

Managed Residential Community

Introduction

The Department of Public Health (Department) has developed this guide for individuals who are considering moving into a Managed Residential Community (MRC), which offers health care services through a licensed Assisted Living Services Agency (ALSA). The Department's goal is to provide consumers with sufficient information allowing them to make an informed choice.

Should questions arise which are not addressed in this guide please contact Victoria Carlson, Supervising Nurse Consultant at 860-509-7400.

Managed Residential Community (MRC) Offering Assisted Living Services (ALS)

A Managed Residential Community (MRC) is a facility consisting of private residential units that provides a managed group living environment, including housing and services primarily for persons age fifty-five (55) and older. A managed residential community provides or makes available "core services" for its residents, who may choose to use any or all of the following:

- regularly scheduled meal service;
- regularly scheduled laundry services for personal laundry and linens;
- regularly scheduled transportation for personal shopping, social and recreational events, health care appointments and similar needs when public bus transportation alone is not sufficient;
- regularly scheduled housekeeping services;
- maintenance service, including chore services for routine domestic tasks;
- programs of social and recreational opportunities.

The MRC is not a licensed entity therefore issues related to the core services and tenant agreement (similar to a lease), which the resident signs as a condition of living in the facility, are not regulated by any State Agency. The apartments within the MRC are the tenants' private homes.

The ALSA may provide assisted living services (ALS) to residents of a MRC, who choose to receive them. These services may include limited nursing services and assistance with activities of daily living in order to maintain a maximum level of independence. Activities of daily living may include assistance with hygiene, feeding, ambulation, dressing or incontinence. Limited nursing services may include assistance with medication administration. Routine household services may also be provided as either assisted living services by the Assisted Living Services Agency (ALSA) or by the MRC. Assisted Living Services (ALS) may be provided to "clients" of the ALSA only after a physician or other healthcare practitioner with applicable authority makes a determination that their conditions are chronic and stable (as opposed to acute or unstable

conditions). This determination must be documented annually and upon a change in the “client’s” condition. It is important to remember that ALSA services are intermittent and are never meant to equal the level of care provided by a nursing home.

Should a “client” require skilled nursing services, such as wound care, physical assessment or physical/occupational/speech therapy, and/or medical social services, these services would need to be provided by a Home Health Agency (HHA) or from a licensed health care provider such as a physical therapist. It is important to remember that the “client” may continue to pay for ALSA services and also might assume additional costs for the skilled care should the “client” not be eligible for Medicare reimbursement or private insurance.

An ALSA is not required to have a licensed nurse and/or assisted living aide available on a 24-hour 7-day basis. A registered nurse (RN) is required only to be on duty 20-40 hours per week, but must be on call at all times to address issues that may arise. Sufficient Assisted Living Aides (ALA) must be available to meet the activities of daily living needs of the ALSA “clients.”

The regulations governing ALSA services can be found at Section 19-13-D105 of the Regulations of Connecticut State Agencies. The Connecticut Department of Public Health’s website, www.dph.state.ct.us provides easy access to the regulations.

Frequently Asked Questions

- *Why is no one regulating the rental fees charged by the Managed Residential Community (MRC)?*

Entering into a rental agreement or lease with an MRC is no different than entering such agreements for any other type of housing. The individual should read and evaluate all of the terms of the lease and pay special attention to the cost for additional services. Prospective tenants may want to consult with a family member or a lawyer prior to signing the lease agreement.

- *Are there any advocates for individuals residing in an MRC who may have issues relative to the MRC?*

Residents of MRC’s should contact the Housing Court at 860-756-7920 and/or the Office of the State Ombudsman, 1-866-388-1888, for concerns or issues regarding the MRC.

- *What is the role of the Department of Public Health with respect to MRC’s?*

The Department does not have authority to regulate the MRC. The apartments within the MRC are the tenants’ private homes. The Department does regulate the services of the ALSA. It is important to remember that ALSA services are intermittent and

are never meant to equal the level of care provided by a nursing home. Concerns or issues regarding the services provided by the ALSA may be referred to the Department by calling 860-509-7400.

- *What is self-medication and why do ALSA's charge extra when "clients" are not able to self-administer medications?*

"Self-administration of medication" is defined as a "client" taking medication in accordance with directions for use and includes:

1. the "client" removing an individual dose from the medication container; or
2. the "client" taking an individual or multiple doses(s) of medications that have been prepared or pre-poured by a licensed nurse, family member or significant other and stored for "client" administration in the "client's" home.

"Supervision of medication administration" by an ALSA (Assisted Living Service Agency) is defined as meaning:

1. A licensed nurse may administer medications to "clients" under the written order of a physician or health care practitioner with applicable statutory authority.
2. A licensed nurse may pre-pour medications for "clients" who are able to self-administer medications, under the written order of a physician or health care practitioner with applicable statutory authority.
3. An assisted living aide may supervise a "client's" self-administration of medications with the approval of the "client" or his/her representative. The aide shall only:
 - a. remind a "client" to self administer the medications;
 - b. verify that a "client" has self administered their medications; or
 - c. assist the "client" with self administration in the form of opening bottles, bubble packs, or other forms of packaging if the "client" is not capable of performing this function. The "client" must be able to direct the aide as to the selection of specific bottles or bubble packs.
4. All medications shall be stored within a "client's" private residential unit.
5. A licensed nurse shall ensure that the "client" or his or her representative is aware of the "client's" medication regime and able to make decisions regarding medication administration.

*It is important to note that an assisted living aide (ALA) *cannot* identify the medication he/she can only act as the "hands" for the "client." For example, if a "client" is unable to open a medication container the ALA can perform this

function, but the ALA is not responsible for selecting the correct medication from those medications that the “client” takes.

ALSA’s charge for services according to the needs of the “client.” Many ALSA’s package or bundle services. Since ALSA services are not covered by Medicare, other entitlement programs or insurance, fees are not subject to restrictions. Information about charges is available from the ALSA.

- *Why is it necessary in some instances to obtain the services of a Home Health Agency (HHA) in addition to or in lieu of the services of the ALSA?*

The managed residential community, itself, may not provide any health services, including rehabilitative therapy, administration or supervision of the self-administration of medications, nursing care or medical treatment, unless it has been licensed as an assisted living services agency. It may contract with one or more assisted living services agencies, home health care agencies, or other appropriately licensed health care providers to make health services available for tenants.

Assisted living services, including nursing services and assistance with activities of daily living, may be provided to “clients” with chronic and stable conditions. Chronic and stable conditions are not limited to medical or physical conditions, but also may include chronic and stable mental health and cognitive conditions. The determination shall be made in writing and maintained in the “client’s” service record.

Should an ALSA client experience a change in condition which would require skilled nursing services, speech / physical/ occupational therapy, or social services, these services could not be provided by the ALSA. These types of services would be obtained through a Home Health Agency (HHA) or through a professional licensed in the area relative to the services needed. It is important to note that these Home Health Agency services may be eligible for insurance or Medicare reimbursement.

- *My relative fell in their apartment and was not discovered until the next day. Did the ALSA fail to adequately monitor this person?*

It is important to understand that an ALSA provides intermittent assistance with activities of daily living (ADL). This type of health care is not geared for continuous 24-hour, 7-day services or monitoring. The consumer must realize that the “client” lives in his/her own apartment. The ALSA provides services within the “client’s” apartment at intermittent intervals as determined by the “client’s” assessed service needs and detailed in the written care plan.

- *Are Assisted Living nurses and aides on duty 24 hours a day, 7 days a week in the MRC?*

The regulations do not require 24 hour staffing for ALSA’s. A licensed nurse is required for up to 40 hours per week and also available by phone when he or she is

not in the facility. Assisted Living Aide (ALA) staff must be on duty in sufficient numbers to provide the assistance with activities of daily living (ADL) needed by the “clients.”

Comparison of Services Provided in a Nursing Home and in a Managed Residential Community (MRC) with an Assisted Living Agency (ALSA)

<i>Service</i>	<i>Nursing Home</i>	<i>MRC</i>	<i>ALSA</i>	<i>Comments</i>
Housing	I	I	---	
Meals	I	\$	---	
Housekeeping	I	\$	\$	
Laundry	I	\$	\$	
Transportation	\$	\$	---	
24-hour Nursing Care	I	N/A	N/A	
Medication Administration	I	N/A	\$	
Skilled Nursing Services	I	N/A	N/P	*See explanation below
Assistance with ADL's	I	N/A	\$	
Physical Therapy		N/A	N/P	*See explanation below
Occupational Therapy		N/A	N/P	*See explanation below
Speech Therapy		N/A	N/P	*See explanation below
Social Services	I	N/A	N/P	*See explanation below
Recreation Services	I	\$	\$	
24-hour Security	I	I	N/A	
<ul style="list-style-type: none"> • “I” = Included in the rate • “\$” = May incur additional charges • “N/P” = Services not provided • “N/A” = Not applicable • * = Not a service the ALSA can provide. Must be contracted through a Home Health Care Agency or a Private Provider. 				

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