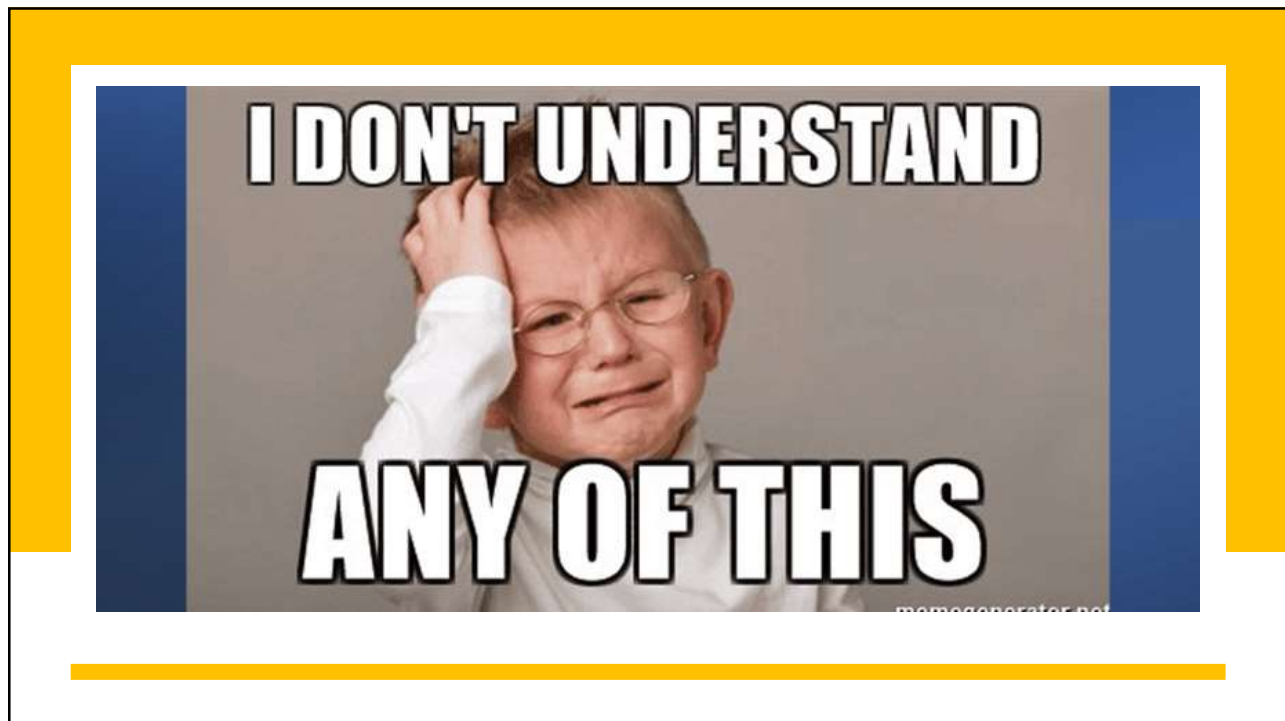


Assisted Living Regulation Overview



Lisa Biddle-Puffer
Director of Quality and Regulatory Affairs

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Agenda

- Legislative changes
- New regulations
- More legislative changes
- More regulations
- Amendments to regulations

3

Senate Bill 11 2022 Legislative Session

- allow assisted living communities to provide additional services
- expand the definition of "long-term care facilities" to include assisted living communities
- require a specific medical examination in the admission into assisted living communities
- change the certification process to a licensure process



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Senate Bill 11

2022 Legislative Session

- require staffing pursuant to service plan
- require orientation education prior to independently working with residents
- require culturally appropriate program
- biennial review process exclude assisted living communities from receiving citations as type A or type B violations

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Resident Criteria

Ambulatory definition change

BEFORE	AFTER
ability to walk without assistance	ability to walk, transfer, or move from place to place with or without hands-on assistance of another person, and with or without an assistive device, including but not limited to a walker or a wheelchair

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Temporary condition



The resident is expected to regain ambulatory ability within 6 months

documented by a licensed health care professional **and** written plan in place to mitigate risk



The resident receives hospice or other end-of-life services

documented by a licensed health care professional **and** written plan in place to mitigate risk


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Ownership

Must disclose relationships with each other

7-year look back into operation compliance

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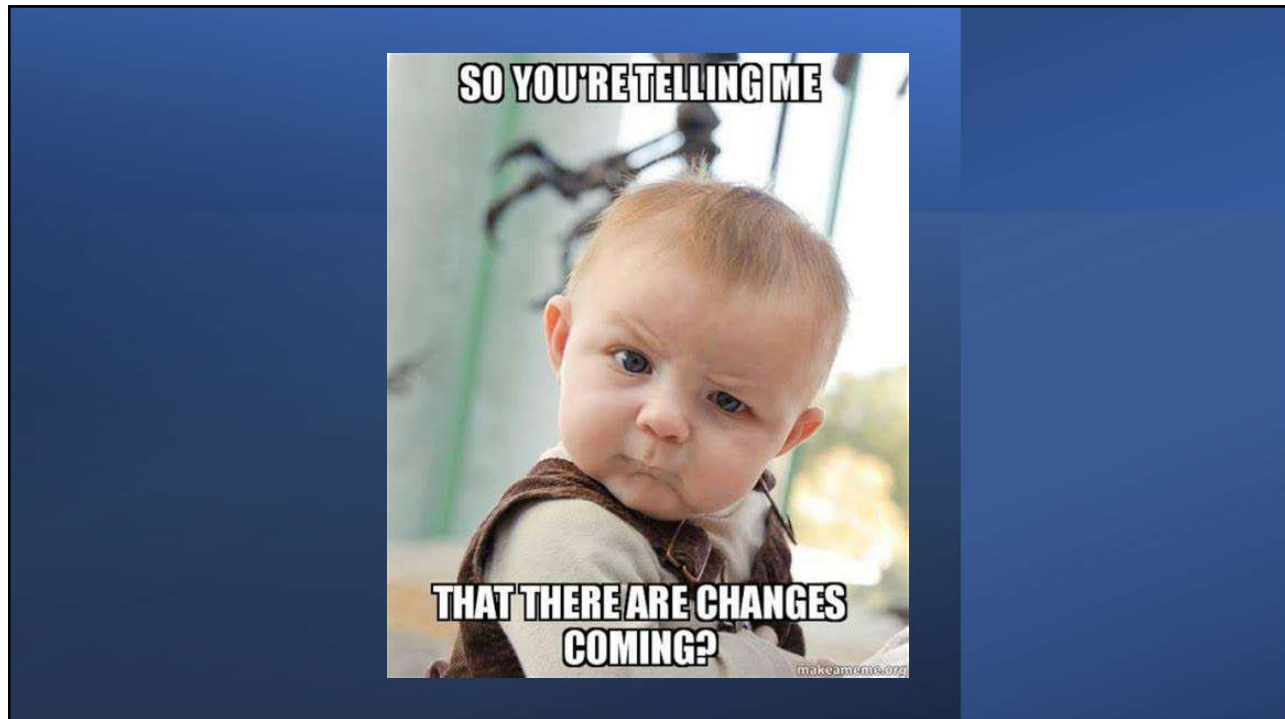


Senate Bill 11
2022
Legislative
Session

Dementia care requirements

- additional services (nonpharmacological, person-centered, evidenced based)
- continuing education training for managers
- development and implementation of additional policies
- only dementia trained employees unless emergency
- list of training topics
- support services to residents and loved ones

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Assisted Living regulations

- Private-Pay Apartment Style Personal Care becomes Assisted Living
- Enforcement by Office of Inspector General
- Licensure options
 - Social Model (ALC)
 - Basic Health Services (ALC-BH)
 - Dementia Care (ALC-DC)

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Enforcement

- Department of Aging and Independent Living will continue to enforce previous regulation
- New regulation in effect, but not enforced
- Office of Inspector General will enforce upon completion of transition

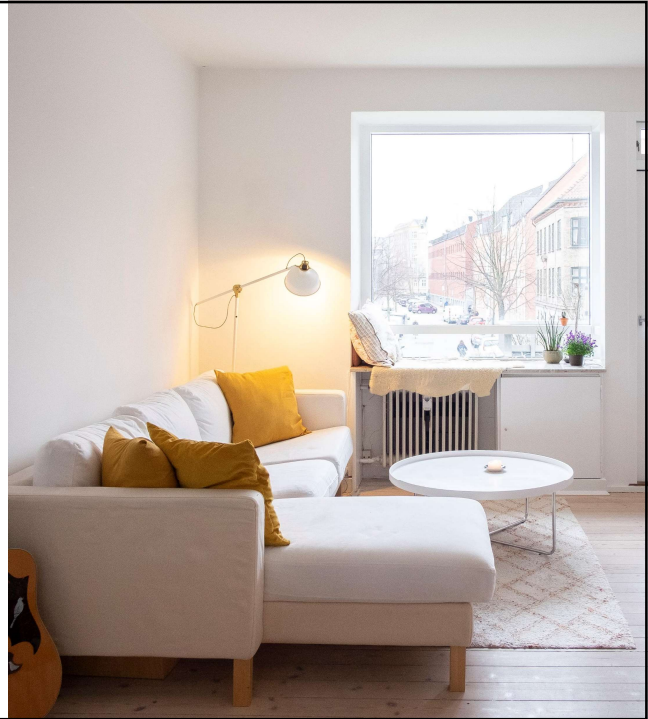


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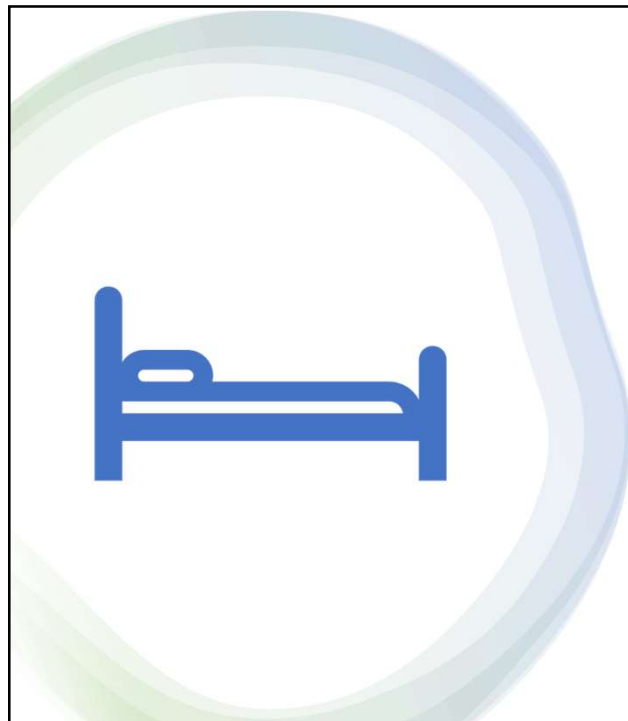
Apartment-style requirements

- at least 200 square feet
- lockable entry door unless secured dementia care unit
- private bath with a tub or shower
- window to the outdoors
- telephone jack
- individual thermostat control unless in a secured dementia unit if more than 20 units
- temperatures not under a resident's direct control for dementia care or fewer than 20 units
 - at least 71° in winter conditions
 - no more than 81° in summer conditions

MUST MEET ALL CRITERIA



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Licensure

- 60 days prior to annual renewal date
- License each unit for one type of care (survey by licensed bed)
- License for highest expected level of care
- The same campus cannot hold both ALC and ALC-BH
- ALC-BH will avoid disruption when care needs increase
- ALC or ALC-BH can combine with ALC-DC

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Specified Functional Needs Assessment

- Required upon move-in and change in condition, at least yearly
- Administered by staff person
 - with bachelor's degree in health or human services field **or**
 - associate's degree plus one year of experience
 - working with elderly **or**
 - conducting assessments
 - high school diploma plus 2 years experience


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Specified Functional Needs Assessment

- Ensures resident meets criteria, can participate in ADLs, and no likely risk of transmissible disease
- Ensures resident does not need 24-hour nursing supervision
- Ensures community can meet dietary needs

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Housing, Buildings and Construction

- Conversion to health care model may require a new certificate of occupancy classification
- Temporary condition allows for non-ambulatory residents up to 6 months
- Reclassification from Residential to Institutional Building Code
 - NFPA 101 Life Safety Code
 - Automatic smoke detection
 - Fire department communication
 - Occupant emergency notification

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SB 110 from 2023 Legislative Session

Section 4

Requires KBN to promulgate regulations to establish credentialing for medication aides

Section 5(2)(c)

Requires all long-term care facilities* that provide delegated medication administration to comply with medication aide staffing requirements

**This includes NF, ALC-BH, ALC-DC, PCH, SPCH, and ICF/IID*

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Certified Medication Aide proposed regulations

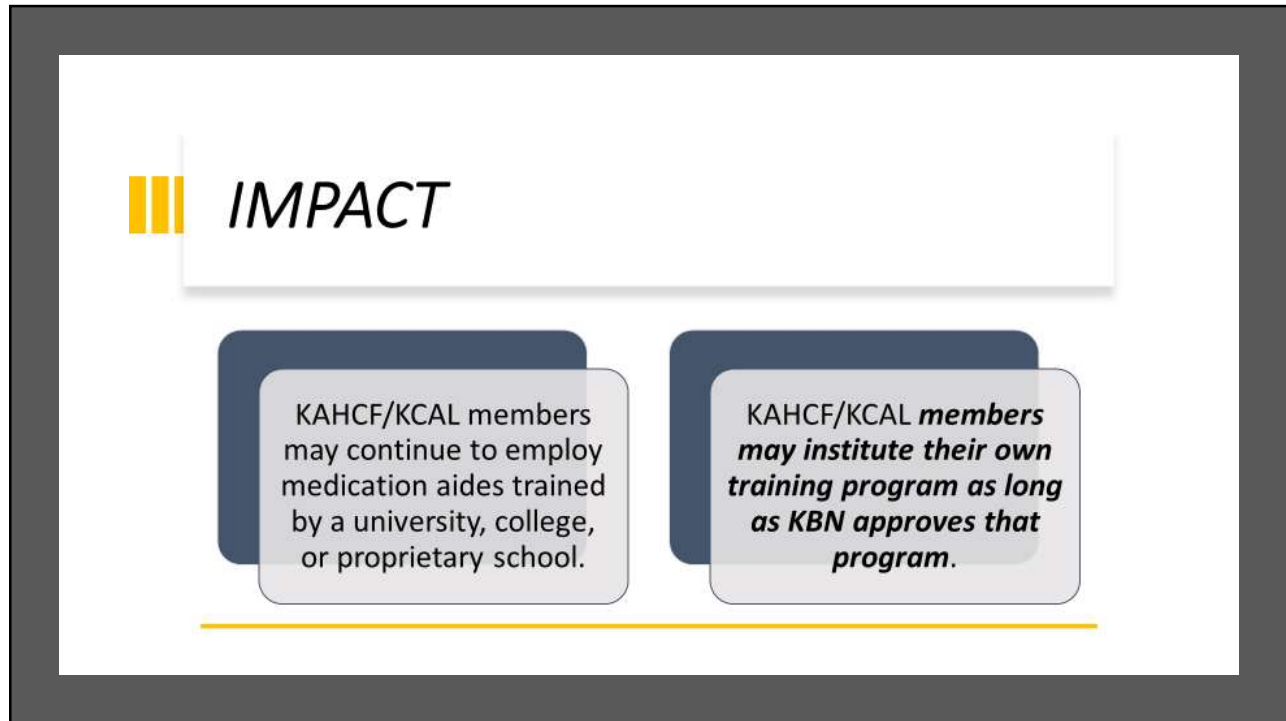


201 KAR 20:700

The Board of Nursing filed a proposed regulation that sets standards for medication aide training programs and credentialing of those medication aides.

- Medication Administration by unlicensed personal
- Board of Nursing approval for training program

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IMPACT

KAHCF/KCAL members may continue to employ medication aides trained by a university, college, or proprietary school.

KAHCF/KCAL *members may institute their own training program as long as KBN approves that program.*

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PROGRAM ADMINISTRATION

- The **program administrator** must be the facility administrator or a Registered Nurse.
- **Didactic and clinical instructors** must have an unencumbered nursing license to work in Kentucky.
- **Preceptors** must meet this same requirement or be a current certified medication aide with 6 months experience passing medications.
- **Applicants to work in a certified nursing facility** must have at least 6 months of continuous work experience as a State Registered Nurse Aide in a certified nursing facility.
- **Applicants to work in Assisted Living Communities or Personal Care Homes** do not require this.

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2 classes of certified medication aides

CMA I: can **administer oral and topical medication** in a long-term care facility with KBN-approved training

CMA II: can also **administer preloaded insulin injections** with KBN-approved training



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CMA I minimum requirements



2-week course including

40 hours didactic course
20 hours skills laboratory
40 hours direct patient contact with a clinical instructor



60 hours precepting



Upon completion, the candidate will be eligible for the **Medication Aide Competency Examination or another Board-approved examination.**

The candidate may have 2 attempts within 60 days of completion of the program.

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An applicant for a CMA II Program

must successfully
complete CMA I
training and an
approved examination



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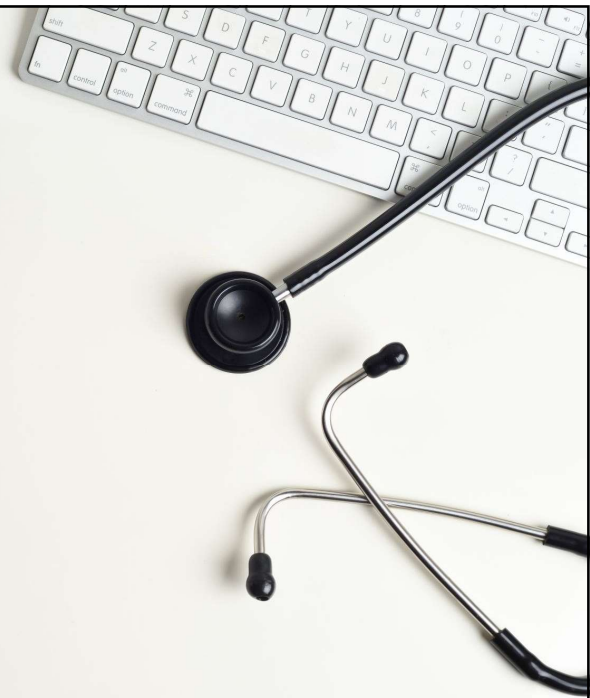
Current Kentucky Medication Aides

The Board will accept the credentials of a current Kentucky medication aide* as equivalent to a CMA 1.


- has successfully completed the medication aide examination administered by the Kentucky Community and Technical College System and
- has been administering oral or topical medications under the delegation of a nurse to a resident of a long-term care facility.

Please note there is a recertification requirement.

The credential for a CMA I or CMA II expires 1 year from the date of initial certification or recertification.



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KBN Responses to Provider Questions

Facilities may submit applications for training programs to the KBN through the portal now.

- Email training materials to kelly.jenkins@ky.gov.
- KBN is building the training application system in EDvera.
- **201 KAR 20:700 is not in effect yet.**
- Upon adoption of the regulation, KBN-approved training programs will be ready for implementation.

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KBN Responses to Provider Questions

A CMA II may dial up preloaded insulin pens for sliding scale insulin.

- NOTE: Assisted Living Centers must retain their social model status until DAIL transfers oversight responsibilities to OIG.
- A transition period is likely, to ensure a smooth rollout of the new regulation.
- After an ALC has converted to an ALC-BH or ALC-DC, facilities may begin using CMAs to administer delegated medications.

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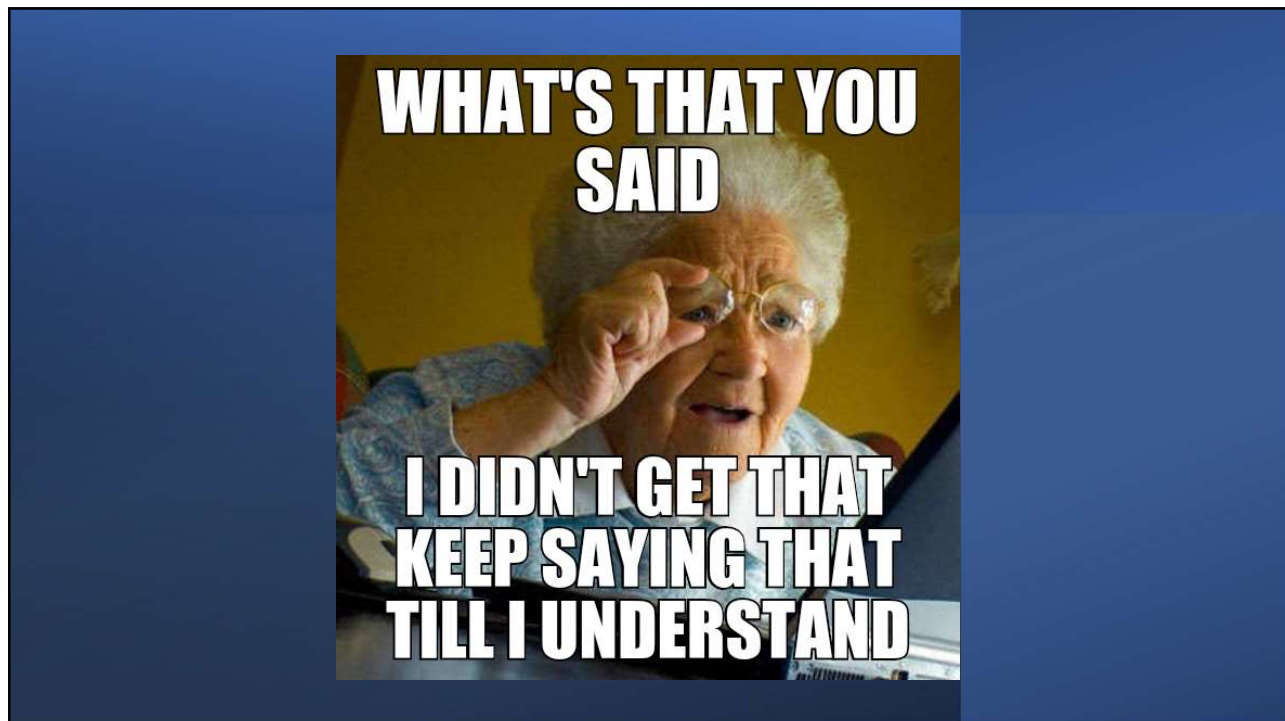


KBN Responses to Provider Questions

A CMA can administer routinely ordered controlled substances; however, PRN administration requires an assessment by a licensed nurse before and after administration.

The assessment can be completed virtually, and the CMA can administer the medication after the nurse confirms it is indicated.

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Amendment to Assisted Living Regulation to Address Administration of Controlled Substances

The OIG filed an agency amendment to the Assisted Living Regulations for review at the July Health Services Committee.

*This includes the following changes regarding **PRN (as needed) administration of controlled substances in Assisted Living Centers...***

A nurse may delegate medication administration of a regularly scheduled controlled substance to a CMA.

For a controlled substance ordered on a PRN (as needed) basis, the nurse must document an assessment of the resident prior to administration and following administration.

The nurse must document the administration in the resident's record.

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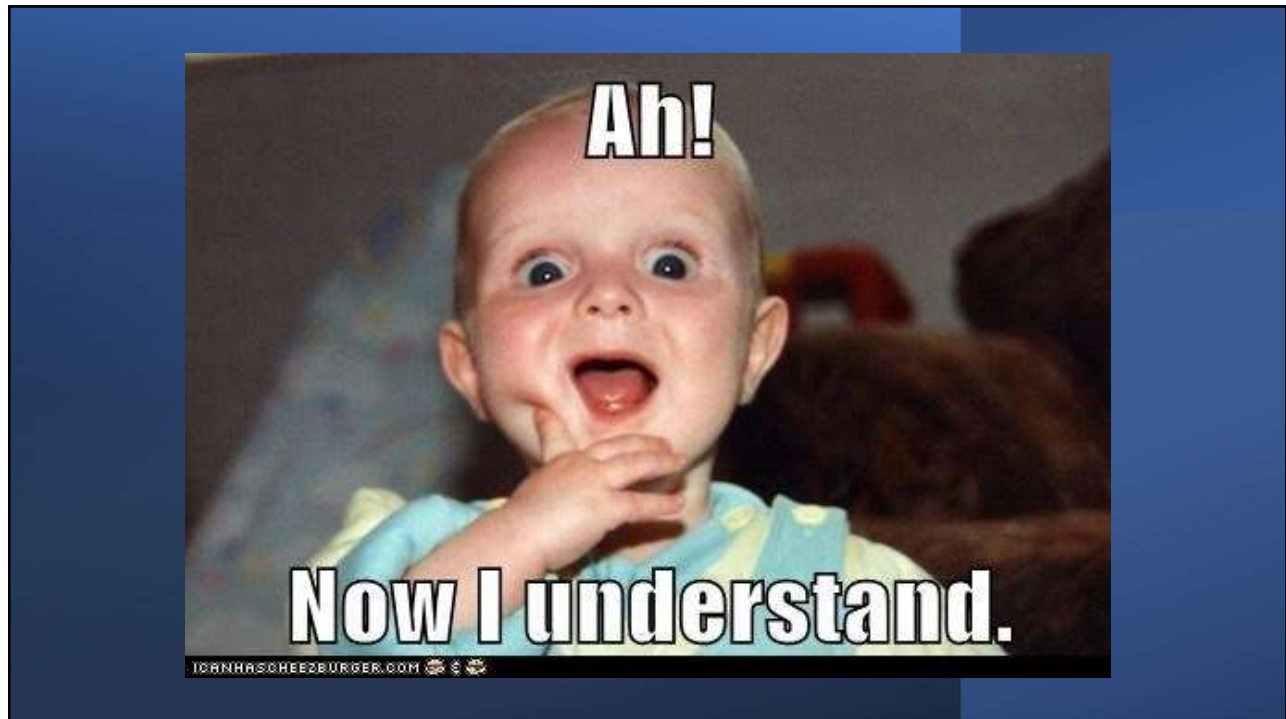
Amendment to Assisted Living Regulation to Address Administration of Controlled Substances

*This also includes the following changes regarding
self-administration of medications.*

- A nurse **OR STAFF PERSON** must document a monthly assessment for
 - Resident capability
 - Security of medication
- A resident may keep medication locked in central medication storage
 - ALC must permit entrance for self-administration
 - Staff member must remain for entire time the resident is present



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Questions

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