



Assisted Living Plans

DEPARTMENT OF HEALTH

DIVISION OF HEALTH
CARE SERVICES

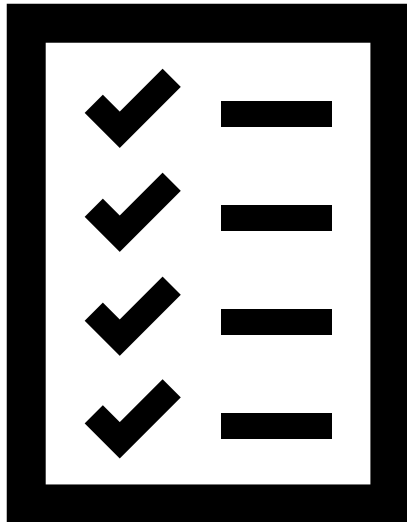
RESIDENTIAL LICENSING

Learning Objectives

At The end of this presentation, you will know:

- What is an assisted living plan?
- What elements are required in the assisted living plan?
- What are health-related services?
- What is a physician statement?
- What is the difference between a Support Plan and an assisted living plan?
- What can I do to further my knowledge?

AS 47.33.220. ASSISTED LIVING PLAN REQUIRED.



An assisted living home shall ensure that an assisted living plan for a resident of the home is developed, and approved by the resident or the resident's representative, within 30 days after the resident was admitted to the home.

This gives the ALH time to work with the resident, their representatives, and the service team to develop a plan to meet the specific needs of the resident.

Development of the Assisted Living Plan

The assisted living plan must be developed by the **resident** or the **resident's representative** with participation from:

The resident's service coordinator.

- Care Coordinator
- Social Worker
- Case Manager

Representatives of providers of services to the resident.

- Therapist
- Doctor
- Nurse
- Behavioral Health Specialist

The administrator of the home.



Plan Objective: Promoting Participation



An assisted living plan for a resident of an assisted living home must promote the resident's participation in the community and increased independence through training and support, to provide the resident with an environment suited to the resident's needs and best interests.

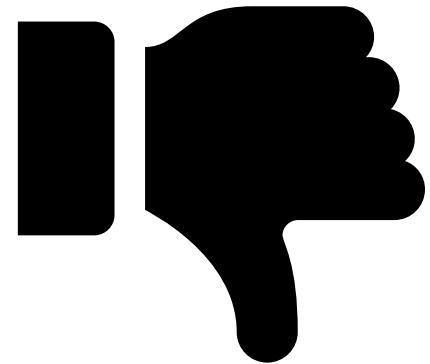


Plan Objective: Recognize Risks

An Assisted Living Plan needs to recognize the responsibility and right of the resident or the resident's representative to evaluate and choose, after discussion with all relevant parties, including the home, the risks associated with each option when making decisions pertaining to the resident's abilities, preferences, and service needs.

Accepting Risks

- Home will perform a risk assessments based on the residents needs and wants. Common risks include:
 - Falls
 - Medication Management
 - Independent Community Navigation
- The Home has the right to evaluate and to either consent or decline the resident's choice of risks.

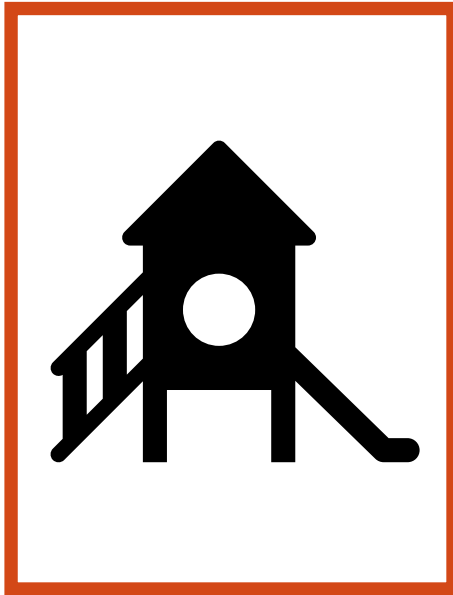
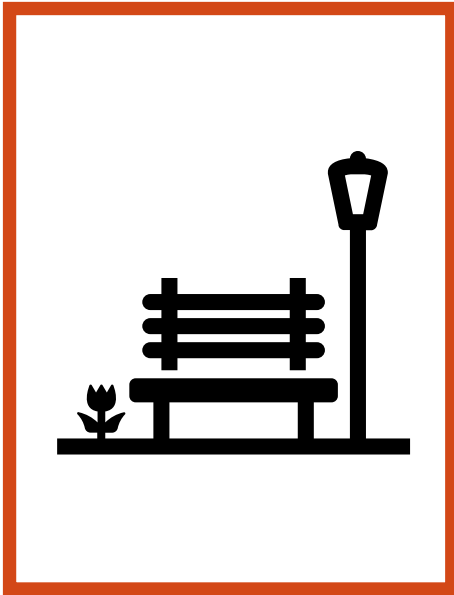


Physical Disabilities and Impairments

Describe/list any physical disabilities and impairments, and the aspects of the resident's medical condition, general health, emotional health, mental health, or other conditions or problems that are relevant to the services needed by the resident.

List of diagnosis, limitations, impairments.





Preference

The resident's preference in:

- Roommates
- Living environment
- Food
- Recreational activities
- Religious affiliation
- Relationships and visitation with friends, family members, and others

Activities of Daily Living

Activities of daily living (ADL's) are defined as walking, eating, dressing, bathing, toileting, and transfer between a bed and a chair.

ADL's consist of self-care tasks.

One way to think about basic ADL's is they are the things many people do when they get up in the morning and get ready to go out of the house: get out of bed, go to the toilet, bathe, dress, groom, and eat.

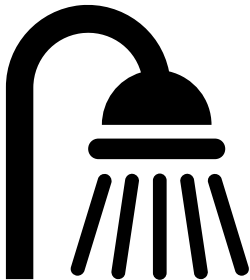


ADL's/Strength and Limitations



Identify specific activities of daily living with which the resident needs assistance.

Describe how assistance with the activities of daily living will be provided or arranged for by the home or the resident.



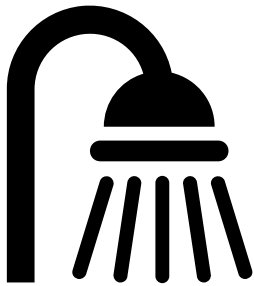
Identify the resident's specific strengths and limitations in performing the activities of daily living.



Training for Independence

List the frequency of the resident's training for independent living, if habilitation is part of the plan.

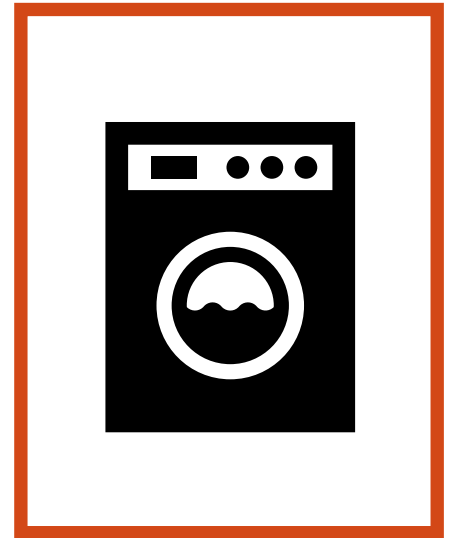
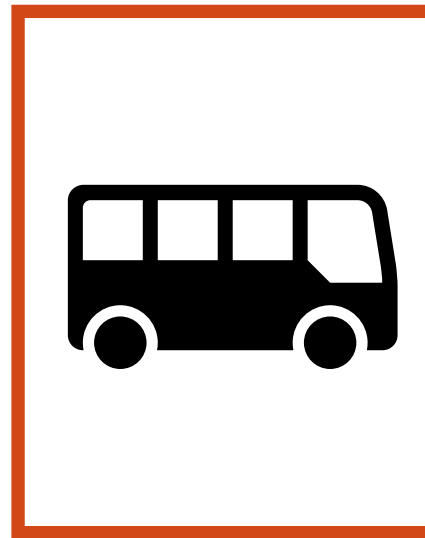
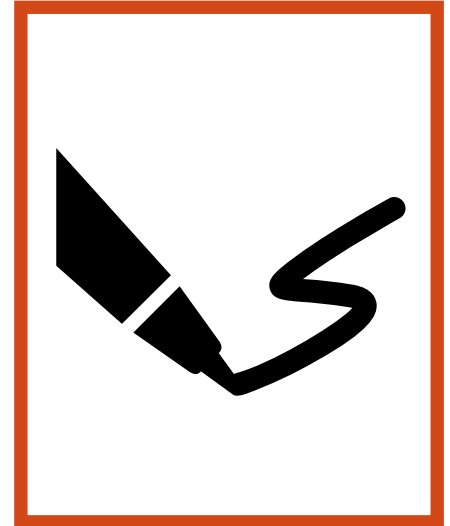
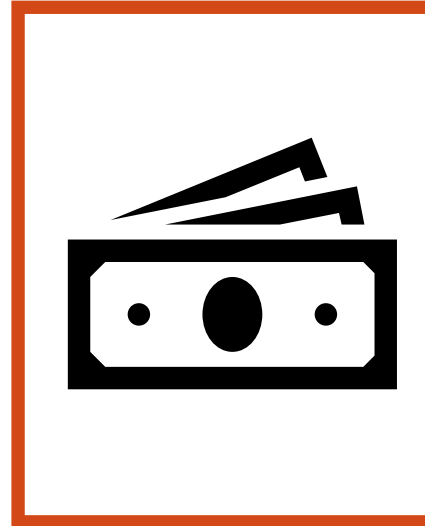
- Rehabilitation
- Training for independence
- Skills development
- Personal Goals



Instrumental Activities of Daily Living

Instrumental activities of daily living (IADLs) are not necessary for fundamental functioning, but they let an individual live independently in a community.

- Doing laundry
- Cleaning of living areas
- Food preparation
- Managing money and conducting business affairs
- Using public transportation
- Writing letters
- Obtaining appointments
- Using the telephone
- Recreational and leisure activities



Personal Care Needs

- The resident's need for personal assistance and how those needs will be met by home staff or another service provider from the community.
- Include assisting a resident in obtaining supportive services as provided for in the resident's assisted living plan.
- Include assisting a resident in obtaining instrumental activities of daily living, as provided for in the resident's assisted living plan.
- Includes being aware of a resident's general whereabouts while the resident is traveling independently in the community.
- Monitoring a resident's activities while on the home premises to provide for the resident's and others' safety and well being.

Health-Related Services

- The assisted living plan should describe the resident's need for health-related services and how that need will be met.
- Health-related service include:
 - Assistance with medication self-administration
 - Intermittent nursing services delegated by a nurse
 - Medication administration
 - Skilled nursing, provided by a nurse
 - Palliative Care
- If the assisted living home provides or arranges for the provision of health-related services to a resident, the home shall ensure that a registered nurse licensed under AS 08.68 reviews the portion of an assisted living plan that describes how the resident's need for health-related services will be met; and physician's statement about the resident is included in the plan.
- A nurse review and physician statement are considered part of the assisted living plan and if the assisted living plan expires a new nurse review and physician statement will be needed, often the case if the Home only use's the resident Support Plan.



Health Related Services :

Assistance with medication self-administration

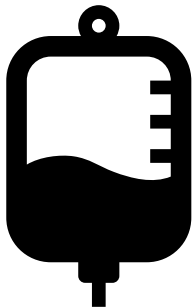
- A resident has the right to self-administering their own medications and store the medication in their room, unless their assisted living plan specifically states otherwise.
- An assisted living home may supervise the resident's self-administration of medications including:
 - Reminding a resident to take medication.
 - Opening a medication container or prepackaged medication for a resident.
 - Reading a medication label to a resident.
 - Observing a resident while the resident takes medication.
 - Checking a resident's self-administered dosage against the label of the medication container.
 - Reassuring a resident that the resident is taking the dosage as prescribed.
 - Directing or guiding, at the request of the resident, the hand of a resident who is administering the resident's own medications.
- The supervision may be performed by any home staff person.



Health Related Services: Intermittent Nurse Services

- An assisted living home may provide intermittent nursing services to a resident who does not require 24-hour nursing services and supervision.
- Intermittent nursing services may be provided only by a nurse licensed under AS 08.68 or by a person to whom a nursing task has been delegated.
- A person who is on the staff of an assisted living home and who is not a nurse licensed under AS 08.68 may perform a nursing task in that home if.
 - The authority to perform that nursing task is delegated to that person by a nurse licensed under AS 08.68; and
 - That nursing task is specified in regulations adopted by the Board of Nursing as a task that may be delegated.



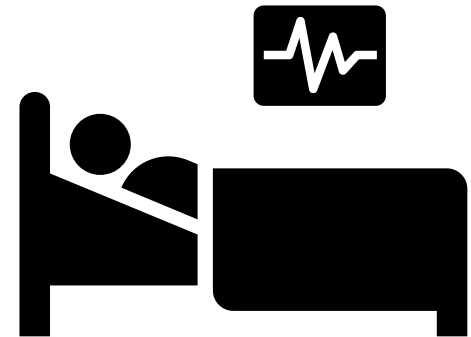


Health Related Services: Skilled Nursing Care

- A resident who needs skilled nursing care may, with the consent of the assisted living home, arrange for that care to be provided in the home by a nurse licensed under AS 08.68 if that arrangement does not interfere with the services provided to other residents.
- Examples:
 - Home Dialysis
 - Managing unstable medical conditions
 - Trachea Care
 - Managing a newly placed G or J Tube
 - Wound Care
 - Any care requiring IV or injections

Health Related Services: 24 Hour Skilled Nursing Care

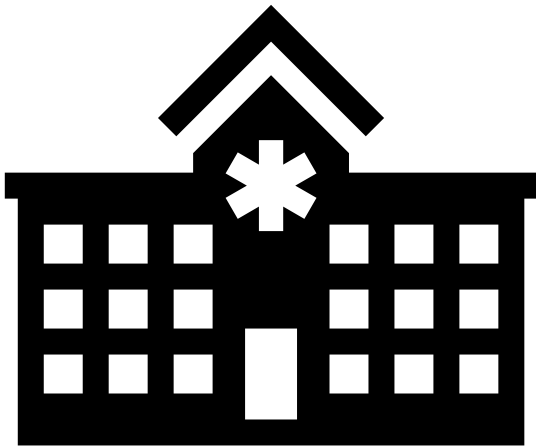
As part of a plan to avoid transfer of a resident from the home for medical reasons, the home may provide, through the services of a nurse who is licensed under AS 08.68, 24-hour skilled nursing care to the resident for not more than 45 consecutive days.



Health Related Services: 24-Hour Skilled Nursing Care

- If a resident has received 24-hour skilled nursing care for the 45-day limit, the resident or the resident's representative may elect to have the resident remain in the home without continuation of 24-hour skilled nursing care if the home agrees to retain the resident after the home and either the resident or the resident's representatives have consulted with the resident's physician; the home and either the resident or the resident's representative have discussed the consequences and risks involved in the election to remain in the home.
- The portion of the resident's assisted living plan that relates to health-related services has been revised to provide for the resident's health-related needs without the use of 24-hour skilled nursing care, and the revised plan has been reviewed by a registered nurse licensed under AS 08.68 or by the resident's attending physician.

End of Life Care



- A terminally ill resident may remain in the home if the home and either the resident or the resident's representative agree that the resident may remain in the home; and the resident is under the care of a physician who certifies that the needs of the resident are being met in the home.
- The 45-day time limitation of does not apply in the case of a terminally ill resident.

Nurse Review of Health-Related Services

- If the Home provides any health-related services a licensed nurse under AS 08.68 will need to review the health-related services section of the resident's assisted living plan to verify the Home can meet the resident's health-related services needs.
- This can be accomplished by the nurse signing the assisting living plan or providing supporting documentation they have reviewed the resident's health-related service.
- The nurse signing the assisted living plan is not assuming responsibility for the resident or any delegable nursing services the resident may receive.
- Anytime, a resident's need for health-related services change or if the assisted living plan passes an end date, or expires, the Home will need a new nurse review of the health-related services.
 - Examples of a change in health-related services:
 - Resident previously required assistance with medication self-administrator, but now require medication administration, or vice versa.
 - Resident has a change of health status and now requires end of life care.

Physician Statement

A physician's statement is a written statement by a person's primary physician that includes a medical history and physical, not older than six months (of when the resident is admitted); list of the person's complete current medicine regimen; and statement of current therapy regimen necessary to maintain or increase the person's functioning, mobility, or independence.

Any resident receiving any health-related services is required to obtain a physician statement to accompany the resident's assisted living plan upon its creation, or if a resident status changes to include any health-related services.

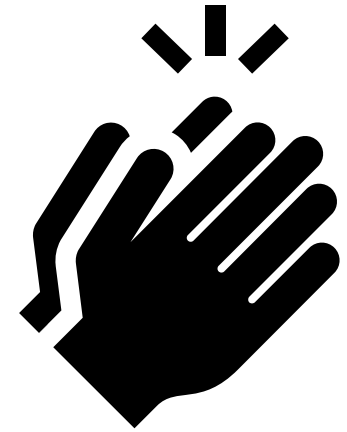
A physician's statement is a living document that will accompany the resident's assisted living plan and may not be a single document that will meet the resident's needs from admission till they pass or leave the home.

Reasonable Wants

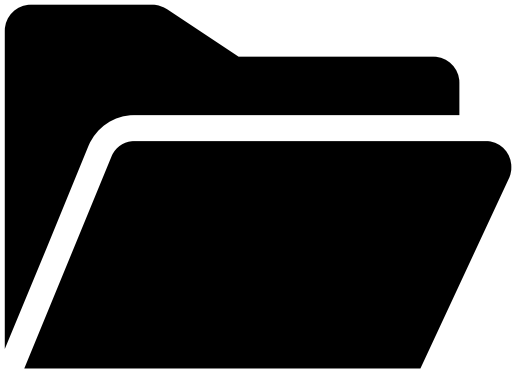
- The assisted living plan should address any of the resident's reasonable wants and the services that will be used to meet those requests.
- For example:
 - Participating in special interest groups.
 - Not wanting assistance while sleeping.
 - Accessing the community or medical appointment independently.
 - Receiving personal care from a staff of a certain sex.

Approval

- If a person's reasonable wants and needs can be met by a particular assisted living home and a decision is made to enter a residential services contract between the person and the home, the resident's assisted living plan shall be approved, dated, and signed by the administrator of the home and either the resident or the resident's representative.



Distribution



- The assisted living plan shall be retained by the home in the resident's file and should be available for staff to review.
- The assisted living plan does not have to be kept at the Home, but if not, staff should be adequately trained on the plan to ensure they are meeting the resident needs.
- It is a violation of a resident's right to receive quality care, if the home fails to provide the services agreed upon in a resident's assisted living plan.
- The home shall provide a copy of the plan to the resident and to the resident's representative if any.

Evaluations

- An assisted living home resident or the resident's representative, and the home administrator or the administrator's designee, shall evaluate the resident's assisted living plan, determine whether the plan is meeting the resident's reasonable wants and needs, and revise the plan if necessary.
- At the request of the resident or the resident's representative, the resident's service coordinator, if any, and family members may participate in the evaluation.
- If the assisted living home provides or arranges for the provision of health-related services to a resident, the resident's evaluation shall be done at three-month intervals.
- If the assisted living home does not provide or arrange to provide health-related services to a resident, the resident's evaluation shall be done at least at one-year intervals.
- The administrator or the administrator's designee shall document the results of the evaluation in the resident's record; sign and date any revisions to the resident's assisted living plan; place a copy of the revisions in the resident's file; and provide the resident and the resident's representative, if any, with a copy of the revisions.
- The assisted living plan is a living document and should change as the resident's wants and needs change.

Support Plan's:

Home and Community Medicaid Wavier Plan of Care

An assisted living home can use an individual's Support Plan in lieu of an assisted plan if the Support Plan includes all the necessary components of an assisted living plan.

If a resident has a Support Plan and the ALH creates their own Assisted Living Plan, information from the Support Plan should be used when creating the Assisted Living Plan.

Note: If a Support Plan is expired, it will not be accepted as a current assisted living plan.

Quarterly evaluations of the Support Plan must be conducted, and the Home's can create their own addendums to update the plan until the plan is renewed.

Support Plan vs Assisted Living Plan

Residential Licensing encourages assisted living homes to still create their own assisted living plans for residents with Support Plans.

Support Plan's are created by a resident's care coordinator and may not truly explain how services will be provided to a resident by the Home.

Assisted living plan's often do not have an expiration date or end date, unlike Support Plan that do have an expiration date. Having both documents ensure the Home has a current Assisted Living Plan should the Support Plan expire.

Support Plan's may contain elements of the physician statement, but often do not meet all the requirement needed to be in compliance.

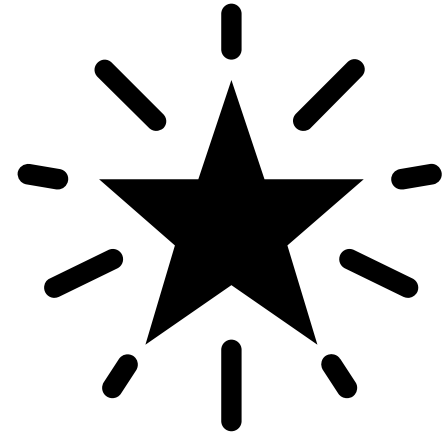
What makes an effective assisted living plan?

- An effective assisted living plan:
 - Clearly explains the services a resident will receive and how they will receive them.
 - Is written in plain language.
 - Is concise, not vague, and answers each section completely.
 - Is easily understood by care providers.
 - Is regularly updated to reflect the resident's changing status.
 - Addresses all areas of a resident's needs and clearly documents when a service is not needed.
 - Reflects the resident's actual preferences, not what is currently in place.
 - Is made in conjunction with the physician statement and the resident's team.
 - As part of the screening process, request a physician statement for resident's you're highly considering for admission. So, you are not waiting for it once they are admitted to create their assisted living plan.
 - Reflects the services the Home can provide and are consistent with the list of services the Home has offered.

Assisted Living Plans Do's

Do's:

- Create an assisted living plan within 30 days of admitting a resident.
- Work with the resident and all relative parties to ensure the resident's needs are addressed.
- Ensure your plan is easy to read and can be an effective document for your caregivers to reference.
- Update the assisted living plan and physician statement as the resident needs change.
- Create an assisted living plan regardless if the resident has a Support Plan.
- Ensure a nurse reviews the health-related services if the Home is offering them to the resident.
- Ensure the plan does not contradict the Support Plan or and other documentation.
- Ensure the plan addresses any right's under AS 47.33.300 a resident may not be afforded to ensure their safety is documented and explained.



Sample Assisted Living Plan

- The Department provides a sample assisted living plan the Home may use.
- The sample assisted living plan can be found on the Residential Licensing website:

<https://health.alaska.gov/dhcs/Pages/cl/ALH%27s/Provider-Resources.aspx>

Furthering your Knowledge: Statutes and Regulations

- To further your knowledge, review the following:
 - Statutes:
 - 47.33.020 Health – related services allowed in assisted living homes.
 - 47.33.220 Assisted Living Plan required.
 - 47.33.230 Assisted Living Plan contents; distribution.
 - 47.33.240 Evaluation of assisted living plan.
 - Regulation:
 - 7 AAC 75.300. Assisted living plan.

See our website for an easy link to access the statutes and regulations:

<https://health.alaska.gov/dhcs/Pages/cl/all/default.aspx>

Furthering your Knowledge: Training

If you want to further your ability to create an effective assisted living plans the Alaska Core Competencies, provided by the Alaska Training Cooperative, is a great training that can further your knowledge.

To learn more about the Alaska Core Competencies visit:

<https://www.uaa.alaska.edu/academics/college-of-health/departments/center-for-human-development/alaska-training-cooperative/index.cshtml>

Or contact Riki Chapman

Phone: 907-264-6257

E-mail: racook@alaska.edu

Questions or Comments

- If you have any additional questions or concerns, please follow-up with your assigned licensing specialist and/or their supervisor.
- Questions and concerns can also be sent to ALH.Newhome@alaska.gov.

