

# 15

## PRIVATE PAY ASSESSMENT MANUAL

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# 15

## PRIVATE PAY ASSESSMENT MANUAL

### 15.1 Purpose

This manual provides guidance on the assessment of private pay individuals residing in or planning to reside in an assisted living facility (ALF). It also describes use of the Private Pay Uniform Assessment Instrument (UAI). The Private Pay UAI is an alternate version of the full, 12-page UAI and contains only the information necessary to determine whether a private pay individual meets the level of care criteria for residential or assisted living. It uses the common definitions associated with the full assessment. The Private Pay UAI is available at <http://www.dss.virginia.gov/family/as/servtoadult.cgi>.

This manual should be used in conjunction with the User's Manual: Virginia Uniform Assessment Instrument (UAI) Manual. The User's Manual describes the process for completing the UAI and it is located online at <http://www.dss.virginia.gov/family/as/servtoadult.cgi>.

An ALF provider uses the Private Pay UAI to determine an individual's care needs and ensure these needs match the level of care for which the ALF is licensed to provide. Virginia regulations [22 VAC 40-72](#), Standards for Licensed Assisted Living Facilities and [22 VAC 30-110](#), Assessment in Assisted Living Facilities, state that no individual can be admitted to or remain in an ALF, if the ALF cannot provide or secure appropriate care for the individual. An ALF is prohibited from admitting or retaining an individual if the ALF cannot provide the appropriate level of care, is not licensed for a type of care, or if the ALF does not have the staff appropriate in numbers and with the appropriate skill to provide such services.

Assessors should become familiar with this manual and use it as a reference document. A chart outlining the assessment process is located in [Appendix A](#). A chart listing all

activities of daily living (ADLs) and instrumental activities of daily living (IADLs) and how to rate them when conducting an ALF assessment is located in [Appendix B](#).

## 15.2 Background

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Since July 1, 1994, publicly funded human service agencies in Virginia, including the local departments of social services (LDSS) and area agencies on aging (AAA), as well as Preadmission Screening (PAS) teams have used the UAI to gather information to determine an individual's care needs, for service eligibility, and for planning and monitoring of an individual's needs across agencies and services. There are several versions of the UAI, including the short form, the full 12-page document, and the Private Pay version.

## 15.3 Legal basis

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Section [63.2-1804](#) of the Code of Virginia, and regulations, 22 VAC 30-110 require that *all individuals prior to admission to an ALF*, and individuals residing in an ALF must be assessed, at least annually, using the UAI to determine the need for residential or assisted living care, regardless of payment source or length of stay.

## 15.4 Definitions

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The following words and terms are defined in state regulation, [22 VAC 30-110-10](#) (unless otherwise indicated) and the Code of Virginia. When used in this chapter, they shall have the following meaning, unless the context clearly indicates otherwise:

Term	Definition
<b>Activities of Daily Living (ADLS)</b>	Bathing, dressing, toileting, transferring, bowel control, bladder control, and eating/feeding. An individual's degree of independence in performing these activities is a part of determining appropriate level of care and services.
<b>Administrator</b>	The licensee or a person designated by the licensee who (i) is responsible for the general administration and management of an assisted living facility and who oversees the day-to-day operation of the facility, including compliance with all regulations for assisted living facilities and (ii) meets the requirements of <a href="#">22 VAC 40-72-10</a> .
<b>Assessment</b>	A standardized approach using common definitions to gather sufficient information about individuals applying to or residing in an assisted living facility to determine the need for appropriate

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Term	Definition
<b>Assisted Living Care</b>	level of care and services.  A level of service provided by an assisted living facility for individuals who may have physical or mental impairments and require at least moderate assistance with the activities of daily living. Moderate assistance means dependency in two or more of the activities of daily living. Included in this level of service are individuals who are dependent in behavior pattern (i.e., abusive, aggressive, disruptive) as documented on the uniform assessment instrument.
<b>Assisted Living Facility (ALF)</b>	Any public or private ALF that is required to be licensed as an ALF by the Department of Social Services under Chapter 17 (§ 63.2-1700 et seq.) of Title 63.2 of the Code of Virginia, specifically, any congregate residential setting that provides or coordinates personal and health care services, 24-hour supervision, and assistance (scheduled and unscheduled) for the maintenance or care of four or more adults who are aged, infirm or disabled and who are cared for in a primarily residential setting, except (i) a facility or portion of a facility licensed by the State Board of Health or the Department of Behavioral Health and Developmental Services, but including any portion of such facility not so licensed; (ii) the home or residence of an individual who cares for or maintains only persons related to him by blood or marriage; (iii) a facility or portion of a facility serving infirm or disabled persons between the ages of 18 and 21, or 22 if enrolled in an educational program for the handicapped pursuant to § 22.1-214 of the Code of Virginia, when such facility is licensed by the Department of Social Services as a children's residential facility under Chapter 17 (§ 63.2-1700 et seq.) of Title 63.2 of the Code of Virginia, but including any portion of the facility not so licensed; and (iv) any housing project for persons 62 years of age or older or the disabled that provides no more than basic coordination of care services and is funded by the U.S. Department of Housing and Urban Development, by the U.S. Department of Agriculture, or by the Virginia Housing Development Authority. Included in this definition are any two or more places, establishments or institutions owned or operated by a single entity and providing maintenance or care to a combined total of four or more aged, infirm or disabled adults. Maintenance or care means the protection, general supervision and oversight of the physical

<b>Term</b>	<b>Definition</b>
	and mental well-being of an aged, infirm or disabled individual. Assuming responsibility for the well-being of individuals, either directly or through contracted agents, is considered general supervision and oversight.  <b>Note: The term “Adult Care Residence” when used in the UAI, means Assisted Living Facility.</b>
<b>Auxiliary Grants Program</b>	A state and locally funded assistance program to supplement the income of an individual who is receiving Supplemental Security Income (SSI) or an individual who would be eligible for SSI except for excess income, and who resides in an ALF or in adult foster care with an approved rate.
<b>Department (DARS)</b>	Department for Aging and Rehabilitative Services.
<b>Dependent</b>	For ADLs and instrumental activities of daily living (IADLs), the individual needs the assistance of another person or needs the assistance of another person and equipment or a device to safely complete the activity. For medication administration, dependent means the individual needs to have medications administered or monitored by another person or professional staff. For behavior pattern, dependent means the individual’s behavior is aggressive, abusive, or disruptive.
<b>Discharge</b>	The process that ends an individual’s stay in the ALF.
<b>Emergency Placement</b>	The temporary status of an individual in an ALF when the individual’s health and safety would be jeopardized by not permitting entry into the facility until requirements for admission have been met.
<b>Facility</b>	An ALF.
<b>Independent Physician</b>	A physician who is chosen by an individual residing in the ALF and who has no financial interest in the ALF, directly or indirectly, as an owner, officer, or employee or as an independent contractor with the facility.
<b>Instrumental activities of daily</b>	Meal preparation, housekeeping, laundry, and money management. An individual’s degree of independence in performing these activities is a part of determining appropriate

<b>Term</b>	<b>Definition</b>
<b>living (IADLs)</b>	level of care and services.
<b>Maximum Physical Assistance</b>	An individual has a rating of total dependence in four or more of the seven activities of daily living as documented on the uniform assessment instrument.
<b>Medication Administration</b>	For purposes of this chapter, assessing the degree of assistance an individual requires to take medications in order to determine the individual's appropriate level of care.
<b>Private Pay</b>	An individual residing in an assisted living facility is not eligible for benefits under the Auxiliary Grants Program.
<b>Prohibited Conditions</b>	Physical or mental health conditions or care needs as described in <a href="#">§ 63.2-1805</a> of the Code of Virginia. An ALF shall not admit or allow the continued residence of an individual with a prohibited condition. Prohibited conditions include, but are not limited to, an individual who requires maximum physical assistance as documented on the uniform assessment instrument and meets nursing facility level of care criteria as defined in the State Plan for Medical Assistance. Unless the individual's independent physician determines otherwise, an individual who requires maximum physical assistance and meets nursing facility level of care criteria as defined on the State Plan for Medical Assistance shall not be admitted to or continue to reside in an ALF.
<b>Public Human Services Agency</b>	An agency established or authorized by the General Assembly under Chapters 2 and 3 (§§ 63.2-200 et seq. and <a href="#">63.2-300</a> et seq.) of Title 63.2, Chapter 14 (§ <a href="#">51.5-116</a> et seq.) of Title 51.5, Chapters 1 and 5 (§§ <a href="#">37.2-100</a> et seq. and <a href="#">37.2-500</a> et seq.) of Title 37.2, or Article 5 (§ <a href="#">32.1-30</a> et seq.) of Chapter 1 of Title 32.1, or hospitals operated by the state under Chapters 6.1 and 9 (§§ <a href="#">23-50.4</a> et seq. and <a href="#">23-62</a> et seq.) of Title 23 of the Code of Virginia and supported wholly or principally by public funds, including but not limited to funds provided expressly for the purposes of case management.
<b>Public Pay</b>	An individual in an ALF is eligible for benefits under the Auxiliary Grants Program.
<b>Qualified</b>	A person who is authorized to perform an assessment, reassessment, or change in level of care for an individual who is



<b>Term</b>	<b>Definition</b>
<b>Assessor</b>	seeking admission to an ALF or who resides in an ALF. For public pay individuals, a qualified assessor is an employee of a public human services agency who is trained in the completion of the uniform assessment instrument and is authorized to approve placement for an individual who is seeking admission to or residing in an ALF. For private pay individuals, a qualified assessor is staff of the ALF trained in the completion of the uniform assessment instrument or an independent physician or a qualified assessor for public pay individuals.
<b>Reassessment</b>	An update of information on the uniform assessment instrument at any time after the initial assessment. In addition to an annual reassessment, a reassessment shall be completed whenever there is a significant change in the individual's condition.
<b>Residential Living Care</b>	A level of service provided by an ALF for individuals who may have physical or mental impairments and require only minimal assistance with the activities of daily living. Minimal assistance means dependency in only one ADL or dependency in one or more of the selected IADLs as documented on the uniform assessment instrument. Included in this level of service are individuals who are dependent in medication administration as documented on the uniform assessment instrument. This definition includes the services provided by the facility to individuals who are assessed as capable of maintaining themselves in an independent living status.
<b>Significant Change</b>	A change in an individual's condition that is expected to last longer than 30 days. It does not include short-term changes that resolve with or without intervention, a short-term acute illness or episodic event, or a well-established, predictive, cyclic pattern of clinical signs and symptoms associated with a previously diagnosed condition where an appropriate course of treatment is in progress.
<b>Total Dependence</b>	The individual is entirely unable to participate in the performance of an ADL.
<b>Uniform Assessment Instrument (UAI)</b>	The department-designated assessment form. There is an alternate version of the uniform assessment instrument that may be used for individuals paying privately. Social and financial information that is not relevant because of the



Term	Definition
	individual's payment status is not included on the private pay version.
<b>User's Manual: Virginia Uniform Assessment Instrument</b>	The department-designated handbook containing common definitions and procedures for completing the department-designated assessment form.

## 15.5 Individuals to be assessed

(22 VAC 30-110-20). All individual's applying to or residing in an ALF shall be assessed face-to-face using the UAI prior to admission, at least annually, and whenever there is a significant change in the individual's condition.

Except in the event of a documented emergency, all individuals must be assessed **prior to** admission. See [Section 15.25](#) for additional information about emergency placements.

## 15.6 Assessors for private pay individuals

(22 VAC 30-110-20). For private pay individuals, qualified staff of the ALF or an independent physician may complete the UAI. Qualified staff are ALF employees who have successfully completed state-approved training on the UAI for either public or private pay assessments.

A private pay individual may request the assessment be completed by a qualified public human services agency assessor.

Qualified staff who complete assessments on private pay individuals shall have completed training via one of the following methods:

- Through a certificate for the online course, **ADS 1102: Private Pay Uniform Assessment Instrument** located on the Department of Social Services (DSS) [Knowledge Center](#). The certificate of successful completion of the course must be placed in the assessor's personnel file or;
- Through a certificate of the classroom training **ADS 5011: Uniform Assessment Instrument (UAI)** offered by DSS.

Private Pay UAIs that are completed by qualified staff of the ALF must be approved and signed by the administrator or the administrator's designated representative.

### 15.7 Responsibilities of ALF staff

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ALF staff are responsible for:

- Ensuring the assessment is completed prior to admission, except in a documented emergency admission.
- Completing the reassessment every 12 months or when there is a significant change.
- Knowing levels of care criteria.
- Knowing prohibited conditions.
- Keeping the UAI in the individual's ALF file.
- Arranging for discharge when an individual's needs do not meet level of care.
- Sending the UAI with an individual when the individual transfers to another ALF.

The ALF shall provide an area for assessments and reassessment to be conducted that ensures the individual's privacy and protects confidentiality. ([22 VAC 30-110-30](#)).

### 15.8 Request for assessment

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([22 VAC 30-110-30](#)). The UAI shall be completed within 90 days prior to the date of admission to the ALF. If there has been a significant change in the individual's condition since the completion of the UAI that would affect the admission to an ALF, a new UAI shall be completed as specified in 22 VAC30-110-20.

The individual who wishes to reside in an ALF, a family member, the physician, a community health services or social services professional, ALF personnel or any other concerned individual in the community can initiate a request for assessment.

### 15.9 Completing the UAI

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The UAI provides the framework for determining an individual's care needs. It contains measurable and common definitions for rating how individuals function in daily life and other activities.

[\(22 VAC 30-110-30\)](#). The assessment shall be conducted using the UAI that sets forth an individual's care needs. The UAI is designed to be a comprehensive, accurate, standardized, and reproducible assessment of individuals seeking or receiving long-term care services.

It is important that an accurate assessment of the individual's functional status and other needs be recorded on the UAI, since this information forms the basis for a determination of whether the individual meets assisted living facility level of care criteria. The assessor must note the individual's degree of independence or dependence in various areas of functioning. Guidelines for assessing an individual are found in the User's Manual.

The process to assess dependency considers how the individual is currently functioning (i.e., is the individual actually receiving assistance to perform an activity of daily living) and whether the individual's functioning demonstrates a need for assistance to perform the activity (i.e., the individual does not receive assistance to bathe but is unable to adequately complete his or her bath, and, as a consequence, has recurrent body rashes). If the individual currently receives the assistance of another person to perform the activity, or if the individual demonstrates a need for the assistance of another person to complete the activity, the individual is deemed dependent in that activity. **The individual's need for prompting or supervision in order to complete an activity qualifies as a dependency in that activity.**

In determining whether an individual is dependent in medication administration (i.e., "administered by professional staff"), this choice should be made when a professional staff person is necessary to **assess** the individual and **evaluate** the efficacy of the medications and treatment. Individuals who receive medication from medication aides who have completed the medication management course would not be described as receiving medication "administered by professional staff" but rather as receiving medication "administered/monitored by lay person."

The [optional level of care worksheet](#) helps the assessor quickly determine the level of care an individual may need.

Pursuant to [22 VAC 30-110-30](#), the ALF shall provide an area for the assessment to be conducted that ensures the individual's privacy and protects confidentiality.

## **15.10 Prohibited conditions**

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Assessors must also determine that individuals do not have any of the prohibited conditions listed below before authorizing placement in an ALF. If any of these conditions are present, the assessor must document that they are present on the UAI. If appropriate, contact a health care or mental health care professional for assistance in the assessment of these prohibited conditions.

Information on assessing skin breakdown is available in the DSS, Division of Licensing Programs guidance document entitled Technical Assistance for Standards for Licensed Assisted Living Facilities (Incident Report section, 22 VAC 40-72-100-A) located at <http://www.dss.virginia.gov/facility/alf.cgi>. Additional information about pressure ulcers is located at on the National Pressure Ulcer Advisory Panel [website](#). [Descriptions](#) of pressure ulcer stages and categories are also available.

State law prohibits admission or retention of individuals in an ALF when they have any of the following conditions or care needs (Bold text indicates language from [22 VAC 40-72-340](#)).

- **Ventilator dependency** describes the situation where a ventilator is used to expand and contract the lungs when an individual is unable to spontaneously breathe on his or her own. Some individuals require the ventilator for all of their respirations, while others require it in the event that they are unable to breathe on their own.
- **Dermal ulcers III and IV except those stage III ulcers that are determined by an independent physician to be healing** and care is provided by a licensed health care professional under a physician's or other prescriber's treatment plan: Dermal ulcers include pressure ulcers (e.g., bed sores, decubitus ulcers, pressure sores) which may be caused by pressure resulting in damage of underlying tissues and stasis ulcers (also called venous ulcer or ulcer related to peripheral vascular disease) which are open lesions, usually in the lower extremities, caused by a decreased blood flow from chronic venous insufficiency. The prohibition is based on the size, depth, and condition of the wound regardless of the cause.
- **Intravenous therapy or injections directly into the vein except for intermittent intravenous therapy managed by a health care professional licensed in Virginia.** Intravenous (IV) therapy means that a fluid or drug is administered directly into the vein. Examples may include the infusion of fluids for hydration, antibiotics, chemotherapy, narcotics for pain, and total parenteral nutrition (TPN).

Intermittent intravenous therapy may be provided for a limited period of time on a daily or periodic basis by a licensed health care professional under a physician's or other prescriber's treatment plan. When a course of treatment is expected to be ongoing and extends beyond a two-week period, evaluation is required at two-week intervals by a licensed health care professional.

- **Airborne infectious disease in a communicable state that requires isolation of the individual or requires special precautions by the caretaker to prevent**

transmission of the disease, including diseases such as tuberculosis and excluding infections such as the common cold.

- **Psychotropic medications without appropriate diagnosis and treatment plans.** Psychopharmacologic or psychotropic drugs include any drug prescribed or administered with the intent of controlling mood, mental status, or behavior. They include such drug classes as antipsychotic, antidepressants, and the anti-anxiety/hypnotic class. A treatment plan means a set of individually planned interventions, training, habilitation, or supports prescribed by a qualified health or mental health professional that helps an individual obtain or maintain an optimal level of functioning, reduce the effects of disability or discomfort, or improve symptoms, undesirable changes or conditions specific to physical, mental, behavioral, social, or cognitive functioning.
- **Nasogastric tubes.** A nasogastric (NG) tube is a feeding tube inserted into the stomach through the nose. It is used when the individual is unable to manage oral nutrition or feeding.
- **Gastric tubes except when the individual is capable of independently feeding himself and caring for the tube.** Gastric tube feeding is the use of any tube that delivers food, nutritional substances, fluids and/or medications directly into the gastrointestinal system. Examples include, but are not limited to, gastrostomy tube (GT), jejunostomy tube (JT), and percutaneous endoscopic gastrostomy tube (PEG).
- **Individuals presenting an imminent physical threat or danger to self or others.** Imminent physical threat cannot be classified by a diagnosis; the determination is made based upon the behavior of the individual.
- **Individuals requiring continuous licensed nursing care** (seven days a week, twenty-four hours a day). Continuous licensed nursing care means around-the-clock observation, assessment, monitoring, supervision, or provision of medical treatment by a licensed nurse. Individuals requiring continuous licensed nursing care may include:
  - Individuals who have a medical instability due to complexities created by multiple, interrelated medical conditions; or
  - Individuals with a health care condition with a high potential for medical instability.
- **Individuals whose physician certifies that placement is no longer appropriate.**

- **Unless the individual's independent physician determines otherwise, individuals who require maximum physical assistance as documented by the UAI and meet Medicaid nursing facility level of care criteria as defined in the State Plan for Medical Assistance.** Maximum physical assistance means that an individual has a rating of total dependence in four or more of the seven activities of daily living as documented on the uniform assessment instrument. An individual who can participate in any way with the performance of the activity is not considered to be totally dependent.
- **Individuals whose physical or mental health care needs cannot be met in the specific assisted living facility as determined by the facility.**

### **15.11 Private pay individuals only-exceptions to prohibited conditions**

At the request of the private pay individual, when the individual's independent physician determines that such care is appropriate for the individual, care for the following conditions or care needs may be provided to the individual in an ALF by a physician licensed in Virginia, a nurse licensed in Virginia or a nurse holding a multistate licensure privilege under a physician's treatment plan, or by a home care organization licensed in Virginia:

- Intravenous therapy or injections directly into the vein except for intermittent intravenous therapy managed by a health care professional licensed in Virginia under a physician's or other prescriber's treatment plan; and
- Gastric tubes except when the individual is capable of independently feeding himself or herself and caring for the tube.

Care for gastric tubes may also be provided to the private pay individual by unlicensed direct care facility staff if the care is delivered in accordance with the regulations of the Board of Nursing for delegation by a registered nurse 18 VAC 90-20-420 et seq., and with the ALF regulations 22 VAC 40-72-460 D.

### **15.12 Care of special medical needs**

When care for an individual's special medical needs is provided by licensed staff of a home care agency, the ALF staff may receive training from the home care agency staff in appropriate treatment monitoring techniques regarding safety precautions and actions to take in case of emergency.

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### 15.13 Hospice care in the ALF

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Notwithstanding the prohibited conditions described in [Section 15.10](#) at the request of the individual residing in the ALF, hospice care may be provided in an ALF if the hospice program determines that such a program is appropriate for the individual.

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### 15.14 Residential living level of care

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([22 VAC 30-110-60](#)). Individuals shall meet the criteria for residential living as documented on the UAI when at least one of the following describes their functional capacity:

1. Rated dependent in only one of seven ADLs (i.e., bathing, dressing, toileting, transferring, bowel function, bladder function, and eating/feeding).
2. Rated dependent in one or more of four selected IADLs (i.e., meal preparation, housekeeping, laundry, and money management).
3. Rated dependent in medication administration.

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### 15.15 Assisted living level of care

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([22 VAC 30-110-70](#)). Individuals shall meet the criteria for assisted living as documented on the UAI when at least one of the following describes their capacity:

1. Rated dependent in two or more of seven ADLs.
2. Rated dependent in behavior pattern (i.e., abusive, aggressive, and disruptive).

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### 15.16 Independent living status

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Private pay individuals who are assessed as independent can be admitted into an ALF. A person does not have to meet the residential living level of care criteria to live in an ALF licensed for residential living care.

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### 15.17 Outcomes of ALF assessments

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The possible outcomes of an ALF assessment may include:

- A recommendation for ALF care (either residential or assisted living);



- Referral to a PAS team to review if the individual is appropriate for Medicaid-funded community-based care or nursing facility care;
- Referrals to other community resources (non-Medicaid-funded) such as home health services, adult day care centers, home-delivered meals, etc.; or
- A determination that services are not required.

### **15.18 Referrals to Medicaid-funded home and community-based services or nursing facility care**

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Medicaid-funded home and community-based care or nursing facility services may be considered when the assessor completes an assessment and determines that an individual may meet the criteria for nursing facility care and is at risk of nursing facility placement unless additional help is received.

If the assessor believes the individual may be appropriate for Medicaid-funded home and community-based services or nursing facility services, the assessor should contact the local PAS team and send the original UAI to the local department of health or the LDSS to initiate a preadmission screening. The individual should be referred to the LDSS to complete a Medicaid application.

Home and community-based services include waiver services such as the Elderly or Disabled with Consumer Direction (EDCD) waiver which offers services such as personal care, adult day health care, and respite care. For additional information about [Medicaid Long-Term Care services](#) visit the DMAS website.

### **15.19 Time limitation on assessments**

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An authorized assessor's approval decision and the completed UAI regarding an individual's appropriateness for ALF placement are valid for 12 months from the date of the assessment or until an individual's functional or medical status changes, and the change indicates the individual may no longer meet the authorized level of care criteria.

See [Section 15.26](#) concerning time limitations on assessments for individuals who are awaiting admission to an ALF.

### **15.20 Request for an independent assessment**

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An independent assessment is an assessment that is completed by an entity other than the original assessor. An independent assessment may be requested by the ALF, the individual, the individual's legal representative, the individual's physician, DSS, or the local department of social services, when there is a question concerning the outcome of the original assessment ([22 VAC 30-110-30](#)).

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## 15.21 Referral for mental health (MH), intellectual disability (ID), or substance abuse (SA) evaluation

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For an individual's admission to or continued stay in an ALF, DSS DOLP requires:

([22 VAC 40-72-340](#)). A screening of psychological, behavioral, and emotional functioning, conducted by a qualified mental health professional, if recommended by the UAI assessor, a health care professional, or the administrator or designee responsible for the admission and retention decision. This includes meeting the requirements of 22 VAC 40-72-360.

If the UAI or other screening tools reveal mental health indicators, an evaluation must be completed prior to the individual's admission date.

**EXCEPTION:** If it is not possible for the screening to be conducted prior to admission, the individual may be admitted if all other admission requirements are met. The reason for the delay shall be documented and the screening shall be conducted as soon as possible.

It is the responsibility of the individual seeking admission to an ALF, his legal representative and the ALF admission staff to ensure that the evaluation is completed.

Referrals for MH, ID, or SA evaluations should be made using the following guidelines and definitions. The definitions for mental illness, intellectual disability and substance abuse below are from the Department of Behavioral Health and Developmental Services regulations.

### 15.21.1 Referral for MH evaluation

A referral for a MH evaluation should be made when the individual is believed to have a mental illness. A mental illness is disorder of thought, mood, emotion, perception, or orientation that significantly impairs judgment, behavior, capacity to recognize reality, or ability to address basic life necessities and requires care treatment for health, safety, or recovery of the individual or for the safety of others.

### 15.21.2 Referral for ID evaluation

A referral for an ID evaluation should be made if the individual has a disability that originated before the age of 18 years and is characterized concurrently by:

- Significant subaverage intellectual functioning as demonstrated by performance on a standardized measure of intellectual functioning, administered in conformity with accepted professional practice, that is at least two standard deviations below the mean; and

- Significant limitations in adaptive behavior as expressed in conceptual, social, and practical adaptive skills.

### 15.21.3 Referral for substance abuse evaluation

A referral for substance abuse evaluation should be made if the individual uses drugs enumerated in the Virginia Drug Control Act without a compelling medical reason or alcohol that:

- Results in psychological or physiological dependence or danger to self or others as a function of continued and compulsive use; or
- Results in mental, emotional, or physical impairment that causes socially dysfunctional or social disordering behavior; and because of such substance abuse, requires care and treatment for the health of the individual.

## 15.22 Licensing requirements for screening of psychosocial, behavioral and emotional functioning prior to admission

### 15.22.1 Mental health screening

[\(22 VAC 40-72-360\)](#). A mental health screening shall be conducted prior to admission if behaviors or patterns of behavior occurred within the previous six months that were indicative of mental illness, mental retardation, substance abuse or behavioral disorders and that caused, or continue to cause, concern for the health, safety, or welfare either of that individual or others who could be placed at risk of harm by that individual.

**Exception:** If it is not possible for the screening to be conducted prior to admission, the individual may be admitted if all other admission requirements are met. The reason for the delay shall be documented and the screening shall be conducted as soon as possible.

### 15.22.2 Psychosocial and behavioral history

[\(22 VAC 40-72-365\)](#). When determining appropriateness of admission for an individual with a mental health disability, the following information shall be obtained by the facility:

1. If the prospective resident is referred by a state or private hospital, community services board, behavioral health authority, or long-term care facility, documentation of the individual's psychosocial and behavioral functioning shall be acquired.
2. If the prospective resident is coming from a private residence, information about the individual's psychosocial and behavioral functioning shall be gathered from primary

sources, such as family members or friends. There is no requirement for written information from primary sources.

The administrator or his designee shall document that the individual's psychosocial and behavioral history were reviewed and used to help determine the appropriateness of the admission, and if the person is admitted, to develop an individualized service plan.

### 15.22.3 Mental health screening determination form

The Mental Health Screening Determination model [form](#) can be used to document the completion of the individual's mental health screening by the accepting ALF.

## 15.23 Admission of individuals with serious cognitive impairments

When determining the appropriateness of ALF admission, serious cognitive deficits should be noted on the UAI or other screening tool. The ALF must determine if it can meet the needs of the individual.

All facilities that care for individuals with serious cognitive impairments due to a primary diagnosis of dementia who cannot recognize danger or protect their own safety and welfare are subject to additional licensing requirements. Individuals meeting this diagnosis may reside in a mixed population with enhanced safety precautions or in a safe, secure environment. A facility that cares for individuals with serious cognitive impairments due to any other diagnosis who cannot recognize danger or protect their own safety and welfare must meet the enhanced safety requirements for a mixed population.

### 15.23.1 Mixed population

These requirements include:

- Additional staffing and staff training;
- A security monitoring system such as door alarms, cameras, constant staff oversight, security bracelets that are part of an alarm system, or delayed egress mechanisms;
- A secured outdoor area or close staff supervision; and
- Special environmental precautions.

These additional requirements do not apply to ALFs who are licensed for 10 or fewer individuals if no more than three of the individuals have serious cognitive impairments and cannot recognize danger or protect their own safety or welfare.

### 15.23.2 Safe, secure environment

Some ALFs may have one or more self-contained special care units in the facility or the whole facility may be a special care unit designed for individuals with serious cognitive impairments due to a primary psychiatric diagnosis of dementia who cannot recognize danger or protect their own safety and welfare. These special care units must meet additional licensing requirements. These requirements include:

- Additional assessment-Prior to admission to a special care unit, the individual shall have been assessed by an independent clinical psychologist licensed to practice in the Commonwealth or by an independent physician as having a serious cognitive impairment due to a primary psychiatric diagnosis of dementia with an inability to recognize danger or protect his own safety and welfare. The assessment must be in writing and address, but not be limited to, the following areas:
  - Cognitive functions (e.g., orientation, comprehension, problem-solving, attention/concentration, memory, intelligence, abstract reasoning, judgment, insight)
  - Thought and perception, (e.g., process, content)
  - Mood/affect
  - Behavior/psychomotor
  - Speech/language
  - Appearance

The Assessment of Serious Cognitive Impairment model [form](#) may be used.

- Approval-Prior to an individual's admission to a special care unit, the ALF must obtain written approval from one of the following persons, in the following order of priority:
  - The individual, if capable of making an informed decision;
  - A guardian or other legal representative;
  - A relative willing and able to act as the individual's representative in the following specific order:
    - Spouse,

- Adult child,
  - Parent,
  - Adult sibling,
  - Adult grandchild,
  - Adult niece or nephew,
  - Aunt or uncle.
- An independent physician, if the individual is not capable of making an informed decision and there is no one else available.
- Facility determination of appropriateness of admission and continued residence;
  - Additional activities;
  - Additional staffing and staff training;
  - Doors that lead to unprotected areas shall be monitored or secured through devices that conform to applicable building and fire codes including but not limited to door alarms, cameras, constant staff oversight, security bracelets that are part of an alarm system, pressure pads at doorways, delayed egress mechanisms, locking devices, or perimeter fence gates.
  - A secure outdoor area or close staff supervision; and
  - Special environmental precautions.

### **15.24 Physical Examination**

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DSS, Division of Licensing Programs regulations require that all individuals admitted to an ALF have a physical examination completed prior to the admission. Licensing Programs has prepared a model form, [Report of Resident Physical Examination](#), which may be used for the physical examination.

The use of this form is not required; any physical examination form that addresses all of the requirements is acceptable (i.e. includes tuberculosis status, etc.). A physician or his designee must sign the physical examination report.

It is the responsibility of the ALF to ensure that the physical examination is completed.

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## 15.25 Emergency Placements in an ALF

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([22 VAC 30-110-30](#)). An emergency placement shall occur only when the emergency is documented and approved by a Virginia adult protective services worker for public pay individuals or by a Virginia adult protective services worker or independent physician for private pay individuals.

See [Section 15.4](#) for the definition of emergency placement. Prior to the emergency placement, the APS worker or the physician must discuss with the ALF the individual's service and care needs based on the APS investigation and/or physician assessment to ensure that the ALF is capable of providing the needed services. The individual cannot be placed in an ALF on an emergency basis if the individual has any prohibited conditions.

This is the **only** instance in which an individual may be placed in an ALF without first having been assessed to determine if he or she meets ALF level of care.

After the emergency placement is made, the UAI must be completed within seven working days from the date of the placement. There must be documentation in the individual's ALF record that a Virginia APS worker or physician approved the emergency placement. A notation on the UAI signed by the APS worker will meet this requirement. The assessment must be completed by a qualified assessor.

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## 15.26 Awaiting ALF Admission

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At times, an individual who has been assessed as appropriate for ALF admission has to remain in the community while waiting for admission. When the admission can proceed, and if no more than 90 days have elapsed, a new assessment does not have to be completed unless there has been a significant change in the individual's condition. If more than 90 days have elapsed since the assessment was conducted, then a new assessment must be completed.

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## 15.27 Respite Services

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Respite is a temporary stay in the facility, usually to relieve caregivers from their duties for a brief period of time. Individuals admitted to an ALF for respite services must be assessed prior to admission. The initial assessment is valid for 12 months if the level of care of the individual remains the same. A reassessment would be required annually provided that the respite services continue to be provided, even if it is provided intermittently.



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### 15.28 Annual reassessment

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(22 VAC 30-110-30). The UAI shall be completed annually on all individuals residing in ALFs. UAIs shall be completed whenever there is a significant change in the individual's condition. All UAIs shall be completed as required by 22 VAC 30-110-20. The ALF shall provide an area for assessments and reassessments to be conducted that ensures the individual's privacy and protect confidentiality.

The purpose of the annual reassessment is the reevaluation of service need and utilization review. The assessor shall review each individual's need for services annually, or more frequently as required, to ensure proper utilization of services. Each individual residing in an ALF must be reassessed at least annually.

The annual reassessment is based upon the date of the last completed assessment. The reassessment does not need to be performed in the same month as the initial assessment. A current assessment is one that is not older than 12 months. The ALF shall keep the individual's UAI and other relevant data in the individual's ALF record.

### 15.29 Who can conduct annual reassessments?

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Designated ALF staff with documented training in the completion of the UAI, an independent physician, or upon the request of the individual, a qualified public human services agency assessor may complete the annual reassessment. ALF staff are not permitted to complete assessments, reassessments, or changes in level of care of individuals residing in an ALF who receive AG.

### 15.30 Completing the annual reassessment

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The three options for completing the reassessment are as follows:

- Mark only those items on the UAI that have changed since the previous assessment. The assessor *clearly* updates the previous UAI by crossing out old information and initialing and dating all changes. The assessor then signs and dates the UAI and marks the front of the instrument as a reassessment.
- For private pay individuals for whom there have been no changes in the items listed on the UAI since the immediately preceding assessment, it is sufficient to have the assessor indicate "no change" on the UAI. The statement "no change" may be written in the comment section of the Private Pay UAI or the summary section of the Public Pay UAI (if that version is being used). It is not necessary to write "no change" next to each item on the UAI. The assessor must sign and date the UAI to indicate when the reassessment occurred.

- Begin a new assessment on a new Private Pay UAI form.

**Note:** The UAI contains only one line for the assessor to enter a reassessment date. If the UAI already has one reassessment date entered, a new UAI shall be completed at the next reassessment date.

### **15.31 Changes in level of care**

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The UAI must be completed or updated as needed whenever there is a significant change in the individual's condition that is expected to last more than 30 days or appears to warrant a change in the individual's approved level of care. See [Section 15.4](#) for the definition of a significant change.

A change in level of care assessment should be conducted within two weeks when a significant change in level of care is indicated, including when the individual presents with one or more of the prohibited conditions or no longer meets level of care criteria for which he or she was most recently assessed.

#### **15.31.1 Temporary changes in condition**

Temporary changes in an individual's condition are those that can be reasonably expected to last less than 30 days. Such changes do not require a new assessment or update. Examples of such changes are short-term changes that resolve with or without intervention, changes that arise from easily reversible causes such as a medication change, short-term acute illness or episodic event.

### **15.32 Outcomes of the annual reassessment or change in level of care**

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The possible outcomes from a reassessment may include:

- Continue at the current level of care;
- Change in the level of care;
- Continue at the current level of care with the addition of other services (e.g. home health); or
- Referral to a PAS team if the individual needs nursing facility care or Medicaid funded home and community based services and would need Medicaid within 180 days of admission to a nursing facility.

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## 15.33 Transfer to another setting

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### 15.33.1 ALF-to ALF transfer

(22 VAC 40-72-430). When a resident moves to an assisted living facility from another assisted living facility or long-term care setting that uses the UAI, if there is a completed UAI on record, another UAI does not have to be completed except that a new UAI shall be completed whenever:

1. There is a significant change in the resident's condition; or
2. The previous assessment is more than 12 months old.

The ALF from which the individual is moving must send a copy of all current assessment material to the facility to which the individual is moving. The requirements for discharge notifications must be followed. The receiving ALF is then responsible to initiate the appropriate documentation for admission purposes.

### 15.33.2 Hospital-to-ALF Transfer

If an individual is admitted to a hospital from an ALF and the individual's condition has not changed, but placement in a different ALF is sought, a new assessment is NOT required. The second ALF would be required to complete necessary documentation for admission. The first ALF must provide the required discharge notifications.

If an individual is admitted to the hospital from an ALF and the individual needs to transfer to Medicaid funded home and community-based services or nursing facility, a PAS must be completed by the hospital discharge planner.

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## 15.34 Discharge from an ALF

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When there is a determination made that an individual is no longer appropriate for ALF level of care and must be discharged, the ALF must follow certain discharge procedures.

(22 VAC 40-72-420). When actions, circumstances, conditions, or care needs occur that will result in the discharge of a resident, discharge planning shall begin immediately, and there shall be documentation of such, including the beginning date of discharge planning. The resident shall be moved within 30 days, except that if persistent efforts have been made and the time frame is not met, the facility shall document the reason and the efforts that have been made.

As soon as discharge planning begins, the assisted living facility shall notify the resident and the resident's legal representatives and designated contact person if any, of the planned discharge, the reason for the discharge, and that the resident will be moved within 30 days unless there are extenuating circumstances as referenced in the previous paragraph. Written notification of the actual discharge date shall be given to the resident and the resident's legal representatives and contact person if any, at least 14 calendar days prior to the date that the resident will be discharged.

The assisted living facility shall adopt and conform to a written policy regarding the number of calendar days notice that is required when a resident wishes to move from the facility. Any required notice of intent to move shall not exceed 30 days.

The facility shall assist the resident and his legal representative, if any, in the discharge or transfer process. The facility shall help the resident prepare for relocation, including discussing the resident's destination. Primary responsibility for transporting the resident and his possessions rests with the resident or his legal representative.

### **15.35 Emergency Discharge**

[\(22 VAC 40-72-420\)](#). When a resident's condition presents an immediate and serious risk to the health, safety or welfare of the resident or others and emergency discharge is necessary, 14-day notification of planned discharge does not apply, although the reason for the relocation shall be discussed with the resident and, when possible, his legal representative prior to the move.

Under emergency conditions, the resident's legal representative, designated contact person, the family, caseworker, social worker or other agency personnel, as appropriate, shall be informed as rapidly as possible, but by the close of the business day following discharge, of the reasons for the move.

### **15.36 Discharge to a nursing facility or Medicaid-funded community based care**

The PAS team in the jurisdiction where the ALF is located is responsible for screening individuals who are residing in an ALF but will need Medicaid-funded nursing facility placement or community based services. ALF staff, the individual, or the individual's family may contact the PAS team to complete the individual's screening. The PAS team handles the referral like any other community based referral. See [Section 15.18](#) for additional information.

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### **15.37 Changes in an individual's financial status**

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When a private pay individual needs to apply for an AG, an application for AG must be submitted to the LDSS where the individual last lived prior to entering an institution. ALFs are considered institutions for purposes of determining AG eligibility. If an individual has had a Private Pay UAI completed, and he or she becomes eligible for AG, a public pay UAI must be completed in order for services to be authorized. Only qualified assessors, such as LDSS, AAA or community services boards, may complete a UAI for an individual who is receiving AG.

The public pay assessor must provide the LDSS eligibility worker with a copy of the Medicaid Funded Long-Term Care Services Authorization (DMAS-96) for verification of the assessment.

For more information about the AG Program visit <http://www.dss.virginia.gov/family/as/auxgrant.cgi>.

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### **15.38 Suspension of license or closure of an assisted living facility**

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Upon issuing a notice of summary order of suspension to an ALF, the Commissioner of the Virginia Department of Social Services or his designee shall contact the appropriate local department of social services to develop a relocation plan. Individuals residing in an ALF whose license has been summarily suspended pursuant to § 63.2-1709 of the Code of Virginia shall be relocated as soon as possible to reduce the risk to their health, safety, and welfare. New assessments of the individuals who are relocating are not required, unless there is a significant change in the individual's condition or the assessment was completed more than 12 months ago, pursuant to [22VAC30-110-30](#) D. ([22 VAC 30-110-40](#)).

The ALF Relocation Plan is available on the DSS website at <http://www.dss.virginia.gov/facility/alf.cgi> under the heading "[+] Current ALF Providers, Additional Resources." Additionally a technical assistance document that addresses adverse ALF closures is also available at the same link.

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### **15.39 Record retention**

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Pursuant to [22 VAC 40-72-560](#), an individual's record shall be retained for at least two years after the individual leaves the ALF.

**15.40 Appendix A: Assessment process chart**

Step 1: Contact	Request for assessment is made. Assessor makes contact with the individual/requester. If possible, conduct a preliminary screening to determine if there are any prohibited conditions or other medical issues that may require more services than is available in an ALF. Refer to the Pre-admission screening (PAS) team, if appropriate.
Step 2: UAI	Conduct a face-to-face visit. Assessor completes the appropriate UAI. If UAI has been completed in last 90 days, and there are no changes, do not complete a new UAI. If individual may meet nursing facility (NF) criteria, stop assessment process. Refer to the Pre-admission screening (PAS) team, if appropriate.
Step 3: Prohibited Conditions	Assessor determines if individual has a prohibited condition. With certain exceptions, some of which only apply to private pay individuals, the individual is NOT eligible to reside in an ALF if he has a prohibited condition. Stop assessment process and refer to the PAS team or to other services.
Step 4: Determine Level of Care	Determine individual's level of care using ALF criteria (i.e., residential or assisted living).
Step 5: ALF Availability/	Ensure that ALF has the appropriate license for the individual's level of care. Verify that ALF can provide requested services or if they are available in the community.
Step 6: Plan Reassessment	At least every 12 months, perform reassessment.

## 15.41 Appendix B: Rating Level of Care

### Rating of Levels of Care on the Uniform Assessment Instrument

The rating of functional dependencies on the UAI must be based on the individual's ability to function in a community environment, not including any institutionally induced dependence. Please see the User's Manual for more detailed definitions.

The following abbreviations shall mean: I = independent; d = semi-dependent; D = dependent; MH = mechanical help; HH = human help.

#### Bathing

- (a) Does not need help **(I)**
- (b) MH only **(d)**
- (c) HH only **(D)**
- (d) MH and HH **(D)**
- (e) Performed by others **(D)**

#### Dressing

- (a) Does not need help **(I)**
- (b) MH only **(d)**
- (c) HH only **(D)**
- (d) MH and HH **(D)**
- (e) Performed by others **(D)**
- (f) Is not performed **(D)**

#### Toileting

- (a) Does not need help **(I)**
- (b) MH only **(d)**
- (c) HH only **(D)**
- (d) MH and HH **(D)**
- (e) Performed by others **(D)**
- (e) Is not performed **(D)**

#### Transferring

- (a) Does not need help **(I)**
- (b) MH only **(d)**
- (c) HH only **(D)**
- (d) MH and HH **(D)**
- (e) Performed by others **(D)**
- (f) Is not performed **(D)**



**Bowel Function**

- (a) Does not need help **(I)**
- (b) Incontinent less than weekly **(d)**
- (c) Ostomy self-care **(d)**
- (d) Incontinent weekly or more **(D)**
- (e) Ostomy not self-care **(D)**

**Bladder Function**

- (a) Does not need help **(I)**
- (b) Incontinent less than weekly **(d)**
- (c) External device, indwelling catheter, or ostomy self-care **(d)**
- (d) Incontinent weekly or more **(D)**
- (e) External device, not self-care **(D)**
- (f) Indwelling catheter, not self-care **(D)**
- (g) Ostomy not self-care **(D)**

**Eating/Feeding**

- (a) Does not need help **(I)**
- (b) MH only **(d)**
- (c) HH only **(D)**
- (d) MH and HH **(D)**
- (e) Performed by others: Spoon fed **(D)**
- (f) Performed by others: Syringe or tube fed **(D)**
- (g) Performed by others: Fed by IV **(D)**

**Instrumental Activities of Daily Living (ALF)**

- (a) Meal Preparation
  - (1) No help needed
  - (2) Needs help **(D)**
- (b) Housekeeping
  - (1) No help needed
  - (2) Needs help **(D)**
- (c) Laundry
  - (1) No help needed
  - (2) Needs help **(D)**
- (d) Money Management

(1) No help needed

(2) Needs help **(D)**

**Medication Administration (ALF)**

- (a) Without assistance **(I)**
- (b) Administered, monitored by lay person **(D)**
- (c) Administered, monitored by professional staff **(D)**

**Behavior Pattern**

- (a) Appropriate **(I)**
- (b) Wandering/passive less than weekly **(I)**
- (c) Wandering/passive weekly or more **(d)**
- (d) Abusive/aggressive/ disruptive less than weekly **(D)**
- (e) Abusive/aggressive/ disruptive weekly or more **(D)**

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## 15.42 Appendix C: Contact Information

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Department for Aging and Rehabilitative Services (DARS)

Adult Protective Services Division

8004 Franklin Farms Drive, Henrico, VA 23229

<http://www.dars.virginia.gov/>

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Report suspected adult abuse, neglect or exploitation 24-hours a day, 7 days a week to the toll-free APS Hotline at 1-888-832-3858. For signs of adult abuse, neglect or exploitation visit <http://www.dss.virginia.gov/family/as/aps.cgi>.

VDSS Division of Licensing Programs 800-543-7545

Licensing Offices: [http://www.dss.virginia.gov/contact\\_us/dolp\\_district.pdf](http://www.dss.virginia.gov/contact_us/dolp_district.pdf)