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# Adult Family Homes

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# 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%.
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# 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.
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# 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
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# 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
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# 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
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# 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.
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# 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.
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# 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.
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# 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
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# 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.
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# 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
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# 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
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# 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
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# 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
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# 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
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# 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.
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# 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
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# AFHs – funding

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



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# 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
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# AFHs – resident health status

	<b>AFH</b>	<b>ALF</b>
Incontinent of bladder	48%	28%
Incontinent of bowel	25%	2%
Needs assistance with medications	71%	51%
Needs 24 hour supervision	73%	45%
Suffers from moderate to severe confusion	29%	14%
Displays behavioral problems	27%	8%

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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.
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