



RCF/ALF Quick Guide

Guidance given in [Policy](#), [PCQs](#), and Quick Guides regarding how to conduct an assessment also applies when assessing an individual in an RCF/ALF setting.

The facility receives a reimbursement from the resident (SSI, SSA, etc.) and a supplemental cash grant from the Department of Social Services (DSS) This is intended to cover safe shelter needs (including housekeeping, basic linens, and the maintenance thereof) and nutritional needs (food and food preparation). HCBS are authorized to meet the needs of the participant that are above and beyond the basic needs met by the facility as referenced in the [RCF/ALF Personal Care-State Plan policy](#).

- Time cannot be authorized for prompting and cueing alone. There must be a need for hands on assistance or active participation with the task by RCF/ALF staff.

RCF/ALF residents must be mentally and physically able to navigate a normal path to safety in emergent situations with minimal assistance.

- An ALF II may accept residents with an impairment that prevents their safe evacuation with minimal assistance, only if the facility meets certain staffing requirements to assist in evacuation and includes an individualized evacuation plan for the resident.

Initiating a RCF/ALF (Re)Assessment

- Prior to meeting with the participant for the (re)assessment, make contact with the legal guardian or authorized representative to verify participant's information and inform the guardian/representative of the need for (re)assessment.
- Any time a (re)assessment is completed by DSDS or its designee, the assessor shall announce themselves to facility staff and indicate the intent of the visit before meeting with the current or potential participant.
- Participant must be present during the (re)assessment.
- Per [HCBS 11-19-02](#), the assessor must view the participant's chart in order to verify information, including:
 - Number of med passes per day
 - Doctor's name and frequency of visits
 - Diagnosis
 - ITP and/or treatments
- RCF/ALF staff cannot sign forms on behalf of the participant.
- Assessor must view the participant's private room in the facility.
- Initial Assessments (**DSDS Staff Only**) - The effective date of the care plan shall be the date the assessment was completed with the participant, and LOC was determined per [INFO 06-21-03](#).

InterRAI Coding

Participants who reside in RCFs/ALFs commonly have health conditions that impact their mental functioning and cognition, for this reason it is essential that assessors make collateral contact with facility staff (e.g. administrator, licensed nurse, family members, PC aide who assists participant routinely) to ensure the coding of the assessment is accurate and that appropriate tasks are authorized.

- If the participant lacks the capacity to articulate the goal of care (assessment question A10), it would be acceptable for a collateral contact (listed above) to provide the goal of care on the participant's behalf. (For further guidance see the [Goals Quick Guide](#).)
- A12 should be coded a 2 (board and care) for an RCF.
- A13 should be coded a 13 for RCF/ALF.
- B4b should be coded 1 for a participant that is in an RCF/ALF.
- When coding section G, keep in mind safety, diagnoses, and how the participant would complete these tasks in a less restrictive setting.
 - G1 - **Capacity** should be coded according to participant's presumed ability.
- Section P - RCF/ALF staff are not considered informal helpers
- [Section S: Back up Plan](#) - must include the name of contact person, relationship to pt, assistance that individual can provide to the participant, and a direct phone number to contact them.
- Options outside of the RCF should be explored and used as the backup plan before using RCF/ALF manager/staff. If RCF/ALF manager/staff is used, the above information should be included and case notes must clarify there are no other supports available.
 - Ex: "24hr personal care assistance is available in an RCF. In an emergency, Bob Jones, RCF staff, (555-555-5555) will continue to provide assistance until other arrangements can be made."

Case Note Documentation

- Document the number of medication passes.
- Document the need for any assistance authorized as Medically Related Household Task; the documentation should clarify why the facility has to go above and beyond the minimum obligations of care established in licensure requirements.
- Document times/tasks needed to assist the participant with PC were verified with facility staff, along with all other information gathered during the assessment process.
- If the nursing task "other" is authorized, include information regarding what the time is being authorized for. This can be documented in the service delivery comment box of the RN authorization (preferred), OR within the case note itself. (Examples of "other" nursing tasks could be: injections, nail care...)
- Document the condition of the participant's personal space.
- DSDS or its designee shall document in case notes the source of information gathered from all collateral contacts

Care Planning

- Self-Administration of Medications task - up to 3 medication passes is authorized at 15 minutes/1 unit per day. 4 or more medication passes is authorized at 30 minutes/2 units per day.
 - Nebulizer and CPAP assistance goes under Self-Administration of Medications - time/frequency should be based on the time it takes staff to assist the participant with the task, and the number of times needed each day. This includes time for cleaning of the machine(s).
- Dietary task - Dietary time can be authorized for 15 minutes/1 unit per meal for dietary restrictions (physician ordered diet) which the facility must accommodate. Additionally, if the participant needs assistance being fed, cutting up food, carrying tray to table, opening containers, etc., more dietary time can be authorized.
- "Other" nurse visit task authorization:
 - Injections: Document the type of injection in the service delivery comment box (preferred) or in case notes.
 - If the participant does not have a diagnosis of diabetes or on anticoagulant medications, yet still requires assistance with nail care, time can be authorized under the personal care task of dressing/grooming to meet this need.
- Authorization of APC:
 - Evaluate APC is to be authorized monthly if the participant is authorized for an Advanced PC task.
 - Train APC is not needed due to facility already having nursing staff trained to complete APC tasks.
- Assistance with incontinence can be authorized as a Medically Related Household or Toileting task. Documentation should explain the need for the authorized task.
 - At reassessment, authorization of these tasks should not be switched between the two tasks due to assessor's personal preference. (Changing tasks causes confusion for providers.)
- If a provider change is requested due to an HCBS participant transferring to an RCF/ALF, the start date of the new care plan authorization should be the date of admission if the request is made within 2 weeks of the participant entering the facility, per [INFO 06-21-03](#).
 - If request was not made within 2 weeks of the RCF/ALF admission, the start date shall be the date the request is submitted to the PCCP Team.

Note: If the RCF/ALF facility is providing assistance due to the facility's own policy or protocols, as opposed to a participant's health-related need for assistance, then no task should be authorized. The following are examples of when assistance provided would be due to facility protocol and not necessarily due to the participant's need:

- Facility stores bathing supplies such as towels, in a secure location so staff have to retrieve the supplies for residents when they want to bathe.
- Facility does not allow residents to have access to sharp objects like razors or knives so staff must complete shaving tasks and cut up food for all residents.
- Facility prepares all foods per dietary guidelines but the diet is not a physician-ordered diet.

Task	Need for Assistance	Suggested Units*	Items to Consider
Dietary	<ul style="list-style-type: none"> Physician Ordered Diet Dietary Modification (e.g. softened food) Assistance with Eating (e.g. food has to be cut) 	1 unit per meal; 3 units/day	
Bathing	<ul style="list-style-type: none"> Hands-on assistance with washing body, and/or drying body and/or hair, Step-by-step guidance to ensure proper bathing, requiring staff to remain with participant for duration of bath/shower Gathering bathing supplies and/or escorting to shower Assistance in/out of shower only 	1-3 units per bath/shower depending on type of assistance needed	<p>Does participant have the mental capacity to make appropriate decisions regarding:</p> <ul style="list-style-type: none"> Frequency & duration of bath/shower Items needed to bathe Safe water temperature Amount of soap/shampoo to use Needed supplies
Dressing & Grooming	<ul style="list-style-type: none"> Hands-on assistance with putting on/removing clothing and/or fastening buttons, snaps, laces, etc. Hands-on assistance with hygiene tasks, e.g. wash face, brush teeth, shave, nail care, etc. Active participation by staff in form of selecting appropriate clothing and ensuring participant puts on clothing 	1 unit per instance; (2 units per day)	<p>Does participant have mental capacity to make appropriate decisions regarding:</p> <ul style="list-style-type: none"> Appropriate clothing for weather or activity/event Whether clothing is unclean Wearing appropriately sized clothing Wearing clothing inside out or backwards.
Mobility & Transfer	<ul style="list-style-type: none"> Hands-on assistance with walking, locomotion, and/or transfers 	Time and frequency based on need.	Does participant have the capacity to safely locomote from one place to another.
Medications	Assist with self-administration of medications &/or application of topical lotions/creams/ointments:		<p>Without the assistance of facility staff to ensure medications are taken as ordered:</p> <ul style="list-style-type: none"> Would the participant be compliant? Would the participant's mental health be stable?
	<ul style="list-style-type: none"> 3x or less per day 	1 unit per day	
	<ul style="list-style-type: none"> 4x or more per day 	2 units per day	

Task	Need for Assistance	Suggested Units*	Items to Consider
Medically Related Household Tasks	<ul style="list-style-type: none"> • Authorization when cleaning goes above and beyond the minimum obligations of the facility as established in licensure requirements. 	Time and frequency based on need.	<p>Does the participant have a medically-related need for housekeeping that requires the facility to go above/beyond the standard of care, such as :</p> <ul style="list-style-type: none"> • Pt has hoarding or destructive tendencies causing unsanitary environment • Incontinence requiring more linen changes and room cleaning • Allergies requiring more frequent cleaning of room
Toileting & Continence	<ul style="list-style-type: none"> • Hands on assistance with the elimination of waste and/or cleaning self. 	Time and frequency based on need.	<ul style="list-style-type: none"> • Participants ability to clean self appropriately after toileting. • Participant's ability to adjust clothing/change depends • Assistance with use of feminine hygiene products
Advanced Personal Care	<ul style="list-style-type: none"> • Hands-on assistance with application of prescription ointments and non-injectable medications 	1 unit per occurrence	
Nurse Visits	<ul style="list-style-type: none"> • Diabetic Nail Care 	1 visit per month	<ul style="list-style-type: none"> • If more than 1 RN task can be completed during the same visit/day, only 1 RN authorization should be authorized.
	<ul style="list-style-type: none"> • Medication Injection 	Frequency of injection	
	<ul style="list-style-type: none"> • Evaluating Advanced Personal Care 	1 visit per month	
	<ul style="list-style-type: none"> • Skin Monitoring due to incontinence or other skin conditions. 	1 visit per month	

* Suggested Time: Additional time can be authorized if the need is justified. Case notes should explain the need for increased time/frequency.