# Kansas

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**Opening Statement**

The Kansas Department for Aging and Disability Services licenses assisted living facilities, residential health care facilities, and "home plus" residences or facilities.

**Licensure Term**

Assisted Living Facilities, Residential Health Care Facilities, and Home Plus

**Definition**

Assisted Living Facility: Any place or facility caring for six or more individuals not related within the third degree of relationship to the administrator, operator or owner by blood or marriage and who, by choice or due to functional impairments, may need personal care and may need supervised nursing care to compensate for ADL limitations and in which the place or facility includes apartments for residents and provides or coordinates a range of services including personal care or supervised nursing care available 24 hours a day, seven days a week for the support of resident independence.

Residential Health Care Facility: Any place or facility, or a contiguous portion of a place or facility, caring for six or more individuals not related within the third degree of relationship to the administrator, operator or owner by blood or marriage and who, by choice or due to functional impairments, may need personal care and may need supervised nursing care to compensate for ADL limitations and in which the place or facility includes individual living units and provides or coordinates personal care or supervised nursing care available on a 24-hour, seven-days-a-week basis for the support of resident independence.

Home Plus: Any residence or facility caring for not more than 12 individuals not related within the third degree of relationship to the operator or owner by blood or marriage unless the resident in need of care is approved for placement by the secretary of the department of social and rehabilitation services, and who, due to functional impairment, needs personal care and may need supervised nursing care to compensate for ADL limitations. The level of care provided residents shall be determined by preparation of the

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staff and rules and regulations developed by the department on aging. An adult care home may convert a portion of one wing of the facility to a not less than five-bed and not more than 12-bed home plus facility provided that the home plus facility remains separate from the adult care home, and each facility must remain contiguous. Any home plus that provides care for more than eight individuals shall adjust staffing personnel and resources as necessary to meet residents' needs in order to maintain the current level of nursing care standards. Personnel of any home plus who provide services for residents with dementia shall be required to take annual dementia care training.

**Regulatory and Legislative Update**

HB 2520 increased the allowable number of residents in a home plus facility from 12 to 16 and requires the development and maintenance of written plans to safely meet residents' need, ensure health and safety, and respond to emergencies. These plans remain subject to review during state inspections.

Regular reporting is required with detailed information about transfers and discharges, including involuntary discharges. These reports do not include resident identity. See Limitation of Services field for more details.

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

At or before admission each resident shall be provided a statement setting forth the general responsibilities and services and daily or monthly charges for such responsibilities and services. At the time of admission, facilities shall provide in writing to the resident or the resident's legal representative the state statutes related to advance medical directives, as well as a copy of resident rights, the facilities' policies and procedures for advance medical directives, and the facility grievance policy.

**Facility Scope of Care**

Direct care staff may provide assistance with ADLs. Wellness and health monitoring is required. Residents may be admitted if the facility can meet their needs.

**Limitations of Services**

Generally, skilled nursing services must be limited, intermittent, or routine in scope.

Residents will be discharged if their safety, health, or welfare is endangered. Residents with one or more of the following conditions shall not be admitted or retained, unless the negotiated service agreement includes services sufficient to meet the needs of the resident: unmanageable incontinence; immobility if the resident is totally dependent with mobility to exit the building; a condition requiring a two-person transfer; ongoing skilled nursing intervention needed 24 hours per day; or unmanageable behavioral symptoms. The operator or administrator shall ensure that any resident whose clinical condition requires the use of physical restraints is not admitted or retained. Resident functional

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capacity screens are conducted before admission and annually after admission or upon significant change. The facility must give the resident a 30-day notice of transfer or discharge.

Facilities are required to report to KDADS on a monthly basis details of transfers or discharges, including involuntary discharges by the end of the month following the month being reported. Reports must include: The date the transfer or discharge notice was provided; the date the resident left the facility; the destination type; the exact regulatory reason requiring the transfer/discharge; whether the resident filed a formal complaint regarding the notice
Civil monetary penalties may be assessed.

**Resident Assessment Requirements and Frequency**

On or before admission, a licensed nurse, licensed social worker, or the administrator or operator must conduct a functional capacity screen on each resident as specified by the Department on Aging. A facility may choose to integrate the specified screen in an instrument developed by the facility. A functional capacity screen must be conducted at least annually or following a significant change in the resident's physical, mental, or psychosocial functioning. A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services.

**Medication Management**

Facilities can manage their residents' medication or allow residents to engage in the self-administration of medication. Self administration of medication means the determination by a resident of when to take a medication or biological and how to apply, inject, inhale, ingest, or take a medication or biological by any other means, without assistance from nursing staff. A licensed nurse must perform an assessment and determine the resident can perform self administration of medication safely. The assessment must include an evaluation of the resident's physical, cognitive, and functional ability to safely and accurately self-administer and manage medications independently.

Any resident may choose to have personal medication administered by family members or friends gratuitously.
A licensed pharmacist shall conduct a medication regimen review for each resident whose medication is managed by the facility at least quarterly and each time the resident experiences any significant change. Residents who self-administer medications must be offered a medication review conducted by a licensed pharmacist at least quarterly and each time a resident experiences a significant change in condition.

**Staff Scheduling Requirements**

In facilities that admit residents with dementia, in-service education on treatment of behavioral symptoms must be provided. Direct care staff

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must be present in the special care section at all times.

Before assignment to the special care section or facility, each staff member must be provided with a training program related to the specific needs of the residents to be served and evidence of completion of the training is to be maintained in the employee's personnel records.

A full-time operator (not required to be a licensed administrator if less than 61 residents are in the facility) or administrator must be employed by the facility and sufficient numbers of qualified personnel are required to ensure that residents receive services and care in accordance with negotiated service agreements. There are no minimum staffing ratios. Direct care staff or licensed nursing staff shall be awake and responsive at all times. A registered professional nurse shall be available to provide supervision to licensed practical nurses.

**Administrator/Director Education and Training Requirements**

Operators and administrators must: be at least 21 years of age; possess a high school diploma or equivalent; hold a Kansas license as an adult care home administrator or have successfully completed an operator training course and passed the test approved by the Secretary of Kansas Department of Health and Environment; and have authority and responsibility for the operation of the facility and compliance with licensing requirements. No person shall represent that they are an operator unless they are registered.

**Direct Care Staff Education and Training Requirements**

Orientation is required for all new employees and regular in-service education regarding the principles of assisted living is required for all employees. All staff must have training pertaining to abuse, neglect, and exploitation, and in disaster and emergency preparedness. All unlicensed employees who provide direct care to residents must successfully complete a 90-hour nurse aide course and pass a test.

**Quality Requirements**

There are no specific quality requirements detailed.

**Infection Control Requirements**

There are no specific infection control requirement detailed.

**Emergency Preparedness Requirements**

The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location.

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Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the
following:
(1) fire;
(2) flood;
(3) severe weather;
(4) tornado;
(5) explosion;
(6) natural gas leak;
(7) lack of electrical or water service;
(8) missing residents; and
(9) any other potential emergency situations.

Each administrator or operator shall ensure the establishment of written agreements that will provide for the following if an emergency or disaster occurs:
(1) fresh water;
(2) evacuation site; and
(3) transportation of residents to an evacuation site.

Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:
(1) orientation of new employees at the time of employment to the facility's emergency management plan;
(2) education of each resident upon admission to the facility regarding emergency procedures;
(3) quarterly review of the facility's emergency management plan with employees and residents; and
(4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.

Each administrator or operator shall make the emergency management plan available to the staff, residents, and visitors.

**Medicaid Policy and Reimbursement**

Kansas has a 1915 (c ) Frail Elderly Waiver
https://www.kdads.ks.gov/services-programs/long-term-services-supports/home-and-community-based-services-hcbs-programs/hcbs-programs/frail-elderly-fe

**Citations**

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