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ResearchReport

Assisted Living Facility Regulation

By: Nicole Dube, Principal Analyst
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Issue

Describe how Connecticut regulates assisted living facilities. This report updates OLR Report 2012-R-0244.

Summary

Connecticut does not license assisted living facilities; instead, it licenses and regulates the "assisted living service agencies" (ALSAs) that provide assisted living services. Only a Department of Public Health (DPH)-licensed ALSA can provide assisted living services, and it can only do so at a managed residential community (MRC). An MRC must meet DPH regulatory requirements by providing certain "core services," such as housekeeping and laundry services, to its residents before it can engage an ALSA to provide services. An MRC can become a licensed ALSA or can contract with an existing ALSA to provide services. According to DPH, there are currently 112 licensed ALSAs in the state that serve 142 MRCs.

Assisted Living Regulation

Assisted living residences primarily serve adults age 55 and older who need some health or nursing care or assistance with activities of daily living, including dressing, eating, bathing, and transferring from a bed to a chair, but not the skilled care a nursing home provides. Connecticut does not license these residences (often called assisted living facilities); instead, it licenses and regulates ALSAs. Only a DPH-licensed ALSA can provide assisted living services, and it can do so only at an MRC. DPH regulations govern ALSA services and specify requirements for MRCs (Conn. Agencies. Reg. § 19-13-D105).

MRC Requirements

An MRC must meet DPH regulatory requirements by providing certain "core services" to its residents before it can engage an ALSA to provide services. These services include:

1. three regularly scheduled meals per day;
2. regularly scheduled housekeeping, laundry service, and transportation for certain needs;
3. maintenance service for the living units;
4. social and recreational programs; and
5. 24-hour security and emergency call systems in each living unit.

An MRC must employ an on-site service coordinator who directly reports to the MRC's administrator. Among other responsibilities, the service coordinator must (1) help residents arrange to meet all their personal needs, (2) ensure all core services are available to residents, and (3) establish collaborative relations with provider agencies and support services.

An MRC must also enter into a written residency agreement with each resident that contains, among other things, (1) an itemized list of assisted living and other services the MRC will provide and (2) a full disclosure of all charges, fees, expenses, and costs the resident is to pay (CGS §19a-700).

An MRC can become a licensed ALSA or can contract with an existing ALSA to provide services at the MRC. It cannot provide health services such as medication administration or supervision, rehabilitation therapy, or nursing care to residents unless it is a licensed ALSA. It can contract with ALSAs, home health care agencies, or other licensed health care providers for these services (Conn. Agencies. Reg. § 19-13-D105(c)).

ALSA Requirements

DPH regulations require an ALSA to have bylaws and a governing authority, whose responsibilities must include policy and program development. The ALSA must have a designated office on the MRC site and establish written admissions criteria that do not impose unreasonable restrictions that screen out clients whose needs may be met by the agency. It must also establish a written complaint procedure and written policies for client discharges and the provision of services.

An ALSA can provide nursing and aide services directly, or it can contract with other organizations or individuals to provide these services. If it contracts for these services, the arrangements must be contained in a written contract or memorandum of understanding between the parties. An ALSA nurse or a contracted nurse is responsible for, among other things:

1. client admissions;
2. developing the client service program;
3. assessing clients as often as necessary based on the client's condition, but not less frequently than every 120 days, and acting promptly when a change in the client's conditions requires a change in his or her service program;
4. coordinating services with the client, family, and other appropriate individuals involved in the client's service program;
5. planning for clients who will no longer receive ALSA services;
6. referring clients to appropriate professionals or agencies when necessary; and
7. implementing or delegating responsibility for nursing services on a 24-hour basis.

The ALSA must retain an assisted living supervisor who must be a registered nurse (RN) and whose responsibilities include coordinating and managing all nursing and assisted living aide services provided to clients. The ALSA must also designate an RN to be on call 24 hours a day.

Residents Bill of Rights and Responsibilities

DPH regulations specify ALSA clients' rights and responsibilities (i.e., the bill of rights and responsibilities). The regulations require the ALSA to explain and give each client a written copy of the bill and of any subsequent changes to it. These include the right to:

1. a description of available services, charges, and billing;
2. participate in the planning of (or any changes in) the care to be furnished and to refuse recommended services;
3. have services provided by an individual or entity other than an ALSA;
4. make individual arrangements with an ALSA that does not have a formal contract with the MRC in which he or she resides; and
5. at any time, terminate or reduce the services an ALSA provides.

An MRC must also (1) inform each resident of his or her right to directly engage or contract with licensed health care providers to obtain needed health care services in his or her apartment or other space the MRC makes available and (2) arrange, at the resident's request and in conjunction with the ALSA, for ancillary medical services, including those of a home health agency (CGS 19a-697).

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