

ASSISTED LIVING FACILITY PRIVATE PAY ASSESSMENT MANUAL

**Commonwealth of Virginia
Department of Social Services
Division of Family Services, Adult Services Program**

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1. PURPOSE OF THIS MANUAL

This manual provides guidance on the assessment of all 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. A copy of the Private Pay UAI is found in Appendix A of this manual.

This manual should be used in conjunction with the User's Manual: Virginia Uniform Assessment Instrument (revised July 2005). The User's Manual: Virginia Uniform Assessment Instrument describes the process for using the UAI to assess individuals who reside in an ALF or are planning to reside in an ALF. The manual is located online at <http://www.dss.virginia.gov/family/as/manual.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 40 745](#), Assessment in Assisted Living Facilities, state that no individual is to 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 level of service or is not licensed for a type of service or if the ALF does not have the staff appropriate in numbers and with the appropriate skill to provide such services. In addition to the completed UAI, the ALF must ensure that for admission, there is a physical examination report for the individual, mental health screening if indicated, and an interview between the administrator or a designee responsible for admission and retention decisions and the individual or his or her personal representative. The ALF must make any admission decision based on the completed UAI, the physical examination, mental health screening if indicated, the interview, or any other available physical, psychosocial and functional status assessments.

Assessors should become familiar with this manual and use it as a reference document. The assessor needs to obtain the most complete, accurate information on each individual being assessed. A chart outlining the assessment process is located in Appendix B.

2. BACKGROUND

Since July 1, 1994, publicly funded human service agencies in Virginia, including the local departments of social services, area agencies on aging, centers for independent living, state facility staff of the Department of Behavioral Health and Developmental Services (DBHDS) and Pre-Admission Screening (PAS) teams have been using 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. For individuals paying privately to reside in an ALF, the Private Pay UAI is used during the assessment process. However an ALF provider may use the short form or the full UAI during the assessment of an individual who is paying privately for an ALF.

3. LEGAL BASIS

Effective February 1, 1996, § [63.2-1804](#) of the Code of Virginia, and regulations, 22 VAC 40-745, have required 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. Throughout this manual, text that appears in capital letters denotes text taken from the Department of Social Services (DSS) regulations.

4. DEFINITIONS

4.1 "ACTIVITIES OF DAILY LIVING (ADLS)" MEANS BATHING, DRESSING, TOILETING, TRANSFERRING, BOWEL CONTROL, BLADDER CONTROL, AND EATING/FEEDING. A PERSON'S DEGREE OF INDEPENDENCE IN PERFORMING THESE ACTIVITIES IS A PART OF DETERMINING APPROPRIATE LEVEL OF CARE AND SERVICES ([22 VAC 40-72-10](#))

4.2 "ADMINISTRATOR" MEANS THE LICENSEE OR A PERSON DESIGNATED BY THE LICENSEE WHO 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 LICENSED ASSISTED LIVING FACILITIES (22 VAC 40-72-10).

4.3 "APPLICANT" MEANS AN ADULT PLANNING TO RESIDE IN AN ASSISTED LIVING FACILITY ([22 VAC 40-745-10](#)).

4.4 "ASSESSMENT" MEANS A STANDARDIZED APPROACH USING COMMON DEFINITIONS TO GATHER SUFFICIENT INFORMATION ABOUT APPLICANTS TO AND RESIDENTS OF ASSISTED LIVING FACILITIES TO DETERMINE THE NEED FOR APPROPRIATE LEVEL OF CARE AND SERVICES (22 VAC 40-745-10).

4.5 "ASSISTED LIVING CARE" MEANS A LEVEL OF SERVICE PROVIDED BY AN ASSISTED LIVING FACILITY FOR ADULTS 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 (22 VAC 40-72-10).

4.6 "ASSISTED LIVING FACILITY (ALF)" MEANS ANY PUBLIC OR PRIVATE ASSISTED LIVING FACILITY THAT IS REQUIRED TO BE LICENSED AS AN ASSISTED LIVING FACILITY 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 MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE 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 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 AND MENTAL WELL-BEING OF AN AGED, INFIRM OR DISABLED INDIVIDUAL (22 VAC 40-745-10).

4.7 "AUXILIARY GRANTS PROGRAM" MEANS A STATE AND LOCALLY FUNDED ASSISTANCE PROGRAM TO SUPPLEMENT INCOME OF A SUPPLEMENTAL SECURITY INCOME (SSI) RECIPIENT OR ADULT WHO WOULD BE ELIGIBLE FOR SSI EXCEPT FOR EXCESS INCOME, WHO RESIDES IN AN ASSISTED LIVING FACILITY WITH AN APPROVED RATE (22 VAC 40-745-10).

4.8 "CASE MANAGEMENT" MEANS MULTIPLE FUNCTIONS DESIGNED TO LINK INDIVIDUALS TO APPROPRIATE SERVICES. CASE MANAGEMENT MAY INCLUDE A VARIETY OF COMMON COMPONENTS SUCH AS INITIAL SCREENING OF NEED, COMPREHENSIVE ASSESSMENT OF NEEDS, DEVELOPMENT AND IMPLEMENTATION OF A PLAN OF CARE, SERVICE MONITORING, AND FOLLOW-UP (22 VAC 40-745-10).

4.9 "CASE MANAGEMENT AGENCY" MEANS A PUBLIC HUMAN SERVICE AGENCY WHICH EMPLOYS OR CONTRACTS FOR CASE MANAGEMENT (22 VAC-40-745-10)

4.10 "CASE MANAGER" MEANS AN EMPLOYEE OF A PUBLIC HUMAN SERVICES AGENCY WHO IS QUALIFIED AND DESIGNATED TO DEVELOP AND COORDINATE PLANS OF CARE (22 VAC 40-745-10).

4.11 "CONSULTATION" MEANS THE PROCESS OF SEEKING AND RECEIVING INFORMATION AND GUIDANCE FROM APPROPRIATE HUMAN SERVICES AGENCIES AND OTHER PROFESSIONALS WHEN ASSESSMENT DATA INDICATE CERTAIN SOCIAL, PHYSICAL AND MENTAL HEALTH CONDITIONS (22 VAC 40-745-10).

4.12 "DEPARTMENT" OR "DSS" MEANS THE VIRGINIA DEPARTMENT OF SOCIAL SERVICES (22 VAC 40-745-10).

4.13 "DEPENDENT" MEANS, FOR ACTIVITIES OF DAILY LIVING (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 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 PERSON'S BEHAVIOR IS AGGRESSIVE, ABUSIVE, OR DISRUPTIVE (22 VAC 40-745-10).

4.14 "DISCHARGE" MEANS THE MOVEMENT OF A RESIDENT OUT OF THE ASSISTED LIVING FACILITY (22 VAC 40-745-10).

4.15 "EMERGENCY PLACEMENT" MEANS THE TEMPORARY STATUS OF AN INDIVIDUAL IN AN ASSISTED LIVING FACILITY WHEN THE PERSON'S HEALTH AND SAFETY WOULD BE JEOPARDIZED BY NOT PERMITTING ENTRY INTO THE FACILITY UNTIL REQUIREMENTS FOR ADMISSION HAVE BEEN MET (22 VAC 40-745-10).

4.16 "FACILITY" MEANS AN ASSISTED LIVING FACILITY (22 VAC 40-745-10).

4.17 "INDEPENDENT PHYSICIAN" MEANS A PHYSICIAN WHO IS CHOSEN BY THE RESIDENT OF THE ASSISTED LIVING FACILITY AND WHO HAS NO FINANCIAL INTEREST IN THE ASSISTED LIVING FACILITY, DIRECTLY OR INDIRECTLY, AS AN OWNER, OFFICER, OR EMPLOYEE OR AS AN INDEPENDENT CONTRACTOR WITH THE FACILITY (22 VAC 40-745-10).

4.18 "INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)" MEANS MEAL PREPARATION, HOUSEKEEPING, LAUNDRY, AND MONEY MANAGEMENT. A PERSON'S DEGREE OF INDEPENDENCE IN PERFORMING THESE ACTIVITIES IS A PART OF DETERMINING APPROPRIATE LEVEL OF CARE AND SERVICES (22 VAC 40-745-10).

4.19 "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 (22 VAC 40-745-10).

4.20 "MEDICATION ADMINISTRATION" MEANS THE DEGREE OF ASSISTANCE REQUIRED TO TAKE MEDICATIONS AND IS A PART OF DETERMINING THE NEED FOR APPROPRIATE LEVEL OF CARE AND SERVICES (22 VAC 40-745-10).

4.21 "PRIVATE PAY" MEANS THAT A RESIDENT OF AN ASSISTED LIVING FACILITY IS NOT ELIGIBLE FOR BENEFITS UNDER THE AUXILIARY GRANTS PROGRAM (22 VAC 40-745-10).

4.22 "PUBLIC HUMAN SERVICES AGENCY" MEANS AN AGENCY ESTABLISHED OR AUTHORIZED BY THE GENERAL ASSEMBLY UNDER CHAPTERS 2 AND 3 (§§ 63.2-203 ET SEQ. AND 63.2-300 ET SEQ.) OF TITLE 63.2, CHAPTER 7 (§ 2.2-700 ET SEQ.) OF TITLE 2.2, CHAPTERS 1 AND 10 (§§ 37.1-1 ET SEQ. AND 37.1-194 ET SEQ.) OF TITLE 37.1, ARTICLE 5 (§ 32.1-30 ET SEQ.) OF CHAPTER 1 OF TITLE 32.1, CHAPTER 1 (§ 51.5-1 ET SEQ.) OF TITLE 51.5, OR §§ 53.1-21 AND 53.1-60 OF THE CODE OF VIRGINIA, OR HOSPITALS OPERATED BY THE STATE UNDER CHAPTERS 6.1 AND 9 (§§ 23-50.4 ET SEQ. AND 23-62 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 (22 VAC 40-745-10).

4.23 "PUBLIC PAY" MEANS THAT A RESIDENT OF AN ASSISTED LIVING FACILITY IS ELIGIBLE FOR BENEFITS UNDER THE AUXILIARY GRANTS PROGRAM (22 VAC 40-745-10).

4.24 "QUALIFIED ASSESSOR" MEANS AN INDIVIDUAL WHO IS AUTHORIZED TO PERFORM AN ASSESSMENT, REASSESSMENT, OR CHANGE IN LEVEL OF CARE FOR AN APPLICANT TO OR RESIDENT OF AN ASSISTED LIVING FACILITY. FOR PUBLIC PAY INDIVIDUALS, A QUALIFIED ASSESSOR IS AN EMPLOYEE OF A PUBLIC HUMAN SERVICES AGENCY TRAINED IN THE COMPLETION OF THE UNIFORM ASSESSMENT INSTRUMENT. FOR PRIVATE PAY INDIVIDUALS, A QUALIFIED ASSESSOR IS STAFF OF THE ASSISTED LIVING FACILITY TRAINED IN THE COMPLETION OF THE UNIFORM ASSESSMENT INSTRUMENT OR AN INDEPENDENT PRIVATE PHYSICIAN. (22 VAC 40-745-10)

4.25 "REASSESSMENT" MEANS AN UPDATE OF INFORMATION AT ANY TIME AFTER THE INITIAL ASSESSMENT. IN ADDITION TO A PERIODIC REASSESSMENT, A REASSESSMENT SHOULD BE COMPLETED WHENEVER THERE IS A SIGNIFICANT CHANGE IN THE RESIDENT'S CONDITION (22 VAC 40-745-10).

4.26 "RESIDENT" MEANS AN INDIVIDUAL WHO RESIDES IN AN ASSISTED LIVING FACILITY FOR THE PURPOSES OF RECEIVING MAINTENANCE OR CARE (22 VAC 40-72-10).

4.27 "RESIDENTIAL LIVING CARE" MEANS A LEVEL OF SERVICE PROVIDED BY AN ASSISTED LIVING FACILITY FOR ADULTS WHO MAY HAVE PHYSICAL OR MENTAL IMPAIRMENTS AND REQUIRE ONLY MINIMAL ASSISTANCE WITH THE ACTIVITIES OF DAILY LIVING. INCLUDED IN THIS LEVEL OF SERVICE ARE INDIVIDUALS WHO ARE DEPENDENT IN MEDICATION ADMINISTRATION AS DOCUMENTED ON THE UNIFORM ASSESSMENT INSTRUMENT. THIS DEFINITION INCLUDES SERVICES PROVIDED BY THE FACILITY TO

INDIVIDUALS WHO ARE ASSESSED AS CAPABLE OF MAINTAINING THEMSELVES IN AN INDEPENDENT LIVING STATUS (22 VAC 40-745-10).

4.28 "SIGNIFICANT CHANGE" MEANS A CHANGE IN A RESIDENT'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 (22 VAC 40-745-10).

4.29 "TOTAL DEPENDENCE" MEANS THE INDIVIDUAL IS ENTIRELY UNABLE TO PARTICIPATE IN THE PERFORMANCE OF AN ACTIVITY OF DAILY LIVING (22 VAC 40-745-10).

4.30 "UNIFORM ASSESSMENT INSTRUMENT" MEANS THE DEPARTMENT-DESIGNATED ASSESSMENT FORM. THERE IS AN ALTERNATE VERSION OF THE UNIFORM ASSESSMENT INSTRUMENT WHICH MAY BE USED FOR PRIVATE PAY RESIDENTS; SOCIAL AND FINANCIAL INFORMATION WHICH IS NOT RELEVANT BECAUSE OF THE RESIDENT'S PAYMENT STATUS IS NOT INCLUDED ON THIS VERSION (22 VAC 40-745-10).

4.31 "USER'S MANUAL: VIRGINIA UNIFORM ASSESSMENT INSTRUMENT" MEANS THE DEPARTMENT-DESIGNATED HANDBOOK CONTAINING COMMON DEFINITIONS AND PROCEDURES FOR COMPLETING THE DEPARTMENT-DESIGNATED ASSESSMENT FORM (22 VAC 40-745-10).

4.32 "VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS)" MEANS THE SINGLE STATE AGENCY DESIGNATED TO ADMINISTER THE MEDICAL ASSISTANCE SERVICES PROGRAM IN VIRGINIA (22 VAC 40-745-10).

5. INDIVIDUALS TO BE ASSESSED

ALL RESIDENTS OF AND APPLICANTS TO ASSISTED LIVING FACILITIES SHALL BE ASSESSED FACE-TO-FACE USING THE UNIFORM ASSESSMENT INSTRUMENT PURSUANT TO THE REQUIREMENTS IN ASSESSMENT IN ASSISTED LIVING FACILITIES ([22 VAC 40-745-20](#)). ASSESSMENTS SHALL BE COMPLETED PRIOR TO ADMISSION, ANNUALLY, AND WHENEVER THERE IS A SIGNIFICANT CHANGE IN THE RESIDENT'S CONDITION ([22 VAC 40-72-430](#)).

Except in the event of a documented emergency, all individuals must be assessed to determine the necessity for ALF placement **prior to** the ALF placement. See Section 26.2 for additional information on emergency placement.

6. ASSESSORS FOR PRIVATE PAY INDIVIDUALS

FOR PRIVATE PAY INDIVIDUALS, QUALIFIED STAFF OF THE ASSISTED LIVING FACILITY OR AN INDEPENDENT PRIVATE PHYSICIAN MAY COMPLETE THE UNIFORM ASSESSMENT INSTRUMENT.

QUALIFIED STAFF OF THE ASSISTED LIVING FACILITY ARE EMPLOYEES OF THE FACILITY WHO HAVE SUCCESSFULLY COMPLETED STATE-APPROVED TRAINING ON THE UNIFORM ASSESSMENT INSTRUMENT FOR EITHER PUBLIC OR PRIVATE PAY ASSESSMENTS ([22 VAC 40-745-20](#))

A person may assess private pay individuals if he or she meets one of the following criteria:

- Is a qualified staff of the ALF. The qualifications for an employee of an ALF to complete the assessment include documented training in the completion of the private pay UAI and appropriate application of level of care criteria. Documentation of training must be placed in the ALF employee's personnel record. ALF staff training in the private pay UAI may be documented in one of the following three ways:
 - Through a certificate from the Virginia Institute for Social Services Training Activities (VISSTA) demonstrating completion of the online course, **ADS 1102: Private Pay Uniform Assessment Instrument**;
 - Through a certificate from UAI training offered by a state agency (such as DSS) or;
 - Through a written document describing the content of the training, the name of the trainer and his or her qualifications to provide UAI training, the agency or facility from which the trainer came, the date of the training, and the length of the training. For example, if an ALF staff member has attended one of the UAI training sessions offered by a state agency, and has documentation of such training, he or she may train other staff members on completing the UAI. The documentation of the UAI training must be maintained in the employee's personnel record. 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.
- Is an independent private physician. The responsibilities of physicians may be implemented by nurse practitioners or physicians' assistants as assigned by the supervising physician and within the parameters of professional licensing.
- Is a public agency case manager or other qualified assessor. A specified fee may be charged for their services in the assessment of a private pay individual. However the fee may not exceed the charge for public pay assessments. Payment is the responsibility of the individual being assessed. Public human services agency assessors are not required to assess private pay individuals, but may to do so when requested.

7. PRIVATE PAY UAI ONLINE TRAINING

Individuals desiring to be qualified as assessors for private pay individuals may complete **ADS1102: Private Pay Uniform Assessment Instrument (UAI)**, a free, online course offered by the Virginia Institute for Social Services Activities (VISSTA) at Virginia Commonwealth University. A certificate is automatically generated upon successful completion of the on-line course. For more information, please go to <http://www.vcu.edu/vissta/>. The certificate of successful completion of the course must be placed in the assessor's personnel file.

8. RESPONSIBILITIES OF ALF STAFF

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

9. REQUEST FOR ASSESSMENT

THE UNIFORM ASSESSMENT INSTRUMENT SHALL BE COMPLETED WITHIN 90 DAYS PRIOR TO THE DATE OF ADMISSION TO THE ASSISTED LIVING FACILITY. IF THERE HAS BEEN A SIGNIFICANT CHANGE IN THE INDIVIDUAL'S CONDITION SINCE THE COMPLETION OF THE UNIFORM ASSESSMENT INSTRUMENT WHICH WOULD AFFECT THE ADMISSION TO AN ASSISTED LIVING FACILITY, A NEW UNIFORM ASSESSMENT INSTRUMENT SHALL BE COMPLETED ([22 VAC 40-745-30](#)).

An assessment to determine the need for ALF care must be completed for *any* individual applying for ALF admission. The assessment must be completed prior to the individual's admission to the ALF.

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

10. INDIVIDUALS WHO LIVE OUT-OF-STATE

An ALF assessment may be completed by telephone by the Virginia-authorized assessor for individuals who live out-of-state. However, the Virginia assessor must verify this assessment information by a face-to-face visit with the individual within seven days of the individual's admission to a Virginia ALF. All required paperwork must be completed.

11. COMPLETING THE UAI

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.

THE ASSESSMENT SHALL BE CONDUCTED WITH THE DEPARTMENT-DESIGNATED UNIFORM ASSESSMENT INSTRUMENT WHICH SETS FORTH A RESIDENT'S CARE NEEDS. THE UNIFORM ASSESSMENT INSTRUMENT IS DESIGNED TO BE A COMPREHENSIVE, ACCURATE, STANDARDIZED, AND REPRODUCIBLE ASSESSMENT OF INDIVIDUALS SEEKING OR RECEIVING LONG-TERM CARE SERVICES ([22 VAC 40-745-30](#)).

The User's Manual: Virginia Uniform Assessment Instrument provides thorough instructions regarding completion of the assessment and must be utilized in the completion of the UAI. This manual may be found at: <http://www.dss.virginia.gov/family/as/manual.cgi>.

A copy of the Private Pay UAI is found in Appendix A of this manual. The Private Pay UAI is also available at: <http://www.dss.virginia.gov/family/as/forms.cgi>.

THE ASSESSOR SHALL CONSULT WITH OTHER APPROPRIATE HUMAN SERVICE PROFESSIONALS AS NEEDED TO COMPLETE THE ASSESSMENT ([22 VAC 40-745-30](#))

It is very 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 the 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 in Appendix C.

The process used 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.”

A table describing behavior pattern and orientation is shown in Appendix E of this manual. There is an optional worksheet available in Appendix H that helps the assessor quickly determine the level of care an individual may need.

12. PROHIBITED CONDITIONS

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.

Appendix D contains additional information on assessing skin breakdown (see Section 12.2). This information is taken from 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) which is located at http://www.dss.virginia.gov/facility/alf_regulations.cgi.

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](#)).

12.1 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.

12.2 Dermal ulcers stage III and IV except those stage III ulcers which are determined by an independent physician to be healing and care is provided by a licensed health care professional under a physician'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. The following is a summary of dermal ulcer stages:

12.2.1 Stage I: A persistent area of skin redness, without a break in the skin that does not disappear when pressure is relieved.

12.2.2 Stage II: A partial thickness loss of skin layers that present clinically as an abrasion, blister, or shallow crater.

12.2.3 Stage III: A full thickness of skin lost, exposing the subcutaneous tissues; presents as a deep crater with or without undermining adjacent tissue. The wound extends through all layers of the skin and is a primary site for a serious infection to occur. The goals and treatments are to alleviate pressure and covering and protecting the wound as well as an emphasis on nutrition and hydration. Medical care is necessary to promote healing and to treat and prevent infection. This type of wound progresses very rapidly if left unattended.

12.2.4 Stage IV: A full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone. This wound extends through the skin and involves underlying muscle, tendons, and bone. The diameter of the wound is not as important as the depth. This is very serious and can produce a life-threatening infection, especially if not aggressively treated. All of the goals of protecting, cleaning, and alleviation of pressure on the area still apply. Nutrition and hydration is now critical. Without adequate nutrition, this wound will not heal. This wound requires medical care by someone skilled in wound care. Surgical removal of the necrotic or decayed tissue is often used on wounds of larger diameter.

12.3 Intravenous therapy or injection 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 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.

12.4 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.

- 12.5 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. Examples include, but are not limited to, Abilify, Amytal, Atarax, Ativan, Benadryl, Celexa, Clozaril, Dalmane, Depakene, Depakote, Desyrel, Effexor, Elavil, Haldol, Lexapro, Librium, Lithium, Luvox, Klonopin, Mellaril, Navane, Norpramine, Pamelor, Paxil, Prozac, Remeron, Restoril, Risperdal, Seroquel, Serax, Serzone, Stelazine, Thorazine, Tofranil, Tranxene, Valium, Vistaril, Wellbutrin, Xanax, Zoloft, and Zyprexa. 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.
- 12.6 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.
- 12.7 Gastric tubes except when the individual is capable of independently feeding himself or herself 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).
- 12.8 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.
- 12.9 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:
- 12.9.1** Individuals who have a medical instability due to complexities created by multiple, interrelated medical conditions; or
 - 12.9.2** Individuals with a health care condition with a high potential for medical instability.

12.10 Individuals whose physician certifies that placement is no longer appropriate.

12.11 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.

12.12 Individuals whose physical or mental health care needs cannot be met in the specific assisted living facility as determined by the facility.

13. PRIVATE PAY INDIVIDUALS ONLY-EXCEPTIONS TO PROHIBITED CONDITIONS

At the request of the private pay individual, care for the conditions or care needs specified in 12.3 and 12.7 above may be provided to an individual in an ALF by a physician licensed in Virginia, a nurse licensed in Virginia under a physician's treatment plan, or by a home care organization licensed in Virginia when the individual's independent physician determines that such care is appropriate for the individual.

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.

These exceptions do not apply to individuals who receive Auxiliary Grant (AG).

14. HOSPICE CARE IN THE ALF

Notwithstanding the prohibited conditions described in Section 12, 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.

15. ASSISTED LIVING FACILITY CRITERIA

THE APPROPRIATE LEVEL OF CARE MUST BE DOCUMENTED ON THE UNIFORM ASSESSMENT INSTRUMENT, COMPLETED IN A MANNER CONSISTENT WITH THE DEFINITIONS OF ACTIVITIES OF DAILY LIVING AND DIRECTIONS PROVIDED IN THE USER'S MANUAL: VIRGINIA UNIFORM ASSESSMENT INSTRUMENT ([22 VAC 40-745-50](#)).

15.1 Criteria for Residential Living

INDIVIDUALS MEET THE CRITERIA FOR RESIDENTIAL LIVING AS DOCUMENTED ON THE UNIFORM ASSESSMENT INSTRUMENT 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 ([22 VAC 40-745-60](#)).

15.2 Criteria for Assisted Living

INDIVIDUALS MEET THE CRITERIA FOR ASSISTED LIVING AS DOCUMENTED ON THE UNIFORM ASSESSMENT INSTRUMENT 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) ([22 VAC 40-745-70](#)).

16. INDEPENDENT LIVING STATUS

Individuals who are assessed as independent can be admitted into an ALF. A person does not have to meet the residential level of care criteria to live in an ALF licensed for residential care. Individuals who are assessed as independent are **NOT** eligible for AG payments unless they were receiving AG prior to February 1, 1996.

17. OUTCOMES OF ALF ASSESSMENTS

The possible outcomes of an ALF assessment may include:

1. A recommendation for ALF care;
2. Referral to a PAS team if the individual needs nursing facility care and would need public assistance (Medicaid) within 180 days of admission to the nursing facility;
3. Referrals to other community resources (non-Medicaid funded) such as health services, adult day care centers, home-delivered meals, etc.; or

4. A determination that services are not required.

18. REFERRALS TO MEDICAID FUNDED HOME AND COMMUNITY-BASED SERVICES OR NURSING FACILITY

Home and Community-based services or nursing facility services may be considered when the assessor completes an assessment and determines that an individual meets the criteria for nursing facility care and is at risk of nursing facility placement unless additional help is received. The individual would need to apply for Medicaid and meet the eligibility criteria for Long-Term Care services. 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 at www.dmas.virginia.gov.

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 to initiate a preadmission screening.

19. TIME LIMITATION ON ASSESSMENTS

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 26.3 concerning time limitations on assessments for individuals who are awaiting admission to an ALF.

When a current assessment has been completed within 12 months and no change in level of care has occurred, a new assessment is not needed for the following situations: 1) transfer from one ALF to another; 2) respite care; or 3) discharge back to the ALF from the hospital.

20. REQUEST FOR AN INDEPENDENT ASSESSMENT

AT THE REQUEST OF THE ASSISTED LIVING FACILITY, THE RESIDENT, THE RESIDENT'S REPRESENTATIVE, THE RESIDENT'S PHYSICIAN, DSS, OR THE LOCAL DEPARTMENT OF SOCIAL SERVICES, AN INDEPENDENT ASSESSMENT USING THE UNIFORM ASSESSMENT INSTRUMENT SHALL BE COMPLETED TO DETERMINE WHETHER THE RESIDENT'S CARE NEEDS ARE BEING MET IN THE CURRENT PLACEMENT. AN INDEPENDENT ASSESSMENT IS AN ASSESSMENT THAT IS COMPLETED BY AN ENTITY OTHER THAN THE ORIGINAL ASSESSOR. THE ASSISTED LIVING FACILITY SHALL ASSIST THE RESIDENT IN OBTAINING THE INDEPENDENT ASSESSMENT AS REQUESTED. IF THE REQUEST IS FOR A PRIVATE PAY RESIDENT, AND THE INDEPENDENT ASSESSMENT CONFIRMS THAT THE RESIDENT'S PLACEMENT IS APPROPRIATE, THEN THE ENTITY

REQUESTING THE INDEPENDENT ASSESSMENT SHALL BE RESPONSIBLE FOR PAYMENT OF THE ASSESSMENT, IF APPLICABLE ([22 VAC 40-745-30](#)).

An independent assessment is an assessment that is completed by an entity other than the original assessor; this may be another assessor within the same agency. An independent assessment is requested when one of the above entities questions the outcome of an assessment and desires a second assessment to be completed.

21. PSYCHOSOCIAL ASSESSMENTS

An individual's psychological, behavioral, emotional or substance abuse issues can impact on an individual's ability to live in an ALF and the ability of the ALF staff to provide proper care.

Cognitive impairments can affect an individual's memory, judgment, conceptual thinking and orientation. In turn, these can limit the individual's ability to perform ADLs and IADLs. When assessing an individual for possible cognitive impairment, it is important to distinguish between normal, minor losses in intellectual functioning and the more severe intellectual impairments caused by cognitive disorders such as Alzheimer's Disease or Organic Brain Syndrome (OBS). Some intellectual impairments may be caused by a physical disorder or by side effects or interactions of medications.

When determining the appropriateness of ALF admission for individuals with mental illness, mental retardation/intellectual disability, or a history of substance abuse, a current psychiatric or psychological evaluation may be needed. The need for this evaluation may be indicated if the UAI demonstrates dependencies in the Psychosocial Status section of the UAI. A recommendation for further assessment may also be suggested by the individual's case manager, another assessor or by the admission staff at the time of the admission interview. The psychiatric or psychological evaluation must be completed by a person having no financial interest in the ALF, directly or indirectly as an owner, officer, employee, or as an independent contractor with the facility.

The assessor is not diagnosing the individual, but rather using his professional judgment to look for indicators of the possible need for a referral to a mental health professional for a more thorough mental health and/or substance abuse assessment and possible diagnosis.

22. REFERRAL FOR MENTAL HEALTH (MH), MENTAL RETARDATION/INTELLECTUAL DISABILITY (MR/ID), OR SUBSTANCE ABUSE EVALUATION

For an individual's admission to or continued stay in an ALF, DSS, Division of Licensing Programs requires:

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 ([22 VAC 40-72-340](#)).

If the UAI or other screening tool reveals mental health indicators, an evaluation completed within six months of the proposed admission date will be needed for consideration for the individual's admission.

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.

If the ALF staff can provide adequate care, the individual may be admitted before the completion of his or her evaluation. In this situation, the decision to admit the individual without the completed evaluation must be documented in the individual's ALF record.

Referrals for MH, MR/ID, or substance abuse evaluations should be made using the following guidelines:

22.1 Referral for MH Evaluation

A referral for a MH evaluation is made for a diagnosis of schizophrenia, personality disorder, mood disorder, panic, somatoform disorder, other psychiatric disorders, paranoid disorder, or other serious anxiety disorders and when the individual exhibits distorted thought processes, mood disorders, or maladaptive behavior manifested by:

1. Acts detrimental to self or others;
2. Acts of abuse, aggression, or disruption; or
3. Emotional status which interferes with functioning ability (i.e., agitation, fearfulness, or depression).

22.2 Referral for MR/ID Evaluation

A referral is made for an MR/ID evaluation if:

1. The individual has been assessed as having below average intellectual functioning on individually administered tests, (i.e. IQ 70 or below); age of onset was before 18 years; and there are concurrent limitations in two or more applicable adaptive skills areas such as communication, social skills, health and safety, work, self care, home living, community use, self-direction, functional academics, and leisure; or

2. Based on assessment, individual evidences functional limitations (i.e. cognitive limitations along with concurrent limitations in two or more applicable adaptive skills areas as listed above) that lead to a reasonable suspicion of a diagnosis of MR/ID.

22.3 Referral for Substance Abuse Evaluation

A referral for evaluation should be considered for further exploration when the individual reports current drinking of more than two alcoholic drinks per day, has current use of non-prescription mood-altering substances such as marijuana, amphetamines, etc., and/or abuses prescribed mood-altering substances.

23. LICENSING REQUIREMENTS FOR SCREENING OF PSYCHOSOCIAL, BEHAVIORAL AND EMOTIONAL FUNCTIONING PRIOR TO ADMISSION

23.1 Mental Health Screening

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 ([22 VAC 40-72-360](#)).

23.2 Psychosocial and Behavioral History

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 ([22 VAC 40-72-365](#))

24. MENTAL HEALTH SCREENING DETERMINATION FORM

The model Mental Health Screening Determination form in Appendix G can be used to document the completion of individual's mental health screening. A copy of the form is available at: http://www.dss.virginia.gov/facility/alf_forms.cgi. The ALF may develop its own format but it must address the same information as on the model form.

The decision to admit an individual without a mental health evaluation must meet the following criteria and be documented in the individual's ALF record:

1. The facility's decision to admit the individual, without the pending assessment, is based on a careful consideration of any information regarding the individual's emotional or behavioral functioning that could signal high risk concerns for the health and safety of the individual and/or others;
2. The facility has developed a preliminary plan of care that appropriately addresses any identified concerns to a degree that the individual is not considered high risk for harm to self and/or others;
3. The facility has been informed by the qualified mental health professional (QMHP) as to the expected date of completion of the mental health evaluation and the facility has determined that the length of time to have the evaluation completed and forwarded to the facility would cause hardship for the individual and/or family;
4. The facility follows up with the disposition of the mental health evaluation and, upon receiving it, re-evaluates its ability to meet the needs of the individual regarding the mental health care/supervision that might be needed;
5. The facility clearly documents all efforts made to get the mental health evaluation completed; and
6. The facility meets all other admission requirements (i.e. completed UAI, and physical examination, and the individual has no prohibited conditions as described in Section 12).

25. 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 psychiatric 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.

25.1 Mixed Population

These requirements include:

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

These additional requirements do not apply to ALFs with 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.

25.2 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 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:

1. 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. See Appendix F for a copy of the Assessment of Serious Cognitive Impairment. This form can also be found at: http://www.dss.virginia.gov/facility/alf_forms.cgi. The assessment must be in writing and address, but not be limited to, the following areas:
 - Cognitive functions, i.e., orientation, comprehension, problem-solving, attention/concentration, memory, intelligence, abstract reasoning, judgment, insight
 - Thought and perception, i.e., process, content
 - Mood/affect

- Behavior/psychomotor
 - Speech/language
 - Appearance
2. 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:
 - a. The individual, if capable of making an informed decision;
 - b. A guardian or other legal representative
 - c. A relative willing to act as the individual's representative in the following specific order:
 - i. Spouse,
 - ii. Adult child,
 - iii. Parent,
 - iv. Adult sibling,
 - v. Adult grandchild,
 - vi. Adult niece or nephew,
 - vii. Aunt or uncle.
 - d. An independent physician, if the individual is not capable of making an informed decision and there is no one else available.
 3. Facility determination of appropriateness of admission and continued residence;
 4. Additional activities;
 5. Additional staffing and staff training;
 6. A security monitoring system such as 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.
 7. A secure outdoor area or close staff supervision; and
 8. Special environmental precautions.

26. ADMISSION TO AN ALF

26.1 Physical Examination

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 the

Physical Examination, which may be used for the physical examination. A copy of the form is available at http://www.dss.virginia.gov/facility/alf_forms.cgi.

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 must sign the physical examination report.

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

If the same person completes both the UAI and the physical examination report, it is not necessary to repeat the same information on the physical examination that is also on the UAI. The assessor may make reference to the UAI (i.e. "see UAI") only for that information needed on the physical examination report that is the same as the information provided on the UAI. All other parts of the physical examination report must be completed.

26.2 Emergency Placements in an ALF

AN EMERGENCY PLACEMENT SHALL OCCUR ONLY WHEN THE EMERGENCY IS DOCUMENTED AND APPROVED BY A VIRGINIA ADULT PROTECTIVE SERVICES WORKER OR CASE MANAGER FOR PUBLIC PAY INDIVIDUALS OR AN INDEPENDENT PHYSICIAN OR A VIRGINIA ADULT PROTECTIVE SERVICES WORKER FOR PRIVATE PAY INDIVIDUALS ([22 VAC 40-72-370](#)).

An emergency is a situation in which an adult is living in conditions that present a clear and substantial risk of death or immediate and serious physical harm to self or others. Typically, an emergency placement will involve an adult who lives outside of an institution and is not currently residing in an ALF.

Prior to the emergency placement, the APS worker or the physician must discuss with the ALF the individual's service/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 admitted to an ALF on an emergency basis if the individual has any of the prohibited conditions listed in Section 12.

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

WHEN AN EMERGENCY PLACEMENT OCCURS, THE PERSON SHALL REMAIN IN THE ASSISTED LIVING FACILITY NO LONGER THAN SEVEN WORKING DAYS UNLESS ALL THE REQUIREMENTS FOR ADMISSION HAVE BEEN MET AND THE PERSON HAS BEEN ADMITTED ([22 VAC 40-72-370](#)).

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.

In the case of an emergency placement, the assisted living authorization is considered effective as of the date of the emergency admission. Emergency placements are to be used only when a true emergency can be documented and justified.

26.3 Awaiting ALF Admission

At times, an individual who has been assessed as appropriate for ALF admission has to remain in the community while waiting the 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.

26.4 Respite Services

Individuals admitted to an ALF for respite services must be assessed prior to admission. Respite is a temporary stay in the facility, usually to relieve caregivers from their duties for a brief period of time. 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.

27. ANNUAL REASSESSMENT

THE UNIFORM ASSESSMENT INSTRUMENT SHALL BE COMPLETED AT LEAST ANNUALLY ON ALL RESIDENTS OF ASSISTED LIVING FACILITIES. UNIFORM ASSESSMENT INSTRUMENTS SHALL BE COMPLETED AS NEEDED WHENEVER THERE IS A SIGNIFICANT CHANGE IN THE RESIDENT'S CONDITION. ALL UNIFORM ASSESSMENT INSTRUMENTS SHALL BE COMPLETED AS REQUIRED BY 22 VAC 40-745-20. ([22 VAC 40-745-30](#)).

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.

28. WHO CAN CONDUCT THE ANNUAL REASSESSMENT?

Designated ALF staff with documented training in the completion of the UAI may complete reassessments for private pay individuals. ALF staff are not permitted to complete assessments, reassessments, or changes in level of care of individuals residing in an ALF who are receiving an AG. See Appendix J for a listing of assessors for individuals who receive AG.

29. COMPLETING THE ANNUAL REASSESSMENT

The three options for completing the reassessment are as follows:

- Mark only those items that have changed from the previous assessment. The assessor *clearly* updates the previous assessment and marks the reassessment information 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 answer each item individually listed on the assessment for the reassessment. 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.

30. CHANGES IN LEVEL OF CARE

DURING AN INSPECTION OR REVIEW, STAFF FROM EITHER THE DEPARTMENT, THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES, OR THE LOCAL DEPARTMENT OF SOCIAL SERVICES MAY INITIATE A CHANGE IN LEVEL OF CARE FOR ANY ASSISTED LIVING FACILITY RESIDENT FOR WHOM IT IS DETERMINED THAT THE RESIDENT’S UAI IS NOT REFLECTIVE OF THE RESIDENT’S CURRENT STATUS ([22 VAC 40-72-430](#)).

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. 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 as described in Section 12 or no longer meets level of care criteria for which he or she was most recently assessed.

30.1 Significant Changes in Condition

"**SIGNIFICANT CHANGE**" MEANS A CHANGE IN A RESIDENT'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 ([22 VAC 40-745-10](#)).

30.2 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.

31. OUTCOMES OF ANNUAL REASSESSMENT OR CHANGE IN LEVEL OF CARE

The possible outcomes from a reassessment may include:

- Continue at the current level of care;
- Change in the level of care;
- Transfer to another ALF at the appropriate level of care;
- 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.

32. TRANSFER TO ANOTHER SETTING

32.1 ALF-to-ALF Transfer

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 ([22 VAC 40-72-430](#)).

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.

32.2 ALF-to-Hospital Transfer

Screening teams in hospitals do not complete an assessment for individuals who are admitted to a hospital from an ALF, when the individual is to be discharged back to either the same or a different ALF and the individual continues to meet the same ALF level of care or is expected to meet the same criteria for level of care within 30 days of discharge. In the event that the individual's bed has not been held at the ALF from which the individual left prior to being hospitalized, the individual would still not need to be evaluated by the hospital staff provided that he or she is admitted to another ALF at the same level of care. The hospital may, however, elect to perform the assessment, but is not required to do so.

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 there has been a change in level of care since the individual's admission to the hospital, the hospital assessors could perform a change in level of care assessment, unless the change is anticipated to be temporary (i.e., expected to last less than 30 days).

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 preadmission screening must be completed.

33. DISCHARGE FROM AN ALF

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.

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 SUBSECTION A OF THIS SECTION. 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 ([22 VAC 40-72-420](#)).

An individual must be discharged from the ALF if a prohibited condition is revealed during the reassessment or a PAS team determines that the individual needs nursing facility level of care. The individual must also be discharged if the ALF is not licensed for the level of care needed.

33.1 Emergency Discharge

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 ([22 VAC 40-72-420](#)).

33.2 Discharge to a Nursing Facility

The PAS team in the locality of the ALF is responsible for the assessment and authorization of individuals who are residing in an ALF but will need Medicaid funded nursing facility services within 180 days from the date of the admission to the nursing facility. The ALF must schedule with the PAS team to complete a

screening of the individual. The PAS team handles this referral like any other referral coming from anywhere else in the community.

A private pay individual who is discharged to a nursing facility does not require a pre-admission screening unless the individual will be eligible for Medicaid within 180 days.

33.3 Discharge to Medicaid Funded Home and Community-Based Services

The PAS team in the locality of the ALF is responsible for assessment and authorization for individuals who could leave the ALF and return to the community with the assistance of Medicaid funded home and community-based services. The individual must apply for Medicaid and meet the eligibility criteria for Long-Term Care services. The ALF will schedule with the PAS team to complete a screening of any individual who wishes to be discharged home with Medicaid funded home and community-based services. The PAS team handles this referral as it would a referral coming from anywhere else in the community.

33.4 Discharge to the Community without Medicaid Funded Home and Community-Based Services

When an individual in an ALF moves back to the community without Medicaid funded home and community-based services, an updated copy of the UAI may be forwarded to a local service provider if requested by the individual or his representative. The ALF must follow all required discharge procedures.

34. CHANGES IN AN INDIVIDUAL'S FINANCIAL STATUS

34.1 When a Private Pay Individual Needs to Apply for an Auxiliary Grant (AG)

When a private pay individual needs to apply for an AG, an application for AG must be submitted to the local department of social services 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, listed in Appendix J 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. If there is a full UAI on record (not the two-paged private pay version) that is less than twelve months old, the individual does not

need to be reassessed unless there is indication that his level of care has changed.

For more information about the AG Program see Appendix J.

An ALF must complete a provider agreement before being approved to accept individuals with AG. The AG provider agreement is located at http://www.dss.virginia.gov/family/as/auxgrant_forms.cgi.

34.2 When an Individual with AG Becomes a Private Pay Individual

If an individual becomes ineligible for AG based on income or countable resources, the LDSS eligibility worker will issue a notice of action to terminate the AG payment. The ALF and the individual must determine whether the individual will continue to reside in the ALF. If ongoing case management services are being provided, the case manager will participate in the discharge planning process, if appropriate, and then terminate case management services. If the individual plans to pay privately to reside in the ALF, the public pay UAI remains valid for one year after the assessment date on the UAI unless there has been a significant change. Assessment requirements for private pay individuals must be followed after the expiration of the public pay UAI.

35. SUSPENSION OF LICENSE OR CLOSURE OF AN ASSISTED LIVING FACILITY

UPON ISSUING A NOTICE OF SUMMARY ORDER OF SUSPENSION TO AN ASSISTED LIVING FACILITY, 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. THE RESIDENTS OF AN ASSISTED LIVING FACILITY 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 OF JEOPARDIZING THE HEALTH, SAFETY, AND WELFARE OF RESIDENTS. AN ASSESSMENT OF THE RELOCATED RESIDENT IS NOT REQUIRED, PURSUANT TO 22 VAC 40-745-30 C 3. ([22 VAC 40-745-40](#))

The ALF Relocation Plan is available to local department of social services staff at the Department's website at <http://spark.dss.virginia.gov/divisions/dfs/as/documents.cgi>.

36. RECORD RETENTION

All assessment forms must be retained for five years from the date of assessment. Assessments and related documentation must be legible and maintained in accordance with accepted professional standards and practices. All records, including the UAI as well as any computerized records and forms, must be signed with name and professional title of author and completely dated with month, day, and year.

Appendix A: PRIVATE PAY UAI

**VIRGINIA UNIFORM ASSESSMENT INSTRUMENT
For Private Pay Residents of Assisted Living Facilities**

Dates: Assessment: / /
Reassessment: / /

1. IDENTIFICATION

Name: _____
(Last) (First) (Middle Initial)

Social Security Number: _____

Current Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Phone: () _____

Birth date: ___/___/___
(Month) (Day) (Year)

Sex: Male ₀ Female ₁

Marital Status: Married ₀ Widowed ₁ Separated ₂ Divorced ₃ Single ₄
 Unknown ₉

2. FUNCTIONAL STATUS (Check only one block for each level of functioning) D = Dependent or Totally Dependent (TD or DD)

	Needs Help?		Mechanical Help Only ^d ₁₀	Human Help Only ^D ₂		Mechanical & Human Help ^D ₃		Performed by Others ^{D/TD} ₄₀			D/TD Is Not Performed ₅₀
	No ₀	If Yes Check Type of Help		Supervision ₁	Physical Assistance ₂	Supervision ₁	Physical Assistance ₂	Spoon Fed ₁	Syringe/Tube Fed ₂	Fed by IV ₃	
Bathing											
Dressing											
Toileting											
Transferring											
Eating/Feeding											
Continance	Needs Help?		Incontinent ^d	Ext. Device/ Indwelling/ Ostomy Self Care ^d ₂	Incontinent ^D	External Device ^{D/TD}		Indwelling Catheter ^{D/TD}		Ostomy ^{D/TD}	
	No ₀	If Yes Check Type of Help	Less than weekly ₁		Weekly or More ₃	Not Self Care ₄		Not Self Care ₅		Not Self Care ₆	
Bowel											
Bladder											

AMBULATION	Needs Help?		Mechanical Help Only 10	Human Help Only 2		Mechanical & Human Help 3		Performed by Others 40	Is Not Performed 50
	No 00	If Yes Check Type of Help		Supervision 1	Physical Assistance 2	Supervision 1	Physical Assistance 2		
Walking									
Wheeling									
Stairclimbing									
								Confined Moves About	Confined Does Not Move About
Mobility									

2. FUNCTIONAL STATUS (Continued)

D=Dependent

IADLS	Needs Help?	
	No 0	Yes 1 ^D
Meal Prep		
Housekeeping		
Laundry		
Money Mgmt.		

Medication Administration
How can you take your medicine?
<input type="checkbox"/> Without assistance 0
<input type="checkbox"/> Administered/monitored by lay person 1 D
<input type="checkbox"/> Administered/monitored by professional nursing staff 2 D
Describe help/Name of helper:

3. PSYCHO-SOCIAL STATUS

Behavior Pattern	Orientation
<input type="checkbox"/> Appropriate 0 <input type="checkbox"/> Wandering/Passive - Less than weekly 1 <input type="checkbox"/> Wandering/Passive - Weekly or more 2 d <input type="checkbox"/> Abusive/Aggressive/Disruptive - Less than weekly 3 D <input type="checkbox"/> Abusive/Aggressive/Disruptive - Weekly or more 4 D <input type="checkbox"/> Comatose 5 D	<input type="checkbox"/> Oriented 0 <input type="checkbox"/> Disoriented - Some spheres, some of the time 1 d <input type="checkbox"/> Disoriented - Some spheres, all the time 2 d <input type="checkbox"/> Disoriented - All spheres, some of the time 3 D <input type="checkbox"/> Disoriented - All spheres, all of the time 4 D <input type="checkbox"/> Comatose 5 D
Type of inappropriate behavior:	Spheres affected:
Current psychiatric or psychological evaluation needed? <input type="checkbox"/> No 0 <input type="checkbox"/> Yes 1	

4. ASSESSMENT SUMMARY

Prohibited Conditions
Does applicant/resident have a prohibited condition? <input type="checkbox"/> No 0 <input type="checkbox"/> Yes 1
Describe:

Level of Care Approved

1) Residential Living

2) Assisted Living

Assessment Completed by:

Assessor	Assessor's Signature	Agency/Assisted Living Facility Name	Date

If the assessor is an assisted living facility employee, the administrator or designee must signify approval by signing below:

Administrator or Designee Signature

Title

Date

Administrator or Designee Signature

Title

Date

Comments:

Note: Form must be filed in private pay resident's record upon completion.

Appendix B: 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 meets NF criteria, stop assessment process. Refer to PAS team for authorization of nursing facility (NF) or home and community-based services if individual will be eligible for Medicaid.
Step 3: Prohibited Conditions	Assessor determines if individual has a prohibited condition. The individual is NOT eligible to reside in an ALF if he has a prohibited condition except for private pay exceptions. 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.

Appendix C: GUIDELINES FOR ASSESSING AN INDIVIDUAL

INTERVIEW

Prior to beginning the interview, the assessor should establish rapport with the individual being assessed. If the individual feels comfortable, he or she will speak more openly, allowing the assessor to gather valuable, necessary information. Developing rapport will also result in a better understanding of the individual, which will help to direct the conversation.

In some situations (such as assessing an individuals with a cognitive impairment), it may be necessary to use other sources of information such as family members, friends, facility staff, and/or individual records. It is important to note on the form when sources other than the individual are used to gather information and to obtain valid and reliable assessment information. When asking questions, the following suggestions will help to ensure accurate and useful responses:

- Always remain neutral.
- Do not make statements or offer nonverbal cues that might suggest a particular response is correct or incorrect, unusual or inappropriate, or similar to or different from others.

Many times individuals say they do not know the answer to a question when they are still thinking about it. At other times, they give answers that do not seem to fit the question or give general answers when a more specific response is required. On these occasions, use a neutral probe to help the individual answer. Neutral probes are questions or actions that are meant to encourage a more complete response without suggesting what the answer should be. The following ways of providing neutral probes may be useful:

- Repeat all questions that are misunderstood or that lead to "don't know" responses.
- If the question has specific response categories, read the categories and ask the individual which is more appropriate to him or her or which fits him or her best.
- Ask a neutral question, such as "Do you have more to say about that?" or "Is there anything else?" Probes that begin with "Don't you think. . ." or "Most people have said. . ." or "I assume what you're trying to get at is . . ." all serve to direct individuals toward particular answers, and individuals are less likely to express their true feelings.

COMPLETING THE UAI

The Private Pay UAI contains an essential set of **minimum** data to be recorded in the spaces provided. These data are important because the completed UAI will be reviewed by DSS licensing staff to ensure that the individual meets the level of care the ALF has a license to provide. Assessors may wish to use the comment section to record additional information. Some specific points about completing the assessment are listed below.

- All of the questions are closed-ended with a fixed set of responses. Only "codable" responses are acceptable, and assessors may have to probe individuals for answers.
- All questions call for one answer; if two or more are given, probe for the response that comes closest in the individual's view.
- Use a check "√" or an "X" to mark the appropriate response.
- Read the response choices to familiarize the respondent with the range of responses.
- Make sure every question has the appropriate number of responses recorded.

AUTHORIZATION OF SERVICES TO BE PROVIDED

The assessor is responsible for authorizing the appropriate level of care for admission to and continued stay in an ALF. Assessor must also be knowledgeable of level of care criteria and is responsible for discharge of the individual whenever an individual does not meet the criteria for level of care in an ALF upon admission or at any later time. The appropriate level of care must be documented based on the completion of the Uniform Assessment Instrument (UAI) and definitions of activities of daily living and directions provided in the User's Manual: Virginia Uniform Assessment Instrument.

CRITERIA FOR RESIDENTIAL LIVING IN AN ALF

Individuals 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); OR
2. Rated dependent in one or more of four selected IADLs (i.e., meal preparation, housekeeping, laundry, and money management); OR

3. Rated dependent in medication administration.

CRITERIA FOR ASSISTED LIVING IN AN ALF

Individuals 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; OR
2. Rated dependent in behavior pattern (i.e., abusive, aggressive, and Disruptive).

IDENTIFICATION INFORMATION

- **Date:** In the upper right-hand corner of the UAI is space to record the date of the assessment and date of the reassessment. The assessment date is when the initial assessment is done. The reassessment date is the date when the individual is reassessed. This date will always be later than the assessment date.
- **Name:** Record the full name of the individual (last, first, middle initial).
- **Social Security Number (SSN):** The purpose of requesting the individual's social security number (SSN), a nine-digit number, is so every person has a *unique* number to identify the individual's records. **For private pay individuals, a facility identification number will also be acceptable in lieu of the Social Security Number.** Most individuals should have a SSN, but the assessor will find that many females use their Medicare number as their SSN and/or their husband's SSN as their own. Medicare numbers are SSNs with an additional letter added. A Medicare number ending with the letters A, J, M, or T is equal to the female's own SSN. However, a Medicare number ending in B or D is the husband's SSN. B means the husband is still alive and D means the husband is deceased. Assessors can use the Medicare number ending in D as the wife's SSN since the husband is deceased.
- **Current Address:** The full current address (street, city, state, and zip) of the individual. If the individual assessed is a currently residing in the ALF, the name and location of the ALF is all that is required.
- **Telephone:** The telephone number recorded on the form should be the number where the individual can be reached. This may be the ALF's telephone number.
- **Birth Date:** Record the individual's date of birth (month, day and year).
- **Sex:** Record the individual's gender.
- **Marital Status:** Choose the answer that describes the individual's current status relative to the civil rite or legal status of marriage, as reported by the person.

- **Married** includes those who have been married only once and have never been widowed or divorced, as well as those currently married individuals who remarried after having been widowed or divorced.
- **Widowed** includes individuals whose most recent spouse has passed away.
- **Separated** includes legally separated, living apart, or deserted.
- **Divorced** means a marital dissolution by court decree of competent jurisdiction.
- **Single** includes never married, annulled marriage and individuals who claim a common law marriage, which is not recognized as a legal status in Virginia.

FUNCTIONAL STATUS

Components of Functional Status

Measurements of functional status are commonly used across the country as a basis for differentiating among levels of long-term caregiving. Functional status is the degree of independence with which an individual performs Activities of Daily Living (ADLs), Ambulation, and Instrumental Activities of Daily Living (IADLs).

- **ADLs** indicate an individual's ability to perform daily personal care tasks. They include: bathing, dressing, toileting, transferring, eating/feeding, and bowel and bladder control (continence).
- **Ambulation** is the individual's ability to get around indoors and outdoors, climb stairs, and use a wheelchair.
- **IADLs** indicate the individual's ability to perform certain social tasks that are not necessarily done every day, but which are critical to living independently. The IADLs used in determining ALF level of care criteria include Meal Preparation, Housekeeping, Laundry, and Money Management.

There are three important points to remember when assessing functional status:

- **First**, functional status is a measure of the individual's impairment level and need for personal assistance. In many cases, impairment level and need for personal assistance are described by the help received, but this could lead to an inaccurate assessment. For example, an individual with a disability **needs** help to perform an activity in a safe manner, but he or she lives alone, has no formal supports and "receives no help." Coding the

individual's performance as "independent" because no help is received is very misleading in terms of the actual impairment level. In order to avoid this type of distortion, interpret the ADLs in terms of what is usually needed to safely perform the entire activity.

- **Second**, an assessment of functional status is based on what the individual is **able** to do, not what he or she prefers to do. In other words, assess the individual's *ability* to do particular activities, even if he or she doesn't usually do the activity. Lack of capacity should be distinguished from lack of motivation, opportunity or choice. This is particularly relevant for the IADLs. For example, when asking someone if he or she can prepare light meals, the response may be "no," he or she does not prepare meals, even though he or she may be able to do so. This individual should be coded as not needing help. If someone refuses to perform an activity, thus putting self at risk, it is important to probe for the reason why the individual refuses in order to code the activity correctly. *The emphasis in this section is on assessing whether ability is impaired.* Physical health, mental health, cognitive, or functional disability problems may manifest themselves as the inability to perform ADL, Ambulation, and IADL activities. If an individual has no physical or cognitive impairment, there is no safety risk to the individual, and the individual chooses not to complete an activity due to personal preference or choice, indicate that the individual does not need help.
- **Third**, the emphasis of the measurement of each of the functional activities should be *how the individual usually performed the activity over the past two weeks*. For example, if an individual *usually* bathes self with no help, but on the date of the interview requires some assistance with bathing, code the individual as requiring no help unless the individual's ability to function on the date of the assessment accurately reflects ongoing need.

There are several components to each functional activity, and the coded response is based on the individual's ability to perform **all** of the components. For example, when assessing the ability to bathe, it is necessary to ask about the individual's ability to do all of the bathing activities such as getting in and out of the tub, preparing the bath, washing, and towel drying. Interviewers will need to probe in detail in order to establish actual functional level. The definitions of each ADL and other functional activities that follow should serve as a guide when probing for additional information.

Self-reporting on ADLs and other functional activities should be verified by observation or reports of others. This is especially critical when individuals report that they do activities by themselves, but performance level or safety of the individual is in question.

Some questions in this section are personal and the individual may feel somewhat embarrassed to answer (i.e. toileting, bladder and bowel control). Ask these questions in a straightforward manner and without hesitation. If the assessor asks the questions without embarrassment or hesitation, the person will more likely feel comfortable. If the individual is embarrassed, it is the assessor's responsibility to reassure him or her that it is O.K. and that the assessor understands how he or she could feel that way. Let the individual know that answers to these questions are important because they will help the assessor better understand his or her needs and provide a care plan that is right for the individual.

Because each item in the functional status section is critical to determining level of care needs, every functional question in this section must have a valid answer. No "Unknown" responses are allowed.

Dependence in functional status is used to differentiate among levels of long-term care. The total number of dependencies an individual has will determine the type of care appropriate to meet his or her needs. Dependence includes a continuum of assistance that ranges from minimal to total.

Independent: Independent means an individual usually completes an activity without assistance (i.e., mechanical or human) **(Independent=I)**.

Semi-dependence: Semi-dependence means an individual needs only mechanical help in a functional area **(semi-dependent=d)**. No human help or supervision is needed.

Dependence: Dependence means an individual needs at least the assistance of another person (human help only) OR needs at least the assistance of another person and equipment or a device (mechanical help and human help) to safely complete the activity. Human assistance includes supervision (verbal cues, prompting) or physical assistance (set-up, hands-on care). See scoring options below for the correct way to define supervision and physical assistance **(Dependence=D)**.

Total Dependence: An individual is considered **totally dependent (TD)** in each level of the seven ADLs when the individual is entirely unable to participate or assist in the activity performed. This scoring level may also be seen as "DD", another designation for totally dependent. For the purpose of an ALF assessment, "D," "TD," and "DD" all indicate dependence or "D." An individual who can participate in any way with the performance of the activity is not considered to be totally dependent.

ADL SCORING OPTIONS

Needs Help means whether or not the individual needs help (equipment or human assistance) to perform the activity. If the individual does need help, score the specific type of help on the UAI in the boxes to the right.

Mechanical Help Only means the individual needs equipment or a device to complete the activity, but does not need assistance from another human (**d=semi-dependent**).

Human Help Only means the individual needs help from another person, but does not need to use equipment in order to perform the activity. A need for human help exists when the individual is unable to complete an activity due to cognitive impairment, functional disability, physical health problems or safety. An unsafe situation exists when there currently is a negative consequence from not having help (e.g., falls, skin rash or breakdown, weight loss, exacerbation of a diabetic condition as a result of an inadequate diet), or when there is the potential for a negative consequence to occur within the next 3 months without additional help. The decision that potential exists must be based on some present condition, such as a situation where the individual has never fallen when transferring, but shakes or has difficulty completing the activity. The assessor should not assume that any person over 60 and without help has the potential for negative consequences. Within the human help category, specify whether the assistance needed is supervision or physical assistance. If both supervision and physical assistance are required, the category that should be used is the one reflecting the greatest degree of need, physical assistance (**D=Dependent**).

- **Supervision (Verbal Cues, Prompting)**. The individual is able to perform the activity without hands-on assistance of another person, but must have another person present to prompt and/or remind him or her **to safely perform the complete activity**. This code should only be used when the only way the activity gets completed is through this supervision. For example, if an individual is not likely to put on all the necessary clothes without prompting, this code should be used. Another example is when an individual requires supervision while bathing to ensure that the task is completed and that they remain safe. This code often pertains to individuals with cognitive impairment, but may include those who need supervision for other reasons.
- **Physical Assistance (Set-Up, Hands-On Care)**. Physical assistance means hands-on help by another human, including assistance with set-up of the activity.

Mechanical Help and Human Help means the individual needs equipment or a device and the assistance of another person to complete the activity. For this category, specify whether human help is supervision or physical assistance as defined above (**D=Dependent**).

Performed by Others means another person completes the entire activity and the individual does not participate in the activity at all (**D=Dependent/Totally Dependent**).

Is Not Performed means that neither the individual nor another person performs the activity (**D=Dependent/Totally Dependent**).

RATING OF LEVELS OF CARE ON THE UAI

The rating of functional dependencies on the preadmission screening assessment instrument 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: Virginia Uniform Assessment Instrument for more detailed definitions.

BATHING

Bathing: Getting in and out of the tub, preparing the bath (e.g., turning on the water), actually washing oneself, and towel drying. Some individuals may report various methods of bathing that constitute their usual pattern. For example, they may bathe themselves at a sink or basin five days a week, but take a tub bath two days of the week when an aide assists them. The questions refer to the method used **most or all of the time** to bathe the entire body.

Does Not Need Help. Individual gets in and out of the tub or shower, turns on the water, bathes entire body, or takes a full sponge bath at the sink and does not require immersion bathing, without using equipment or the assistance of any other person.

Mechanical Help Only Individual usually needs equipment or a device such as a shower/tub chair/stool, grab bars, pedal/knee-controlled faucet, long-handled brush and/or a mechanical lift to complete the bathing process (**d=semi-dependent**).

Human Help Only (D=Dependent)

- **Supervision.** Individual needs prompting and/or verbal cues to safely complete washing the entire body. This includes individuals who need someone to teach them how to bathe.
- **Physical Assistance.** Someone fills the tub or brings water to the individual, washes part of the body, helps the individual get in and out of the tub or shower, and/or helps the individual towel dry. Individuals who only need human help to wash their backs or feet would not be included in this category. Such individuals would be coded as "Does Not Need Help".

Mechanical and Human Help. Individual usually needs equipment or a device and requires assistance of others to bath (**D=Dependent**).

Performed by Others. Individual is completely bathed by other persons and does not take part in the activity at all (**D=Dependent/Totally Dependent**).

DRESSING

Dressing: Getting clothes from closets and/or drawers, putting them on, fastening and taking them off. Clothing refers to clothes, braces, and artificial limbs worn daily.

Does Not Need Help. Individual usually completes the dressing process without help from others. If the individual only receives help tying shoes, do not count as needing assistance.

Mechanical Help Only. Individual usually needs equipment or a device such as a long-handled shoe horn, zipper pulls, specially designed clothing or a walker with an attached basket to complete the dressing process (**d=semi-dependent**).

Human Help Only (D=Dependent).

- **Supervision.** Individual usually requires prompting and/or verbal cues to complete the dressing process. This category also includes individuals who are being taught to dress.
- **Physical Assistance.** Individual usually requires assistance from another person who helps in obtaining clothing, fastening hooks, putting on clothes or artificial limbs, etc.

Mechanical and Human Help. Individual usually needs equipment or a device and requires assistance of another person(s) to dress (**D=Dependent**).

Performed by Others. Individual is completely dressed by another individual and does not take part in the activity at all (**D=Dependent/Totally Dependent**).

Is Not Performed. Refers only to bedfast individuals who are considered not dressed (**D=Dependent/Totally Dependent**).

TOILETING

Toileting: Ability to get to and from the bathroom, get on/off the toilet, clean oneself, manage clothes and flush.

Does Not Need Help. Individual uses the bathroom, cleans self, and arranges clothes, and flushes without help.

Mechanical Help Only. Individual needs grab bars, raised toilet seat or transfer board and manages these devices without the aid of others. Includes individuals who use handrails, walkers or canes for support to complete the toileting process (**d=semi-dependent**).

Human Help Only (D=Dependent).

- **Supervision.** Individual requires verbal cues and/or prompting to complete the toileting process.
- **Physical Assistance.** Individual usually requires assistance from another person who helps in getting to/from the bathroom, adjusting clothes, transferring on and off the toilet, or cleansing after elimination. The individual participates in the activity.

Mechanical and Human Help. Individual usually needs equipment or a device *and* requires assistance of others to toilet (**D=Dependent**).

Performed by Others. Individual does use the bathroom, but is totally dependent on another's assistance. Individual does **not** participate in the activity at all (**D=Dependent/Totally Dependent**).

Is Not Performed. Individual does not use the bathroom (**D=Dependent/Totally Dependent**).

TRANSFERRING

Transferring: Measures the level of assistance an individual needs to move between the bed, chair and/or wheelchair. If an individual needs help with some transfers but not all, code assistance at the highest level.

Does Not Need Help. Individual usually completes the transferring process without human assistance or use of equipment.

Mechanical Help Only. Individual usually needs equipment or a device, such as lifts, hospital beds, sliding board, pulleys, trapezes, railings, walkers or the arm of a chair, to safely transfer, and individual manages these devices without the aid of another person (**d=semi-dependent**).

Human Help Only (D=Dependent).

- **Supervision.** Individual usually needs verbal cues or guarding to safely transfer.
- **Physical Assistance.** Individual usually requires the assistance of another person who lifts some of the individual's body weight and provides physical support in order for the individual to safely transfer.

Mechanical and Human Help. Individual usually needs equipment or a device and requires the assistance of another to transfer (**D=Dependent**).

Performed By Others. Individual is usually lifted out of the bed and/or chair by another person and does not participate in the process. If the individual does not

bear weight on any body part in the transferring process he or she is not participating in the transfer. Individuals who are transferred with a mechanical or Hoyer lift are included in this category (**D=Dependent/Totally Dependent**).

EATING/FEEDING

Eating/Feeding: The process of getting food/fluid by any means into the body. This activity includes cutting food, transferring food from a plate or bowl into the individual's mouth, opening a carton and pouring liquids, and holding a glass to drink. This activity is the process of eating food after it is placed in front of the individual.

Does Not Need Help. Individual is able to perform all of the activities without using equipment or the supervision or assistance of another.

Mechanical Help Only. Individual usually needs equipment or a device, such as adapted utensils, hand splint and/or nonskid plates, in order to complete the eating process. Individuals needing mechanically adjusted diets (pureed food) and/or food chopped are included in this category (**d= semi-dependent**).

Human Help Only (D=Dependent).

- **Supervision.** Individual feeds self, but needs verbal cues and/or prompting to complete the eating process.
- **Physical Assistance.** Individual needs assistance to bring food to the mouth, cut meat, butter bread, open cartons and/or pour liquid due to an actual physical or mental disability (e.g., severe arthritis, Alzheimer's disease). This category must **not** be checked if the individual is able to feed self, but it is completed by the caregiver/staff instead.

Mechanical and Human Help. Individual usually needs equipment or a device and requires assistance of others to eat (**D=Dependent**).

Performed By Others. Includes individuals who are spoon fed, fed by syringe or tube, or individuals who are fed intravenously (IV). *Spoon fed* means the individual does not bring any food to his mouth and is fed completely by others. *Fed by syringe or tube* means the individual usually is fed a prescribed liquid diet via a feeding syringe, NG-tube (tube from the nose to the stomach) or G-tube (opening into the stomach). *Fed by I.V.* means the individual usually is fed a prescribed sterile solution intravenously (**D=Dependent/Totally Dependent**).

CONTINENCE

Contenance: is the ability to control urination (bladder) and elimination (bowel). Incontinence may have one of several different causes, including specific disease

processes and side-effects of medications. Helpful questions include, "Do you get to the bathroom on time?"; "How often do you have accidents?"; and "Do you use pads or Depends?"

●**Bowel:** The physiological process of elimination of feces.

Does Not Need Help. The individual voluntarily controls the elimination of feces.

Incontinent Less Than Weekly. The individual has involuntary elimination of feces less than weekly (e.g., every other week) (**d=semi-dependent**).

Ostomy - Self-Care. The individual has an artificial anus established by an opening into the colon (colostomy) or ileum (ileostomy) and he or she completely cares for the ostomy. Individuals who use pads or adult diapers and correctly dispose of them without assistance should be coded here (**d=semi-dependent**).

Incontinent Weekly or More. The individual has involuntary elimination of feces at least once a week. Individuals who use pads or adult diapers and do not correctly dispose of them should be coded here (**D=Dependent**).

Ostomy - Not Self-Care. The individual has an artificial anus established by an opening into the colon (colostomy) or ileum (ileostomy) and another person cares for the ostomy: stoma and skin cleansing, dressing, application of appliance, irrigations, etc. (**D=Dependent/Totally Dependent**).

●**Bladder:** The physiological process of elimination of urine.

Does Not Need Help. The individual voluntarily empties his or her bladder without help.

Incontinent Less Than Weekly. The individual has involuntary emptying or loss of urine less than weekly (**d=semi-dependent**).

External/Indwelling Device (e.g., Catheter or Ostomy) - Self-Care. The individual has a urosheath or condom with a receptacle attached to collect urine (external catheter); a hollow cylinder passed through the urethra into the bladder (internal catheter) or a surgical procedure that establishes an external opening into the ureter(s) (ostomy). The individual completely cares for urinary devices (changing the catheter or external device, irrigates as needed, empties and replaces the receptacle) and the skin surrounding the ostomy. Individuals who use pads or adult diapers and correctly dispose of them should be coded here (**d=semi-dependent**).

Incontinent Weekly or More. The individual has involuntary emptying or loss of urine at least once a week. Individuals who use pads or adult diapers and do not dispose of them should be coded here (**D=Dependent**).

External Device - Not Self-Care. Individual has a urosheath or condom with a receptacle attached to collect urine. Another person cares for the individual's external device. This code should never be used with individuals who only use pads or adult diapers (**D=Dependent/Totally Dependent**).

Indwelling Catheter - Not Self-Care. Individual has a hollow cylinder passed through the urethra into the bladder. Another person cares for the individual's indwelling catheter (**D=Dependent/Totally Dependent**).

Ostomy - Not Self Care. Individual has a surgical procedure that establishes an external opening into the ureter(s). Another person cares for the individual's ostomy (**D=Dependent/Totally Dependent**).

AMBULATION

Ambulation is the ability to get around indoors and outdoors, climb stairs, and wheel. Ambulation is not part of the ALF level of care criteria, but provides information on the individual's ability to exit the facility in event of an emergency. Specific information for each ambulation activity is reported below.

• **Walking:** The process of moving about indoors on foot or on artificial limbs.

Does Not Need Help. Individual usually walks steadily more than a few steps without the help of another person or the use of equipment.

Mechanical Help Only. Individual usually needs equipment or a device to walk. Equipment or device includes braces and/or splints, canes and/or crutches, special shoes, walkers, handrails and/or furniture.

Human Help Only

- **Supervision.** Individual usually requires the assistance of another person who provides verbal cues or prompting.
- **Physical Assistance.** Individual usually requires assistance of another person who provides physical support, guarding, guiding or protection.

Mechanical and Human Help. Individual usually needs equipment or a device *and* requires assistance of others to walk.

Is Not Performed. The individual does not usually walk. Individuals who are bedfast would be coded here. Individual may be able to take a few steps from bed

to chair with support, but this alone does not constitute walking and should be coded as **Is Not Performed**.

● **Wheeling:** The process of moving about by using a wheelchair.

Does Not Need Help. The individual usually walks, or the individual uses a wheelchair and independently propels the device unaided. Includes individuals who usually do not use a wheelchair to move about. Do not code individuals confined to a bed or chair here.

Mechanical Help Only. Individual usually needs a wheelchair equipped with adaptations, such as an electric chair, amputee chair, one-arm drive, and removable arm chair.

Human Help Only

- **Supervision.** Individual usually needs a wheelchair and requires the assistance of another person who provides prompting or cues.
- **Physical Assistance.** Individual usually needs a wheelchair and requires assistance of another person to wheel.

Mechanical and Human Help. Individual usually needs an adapted wheelchair and requires assistance of others to wheel.

Performed By Others. Individual is transported in a wheelchair and does not propel or guide it. The individual may wheel a few feet within his or her own room or within an activity area, but this alone does not constitute wheeling.

Is Not Performed. The individual is confined to a chair or wheelchair that is not moved, or the individual is bedfast.

● **Stair Climbing:** The process of climbing up and down a flight of stairs from one floor to another. If the individual does not live in a dwelling unit with stairs, ask whether he or she can climb stairs if necessary.

Does Not Need Help. Individual usually climbs up and down a flight of stairs steadily on his or her own.

Mechanical Help Only. Individual usually needs equipment or a device to climb stairs. Equipment or device includes leg braces and/or splints, special shoes and/or canes, crutches and/or walkers, and special hand railings. Regular hand railings are considered equipment if the person is dependent upon them to go up or down the stairs.

Human Help Only

- **Supervision.** Individual usually requires assistance such as guarding and guiding from another person.
- **Physical Assistance.** Individual usually requires assistance from another person who physically supports the individual climbing up or down the stairs.

Mechanical and Human Help. Individual usually needs equipment or a device and requires assistance of others to climb stairs.

Is Not Performed. The individual does not usually climb a flight of stairs due to mental or physical disabilities.

• **Mobility:** The extent of the individual's movement outside of his or her usual living quarters. Evaluate the individual's ability to walk steadily and level of endurance.

Does Not Need Help. Individual usually goes outside of his or her residence on a routine basis. If the only time the individual goes outside is for trips to medical appointments or treatments by ambulance, car, or van, do not code here because this is not considered going outside. These individuals would be coded either in the "confined - moves about" or "confined - does not move about" categories.

Mechanical Help Only. Individual usually needs equipment or a device to go outside. Equipment or device includes splints, leg braces, crutches, special shoes, canes, walkers, handrails, wheelchairs, chair lifts, and special ramps.

Human Help Only

- **Supervision (verbal cues, prompting).** Individual usually requires the assistance of another person who provides supervision, cues or coaxing to go outside.
- **Physical Assistance (set-up, hands-on care).** Individual usually requires assistance of another person who physically supports or steadies the individual to go outside.

Mechanical and Human Help - Individual usually needs equipment or a device and requires assistance of other(s) to go outside.

Confined - Moves About. Individual does not customarily go outside of his or her residence, but does go outside of his or her room.

Confined - Does Not Move About. The individual usually stays in his or her room.

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)

IADLs are more complex than activities related to personal self-care. Personal motivation plays an important role in an individual's ability to perform IADLs. For example, an individual who is depressed may easily neglect activities such as cooking and cleaning. IADLs also measure an individual's social situation and environment rather than ability level. For example, the inability to cook, for one who has never cooked, does not necessarily reflect impaired capacity. In both of these situations, the assessor should probe to get information about the type of help needed to do the activity.

Scoring Options

Does Not Need Help means the individual does not require personal assistance from another to complete the entire activity in a safe manner. Individuals who need equipment but receive no personal assistance are included in this category.

Does Need Help means the individual needs personal assistance, including supervision, cueing, prompts, set-up and/or hands-on help to complete the entire activity in a safe manner (**D=Dependent**).

Activities

Meal Preparation: The ability to plan, prepare, cook and serve food. If it is necessary for someone to bring meals to the individual which he or she reheats, this is considered needing help.

Housekeeping: The ability to do light housework such as dusting, washing the dishes, making the bed, vacuuming, cleaning floors, and cleaning the kitchen and bathroom.

Laundry: Washing and drying clothes. This includes putting clothes in and taking them out of the washer/dryer, and folding and putting clothes away. If the individual lives with others and does not do his or her own laundry, be sure to ask whether he or she *could* do laundry.

Money Management: This does not refer to handling complicated investments or taxes. It refers to the individual's ability to manage day-to-day financial matters such as paying bills, writing checks, handling cash transactions, and making change.

MEDICATION ADMINISTRATION

Assess the capability of the individual to take his or her medicine. Focus on ability (what the individual **can** do) rather than biases imposed by the environment. For

example, an individual who is able to take his or her medicine without any help, but who uses help because it is available, should be coded as *Without Assistance*. For those needing some type of assistance taking medicine, use the space provided to record the type of help and the name of the helper.

Without Assistance means the individual takes medication without any assistance from another person.

Administered/Monitored by lay person(s) means the individual needs assistance of a person without pharmacology training to either administer or monitor medications. This category includes medications administered or monitored by a medication aide. **(D=Dependent)**.

Administered/Monitored by Professional Nursing Staff means the individual needs licensed or professional health personnel to administer or monitor some or all of the medications **(D=Dependent)**.

BEHAVIOR PATTERN

This question is not designed to be asked directly of the individual. The answer is based on the assessor's judgment based on observation and information gathered about the individual.

This question assesses the way the individual conducts self in his or her environment, and it taps three types of behavior: wandering, agitation, and aggressiveness. Other things to consider include whether the individual:

- ever engages in intrusive or dangerous wandering that results in trespassing, getting lost or going into traffic;
- gets easily agitated (overwhelmed and upset, unpleasantly excited) by environmental demands;
- becomes verbally or physically aggressive when frustrated; or
- becomes resistive or combative toward the caregiver when assisted with ADLs.

If several of the responses could describe the individual, code the most dependent. *Specify the type of inappropriate behavior and the source of the information in the space provided.*

- **Appropriate** means the individual's behavior pattern is suitable to the environment and adjusts to accommodate expectations in different environments and social circumstances.

- **Wandering/Passive - Less than Weekly** means the individual physically moves about aimlessly, is not focused mentally, or lacks awareness or interest in personal matters and/or in activities taking place in close proximity (e.g., the failure to take medications or eat, withdrawal from self-care or leisure activities). The individual's behavior does not present major management problems and occurs less than weekly.
- **Wandering/Passive - Weekly or More** means the individual wanders and is passive (as above), but the behavior does not present major management problems and occurs weekly or more (**d=semi-dependent**).
- **Abusive/Aggressive/Disruptive - Less than Weekly** means the individual's behavior exhibits acts detrimental to the life, comfort, safety and/or property of the individual and/or others. The behavior occurs less than weekly (**D=Dependent**).
- **Abusive/Aggressive/Disruptive - Weekly or More** means the abusive, aggressive or disruptive behavior occurs at least weekly (**D=Dependent**).
- **Comatose** refers to the semi-conscious or unconscious state (**D=Dependent/Totally Dependent**).

ORIENTATION

Ask the questions related to person, place, and time in order to evaluate orientation, or the individual's awareness of his or her environment.

Person: "Please tell me your full name so that I can make sure our record is correct." Alternative questions to assess orientation to person are "Please tell me the name of your next door neighbor" or "Please tell me the name of the person who takes care of you."

Place: For orientation to place, ask "Where are we now?" or "What is the name of this place?" The complete mailing address, excluding zip code, is preferred. It may be necessary to probe for more details when individuals give vague answers such as "my house" or "my room". Ask for the state, county, town, street name and number or box number. For individuals residing in an ALF, the facility name and floor is also considered correct.

Time: For orientation to time, the month, day and year are required. Ask "Would you tell me the date today?"

Based on the individual's answers to the questions on Person, Place, and Time, code his or her level of orientation/disorientation. An individual is considered disoriented if he or she is unable to answer any of the questions. In order to code the specific type of disorientation, it may be necessary to

consult a caregiver about the spheres affected and the frequency (i.e., some of the time or all of the time). Use the space provided to record the spheres in which the individual is disoriented.

- **Oriented** means the individual has no apparent problems, is aware of who he or she is, where he or she is, the day of the week, the month, and people around him or her.
- **Disoriented, Person, Place, or Time, Some of the Time** means the individual sometimes has problems with one or two of the three cognitive spheres. *Some of the Time* means there are alternating periods of awareness-unawareness (**d=semi-dependent**).
- **Disoriented, Person, Place, or Time, All of the Time** means the individual is disoriented in one or two of the three cognitive spheres, and this is the individual's usual state (**d=semi-dependent**).
- **Disoriented, Person, Place, and Time, Some of the Time** means the individual is disoriented to person, place, and time some of the time (**D=Dependent**).
- **Disoriented, Person, Place, and Time, All of the Time** means the individual is disoriented to person, place, and time all of the time (**D=Dependent**).
- **Comatose** refers to the semi-conscious or unconscious state (**D=Dependent/Totally Dependent**).

Appendix D: DESCRIPTIONS OF SKIN BREAKDOWN

Stage 1: These are areas where the skin is unbroken but is persistently pink or red and may look like a mild sunburn. The resident may complain that the area is tender, painful or itchy.

Stage 2: The skin is broken and the second layer of tissue is involved. The area is red and painful, and there may be some swelling and/or some drainage oozing from the wound. In the early development of these wounds, they may be very small. It is important to take action and report any broken skin that may be a developing pressure ulcer (not to be confused with skin tears or incontinence injury).

Stage 3: The skin has broken down and the wound extends through all three layers of the skin into soft tissue. The pressure ulcer is deeper and very difficult to heal. The site now has the risk for serious infection to occur. In order for the resident to remain in the assisted living facility, the wound must be healing and periodic observation and treatment must be provided as directed in the written treatment plan from a physician or other licensed prescriber. This care and treatment must be provided by a licensed health care professional employed by or under contract with the facility, the resident, the responsible party or a home care agency licensed in Virginia.

Stage 4: The wound extends into muscle and bone requiring extensive medical and/or surgical intervention and skilled observation and treatment due to the extreme risk of life-threatening infection. Because care of this level of pressure ulcer is prohibited by law in assisted living, the resident cannot be admitted to or retained in assisted living and must be transferred to a setting where appropriate services can be provided. In those rare occasions where the resident is an enrolled Hospice recipient and wishes to stay in the assisted living facility, the Hospice program is responsible for the skilled services, including the care of any Stage 4 ulcers.

Note: necrotic or dead tissue may obscure the base of the wound making it difficult to differentiate a stage III from a stage IV wound. Necrotic tissue in the wound also predisposes a resident to infection

Appendix E: ORIENTATION/BEHAVIOR PATTERN DETERMINATION

Behavior					
	Appropriate	Wandering/Passive Less Than Weekly	Wandering/ Passive More Than Weekly	Abusive/Aggressive /Disruptive Less Than Weekly	Abusive/Aggressive/ Disruptive More Than Weekly
Orientation					
Oriented	I	I	I	d	d
Disoriented --Some spheres --Some of the time	I	I	d	d	D
Disoriented --Some spheres --All of the time	I	I	d	d	D
Disoriented --All spheres --Some of the time	d	d	d	d	D
Disoriented --All spheres --All of the time	d	d	d	d	D

I=Independent

d=Semi-dependent

D=Dependent

Appendix F: ASSESSMENT OF SERIOUS COGNITIVE IMPAIRMENT

Standards and Regulations for Licensed Assisted Living Facilities requires:

Prior to his admission to a safe, secure environment, a resident shall have been assessed by a 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 physician making the assessment shall have an appropriate clinical background in the relevant area of serious cognitive impairments.

The regulation defines “serious cognitive impairment” as severe deficit in mental capability of a chronic, enduring or long term nature that affects areas such as thought processes, problem-solving, judgment, memory, and comprehension and that interferes with such things as reality orientation, ability to care for self, ability to recognize danger to self or others, and impulse control. Such cognitive impairment is not due to acute or episodic conditions, nor conditions arising from treatable metabolic or chemical imbalances or caused by reactions to medication or toxic substances.

Name of Prospective Resident: _____

Birth Date: ____/____/____

Address: _____

(Street)

(City)

(State/Zip Code)

Cognitive Functions (Orientation, Comprehension, Problem-solving, Attention/Concentration, Memory, Intelligence, Abstract Reasoning, Judgment, Insight, Etc.):

Thought and Perception (Process, Content): _____

Mood/Affect: _____

Name of Prospective Resident: _____

Behavior/Psychomotor: _____

Speech/Language: _____

Appearance: _____

Additional Comments: _____

DOES THE INDIVIDUAL NAMED ABOVE HAVE A SERIOUS COGNITIVE IMPAIRMENT DUE TO A PRIMARY PSYCHIATRIC DIAGNOSIS OF DEMENTIA WITH AN INABILITY TO RECOGNIZE DANGER OR PROTECT HIS/HER OWN SAFETY AND WELFARE?

YES

NO

Signature of Licensed Physician or Virginia-Licensed Clinical Psychologist

Date: ____/____/____

(Please print or type physician's or psychologist's name here)

Address: _____ **Telephone:** _____
(Street)

_____ (City) _____ (State/Zip Code)

Appendix G: MENTAL HEALTH SCREENING DETERMINATION FORM

Mental Health Screening Determination Form (See 22 VAC 40-72 340, 360 and 365)

Resident's Name:

Referred for Admission by:

Date Resident Interviewed for Admission:

Date Resident Admitted to this Facility:

Part I. Mental Health Screening

Date mental health screening was recommended for admission or retention, if applicable: _____

Date mental health screening was completed for admission or retention: _____

Date mental health screening was reviewed by facility: _____

1) Based on all sources of information gathered for determining the appropriateness of admission or retention, has a recommendation been made, if appropriate, to have the (prospective) resident referred to a qualified mental health professional (QMHP) to determine whether the person presents a risk of harm to self and/or others? [Circle one: Yes / No] If a recommendation for a screening was made but a referral was not done, explain:

2) If a mental health screening was recommended but there will be a delay in having it completed and the results made available to the facility, explain the reason for the delay and the expected length of the delay.

3) If a mental health screening was recommended and the results were made available to the facility, did the facility use the information to help determine whether the facility can meet or continue to meet the needs of the individual, such as equipping staff with specialized training, providing a higher level of supervision, offering psychosocial activities, or providing a type of physical environment that will enhance protection? [Circle one: Yes / No]

4) If there are special considerations for the facility to help support meeting the mental health needs of the (prospective) resident, what are they?

5) If a QMHP completed a mental health screening for a (prospective) resident and a recommendation for mental health services was made, have the resident, a mental health services provider, the authorized contact person, the physician of record, and, if applicable, the legal representative been notified? [Circle one: Yes / No] If not, explain:

Part II. Psychosocial and Behavioral History

1) If there are indications of mental health problems within the past six months, has the referring party provided a documented psychosocial and behavioral history that describes the prospective resident's psychological, social, emotional, and behavioral functioning (if the party is a family member, a significant other, or friend, the information may be obtained by interview and documented by the facility)? [Circle one: Yes / No]

2) Did the facility consider the information contained in the psychosocial and behavioral history in making a decision about whether the facility can meet the needs of the individual? [Circle one: Yes / No]

Date History Reviewed:

3) Does the psychosocial and behavioral history indicate special considerations for the facility to help meet the mental health needs of the prospective resident [Circle one: Yes / No] If so, what are they?

4) If the person is admitted, was the psychosocial and behavioral history used in the development of the individualized service plan? [Circle one: Yes / No]

Additional Comments Regarding Admission/Retention:

**Signature of Facility Administrator
(or Designee):** _____

Date: _____

Appendix H: WORKSHEET TO DETERMINE ALF LEVEL OF CARE

(Use of this worksheet is optional)

Resident's Name: _____

STEP 1: Based on the completed UAI, complete sections below.

ADLs	Check if Dependent (D)	Selected IADLs	Check if Dependent (D)
Bathing		Meal Preparation	
Dressing		Housekeeping	
Toileting		Laundry	
Transferring		Money Management	
Eating/Feeding			
Bowel			
Bladder			

Number of ADL Dependencies: _____ *Number of IADL Dependencies:* _____

Medication Administration: Check here if Dependent _____

Behavior Pattern: Check here if Dependent _____

Behavior Pattern and Orientation: Check here if Semi-Dependent or Dependent _____

The resident has no prohibited conditions per the Code of Virginia, § 63.2-1805. _____

STEP 2: Apply the above responses to the criteria below to determine where the individual fits and circle the appropriate level of care.

RESIDENTIAL LIVING LEVEL OF CARE IN AN ALF:

1. Rated dependent in only one of seven ADLs; OR
2. Rated dependent in one or more of four selected IADLs; OR
3. Rated dependent in medication administration.

ASSISTED LIVING LEVEL OF CARE IN AN ALF:

1. Rated dependent in two or more of seven ADLs; OR
2. Rated dependent in behavior pattern.

Appendix I: FORMS AND CONTACT INFORMATION

The following forms may be needed during the assessment process of a private pay individual. These forms are available at <http://www.dss.virginia.gov/family/as/forms.cgi>.

- Consent to Exchange Information (including instructions)
- Interagency Consent to Release Confidential Information for Alcohol or Drug Patients

Agency Contact Information

DEPARTMENT OF SOCIAL SERVICES

WyteStone Building
801 East Main Street
Richmond, VA 23219
<http://www.dss.virginia.gov>

Adult Services Program

Gail Nardi, Manager, Adult Services Programs 804-726-7537
Tishaun Harris-Ugworji, Adult Services Programs Consultant 804-726-7560
Paige McCleary, Adult Services Programs Consultant 804-726-7536
Venus Bryant, Administrative Assistant 804-726-7533
FAX 804-726-7895

VDSS Regional Adult Services Consultants

Central Region	vacant	(contact another consultant)
Eastern Region	Heather Crutchfield	757-491-3983
Northern Region	David Stasko	540-347-6313
Piedmont Region	Bill Parcell	540-204-9638
Western Region	Carol McCray	276-676-5636

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 804-726-7165
<http://www.dss.virginia.gov/division/license/district.html>

VDSS Division of Licensing Programs Field Offices

Western (Abingdon)	276-676-5490
Fairfax	703-934-1505
Central (Henrico)	804-662-9743
Peninsula (Newport News)	757-247-8020
Piedmont (Roanoke)	540-857-7920

Valley (Fishersville)	540-332-2330
Eastern (Virginia Beach)	757-491-3990
Northern (Warrenton)	540-347-6345

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

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

DEPARTMENT FOR THE AGING

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

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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

DEPARTMENT OF HEALTH

<http://www.vdh.state.va.us/>

Appendix J: AUXILIARY GRANT PROGRAM

The Auxiliary Grant (AG) Program is a state and locally funded assistance program to supplement the income of an individual who is receiving Supplemental Security Income (SSI) and certain other aged, blind, or disabled individuals residing in a licensed ALF. This assistance is available from local departments of social services to ensure that individuals are able to maintain a standard of living that meets a basic level of need. Before an individual can receive assistance from the AG program, the local department of social services, where the individual resides, must determine eligibility for the program. Residence for AG eligibility is determined by the city or county within the state where the individual last lived outside of an institution or adult foster care home. Any records/statements can be used to determine place of residence. If residency cannot be determined, residency is where the individual is living at the time of application. Entitlement to assistance begins the month all criteria are met.

All individuals applying for an AG must have an assessment completed before an AG payment can be issued. Verification of the initial assessment will be a completed DMAS-96, Medicaid Funded Long-Term Care Services Authorization, sent to the appropriate local department of social services eligibility worker by the assessor. At the time of an individual's annual reassessment, the assessor completes the ALF Eligibility Communication Document. This form tells the eligibility worker that the individual continues to meet the criteria for continued ALF placement.

To be eligible for an AG in Virginia, an individual must meet all of the following:

- Be 65 or over or be blind or be disabled.
- Reside in a licensed ALF or approved adult foster care home.
- Be a citizen of the United States or an alien who meets specified criteria.
- Have a non-exempted (countable) income less than the total of the AG rate approved for the ALF plus the personal needs allowance.
- Have non-exempted resources less than \$2,000 for one person or \$3,000 for a couple.
- Have been assessed and determined to be in need of care in an ALF or adult foster care home.

The AG provides for the following services:

Room and Board

- Provision of a furnished room in a facility that meets applicable building and fire safety codes.
- Housekeeping services based on the needs of the resident.
- Meals and snacks, including extra portions and special diets.
- Clean bed linens and towels as needed and at least once a week.

Maintenance and Care

- Medication administration, including insulin injections.
- Provision of generic personal toiletries including soap and toilet paper.
- Minimal assistance with personal hygiene including bathing, dressing, oral hygiene, hair grooming and shampooing, care of clothing, shaving, care of toenails and fingernails, arranging for haircuts as needed, care of needs associated with menstruation or occasional bladder or bowel incontinence.
- Minimal assistance with care of personal possessions; care of personal funds if requested by the recipient and residence policy allows it; use of telephone; arranging transportation; obtaining necessary personal items and clothing; making and keeping appointments; correspondence; securing health care and transportation when needed for medical treatment; providing social and recreational activities as required by licensing regulations; and general supervision for safety.

ASSESSORS FOR PUBLIC PAY INDIVIDUALS

FOR PUBLIC PAY INDIVIDUALS, A UNIFORM ASSESSMENT INSTRUMENT SHALL BE COMPLETED BY A CASE MANAGER OR A QUALIFIED ASSESSOR TO DETERMINE THE NEED FOR RESIDENTIAL CARE OR ASSISTED LIVING CARE SERVICES. THE ASSESSOR IS QUALIFIED TO COMPLETE THE ASSESSMENT IF THE ASSESSOR HAS COMPLETED A STATE-APPROVED TRAINING COURSE ON THE STATE-DESIGNATED UNIFORM ASSESSMENT INSTRUMENT. PUBLIC HUMAN SERVICES AGENCY ASSESSORS WHO ROUTINELY COMPLETE, AS PART OF THEIR JOB DESCRIPTIONS, UNIFORM ASSESSMENT INSTRUMENTS FOR APPLICANTS TO OR RESIDENTS OF ASSISTED LIVING FACILITIES PRIOR TO JANUARY 1, 2004, MAY BE DEEMED TO BE QUALIFIED ASSESSORS WITHOUT THE COMPLETION OF THE TRAINING COURSE.

For public pay individuals, assessors include the following:

- **Local departments of social services**
- **Area agencies on aging**
- **Centers for independent living**
- **Community services board / Behavioral health authority**
- **Local departments of health**
- **An independent physician**
- **State facilities operated by the Department of Behavioral Health and Developmental Services**
- **Acute care hospitals**
- **Department of Corrections, Community Release Units or the Department's designee**

All of the above assessors may conduct initial assessments as well as annual reassessments with the exception of:

- State facilities operated by the Department of Behavioral Health and Developmental Services
- Acute care hospitals
- Department of Corrections Community Release Units or the Department's designee.

These three entities may complete the initial assessment **only**.