

GOVERNOR'S ALF WORKGROUP—August 8, 2011

LONG-TERM CARE OMBUDSMAN RECOMMENDATIONS:

(1) **SPECIALIZED TRAINING IN MENTAL HEALTH ISSUES:** In addition to the core training requirement, a designed program of instruction using subject matter experts in the mental health fields should be established. This program would be administered by a State mandated responsible party to ensure the program material is maintained up to date and provides quality training and testing. Training would include initial course work and annual continuing education requirements.

(a) Training should include recognizing residents with mental health issues as individuals with a disease, not a diseased individual.

(b) Administrators and staff in limited mental health licensed assisted living facilities would be required to successfully pass an initial examination and subsequent continuing education training with a minimum score of 80.

(c) Certificates for satisfactory completion of the initial training and continuing education would be issued by the designated authority and would be the only acceptable documentation.

(d) The training would be required by all staff who come into contact with residents. The training must be received and successful completion of the exam must occur prior to staff's employment in a facility where limited mental health residents reside.

(2) **LIMITED MENTAL HEALTH LICENSE:** Any facility, which has one or more residents categorized as limited mental health, shall be licensed as such and all staff shall be required to be trained in accordance with recommendation 1 above.

(3) **SHARED RESPONSIBILITY:** To ensure continuity of effort and a continuum of care for each resident being served by a case manager, the relationship between the administrator and the case manager shall be one of shared responsibility for all prescribed care, thus requiring uniform training for all parties. A minimum amount of contact between the resident and the case manager must be established. Optimally, a minimum monthly contact would be ideal.

(4) **ADMINISTRATOR RESPONSIBILITY:** To ensure that each resident receives the needed services, the administrator shall be responsible for the range of care the resident needs including third party services. The administrator shall report to the case management agency any problems in the resident's receipt of services prescribed by that agency.

(5) **APPEAL RIGHTS:** Assisted living residents should be given the same appeal rights as nursing home residents. Many residents, who live in assisted living facilities, and particularly in the case of limited mental health residents who are especially vulnerable to any action a staff member may or may not take, have no one to represent them. If they complain about problems, in many cases they are immediately given a discharge notice. This places the resident at risk because often times they are discharged "to the streets" since the facility is not required to find alternative living accommodations. Administrators simply state they can no longer meet their needs.

(6) **BAKER ACT REVISION:** The Baker Act statutes should be revised to exclude individuals with brain injuries, dementia or other related disorders, and disorders included in the definition of "mental illness."

(7) **ALF CORE TRAINING:** All new ALF providers should be required to receive a minimum of 40 hours of core training including additional topics such as culture changes (currently the requirements is 26 hours and includes overview of statutes and rules governing ALFs) ; and must successfully pass the competency exam with a score of 80 instead of 70.

(8) **LICENSED ADMINISTRATORS:** ALF administrators should be licensed and held accountable by a board of assisted living administrators under the Department of Health; or at a minimum the licensure for ALF administrators with 17 beds or more and administrators of facilities licensed for Limited Mental Health, Limited Nursing Services and Extended Congregate Care.

(9) **INCREASE IN AHCA SURVEYOR STAFF:** AHCA should be given appropriate staff to increase the inspections of ALFs. Currently, the biennial requirement is not sufficient.

(10) **INCREASE IN OMBUDSMAN STAFF:** The Long-Term Care Ombudsman Program should be given additional professional staff and funds to recruit and train new ombudsman specifically for ALF issues.