Background

- 1995 – HB 1908
  - Required a reduction in NH medicaid beds by 1600 over 2 years
- The number of older adults in nursing homes decreased from 17,500 (1990) to 12,300 (2005).
- The use of AFHs increased by 68%.

What is an adult family home?

- Residential facility
- Up to 6 residents
- Provide room & board plus:
  - laundry
  - necessary supervision
  - necessary help with:
    - activities of daily living
    - personal care
    - social services.
Who can open an adult family home?

- Anyone who:
  - Understands English
  - Is at least 21 years of age
  - Has no criminal background
  - Undergoes 26 hours of training

State requirements vary

- Washington State: up to 6 adults
- Wisconsin: 3-4 adults
- Idaho: 2 or fewer adults (can apply for up to 4)
- Florida: up to 5 adults

In Washington State

- $50 license fee per year
- Provider must reside in the home or hire a resident manager to reside in the home.
- Live in not required if:
  - 24 hour staffing AND
  - Someone present to make decisions
Specialty Adult Family Homes

- Can be designated as a specialty home in one or more of the following three categories:
  1. Developmental disability,
  2. Mental illness, and/or
  3. Dementia.

Resident Assessment

- Written assessment before resident admitted
- Updated every year, with significant changes, or at resident's or legal representatives request
- Assessment includes preliminary service plan:
  - (1) A complete description of the client's specific problems and needs;
  - (2) A description of needs for which the client chooses not to accept services;
  - (3) Identification of client goals and preferences; and
  - (4) A description of how the client's needs can be met.
- The assessment and preliminary service plan create the foundation for the negotiated care plan.

Resident Assessment contents

- Recent medical history
- Current prescribed medications & allergies/contraindications
- Medical diagnosis
- Behaviors or symptoms that require special care
- Cognitive status - current level of functioning. This must include an evaluation of disorientation, memory impairment, and impaired judgment
- History of depression and anxiety
- History of mental illness, if applicable
- Social, physical, and emotional strengths and needs
- Functional abilities (ADLs)
- Preferences and choices regarding daily life that are important to the person
- Preferences for activities
- A preliminary service plan.
Negotiated Care Plans

- A written plan developed between the provider and the resident, or the resident's representative, if the resident has a representative.
- Developed within 30 days of admission
- Reviewed and updates every year, with significant changes, or at the request of resident

Negotiated Care Plan contents

- The care and services to be provided
- Who will provide the care and services
- When and how the care and services will be provided
- The resident's activities preferences and how those preferences will be accommodated
- Other preferences / choices regarding issues important to the resident and what efforts will be made to accommodate them
- If needed, a plan to follow in case of a foreseeable crisis due to a resident's assessed need, such as, but not limited to, how to access emergency mental health services
- If needed, a plan to reduce tension, agitation and problem behaviors
- If needed, a plan to respond to residents' special needs
- If needed, the identification of any communication barriers of the resident, including how behaviors and nonverbal gestures may be used as a means for communication.

Medications

- Provider must ensure all prescribed and OTC meds kept in locked storage
- Stored in original containers with original labels unless medication organizers used
- Resident has right to refuse medications
- Negotiated care plan must address how residents will get medications when not in home
Medication administration

- Resident assessment must address functional level related to ability to manage medications
- Determined to be:
  - Independent with self-administration
  - Self-administration with assistance
  - Medication administration required
  - Combination of above 3

Independent with self-administration

- Self administer medications
- Can keep meds locked in own
- Not required to keep daily medication log
- Provider must maintain a current list of prescribed and OTC medications
  - Medication name, dosage, frequency, and name and number of the prescriber.
- Changes in meds documented in negotiated care plan

Self-administration with assistance

- Resident needs assistance to safely self-administer medications
- The resident must be able to put the prescribed or OTC medication into their own mouth or apply or instill the medications
- The resident must be aware that they are receiving a prescribed or OTC medication, but does not necessarily need to be able to state the name of the medication, intended effects or side effects
Medication organizers

Who can fill?
- RN, LPN, resident, or family member

Other requirements
- Medications must have been already dispensed by a pharmacist and are being removed from an original labeled container
- Prescribed and OTC medications must be readily identifiable in medication organizer

Medication organizers – label requirements
- Resident name
- Medication name
- Dosage and frequency
- Name and phone number of prescriber must be available when medication organizer taken out of home.
- Person filling medication organizer responsible for updating label when changes in medications.

Medication log

Contents:
- All prescribed and OTC meds
- Dose, frequency, time to be taken
- Initial of person assisting or administering
- Initial and note if medication refused
- Changes must be recorded with date of change
AFHs – funding

- Almost 50% of residents are state funded.
- In Washington State, money follows the resident.

AFHs – referrals

- Approximately 40% come from private homes
- Approximately 40% come from nursing homes
- The rest from a variety of other places:
  - Retirement apartments
  - Hospitals
  - Another facility
  - Unknown

AFHs – resident health status

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<thead>
<tr>
<th></th>
<th>AFH</th>
<th>ALF</th>
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<tbody>
<tr>
<td>Incontinent of bladder</td>
<td>48%</td>
<td>28%</td>
</tr>
<tr>
<td>Incontinent of bowel</td>
<td>25%</td>
<td>2%</td>
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<tr>
<td>Needs assistance with</td>
<td>71%</td>
<td>51%</td>
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<tr>
<td>medications</td>
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<tr>
<td>Needs 24 hour supervision</td>
<td>73%</td>
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<td>Suffers from moderate to severe confusion</td>
<td>29%</td>
<td>14%</td>
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<tr>
<td>Displays behavioral problems</td>
<td>27%</td>
<td>8%</td>
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</tbody>
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# Summary - AFHs

- State regulations vary
- Increasingly popular as alternative to NHs
- In Washington state, AFHs can provide care to as many as 6 residents
- State reimbursement rates lowest for AFHs
- Many residents need assistance with ADLs, medications, and suffer from behavioral problems.