Missouri

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Opening Statement

The Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Section for Long-Term Care Regulation, licenses assisted living and residential care facilities (RCFs). One set of rules govern both settings; however, some provisions differ for the two facility types. The primary difference between assisted living and RCFs is that assisted living facilities (ALFs) may admit and retain individuals who require a higher level of assistance to evacuate the building than can RCFs, whose residents must be able to evacuate without assistance. In addition, ALFs must adhere to social model of care principles and have a physician available to supervise care.

Licensure Term

Assisted Living Facilities and Residential Care Facilities

Definition

ALF: Any premises, other than an RCF, intermediate care facility, or skilled nursing facility, that is utilized by its owner, operator, or manager to provide 24-hour care and services and protective oversight to three or more residents who are provided with shelter, board, and who may need and are provided with the following:
(1) Assistance with any activities of daily living and any instrumental activities of daily living;
(2) Storage, distribution, or administration of medications; and
(3) Supervision of health care under the direction of a licensed physician provided that such services are consistent with a social model of care.
ALFs do not include facilities where all of the residents are related within the fourth degree of consanguinity or affinity to the owner, operator, or manager of the facility.

RCF: Any premises, other than an ALF, intermediate care facility, or skilled nursing facility, which is utilized by its owner, operator, or manager to provide 24-hour care to three or more residents, who are not related within the fourth degree of consanguinity or affinity to the owner, operator, or manager of the facility and who need or are provided with shelter, board, and protective oversight. Services may include storage and distribution or administration of medications and care during short-term illness or recuperation.

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Residents are required to be physically and mentally capable of negotiating a normal path to safety unassisted or with the use of assistive devices.

Regulatory and Legislative Update

There are no recent regulatory or legislative updates reported affecting assisted living or residential care facilities in Missouri.

Move-in Requirements Including Required Disclosures/Notifications

For both ALFs and RCFs, at the time of admission the facility is required to disclose information regarding the services the facility is able to provide or coordinate and the cost of services. Also, the facility is required to provide statements of resident rights, a copy of any facility policies that relate to resident conduct and responsibilities, and information concerning community-based services available in the state. Facilities that provide care to residents with Alzheimer's disease or other dementias by means of an Alzheimer's special care unit or program are required to disclose the form of care or treatment.

ALFs and RCFs are also required to disclose grounds for transfer/discharge.

Facility Scope of Care

ALF: Must provide 24-hour care and protective oversight including but not limited to: assistance with ADLs and IADLs, medication management, dietary services, activities, and food sanitation. The regulations specify additional requirements for ALFs that admit or retain individuals needing more than minimal assistance due to having a physical, cognitive, or other impairment that prevents the individual from safely evacuating the facility.

RCF: Must provide 24-hour care, shelter, board, and protective oversight including but not limited to: assistance with storage, distribution, and/or administration of medications; dietary services; and food sanitation. The facility can provide care to residents during a short-term illness or recuperation period.

Limitations of Services

ALF: The following conditions would prevent admission and retention into a facility:
(1) Exhibiting behaviors that present a reasonable likelihood of serious harm to self and/or others;
(2) Requiring a restraint (physical or chemical);
(3) Requiring skilled nursing care as defined in section 198.073.4, Revised Statute of Missouri for which the facility is not licensed or able to provide;
(4) Requiring more than one person to simultaneously, physically assist the resident with any activity of daily living, with the exception of bathing and transferring

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(5) Being bed-bound or similarly immobilized; and
(6) Being under 16 years of age (though facilities can apply for an exception to the age requirement).

The facility shall not admit residents whose needs cannot be met.

Residents receiving hospice who require skilled nursing care, require more than one person to simultaneously physically assist the resident with any activity of daily living, with the exception of bathing and transferring, or are bed-bound may continue to reside in the facility provided the resident, his or her legally authorized representative or designee, or both, and the facility, physician, and licensed hospice provider all agree that such program of care is appropriate for the resident. Residents experiencing short periods of incapacity due to illness or injury or recuperation from surgery may be allowed to remain or be readmitted from a hospital if the period of incapacity does not exceed 45 days and written approval of a physician is obtained.

The following conditions would permit a transfer/discharge from an ALF:
(1) The resident’s needs cannot be met in the facility;
(2) The resident no longer needs the services provided by the facility;
(3) The health and/or safety of other residents in the facility is endangered;
(4) After appropriate notice and reasonable efforts by the facility, the resident has not paid for his/her stay; or
(5) The facility ceases to operate.

Before an ALF can transfer/discharge a resident, it is required to give the resident a 30-day notice. If the health and/or safety of the resident and other residents in the facility are endangered, the resident may qualify for an emergency transfer/discharge. Facilities are required to record and document in detail the reason for a 30-day and/or emergency transfer /discharge.

RCF: The facility shall not admit residents whose needs cannot be met. Residents must be mentally and physically able to negotiate a normal path to safety unassisted or with the use of assistive devices within five minutes of being alerted of the need to evacuate. Residents suffering from short periods of incapacity due to illness, injury, or recuperation from surgery may be allowed to remain or be readmitted from a hospital if the period of incapacity does not exceed 45 days and written approval of a physician is obtained.

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The following conditions would permit a transfer/discharge from an RCF:
(1) The resident's needs cannot be met in the facility;
(2) The resident no longer needs the services provided by the facility;
(3) The health and/or safety of other residents in the facility is endangered;
(4) After appropriate notice and reasonable efforts, the resident has not paid for his/her stay; or
(5) The facility ceases to operate.
Before RCFs can transfer/discharge a resident, they are required to give the resident a 30-day notice. If the health and/or safety of the resident and other residents in the facility are endangered, the resident may qualify for an emergency transfer/discharge. Facilities are required to record and document in detail the reason for a 30-day and/or emergency transfer/discharge.

Resident Assessment Requirements and Frequency

ALF: Prior to admission, the facility must complete a pre-move-in screening. Within five calendar days after admission, an appropriately trained and qualified individual will conduct a community-based assessment. Also, "no later than" ten days after admission, the resident must have an admission physical examination. The examination must be performed by a licensed physician with documentation of the resident's current medical status and any special orders or procedures that should be followed. The community-based assessment shall be reviewed whenever there is a significant change in the resident's condition and at least semiannually. Facilities must use the community-based assessment form provided by the department or another assessment form if approved in advance by the department.

ALFs must also complete a monthly review or more frequently, if indicated. See 19 CSR 30-86.047 (58)(B).

RCF: Residents admitted to the facility shall have an admission physical examination no later than ten days after admission. The examination must be performed by a licensed physician with documentation of the resident's current medical status and any special orders or procedures that should be followed. The facility must perform a monthly resident review or more frequently, if indicated, of the following:
(1) The resident's general medical condition and needs;
(2) Review of medication consumption of any resident controlling his/her own medication;

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(3) Daily record of medication administration;
(4) Logging of medication regimen review process;
(5) Monthly weight;
(6) Record of each referral for services from an outside service provider;
(7) Record of any resident incidents including behaviors that present a reasonable likelihood of serious harm to himself or herself or others; and
(8) Record of accidents that potentially could result in injury or did result in injuries involving the resident.

Medication Management

ALF: A pharmacist or registered nurse must review the medication regimen of each resident every other month. At a minimum, staff who administer medications must be a Level I Medication Aide (LIMA). Facilities are required to have a safe and effective system of medication control and use. A licensed nurse must be employed at least 8 hours a week and part of the nurses' duties include review of resident medications.

RCF: In an RCF I, a pharmacist or registered nurse (RN) must review the medication regimen of each resident every three months. In an RCF II, a pharmacist or RN must review the medication regimen of each resident every other month. At a minimum, staff who administer medications must be a LIMA. Facilities are required to have a safe and effective system of medication control and use. RCF I requires a licensed nurse 8 hours per week to monitor resident condition and medication as part of the licensed nurses' duties. RCF II requires a licensed nurse 8 hours per week to monitor resident condition and medication as part of licensed nurses' duties.

Staff Scheduling Requirements

Any facility with an Alzheimer's special care unit is required to provide a document with information on selecting an Alzheimer's special care unit to any person seeking information about or placement in such a unit.

For both ALFs and RCFs, during the admission disclosure, a facility must explain how care in the Alzheimer's special care unit or program is different from the rest of the facility and if the services are appropriate. The disclosure must include the following:
(1) A written statement of its overall philosophy and mission reflecting the needs of residents afflicted with dementia;
(2) The process and criteria for placement in, and transfer or discharge from, the unit or program;
(3) The process used for assessment and establishment of the plan of care and its implementation, including the method by which the plan of care evolves and is responsive to changes in condition;

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(4) Staff training and continuing education practices;
(5) The physical environment and design features appropriate to support the functioning of cognitively impaired adult residents;
(6) The types and frequency of resident activities;
(7) The involvement of families and the availability of family support programs;
(8) The costs of care and any additional fees; and
(9) Safety and security measures.

RCFs can only admit or retain only those persons who are capable mentally and physically of negotiating a normal path to safety using assistive devices or aids when necessary. If the individual can no longer evacuate themselves to outside the building, they must be discharged from the RCF.

For both ALFs and RCF Is, any facility with residents that have Alzheimer's disease or related dementia shall provide orientation training as follows:
(1) For employees providing direct care to such persons, the orientation training shall include at least three hours of training including at a minimum an overview of mentally confused residents such as those having Alzheimer's disease and related dementias, communicating with persons with dementia, behavior management, promoting independence in ADLs, techniques for creating a safe, secure and socially oriented environment, provision of structure, stability and a sense of routine for residents based on their needs, and understanding and dealing with family issues;
(2) For other employees who do not provide direct care for, but may have daily contact with, such persons, the orientation training shall include at least one hour of training including at a minimum an overview of mentally confused residents such as those having dementias as well as communicating with persons with dementia; and
(3) For all employees involved in the care of persons with dementia, dementia-specific training shall be incorporated into ongoing in-service curricula.

For RCF IIs, there is required training for employees involved in the delivery of care to persons with Alzheimer's disease or related dementias who are employed by the RCFII providing direct care to persons with Alzheimer's disease or related dementias. Such training shall be incorporated into new employee orientation and ongoing in-service curricula for all employees involved in the care of persons with dementia as follows:
(1) For employees providing direct care to persons with Alzheimer's

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disease or related dementias, the training shall include an overview of Alzheimer's disease and related dementias, communicating with persons with dementia, behavior management, promoting independence in activities of daily living, and understanding and dealing with family issues; and
(2) For other employees who do not provide direct care for, but may have daily contact with, persons with Alzheimer's disease or related dementias, the training shall include an overview of dementias and communicating with persons with dementia.

RCFIIs can only admit or retain only those persons who are capable mentally and physically of negotiating a normal path to safety using assistive devices or aids when necessary. If the individual can no longer evacuate themselves to outside the building, they must be discharged from the RCFII.

ALF: Must designate an administrator licensed by the MO Board of Nursing Home Administrators to be in charge of the facility. ALFs must have an adequate number and type of personnel for the proper care of residents, the residents' social well-being, protective oversight of residents, and upkeep of the facility. At a minimum, the staffing pattern for fire safety and care of residents shall be one staff person for every 15 residents or major fraction of 15 during the day shift, one person for every 20 residents or major fraction of 20 during the evening shift, and one person for every 25 residents or major fraction of 25 during the night shift. If the ALF admits/retains residents that require more than minimal assistance at a minimum, the staffing pattern for fire safety and care of residents shall be one staff person for every 15 residents or major fraction of 15 during the day shift, one person for every 15 residents or major fraction of 15 during the evening shift, and one person for every 20 residents or major fraction of 20 during the night shift. Meeting the minimal staffing requirements may not meet the needs of residents as outlined in the residents' assessment and individualized service plan or individual evacuation plan.

Additionally, facilities must have a licensed nurse employed by the ALF to work at least eight hours per week for every 30 residents or additional major fraction of 30.

RCF: An RCF I must designate an administrator/manager to be in charge of the facility. An RCF II must designate an administrator licensed by the MO Board of Nursing Home Administrators. RCFs must provide an adequate number and type of personnel on duty at all times for the proper care of residents and upkeep of the facility.

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In an RCF I, at a minimum, one employee shall be on duty for every 40 residents to provide protective oversight to residents and for fire safety. In an RCF II, at a minimum, the staffing pattern for fire safety and care of residents shall be one staff person for every 15 residents or major fraction of 15 during the day shift, one person for every 20 residents or major fraction of 20 during the evening shift, and one person for every 25 residents or major fraction of 25 during the night shift. Additional staffing requirements for an RCF II that is operated in conjunction with and is immediately adjacent to and contiguous to another licensed long-term care facility and if the resident bedrooms of the facility are on the same floor as at least a portion of an intermediate care or skilled nursing facility shall comply with 19 CSR 30-86.043 (24)(D). Additionally, an RCF I must have a licensed nurse employed by the facility to work at least eight hours per week for every 30 residents. An RCF II's must have a licensed nurse employed by the facility to work at least eight hours per week for every 30 residents or additional major fraction of 30.

Administrator/Director Education and Training Requirements

ALFs and RCF IIs must have an administrator licensed by the Missouri Board of Nursing Home Administrators. The administrator may hold either a nursing home administrator license or residential care and assisted living (RCAL) license. An RCAL administrator cannot serve as an administrator for an intermediate care facility or skilled nursing facility. ALF and RCF II administrators are required to have 40 hours of approved training every two years.

An RCF I can have a manager who is fully authorized and empowered to make decisions regarding the operation of the facility. A manager must either be currently licensed as a nursing home administrator or have successfully completed the state-approved LIMA course, be at least 21 years of age, have no convictions of an offense involving the operation of a long term care facility, and attend at least one continuing education workshop within each calendar year. In an RCF I, the manager must attend at least one continuing education workshop within each calendar year given by or approved by the department.

Direct Care Staff Education and Training Requirements

ALF: Prior to or on the first day that a new employee works in a facility, he/she shall receive orientation of at least two hours appropriate to job function and responsibilities. The orientation shall include but not be limited to: job responsibilities, emergency response procedures, infection control, confidentiality of resident information, preservation of resident dignity, information regarding what constitutes abuse/neglect and how to report abuse/neglect, information regarding the Employee Disqualification List, instruction regarding the rights of residents and protection of property,

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instruction regarding working with residents with mental illness, instruction regarding person-centered care and the concept of a social model of care, and techniques that are effective in enhancing resident choice and control over his/her own environment. Also, staff are required to have a minimum of two hours of initial training on the appropriate ways to transfer a resident care within the facility (e.g., wheelchair to bed, bed to dining room chair).

RCF: Prior to or on the first day that a new employee works in a facility, he/she shall receive orientation of at least one hour appropriate to job function. The orientation shall include but not be limited to: job responsibilities, emergency response procedures, infection control, confidentiality of resident information, preservation of resident dignity, information regarding what constitutes abuse/neglect and how to report abuse/neglect, information regarding the Employee Disqualification List, instruction regarding the rights of residents and protection of property, and instruction regarding working with residents with mental illness.

RCF IIs: Prior to or on the first day that a new employee works in a facility, they shall receive orientation of at least one hour appropriate to job function. This shall include, at a minimum, job responsibilities, how to handle emergency situations, the importance of infection control and handwashing, confidentiality of resident information, preservation of resident dignity, how to report abuse/neglect to the department (1-800-392-0210), information regarding the Employee Disqualification List and instruction regarding the rights of residents and protection of property.

ALFs and RCFs are required to ensure that specified fire safety training is provided to all employees.

Quality Requirements

There are no specific quality requirements detailed.

Infection Control Requirements

The ALF shall follow appropriate infection control procedures. The administrator or his or her designee shall make a report to the local health authority or the department of the presence or suspected presence of any diseases or findings listed in 19 CSR 20-20.020, sections (1)–(3) according to the specified time frames as follows:
(A) Category I diseases or findings shall be reported to the local health authority or to the department within twenty-four (24) hours of first knowledge or suspicion by telephone, facsimile, or other rapid communication;
(B) Category II diseases or findings shall be reported to the local health authority or the department within three (3) days of first

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knowledge or suspicion;
(C) Category III. The occurrence of an outbreak or epidemic of any illness, disease or condition which may be of public health concern, including any illness in a food handler that is potentially transmissible through food. This also includes public health threats such as clusters of unusual diseases or manifestations of illness and clusters of unexplained deaths. Such incidents shall be reported to the local authority or to the department by telephone, facsimile, or other rapid communication within twenty-four (24) hours of first knowledge or suspicion.

The RCF shall follow appropriate infection control procedures. The administrator or his or her designee shall make a report to the local health authority or the department of the presence or suspected presence of any diseases or findings listed in 19 CSR 20-20.020, sections (1)–(3) according to the specified time frames as follows:

(A) Category I diseases or findings shall be reported to the local health authority or to the department within twenty-four (24) hours of first knowledge or suspicion by telephone, facsimile, or other rapid communication; I/II

(B) Category II diseases or findings shall be reported to the local health authority or the department within three (3) days of first knowledge or suspicion; I/II

(C) Category III. The occurrence of an outbreak or epidemic of any illness, disease or condition which may be of public health concern, including any illness in a food handler that is potentially transmissible through food. This also includes public health threats such as clusters of unusual diseases or manifestations of illness and clusters of unexplained deaths. Such incidents shall be reported to the local authority or to the department by telephone, facsimile, or other rapid communication within twenty-four (24) hours of first knowledge or suspicion. I/II

RCF II's: If at any time a resident or prospective resident is diagnosed with a communicable disease, the department shall be notified within seven (7) days and if the facility can meet the resident's needs, the resident may be admitted or does not need to be transferred. Appropriate infection control procedures shall be followed if the resident remains in or is accepted by the facility.

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Emergency Preparedness

All facilities shall have a written plan to meet potential emergencies or disasters and shall request consultation and assistance annually from a local fire unit for review of fire and evacuation plans. If the consultation cannot be obtained, the facility shall inform the state fire marshal in writing and request assistance in review of the plan. An up-to date copy of the facility's entire plan shall be provided to the local jurisdiction's emergency management director.

The plan shall include, but is not limited to, the following:
1. A phased response ranging from relocation of residents to an immediate area within the facility; relocation to an area of refuge, if applicable; or to total building evacuation. This phased response part of the plan shall be consistent with the direction of the local fire unit or state fire marshal and appropriate for the fire or emergency;
2. Written instructions for evacuation of each floor including evacuation to areas of refuge, if applicable, and a floor plan showing the location of exits, fire alarm pull stations, fire extinguishers, and any areas of refuge;
3. Evacuating residents, if necessary, from an area of refuge to a point of safety outside the building;
4. The location of any additional water sources on the property such as cisterns, wells, lagoons, ponds, or creeks;
5. Procedures for the safety and comfort of residents evacuated;
6. Staffing assignments;
7. Instructions for staff to call the fire department or other outside emergency services;
8. Instructions for staff to call alternative resource(s) for housing residents, if necessary;
9. Administrative staff responsibilities; and

10. Designation of a staff member to be responsible for accounting for all residents' whereabouts.

The written plan shall be accessible at all times and an evacuation diagram shall be posted on each floor in a conspicuous place so that employees and residents can become familiar with the plan and routes to safety.

A minimum of twelve (12) fire drills shall be conducted annually with at least one (1) every three (3) months on each shift. At least four (4) of the required fire drills must be unannounced to residents and staff, excluding staff who are assigned to evaluate staff and resident response to the fire drill. The fire drills shall include a resident evacuation at least once a year.

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The facility shall keep a record of all fire drills. The record shall include the time, date, personnel participating, length of time to complete the fire drill, and a narrative notation of any special problems.

The fire alarm shall be activated during all fire drills unless the drill is conducted between 9 p.m. and 6 a.m., when a facility generated predetermined message is acceptable in lieu of the audible and visual components of the fire alarm.

Medicaid Policy and Reimbursement

1915 (c)Aged and Disabled Waiver (ADW)
https://mydss.mo.gov/mhd/waiver/aged-and-disabled

Citations

http://www.mohealthcare.com
https://health.mo.gov/safety/index.php
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