

SECOND REGULAR SESSION  
[TRULY AGREED TO AND FINALLY PASSED]  
CONFERENCE COMMITTEE SUBSTITUTE FOR  
HOUSE COMMITTEE SUBSTITUTE FOR  
SENATE COMMITTEE SUBSTITUTE FOR  
**SENATE BILL NO. 616**  
93RD GENERAL ASSEMBLY  
2006

3627S.13T

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**AN ACT**

To repeal sections 198.006, 198.073, and 198.087, RSMo, and to enact in lieu thereof five new sections relating to assisted living facilities.

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*Be it enacted by the General Assembly of the State of Missouri, as follows:*

Section A. Sections 198.006, 198.073, and 198.087, RSMo, are repealed  
2 and five new sections enacted in lieu thereof, to be known as sections 198.005,  
3 198.006, 198.073, 198.087, and 1, to read as follows:

**198.005. The term "residential care facility I" shall be referred to  
2 as a "residential care facility", and the term "residential care facility II"  
3 shall be referred to as "assisted living facility". The revisor of statutes  
4 shall make the appropriate changes to all such references in the  
5 revised statutes, except that references to residential care facilities as  
6 defined in section 210.481, RSMo, or residential facilities licensed by  
7 the department of mental health shall not be changed.**

198.006. As used in sections 198.003 to 198.186, unless the context clearly  
2 indicates otherwise, the following terms mean:

- 3 (1) "Abuse", the infliction of physical, sexual, or emotional injury or harm;  
4 (2) "Activities of daily living" or "ADL", one or more of the  
5 following activities of daily living:

**EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.**

- 6           **(a) Eating;**  
7           **(b) Dressing;**  
8           **(c) Bathing;**  
9           **(d) Toileting;**  
10          **(e) Transferring; and**  
11          **(f) Walking;**  
12          **(3) "Administrator", the person who is in general administrative charge**  
13 **of a facility;**  
14          **[(3)] (4) "Affiliate":**  
15           **(a) With respect to a partnership, each partner thereof;**  
16           **(b) With respect to a limited partnership, the general partner and each**  
17 **limited partner with an interest of five percent or more in the limited**  
18 **partnership;**  
19           **(c) With respect to a corporation, each person who owns, holds or has the**  
20 **power to vote five percent or more of any class of securities issued by the**  
21 **corporation, and each officer and director;**  
22           **(d) With respect to a natural person, any parent, child, sibling, or spouse**  
23 **of that person;**  
24          **(5) "Appropriately trained and qualified individual", an**  
25 **individual who is licensed or registered with the state of Missouri in a**  
26 **health care related field or an individual with a degree in a health care**  
27 **related field or an individual with a degree in a health care, social**  
28 **services, or human services field or an individual licensed under**  
29 **chapter 344, RSMo, and who has received facility orientation training**  
30 **under 19 CSR 30-86042(18), and dementia training under section**  
31 **660.050, RSMo, and twenty-four hours of additional training, approved**  
32 **by the department, consisting of definition and assessment of activities**  
33 **of daily living, assessment of cognitive ability, service planning, and**  
34 **interview skills;**  
35          **(6) "Assisted living facility", any premises, other than a**  
36 **residential care facility, intermediate care facility, or skilled nursing**  
37 **facility that is utilized by its owner, operator, or manager to provide**  
38 **twenty-four hour care and services and protective oversight to three or**  
39 **more residents who are provided with shelter, board, and who may**  
40 **need and are provided with the following:**  
41           **(a) Assistance with any activities of daily living and any**  
42 **instrumental activities of daily living;**

43           **(b) Storage, distribution, or administration of medications; and**  
44           **(c) Supervision of health care under the direction of a licensed**  
45 **physician, provided that such services are consistent with a social**  
46 **model of care;**

47 **Such term shall not include a facility where all of the residents are**  
48 **related within the fourth degree of consanguinity or affinity to the**  
49 **owner, operator, or manager of the facility;**

50           **(7) "Community based assessment", documented basic**  
51 **information and analysis provided by appropriately trained and**  
52 **qualified individuals describing an individual's abilities and needs in**  
53 **activities of daily living, instrumental activities of daily living,**  
54 **vision/hearing, nutrition, social participation and support, and**  
55 **cognitive functioning using an assessment tool approved by the**  
56 **department of health and senior services, that is designed for**  
57 **community based services and that is not the nursing home minimum**  
58 **data set;**

59           **(8) "Dementia", a general term for the loss of thinking,**  
60 **remembering, and reasoning so severe that it interferes with an**  
61 **individual's daily functioning, and may cause symptoms that include**  
62 **changes in personality, mood, and behavior;**

63           **[(4)] (9) "Department", the Missouri department of health and senior**  
64 **services;**

65           **[(5)] (10) "Emergency", a situation, physical condition or one or more**  
66 **practices, methods or operations which presents imminent danger of death or**  
67 **serious physical or mental harm to residents of a facility;**

68           **[(6)] (11) "Facility", any residential care facility [I, residential care**  
69 **facility II, immediate], assisted living facility, intermediate care facility, or**  
70 **skilled nursing facility;**

71           **[(7)] (12) "Health care provider", any person providing health care**  
72 **services or goods to residents and who receives funds in payment for such goods**  
73 **or services under Medicaid;**

74           **(13) "Instrumental activities of daily living", or "IADL", one or**  
75 **more of the following activities:**

76           **(a) Preparing meals;**

77           **(b) Shopping for personal items;**

78           **(c) Medication management;**

79           **(d) Managing money;**

80 (e) Using the telephone;

81 (f) Housework; and

82 (g) Transportation ability;

83 [(8)] (14) "Intermediate care facility", any premises, other than a  
84 residential care facility [I, residential care facility II], **assisted living facility**,  
85 or skilled nursing facility, which is utilized by its owner, operator, or manager to  
86 provide twenty-four hour accommodation, board, personal care, and basic health  
87 and nursing care services under the daily supervision of a licensed nurse and  
88 under the direction of a licensed physician to three or more residents dependent  
89 for care and supervision and who are not related within the fourth degree of  
90 consanguinity or affinity to the owner, operator or manager of the facility;

91 [(9)] (15) "Manager", any person other than the administrator of a  
92 facility who contracts or otherwise agrees with an owner or operator to supervise  
93 the general operation of a facility, providing such services as hiring and training  
94 personnel, purchasing supplies, keeping financial records, and making reports;

95 [(10)] (16) "Medicaid", medical assistance under section 208.151, RSMo,  
96 et seq., in compliance with Title XIX, Public Law 89-97, 1965 amendments to the  
97 Social Security Act (42 U.S.C. 301 et seq.), as amended;

98 [(11)] (17) "Neglect", the failure to provide, by those responsible for the  
99 care, custody, and control of a resident in a facility, the services which are  
100 reasonable and necessary to maintain the physical and mental health of the  
101 resident, when such failure presents either an imminent danger to the health,  
102 safety or welfare of the resident or a substantial probability that death or serious  
103 physical harm would result;

104 [(12)] (18) "Operator", any person licensed or required to be licensed  
105 under the provisions of sections 198.003 to 198.096 in order to establish, conduct  
106 or maintain a facility;

107 [(13)] (19) "Owner", any person who owns an interest of five percent or  
108 more in:

109 (a) The land on which any facility is located;

110 (b) The structure or structures in which any facility is located;

111 (c) Any mortgage, contract for deed, or other obligation secured in whole  
112 or in part by the land or structure in or on which a facility is located; or

113 (d) Any lease or sublease of the land or structure in or on which a facility  
114 is located.

115 "Owner" does not include a holder of a debenture or bond purchased at public

116 issue nor does it include any regulated lender unless the entity or person directly  
117 or through a subsidiary operates a facility;

118 [(14)] (20) "Protective oversight", an awareness twenty-four hours a day  
119 of the location of a resident, the ability to intervene on behalf of the resident, the  
120 supervision of nutrition, medication, or actual provisions of care, and the  
121 responsibility for the welfare of the resident, except where the resident is on  
122 voluntary leave;

123 [(15)] (21) "Resident", a person who by reason of aging, illness, disease,  
124 or physical or mental infirmity receives or requires care and services furnished  
125 by a facility and who resides or boards in or is otherwise kept, cared for, treated  
126 or accommodated in such facility for a period exceeding twenty-four consecutive  
127 hours;

128 [(16)] (22) "Residential care facility [I]", any premises, other than [a  
129 residential care facility II] **an assisted living facility**, intermediate care  
130 facility, or skilled nursing facility, which is utilized by its owner, operator or  
131 manager to provide twenty-four hour care to three or more residents, who are not  
132 related within the fourth degree of consanguinity or affinity to the owner,  
133 operator, or manager of the facility and who need or are provided with shelter,  
134 board, and with protective oversight, which may include storage and distribution  
135 or administration of medications and care during short-term illness or  
136 recuperation, **except that, for purposes of receiving supplemental welfare**  
137 **assistance payments under section 208.030, RSMo, only any residential**  
138 **care facility licensed as a residential care facility II immediately prior**  
139 **to the effective date of section 198.073 and that continues to meet such**  
140 **licensure requirements for a residential care facility II licensed**  
141 **immediately prior to the effective date of section 198.073 shall continue**  
142 **to receive after the effective date of section 198.073 the payment**  
143 **amount allocated immediately prior to the effective date of section**  
144 **198.073 for a residential care facility II under section 208.030;**

145 [(17) "Residential care facility II", any premises, other than a residential  
146 care facility I, an intermediate care facility, or a skilled nursing facility, which  
147 is utilized by its owner, operator or manager to provide twenty-four hour  
148 accommodation, board, and care to three or more residents who are not related  
149 within the fourth degree of consanguinity or affinity to the owner, operator, or  
150 manager of the facility, and who need or are provided with supervision of diets,  
151 assistance in personal care, storage and distribution or administration of

152 medications, supervision of health care under the direction of a licensed  
153 physician, and protective oversight, including care during short-term illness or  
154 recuperation;

155 (18)] **(23)** "Skilled nursing facility", any premises, other than a  
156 residential care facility [I, a residential care facility II], **an assisted living**  
157 **facility**, or an intermediate care facility, which is utilized by its owner, operator  
158 or manager to provide for twenty-four hour accommodation, board and skilled  
159 nursing care and treatment services to at least three residents who are not  
160 related within the fourth degree of consanguinity or affinity to the owner,  
161 operator or manager of the facility. Skilled nursing care and treatment services  
162 are those services commonly performed by or under the supervision of a  
163 registered professional nurse for individuals requiring twenty-four hours a day  
164 care by licensed nursing personnel including acts of observation, care and counsel  
165 of the aged, ill, injured or infirm, the administration of medications and  
166 treatments as prescribed by a licensed physician or dentist, and other nursing  
167 functions requiring substantial specialized judgment and skill;

168 **(24) "Social model of care", long-term care services based on the**  
169 **abilities, desires, and functional needs of the individual delivered in a**  
170 **setting that is more home-like than institutional and promotes the**  
171 **dignity, individuality, privacy, independence, and autonomy of the**  
172 **individual. Any facility licensed as a residential care facility II prior**  
173 **to August 28, 2006, shall qualify as being more homelike than**  
174 **institutional with respect to construction and physical plant standards;**

175 [(19)] **(25)** "Vendor", any person selling goods or services to a health care  
176 provider;

177 [(20)] **(26)** "Voluntary leave", an off-premise leave initiated by:

178 (a) A resident that has not been declared mentally incompetent or  
179 incapacitated by a court; or

180 (b) A legal guardian of a resident that has been declared mentally  
181 incompetent or incapacitated by a court.

198.073. 1. [Except as provided in subsection 3 of this section,] A  
2 residential care facility [II or residential care facility I] shall admit or retain only  
3 those persons who are capable mentally and physically of negotiating a normal  
4 path to safety using assistive devices or aids when necessary, and who may need  
5 assisted personal care within the limitations of such facilities, and who do not  
6 require hospitalization or skilled nursing care.

7           2. Notwithstanding the provisions of subsection [3] 1 of this section, those  
8 persons previously qualified for residence who may have a temporary period of  
9 incapacity due to illness, surgery, or injury, which period does not exceed  
10 forty-five days, may be allowed to remain in a residential care facility [II or  
11 residential care facility I] **or assisted living facility** if approved by a physician.

12           [3. A residential care facility II may admit or continue to care for those  
13 persons who are physically capable of negotiating a normal path to safety using  
14 assistive devices or aids when necessary but are mentally incapable of negotiating  
15 such a path to safety that have been diagnosed with Alzheimer's disease or  
16 Alzheimer's related dementia, if the following requirements are met:

17           (1) A family member or legal representative of the resident, in  
18 consultation with the resident's primary physician and the facility, determines  
19 that the facility can meet the needs of the resident. The facility shall document  
20 the decision regarding continued placement in the facility through written  
21 verification by the family member, physician and the facility representative;

22           (2) The facility is equipped with an automatic sprinkler system, in  
23 compliance with National Fire Protection Association Code 13 or National Fire  
24 Protection Association Code 13R, and an automated fire door system and smoke  
25 alarms in compliance with 13-3.4 of the 1997 Life Safety Codes for Existing  
26 Health Care Occupancy;

27           (3) In a multilevel facility, residents who are mentally incapable of  
28 negotiating a pathway to safety are housed only on the ground floor;

29           (4) The facility shall take necessary measures to provide residents with  
30 the opportunity to explore the facility and, if appropriate, its grounds;

31           (5) The facility shall be staffed twenty-four hours a day by the appropriate  
32 number and type of personnel necessary for the proper care of residents and  
33 upkeep of the facility. In meeting such staffing requirements, every resident who  
34 is mentally incapable of negotiating a pathway to safety shall count as three  
35 residents. All on-duty staff of the facility shall, at all times, be awake, dressed  
36 and prepared to assist residents in case of emergency;

37           (6) Every resident mentally incapable of negotiating a pathway to safety  
38 in the facility shall be assessed by a licensed professional, as defined in sections  
39 334.010 to 334.265, RSMo, chapter 335, RSMo, or chapter 337, RSMo, with an  
40 assessment instrument utilized by the division of aging known as the minimum  
41 data set used for assessing residents of skilled nursing facilities:

42           (a) Upon admission;

43 (b) At least semiannually; and

44 (c) When a significant change has occurred in the resident's condition  
45 which may require additional services;

46 (7) Based on the assessment in subdivision (6) of this subsection, a  
47 licensed professional, as defined in sections 334.010 to 334.265, RSMo, chapter  
48 335, RSMo, or chapter 337, RSMo, shall develop an individualized service plan  
49 for every resident who is mentally incapable of negotiating a pathway to  
50 safety. Such individualized service plan shall be implemented by the facility's  
51 staff to meet the specific needs of the resident;

52 (8) Every facility shall use a personal electronic monitoring device for any  
53 resident whose physician recommends the use of such device;

54 (9) All facility personnel who will provide direct care to residents who are  
55 mentally incapable of negotiating a pathway to safety shall receive at least  
56 twenty-four hours of training within the first thirty days of employment. At least  
57 twelve hours of such training shall be classroom instruction, with six classroom  
58 instruction hours and two on-the-job training hours related to the special needs,  
59 care and safety of residents with dementia;

60 (10) All personnel of the facility, regardless of whether such personnel  
61 provides direct care to residents who cannot negotiate a pathway to safety, shall  
62 receive on a quarterly basis at least four hours of in-service training, with at least  
63 two such hours relating to the care and safety of residents who are mentally  
64 incapable of negotiating a pathway to safety;

65 (11) Every facility shall make available and implement self-care,  
66 productive and leisure activity programs for persons with dementia which  
67 maximize and encourage the resident's optimal functional ability;

68 (12) Every facility shall develop and implement a plan to protect the  
69 rights, privacy and safety of all residents and to prevent the financial exploitation  
70 of all residents; and

71 (13) A licensee of any licensed residential care facility or any residential  
72 care facility shall ensure that its facility does not accept or retain a resident who  
73 is mentally incapable of negotiating a normal pathway to safety using assistive  
74 devices and aids that:

75 (a) Has exhibited behaviors which indicate such resident is a danger to  
76 self or others;

77 (b) Is at constant risk of elopement;

78 (c) Requires physical restraint;



79 (d) Requires chemical restraint. As used in this subdivision, the following  
80 terms mean:

81 a. "Chemical restraint", a psychopharmacologic drug that is used for  
82 discipline or convenience and not required to treat medical symptoms;

83 b. "Convenience", any action taken by the facility to control resident  
84 behavior or maintain residents with a lesser amount of effort by the facility and  
85 not in the resident's best interests;

86 c. "Discipline", any action taken by the facility for the purpose of  
87 punishing or penalizing residents;

88 (e) Requires skilled nursing services as defined in subdivision (17) of  
89 section 198.003 for which the facility is not licensed or able to provide;

90 (f) Requires more than one person to simultaneously physically assist the  
91 resident with any activity of daily living, with the exception of bathing;

92 (g) Is bed-bound or chair-bound due to a debilitating or chronic condition.

93 4. The facility shall not care for any person unless such facility is able to  
94 provide appropriate services for and meet the needs of such person.

95 5. Nothing in this chapter shall prevent a facility from discharging a  
96 resident who is a danger to himself or herself, or to others.

97 6. The training requirements established in subdivisions (9) and (10) of  
98 subsection 3 of this section shall fully satisfy the training requirements for the  
99 program described in subdivision (18) of subsection 1 of section 208.152, RSMo.

100 7. The division of aging shall promulgate rules to ensure compliance with  
101 this section and to sanction facilities that fail to comply with this section. Any  
102 rule or portion of a rule, as that term is defined in section 536.010, RSMo, that  
103 is created under the authority delegated in this section shall become effective  
104 only if it complies with and is subject to all of the provisions of chapter 536,  
105 RSMo, and, if applicable, section 536.028, RSMo. This section and chapter 536,  
106 RSMo, are nonseverable and if any of the powers vested with the general  
107 assembly pursuant to chapter 536, RSMo, to review, to delay the effective date  
108 or to disapprove and annul a rule are subsequently held unconstitutional, then  
109 the grant of rulemaking authority and any rule proposed or adopted after August  
110 28, 1999, shall be invalid and void.]

111 **3. Any facility licensed as a residential care facility II on August**  
112 **27, 2006, shall be granted a license as an assisted living facility, as**  
113 **defined in section 198.006, on August 28, 2006, regardless of the laws,**  
114 **rules, and regulations for licensure as an assisted living facility as long**

115 as such facility continues to meet all laws, rules, and regulations that  
116 were in place on August 27, 2006, for a residential care facility II. At  
117 such time that the average total reimbursement, not including  
118 residents' cost of living increases in their benefits from the Social  
119 Security Administration after the effective date of this act, for the care  
120 of persons eligible for Medicaid in an assisted living facility is equal to  
121 or exceeds forty-one dollars per day, all facilities with a license as an  
122 assisted living facility shall meet all laws, rules, and regulations for  
123 licensure as an assisted living facility. Nothing in this section shall be  
124 construed to allow any facility that has not met the requirements of  
125 subsections 4 and 6 of this section to care for any individual with a  
126 physical, cognitive, or other impairment that prevents the individual  
127 from safely evacuating the facility.

128 4. Any facility licensed as an assisted living facility, as defined  
129 in section 198.006, except for facilities licensed under subsection 3 of  
130 this section, may admit or retain an individual for residency in an  
131 assisted living facility only if the individual does not require  
132 hospitalization or skilled nursing placement, and only if the facility:

133 (1) Provides for or coordinates oversight and services to meet  
134 the needs of the resident as documented in a written contract signed  
135 by the resident, or legal representative of the resident;

136 (2) Has twenty-four hour staff appropriate in numbers and with  
137 appropriate skills to provide such services;

138 (3) Has a written plan for the protection of all residents in the  
139 event of a disaster, including keeping residents in place, evacuating  
140 residents to areas of refuge, evacuating residents from the building if  
141 necessary, or other methods of protection based on the disaster and the  
142 individual building design;

143 (4) Completes a pre move-in screening with participation of the  
144 prospective resident;

145 (5) Completes for each resident a community based assessment,  
146 as defined in subdivision (7) of section 198.006:

147 (a) Upon admission;

148 (b) At least semiannually; and

149 (c) Whenever a significant change has occurred in the resident's  
150 condition which may require a change in services;

151 (6) Based on the assessment in subsection 7 of this section and

152 subdivision (5) of this subsection, develops an individualized service  
153 plan in partnership with the resident, or legal representative of the  
154 resident, that outlines the needs and preferences of the resident. The  
155 individualized service plan will be reviewed with the resident, or legal  
156 representative of the resident at least annually, or when there is a  
157 significant change in the resident's condition which may require a  
158 change in services. The signatures of an authorized representative of  
159 the facility and the resident, or the resident's legal representative shall  
160 be contained on the individualized service plan to acknowledge that  
161 the service plan has been reviewed and understood by the resident or  
162 legal representative;

163 (7) Makes available and implements self-care, productive and  
164 leisure activity programs which maximize and encourage the resident's  
165 optimal functional ability;

166 (8) Ensures that the residence does not accept or retain a  
167 resident who:

168 (a) Has exhibited behaviors that present a reasonable likelihood  
169 of serious harm to himself or herself or others;

170 (b) Requires physical restraint;

171 (c) Requires chemical restraint. As used in this paragraph, the  
172 following terms mean:

173 a. "Chemical restraint", a psychopharmacologic drug that is used  
174 for discipline or convenience and not required to treat medical  
175 symptoms;

176 b. "Convenience", any action taken by the facility to control  
177 resident behavior or maintain residents with a lesser amount of effort  
178 by the facility and not in the resident's best interest;

179 c. "Discipline", any action taken by the facility for the purpose  
180 of punishing or penalizing residents;

181 (d) Requires skilled nursing services as defined in subdivision  
182 (23) of section 198.006 for which the facility is not licensed or able to  
183 provide;

184 (e) Requires more than one person to simultaneously physically  
185 assist the resident with any activity of daily living, with the exception  
186 of bathing and transferring;

187 (f) Is bed-bound or similarly immobilized due to a debilitating or  
188 chronic condition; and

189           **(9) Develops and implements a plan to protect the rights,**  
190 **privacy, and safety of all residents and to protect against the financial**  
191 **exploitation of all residents;**

192           **(10) Complies with the training requirements of subsection 8 of**  
193 **section 660.050, RSMo.**

194           **5. Exceptions to paragraphs (d) to (f) of subdivision (8) of**  
195 **subsection 4 of this section shall be made for residents on hospice,**  
196 **provided the resident, designated representative, or both, and the**  
197 **assisted living provider, physician, and licensed hospice provider all**  
198 **agree that such program of care is appropriate for the resident.**

199           **6. If an assisted living facility accepts or retains any individual**  
200 **with a physical, cognitive, or other impairment that prevents the**  
201 **individual from safely evacuating the facility with minimal assistance,**  
202 **the facility shall:**

203           **(1) Have sufficient staff present and awake twenty-four hours a**  
204 **day to assist in the evacuation;**

205           **(2) Include an individualized evacuation plan in the service plan**  
206 **of the resident; and**

207           **(3) Be equipped with an automatic sprinkler system in**  
208 **compliance with National Fire Protection Association Code 13 or**  
209 **National Fire Protection Association Code 13R, and an automated fire**  
210 **door system and smoke alarms in compliance with 13-3.4 of the 1997**  
211 **Life Safety Codes for Existing Health Care Occupancy, or for multilevel**  
212 **facilities, be equipped with an automatic sprinkler system in**  
213 **compliance with National Fire Protection Association Code 13 and each**  
214 **floor shall be divided into at least two smoke sections and fire alarms**  
215 **in compliance with 13-3.4 of the 1997 Life Safety Codes for Existing**  
216 **Health Care Occupancy;**

217           **(4) Take necessary measures to provide residents with the**  
218 **opportunity to explore the facility and, if appropriate, its grounds; and**

219           **(5) Use a personal electronic monitoring device for any resident**  
220 **whose physician recommends the use of such device.**

221           **7. An individual admitted or readmitted to the facility shall have**  
222 **an admission physical examination by a licensed**  
223 **physician. Documentation should be obtained prior to admission but**  
224 **shall be on file not later than ten days after admission and shall**  
225 **contain information regarding the individual's current medical status**

226 and any special orders or procedures that should be followed. If the  
227 individual is admitted directly from a hospital or another long-term  
228 care facility and is accompanied on admission by a report that reflects  
229 his or her current medical status, an admission physical shall not be  
230 required.

231 8. Facilities licensed as an assisted living facility shall disclose  
232 to a prospective resident, or legal representative of the resident  
233 information regarding the services the facility is able to provide or  
234 coordinate, the costs of such services to the resident, and the resident  
235 conditions that will require discharge or transfer, including the  
236 provisions of subdivision (8) of subsection 4 of this section.

237 9. After January 1, 2008, no entity shall hold itself out as an  
238 assisted living facility or advertise itself as an assisted living facility  
239 without obtaining a license from the department to operate as an  
240 assisted living facility.

241 Any residential care facility II licensed under this chapter that does  
242 not use the term "assisted living" in the name of its licensed facility on  
243 or before May 1, 2006, shall be prohibited from using such term after  
244 August 28, 2006, unless such facility meets the requirements for an  
245 assisted living facility in subsection 4 of this section.

246 10. For assisted living facilities built after August 28, 2006, or  
247 which have major renovations after August 27, 2006, such single-level  
248 assisted living facilities or the major renovation portion shall be  
249 equipped with an automatic sprinkler system in compliance with  
250 National Fire Protection Association Code 13 or 13R of the 1997 Life  
251 Safety Codes for Existing Health Care Occupancy, or for such  
252 multilevel assisted living facilities or the major renovation portion  
253 shall be equipped with an automatic sprinkler system in compliance  
254 with National Fire Protection Association Code 13 and each floor shall  
255 be divided into two smoke sections and fire alarms in compliance with  
256 13-3.4 of the 1997 Life Safety Codes for Existing Health Care  
257 Occupancy. Existing facilities seeking to be licensed as assisted living  
258 facilities shall meet the fire safety standards for residential care  
259 facilities II in effect on August 28, 2006, unless such facilities seek to  
260 admit one or more individuals with physical, cognitive, or other  
261 impairments that prevent the individuals from safely evacuating the  
262 facility with minimal assistance, in which case such facilities shall

263 **comply with subsection 6 of this section.**

264 **11. The department of health and senior services shall**  
265 **promulgate rules to ensure compliance with this section. Any rule or**  
266 **portion of a rule, as that term is defined in section 536.010, RSMo, that**  
267 **is created under the authority delegated in this section shall become**  
268 **effective only if it complies with and is subject to all of the provisions**  
269 **of chapter 536, RSMo, and, if applicable, section 536.028, RSMo. This**  
270 **section and chapter 536, RSMo, are nonseverable and if any of the**  
271 **powers vested with the general assembly pursuant to chapter 536,**  
272 **RSMo, to review, to delay the effective date, or to disapprove and annul**  
273 **a rule are subsequently held unconstitutional, then the grant of**  
274 **rulemaking authority and any rule proposed or adopted after August**  
275 **28, 2006, shall be invalid and void.**

198.087. To ensure uniformity of application of regulation standards in  
2 long-term care facilities throughout the state, the department of social services  
3 shall:

4 (1) Evaluate the requirements for inspectors or surveyors of facilities,  
5 including the eligibility, training and testing requirements for the position.  
6 Based on the evaluation, the department shall develop and implement additional  
7 training and knowledge standards for inspectors and surveyors;

8 (2) Periodically evaluate the performance of the inspectors or surveyors  
9 regionally and statewide to identify any deviations or inconsistencies in  
10 regulation application. At a minimum, the Missouri on-site surveyor evaluation  
11 process, and the number and type of actions overturned by the informal dispute  
12 resolution process and formal appeal shall be used in the evaluation. Based on  
13 such evaluation, the department shall develop standards and a retraining process  
14 for the region, state, or individual inspector or surveyor, as needed;

15 (3) In addition to the provisions of subdivisions (1) and (2) of this section,  
16 the department shall develop a single uniform comprehensive and mandatory  
17 course of instruction for inspectors/surveyors on the practical application of  
18 enforcement of statutes, rules and regulations. Such course shall also be open to  
19 attendance by administrators and staff of facilities licensed pursuant to this  
20 chapter;

21 (4) With the full cooperation of and in conjunction with the department  
22 of health and senior services, evaluate the implementation and compliance of the  
23 provisions of subdivision (3) of subsection 1 of section 198.012 in which rules,

24 requirements, regulations and standards pursuant to section 197.080, RSMo, for  
25 residential care facilities II, intermediate care facilities and skilled nursing  
26 facilities attached to an acute care hospital are consistent with the intent of this  
27 chapter. A report of the differences found in the evaluation conducted pursuant  
28 to this subdivision shall be made jointly by the departments of social services and  
29 health to the governor and members of the general assembly by January 1, [2000]  
30 **2008**; and

31 (5) With the full cooperation and in conjunction with the department of  
32 health and senior services, develop rules and regulations requiring the exchange  
33 of information, including regulatory violations, between the departments to  
34 ensure the protection of individuals who are served by health care providers  
35 regulated by either the department of health and senior services or the  
36 department of social services.

**Section 1. The department of social services, division of medical  
2 services and the department of health and senior services, division of  
3 senior and disability services shall work together to implement a new  
4 Medicaid payment system for assisted living facilities defined in section  
5 198.006, RSMo. The departments shall look at possible options,  
6 including but not limited to federal Medicaid waivers, state plan  
7 amendments, and provisions of the federal Deficit Reduction Act of  
8 2005 that will allow a tiered rate system via a bundled monthly rate for  
9 all services not included in the room and board function of the facility,  
10 including but not limited to: adult day care/socialization activities,  
11 escort services, essential shopping, health maintenance activities,  
12 housekeeping activities, meal preparation, laundry services, medication  
13 assistance (set-up and administration), personal care services,  
14 assistance with activities of daily living and instrumental activities of  
15 daily living, transportation services, nursing supervision, health  
16 promotion and exercise programming, emergency call systems,  
17 incontinence supplies, and companion services. The amount of the  
18 personal funds allowance for the Medicaid recipient residing in an  
19 assisted living facility shall include enough money for over-the-counter  
20 medications and co-payments for Medicaid and Medicare Part D  
21 services. The departments shall work with assisted living facility  
22 provider groups in developing this new payment system. The  
23 department of social services shall submit all necessary applications for**

24 **implementing this new system singularly or within a multi-service state**  
25 **Medicaid waiver application to the secretary of the federal Department**  
26 **of Health and Human Services by July 1, 2007.**

✓

Unofficial

Bill

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