

# Iowa

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## Licensure Term

Assisted Living Programs and Dementia-specific Assisted Living Programs

ALPs may be certified as a dementia care unit if they meet additional requirements. The Department approves the memory care program after reviewing the facility's policies, staffing plan, admission and discharge criteria, safety procedures, and service plan.

## Definition

"Assisted living" means provision of housing with services, which may include (but are not limited to) health-related care, personal care, and assistance with instrumental activities of daily living (IADLs) to three or more tenants in a physical structure that provides a homelike environment. Assisted living also includes encouragement of family involvement, tenant self-direction, and tenant participation in decisions that emphasize choice, dignity, privacy, individuality, shared risk, and independence. Assisted living includes the provision of housing and assistance with IADLs only if personal care or health-related care is also included. Assisted living includes 24-hours per day response staff to meet scheduled and unscheduled or unpredictable needs in a manner that promotes maximum dignity and independence and provides supervision, safety, and security.

Dementia-specific assisted living program means a certified assisted living program that: (1) serves fewer than 55 tenants or has five or more tenants who have dementia between Stages 4 and 7 on the GDS; (2) serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS; or (3) holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease in a dedicated setting.

Other than declaring their program to be dementia-specific, ALPs can also be determined as dementia-specific if they meet the criteria on two sequential monitoring visits as outlined in 481-69.2.

**Regulatory and Legislative Update**

The Department of Inspections, Appeals, and Licensing (DIAL), Health and Safety Division, licenses assisted living programs (ALPs). Programs are certified, which is the functional equivalent of licensure.

There have been no recent legislative or regulatory updates that affect assisted living in the past year.

**Facility Scope of Care**

Programs may provide assistance with up to four activities of daily living (ADLs), and IADLs.

**Limitations of Services**

A program may not knowingly admit or retain a tenant who: requires more than part-time or intermittent health-related care; is bed-bound; is under the age of 18; requires routine two-person assistance to stand, transfer, or evacuate; on a routine basis, has unmanageable incontinence; is dangerous to self or other tenants or staff; is in an acute stage of alcoholism, drug addiction, or uncontrolled mental illness; is medically unstable; requires maximal assistance with ADLs; or, despite intervention, chronically urinates or defecates in places that are not considered acceptable according to societal norms, such as on the floor or in a potted plant. "Part-time or intermittent care" means licensed nursing services and professional therapies that are provided in combination with nurse-delegated assistance with medications or activities of daily living and do not exceed 28 hours per week.

The state may grant a waiver of the occupancy and retention criteria for an individual tenant on a time-limited basis when it is the choice of the tenant, the program is able to provide staff necessary to meet the tenant's service needs, and it will not jeopardize the health safety, security, or welfare of the tenant, staff, and other tenants. In addition, the tenant must have been diagnosed with a terminal illness and admitted to hospice, and the tenant exceeds the criteria for retention and admission for a temporary period of less than six months. Terminal diagnosis means within six months of end of life.

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

Assisted Living Programs must provide a copy of a required written occupancy agreement to the tenant or tenant's legal representative as well as any subsequent changes. The occupancy agreement must clearly describe the rights and responsibilities of the tenant and the program and must also include (but is not limited to) the following information:

- (1) A description of all fees, charges, and rates describing tenancy and basic services covered, and any additional and optional services and their related costs;
- (2) A statement regarding the impact of the fee structure on

third-party payments, and whether third-party payments and resources are accepted by the Assisted Living Program;

- (3) The procedure followed for nonpayment of fees;
- (4) Identification of the party responsible for payment of fees and identification of the tenant's legal representative, if any;
- (5) The term of the occupancy agreement;
- (6) A statement that the Assisted Living Program shall notify the tenant or the tenant's legal representative, as applicable, in writing at least 30 days prior to any change being made in the occupancy agreement;
- (7) A statement that all tenant information shall be maintained in a confidential manner to the extent required under state and federal law;
- (8) Occupancy, involuntary transfer, and transfer criteria and procedures, which ensure a safe and orderly transfer;
- (9) The internal appeals process provided relative to an involuntary transfer;
- (10) The program's policies and procedures for addressing grievances between the Assisted Living Program and tenants, including grievances relating to transfer and occupancy;
- (11) A statement of the prohibition against retaliation as prescribed in section 231C.13;
- (12) The emergency response policy;
- (13) The staffing policy which specifies if nurse delegation will be used and how staffing will be adapted to meet changing tenant needs;
- (14) In Dementia-specific Assisted Living Programs, a description of the services and programming provided to meet the life skills and social activities of tenants;
- (15) The refund policy;
- (16) A statement regarding billing and payment procedures;
- (17) The telephone numbers for filing a complaint with the department, the office of the tenant advocate, and reporting dependent adult abuse;
- (18) A copy of the program's statement on tenants' rights;
- (19) A statement that the tenant landlord law applies to Assisted Living Programs; and
- (20) A statement that the program will notify the tenant at least 90 days in advance of any planned program cessation, which includes voluntary decertification, except in cases of emergency.

Occupancy agreements and related documents executed shall be maintained by the ALP in program files from the date of execution until three years from the date the occupancy agreement is terminated. A copy of the most current

occupancy agreement shall be provided to members of the general public, upon request.

**Resident Assessment  
Requirements and Frequency**

A program shall evaluate each tenant's functional, cognitive and health status Prior to tenant's signing of the occupancy agreement and taking occupancy and within 30 days of occupancy. A program shall also evaluate each tenant's status as needed with significant change, but not less than annually, to determine continued eligibility for the program and to determine any changes to services needed. There are no specific forms required, but the selected forms must be submitted with the application for certification. Programs must develop individualized service plans at specified intervals.

**Medication Management**

Tenants self-administer medications or the tenant may delegate the administration to the program.

If administration of medications is delegated to the program by the tenant or tenant's legal representative, the medications shall be administered by a registered nurse, licensed practical nurse, advanced registered nurse practitioner licensed in Iowa, or by an individual who has successfully completed a department-approved medication aide or manager course and passed the respective department-approved medication aide or manager examination.

A program that administers prescription medications or provides health care professional-directed or health-related care must provide for a registered nurse to monitor, at least every 90 days or after a significant change in condition, each tenant receiving program-administered prescription medications for adverse reactions and ensure that the medication orders are current and the medications are administered consistent with those orders.

Medication administration includes medication "setup," described as routine prompting, cueing, and reminding; opening containers or packaging at the resident's direction; reading instructions or other label information; and/or transferring medications from the original container into suitable medication dispensing containers.

**Staffing Requirements**

A program must be designed to meet the needs of tenants with dementia. Service plans must include planned and spontaneous activities based on the tenant's abilities and personal interests.

All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract. All personnel employed by or contracting with a dementia-specific program shall receive a minimum of two hours of dementia-specific continuing education annually. Direct-contact personnel shall receive a minimum of eight hours of dementia-specific continuing education annually. Specific topic areas must be covered in the training.

All Assisted Living Programs must be overseen by an RN. Sufficiently trained staff must be available at all times to fully meet tenants scheduled and unscheduled or unpredictable needs in a manner that promotes maximum dignity and independence and provides supervision, safety, and security. There are no staffing ratios. An assisted living program shall have one or more staff persons who monitor tenants as indicated in each tenant's service plan. The staff shall be able to respond to a call light or other emergent tenant needs and be in the proximate area 24 hours a day on site. "Proximate area" is defined as a 5-minute response time.

The required education for dementia-specific programs also includes an element of hands-on training. See 481-69.30(5).

**Administrator/Director  
Education and Training  
Requirements**

All programs employing a new program manager after January 1, 2010, shall require the manager within six months of hire to complete an assisted living management class whose curriculum includes at least six hours of training specifically related to Iowa rules and laws on Assisted Living Programs. Managers who have completed a similar training prior to January 1, 2010, shall not be required to complete additional training to meet this requirement. All programs employing a new delegating nurse after January 1, 2010, shall require the delegating nurse within six months of hire to complete an assisted living manager class or assisted living nursing class whose curriculum includes at least six hours of training specifically related to Iowa rules and laws on assisted living. A minimum of one delegating nurse from each program must complete the training. If there are multiple delegating nurses and only one delegating nurse completes the training, the delegating nurse who completes the training shall train the other delegating nurses in the Iowa rules and laws on assisted living. All programs shall have a minimum of one delegating nurse who has completed the training.

**Direct Care Staff Education and Training Requirements** All personnel must be able to implement the program's accident, fire safety, and emergency procedures, and assigned tasks. Within 30 days of beginning employment, all program staff shall receive training by the program's RN(s). Training for non-certified staff shall include, at a minimum, the provision of ADLs and IADLs. Certified and noncertified staff shall receive training regarding service plan tasks (e.g., wound care, pain management, rehabilitation needs and hospice care) in accordance with medical or nursing directives and the acuity of the tenants' health, cognitive or functional status.

**Quality Requirements** There are no specific quality requirements detailed.

**Infection Control Requirements** There are no specific infection control requirements detailed.

**Emergency Preparedness Requirements** Written emergency policies and procedures, shall include the following:

- a. An emergency plan, which shall include procedures for natural disasters (identify where the plan is located for easy reference).
- b. Fire safety procedures.
- c. Other general or personal emergency procedures.
- d. Provisions for amending or revising the emergency plan.
- e. Provisions for periodic training of all employees.
- f. Procedures for fire drills.
- g. Regulations regarding smoking.
- h. Monitoring and testing of smoke-control systems.
- i. Tenant evacuation procedures; and
- j. Procedures for reporting and documentation.

A program serving a person(s) with cognitive disorder or dementia shall have:

- a. Written procedures regarding alarm systems, if an alarm system is in place.
- b. Written procedures regarding appropriate staff response when a tenant's service plan indicates a risk of elopement or when a tenant exhibits wandering behavior.
- c. Written procedures regarding appropriate staff response if a tenant with cognitive disorder or dementia is missing.

The program shall have the means to control the maximum temperature of water at sources accessible by a tenant to prevent scalding and shall control the maximum water temperature for tenants with cognitive impairment or dementia or at a tenant's request.

**Life Safety Requirements** All new facilities must be sprinklered. Smoke detection is required. Smoke alarms and smoke detection systems shall comply with National Fire Protection Association (NFPA) 101,

2003 Edition, Chapter 32 (New Board & Care) or Chapter 33 (Existing Board and Care) and NFPA 72, National Fire Alarm Code. Approved smoke alarms shall be installed inside every sleeping room, outside every sleeping area in the immediate vicinity of the bedrooms, and on all levels of the resident unit. Corridors and spaces open to corridors shall be provided with smoke detectors, arranged to initiate an alarm that is audible in all sleeping areas. Sprinkler systems must comply with NFPA 13 or 13R standards.

Building type may determine which type of sprinkler system should be installed. The type of smoke detection required varies depending on whether a facility is new, existing, sprinkled or not.

When the assisted living facility is attached to a health care facility that is certified for Medicaid and Medicare patients but is separated by a 2-hour rated construction, the facility must comply with International Fire Code, 2015 edition. Assisted living facilities that are attached to a health care facility that is certified for Medicaid and Medicare patients, but not separated by 2-hour rated construction, must meet the requirements of that health care facility as required in the National Fire Protection Association (NFPA) 101, Life Safety Code, 2012 edition.

An operating alarm system shall be connected to each exit door in a dementia-specific program. A program serving a person with a cognitive disorder or dementia, whether in a general or dementia-specific setting, shall have written procedures regarding alarm systems and appropriate staff response if a tenant with dementia is missing. A program serving persons with cognitive impairment or dementia must have the means to disable or remove the lock on an entrance door and must do so if the presence of the lock presents a danger to the health and safety of the tenant.

Dementia-specific programs are exempt from some of the structural requirements for general assisted living programs. (Exemptions include that self-closing doors are not required for individual dwelling units or bathrooms; dementia-specific programs may choose not to provide bathing facilities in the living units; and square footage requirements for tenant rooms are reduced.)

## **Medicaid Policy and Reimbursement**

Iowa's Medicaid Section 1915(c) home and community-based services (HCBS) waiver program covers consumer-directed attendant care services in assisted living programs through six

individual waivers: Intellectual Disability waiver; Elderly waiver; Health and Disability waiver; Brain Injury waiver; Physical Disability waiver; and AIDS/HIV waiver. Iowa moved to managed long term services in supports in 2015, with all of the Medicaid waiver service plan and authorizations under the managed care organizations. In addition, the State Supplementary Assistance In-Home Health program provides funding for services in assisted living when the HCBS waiver maximum is met and additional services are needed.

## Citations

Iowa Code. (2022) Chapter 231C: Assisted Living Programs. <https://www.legis.iowa.gov/docs/code//231C.pdf>

Iowa Administrative Code. (2021) Title 481, Chapter 67: General Provisions for Elder Group Homes, Assisted Living Programs, and Adult Day Services. <https://www.legis.iowa.gov/docs/iac/chapter/03-28-2018.481.67.pdf>

Iowa Administrative Code (2016) Title 481, Chapter 69: Assisted Living Programs. <https://www.legis.iowa.gov/docs/iac/chapter/03-28-2018.481.69.pdf>

Iowa Department of Human Services. (2023) Medicaid Programs: Home and Community Based Services (HCBS) Waiver Program. <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-medicaid-programs/hcbs>

Iowa Department of Inspections, Appeals, and Licensing (DIAL) <https://dia.iowa.gov/health-facilities>