

REPORT TO THE LEGISLATURE

Medicaid Acceptance in Assisted Living Facilities

Chapter 297, Laws of 2022
ESSB 5693, Section 204 (50)

November 15, 2022

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Executive Summary

Engrossed Substitute Senate Bill 5693 section 204(50) requires that the Department of Social and Health Services (the department) submit a report summarizing the rules for resident discharge and notification requirements for Assisted Living Facilities (ALFs) to the Governor and appropriate legislative committees by December 30, 2022.¹ It also requires that the department includes recommendations related to disclosure of ALF providers' terms and conditions for accepting residents funded by Medicaid. This report fulfills these two requirements. Additional reporting of Medicaid resident utilization and access to ALFs is required in 2023.

The department received input from its community partners to develop the recommendations related to disclosure of providers' terms and conditions for Medicaid acceptance. Appendix 2 contains a list of all contributors.

Assisted living facilities are licensed to provide housing, meals and assistance with personal care and health related services based on the individual needs of the resident. The Revised Code of Washington (RCW) and Washington Administrative Code (WAC) address provider requirements. See Appendix 3 for the internet links to the chapters.

In 2000, a group of stakeholders and the department created an optional form that ALFs could use or adapt for use as an admission and financial agreement. See Appendix 4 for the Sample Boarding Home Resident Admission Agreement for Medicaid Residents form.² The department recommends re-establishing a work group to update and promote the form. Standardizing information about Medicaid requirements for ALFs would benefit prospective residents who visit multiple facilities before selecting an ALF.

Assisted living facilities must submit a [Disclosure of Services \(DOS\) form](#) prior to initial facility licensure and upon request to DSHS representatives as stated in RCW 18.20.300, Assisted Living Facilities – Domiciliary Care

¹ See Appendix 1: Engrossed Substitute Senate Bill 5693 Section 204(50).

² When the form was drafted ALFs were referred to as boarding homes. The Sample Boarding Home Resident Admission Agreement Medicaid Resident form is contained in Appendix 4 and is located online at: <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Ffortress.wa.gov%2Fdshs%2Fadsaapps%2FProfessional%2Fletters%2FBH%2F2001%2F01-017%2520-%2520Attachment%25204%2520-%2520Medicaid.doc>.

Services – Scope of Services – Disclosure Form.³ Assisted living facility statute mandates when the form must be provided to prospective residents or their representatives.⁴ A work group comprised of department staff, providers and the ALF provider associations met to revise the DOS. Their work was suspended in 2017. The department recommends re-establishing a similar work group to revise the DOS form and to enhance various sections including Section 15, Medicaid Support.

Residents funded by Medicaid are required to pay a portion of their income for rent, known as room and board. Medicaid residents with income at the Federal Benefits Rate (FBR) of \$841 per month are required to pay for room and board. After keeping \$75.36 for their Personal Needs Allowance, they are required to pay the remaining \$765.64 for room and board to the ALF. Residents with income over the FBR may be required to pay more than the room and board amount toward their cost of care. The Centers for Medicare and Medicaid does not allow Medicaid to be used to pay for room and board, only the portion of the costs for the provision of personal care services. While the room and board portion of the rate is included in the DSHS-published Medicaid rates, the room and board portion is not included in provider reimbursements from DSHS. Providers are directly responsible for collecting those funds from residents yet report difficulty in doing so.

One provider reported a revenue loss of \$100,000 in 2021 due to nonpayment of room and board by eleven Medicaid funded residents.⁵ This type of nonpayment contributes to financial challenges for ALF providers that negatively influences their decision to maintain their Medicaid contracts. The loss of Medicaid beds threatens the ability of the department to meet current and future projected demand for long-term care services and supports. A statement by the ALF provider associations addressing nonpayment of room and board is contained in Appendix 6.

The department recommends amending the RCW and WAC to require ALFs to disclose their policies on required payments for residents funded by Medicaid, discharge procedures for nonpayment and assistance offered for relocation. RCW 18.20.300, Domiciliary Care Services – Scope

³ Disclosure of Services Required by RCW 18.20.300 DSHS 10-351 (Rev. 03/2017), <<https://www.dshs.wa.gov/sites/default/files/forms/pdf/10-351.pdf>>. See Appendix 5.

⁴ WAC 388-78A-2720, Assisted Living Facility Licensing Rules – Timing of Disclosure.

⁵ Jen Drake, Director of Business Development for Cascades Park Communities, Microsoft Teams meeting held on July 17, 2022.

of Services – Disclosure Form and 388-78A-2665 WAC, Resident Rights – Notice – Policy On Accepting Medicaid as a Payment Source, should be revised to include these three additional requirements.

WAC 388-78A-2710, Disclosure of Services, requires that ALFs complete the DOS form and provide it upon request to prospective residents or their representatives. Section 15, Medicaid Support of the form relates to Medicaid acceptance and provides little information. Expanding this section to include standardized language relating to Medicaid acceptance, payment requirements and discharge policies is recommended so that all prospective residents and their representatives receive the same information regardless of which facility they are considering for admission.

The department provides two websites, known as locators, that allow the public to search for profiles of every licensed adult family home (AFH)⁶ and ALF⁷ in the state. Unlike ALFs, RCW requires that AFH DOS forms are posted on the AFH Locator.⁸ While the ALF Locator provides the types of Medicaid contracts held by some ALFs, there is no explanation of what these contracts entail. Prospective residents and/or their representatives may encounter significant difficulties in researching ALFs that accept certain types of residents and under which type of Medicaid contract. By expanding the DOS form to contain more information about the services provided under these Medicaid contracts and posting these forms to the ALF Locator, ALFs can better inform the public by disclosing their Medicaid contract information and terms and conditions for Medicaid acceptance.

Conclusion

Revising the RCW and WAC, expanding the ALF DOS form and posting the forms on the online ALF Locator are the department's recommendations to better inform the public regarding Medicaid acceptance in ALFs. By expanding the DOS to provide specific information about the services provided under the various Medicaid contracts and posting this information on the ALF Locator, prospective residents and their families would be better informed when selecting an ALF that accepts Medicaid funding.

⁶ The AFH Locator website is located online at:
<<https://fortress.wa.gov/dshs/adsaapps/lookup/AFHPubLookup.aspx>>.

⁷ The ALF Locator website is located online at:
<https://fortress.wa.gov/dshs/adsaapps/lookup/BHPubLookup.aspx>.

⁸ RCW 70.128.280 Required disclosure – Forms – Decrease in Scope of Care, Services, Activities – Notice – Increased needs of a resident – Denial of Admission to a Prospective Resident.

Engrossed Substitute Senate Bill (ESSB) 5673

ESSB 5673 section 204(50) contains two reporting requirements by the department. The first report is due to the Governor and appropriate legislative committees by December 30, 2022. The report must provide a review and summary of discharge regulations and notification requirements for assisted living facility providers. It must include recommendations related to the disclosure of providers' terms and conditions for Medicaid acceptance. Following the submission of this report, the department is required to review and report on Medicaid utilization and access to assisted living facilities through the end of the 2021-2023 fiscal biennium.

Assisted Living Facilities in Washington

An assisted living facility means any home or other institution that is advertised, announced or maintained for the purpose of providing housing, basic services and assuming general responsibility for the safety and well-being to seven or more residents (if licensed after July 1, 2000).⁹ There are over 540 ALFs licensed by the department. In July 2022, there were 37,785 licensed ALF beds.¹⁰ The department offers ALFs four basic contracts for the Medicaid program.¹¹ See Appendix 7 for additional information.

The Medicaid rates established for these basic contracts ranges from the lowest rate of \$84.86 per day in the state's rural communities to the highest rate of \$180.28 per day in King County.¹² The rates are determined by the department's assessment tool and are based on the personal care needs of the resident. The room and board portion residents are required to pay the ALF is determined by the Health Care Authority and is not reimbursed by the department. In State Fiscal Year 2022 approximately 9,455 Medicaid clients received services in an ALF.¹³

⁹ WAC 388-78A-2020 Assisted Living Facility Licensing Rules – Definitions.

¹⁰ Data source: Ad hoc report run on the DSHS Facilities Management System data on 7/14/2022.

¹¹ WAC 388-110-020 Contracted RCS – Definitions.

¹² Community Residential Daily Rates as of July 1, 2022, accessed at: <<https://www.dshs.wa.gov/altsa/management-services-division/office-rates-management>>, on August 23, 2022, Office of Rates Management DSHS.

¹³ Total Distinct Clients served by contract type pulled via ProviderOne paid claims, 9/29/2022.

Stakeholder Participation

The department held stakeholder meetings with the associations representing ALFs (LeadingAge Washington and Washington Health Care Association), an ALF provider, the State Long-Term Care (LTC) Ombudsman and State Developmental Disabilities (DD) Ombuds, the Indian Policy Advisory Committee (IPAC) Aging and Long-Term Support Administration (ALTSA) Subcommittee, the ALTSA Office of the Deaf and Hard of Hearing (ODHH), and AARP Washington. The provider associations, two ombuds and a member of the IPAC ALTSA Subcommittee had the opportunity to provide input on the draft report. Appendix 2 contains a complete list of contributors who assisted with this report.

In addition to collaborating with external stakeholders and department stakeholders, the department completed online research of other states' regulations. Appendix 8 contains a report of other states' regulations related to resident rights, admission, Medicaid, disclosure and discharge.

Summary of Washington State Statutes and Rules Relating to Resident Rights, Admission, Medicaid, Disclosure and Discharge in Assisted Living Facilities

The following is a summary of the regulations for ALFs relating to:

- Resident rights;
- Admission;
- Medicaid funding for activities of daily living and health support services;
- Disclosure of care and services; and
- Discharge.

The RCW and WAC relating to these requirements are contained in:

- Chapter 70.129 RCW, Long-Term Care Resident Rights
- Chapter 18.20 RCW, Assisted Living Facilities
- Chapter 388-78A WAC, Assisted Living Facility Licensing Rules
- Chapter 388-110 WAC, Contracted Residential Care Services

This summary highlights portions of the RCW and WAC. See Appendix 3 for the internet addresses for the RCW and WAC referenced in this report.

Resident Rights

RCW and WAC Relating to Resident Rights

Chapter 70.129 RCW, Long-Term Care Resident Rights

This chapter includes statutes related to admission, disclosure, transfer and discharge requirements. It also requires facilities to disclose their policies on accepting Medicaid as a payment source.

RCW 70.129.160, Ombuds Implementation Duties

The role of the long-term care ombudsman is established in RCW 70.129.160. It requires that the ombudsman determines the degree to which ALFs ensure that residents are able to exercise their rights.

Chapter 18.20 RCW, Assisted Living Facilities

This chapter repeats many of the rights included in chapter 70.129 RCW, Long-Term Care Resident Rights.

WAC 388-78A-2660, Resident Rights

This WAC requires the facility to comply with the long-term care resident rights contained in chapter 70.129 RCW, Long-Term Care Resident Rights. The facility is required to reasonably accommodate residents consistent with applicable state and federal laws.

Admission to an Assisted Living Facility

RCW Relating to Admission

RCW 70.129.030, Notice of Rights and Services – Admission of Individuals

To comply with this RCW, a facility must inform the resident both orally and in writing in a language that the resident understands of their rights and all rules and regulations governing their conduct and responsibilities during their stay in the facility. The facility must provide this notification prior to or upon admission and record receipt of the information in writing.

Prior to admission and at least every 24 months thereafter the facility must inform the resident or their representative of the following:

- Services, items and activities customarily available in the facility or arranged by the facility as permitted by its license;
- Charges for those services, items and activities; and
- Charges not covered by the facility's per diem rate or applicable public benefits program.

Facilities with seven or more residents must provide 30 days' advance notice prior to making changes to services or charges. Facilities licensed for six or fewer residents must give 14 days' advance notice.

The facility must promptly notify the resident or resident representative when there is a decision to transfer or discharge the resident from the facility.

Medicaid

RCW and WAC Relating to Medicaid Acceptance

RCW 70.129.180, Facility's Policy on Accepting Medicaid as a Payment Source – Disclosure

WAC 388-78A-2665, Resident Rights – Notice – Policy on Accepting Medicaid as a Payment Source

Both RCW and WAC require that the facility must clearly state the circumstances for accepting Medicaid eligible residents and for those who become eligible for Medicaid after admission. This must be provided orally and in writing in a language the resident understands. It must be provided to prospective residents before admission and to any current residents who were admitted before this requirement for notice took effect if they did not receive copies prior to admission. The notice must be on a separate document in at least 14-point font and signed and dated by the resident.

Additional RCW and WAC Relating to Medicaid

RCW 18.20.440, Withdrawal from Medicaid Program – Notice – Duties

This RCW provides requirements when an ALF voluntarily withdraws from participation in the Medicaid program. The ALF is not permitted to transfer or discharge residents:

- Who were receiving Medicaid on the day before the effective date of the withdrawal from Medicaid; or
- Who have been paying privately for at least two years and will become eligible for Medicaid within 180 days of the date of the facility's withdrawal from the program.

The facility must give residents and the department 60 days' advance notice of its intent to withdraw from the Medicaid Program. The facility must provide oral and written notice to prospective residents that the facility will not participate in the Medicaid Program.

The facility may transfer or discharge a resident for nonpayment even if the client becomes eligible for Medicaid funding.

RCW 18.20.290, Holding a Medicaid Eligible Resident's Room or Unit – Payment Rates

WAC 388-110-100, Discharge, Social Leave and Bed Hold

RCW 18.20.290 stipulates that the facility must hold a Medicaid eligible resident's room or unit when:

1. Short-term care is needed in a nursing home or hospital;
2. The resident is likely to return to the ALF; and
3. Payment is made on the resident's behalf.

When third party payment is not available to hold a bed after the department's 20-day bed-hold limit is reached, then the resident may return to the first available and appropriate bed or unit as long as the resident continues to meet the admission criteria under chapter 18.20 RCW.

According to WAC 388-110-100 a Medicaid-contracted facility is not required to discharge and readmit a resident for absences of less than 21 consecutive days. The facility must notify the Medicaid resident of its policies regarding bed holds as soon as possible before or as soon as practicable following hospitalization or discharge to a nursing home. This notice must include options for bed-hold payments and rights to return to the facility. The chapter defines the number of days for holding a bed. If third party payment is not available after the Medicaid 20-day limit, then the Medicaid resident may choose to return to the first available and appropriate bed if they meet the facility's admission criteria. If, prior to the end of the twenty days, the department determines, or the facility determines and the department concurs, that the Medicaid resident will likely not be able to return to the assisted living facility, the department must terminate the bed-hold payment and the facility may rent that bed or unit to another resident.

Disclosure

RCW and WAC Relating to Disclosure

RCW 70.129.150, Disclosure of Fees and Notice Requirements – Deposits

This RCW requires the facility to provide full disclosure prior to admission in writing in a language the resident or resident representative understands including the amount of admissions fees, deposits, prepaid charges or minimal stay fees. Advance notice of transfer requirements must also be provided prior to admission.

RCW 18.20.300, Domiciliary Care Services – Scope of Services – Disclosure Form

WAC 388-78A-2710, Disclosure of Services and WAC 388-78A-2720, Timing of Disclosure

WAC 388-78A-2710 mandates that the facility use the department's form to disclose the scope of care and services offered upon request to residents, resident's legal representative, resident's representatives or interested consumers. The DSHS 10-351 Disclosure of Services Required by RCW 18.20.300 (Rev. 03/2017) form contained in Appendix 5 must be used or an earlier version of the form dated February 2007.¹⁴

RCW 18.20.300 establishes the timeframes for written notice when there is a decrease in services:

- A minimum of 30 days' written notice is required for a decrease in the scope of services due to circumstances beyond the facility's control.
- A minimum of 30 days' written notice is required for a voluntary decrease in the scope of services as long as it will not result in the discharge of one or more residents.
- A minimum of 90 days' written notice is required when there is a decrease in the scope of services provided and this change will result in the discharge of one or more residents.

If the facility chooses to expand the scope of services that it provides, written notice must be given and include the effective date. Providing care to one resident that exceeds the disclosed scope of care or services that the facility provides may or may not mean that the facility is capable of or required to provide the same care or services to other residents. The facility may deny admission to a resident applicant if the facility determines that it cannot meet the needs of the prospective resident.

The disclosure form may not be implied or construed as a contract between the facility and the resident.

ALFs are required to provide the disclosure form when requested by a prospective resident or their representative according to WAC 388-78A-2720, Timing of Disclosure. At the time the facility provides an application

¹⁴ See Dear Provider Letter ALTSA, ALF # 2017-011 Disclosure of Services Form (DSHS 10-351) Changes, dated August 30, 2017, located online at: <https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/bh/017-011.pdf>.

for residency, an admission agreement or contract, the form must be provided if not previously provided. The form is not required in advertisements, general marketing information to the public or persons seeking general information regarding residential care resources in the community.

Discharge

RCW Relating to Discharge

RCW 70.129.110, Disclosure, Transfer and Discharge Requirements

Per RCW, the facility must permit residents to remain in the ALF and may only discharge or transfer a resident when:

- The transfer or discharge is necessary for the resident's welfare and the facility is unable to meet their needs, even after the facility has attempted to make reasonable accommodations.
 - Thirty days' written notice must be made by the facility before the resident is transferred or discharged.
- The safety or health of the individuals in the facility is endangered.
 - Written notice by the facility must be made as soon as practicable before transfer or discharge. Thirty days' notice is not required if the resident has not resided in the facility for 30 days.
- The resident fails to make required payment.
- The facility ceases to operate.

If the care needs of the resident are in excess of the facility's capabilities, the department must identify other care settings or residential care options available to the resident. The facility must provide sufficient preparation and orientation to residents being transferred or discharged to ensure a safe and orderly discharge from the facility.

This summary provides a review and summarizes the discharge regulations and notification requirements for ALFs as required by ESSB 5693.

Recommendations

The following are recommendations that address the disclosure of providers' terms and conditions for Medicaid acceptance as required by the bill.

Update the Sample Boarding Home Resident Admission Agreement Form for Medicaid Residents

In 2000 a work group comprised of community partners, the provider associations, the State Long-Term Care Ombudsman and the department developed a Sample Boarding Home Resident Admission Agreement for Medicaid Residents form for optional use by ALFs.¹⁵ Appendix 4 contains the form. The department recommends that a work group is re-established to update the form and specify the requirements for accepting Medicaid funding and the actions the ALF may take due to partial or full nonpayment.¹⁶ The form could include a section that describes the services and supports a resident may expect from a provider if discharge results from nonpayment.¹⁷

Revise the Disclosure of Services Form and Re-establish the Work Group

WAC 388-78A-2710, Disclosure of Services, requires that ALFs complete the DOS form and provide it upon request to prospective residents or their representative. Section 15, Medicaid Support, relates to Medicaid acceptance and provides little information. It allows providers to check boxes on the form. Expanding this section to include standardized language relating to Medicaid acceptance, payment requirements, nonpayment by the resident and discharge policies is recommended so that all prospective residents and their representatives receive the same information regardless of which facility they are considering for admission.

Charlene Abrahamson, a member of the Spokane Tribe, referenced a broadcast by National Public Radio during an Indian Policy Advisory Committee ALTSA Subcommittee meeting.¹⁸ According to the broadcast, family members are being held responsible to pay unpaid debt for their

¹⁵ In 2000 ALFs were licensed as boarding homes.

¹⁶ Residents receiving Medicaid pay for room and board. Residents with income above the Federal Benefits Rate may be required to pay more than room and board. This payment toward their cost of care is known as participation.

¹⁷ RCW 70.129.110, Disclosure, Transfer and Discharge Requirements, mandates that the facility must provide sufficient preparation and orientation to a resident to ensure a safe and orderly discharge from the facility.

¹⁸ Charlene Abrahamson, member of the Spokane Tribe and Family Services Director for the Squaxin Island Tribe, Indian Policy Advisory Committee ALTSA Subcommittee meeting on August 9, 2022.

family members by some nursing homes.¹⁹ She recommends that disclosure by ALFs includes a statement that family may not be required to pay outstanding debt incurred by their family member.

A small work group representing the ALF associations, providers, the LTC Ombudsman and the department worked on improving the DOS. The work group discontinued meeting in 2017. The department recommends establishing a similar work group to revise the form and expand the section related to Medicaid. This would allow ALFs to better define and disclose their terms and conditions for Medicaid acceptance.

Upgrade the ALF Locator and Add an Online Application Program
RCW 18.20.500, Information for Consumers, states that the department must provide information online. The site must include a listing of licensed ALFs by geographic location. It must also include information related to site visits, substantiated inspection and complaint inspection reports, including any citations and remedies imposed. A software program could be developed or purchased that would allow ALFs to complete the DOS form online. These forms could then be updated by providers and automatically posted on the ALF Locator to provide real time information to the public. The online form could also allow providers to disclose more detailed information about their Medicaid contracts and admission policies for accepting Medicaid residents. The application could be designed to provide enhanced search functions for the public. For example, an ALF might post if a resident must change rooms when converting to Medicaid funding. With legislative funding, the department could procure the software for an online application to pilot the web program so that ALF providers could test the system. With stakeholder input, the department should determine if the RCW and WAC would require ALFs to provide copies to existing residents whenever the DOS is revised online. Also to be determined is whether ALFs must secure signatures from all prospective and current residents to document receipt of the DOS every time it is revised online by the ALF.

In addition to this upgrade, it would be beneficial if the department updates and expands the definitions of the Medicaid contracts each assisted living facility has. Improving the ALF Locator would aid consumers in not only locating ALFs that have Medicaid contracts (and any limitations they impose for the application/admission criteria for such residents) but also

¹⁹ Diagnosis: Debt – Nursing Homes Are Suing Friends and Family to Collect on Patient’s Bills, National Public Radio All Things Considered, aired July 28, 2022 at 5:00 a.m. Eastern Time.

what each of those contracts entails regarding care and service expectations.

Revise the RCW and WAC

RCW 18.20.300, Domiciliary Care Services – Scope of Services – Disclosure Form, requires that facilities disclose the scope of care and services that it chooses to provide. WAC 388-78A-2665, Resident rights – Notice – Policy on Accepting Medicaid as a Payment Source, requires that a facility must fully disclose its policy on accepting Medicaid payments. The department recommends that the RCW and WAC are amended to require ALFs to disclose their policies on required payments for residents funded by Medicaid, discharge procedures for nonpayment and assistance offered for relocation.

Conclusion

Assisted living facilities offer an important option for the housing and care of the state's Medicaid population. Using its statutory authority, the department could write rules to provide clarity and specificity related to the disclosure of a facility's terms and conditions for accepting Medicaid. Expanding the DOS form would allow providers to fully define and disclose the services provided under their Medicaid contracts. Posting these forms online would provide more information for the public. These improvements would better inform prospective residents, their families and their representatives.

Appendix 1: Engrossed Substitute Senate Bill 5693

Engrossed Substitute Senate Bill 5693

Chapter 297, Laws of 2022

Section 204, (50) Engrossed Substitute Senate Bill 5693

(50) \$23,000 of the general fund—state appropriation for fiscal year 2022, \$12,637,000 of the general fund—state appropriation for fiscal year 2023, and \$14,136,000 of the general fund—federal appropriation are provided solely to increase funding of the assisted living medicaid methodology established in RCW 74.39A.032 to 68 percent of full methodology funding, effective July 1, 2022. (a) Of the amounts provided in this subsection, \$23,000 of the general fund—state appropriation for fiscal year 2022, \$39,000 of the general fund—state appropriation for fiscal year 2023, and \$62,000 of the general fund—federal appropriation are provided solely for a one time project staff position at the department to develop and submit a report to the governor and appropriate legislative committees no later than December 30, 2022. The report must include a review and summary of discharge regulations and notification requirements for assisted living providers and include recommendations related to disclosure of providers' terms and conditions for medicaid acceptance. (b) Following the submission of the report in (a) of this subsection and through the end of the 2021-2023 fiscal biennium, the department shall regularly review and report on medicaid resident utilization of and access to assisted living facilities.

Link to the legislation: <https://lawfilesexternal.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/Senate/5693-S.SL.pdf?q=20220509080437>.

Appendix 2: Acknowledgements

The department wishes to acknowledge and thank the following organizations and individuals who contributed to the development of this report.

Community Partners

Charlene Abrahamson: Director of Support Services, Squaxin Island Tribe and member of the Spokane tribe

Eric Carlson: Director of Services and Supports Advocacy, Justice in Aging

Jen Drake: Director of Business Development, Cascade Park Communities

DSHS Indian Policy Advisory Committee, Aging and Long Term Support Administration (ALTSA) Subcommittee

Kathy Fiery: Vice President of Assisted Living, Health Care Association of New Jersey

Patricia Hunter: State Long-Term Care Ombudsman, Long-Term Care Ombudsman

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Bea Rector: Assistant Secretary, Office of the Assistant Secretary, ALTSA

Lori Rolley: Senior Financial Policy Analyst, HCS, ALTSA

Jonathan Smith: Data and Modeling Unit Manager, Office of Rates Management, ALTSA

Elizabeth Wagner: Acting Policy Unit Manager, RCS, ALTSA

Frances Wellsbury: Business Operations Office Chief, RCS, ALTSA

Torre Wright: Epidemic Preparedness and Response Specialist, RCS, ALTSA

Appendix 3: Links to Online Revised Code of Washington (RCW) and Washington Administrative Code (WAC)

Chapter 70.129 RCW Long-Term Care Resident Rights:

<https://apps.leg.wa.gov/RCW/default.aspx?cite=70.129>

RCW 18.20.180 Resident Rights:

<https://app.leg.wa.gov/RCW/default.aspx?cite=18.20.180>

WAC 388-78A-2660 Resident Rights:

<https://apps.leg.wa.gov/WAC/default.aspx?cite=388-78A-2660>

RCW 70.129.160 Ombuds Implementation Duties:

<https://apps.leg.wa.gov/RCW/default.aspx?cite=70.129.160>

Chapter 18.20 RCW Assisted Living Facilities:

<https://app.leg.wa.gov/RCW/default.aspx?cite=18.20>

Chapter 388-78A WAC Assisted Living Facility Licensing Rules:

<https://apps.leg.wa.gov/WAC/default.aspx?cite=388-78A&full=true>

RCW 70.129.030 Notice of Rights and Services – Admission of

Individuals: <https://app.leg.wa.gov/rcw/default.aspx?cite=70.129.030>

RCW 70.129.180 Facility’s Policy on Accepting Medicaid as a Payment Source – Disclosure:

<https://app.leg.wa.gov/rcw/default.aspx?cite=70.129.180#:~:text=RCW%2070.129.180%20Facility%27s%20policy%20on%20accepting%20medicaid%20as,policy%20on%20accepting%20medicaid%20as%20a%20payment%20source>

WAC 388-78A-2665 Resident Rights – Notice – Policy on Accepting Medicaid as a Payment Source:

<https://apps.leg.wa.gov/WAC/default.aspx?cite=388-78A-2665>

RCW 70.129.150 Disclosure of Fees and Notice Requirements –

Deposits: <https://app.leg.wa.gov/rcw/default.aspx?cite=70.129.150>

RCW 18.20.300 Domiciliary Care Services – Scope of Services – Disclosure Form:

<https://app.leg.wa.gov/RCW/default.aspx?cite=18.20.300>

WAC 388-78A-2710 Disclosure of Services:

<https://app.leg.wa.gov/WAC/default.aspx?cite=388-78A-2710>

WAC 388-78A-2720 Timing of Disclosure:

<https://app.leg.wa.gov/WAC/default.aspx?cite=388-78A-2720>

RCW 70.129.110 Disclosure, Transfer and Discharge Requirements:

<https://apps.leg.wa.gov/RCW/default.aspx?cite=70.129.110>

RCW 18.20.440 Withdrawal from Medicaid Program – Notice – Duties:

<https://app.leg.wa.gov/rcw/default.aspx?cite=18.20.440>

RCW 18.20.290 Holding a Medicaid Eligible Resident’s Room or Unit –

Payment Rates: <https://app.leg.wa.gov/rcw/default.aspx?cite=18.20.290>

WAC 388-110-100 Discharge, Social Leave and Bed Hold:

<https://apps.leg.wa.gov/WAC/default.aspx?cite=388-110-100>

Appendix 4: Sample Boarding Home Resident Admission Agreement for Medicaid Residents

**SAMPLE
BOARDING HOME RESIDENT ADMISSION AGREEMENT
~ MEDICAID RESIDENTS ~**

Created July, 2000

by

Boarding Home Resident Admission Agreement Workgroup:

Hank Balson, Columbia Legal Services, Attorney for Washington Long-Term Care Ombudsman Program
Kathy Marshall, Chief Operating Officer, Washington Association of Housing and Services for the Aging
Deb Murphy, Director of Regulatory Affairs, Washington Health Care Association/WCAL
Lauri St. Ours, Executive Director, Northwest Assisted Living Facilities Association
Janice Schurman, Regulatory Affairs Program Administrator, Residential Care Services, DSHS
Tom Stanley, Law Office of Thomas E. Stanley

SAMPLE¹
RESIDENT ADMISSION AGREEMENT
~ MEDICAID ELIGIBLE RESIDENTS ~

Note: Words that are underlined and italicized are notes or instructions to the Facility; they should not be included in the actual admission agreement.

This is an Agreement between *[insert name of facility]* (the "Facility") and *[insert name of resident]* ("Resident").

The Facility is located at *[insert address of facility]*. It is licensed by the state of Washington as a boarding home under RCW Chapter 18.20 (license no. *[insert license number]*).

This Agreement may not be terminated except as provided in Section VI of this Agreement.

Nothing in this Agreement shall be construed to limit any legal right of the Resident, nor any legal duty of the Facility.

I. SERVICES, ITEMS AND ACTIVITIES

(see, e.g., RCW 70.129.030(4), .080, .100; WAC 388-78A-080, -150, -170, -190, -200, -260, -300; WAC 388-110-150)

Beginning on *[insert beginning date of residency]*, the Facility shall provide to the Resident the services, items and activities listed on Exhibit 1 at the Basic Services Rate described in Section II below.

Other services, items and activities, which may be available for an additional cost, are described on Exhibit 2.

Within 30 days of the Resident's move-in to the Facility, the Facility will complete a negotiated service agreement that addresses, at a minimum, the Resident's assessed health care needs, social needs and preferences, personal care tasks, and if applicable, limited nursing and medication services, including frequency of service and level of assistance. This agreement will be completed in consultation with the Resident, appropriate Facility staff, the Resident's DSHS case manager, and any other person the Resident wishes to include. The Facility will provide the Resident with a copy of the negotiated service agreement.

¹ *Use of this sample agreement is optional.*

The Facility will notify the Resident and the Resident's representative as soon as possible of any changes in the resident's condition that require a different level of service.

[NOTE: Information about available services, items and activities and their costs must be provided to the resident in writing before admission, and at least once every 24 months thereafter. Except in emergencies, the facility must give the resident and his or her representative 30 days advance written notice of any changes in the availability of or charges for services, items, or activities.]

II. FEES

A. Basic Services Rate (see RCW 70.129.030)

The Basic Services Rate, as of the date of this Agreement, is \$ _____ per [month/week]. This rate has been set by agreement between the Facility and the Washington Department of Social and Health Services (DSHS) and includes the services, items and activities listed on Exhibit 1. Any changes to this rate in the future will be identified by an attachment to this Agreement.

B. Total Rate

The Total Rate, as of the date of this Agreement, is \$ _____ per [month/week]. This rate is the sum of the Basic Services Rate, identified above, plus the rates for allowable additional services selected by the Resident on Exhibit 2.

C. Payments

[Insert facility's payment policy with respect to resident's participation and payment for selected services, items and activities that are not covered by Medicaid – i.e., when payments are due, late charges, etc.]

D. Deposits and Non-Refundable Fees (see RCW 70.129.150)

[Insert facility's deposit policy for services and items not covered by Medicaid – e.g., smoking deposit, pet deposit, reasonable deposit to cover estimate of resident's participation amount pending DSHS award determination. Remember, the resident may not be charged deposits or fees for services, items or activities included in the Medicaid rate.]

E. Absences from Facility
(see WAC 388-110-100)

If the Resident is absent from the Facility for more than 15 consecutive days for social reasons, the Facility must obtain approval from DSHS for payment. Therefore, the Facility requests that the Resident notify the Facility as soon as possible of any such planned absences.

If the Resident is hospitalized or temporarily placed in a nursing home, the Facility will retain the Resident's bed or unit for up to 30 days if the Resident is likely to return to the Facility. The Resident will not be charged an additional fee for this bed-hold. If, as part of the negotiated service agreement, agreed to by the Resident, it is determined that the Resident will not return to the Facility, the Facility may discharge the Resident in accordance with Section VI below and the other requirements of RCW 70.129 (Long-Term Care Resident Rights Law). In such a case, reasonable accommodations to prevent the discharge will not be required and notice of the discharge may be made by the Facility as soon as practicable, rather than 30 days in advance.

F. Rate Adjustments
(see RCW 70.129.030)

All services, items and activities available at the Facility, along with the related charges, are described on Exhibits 1 and 2. Except in cases of emergency, the Facility will give the Resident 30 days advance written notice of any changes in the availability of or charges for services, items, or activities.

III. RESIDENT'S RIGHTS AND RESPONSIBILITIES

A. Resident Rights
(see RCW 70.129.020, .030)

Resident acknowledges that he or she has been provided with a list of Residents' Rights (attached as Exhibit 3), and that a representative of the Facility has explained these rights to the Resident prior to or upon admission. The Facility shall protect and promote the rights of each resident.

B. Resident Handbook
(see RCW 70.129.030)

Resident acknowledges that he or she has been provided with a Resident Handbook containing the general policies and rules of the Facility, and that a representative of the Facility has explained these policies and rules to the Resident prior to or upon admission. The Resident agrees to abide by and observe these policies and rules, to the extent that they do not conflict with RCW

chapter 70.129 (Washington's Resident Rights Law). Except in cases of emergency, the Facility will give 30 days advance written notice to the Resident and the Resident's representative of any change in the Facility's policies or rules.

C. Nondiscrimination

The Facility will not discriminate and will comply with all applicable state and federal laws with respect to age, race, color, national origin, ancestry, religion, sex, handicap or disability.

IV. RESIDENT'S VALUABLES
(see RCW 70.129.100)

The Resident has the right to have and use personal property, space permitting, provided that it does not endanger the health or safety of others. The Facility shall protect and promote this right.

The Resident and the Facility shall both take reasonable steps to ensure that the Resident's property is not lost, stolen, or damaged. If the Resident's unit is lockable, the Resident shall be issued a key to the unit. If the Resident's unit is not lockable, the Resident will be provided with lockable storage space upon request.

The Facility will be responsible for loss or damage to Resident's property to the extent such loss or damage is caused by the Facility's negligence. However, because not all loss or damage may be caused by the Facility's negligence, and because the Facility's insurance may not cover losses for which the Facility is not responsible, the Resident is encouraged to maintain insurance to cover loss or damage to Resident's personal property.

V. VISITING POLICY
(see RCW 70.129.090)

The Facility has an open visitation policy. Visitors will be required to abide by any and all Facility policies that pertain to the Resident in regards to the use of any facility or service. Disruptive visitors will be required to leave. The Facility locks the exterior entrances between ___ p.m. and ___ a.m. Out of respect to other residents and staff, it is requested that prior arrangements be made for visits during these hours.

[NOTE: Any restrictions on visiting (e.g., times that front doors are locked, requests for prior arrangements) must be reasonable.]

VI. TERMINATION OF THIS AGREEMENT
(see RCW 70.129.110, .150; WAC 388-110-100)

A. Termination by Resident and Refund Policy

The Resident may terminate this agreement at any time, regardless of cause. The Facility requests that the Resident give as much notice as possible before the Resident moves.

If the Resident dies or is hospitalized or is transferred to another facility for more appropriate care, and does not return to the Facility, the Facility shall refund any deposit or charges already paid, less the Facility's per diem rate for the days the Resident actually resided or reserved or retained a bed in the Facility. In an effort to mitigate the number of days that the Resident is considered to have retained a bed, the Facility will make reasonable efforts to store personal items that are left at the facility following a transfer.²

The Facility shall refund any amount due to the Resident or his or her representative within 30 days of the Resident's death, discharge, or transfer. The Facility also shall provide to the Resident or the Resident's representative an explanation of any charges retained by the Facility.³

Refunds of Medicaid money will be paid to DSHS.

B. Termination by Facility and Discharge or Transfer Requirements

The Facility will permit the Resident to remain in the Facility, and will not transfer or discharge the Resident against the Resident's will unless:

1. The Resident has failed to make the required payment for his or her stay;
2. Transfer or discharge is necessary for the Resident's welfare and the Resident's needs cannot be met by the Facility;
3. The safety of individuals in the facility is endangered;
4. The health of individuals in the facility would otherwise be endangered; or
5. The Facility ceases to operate.

² *[The Facility may establish its own refund policies when termination is not due to death, hospitalization, or transfer for more appropriate care (see Section II.D.)]*

³ *[The law does not require the Facility to provide this explanation of charges retained. However, such an explanation is recommended as a way to reduce disputes concerning the refund amount.]*

If the Facility transfers or discharges the Resident for one or more of the above reasons, the Facility shall provide written notice of the discharge to the Resident and his or her representative at least 30 days in advance. However, written notice may be made on less than 30 days, and as soon as practicable before discharge or transfer if (1) the health or safety of individuals in the Facility would be endangered, or (2) an immediate transfer or discharge is required by the Resident's urgent medical needs, or (3) the Resident has not resided at the Facility for 30 days.

Before transferring or discharging a resident, the Facility will attempt, through reasonable accommodations⁴, to avoid the transfer or discharge, unless the transfer or discharge is agreed to by the Resident.⁵

Except in emergencies, the Facility will include the Resident's DSHS case manager in developing a relocation or discharge plan and will obtain the case manager's approval for the plan before giving the Resident the required advance written notice.

If the Resident dies or must be transferred by the Facility to a hospital or another facility for more appropriate care, and the Resident does not return to the Facility, the Facility shall comply with the refund requirements set forth in Section VI.A. above.

VII. SEVERABILITY

The provisions of this Agreement shall be severable and if any phrase, clause, sentence, or provision of this Agreement or its application is held to be invalid or unenforceable for any reason, the remainder of the agreement shall remain in full force and effect.

⁴ "Reasonable accommodation" has the meaning given to this term under the federal Americans with Disabilities Act of 1990, 42 U.S.C. § 12101 et seq. and other applicable federal or state anti-discrimination laws and regulations.

⁵ [This language regarding reasonable accommodations reflects the requirement of RCW 70.129.110(3)(a). DSHS and the ombudsman program believe strongly that this language should be included in the admission agreement. However, some provider representatives advise otherwise. Providers should consult with their own attorneys for individual advice on this issue.]

VIII. NOTICE

All written notices required by this Agreement shall be delivered either in person or by mail. Notices delivered by mail shall be addressed as indicated below, or as specified by subsequent written notice by the party whose address has changed.

Facility: _____

Attention: _____

Resident: _____

Resident's Representative: _____

IX. SIGNATURES

My signature below as the Resident indicates that I have read, or had read to me, the provisions of this Agreement, that I enter into this Agreement voluntarily, that I agree to be bound by all of its terms, and that I have received a copy of this Agreement for my own records.

Resident's signature:

_____ Date

Signature of Resident's representative, if applicable:

_____ Date

Signature of Facility representative:

_____ Date

EXHIBIT 1

SERVICES, ITEMS AND ACTIVITIES INCLUDED IN BASIC SERVICES RATE

The Basic Services Rate includes the following accommodations and services:

1. Apartment. The Resident may occupy and use insert unit number and description (e.g., studio, one-bedroom, etc.). This is a [private/semi-private] unit and comes with window coverings, floor covering, and a non-combustible waste container. If the Resident desires, a bed, linens, towels, washcloths, chair, lighting at bedside and a lockable storage drawer are available. The Resident may use his or her own personal belongings and furniture, subject to space considerations and the safety of others.

The Facility reserves the right to assign rooms and change room assignments or roommates for any resident. Married residents have the right to live together in a double size room as long as both spouses consent. The Facility will make reasonable attempts to honor other roommate requests.

The Resident may be required to move from a private room to a semi-private room if the Resident's DSHS eligibility changes. If such a move is required, the Facility will give the Resident prompt notice of the move.

2. Utilities, including light, water and heating. [NOTE: Be sure to identify what utilities, if any, are excluded, such as cable TV or in-room telephone.]
3. Reasonable access to a non-pay telephone in an area that affords privacy to the Resident.
4. Laundry facilities are available for use by Resident.
5. Staff. [describe staffing]
6. Immediate consultation with Resident's physician and, unless the Resident objects, notification to Resident's legal representative or an interested family member whenever (a) the Resident is involved in an accident which requires or may require physician intervention; or (b) there is a significant change in the Resident's physical, mental, or psychosocial status.
7. Prompt notice to the Resident or the Resident's representative, and, unless the Resident objects, notice to an interested family member

SAMPLE BOARDING HOME RESIDENT
ADMISSION AGREEMENT (MEDICAID)
Created July, 2000

whenever there is (a) a change in the Resident's room or roommate assignment; or (b) a decision to transfer or discharge the Resident from the Facility.

8. Housekeeping and clean linen services weekly.
9. Generic personal care items needed by the Resident such as soap, shampoo, toilet paper, toothbrush, toothpaste, deodorant, sanitary napkins, and disposable razors. This does not include items covered by medical coupons. The Resident may choose to purchase his or her own name-brand personal care items.
10. Three meals daily, snacks and beverages.
11. Planned activity programs, designed to meet Residents' preferences.
12. Limited nursing services, medication assistance, personal laundry services, and personal care services, to the extent such services are required by the Resident's negotiated service agreement.
13. The Facility will provide limited nursing services and will allow additional on-site health care services to the maximum extent allowed under its licensing regulations. If the Resident requests, the Facility will assist the Resident to obtain the additional on-site health care services.
14. If the Resident requests, the Facility will help the Resident obtain and coordinate services such as: transportation to medical services and recreational activities, physician services, pharmacist services, mental health services, physical or occupational therapy, hospice, home health care, podiatry, barber/beauty services, and other services necessary to help the resident in maintaining as much independence as possible.

Except in cases of emergency, the Facility will give the Resident 30 days advance written notice of any changes in the availability of or charges for services, items, or activities.

Resident's signature:

_____ Date

Signature of Resident's representative, if applicable:

_____ Date

Signature of Facility representative:

_____ Date

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Created July, 2000

EXHIBIT 2

**ADDITIONAL SERVICES, ITEMS AND ACTIVITIES, NOT COVERED IN THE
BASIC SERVICES RATE**

The services, items and activities described below are available at the Facility but are not covered by the Resident's Basic Services Rate. The Resident may choose to purchase any of the services, items or activities listed, at the Resident's own cost, to extent allowed by Medicaid laws.

1. A private, in-room telephone line
2. DESCRIBE OTHER OPTIONAL SERVICES, ITEMS AND ACTIVITIES AND THEIR COSTS*

Except in cases of emergency, the Facility will give the Resident 30 days advance written notice of any changes in the availability of or charges for services, items, or activities.

Resident's signature:

Date

Signature of Resident's representative, if applicable:

Date

Signature of Facility representative:

Date

* Optional services, items and activities should be clearly and separately described. The charge for each service, item or activity should be noted. The resident should initial by each service, item or activity he or she is selecting.

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Created July, 2000

EXHIBIT 3

RESIDENTS' RIGHTS

The following is a summary of the rights of individuals living in licensed long-term care facilities (adult family homes, boarding homes, and veteran's homes) in the state of Washington. This summary is based upon rights specified in chapter 70.129 RCW. Individuals residing in these facilities have additional rights in other state and federal laws, regulations and constitutions.

Each resident and resident representative must be informed both orally and in writing, in a language they understand, of his/her rights, the rules and regulations governing his/her conduct in the facility, and the rules of operation of the facility.

General Rights: *Each resident and legal representative has a right to:*

- continue to enjoy his/her basic civil and legal rights and not be requested to waive any of those rights or the rights under this law;
- receive care in a safe, clean comfortable and homelike environment;
- care which promotes, maintains or enhances respect for individuals and each person's dignity;
- be free of interference, coercion, discrimination and retaliation from the facility in exercising these rights or filing a complaint against the facility or staff;
- access all records pertaining to him or her within 24 hours of request;
- voice grievances and file complaints concerning the facility with the appropriate state and federal licensing agency or the state ombudsmen program, (see below for telephone numbers);
- personal privacy and confidentiality of his or her personal and clinic records, accommodations, medical treatment, and personal care;
- examine the results of the most recent survey or inspection of the facility and any plan of correction in effect;
- be free from physical or chemical restraint;
- be free from verbal, sexual, physical and mental abuse, corporal punishment and involuntary seclusion (to be separated from others or confined against your will in any area).

Rights relating to costs, services, items and activities provided: *Each resident and resident representative has a right to:*

- be told the services, items and activities that are generally available in the facility or that can be arranged for by the facility;
- be told what they will be charged for each of those services;
- be told what the charges are for services, items and activities that are not covered by the per diem rate or applicable public benefit programs;
- be told the amount of any admissions fees, deposits, and prepaid charges or minimum stay fees and what those fees specifically cover.

(Note: The above must be provided prior to admission and at least once every 24 months in writing and in a language the resident and resident representative understands. Except in emergencies, the facility must give the resident and his or her representative 30 days advance

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Crested July, 2000

written notice of any changes in the availability of or charges for services, items, or activities.)

- be given notice, in writing, at least 30 days in advance, of changes in charges, the availability of services, or changes in the facility's rules and policies. (except in an emergency);
- be told what services, items and activities are not available in the facility.

Rights relating to quality of life: Each resident has a right to:

- be promptly notified of a change in room or roommate assignment;
- share a room with his or her spouse;
- privacy and confidentiality including the right to:
 - ✓ send and promptly receive mail that is unopened;
 - ✓ have reasonable access to the use of a telephone where calls can be made without being overheard;
 - ✓ request a lockable container or storage space for small items of personal property if room is not lockable with a key issued to the resident;
- access to others including:
 - ✓ access to representatives of the state, individual physician, social workers and the ombudsman, agencies responsible for protection and advocacy of individuals with developmental disabilities, mental illness, and disabilities;
 - ✓ access to their representative, entity or individual who provides health, social, legal, or other services to the resident;
 - ✓ visitation with family, relatives, friends and others, subject to reasonable restrictions and consent of the resident;
 - ✓ interaction with members of the community both inside and outside the facility;
 - ✓ organize and participate in resident groups in the facility;
 - ✓ family members have a right to meet in the facility with the families of other residents and must be provided with meeting space;
 - ✓ participate in social, religious and community activities that do not interfere with rights of others residents in the facility;
- refuse to perform services for the facility unless voluntarily agreed to;
- use personal possessions including furnishings and appropriate clothing, subject to some limitations;
- choose activities, schedules, and health care consistent with his/her interests, assessments and care plans;
- make choices about aspects of his/her life in the facility;
- reasonable accommodation of needs and preferences;
- wear his or her own clothing and determine his/her own dress, hair style or other personal effects;
- participate in planning care and treatment or changes in care and treatment (unless determined incompetent, then legal representative participates; however, resident's expressed wishes still must be given serious consideration);
- direct his or her own service plan and changes in the service plan and refuse any particular services (unless determined incompetent, then legal representative participates; however, resident's expressed wishes still must be given serious consideration);
- manage his or her financial affairs:
 - ✓ not be required to deposit personal funds with the facility, but if chooses to do so, funds in excess of \$100 must be in an interest bearing account;

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ADMISSION AGREEMENT (MEDICAID)
Created July, 2000

Rights relating to discharge and transfer from the facility: Each resident has a right to:


- Remain in the facility unless:
 - ✓ discharge or transfer is necessary for the resident's welfare and the resident's needs cannot be met in the facility;
 - ✓ the safety or health of others in the facility is endangered;
 - ✓ the resident has failed to make required payment for his or her stay or,
 - ✓ the facility ceases to operate;
- Reasonable accommodation of needs to avoid transfer unless resident agrees to move;
- Prior to admission, a full disclosure in writing of the facility's requirements for advance notice for leaving the facility;
- Full disclosure must be given in writing prior to admission as to what portion of the deposits, admissions fees, prepaid charges or minimum stay fees will be refunded if the resident leaves the facility;
- Must be notified in writing at least 30 days before the facility transfers or discharges a resident and be given the reason for the discharge, except:
 - Must be notified in writing *as soon as practical* when:
 - ✓ health or safety of individuals in the facility is endangered;
 - ✓ required by resident's urgent medical needs; or
 - ✓ resident has not resided in the facility for 30 days.
- Must be given sufficient preparation and orientation for the move;
- If the resident leaves the facility due to death, hospitalization or transfer to another facility for more appropriate care and does not return to the original facility:
 - ✓ the facility must refund any deposit or charges already paid, less the facility's per diem rate for the days the resident actually resided, reserved or retained a bed in the facility;
 - ✓ the facility may retain an additional amount to cover its reasonable, actual expense incurred as a result of a private-pay resident's move, but not to exceed five days per diem charges;
- Refunds must be made within 30 days of the discharge.

This document is a summary of state law. Please review the specific law and regulations for a complete understanding of residents' rights in Washington State long-term care facilities. Residents may review a photocopy of the state law, RCW 70.129 upon request at the long term care facility. Personal copies may be obtained from Residential Care Services in Olympia, or the State Long Term Care Ombudsman Office.

FOR ASSISTANCE WITH PROBLEMS AND COMPLAINTS ABOUT VIOLATION OF RIGHTS, CARE AND SERVICE ISSUES, ABUSE, NEGLECT OR EXPLOITATION
WASHINGTON STATE OMBUDSMAN'S OFFICE.....1-800-562-6028
COMPLAINT HOT LINE.....1-800-562-6078
AGING AND ADULT SERVICES ADMINISTRATION.....1-800-422-3263
(nursing homes, boarding homes, adult family homes licensing and regulations)

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ADMISSION AGREEMENT (MEDICAID)
Created July, 2000

Appendix 5: Assisted Living Facilities (ALF) Disclosure of Services Required by RCW 18.20.300 Form

Home / Provider: <input type="text"/>	
	ASSISTED LIVING FACILITIES (ALF) Disclosure of Services Required by RCW 18.20.300
<p>The assisted living facility licensee shall disclose to the residents, the residents' legal representative if any, and if not, the residents' representative if any, and to interested consumers upon request, the scope of care and services offered, using the form developed and provided by the department, in addition to any supplemental information that may be provided by the licensee.</p> <p>This disclosure form provides initial general information about our assisted living facility, and allows you to compare care services of different assisted living facilities. Prior to moving in, you should visit an assisted living facility to ask how they will assist you with your unique needs and preferences.</p> <p>Assisted living facilities may change the services that are available and the charges for these services, by providing thirty days advance notice to residents. However, an assisted living facility must give you ninety days advance notice of any voluntary decrease in services that would affect your decision as to whether you would want to move to a different location or require you to move out.</p> <p>Who may live in an assisted living facility?</p> <ul style="list-style-type: none">No assisted living facility is permitted to provide continuing services to you if you need to have a registered nurse frequently evaluate your condition. However, if you require frequent nursing evaluation and we can meet your needs, you may be allowed to remain in the assisted living facility, when;<ul style="list-style-type: none">You have a short term illness that is expected to last less than fourteen days, orYou are receiving hospice services.The assisted living facility may not be able to serve you if you need services beyond those disclosed on this form. You may need to move out when we cannot meet your needs and moving out is necessary for your welfare. However, each assisted living facility must attempt to "reasonably accommodate" your needs before it can require you to move out. <p>Per chapter 388-78A-2020, "Reasonable accommodation" and "reasonably accommodate" have the meaning given in federal and state antidiscrimination laws and regulations which include, but are not limited to, the following:</p> <ol style="list-style-type: none">Reasonable accommodation means that the assisted living facility must:<ol style="list-style-type: none">Not impose admission criteria that excludes individuals unless the criteria is necessary for the provision of assisted living facility services;Make reasonable modification to its policies, practices or procedures if the modifications are necessary to accommodate the needs of the resident;Provide additional aids and services to the resident.Reasonable accommodations are not required if:<ol style="list-style-type: none">The resident or individual applying for admission presents a significant risk to the health or safety of others that cannot be eliminated by the reasonable accommodation;The reasonable accommodations would fundamentally alter the nature of the services provided by the assisted living facility; orThe reasonable accommodations would cause an undue burden, meaning a significant financial or administrative burden. <p>Notification of increased service which requires a 30 day notice, is waived in the event a resident has an unanticipated, unplanned, and substantial condition that requires an immediate change in care services that cannot meet the 30-day notification requirement under RCW 70.129.060(4).</p>	
DISCLOSURE OF SERVICES REQUIRED BY RCW 18.20.300 DSHS 10-351 (REV. 03/2017)	Page 1 of 9

Home / Provider: [REDACTED]

1. Services / Care

All assisted living facilities must provide the care and services listed below, according to what you have agreed to in your negotiated service agreement.

A. **Activities:** All assisted living facilities must help you arrange social, recreational, religious or other activities in the assisted living facility and in the community. Washington State law, RCW 70.129.030(4), requires the assisted living facility to inform each individual, or their representative, in writing, of the services, items and activities customarily available in the facility or arranged for by the facility as permitted by the facility's license. Contact the assisted living facility for this information if not already provided.

- Additional activities / comments:

[REDACTED]

B. **Food and Diets:** All assisted living facilities must provide three meals per day, nutritious snacks, and prescribed general low sodium diets, general diabetic diets, and mechanical soft diets. Additionally, we are not required but have chosen to provide the following diets:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Calorie controlled diets for people with diabetes |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Puree diets |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Additional dietary services or comments: |

[REDACTED]

C. **Arranging Health Care Appointments:** All assisted living facilities must help you arrange health care appointments and remind you of them, as necessary.

- Additionally, the facility will provide the following optional services (or clarifying comments):

[REDACTED]

D. **Coordinating Health Care Services:** All assisted living facilities must coordinate services you receive from health care providers in the community with the services the assisted living facility provides to you, if you agree.

- Additionally, the facility will provide the following optional services (or clarifying comments):

[REDACTED]

E. **Laundry:** All assisted living facilities must provide laundry services to keep your clothes clean and in good repair, and provide you with or ensure your towels, washcloths, and bed linens are laundered at least once per week.

- Additionally, the facility will provide the following optional services (or clarifying comments):

[REDACTED]

Home / Provider: [REDACTED]

F. **Housekeeping:** All assisted living facilities must maintain your living quarters and other areas you may use in a safe, clean and comfortable condition.

- Additionally, the facility will provide the following optional services (or clarifying comments):

[REDACTED]

2. Assistance with Daily Tasks

Assisted living facilities are not required to provide assistance with activities of daily living (ADLs). If an assisted living facility chooses to provide assistance with ADLs, it must provide at least the minimum level of assistance described following each ADL listed below, consistent with your preference and with reasonable accommodation law.

Yes No

The facility will provide assistance with ADLs.

A. **Bathing:** If needed, assisted living facilities providing assistance with ADLs must occasionally remind you to wash and dry all areas of your body; provide stand-by assistance getting into and out of the tub/shower; and steady you as you bathe.

Additionally, the facility will provide the following optional services:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Physical assistance getting into / out of the bathtub or shower. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Help washing areas that may be hard for you to reach, such as your back or feet. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Total bathing assistance if you cannot bathe yourself. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Bed baths. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Special equipment, assistance or devices to help transferring into or out of showers or bathtubs. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Other bathing services (specify) or comments: |

[REDACTED]

B. **Toileting:** If needed, assisted living facilities providing assistance with ADLs must occasionally remind you of necessary toileting activities; provide stand-by assistance while you perform them; and steady you as you use the toilet or adjust your clothing. **Note:** assisted living facilities are not required to provide incontinence products but may assist you in ordering.

Additionally, the facility will provide the following optional services:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Physically help you to and from the toilet or bathroom. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Help you with incontinent products and occasionally help to clean you. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Provide urinary catheter care (indwelling, external/condom), cleaning and changing bag. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Provide routine ostomy care, site maintenance and changing bag. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Provide care for bladder incontinence, including routinely cleaning you as necessary. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Provide care for bowel incontinence, including routinely cleaning you as necessary. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Provide other services (specify) or comments: |

[REDACTED]

Home / Provider: [REDACTED]

C. Transferring: If needed, assisted living facilities providing assistance with ADLs must occasionally remind or cue you, and occasionally provide stand-by assistance and steady you, while you transfer.

Additionally, the facility will provide the following optional types of services:

Yes No

- 1. Routinely provide stand-by assistance while you transfer into and out of your bed or wheelchair, or onto and off of a toilet or shower chair.
- 2. One-person physical assistance with transferring.
- 3. Two-person physical assistance with transferring.
- 4. Lifting with mechanical equipment
- 5. Other transferring services (specify) or comments:
[REDACTED]

D. Personal Hygiene: If needed, assisted living facilities providing assistance with ADLs must occasionally remind you to comb your hair, brush your teeth, shave, wash your face and hands and apply make-up, and occasionally provide standby assistance and steady you while you perform these activities.

Additionally, the facility will provide the following optional services:

Yes No

- 1. Set out your personal hygiene and grooming items.
- 2. Help you with grooming tasks such as brushing your hair, shaving, applying make-up or filing your nails.
- 3. Help you with oral care and brushing your teeth.
- 4. Help you wash and dry your face and hands.
- 5. Help you wash and dry other parts of your body, as needed.
- 6. Other personal hygiene services (specify) or comments:
[REDACTED]

E. Eating: If needed, assisted living facilities providing assistance with ADLs must occasionally remind you to eat and drink, and occasionally help you cut up your food, prepare food and beverages for you, and bring them to you.

Additionally, the facility will provide the following optional services:

Yes No

- 1. Feed you, if you occasionally need to be fed.
- 2. Feed you on a routine basis, if you are unable to feed yourself.
- 3. Other assistance with feeding and eating (specify) or comments:
[REDACTED]

Home / Provider: _____

F. **Dressing:** If needed, assisted living facilities providing assistance with ADLs must occasionally remind and cue you to put on, take off, and lay out your clothes and necessary prostheses, when the assistance of a licensed nurse is not required, and occasionally provide stand-by assistance and steadying while you perform these activities.

Additionally, the facility will provide the following optional services:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Help you put on, take off, and button/buckle/fasten your clothes. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Dress and undress you if you are not able to help with dressing yourself. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Other assistance with dressing (specify) or comments: |

G. **Mobility:** If needed, assisted living facilities providing assistance with ADLs must occasionally remind you to move between locations in the assisted living facility and occasionally provide stand-by assistance and steady you as you move about.

Additionally, the facility will provide the following optional services:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Provide stand-by assistance as you walk or move about the building. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Physically help you walk, or move about the building. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Other assistance with mobility (specify) or comments: |

3. Intermittent Nursing Services

Assisted living facilities may, but are not required to provide Intermittent Nursing Services

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A. The facility will provide intermittent nursing services, including: |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Diabetic management as specified below. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Non-routine ostomy care. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Administration of health care treatments, as specified below. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Tube feeding. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Other nursing services. Please ask the facility staff if they provide other nursing services you may need, such as care of minor non-infected wounds or preventative skin care. |
| <input type="checkbox"/> | <input type="checkbox"/> | B. The facility uses nursing assistants under the delegation of a registered nurse to provide some authorized nursing services. |
| <input type="checkbox"/> | <input type="checkbox"/> | C. The facility typically has a registered nurse in the building for _____ days per week totaling _____ hours per week. |
| <input type="checkbox"/> | <input type="checkbox"/> | D. The facility typically has a licensed practical nurse in the building for _____ days per week; totaling _____ hours per week. |
| <input type="checkbox"/> | <input type="checkbox"/> | Additional comments regarding nursing services: |

Home / Provider: [REDACTED]

4. Help with Medications

All assisted living facilities must assist you, if you want help, with taking your medications. Someone other than a licensed nurse may provide such assistance. Assistance includes reminding you to take your medications, handing to you and/or opening for you the medication container, and putting the medications in your hand.

Yes No

- A. We have a licensed nursing staff available to administer directly, or to supervise the administration of the medications listed below:
 - 1. Administration of oral and topical medications and eye / ear / nose drops.
 - a. We use nursing assistants under the delegation of a registered nurse to administer drops and oral and topical medications.
- B. Administration of injections, excluding insulin.
- C. Administration of insulin injections.
- D. Additional Comments:
[REDACTED]

5. Family Assistance with Medications Service

Yes No

- We permit family members to provide medication services to residents under the following conditions:
[REDACTED]

6. Resident Arranged Services

We allow residents to independently arrange for outside services under the following conditions:
[REDACTED]

7. Care for Residents with Dementia, Developmental Disabilities, or Mental Illness

Assisted living facilities that choose to serve residents with dementia, developmental disabilities, or mental health issues must provide their staff with specialized training in these areas.

The facility will serve persons with the following needs:

Yes No

- Dementia
- Developmental Disabilities
- Mental Health
- Other (specify):
[REDACTED]

Home / Provider: [REDACTED]

8. Transportation Services

Assisted living facilities are not required to provide or help with transportation.

The facility will provide the following optional services:

Yes No

- A. Provide transportation to medical appointments:
1. With staff escorts.
2. Without staff escorts.
- B. Help arrange transportation to medical appointments.
- C. Comments, limitations or details regarding transportation services:

[REDACTED]

9. Ancillary Services

The facility will have available either directly or by contract, the following additional ancillary services:

Yes No

- A. Social work services.
- B. Religious or spiritual support services.
- C. Other (specify) or comments:

[REDACTED]

10. Services Related to Smoking

The facility:

Yes No

- A. Maintains a smoke-free community.
- B. Will permit smoking in designated outside areas consistent with Initiative 901 as specified in the resident's negotiated service agreement

11. Services Related to Pets

Pets allowed by the assisted living facility must have regular veterinarian examinations and immunizations, appropriate for the species, and must be free of diseases transmittable to humans.

The facility:

- A. Does not permit pets.
- B. Permit you to have pets under the following conditions.

[REDACTED]

12. Services Related to End-Of-Life Care

- The facility will support any advanced directives you may have or choices you may make regarding end-of-life decisions.
- The facility may not support all your advanced directives (explain):

[REDACTED]

13. Payments

Washington State law, RCW 70.129.030(4), requires the assisted living facility to inform each individual, or their representative, in writing, of the charges for services, items and activities customarily available in the facility or arranged for by the facility including charges for services, items, and activities not covered by the facility's basic per diem rate. Contact the assisted living facility for this information if not already provided.

It is important to note that because each assisted living facility structures its pricing differently, there may be additional charges associated with any service the assisted living facility provides or makes available.

Home / Provider: [REDACTED]

14. "Bed Hold" Services

If you are a Medicaid resident and you need to be in a hospital, nursing home, or other rehabilitation facility or are otherwise away from our facility, we will hold your bed for you if you are likely to return to the facility and are eligible for a Medicaid covered bed hold for a period of up to 20 days:

If you are a private pay resident, the facility may choose whether or not to hold your bed during an absence.

[REDACTED]

15. Medicaid Support

The facility:

- A. Does not accept Medicaid as a source of payment.
- B. Will accept Medicaid payments for any resident.

The facility has the following Medicaid contracts:

- Assisted Living Services (ALS)
- Adult Residential Care (ARC)
- Enhanced Adult Residential Care (EARC)
- C. Will accept Medicaid payments only under the following conditions:
[REDACTED]

16. Fire Protection Services

The facility will have the following:

- A. Fire sprinklers throughout, in all resident and non-resident areas.
- B. Fire sprinklers in some, but not all areas (explain):
[REDACTED]
- C. No fire sprinklers.

17. Security Services

The facility will have the following security service to help protect residents with cognitive impairments and wandering behaviors:

Check applicable response:

- A. Restricted use of exit doors in a designated portion of the building designed to serve residents with dementia.
- B. Restricted use of exit doors throughout the building.
- C. Outside area available with restricted egress.
- D. Other protective features (explain):
[REDACTED]

18. Scope of Licensed Services

This facility:

- Currently has an assisted living facility license for all resident rooms in the building.
- Does not currently have an assisted living facility license for all resident / tenant rooms in this building.
 - The room you will reside in is a licensed room that meets all licensing requirements.
 - The room you will reside in meets all contracted residential care services regulations.
 - The room you will reside in has exemptions to the room building requirements which include (explain approved exemption):
[REDACTED]

The number of residents receiving assisted living services cannot exceed the number of licensed beds.

Home / Provider: [REDACTED]		
<input type="checkbox"/> Oxygen services provided by the facility as follows (explain): [REDACTED]		
<input type="checkbox"/> Hearing aid assistance consisting of (explain): [REDACTED]		
For More Information		
CONTACT [REDACTED]		
TELEPHONE NUMBER [REDACTED]	FAX NUMBER [REDACTED]	E-MAIL ADDRESS [REDACTED]
WEB SITE [REDACTED]		

For more information about -assisted living facilities in general, you may visit Aging and -Long Term Support Administration on the Internet at: <https://www.dshs.wa.gov/altsa/residential-care-services/information-assisted-living-facility-professionals>

The assisted living facility licensing rule is Washington Administrative Code 388-78A, and may be found on the Internet at: <http://www.leg.wa.gov/wac/index.cfm?fuseaction=chapterdigest&chapter=388-78A>

The assisted living facility resident' rights law is Revised Code of Washington 70.129, and may be found on the internet at: <http://www.leg.wa.gov/RCW/index.cfm?fuseaction=chapterdigest&chapter=70.129>

Appendix 6: Statement from LeadingAge Washington and the Washington Health Care Association



TO: The Legislature of the State of Washington

FROM: Washington Health Care Association and LeadingAge Washington

RE: Addendum to DSHS Legislative Report

DATE: October 17, 2022

I. INTRODUCTION

Washington Health Care Association (“WHCA”) and LeadingAge Washington (“LeadingAge”) respectfully submit this addendum to the Report to the Legislature (“Report”) submitted by the Department of Social and Health Services (“DSHS”).

WHCA is the largest trade association in the state of Washington representing the interests of for-profit senior housing and long-term care providers. LeadingAge Washington is the largest trade association in the state of Washington representing the interests of not-for-profit senior housing and long-term care providers. There are 540 assisted living centers with the capacity to serve over 37,000 residents in Washington. WHCA and LeadingAge collectively count among their members more than 450 assisted living care centers. The majority of the 9,450 Medicaid clients who receive assisted living care in 2022 are residents in WHCA- and LeadingAge-member assisted living centers.

In Washington, assisted living communities (along with adult family homes) are the primary providers delivering housing, personal care, and nursing services to Medicaid-eligible senior citizens and other vulnerable adults in home- and community-based care settings. Long-standing Medicaid payment shortfalls are already leading to a loss of access to care and services in the assisted living sector.

Since the onset of the COVID-19 pandemic, assisted living providers have observed a growth in incidences where Medicaid residents refuse or fail to pay room and board fees to providers, as required by the state Medicaid program. This

failure to pay exacerbates the operating viability of Medicaid providers, who are already challenged by low reimbursement rates.

With this addendum, WHCA and LeadingAge offer their perspectives on resolving two related and impactful issues: (1) the non-payment of participation amounts by Medicaid residents; and (2) the low dollar amount of Medicaid assisted living reimbursement rates in general. Addressing these and other program barriers will make Washington's long-term care sector more stable and resilient. Providers can be assured that rates are predictable, and that prescribed processes are available to help mitigate financial losses that occur when contracting to deliver care to the state's vulnerable adults requiring Medicaid-supported care and services in assisted living centers.

II. DESCRIPTION OF PROBLEMS

A. Failure to Pay Participation Rates is a Growing Problem Among Medicaid Residents.

Assisted living centers contracting to serve Medicaid residents receive payment from two sources: (1) direct payments from DSHS; and (2) participation payments from the residents themselves. These payments are supposed to be made on a monthly basis. Washington Health Care Authority ("HCA") calculates a resident's participation rate based on the Federal Benefit Rate ("FBR") for Supplemental Security Income ("SSI"). The resident's participation rate is referred to as the "Room and Board Standard" and is calculated based on the most recent FBR rate minus the current Personal Needs Allowance (PNA). *See* [WAC 182-513-1105](#). Because the federal SSI payment is intended to pay for food and shelter, the federal Medicaid program does not allow these costs to be included in the Medicaid rates. This is to ensure the federal government is not paying twice for the same benefit. Although the rate is set by HCA, it is then up to the resident to ensure the individual monthly participation payment for room and board costs is made to the assisted living center.

The income of senior citizens and other vulnerable adults receiving SSI benefits, as a group, was less affected by the COVID-19 pandemic than younger people who are still working. Nevertheless, since the COVID-19 pandemic, WHCA and LeadingAge, and their members, have noticed an increased number of Medicaid residents failing to make participation payments to their respective long-term care provider. DSHS makes its direct payments to the assisted living center each month, but DSHS currently takes no role in ensuring that residents make their participation payments to the assisted living community as well. The DSHS Report acknowledges evidence supporting the extent of this problem.

WHCA and LeadingAge members report that there are multiple reasons why residents fail to make their participation payments to the assisted living centers in which they live. Sometimes residents lack the ability to manage their financial affairs but do not have a financial power of attorney available to assist them.

Sometimes residents are being financially exploited by their family members or third parties, such as online scammers. Sometimes residents are dissatisfied with the monthly personal allowance permitted by DSHS (currently set at \$75.36 per month), and so the residents spend the funds that should be applied to their contribution for monthly room and board.

Under the current system, there are a variety of expensive and/or unsatisfactory tools to address resident non-payment:

1. Discharge. While it is not a preferred or often utilized process for managing the problem, an assisted living provider can attempt to discharge residents under [RCW 70.129.110](#) based on failure to make payment. However, physically discharging the resident requires the resident be moved to a care setting that can meet their care needs ([RCW 70.129.110\(6\)](#)). As a practical matter, and because of low Medicaid reimbursement rates and years of chronic underfunding, there is very limited access to Medicaid care in assisted living. Typically, providers admit residents who pay privately and allow those individuals to “spend down” over a course of years (usually two years) before conversion to Medicaid-contracted services. A prudent provider would not agree to move in a Medicaid resident with ongoing non-payment issues. Thus, discharge is not a viable solution for Medicaid non-payment.

2. Involve Resident Representatives. Providers can seek to involve family members or other representatives to assist the resident in managing their affairs. However, not all residents have family members or others who are willing or able to help. This is also not a viable solution where residents are being financially exploited by family members.

3. Report to APS. Assisted living providers can report to Adult Protective Services (“APS”) if (1) the resident is being financially exploited; or (2) the resident lacks capacity to manage their affairs and requires a guardian. Reporting to APS is, therefore, not a viable solution in all cases.

Further, APS has its own priorities and constraints and does not have the obligation to protect the care provider’s interest. With respect, it is WHCA’s and LeadingAge’s experience that APS gives lower priority to residents who have a stable housing and care situation. This would include non-paying residents already admitted to an assisted living center.

4. Guardianship and/or Representative Payee. Assisted living providers can petition for **appointment** of a guardian for the resident. Alternatively, they can petition to be appointed representative payee of a resident’s Social Security income. However, this requires an outlay of the attorney fees and costs for the guardianship and/or representative payee process. Additionally, it can take months or up to a year for a guardian to be appointed, to marshal the resident’s

assets, and to commence payment. This requires providers to absorb ongoing losses while the guardianship process plays out. Even if the guardian can resume participation payments, or if the provider is appointed representative payee, the accrued debt is unlikely to be recovered.

B. Current Medicaid Rates Are Inadequate and Should Be Increased to Promote Better and Greater Access to Housing and Care.

In 2018, due in part to the steady decline in access to assisted living for low-income individuals, the Legislature enacted, and the Governor approved, a data-driven Medicaid payment methodology. Prior to this, Medicaid rates for all acuity levels were arbitrarily set by DSHS based solely on the funding levels made available by the Legislature. The prior system grossly underfunded Medicaid services provided, there was no transparency on how rates were set, there was no accountability on why some rates went very long periods without an increase, and there was no cost data or benchmarks to inform what an adequate payment for services should be.

The current payment model found in [RCW 74.39A.032](#) is primarily built on the known cost of wages as identified by the Washington Employment Security Department and published by the Bureau of Labor Statistics (“BLS”). Secondly, benchmarks for the smaller, non-labor costs are set using nursing home cost data. The statute calls out that beginning in 2019, this methodology must be phased in according to funding made available by the Legislature.

Four years post enactment, the system is currently funded at 68% and reimburses providers for wages with a payment that falls below minimum wages. As such, access for Medicaid eligible residents continues to decline even though the demand for these services is rapidly increasing as a growing portion of our population ages into long-term care. The unintended consequence is that we find a social stratification underway, where the poor have almost no access to the private unit model of assisted living services and instead end up in a group or shared room setting, or in other, higher-cost settings

In recognition of this growing issue, DSHS has put forward a decision package that would fully fund the wage component of assisted living Medicaid rates. Without at least recognizing credible and publicly accepted BLS wages, it is unlikely that this system can self-correct. It is impossible to cover direct care costs of nearly \$22 an hour, when Medicaid reimburses at only \$14.38 an hour. Further, most non-Medicaid residents in assisted living centers are living on modest fixed incomes such as Social Security Retirement Insurance. Private pay rates cannot be increased as a resource to subsidize the state’s responsibility to pay for Medicaid.

For these reasons, WHCA and LeadingAge urge the Legislature to fully fund the assisted living methodology of the state’s Medicaid long-term care program.

III. PROPOSED SOLUTIONS TO RESIDENT NON-PAYMENT

A. The Simplest and Most Straightforward Solution to Resident Non-Payment is For DSHS to Make Full Payment Directly to Facilities.

WHCA and LeadingAge believe that the issue of resident non-payment would be greatly alleviated if payment were made in full by DSHS directly to the facilities. Then, rather than residents paying a participation rate to the facilities, the residents would pay the participation rate to the state.

The risk of room and board non-payment is particularly challenging for care centers serving a high proportion of Medicaid residents. This solution would move the risk of resident non-payment from facilities to the state, which is better situated to absorb the risk. Additionally, the state and DSHS have a much broader and deeper toolkit to deal with the causes of non-payment outlined above. DSHS already has investigative powers and experience, which can be directed to root out what is, in many cases, a form of Medicaid fraud.

B. Other Solutions

In addition to the solution above, WHCA and LeadingAge propose the following alternative solutions to address the issue.

1. Accelerated Case Management. Under current law, DSHS has an affirmative duty to assist Medicaid residents in finding appropriate long-term care. For example, under [RCW 70.129.110\(2\)](#), DSHS must actively work with a resident to find a new care setting if the resident's care needs exceed the capabilities of the existing provider. This case management function could also be expanded to the financial setting. DSHS case managers—who are assigned to each Medicaid resident—are uniquely situated to understand and address the reasons for a resident's non-payment. WHCA and LeadingAge recommend the development of a pilot program to provide for accelerated case management through the existing DSHS structure. For example, facilities could notify a DSHS case manager if a resident is more than 15 days late on a participation payment. DSHS would then create protocols to direct how the case manager would investigate and address the situation with the aim of ensuring the resident pays their participation portion.

This system could also be combined with data collection and reporting protocols that allow DSHS and long-term care providers to understand the scope of the problem with greater specificity. This would also involve collection of data on the amount of unpaid room and board fees currently being absorbed by providers.

2. Reimbursement of Bad Debt. Under current skilled nursing regulations [WAC 388-96-585\(j\)](#), skilled nursing facilities can recoup bad debt from

the state when residents fail to make payment. Reimbursement of unpaid client participation (bad debt) is not currently recognized for assisted living facilities.

WHCA and LeadingAge recommend expanding bad debt reimbursement to assisted living providers who would be responsible for tracking and accounting for bad debt. After a time, facilities could apply for reimbursement of this bad debt. This would not address the immediate impact on operating revenues, but it could alleviate some of the problem caused by resident non-payment.

3. Medicaid Recovery. The currently existing Medicaid recovery system could be used to assist providers, as well as the state, in recovering unpaid debt. However, this solution would not address the immediate impact on operating budgets caused by the delay in receiving payment.

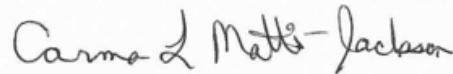
These potential solutions, or a combination thereof, might be used to address the issues raised in this addendum. However, WHCA and LeadingAge reiterate that the initial solution—DSHS pays the full rate and collects participation from residents—is the best and least problematic.

IV. CONCLUSION

Private industry, DSHS, and the Washington State Legislature have the opportunity to act together to ensure ongoing care and service to Washington’s low-income vulnerable adults. In order to assure the ongoing access to long-term care service in assisted living, simple and straightforward changes can be made to avoid jeopardizing continuity in care and service while solidifying the continued viability of the Medicaid program in this sector. DSHS should fully reimburse providers and alleviate potential for nonpayment by collecting resident participation rates directly from residents. The Legislature should also fully fund the assisted living rates methodology it adopted in 2018.



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Appendix 7: Number of Licensed Beds and Medicaid Residents by Contract Type

ALF Beds by Contract Type

	07/01 /2017	07/01 /2018	07/01 /2019	07/01 /2020	07/01 /2021	07/01 /2022
Total ALF beds	32,869	33,893	34,537	35,651	36,608	37,785
Adult Residential Care	7,313	7,051	7,420	7,276	7,289	7,007
Assisted Living Facility (ALF)	15,249	15,778	16,187	16,199	16,243	15,918
Enhanced Adult Residential Care	9,282	9,273	9,683	9,977	10,221	10,579
Specialized Dementia Care	4,969	4,329	4,953	4,923	5,079	5,263

*Data source: Ad hoc report run on Facilities Management System at ALTSA data on 7/14/2022

*If a provider has multiple contracts, their beds are counted in each category for the four types of contracts defined in WAC 388-110-020.

*Additional types of contracted beds, such as Expanded Community Services, are not included and do not alter the total number of beds.

Types of Contracts per WAC 388-110-020, Contracted Residential Care Services—Definitions:

1. Adult Residential Care is a package of services provided by an assisted living facility that has a contract with the department to provide personal care services.
2. Assisted Living Services is a package of services provided by an assisted living facility that has a contract with the department to provide personal care services, intermittent nursing services and medication administration services including housing for the resident in a private apartment-like unit.
3. Enhanced Residential Care is a package of services provided by an assisted living facility that has a contract with the department to provide personal care services, intermittent nursing services and medication administration.
4. Enhanced adult residential care-specialized dementia care services is a package of services including specialized dementia care assessment and care planning, personal care services, intermittent nursing services, medication administration services, specialized environmental features and accommodations and activity programming.

Total of Distinct Clients Served By Contract Type and Fiscal Year

	AL*	ARC*	EARC*	SDC*
FY2018	5346	625	1728	1160
FY2019	5114	509	1963	1269
FY2020	5000	454	2417	1337
FY2021	4993	315	2669	1400
FY2022	4796	287	2850	1512
<i>Total Distinct Clients served by contract type pulled via ProviderOne paid claims, 9/29/2022</i>				

AL: Assisted Living

ARC: Adult Residential Care

EARC: Enhanced Adult Residential Care

SDC: Specialized Dementia Care in EARC

Appendix 8: Study of State Regulations

Engrossed Substitute Senate Bill 5693, Chapter 297, Laws of 2022 stipulates reporting requirements by the Department of Social and Health Services (the department). The department is required to submit a report to the Governor and appropriate legislative committees no later than December 30, 2022, which must include a summary of discharge regulations and notification requirements for assisted living facilities (ALFs). It must also include recommendations related to the disclosure of providers' terms and conditions for Medicaid acceptance.

The department completed a review of other U.S. states' statutes and rules to aid in developing recommendations. Appendix 1 contains links to the regulations for the states referenced in this report along with two websites that provided additional information about the individual states.

The following analysis highlights the requirements of other states related to admission, discharge, disclosure, Medicaid and other requirements. These findings may help inform Washington's Legislature about potential revisions to the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) that will strengthen the rights and protections for ALF residents.

Admission

Many long-term care regulations throughout the United States require facilities to disclose information such as charges, resident rights, grievance procedures and other topics during the admission process. Requirements for how information is disclosed vary among the states. Some states require the resident or resident representative to sign documents such as residential service agreements, residential service contracts and/or financial agreements.

In Hawaii, facilities must provide a handbook of the ALF's house rules at the time of admission. In Pennsylvania, the state must approve the handbook that facilities are required to issue to residents before or upon admission. In Massachusetts, facilities are required to provide the prospective resident a consumer guide developed by the Executive Office of Elder Affairs as required by 651 Code of Massachusetts Regulation 12.08 Resident Rights and Required Disclosures.¹⁷ New York's Department of Health requires that residents are given a copy of its

¹⁷ *Assisted Living in Massachusetts: A Consumer Guide*, <<https://www.mass.gov/files/2017-08/consumer-guide.pdf>>, accessed October 5, 2022.

Consumer Information Guide: Assisted Living Residence or provide the information on how to access the guide on the internet.¹⁸

In California, the facility's admission agreement must include information about the relocation assistance offered by the facility and the facility's emergency plan.

Notification/Disclosure

Twenty states, including Washington, require facilities to disclose information around charges accrued in long-term care facilities.¹⁹ Most states only mandate the types of information that must be disclosed to prospective residents and their representatives. Requirements range among states, including the disclosure of information such as application fees, admission fees, costs for service billing processes, discharge for nonpayment, refund policies, contracts between residents and the facility, and facility notification when there are rate changes. Like Washington, some states require that residents receive the contact information for the Long-Term Care Ombudsman Program. The formats vary and the information may be contained in different documents such as admission agreements, lease agreements and financial contracts. Five states (Maryland,²⁰ Minnesota,²¹ Oregon,²² Texas²³ and Virginia²⁴) have formal

¹⁸ *Consumer Information Guide: Assisted Living Residence*, <<https://www.health.ny.gov/publications/1505.pdf>>, accessed October 5, 2022.

¹⁹ Arizona, California, Delaware, Georgia, Hawaii, Illinois, Louisiana, Minnesota, Mississippi, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee and Washington.

²⁰ Maryland Assisted Living Program Uniform Disclosure Statement, <https://health.maryland.gov/ohcq/AL/Docs/AL_Forms/al_disclosure.pdf>, accessed October 5, 2022.

²¹ Minnesota Uniform Disclosure of Assisted Living Services and Amenities, <[Assisted Living Licensure Uniform Disclosure of Assisted Living Services and Amenities \(state.mn.us\)](https://www.mn.gov/assisted-living-disclosure)>, accessed October 7, 2022.

²² Oregon Uniform Disclosure Statement Assisted Living/Residential Care Facility, <<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/se9098a.pdf>>, accessed October 5, 2022.

²³ Texas Assisted Living Disclosure Statement Form 3647, <<https://www.hhs.texas.gov/regulations/forms/3000-3999/form-3647-assisted-living-disclosure-statement>>, accessed October 5, 2022.

²⁴ Virginia Assisted Living Facility Disclosure Statement, <https://dss.virginia.gov/files/division/licensing/alf/intro_page/current_providers/forms/032-05-0849-06-eng.pdf>, accessed October 5, 2022.

disclosure of services forms similar to the form required in Washington. Washington offers two Disclosure of Services forms and either form is acceptable for licensure.²⁵

Texas also has a specialized Alzheimer's Disease Disclosure form.²⁶ Minnesota offers an additional form, the Uniform Consumer Information Guide. The form covers a variety of settings and services, in addition to ALFs, to assist consumers in soliciting and recording all options for housing and services.²⁷ The Health Care Association of New Jersey, a provider association, offers a disclosure form for use by its members, which is not required by state rule.²⁸

Pennsylvania requires that residents receive a copy of the facility's resident rules and handbook, which must be approved by its Department of Human Services.

In Oklahoma, facilities are subject to the Alzheimer's Disease Special Care Disclosure Act.²⁹ The act mandates facilities to disclose the type of care or treatment provided that distinguishes it as being especially applicable to or suitable for persons with Alzheimer's disease or related disorders. Facilities are required to complete the Alzheimer's Disease or

²⁵ The Disclosure of Services form dated February 2007 or the form revised in March 2017 may be used. See the Dear Provider Letter dated August 30, 2017, located online at: <https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/bh/017-011.pdf>. The Washington Assisted Living Facility (ALF) Disclosure of Services Required by RCW 18.20.300 DSHS 10-351 (Rev. 03/2017) Form, located online at: <https://www.dshs.wa.gov/sites/default/files/FSA/forms/pdf/10-351.pdf>.

²⁶ Texas Alzheimer's Assisted Living Disclosure Statement form 3641 January 2014-E,

<https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/forms/3641/3641.pdf>, accessed October 5, 2022.

²⁷ Minnesota Uniform Consumer Information Guide form updated 5/2016, <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.health.state.mn.us%2Ffacilities%2Fregulation%2Fhws%2Fdocs%2Fucig.docx&wdOrigin=BROWSELINK>, accessed October 5, 2022.

²⁸ Email from Kathy Fiery, Vice President Assisted Living, Health Care Association of New Jersey, August 23, 2022.

²⁹ Oklahoma Alzheimer's Disease Special Care Disclosure Act, <https://casetext.com/statute/oklahoma-statutes/title-63-public-health-and-safety/chapter-1-oklahoma-public-health-code/article-8-nursing-homes-rest-homes-and-specialized-homes/alzheimers-disease-special-care-disclosure-act/section-1-8792c-effective1112021disclosure-of-care>, accessed October 5, 2022.

Related Disorders Special Care Disclosure Form and provide the completed form to any representative of a resident who is considering placement in the ALF.³⁰ While South Carolina's Alzheimer's Special Care Disclosure Act contains similar requirements for facilities, it does not require that ALFs use a specific form developed by the state.³¹

Facilities in Washington must disclose if the facility has been approved for assisted living by the Department of Health Construction Review when applying to the department for an Enhanced Residential Care – Specialized Dementia Care contract.³² Providers may disclose information in Section 7 of the ALF Disclosure of Services form and indicate if it serves people with dementia.³³ Per WAC, ALFs must obtain information about residents with dementia to integrate into their individualized negotiated service agreement.³⁴

RCW 18.20.500 Assisted Living Facilities, Information for Consumers requires that the department provide information online. The website, known as the ALF Locator, includes a listing of licensed ALFs by geographic location. As required, it includes information related to inspection and complaint investigation reports, including any citations and remedies imposed. Although not required by RCW, the ALF Locator

³⁰ Oklahoma Alzheimer's Disease or Related Disorders Special Care Disclosure ODH Form 613 Revised 3/22/2021, <<https://oklahoma.gov/health/services/licensing-inspections/health-resources-development-service/health-facility-systems/alzheimers-disease-or-related-disorders-special-care-disclosure.html>>, accessed October 7, 2022.

³¹ South Carolina statute for the Alzheimer's Special Care Disclosure Act, <<https://www.scstatehouse.gov/code/t44c036.php>>, accessed October 5, 2022.

³² Washington's Application for Contract for Currently Licensed Assisted Living Facilities DSHS 10-431 (Rev. 06/2014) Form, <<https://www.dshs.wa.gov/sites/default/files/forms/pdf/10-413.pdf>>, accessed October 5, 2022.

³³ The Washington Assisted Living Facility (ALF) Disclosure of Services Required by RCW 18.20.300 DSHS 10-351 (Rev. 03/2017) form, located online at: <<https://www.dshs.wa.gov/sites/default/files/FSA/forms/pdf/10-351.pdf>>.

³⁴ WAC 388-78A-2370 Assisted Living Facility Licensing Rules, Dementia Care, located online at: <<https://apps.leg.wa.gov/WAC/default.aspx?cite=388-78A-2370>>.

includes capacity, payment sources accepted, license number, phone number and address.³⁵

Florida's Agency for Health Care Administration provides potential residents with an ALF locator which houses information including capacity, payment sources accepted, phone numbers, address, owner information, license date and expiration date. Florida's Facility/Provider Locator discloses more information than Washington's ALF Locator. It provides bed hold policies, specialty licenses, activities, languages supported, legal actions taken (such as fines, enforcement type actions, etc.) and other relevant information such as the cooling and emergency power sources for the facility.³⁶

Both internet search tools support residents and their representatives to make informed decisions when selecting a facility for long-term care placement.

Discharge

Washington's RCW requires at least 30 days' notice for discharge or transfer. In Hawaii, a 14-day notice is required for discharge and the resident has the right to an "informal conference".

Washington, along with other states, allows a resident to be discharged for nonpayment. Washington residents must receive notice by the facility at least 30 days before the resident is discharged or transferred.³⁷ In Arizona, only 14 calendar days' notice is required for discharge due to nonpayment.

Some states view the relationship of the facility and resident as a landlord and tenant relationship. The state of Kentucky requires a lease agreement which includes the terms of "move-out". California has rules on involuntary transfer and "eviction". The eviction notice must contain language stating that the provider must file an unlawful detainer action in superior court and receive a written judgment signed by a judge in order to evict a resident

³⁵ Washington's ALF Locator is located online at:
<<https://fortress.wa.gov/dshs/adsaapps/lookup/BHAdvLookup.aspx>>.

³⁶ Florida's Facility/Provider Locator is located online at:
<<https://www.floridahealthfinder.gov/facilitylocator/FacilitySearch.aspx>>.

³⁷ RCW 70.129.110 (4)(a) and (6) Disclosure, Transfer and Discharge Requirements, also requires that the facility must provide sufficient preparation and notification to residents to ensure a safe and orderly transfer or discharge from the facility. The RCW is located online at:
<[RCW 70.129.110: Disclosure, transfer, and discharge requirements. \(wa.gov\)](https://www.wa.gov/RCW-70.129.110-Disclosure-transfer-and-discharge-requirements)>.

who remains in the facility after the effective date of a three-day, 30-day, or 60-day eviction.

In Illinois, the provider must use the state's Assisted Living and Shared Housing Involuntary Termination of Residency Form when notifying residents of an involuntary discharge.³⁸

Vermont's rules require that the facility notify the Long-Term Care Ombudsman when it is unable to reach an agreement related to discharge of a resident.

Medicaid

The states vary on funding for Medicaid residents. Washington's Medicaid State Plan and 1915(c) Home and Community Based Services waiver with the Centers for Medicare and Medicaid Services, fund personal care services for Medicaid recipients approved to live in an ALF. In Kansas, Managed Care Organizations (MCOs) are contracted to administer Medicaid. The MCO enters into agreements with ALFs and pays for services on behalf of the Medicaid program. West Virginia does not use Medicaid funding to cover services in any type of residential care setting.³⁹

Like Washington, some states offer financial incentives for accepting Medicaid residents. In Washington, providers qualify for a Capital Add-On Rate if their facility meets the criteria of 60 percent Medicaid occupancy during the Qualification Period.⁴⁰ In Colorado, the licensing fees are reduced for "alternate care facilities" if 35 percent or more of the licensed beds are occupied by Medicaid enrollees for at least nine months in a fiscal year.

³⁸ Illinois Assisted Living and Shared Housing Involuntary Termination of Residency Form, <<https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/itrformwithhearingrequestrevised20200221.pdf>>, accessed October 5, 2022.

³⁹ American Health Care Association/National Center for Assisted Living Assisted Living State Regulations website, <<https://www.ahcancal.org/Assisted-Living/Policy/Pages/state-regulations.aspx>>, accessed September 26, 2022.

⁴⁰ Office of Rates Management, March 2021, Capital Add-On Rate For Assisted Living Facilities, <https://www.dshs.wa.gov/sites/default/files/AL_TSA/msd/documents/CAPITAL%20ADD-ON%20RATE%20FOR%20ALF_051821.pdf>, accessed October 10, 2022.

In Georgia, families are allowed to supplement the room and board portion of the rate on behalf of their family members.⁴¹ In 2009, Colorado allowed family supplementation to pay for items not covered by the Medicaid waiver program.⁴² In Washington, third party payment is allowed when a resident is temporarily discharged to a hospital or nursing home and the family or representative wish to pay to hold the bed when the state's 20-day limit for bed-hold payment is reached.⁴³

Other Requirements: Resident Bill of Rights, Grievance and Appeal Policies

Residents and their representatives may better understand the rules and regulations of a facility when they receive a disclosure of resident rights or a bill of rights. This information aids the resident or representative in understanding the admission and discharge policies. Among other requirements, ALFs in Washington must furnish a written description of its resident rights. Nineteen states requires ALFs to create a resident bill of rights or disclosure of rights to provide to residents.⁴⁴ Maine, Minnesota, Montana, New Hampshire, New Jersey and South Carolina have a formal bill of rights that ALFs must disclose to residents. Eleven states, including Washington, require that resident rights are given before or during the resident admission process.⁴⁵

In Texas, the Long-Term Care Ombudsman Program's residents rights document must be provided to all residents prior to moving in.⁴⁶ In Alabama, the resident or resident representative is required to

⁴¹ *Compendium of Residential Care and Assisted Living Regulations and Policy: 2015 Edition, GA-9*, https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//72796/15al-com-GA.pdf, accessed October 10, 2022.

⁴² *Compendium of Residential Care and Assisted Living Regulations and Policy: 2015 Edition, CO-7*, https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//72736/15al-com-CO.pdf, accessed October 11, 2022.

⁴³ WAC 388-110-100 Discharge, Social Leave and Bed Hold, located online at: <https://apps.leg.wa.gov/WAC/default.aspx?cite=388-110-100>.

⁴⁴ Connecticut, Hawaii, Louisiana, Maine, Minnesota, Montana, Nebraska, New Hampshire, New Jersey, North Carolina, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Washington, Wisconsin and Wyoming.

⁴⁵ Connecticut, Hawaii, Nebraska, North Carolina, Oregon, South Dakota, Tennessee, Utah, Wisconsin and Wyoming.

⁴⁶ *Your Rights in an Assisted Living Facility*, https://apps.hhs.texas.gov/news_info/ombudsman/docs/brochures/alf-residents-rights-flyer.pdf, accessed October 5, 2022.

acknowledge and sign that they have reviewed the facility's resident rights document. These rights must also be posted in a resident common area.

Thirteen states require that facilities have a grievance procedure.⁴⁷ Seven states (Georgia, Illinois, Kentucky, North Carolina, North Dakota, Oklahoma and South Carolina) require facilities to disclose grievance procedures to their residents. Other states such as Hawaii, Alabama, Louisiana and West Virginia, require that residents have access to an appeal board, conference or advisory board. Washington requires that a resident has a right to voice grievances but does not regulate how the facility discloses and manages grievances or addresses appeal processes.⁴⁸

Conclusion

The examination of other states' rules and regulations for ALFs provides ideas for strengthening existing RCW and WAC in Washington. By further defining disclosure requirements, prospective residents and their representatives may receive valuable information to locate and select a suitable ALF.

⁴⁷ Alaska, Arizona, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kentucky, North Carolina, North Dakota, Oklahoma and South Carolina.

⁴⁸ RCW 70.129.060, Long-Term Care Resident Rights, Grievances, located online at:

<<https://app.leg.wa.gov/rcw/default.aspx?cite=70.129.060>>.

Appendix 1: References

The following are links to the state regulations referenced in this report.

Alabama:

<http://www.alabamaadministrativecode.state.al.us/docs/hlth/420-5-4.pdf>

Alaska: <https://www.akleg.gov/basis/aac.asp#7.75>

Arizona: [9-10.pdf](#)

https://apps.azsos.gov/public_services/Title_09/9-10.pdf

California: <https://www.cdss.ca.gov/getinfo/pdf/rcfe1.pdf>

Colorado:

<https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=9550&fileName=6%20CCR%201011-1%20Chapter%2007>

Delaware: <https://delcode.delaware.gov/title16/c011/sc01/>

Florida:

https://www.ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Assisted_Living/alf.shtml

Georgia: [HFRD Laws & Regulations | Georgia Department of Community Health](#)

Hawaii: <https://health.hawaii.gov/opppd/files/2015/06/11-90.pdf>

Illinois:

<https://www.ilga.gov/commission/jcar/admincode/077/07700295sections.html>

Kansas: <https://kdads.ks.gov/docs/librariesprovider17/General-Provider-Pages/provider-statutes-and-regulations/ksa-and-kar-for-adult-care-homes/assisted-living---residential-health-care-facilities.pdf>

Kentucky:

<https://apps.legislature.ky.gov/law/statutes/chapter.aspx?id=38056>

Louisiana: <https://ldh.la.gov/page/2987>

Maine: <https://www.maine.gov/sos/cec/rules/10/ch113.htm>

Maryland:

<https://health.maryland.gov/ohcq/docs/Assisted%20Living%20Regulations%20for%20Informal%20Comments.pdf>

Massachusetts: <https://www.mass.gov/doc/651-cmr-12-certification-procedures-and-standards-for-assisted-living-residences/download>

Minnesota: <https://www.revisor.mn.gov/statutes/cite/144G>

Mississippi: https://msdh.ms.gov/msdhsite/_static/resources/341.pdf

Montana:

<https://rules.mt.gov/gateway/Subchapterhome.asp?scn=37.106.28>

Nebraska: https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-175/Chapter-04.pdf

New Hampshire:

<https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/inline-documents/sonh/hep814.pdf>

New Jersey:

<https://advance.lexis.com/container?config=00JAA5OTY5MTdjZi1IMzYxLTQxNTEtOWFkNi0xMmU5ZTViODQ2M2MKAfBvZENhdGFsb2coFSYEAfv22IKqMT9DIHrf&crd=0e628505-f56a-4fe8-9d92-ec49166e42f5&prid=4820904b-3881-4a71-b08f-d87451dbea1d>

New Mexico: <https://www.srca.nm.gov/parts/title07/07.008.0002.html>

New York: [Title: Part 494 - ASSISTED LIVING PROGRAM | New York Codes, Rules and Regulations \(ny.gov\)](#)

North Carolina: <http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2013%20-%20nc%20medical%20care%20commission/subchapter%20f/subchapter%20f%20rules.html>

North Dakota: <https://www.ndlegis.gov/information/acdata/pdf/75-03-34.pdf?20150112162529>

Ohio: <https://codes.ohio.gov/ohio-administrative-code/chapter-3701-16>

Oklahoma: <https://oklahoma.gov/health/services/licensing-inspections/health-resources-development-service/health-facility-systems/continuum-of-care-and-assisted-living-centers.html>

Oregon: http://www.dhs.state.or.us/policy/spd/rules/411_054.pdf

Pennsylvania:

<https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/055/chapter2800/chap2800toc.html>

Rhode Island: <http://webserver.rilin.state.ri.us/Statutes/TITLE23/23-17.4/INDEX.HTM>

South Carolina:

<https://scdhec.gov/sites/default/files/Library/Regulations/R.61-84.pdf>

South Dakota: <https://sdlegislature.gov/Rules/Administrative/32256>

Tennessee: <https://publications.tnsosfiles.com/rules/1200/1200-08/1200-08-25.20201126.pdf>

Texas: <https://www.hhs.texas.gov/providers/long-term-care-providers/assisted-living-facilities-alf>

Utah: https://www.google.com/url?client=internal-element-cse&cx=013817919410579482056:px72jxkmftu&q=https://rules.utah.gov/publicat/code_rtf/r432-270.rtf&sa=U&ved=2ahUKEwjHw6-N1MT4AhX0lmoFHSpCBoMQFnoECAgQAQ&usq=AOvVaw3eSY2U64sDpdJ_bAXhy6YR

Vermont: <https://dail.vermont.gov/assisted-lvg-residence-licensing-regs>

Virginia: <https://law.lis.virginia.gov/admincode/title22/agency40/chapter73>

Washington: <https://apps.leg.wa.gov/RCW/default.aspx?cite=70.129>,

<https://apps.leg.wa.gov/WAC/default.aspx?cite=388-78A> and

<https://apps.leg.wa.gov/WAC/default.aspx?cite=388-110>

Wisconsin: <https://docs.legis.wisconsin.gov/statutes/statutes/50.pdf>

Wyoming: <https://health.wyo.gov/wp-content/uploads/2022/08/HLS-Rule-Ch-12-ALF.pdf>

The following websites were accessed to research additional information about the states:

American Health Care Associations/National Center for Assisted Living:
2022 State Assisted Living Regulatory Summaries located online at:

<https://www.ahcancal.org/Assisted-Living/Policy/Pages/state-regulations.aspx>

National Compendium of Residential Care and Assisted Living Regulations and Policy 2015 Edition, US Department of Health and Human Services Assistant Secretary for Planning and Evaluation Office of Disability, Aging, and Long-Term Care Policy, June 2015, located online at:

https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//73501/15alcom.pdf