

# Comparison Between Assisted Living & Basic Care

## ASSISTED LIVING

## BASIC CARE

### Definition

A building or structure containing a series of at least five living units operated as one entity to provide services for five or more individuals who are not related by blood, marriage, or guardianship to the owner or manager of the entity and which is kept, used, maintained, advertised, or held out to the public as a place that provides or coordinates individualized support services to accommodate the individual's needs and abilities to maintain as much independence as possible. An assisted living facility does not include a facility that is a congregate housing facility, licensed as a basic care facility, or licensed under Chapters 23-16 or 25-16 or Section 50-11-01.4.

A residence, not licensed under chapter 23-16 by the department, that provides room and board to five or more individuals, who are not related by blood or marriage to the owner or manager of the residence and who, because of impaired capacity for independent living, require health, social, or personal care services, but do not require regular twenty-four-hour medical or nursing services and:

- Makes response staff available at all times to meet the twenty-four-hour per day scheduled and unscheduled needs of the individual; or
- Is kept, used, maintained, advertised, or held out to the public as an Alzheimer's, dementia, or special memory care facility; or
- Is attached to a nursing home or assisted living facility and its staff are available to meet the needs of all residents and comply with state and federal regulations.

### Statewide Availability

75 Licensed in North Dakota / 3027 Units

64 Licensed in North Dakota / 2076 Beds

### Ownership

68% Non-Profit; 32% For-profit

65% Non-Profit; 35% For-profit

### Average Occupancy

82%

71%

### Licensure

Licensed by the Department of Human Services under ND Century Code 50-32, and by the Department of Health under ND Century Code 23-09.

Licensed by the Department of Health under ND Century Code 23-09.3

### Moratorium

Does not apply, can build new facilities any time, any place.

Not allowed to build or expand without obtaining proper bed licensing. A nursing facility is allowed to convert nursing facility beds to basic care. Anyone is allowed to purchase licensed beds from another licensed provider, and then complete the process for basic care licensure.

## Medicaid Policy and Reimbursement

Individuals in assisted living facilities may be eligible for services funded by state resources, Medicaid, or Medicaid waiver services. Generally, low-income individuals have limited access to assisted living because funds are not available for rental assistance (except through the U.S. Department of Housing and Urban Development in limited situations).

Basic care assistance is available for low income (must be Medicaid qualified) individuals residing in a licensed basic care facility. Under this program, state general funds pay for the room and board portion of the fee and the personal care option (federal and share funds) pay for services.

For basic care dementia facilities, funding for low income individuals is available under the Medicaid waiver – Adult Residential Care Program.

## Rate Structure

Choose and pay for only those services needed or desired

All-inclusive rate for residents regardless of services used

## Average Rate

The rate has two components, rent and services. The average rent is \$2,610 per month for 1 bedroom. In addition, services are billed separately. Service packages vary greatly ranging from a few hundred dollars to over \$5,000 monthly.

The average cost for all room, board and services is \$4,486 per month.

## Blue Print/Construction Review

No requirements

Must submit plans to Health Department for prior approval.

## Room Accommodations

Many options: one, two, or three bedrooms; single room occupancy and efficiency. Each unit must have a private bathroom with a toilet, bath tub or shower, and a sink. A living unit must contain a sleeping area and an entry door that can be locked.

Generally semi-private room with shared bath. Private resident units must be a minimum of 100 square feet, semi-private resident units must provide a minimum of 80 square feet per resident. There must be at least one toilet for every four residents and a bathtub or shower for every 15 residents.

## Facility Scope of Care

Provides assistance to adults who may have physical or cognitive impairments and who require a moderate level of assistance with one or more activities of daily living, (ADL), and assistance with instrumental activities of daily living, (IADL). Each facility determines the scope of the care they wish to offer tenants, but they must not exceed the definition of assisted living and cannot extend into providing skilled nursing care.

Coordinates all care and services for residents to attain and maintain their highest level of functioning contacts with resident assessments and care plans. Provides assistance with activities of daily living, (ADL), and instrumental activities of daily living, (IADL).

## Administrator Education / Training

Must complete at least 12 hours of continuing education per year.

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## Staffing Requirements

Staff must be available 24 hours a day to meet the needs of the residents, not necessarily on site.

Must provide 24-hour on-site staffing, however they are allowed to share staff if their facility is co-located with a nursing home or assisted living facility.

## Staff Education/Training

All direct care staff must receive annual training on: a) fire and accident prevention and safety; b) mental and physical health needs of the residents, including behavior problems; c) prevention and control of infections, including universal precautions; and d) resident rights.

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## Medication Management

Unlicensed staff may administer medication (Medication Assistant I) except for 'as needed' controlled prescription drugs. Those personnel must have specific training and be monitored by a registered nurse.

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## Move-In/Move-Out Requirements

Each facility must have clear, concise, understandable tenancy criteria that is fully disclosed in writing to all potential tenants, prior to the agreement being signed. Before a unit is rented, the facility shall evaluate the tenant's ability to meet the tenancy criteria.

A basic care facility may admit or retain only individuals whose condition and abilities are consistent with National Fire Protection Association (NFPA) 101 Life Safety Code requirements and who must be capable of self-preservation. Basic care residents are admitted and retained in the facility in order to receive room and board and health, social, and personal care, and whose condition does not require continuous, 24-hour-a day on-site availability of nursing or medical care.

## Resident Assessment

A resident assessment is not specifically required in assisted living. An initial evaluation must be completed to make sure the tenant meets criteria. A record must be kept listing the services provided to each tenant.

An assessment is required for each resident within 14 days of admission and thereafter, no less frequently than quarterly. The facilities develop and utilize their own forms. The assessment must include; a review of health, psychosocial, functional, nutritional, and activity status; personal care and other needs; health needs; capability of self-preservation; and specific social and activity interests.

## End of Life Care

May provide care to a tenant who is in need of hospice services and who exceeds tenancy criteria. The tenant must contract with a third party, (maybe the facility) or utilize family support, or both to meet their end of life care.

A facility may provide end of life care to existing residents if they can meet the needs of the resident. The facility may utilize family, friends, volunteers and others to meet the needs of the resident. Facilities are encouraged to utilize the service of a hospice agency.

## Special Care Units for Dementia

Not available, although you can care for individuals with cognitive impairments, you can't create a special unit or hold yourself out as a "dementia unit."

A Basic Care facility must designate on their basic care application that they provide dementia care services.

## Disclosure Items

Must maintain a written agreement with each tenant that includes the rates for rent and services provided, payment terms, refund policies, rate changes, tenancy criteria, and living unit inspections. Additionally, facilities must provide each tenant with written notice of how to report a complaint regarding the facility and must provide a 30 day written advance notice of any fee increase.

Must provide a 30 day written advance notice on any rate increase.

## Survey Process

A standard health survey process is not conducted for assisted living facilities. Assisted living will be inspected at least every 2 years by the Food & Lodging Division of the Health Department or their local Health Department. Each facility must conduct satisfaction survey once every 24 months. Facilities must share results with tenants.

All life safety surveys are announced and conducted by the Health Department. The goal is to conduct this survey annually. The health portion of the survey is conducted every 24 to 48 months. Half of these surveys are announced a week in advance of their occurrence, and half are unannounced.

## Complaint Investigations

Ombudsman for tenant issues, Food & Lodging for sanitary and safety issues.

Division of Health Facilities and Division of Life Safety and Construction. Some complaints may be referred to the Ombudsman.

## Rights of Residents

Bill of Rights in North Dakota Century Code – Ch. 50-10.2

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## Fire Safety

Assisted living facilities must certify that facilities are in compliance with all applicable federal, state, and local laws. Each assisted living facility must install smoke detection devices or other approved alarm systems of a type and number approved by the department, in cooperation with the state fire marshal. Assisted living facilities must meet exiting requirements. Access to fire escapes must be kept free and clear at all times of all obstructions of any nature. The facility must provide for adequate exit lighting and exit signs as defined in the state building code.

Each facility must have fire extinguishers as defined by the NFPA standard number 10, in quantities defined by the state building code and the state fire code. Standpipe and sprinkler systems must be installed as required by the state building code and state fire code.

Basic care facilities must comply with the NFPA Life Safety Code, 2012 edition, chapter 32 & 33, residential board and care occupancy, slow evacuation capability, or a greater level of fire safety. Fire drills must be held monthly with a minimum of 12 per year, alternating with all work shifts. Residents and staff, as a group, shall either evacuate the building or relocate to an assembly point identified in the fire evacuation plan. At least once a year, a fire drill must be conducted during which all staff and residents evacuate the building. Fire evacuation plans must be posted in a conspicuous place in the facility. Written records of fire drills must be maintained. These records must include dates, times, duration, names of staff and residents participating and those absent and why, and a brief description of the drill including the escape path used and evidence of simulation of a call to the fire department. Each resident shall receive an individual fire drill walk-through within five days of admission.

## Emergency Planning

Must have a current written emergency disaster plan. The plan must contain a plan for evacuation, sheltering in place, identify temporary relocation sites and detailed staff assignments in the event of a disaster or emergency. The plan must be readily available for review by tenants, family members or emergency responders. An emergency evacuation route should be posted prominently in the facility.

Must have fire evacuation plans and they must be posted in a conspicuous place. Must have written protocols regarding emergencies.