20: Specialty*

Care Assisted Living Facilities.

<https://www.alabamapublichealth.gov/providerstandards/assets/scafruleseff04062019.pdf>

Alabama Board of Examiners of Assisted Living Administrators.

(n.d.). *Alabama Board of Examiners of Assisted Living Administrators Homepage.* <https://boeala.alabama.gov/>