

## **Residential Supported-Living Services Conditions of Participation**

*Residential supported-living services may be provided for recipients who need assistance with the activities of daily living, but whose need for institutional level of care can be met through the support provided in a 24-hour residential supported-living setting. These services are provided in residential settings staffed 24 hours a day by awake personnel who must be on-site and available to meet both scheduled and unpredictable recipient needs. The residential settings must provide a home-like environment where supervision, safety, and security are available for recipients, and social and recreational activities are provided in addition to the services necessary to prevent institutionalization.*

*The provider who chooses to offer residential supported-living services must be certified as a provider of residential supported-living services under 7 AAC 130.220(a)(3), meet the requirements of 7 AAC 130.255, and operate in compliance with the Provider Conditions of Participation and the following standards.*

### **I. Program administration**

#### **A. Personnel.**

1. Residential supported-living services program administrator.
  - a. The provider must designate a residential supported-living program administrator who is responsible for day-to-day management of residential supported-living services and who may serve in dual capacity as the assisted living home administrator.
  - b. The provider may use a title other than program administrator for this position (e.g., program director, program manager, or program supervisor).
  - c. The administrator shall be qualified under 7 AAC 75.230 and manage the daily operations of the home, or the provider must designate an individual who meets the qualifications in 7 AAC 75.230 to provide onsite management for a minimum of 20 hours per week.
  - d. If the residential supported-living program administrator is not an assisted-living home administrator who meets the qualifications of 7 AAC 75.230, the individual employed as the residential supported-living program administrator must be at least 21 years of age, and qualified through experience and education in a human services field or setting.
    - i. Required experience: one year of full-time or equivalent part-time experience providing services to individuals in a human services setting in a position with responsibility for planning, development, and management or operation of programs involving service delivery, fiscal management, needs assessment, program evaluation, or similar tasks.
    - ii. Required education: high school or general education development (GED) diploma.
  - e. In addition to meeting education and experience requirements, the administrator must possess the knowledge base and skills necessary to carry out the residential supported-living services program.
    - i. The administrator knowledge base must include:
      - (A) the medical, behavioral, habilitative, and rehabilitative conditions and requirements of the population to be served; and
      - (B) the laws and policies related to Senior and Disabilities Services programs.
    - ii. The administrator skill set must include:
      - (A) the ability to evaluate, and to develop a service plan to meet the needs of the population to be served;
      - (B) the ability to organize, evaluate, and present information orally and in writing; and
      - (C) the ability to supervise professional and residential supported-living services staff.
  - f. The responsibilities of the residential supported-living program administrator must include:
    - i. orientation, training, and supervision of direct service workers;
    - ii. implementation of policies and procedures;
    - iii. intake processing and evaluation of new admissions;

- iv. participation in the development of plans of care in collaboration with care coordinators and other service providers;
  - v. ongoing review of the delivery of services, including:
    - (A) monitoring the amount, duration, and scope of services to assure delivery as outlined in the plan of care;
    - (B) assessing whether the services assist the recipients to attain the goals outlined in plan of care; and
    - (C) evaluating the quality of care rendered by direct service workers;
  - vi. development and implementation of corrective action plans for identified problems or deficiencies; and
  - vii. submission of required reports to Senior and Disabilities Services, including critical incident reports.
2. Residential supported-living services direct service workers.
- a. The provider must ensure that direct service workers meet the requirements of 7 AAC 75.240.
  - b. The provider must employ a number of direct service workers sufficient to implement the recipient's plan of care and to allow time for
    - i. a daily routine of unhurried assistance with bathing, dressing, and eating at times that meet the needs and preferences of each recipient;
    - ii. assistance with mobility, as needed;
    - iii. toileting and incontinence care to ensure comfort; and
    - iv. repositioning at a minimum of every two hours for recipients who require such assistance.

### **B. Training.**

In addition to the training required under 7 AAC 75.240, the provider must provide training to direct service workers regarding

1. understanding the needs of the population to be served;
2. recipient rights, including the right to privacy, the right to dignity and respect, and the right to freedom from coercion and restraint;
3. nutrition, hydration, and special diet needs of the recipient population;
4. risk factors and monitoring for skin integrity and urinary tract infections; and
5. fall prevention.

### **C. Monitoring services.**

1. The provider must monitor the delivery of residential supported-living services by direct service workers as frequently as necessary to evaluate whether the following conditions are met:
  - a. the services are furnished in accordance with the plan of care and in a timely manner;
  - b. the services are delivered in a manner that protects the recipient's health, safety, and welfare;
  - c. the services are adequate to meet the recipient's identified needs.
2. The provider must act to ensure substandard care is improved or arrange for service delivery from other direct service workers.

## **II. Program operations**

### **A. Evaluation of capacity to provide services.**

The provider must collaborate with the recipient and the recipient's care coordinator to determine whether, given the recipient's choices; diagnosis and needs, its direct service workers have the capacity to provide residential supported-living services for that recipient.

### **B. Recipient safety.**

The provider must

1. maintain reasonable awareness of the schedule and location of recipients who do not require supervision or an escort, when those recipients are absent from the assisted living home for the purposes of accessing services or engaging in activities in the community;

2. contact the recipient's representative or care coordinator when the provider is concerned about an emergent condition regarding the recipient's health, safety, or welfare while in the community;
3. notify both the recipient's representative and care coordinator when there is cause for concern about the recipient's health, safety, or welfare; and
4. report as critical incidents all falls experienced by recipients, whether or not evaluation by or consultation with medical personnel was needed.

**C. Services and activities.**

1. The provider must offer the following to recipients, and must incorporate recipient choice in activity and scheduling:
  - a. a full range of activities ordinarily available in a home, including the opportunity to socialize, to exercise, to participate in household activities, and to be outdoors; and
  - b. opportunities for contact with family and friends, including visits in the home where residential supported -living services are provided.
2. The provider must ensure that services and activities are
  - a. supportive of meaningful engagement by the recipient toward achievement of the outcomes and goals identified in the plan of care;
  - b. varied to meet the interests of the recipients and to promote participation in the greater community to the extent chosen by the recipient;
  - c. social, intellectual, cultural, emotional, physical, or spiritual in nature;
  - d. age appropriate to foster independence and promote dignity; and
  - e. planned jointly by staff and recipients, taking into consideration recipient health, abilities and disabilities, strengths and weaknesses, sensory challenges, interests and hobbies, culture, and life experiences and skills.