

321-IAC Chapter 25 ASSISTED LIVING PROGRAMS ALP CERTIFICATION and RE-CERTIFICATION DOCUMENT REVIEW CHECKLIST

This checklist contains the minimum requirements for the documents submitted to DIA for initial and re-certification processing. You may use this checklist to formulate the documents and to ensure your documents contain the minimum requirements set forth by The Code of Iowa chapter 231C, and the Iowa Administrative Code chapter 25. DIA will use the same checklist to verify the minimum requirements in your documents.

Copies of this checklist may be made for your use.

Do not return this checklist with your documents.

YES	NO	CRITERIA
SECTION 1. OCCUPANCY AGREEMENT		
		1. A copy of the Occupancy Agreement which includes the following components: [25.22]
		A. The rights and responsibilities of the tenant and of the provider. [25.22(1)]
		B. Written in 12-point type or larger using plain, commonly understood terms and be easy to understand. [25.22(2)]
		C. Include the following in the body of the agreement or in the supporting documents and attachments: [25.22(3)]
		1. Description of all fees, charges and rates describing tenancy and basic services covered, any additional and optional services and related costs. [25.22(3)a]
		2. Statement regarding the impact of the fee structure on third party payments and whether third party resources will be accepted by the ALP (Medicaid Waiver Provider). [25.22(3)b]
		3. Procedure for nonpayment of fees. [25.22(3)c]
		4. Identification of party responsible for payment of fees and identification of the tenant's representative if any. [25.22(3)d]
		5. The term of the occupancy agreement. [25.22(3)e]
		6. A statement that the ALP shall notify the tenant or the tenant's representative, as applicable, in writing at least thirty days prior to any change being made in the occupancy agreement with the following exceptions: [25.22(3)f]
		a. a tenant's health status or behavior constitutes a substantial threat to the health or safety of the tenant, or others, including when the tenant refuses to consent to relocate. [25.22(3)f(1)]
		b. when an emergency or a significant change in the tenant's condition results in the need for the provision of services that exceed the type or level of services included in the occupancy agreement and the necessary services cannot be safely provided by the ALP. [25.22(3)f(2)]
		7. A statement that all tenant information will be maintained in a confidential manner to the extent required under state and federal law. [25.22(3)g]
		8. Occupancy, involuntary transfer, and transfer criteria and procedures, which ensure a safe and orderly transfer. The internal appeals process provided relative to an involuntary transfer. [25.22(3)h]
		9. Policies and procedures for addressing grievances between the ALP and tenants, including grievances related to occupancy and transfer. [25.22(3)i]
		10. A statement of the prohibition against retaliation as prescribed in Iowa Code Supplement section 231C.13 "An assisted living program shall not discriminate or retaliate in any way against a tenant, tenant's family, or an employee of the program who has initiated or participated in any proceeding authorized by this chapter. An assisted living program that violates this section is subject to a penalty as established by administrative rule in accordance with chapter 17 and to be assessed and collected by the department of inspections and appeals and paid into state treasury to be credited to the general funds of the state." [25.22(3)j], [231C.13]
		11. The emergency response policy. [25.22(3)k]
		12. The staffing policy. [25.22(3)l]
		13. In dementia specific ALP's a description of the services and programming provided to meet the life skills and social activities of tenants. [25.22(3)m]
		14. The refund policy. [25.22(3)n]
		15. A statement regarding billing and payment procedures. [25.22(3)o]
		16. The telephone number for filing a complaint with DIA. [25.22(3)p]
		17. The telephone number for the tenant advocate. (LTC Ombudsman) [25.22(3)q]
		18. Copy of tenants' rights statement. [25.22(3)r]
		19. A statement that the tenant landlord law applies to assisted living programs. [25.22(3)s]

	D. An ALP shall not knowingly admit or retain a tenant who: [25.23(3)a-g]
	1. Is bed-bound
	2. Requires routine two-person assistance with standing, transfer or evacuation
	3. Is dangerous to self or other tenants or staff, including but not limited to a tenant who: <ul style="list-style-type: none"> a. Despite intervention chronically wanders into danger, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression. b. Displays behavior that places another tenant at risk
	4. Is in an acute stage of alcoholism, drug addiction or uncontrolled mental illness
	5. Is under age 18
	6. Requires more than part-time or intermittent health-related care
	7. On a routine basis, has unmanageable incontinence
	E. A managed risk statement acknowledging the concept of managed risk is utilized in the program when tenant decision-making may result in poor outcomes for the tenant and others. [25.22(1) and 25.36]

SECTION 2. EVALUATION OF TENANT

	2. Policies and procedures provide for the evaluation of each tenant's functional, cognitive health status. [25.23]
	A. The Assessment tool may be the Iowa Screening and Assessment Form (from DEA). If not, does the program have an assessment tool for each of the following? <ul style="list-style-type: none"> 1. functional ability 2. cognitive ability 3. health status
	B. A program shall evaluate each proposed tenant's functional, cognitive, and health status prior to the tenant's signing the occupancy agreement and taking occupancy in order to determine the tenant's eligibility for the program, including whether services needed can be provided. The evaluation shall be conducted by a health care professional or a human service professional. [25.23(1)]
	C. A program shall evaluate each tenant's functional, cognitive, and health status within 30 days of occupancy and as needed, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any modifications to needed services. The evaluation shall be conducted by a health care professional or a human service professional. [25.23(2)]
	D. Criteria for exclusion of tenants. (See #9, D.) [25.23(3)]
	E. A program may have additional occupancy or transfer criteria if disclosed in the written occupancy agreement prior to occupancy. [25.23(4)]
	F. A program shall provide assistance to a tenant and the tenant's legal representative, if applicable, to ensure a safe and orderly transfer when the tenant meets the program transfer requirements. [25.23(5)]
	G. Under the occupancy agreement and Iowa Code Supplement section 231C.6, each tenant shall have the right to an internal appeal of an involuntary transfer. [25.23(6)]

SECTION 3. SERVICE PLAN

	3. Service plan format and policy/procedure. The LTCCU Common Care Plan may be used. If not, does the attached service plan and policy do the following? [25.28]
	A. Individualized service plan developed for each tenant based on functional, cognitive and health status evaluations: [25.28(1)]
	B. Prior to the tenant's signing the occupancy agreement, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan. The service plan will be updated annually or when changes are needed. [25.28(2)]
	C. When a tenant needs personal or health-related care, the service plan is updated within 30 days of occupancy, as needed, but not less than annually, by a multidisciplinary team of no fewer than 3 individuals, including a health care professional and other staff appropriate to meet the needs of the tenant, in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and with the tenant's legal representative, if applicable. [25.28(3)]
	D. Service plan is individualized and indicates, at a minimum: [25.28(4)]
	1. The tenant's identified needs, requests for assistance and expected outcomes. [25.28(4)a]
	2. Any services and care to be provided per occupancy agreement with tenant. [25.28(4)b]
	3. The service provider(s) if other than the program. [25.28(4)c]
	4. For tenants who are unable to plan their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant's abilities and personal interests. [25.28(4)d]

SECTION 4. MEDICATIONS

	4. Medication Policy: Each program is to follow a written medication policy that includes the following: [25.29]
	A. Tenants shall self-administer medications unless the prescription states that tenant is not to self-administer the medication or the tenant or tenant's legal representative delegates administration of the medication to the program in the occupancy agreement or signed service plan. The program shall not prohibit a tenant from self-administering medications. [25.29(1)a]
	B. Tenants shall keep their own medications in their possession unless the prescription states that the medication is to be stored by program or the tenant or the tenant's legal representative, if applicable, delegates partial or complete control of medications to the program in the occupancy agreement or signed service plan. [25.29(1)b]
	C. The program shall list in a tenant's record any medication to be stored or administered by the program. [25.29(1)c]
	D. When partial or complete control of medication is delegated to the program by the tenant, appropriate staff may transfer medications from the original prescription containers into medication reminder boxes or medication cups in the tenant's presence. [25.29(1)d]
	E. The following requirements shall apply to medications which are administered or stored by the program: [25.29(2)a-h] <ol style="list-style-type: none"> 1. The administration of medications shall be provided by an Iowa-licensed registered nurse or advanced registered nurse practitioner registered in Iowa or the authorized agent in accordance with 655-subrule 6.2(5) and 655-subrule 6.3(1) and Iowa Code chapter 155A. 2. The program shall document any medication the program has agreed to administer or store. 3. Medication shall be kept in a locked place or container that is not accessible to persons other than employees responsible for the administration or storage of medications. 4. The medications shall be labeled and maintained in compliance with label instructions and state and federal laws 5. No person other than the dispensing pharmacist shall alter a prescription label. 6. Each tenant's medication shall be stored in its originally received container 7. When partial or complete control of medication is delegated to the program by the tenant, appropriate staff may transfer medications from the original containers into medication reminder boxes or medication cups in the tenant's presence. 8. Each program shall follow written policies and procedures for narcotic medications in accordance with Iowa Code chapter 155A.

SECTION 5. NURSE REVIEW

	5. Nurse review procedures for a program, that administers prescription medications or provides health care professional-directed or health-related care will provide a registered nurse to: [25.30]
	A. Monitor, at least every 90 days, or after a change in condition, each tenant receiving program-administered prescription medications for adverse reactions to program-administered medications, and make appropriate interventions or referral, and ensure that the prescription medication orders are current, and that the prescription medications are administered consistent with such orders. [25.30(1)]
	B. Ensure that health care professionals' orders for tenants receiving health care professional-directed care from the program are current. [25.30(2)]
	C. Assess and document the health status of each tenant, make recommendations and referrals as appropriate, and monitor progress on previous recommendations at least every 90 days or if there are changes in health status. [25.30(3)]
	D. Provide the program with written documentation of the above activities showing the time, date and signature. [25.30(4)]

SECTION 6. FOOD SERVICE

	6. Policy and procedure for food service that includes staffing, nutrition, menu planning, therapeutic diets, preparation, service and storage. [25.32]
	A. The program has the capacity to provide hot or other appropriate meals at least once a day or to coordinate with other community providers to make arrangements for the availability of meals. [25.32(1)]
	B. Meals and snacks provided by the program but not prepared on site shall be obtained from or provided by an entity that meets the standards of state and local health laws and ordinances concerning the preparation and serving of food. [25.32(2)]
	C. Menus are planned to provide the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Academy of Sciences based on the number of meals provided by the program: <ol style="list-style-type: none"> 1. A minimum of 33 1/3 percent if the program provides one meal a day 2. A minimum of 66 2/3 percent if the program provides two meals a day 3. One hundred percent if the program provides three meals a day [25.32(3)a-c]
	D. Therapeutic diets are not required but may be provided by the program. If provided, they must be prescribed by a physician, physician assistant, or advanced nurse practitioner. A current copy of the Iowa Simplified Diet Manual must be available and used in planning and serving therapeutic diets. A licensed dietitian is responsible for writing and approving the therapeutic menu and for reviewing procedures for preparation and service of food. [25.32(4)]
	E. Personnel that are employed or contracted with the program and are responsible for preparing and/or serving food have an orientation on sanitation and safe food handling prior to handling food and have an annual in-service training on food protection. At a minimum one person directly responsible for food prep must successfully complete a state approved food protection program. [25.32(5)]
	F. Programs engaged in the preparation and serving of meals and snacks shall meet the standards of state and local health laws and ordinances pertaining to the preparation and serving of food, including the requirements under Iowa Code chapter 137F. [25.32(6)]

SECTION 7. STAFFING

	7. Staffing policy, must specify if the staff is available 24 hours per day, if nurse delegation will be used, and how staffing will be adapted to meet changing tenant needs. [25.33]
	A. Sufficient trained staff available at all times to fully meet tenants' identified needs. [25.33(1)]
	B. A dementia-specific program has one or more staff who monitor tenants as indicated in each tenant's service plan. Staff will be awake and on duty 24 hrs/day on the proximate area, and check on tenants as indicated in the service plan. [25.33(2)]
	C. Each tenant will have access to a 24 hour personal emergency response system that automatically identifies the tenant and can be activated with one touch. [25.33(3)]
	D. A program serving one or more tenants with cognitive disorder or dementia will follow a system, a program or written staff procedures in lieu of a personal emergency response system that address how the program will respond to the emergency needs of the tenant. [25.33(4)]
	E. The owner or management corporation of the program is responsible for ensuring that all staff employed by or contracting with the program receive training appropriate to assigned tasks and target population. [25.33(5)]
	D. Any nursing services will be available in accordance with Iowa Code Chapter 152 and 655-Chapter 6. [25.33(6)]
	G. The program will have training and staffing plans on file, and maintain documentation of staff training. [25.33(7)]
	H. All staff must be able to implement the program's accident, fire safety and emergency procedures. [25.33(8)]
	I. Prior to employment, criminal and dependent adult abuse record checks must be completed on employees providing direct services to tenants. [135C.(33)5.e]

SECTION 8. STAFF TRAINING

8. Dementia-Specific education for program personnel. [25.34]

- A. All personnel employed by or contracting with a dementia-specific program shall receive a minimum of six hours of dementia-specific education and training prior to or within 90 days of employment or the beginning date of the contract. [25.34(1)]
- B. The dementia specific education or training shall include, at a minimum the following: **25.34(2)a.-k.**
1. An explanation of Alzheimer's disease and related disorders
 2. The program's specialized dementia care philosophy and program
 3. Skills for communicating with persons with dementia
 4. Skills for communicating with family and friends of persons with dementia
 5. An explanation of family issues such as role reversal, grief and loss, guilt, relinquishing the caregiving role and family dynamics
 6. The importance of planned and spontaneous activities
 7. Skills in providing assistance with IADL's
 8. The importance of the service plan and social history information
 9. Skills in working with challenging tenants
 10. Techniques for simplifying, cueing and redirecting
 11. Staff support and stress reduction
- C. All personnel employed by or contracting with a dementia-specific program shall receive a minimum of two hours of dementia-specific continuing education annually. Direct contact personnel shall receive a minimum of six hours of dementia-specific continuing education annually. [25.34(3)]
- D. An employee who provides documentation of completion of a dementia-specific education program within the past 12 months shall be exempt from the education and training requirement of A as stated above. [25.34(4)]

SECTION 9. MANAGED RISK

9. Managed risk statement. [25.36]

- The program shall have a managed risk statement which includes:
1. The tenant's or, if applicable, the legal representative's signed acknowledgement of the shared responsibility for identifying and meeting needs of the tenant.
 2. The process for managing risk and upholding tenant autonomy when tenant decision making may result in poor outcomes for the tenant or others

SECTION 10. ACCIDENT/EMERGENCY RESPONSE

10. Accident and emergency response policy and procedures include: [25.37(1)], [25.33(3)], [25.20],

- A. 24 hours/day emergency response system (call lights or pendant) [25.33(3)]
- B. A program serving one or more tenants with cognitive disorder or dementia will follow an emergency response system, program or staff procedure. (2 hour checks or 24 hour staff) [25.33(4)]
- C. General or personal emergency procedures. [25.37(1)a-j]

SECTION 11. TRANSPORTATION (if provided by program)

11. Transportation policy and procedure required if transportation services are provided directly or under contract with the program. [25.38]

- A. The vehicle shall be accessible and appropriate to the tenants using it, with consideration for any physical disabilities and impairments. [25.38(1)]
- B. Every tenant who is being transported shall have a seat in the vehicle, except those who remain in their wheelchairs. [25.38(2)]
- C. Wheelchairs shall be secured when the vehicle is in motion. [25.38(3)]
- D. Vehicles shall have adequate seat belts and securing devices for ambulatory tenants and those using a wheelchair. [25.38(4)]
- E. During loading and unloading of a tenant, the driver shall be in the proximate area of the other tenants in the vehicle. [25.38(5)]
- F. The driver shall have a valid and appropriate Iowa driver's license or commercial driver's license as required by law. The driver shall meet any state and federal requirements for licensure or certification for the vehicle operated. [25.38(6)]
- G. Each vehicle shall have a first-aid kit, fire extinguisher, safety triangles and a device for two-way communication. [25.38(7)]

SECTION 12. ACTIVITIES

	12. Activity policy and procedure. [25.39]
	A. The program shall provide appropriate activities for each tenant. The type of activities shall reflect a tenant's preferences, abilities, desires, history, family system, ethnic and cultural experiences, faith community, personal beliefs and values by providing a variety of opportunities and experiences that have meaning and purpose for the program tenant. [25.39(1)]
	B. Activities shall be planned to support the tenant's service plan and be consistent with the program statement and admission policies. [25.39(2)]
	C. A written schedule of activities shall be developed at least monthly and made available to tenants or their legal representatives. [25.39(3)]
	D. Tenants shall be given the opportunity to select the degree to which they choose to participate in all activities offered in the program. [25.39(4)]