STATE OF IOWA

IOWA DEPARTMENT OF

INSPECTIONS & APPEALS

Adult Services Bureau
Lucas Building, Third Floor
321 East 12th Street
Des Moines, IA 50319-0083

ASSISTED LIVING PROGRAMS

APPLICATION AND INFORMATION PACKET

REVISED MAY 2015

ASSISTED LIVING PROGRAM APPLICATION PACKET INDEX

SECTION 1: General Information and Application Form

SECTION 2: Iowa Code Chapter 231C and Administrative Rules

SECTION 3: Waiver Information

SECTION 4: Related Structural Rules and Explanatory Information

SECTION 5: Related Operational Rules and Explanatory Information

SECTION 6: Housing Funding Programs **See Resource List*

SECTION 7: Services Funding Programs **See Resource List*

SECTION 8: Sample Service Documents

ASSISTED LIVING PROGRAM - RESOURCE LIST

Regulatory Body:
Department of Inspections & Appeals (DIA)
Health Facilities Division
Adult Services Bureau
Lucas Building, 3rd Floor
321 E. 12th St.
Des Moines, IA 50319
General Phone: 5151281-6325
Complaint Phone: 1-877-686-0027

- Complaint intake, investigations, monitoring, application fees, initial certification & recertification process, waiver/variance request, quality concerns/rules interpretation

Life Safety Code Inspection:
State Fire Marshal's Office
Department of Public Safety
Kyle Gorsh, Fire Prevention Supervisor
215 E. 7th St.
Des Moines, IA 50319
Phone : 515-725-6162
Fax : 515-725-6172
gorsh@dps.state.ia.us

Architectural Plan Review, Evacuation Planning and Life Safety:
Dept. of Public Safety
State Fire Marshal's Office
Doran Pruisner -
Facility Engineer
21 5 E. 7th St.
Des Moines, IA 50319
Phone: 515-725-6152
Fax: 515-725-6172
Pruisner@dps.state.ia.us

Tenant Advocate:
State Long-Term Care Ombudsman's Office
Jeanne Yordi
Jessie M. Parker Building
603 E. 12th St., 5th Floor
Des Moines, IA 50319-9025
Phone: 515-725-3327
Toll-Free: 800/532-3213

Food Service Licensure:
Department of Inspections & Appeals
Lucas Building, 3rd Floor
321 E. 12th St.
Des Moines. IA 50319
Phone: 515-281-6538

SerSafe Certificates:
**See Local Area Community Colleges*

Financial resources for Structures:
Community Facilities:
USDA/Rural Development
210 Walnut – Room *873*
Des Moines, IA 50309
Phone: 515-284-4663
Toll-Free: 800-670-6553
Fax: 515-284-4821
bill.menner@ia.usda.gov

Housing Tax Credit Program
Iowa Finance Authority
2015 Grand Ave.
Des Moines, Iowa 50312
Toll Free: 800-432-7230
Phone: 515-725-4875
Fax: 515-725-4901
www.iowafinanceauthority.gov

Community Development Programs
Iowa Dept. of Economic Development
200 E. Grand
Des Moines, IA 50309
Phone: 515-725-3000
Fax: 515-725-3010
info@iowalifechanging.com

Housing and Urban Development
210 Walnut – Room 239
Des Moines, IA 50309
Phone: 515-284-4512
Toll-Free: 800-735-2943
TTY: 800-735-2942
Fax: 515-284-4743

Rent Assistance Program rules:
Sec. 8 Rental Assistance
100 E Euclid Avenue, Suite 101
Des Moines, Iowa 50313
515-323-8950

HCBS Rent Subsidy
Iowa Finance Authority
2015 Grand Ave.
Des Moines, Iowa 50312
Toll-Free: 800-432-7230
Phone: 515-725-4875
Fax: 515-725-4901
www.iowafinanceauthority.gov

Case Management for Frail Elders
Linda Hildreth, IDA
Jessie Parker Building
603 E. 12th Street – 5th Floor
Des Moines, IA 50319
Phone: 515-725-3321
Fax: 515-725-3300

Area Coordinators: See listing in packet

General info on financial resources for services:

Medicaid Home- and Community-Based Services (HCBS) – waiver program information
Iowa Medicaid Enterprise
Le Howland
100 Army Post Rd.
Des Moines, IA 50315
Phone: 515-256-4642
lhowland@dhs.state.ia.us

HCBS-provider enrollment
Iowa Medicaid Enterprise
Desiree Smith
100 Army Post Rd.
Des Moines, IA 50315
Toll-Free: 800-338-8366
Phone: 515-974-3160
Fax: 515-725-1010
IMEMemberServices@dhs.state.ia.us

Senior Health Insurance Information Program – (SHIIP)
330 Maple St.
Des Moines, IA 50319-0065
Toll-Free: 800-351-4664
TTY: 800-735-2942
http://www.shiip.state.ia.us/

RN Activities & Delegation:
Iowa Dept. of Public Health
Lucas Building, 5th Floor
321 East 12th St.
Des Moines, IA 50319
Phone: 515-242-6383
Toll-Free: 800-308-5986
FAX (515) 242-6384
http://www.idph.state.ia.us

Iowa Board of Nursing
RiverPoint Business Park
400 S.W. 8th Street, Suite B
Des Moines, IA 50309-4685
Tel: 515-281-3256
Fax: 515-281-4825

Cosmetology/Barber Shop License:
Iowa Department of Public Health
Lucas Building, 5th Floor
Cosmetology Board
321 East 12th St.
Des Moines, IA 50319
515-281-4416
www.idph.state.ia.us/licensure

CCRC/Retirement Communities
Securities Bureau
Iowa Department of Commerce
330 Maple
Des Moines, IA 5031 9
515-281-5705

Revised 05262011

Health Facilities Division
Mailing Address and Telephone Number

Iowa Department of Inspections and Appeals
Health Facilities Division
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319-0083
(515) 281-4115

Search for any state employee in the State of Iowa Employee Telephone Directory

---

Iowa Department of Inspections and Appeals
Health Facilities Division
Contact Information

Department Director
Rodney A. Roberts
(515) 281-5457
Rod.Roberts@dia.iowa.gov

Division Administrator
Dawn Fisk
(515) 281-4233
Dawn.Fisk@dia.iowa.gov

Medicare/Medicaid Bureau I
Assistant Division Administrator
Kathy Sutton, Bureau Chief
(515) 281-4245
Kathy.Sutton@dia.iowa.gov

Medicare/Medicaid Bureau II
Mindla White, Bureau Chief
(515) 281-3765
Mindla.White@dia.iowa.gov

Medicare/Medicaid Bureau III
Kathy Kieler, Bureau Chief
(515) 281-5057
Kathy.Kieler@dia.iowa.gov

Complaint/Incident Bureau
Joni Klaassen, Bureau Chief
(515) 281-4227
Joni.Klaassen@dia.iowa.gov

Medicare Services Bureau
Mary Spracklin, Bureau Chief
(515) 281-0286
Mary.Spracklin@dia.iowa.gov

Special Services Bureau
James Friberg, Bureau Chief
(515) 281-7624
James.Friberg@dia.iowa.gov

Adult Services Bureau
James Friberg, Acting Bureau Chief
(515) 281-7624
James.Friberg@dia.iowa.gov

Specialty Program Areas

Clinical Laboratory Improvement Amendments (CLIA) Program
Nancy Grove
University of Iowa Hygienic Laboratory
(319) 335-4500 or 1-800-421-IOWA
ngrove@uhl.uiowa.edu

Direct Care Worker Registry
Greg DeMoss
(515) 281-4077
1-866-876-1997
Greg.DeMoss@dia.iowa.gov

Training Officer and Resident Assessment Instrument Coordinator
Susan Odell
(515) 242-5991
Susan.Odell@dia.iowa.gov

Compliance Officers
Donna Spencer
(515) 281-4558
Donna.Spencer@dia.iowa.gov

Hema Lindstrom
(515) 281-3079
Hema.Lindstrom@dia.iowa.gov

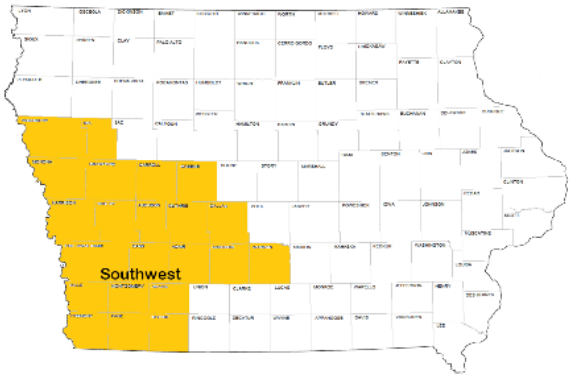
James Berkley
(515) 281-7624
James.Berkley@dia.iowa.gov

Medicare/Medicaid Bureau I

Medicare/Medicaid Bureau I
Assistant Division Administrator
Kathy Sutton
(515) 281-4245
Kathy.Sutton@dia.iowa.gov

Southwest Iowa
Sandra Simmons, Program Coordinator
(515) 281-4079
Sandra.Simmons@dia.iowa.gov
Polk County facilities:

- Calvin Manor
- Deerfield Retirement
- Karen Acres
- Kenny Brook
- Polk City Nursing & Rehab
- Ramsey Village
- University Park

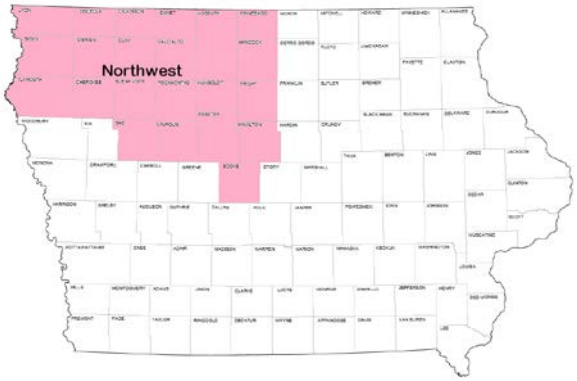


Medicare/Medicaid Bureau II

Medicare/Medicaid Bureau II
Mindla White, Bureau Chief
(515) 281-3765
Mindla.White@dia.iowa.gov

Northwest Iowa
Peggy Gilmore, Program Coordinator
(515) 281-3752
Peggy.Gilmore@dia.iowa.gov
Polk County facilities:

- Altoona Nursing & Rehab
- Fleur Heights
- Fountain West
- Iowa Jewish Senior Life
- Iowa Lutheran Hospital
- Park Ridge Nursing & Rehab
- Trinity Center
- Union Park



Southeast Iowa
Donna Walters, Program Coordinator
(515) 281-3352
Donna.Walters@dia.iowa.gov

Medicare/Medicaid Bureau III

Medicare/Medicaid Bureau III

Kathy Kieler, Bureau Chief
(515) 281-5057
Kathy.Kieler@dia.iowa.gov

East Central Iowa

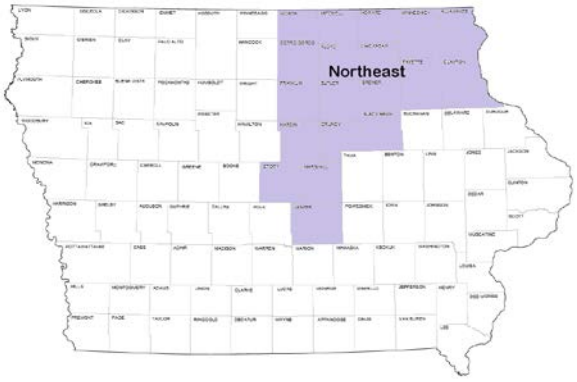
Patrice Fagen
(515) 281-3025
Patrice.Fagen@dia.iowa.gov
Polk County facilities:

- Bishop Drumm
- Genesis Senior Living
- ManorCare of West Des Moines
- Scottish Rite
- Valley View
- Wesley Acres

Northeast Iowa

Jolyn Meehan, Program Coordinator
(515) 281-4922
Jolyn.Meehan@dia.iowa.gov
Polk County facilities:

- Child Serve
- Mill Pond
- Mitchell Village
- On With Life
- Prime Nursing & Rehab
- Sunny View
- The Rehab of Des Moines
- Urbandale Health Care



Complaint/Incident Bureau

Complaint/Incident Bureau

Joni Klaassen, Bureau Chief
(515) 281-4227
Joni.Klaassen@dia.iowa.gov

Geri Paul, Program Coordinator
(515) 281-4548
Geri.Paul@dia.iowa.gov

Nursing Home Complaint Hotline
1-877-686-0027
Home Health Agency Hotline
1-800-383-4920

Medicare Services Bureau

Medicare Services Bureau
Mary Spracklin, Bureau Chief
(515) 281-0286
Mary.Spracklin@dia.iowa.gov

Hospitals, PPS Units, and Portable X-Ray
Trish Hubbard, Program Coordinator
(515) 725-0994
Trish.Hubbard@dia.iowa.gov

Home Health Agencies, Hospices, and Rural Health Clinics
Rosemary Kirlin, Program Coordinator
(515) 281-4120
Rosemary.Kirlin@dia.iowa.gov

End-Stage Renal Disease Units, Ambulatory Surgical Centers, CORFs, and Rehabilitation Agencies
Sandra Wendehl, Program Coordinator
(515) 281-4901
Sandra.Wendehl@dia.iowa.gov

OASIS Education Program
Maribeth Freland, OASIS Coordinator
(515) 281-4115
Maribeth.Freland@dia.iowa.gov

Special Services Bureau

Special Services Bureau
James Friberg, Bureau Chief
(515) 281-7624
James.Friberg@dia.iowa.gov

Intermediate Care Facilities for the Intellectually Disabled
Catie Campbell, Program Coordinator
(515) 281-3759
Catie.Campbell@dia.iowa.gov

Licensed Only and Children's Services
Debra Dixon, Program Coordinator
(515) 281-4081
Deb.Dixon@dia.iowa.gov

Adult Services Bureau

Adult Services Bureau

James Friberg, Acting Bureau Chief
(515) 281-7624
James.Friberg@dia.iowa.gov

Rose Boccella, Program Coordinator
(515) 281-7039
Rose.Boccella@dia.iowa.gov

SECTION 1:

GENERAL INFORMATION

AND

APPLICATION FORM

ASSISTED LIVING PROGRAM (ALP) CHECKLIST

COMPLETE THIS CHECKLIST AS IS, PLEASE DO NOT RE-CREATE THIS FORM

RETURN THIS CHECKLIST WITH THE APPLICATION FORM

I. REQUIRED FEES AND DOCUMENTS

For purposes of brevity, all references to 481 Iowa Administrative Code chapter 67 (General Provisions for Elder Group Homes, Assisted Living Programs, and Adult Day Services), 481 Iowa Administrative Code chapter 69 (Assisted Living Programs), and Iowa Code chapters 135C, 231C, 235B, and 235E are annotated by rules/section. **Please refer to the applicable Iowa Administrative Code rules and Iowa Code sections before submitting the required policies and procedures.**

- ☐ A. Application Form 69.3, 69.4
- ☐ B. Preliminary Blueprint Plan Review (optional): $500.00. (Initial Certification if applicable) 231C.18
- ☐ C. Blueprint Plan Review: $900.00. (Initial Certification Only) 231C.18
- ☐ D. Two-year Initial Certification Fee: $750.00. 231C18
- ☐ E. Two-year Recertification Fee: $1,000.00. 231C.18
- ☐ F. The policy and procedure for evaluation of each tenant. A copy of the evaluation tool(s) to be used to identify the functional, cognitive, and health status of each tenant shall be included. 69.4(4), 69.22
- ☐ G. The policy and procedure for service plans. 69.4(5), 69.26
- ☐ H. The policy and procedure for addressing medication needs of tenants. 67.5, 69.4(6), 69.27, 231C.16A
- ☐ I. The policy and procedure for accidents and emergency response. 67.2, 67.4, 69.4(7), 69.32
- ☐ J. The policy and procedure for food service, including those relating to staffing, nutrition, menu planning, therapeutic diets, and food preparation, service and storage. 69.4(8), 69.28
- ☐ K. The policy and procedure for activities. 69.4(9), 69.34
- ☐ L. The policy and procedure for transportation. 69.4(10), 69.33
- ☐ M. The policy and procedure for staffing and training. 67.9, 69.4(11), 69.29, 69.30 (if applicable), 135C.33, 231C.5, 235E
- ☐ N. The policy and procedure for emergencies, including natural disasters. The policy and procedure shall include an evacuation plan and procedure for notifying legal representatives in emergency situations as applicable. 67.4, 67.15, 69.4(12), 69.32
- ☐ O. The policy and procedure for managing risk and upholding tenant autonomy when tenant decision making results in poor outcomes for the tenant or others. 69.4(13), 69.31
- ☐ P. The policy and procedure for reporting incidents including dependent adult abuse as required in rule 67.2, 235B, 235E, 69.4(14)
- ☐ Q. The policy and procedure related to life safety requirements for a dementia-specific program (if applicable). 69.4(15), 69.32
- ☐ R. The tenant occupancy agreement, tenant rights and all attachments. 67.3, 69.4(16), 69.21, 69.23, 69.24
- ☐ S. If the program contracts for personal care or health-related care services from a certified home health agency, a mental health center, or a licensed health care facility, a copy of that entity's current license or certification. 69.4(17)
- ☐ T. A copy of the state license for the entity that provides food service, whether the entity is the program or an outside entity or a combination of both. 69.4(18)
- ☐ U. Structural and life safety reviews. 69.18, 69.19, 69.35, 69.26

II. SYSTEMS

A. For recertification: Submit a signed and dated statement (in letter form) from the program Maintenance Chief that the systems listed below have been annually inspected and are in proper working order, if the items are applicable. If not applicable, annotate the corresponding box with an "N".

B. Systems (69.7(2)):

1. ☐ Heating, Ventilation and Air Conditioning (HVAC) system.
2. ☐ Electrical system (to include artificial lighting system).
3. ☐ Plumbing, water heater, and sewage system.
4. ☐ Cooking area appliances (if applicable).
5. ☐ Garbage disposals (if applicable).
6. ☐ Laundry appliances (if applicable).
7. ☐ Elevator(s) (if applicable).

III. LICENSES/CERTIFICATES

Send copies only: Items 1 and 2 must be submitted. Items 3, 4, and 5 must be submitted if applicable to the program.

☐ 1. Current state license for the entity providing food service (program or outside entity(s). 69.4(18)

☐ 2. Current certificate of staff participation in an approved food safety course. 69.28(5)-(6)

☐ 3. Current CLIA certificate if program staff performs any laboratory testing. (See info sheet)

☐ 4. State license for other business(s)/activity(s) in the program (i.e., beauty salon, barber shop, etc.). 67.5, 231C

☐ 5. License(s)/certificate(s) for entity(s) contracted with to provide personal care or health-related care. 69.4(17)

RETURN THIS CHECKLIST WITH APPLICATION

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
HEALTH FACILITIES DIVISION
APPLICATION FOR CERTIFICATE

Please answer all questions completely and accurately to avoid unnecessary delays in processing. Return the completed application, with the required fee to the address below 30 days prior to the opening of the program or the expiration of your current certificate. Note: This application is an open record and available to the public.

Iowa Department of Inspections & Appeals
Health Facilities Division – Adult Services Bureau
Lucas State Office Building – Third Floor
321 East 12th Street
Des Moines, IA 50319-0083
(515) 281-6325
Fax: (515) 242-5022

FOR OFFICE USE ONLY
Certificate Number:
Certificate Fee:
Certificate Type
Effective Date:
Expiration Date:

Type of Application

☐ Initial ☐ Recertification ☐ Amendment* ☐ Change of Ownership

* Please specify the reason for the amendment (i.e., Program name change, % ownership change of an interested party):
_____

GENERAL INFORMATION			
Program Name (doing business as)			
Previous Name (if applicable)			
Street Address (physical location)			
City	County	State	Zip Code
Mailing Address (if different from physical address)			
City	County	State	Zip Code
Program Telephone Number	Program FAX Number	E-mail Address	

CERTIFICATE TYPE (CHOOSE ONE) AND FEE STRUCTURE	
☐ Assisted Living Program Type of Population: ☐ General and/or ☐ Dementia-Specific ☐ Elder Group Home ☐ Adult Day Service	☐ Initial certificate - $750 ☐ Recertification - $1,000 ☐ Accreditation via a national body of accreditation (ALP and ADS only) - $125
Total Number of Dwelling Units: _____ If an Assisted Living Program, Number of Dwelling Units: General Population _____ Dementia-Specific _____ Maximum Occupancy: _____	Fee Enclosed: $

Certificate Holder is the ☐ owner(s)/lessor(s), ☐ lessee, or ☐ management company.
The Certificate Holder is the person(s) or business entity ultimately responsible for the operation of the program and with the authority to direct the management and policies of the program.

ADMINISTRATION	
A. Program Manager	
Name – Program Manager	E-Mail Address
Indicate whether the Program Manager is also the **designee** (person authorized to accept personal service and receive registered and certified mail). If "No," complete the Designee section. ☐ **Yes** ☐ **No**	
Note: Any changes to the Program Manager should be reported to the Department in writing within ten (10) business days of the change.	

B. Designee		
Name – Designee	Title	E-Mail Address:

OWNERSHIP INFORMATION			
A. Owner(s)/Lessor(s)			
Name – Owner(s)/Lessor(s)			
Street Address (physical location)			
City	State	Zip Code	County
Mailing Address (if different from street address)			
City	State	Zip Code	County
Telephone Number	FAX Number	E-mail Address	
Contact Person		Telephone Number	

B. Type of Organization (check type of organization)		
Governmental	Proprietary	Voluntary Non-Profit
☐ City ☐ County ☐ State ☐ Federal ☐ City/County ☐ Tribal	☐ Sole Proprietary ☐ Partnership ☐ Corporation ☐ Limited Liability Company ☐ Limited Liability Partnership ☐ Trust	☐ Corporation ☐ Church ☐ Association ☐ Church/Corporation ☐ Private Non-Profit ☐ Limited Liability Company ☐ Limited Liability Partnership ☐ Trust

C. Interested Parties

List all the names, addresses, and percentages of stock, shares, and partnerships or other equity interest of all officers, members of the board of directors, and trustees, as well as stockholders, partners, or any individuals who have greater than a 10% equity interest in the program. The program shall notify DIA of any changes in the list no later than 10 working days after the effective date of the changes.

Name	Title		Ownership %
Street	City	State	Zip Code
Name	Title		Ownership %
Street	City	State	Zip Code
Name	Title		Ownership %
Street	City	State	Zip Code
Name	Title		Ownership %
Street	City	State	Zip Code
Name	Title		Ownership %
Street	City	State	Zip Code
Name	Title		Ownership %
Street	City	State	Zip Code
Name	Title		Ownership %
Street	City	State	Zip Code

D. Lessee Information (If the lease includes sub-leases, complete for all parties)

Is the program leased? ☐ Yes ☐ No
If "**Yes**," continue. If "**No**," skip to Section E.

Name of Lessee			
Street Address (physical location)			
City	State	Zip Code	County
Mailing Address (if different from physical location)			
City	State	Zip Code	County
Telephone Number	FAX Number	E-Mail Address	
Contact Person		Telephone Number	

E. Type of Organization (check type of organization)

Governmental	Proprietary	Voluntary Non-Profit
☐ City ☐ County ☐ State ☐ Federal ☐ City/County ☐ Tribal	☐ Sole Proprietary ☐ Partnership ☐ Corporation ☐ Limited Liability Company ☐ Limited Liability Partnership ☐ Trust	☐ Corporation ☐ Church ☐ Association ☐ Church/Corporation ☐ Private Non-Profit ☐ Limited Liability Company ☐ Limited Liability Partnership ☐ Trust

F. Interested Parties

List all the names, addresses, and percentages of stock, shares, and partnerships or other equity interest of all officers, members of the board of directors, and trustees, as well as stockholders, partners, or any individuals who have greater than a 10% equity interest in the program. The program shall notify DIA of any changes in the list no later than 10 working days after the effective date of the changes.

Name	Title		Ownership %
Street	City	State	Zip Code
Name	Title		Ownership %
Street	City	State	Zip Code

G. Subsidiary/Parent Information

Is the applicant a subsidiary company, either wholly or partially owned by another organization or business?

☐ Yes ☐ No

If "Yes," please provide the following information:

Legal Business Name – Parent Corporation			
DBA (Doing Business As)			
Type of Ownership			
Address	City	State	Zip Code
Contact Person		Telephone Number	

H. Chain Organization

Is the applicant under the control of a chain organization?

☐ Yes ☐ No

Chain organization is defined as multiple providers, and/or suppliers owned, leased, or through any other device, controlled by a single business entity (defined as chain home office). Each entity in the chain may have a different owner but the "home office" maintains uniform procedures in each program for handling utilization review, reimbursement, handling admissions, also maintains and controls centrally, providers/suppliers cost reports, etc.

In addition, a chain program would not necessarily be a subsidiary of the parent corporation but the chain program or programs could be owned by different subsidiaries of the same corporation parent.

Name – Chain Organization

If the applicant/licensee is a Limited Liability Company (LLC) or Limited Liability Partnership (LLP):

- Provide the names and addresses of all LLCs, LLPs or any other type of entity that any of the member(s) of the applicant are also members, officers, directors and/or board members.
- Provide an organizational chart exhibiting the legal business names of any and all subsidiaries, LLCs, LLPs involved with the applicant and its members.

MANAGEMENT COMPANY

Is the operation of the program under a management contract?

☐ Yes ☐ No

If "Yes," provide the following information regarding any management company retained to operate this program.

Type of Management Company:	☐ Corporation	☐ Partnership	☐ LLC	☐ Other
If "Other," please specify:				
Name – Management Company				
Name – Contact Person			Telephone Number	
Address		City	State	Zip Code

Please identify officers, directors, trustees or supervisors of the management company. Attach additional pages if necessary.

Name		Title	
Address	City	State	Zip Code
Name		Title	
Address	City	State	Zip Code

FUNDING – FOR ASSISTED LIVING PROGRAMS ONLY

Is the Program considered an Affordable Assisted Living Program, which is built with low-income housing tax credits?

☐ Yes ☐ No

Will the Program participate in the Medicaid Home and Community-Based Services (HCBS) Waiver program?

☐ Yes ☐ No

Will the Program participate in the HCBS Rent Subsidy Waiver or HUD Section 8 Rental Vouchers program?

☐ Yes ☐ No

STRUCTURE (FILL IN STRUCTURAL INFORMATION SHEET REGARDING DWELLING UNITS)

A. Is the Program attached to one of the following: ☐ RCF ☐ NF ☐ Hospital ☐ Freestanding

B. Is the Program part of a licensed Continuing Care Retirement Community (CCRC)? ☐ Yes ☐ No

C. What is the targeted opening date of the new program? _____

D. For Recertification only:

Have there been any structural modifications to the building since the most recent state certification?

☐ Yes ☐ No

If you answered "Yes," please provide the month and year of completion of the modification(s):

Month/Year: _____

OTHER BUSINESS/ACTIVITY

Please list all other business(es) or activity(ies) located in the program, such as respite care, physical therapy, occupational therapy, etc.: _____

_____

_____

TARGET CLIENTELE

Please describe the clientele to be served (i.e. Intellectually Disabled, Brain Injury, Dementia, Elderly, etc.):

_____

_____

_____

EMERGENCY RESPONSE SYSTEM

Will the program have staff on-site on a 24-hour/day basis to respond to emergency situations?

☐ Yes ☐ No

If you checked "No," please annotate the staff's emergency response time in minutes: _____

FOOD SERVICE

The Program will serve _____ meals each day in a common dining room.

Meals will be prepared:
☐ On-site, a copy of the food service establishment or nursing facility license is attached
☐ Off-site, a copy of the provider's food service establishment or nursing facility license is attached

ADVERSE ACTION – TO BE COMPLETED BY NEW APPLICANTS ONLY

Within the last 10 years, has any adverse action(s) initiated by another state license agency (other than Iowa) resulted in the denial (D), suspension (S), or revocation (R) of a license or certificate held by the owner/lessor, lessee, interested parties, parent corporation, "home office" of a chain organization and/or any of the members of a LLC/LLP?

☐ Yes ☐ No

If "Yes," complete the following table. Use abbreviations to describe the type of adverse action.

Facility Name and Address	City and State	Type of Health Care Provider	Type of Adverse Action	Effective Dates of Adverse Action

OTHER PROVIDERS

Identify the other types of providers owned by the applicant/licensee.
If more than two, check here ☐ and attach additional pages.

Name – Provider		
City	State	Zip Code
Relationship Type (nursing facility, home health agency, community-based residential care facility, hospital, etc.)		
Name – Provider		
City	State	Zip Code
Relationship Type (nursing facility, home health agency, community-based residential care facility, hospital, etc.)		

APPLICANT/LICENSEE - TO BE COMPLETED BY NEW APPLICANTS ONLY

If the applicant/licensee has never been licensed to operate a program in the State of Iowa, we request that you provide resumes for each officer (if the applicant is a corporation) or each partner (if partnership) or member (if limited liability company), etc. to assist the Department in determining the applicant's ability to operate a program.

CONTACT PERSON

Identify the person responsible for completing this application and who can be contacted if we have questions.

Name		Title
Telephone Number	FAX Number	E-Mail Address

Disclosures

1. In accordance with 481 IAC 69.4(3), 68.4(3) or 70.4(3), do any of the individuals referred to in the "Interested Parties" sections of this application have, or have they had, any ownership interest in an adult day service program, assisted living program, elder group home, home health agency, licensed health care facility as defined in Iowa Code chapter 135C, or a licensed hospital as defined in Iowa Code chapter 135B, which has been closed in any state due to removal of program, agency, or facility licensure or certification, due to involuntary termination from participation in either the Medicare or Medicaid Program, or have been found to have failed to provide adequate protection or services to prevent abuse or neglect of residents, patients, tenants, or participants.

2. In accordance with 481 IAC rules 68.4(2), 69.4(2), or 70.4(2), have any of the individuals referred to in the "Interested Parties" section of this application been convicted of a felony, aggravated or serious misdemeanor or found in violation of the child abuse or dependent adult abuse laws of any state.

☐ Yes ☐ No

If *"Yes,"* please provide an explanation on a separate sheet of paper.

AFFIRMATION STATEMENT

I hereby affirm to the best of my knowledge that the information in this application is complete and accurate. I assure the owner(s) of the program named herein will work with the Department of Inspections and Appeals, Department of Public Safety, and others as deemed necessary, to bring the program into full compliance with the requirements of Iowa Code chapters 231B, 231C, or 231D; 481 Iowa Administrative code chapters 67, 68, 69 or 70; and other applicable local, state, and federal regulations.

_____ _____

Authorized Signature and Title Date

ASSISTED LIVING PROGRAMS
CERTIFICATION and RE-CERTIFICATION DOCUMENT REVIEW CHECKLIST

This checklist may be utilized by an Assisted Living Program as a tool to help put together documents required to be submitted to DIA for initial and re-certification processing and to ensure the documents contain the minimum requirements set forth by Iowa Code chapter 231C, 481 Iowa Administrative Code chapters 67 and 69, and other applicable law. DIA will use the same checklist to verify the documents contain the minimum requirements. Copies of this checklist may be made for your use.

DO NOT RETURN THIS CHECKLIST WITH YOUR DOCUMENTS

Y	N	Rule/Code Section	Criteria
			OCCUPANCY AGREEMENT
		69.21(231C)	**Occupancy Agreement:**
			The occupancy agreement shall be in 12-point type or larger, shall be written in plain language using commonly understood terms, and shall be easy for the tenant or the tenant's legal representative to understand.
		69.21(2)(a-f)	In addition to the requirements of Iowa Code section 231C.5, the written occupancy agreement shall include, but not be limited to, the following information in the body of the agreement or in the supporting documents and attachments: a. The telephone number for filing a complaint with the department. b. The telephone number for the office of the tenant advocate. c. The telephone number for reporting dependent adult abuse. d. A copy of the program's statement on tenant's rights. 67.3(1-8) e. A statement that tenant/landlord law applies to assisted living programs. 69.37, 231C.19 f. A statement that the program will notify the tenant at least 90 days in advance of any planned program cessation, which includes voluntary decertification, except in cases of emergency.
		69.21(3)	The occupancy agreement shall be reviewed and updated as necessary to reflect any change in services or financial arrangements.
		69.21(4)	A copy of the occupancy agreement shall be provided to the tenant or the tenant's legal representative, if any, and a copy shall be kept by the program.
		69.21(5)	A copy of the most current occupancy agreement shall be made available to the general public upon request. The basic marketing material shall include a statement that a copy of the occupancy agreement in available to all persons upon request.
		231C.5	**Written occupancy agreement required:**
		231C.5(1)	An assisted living program shall not operate in this state unless a written occupancy agreement, as prescribed in subsection 2, is executed between the assisted living program and each tenant of the tenant's legal representative, prior to the tenant's occupancy, and unless the assisted living program operated in accordance with the terms of the occupancy agreement. The assisted living program shall deliver to the tenant or the tenant's legal representative a complete copy of the occupancy agreement and all other supporting documents and attachments and shall deliver, at least thirty days prior to any changes, a written copy of changes to the occupancy agreement if any changes to the copy originally delivered are subsequently made.
		231C.5(2)	An assisted living program occupancy agreement shall clearly describe the rights and responsibilities of the tenant and the program. The occupancy agreement shall also include but is not limited to inclusion of all of the following information in the body of the agreement or in the supporting documents and attachments: a. A description of all fees, charges, and rates describing tenancy and basic services covered, and any additional and optional services and their related costs. b. A statement regarding the impact of the fee structure on third-party payments and whether third-party payment resources are accepted by the assisted living program. c. The procedure followed for nonpayment of fees. d. Identification of the party responsible for payment of fees and identification of the tenant's legal representative if any. e. The terms of the occupancy agreement. f. A statement that the assisted living program shall notify the tenant or the tenant's representative,

			as applicable, in writing at least thirty days prior to any change being made in the occupancy agreement with the following exceptions: (1) When the tenant's health, status or behavior constitutes a substantial threat to the health or safety of the tenant, other tenants, or others, including when the tenant refuses to consent to relocation. (2) When an emergency or a significant change in the tenant's condition results in the need for the provision of services that exceed the type or level of services included in the occupancy agreement and the necessary services cannot be safely provided by the assisted living program. g. A statement that all tenant information shall be maintained in a confidential manner to the extent required under state and federal law. h. Occupancy, involuntary transfer, and transfer criteria and procedures, which ensure a safe and orderly transfer. 69.24, 231C.6 i. The internal appeals process provided relative to an involuntary transfer. 69.24 j. The policies and procedures for addressing grievances between the assisted living program and the tenants, including grievances related to transfer and occupancy. k. A statement of the prohibition against retaliation as prescribed in section 231C.13. l. The emergency response policy. m. The staffing policy which specifies if nurse delegation will be used and how staffing will be adapted to meet changing tenant needs. n. In dementia-specific assisted living programs, a description of the services and programming provided to meet the life skills and social activities of the tenants. o. The refund policy. p. A statement regarding billing and payment procedures.
		231C.5(3)	*Occupancy agreements* and related documents executed by each tenant or the tenant's legal representative shall be maintained by the assisted living program in program files from the date of execution until three years from the date the occupancy agreement is terminated. A copy of the most current occupancy agreement shall be provided to members of the general public, upon request. Occupancy agreements and related documents shall be made available for on-site inspection to the department upon request and at reasonable times.
		6923(231C)	**Criteria for admission and retention of tenants:**
		69.23(1)	*Persons who may not be admitted or retained.* A program shall not knowingly admit or retain a tenant who: a. Is bed-bound; or b. Requires routine, two-person assistance with standing, transfer or evacuation; or c. Is dangerous to self or other tenants or staff, including but not limited to a tenant who: (1) Despite intervention chronically elopes, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse or aggression; or (2) Displays behavior that places another tenant at risk; or d. Is in acute stage of alcoholism, drug addiction, or uncontrolled mental illness; or e. Is under the age of 18; or f. Requires more than part-time or intermittent health-related care; or g. Has unmanageable incontinence on a routine basis despite an individualized toileting program; or h. Is medically unstable; or i. Requires maximal assistance with activities of daily living.
		69.23(2)	*Disclosure of additional occupancy and transfer criteria.* A program may have additional occupancy or transfer criteria if the criteria are disclosed in the written occupancy agreement prior to the tenant's occupancy.
		69.23(3)	*Assistance with transfer from the program.* A program shall provide assistance to a tenant and the tenant's legal representative, if applicable, to ensure a safe and orderly transfer from the program when the tenant exceeds the program's criteria for admission and retention.
			EVALUATION OF TENANT
		69.22(231C)	**Evaluation of each tenant's functional, cognitive health status:**
		69.22(1)	*Evaluation prior to occupancy.* A program shall evaluate each prospective tenant's function, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored,

			objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale (GDS) shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitive impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional or human service professional.
		69.22(2)	*Evaluation within 30 days of occupancy and with significant change.* A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change.
		SERVICE PLAN	
		69.26(231C)	**Service plans:**
		69.26(1)	A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed.
		69.26(2)	Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the plan.
		69.26(3)	When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, sub not less than annually. a. If a significant change triggers the review and update of the service plan, the updated service plan shall be signed and dated by all parties. b. If a significant change does not exist, the program may, after nurse review, add minor discretionary changes to the service plan without a comprehensive evaluation and without obtaining signatures on the service plan. c. If a significant change relates to a recurring or chronic condition, a previous evaluation and service plan of the recurring condition may be utilized without new signatures being obtained. For example, with chronic exacerbation of a urinary tract infection, nurse review is adequate to institute the previously written evaluation and service plan.
		69.26(4)	The service plan shall be individualized and shall indicate, at a minimum a. The tenant's identified needs and preferences for assistance; b. Any service and care to be provided pursuant to the occupancy agreement; c. The service provider(s), if other than the program, including but not limited to providers of hospice care, home health care, occupational therapy and physical therapy; d. For tenants who are unable to play their own activities, including tenants with dementia, planned and spontaneous activities based on the tenant's abilities and personal interests; and e. Preferences, if any, of the tenant or the tenant's legal representative, for nursing facility care, if the need for nursing facility care presents itself during the assisted living program occupancy.
		MEDICATIONS	
		67.5(231c)	**Each program shall follow its own written medical policy, that includes the following:**
		67.5(1)	The program shall not prohibit a tenant from self-administering medications.
		67.5(2)	A tenant shall self-administer medications unless: a. The tenant or the tenant's legal representative delegates in the occupancy agreement or signed service plan any portion of medication setup to the program. b. The tenant delegates medication setup to someone other than the program. c. The program assumes partial control of medication setup at the direction of the tenant. The medication plan shall not be implemented by the program unless the program's registered nurse deems it appropriate under applicable requirements, including those in 655—Chapter 6 governing nurse delegation. The program's registered nurse must agree to the medical plan.
		67.5(3)	A tenant shall keep medications in the tenant's possession unless the tenant or the tenant's legal representative, if applicable, delegates in the occupancy agreement or signed service plan partial

			or complete control of medications to the program. The service plan shall include the tenant's choice related to storage.
		67.5(4)	When a tenant has delegated medication administration to the program, the program shall maintain a list of the tenant's medications. If the tenant self-administers medications, the tenant may choose to maintain a list of medications in the tenant's apartment or to disclose a current list of medications to the program for the purpose of emergency response. If the tenant discloses a medical list to the program in case of an emergency, the tenant remains responsible for the accuracy of the list.
		67.5(5)	When the medication setup is delegated to the program by the tenant, staff via nurse delegation may transfer medications from the original prescription containers or unit dosing into medication reminder boxes or medication cups.
		67.5(6)	When medications are administered traditionally by the program: a. The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner register in Iowa or by unlicensed assistive personnel in accordance with requirements in 655—Chapter 6 governing nurse delegation. b. Medications shall be kept in a locked place or container that is not accessible to persons other than employees responsible for the administration or storage of such medications. c. The program shall maintain a list of each tenant's medications and document the medications administered.
		67.5(7)	Narcotics protocol shall be determined by the program's registered nurse.
		231C.16A	**Medication setup – administration and storage of medications.**
		231C.16A(1)	An assisted living program may provide for medication setup if requested by a tenant of the tenant's legal representative. If medication setup is provided following such request, the program shall be responsible for the specific task requested and the tenant shall retain responsibility for those tasks not requested to be provided.
		231C.16A(2)	If medications are administered or stored by an assisted living program, of if the assisted living program provides for medication setup, all of the following shall apply: a. If administration of medications is delegated to the program by the tenant or the tenant's legal representative, the medications shall be administered by a registered nurse, licensed practical nurse, or advanced registered nurse practitioner licensed or registered in Iowa or by the individual to whom such licensed or registered individuals may properly delegate administration of medications. b. Medications, other than those self-administered by the tenant or provided through medication setup, shall be stored in locked storage that is not accessible to persons other than employees responsible for administration or storage of medications. c. Medications shall be labeled and maintained in compliance with label instructions and state and federal law. d. A person, other than a person authorized to prescribe prescription drugs under state and federal law, shall not alter the prescriptions of a tenant. e. Medications shall be stored in their originally received containers. f. If medication setup is provided by the program at the request of the tenant or the tenant's legal representative, or if medication administration is delegated to the program by the tenant or tenant's legal representative, appropriate staff of the program may transfer the medications in the tenant's presence from the original prescription container to medication dispensing containers, reminder containers, or medication cups. g. Program assistance with medication administration as specified in the occupancy agreement shall not require the program to provide assistance with the storage of medications.
		NURSE REVIEW	
		69.27(231C)	**Nurse review – If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provided for a registered nurse or licensed practical nurse via nurse delegation:**
		69.27(1)	To monitor, at least every 90 days, or after a significant change in the tenant's condition, any tenant who received program-administered prescription medications for adverse reactions to the medications and to make appropriate interventions or referrals, and to ensure that the prescription medication orders are current and that the prescription medications are administered consistent with such orders; and
		69.27(2)	To ensure that health care professionals' orders are current for tenants who receive health care

			professional-directed care from the program; and
		69.27(3)	To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; and
		69.27(4)	To provide the program with written documentation of the activities under the service plan, as set forth in rule 481—69.26(231C), showing the time, date and signature.
			Note: Refer to Table A at the end of this chapter. If the program does not provide personal or health-related care to a tenant, nurse review is not required.
		FOOD SERVICE	
		69.28(231c)	**Food Service:**
		69.28(1)	The program shall provide or coordinate with other community providers to provide a hot or other appropriate meal(s) at least once a day or shall make arrangements for the availability of meals.
		69.28(2)	Meals and snacks provided by the program but not prepared on site shall be obtained from or provided by an entity that meets the standards of state and local health laws and ordinances concerning the preparation and serving of food.
		69.28(3)	Menus shall be planned to provide the following percentage of the daily recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences based on the number of meals provided by the program: a. A minimum of 33 1/3 percent if the program provides one meal per day; b. A minimum of 66 2/3 percent if the program provides two meals per day; and c. One hundred percent if the program provides three meals a day.
		69.28(4)	Therapeutic diets may be provided by a program. If therapeutic diets are provided, they shall be prescribed by a physician, physician's assistant, or advanced registered nurse practitioner. A current copy of the Iowa Simplified Diet Manual published by the Iowa Dietetic Association shall be available and used in the planning and serving of therapeutic diets. A licensed dietitian shall be responsible for writing and approving the therapeutic menu and for review procedures for food preparation and service for therapeutic diets.
		69.28(5)	Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection. a. In addition to the requirements above, a minimum of one person directly responsible for food preparation shall have successfully completed a state-approved food protection program by: (1) Obtaining certification as a dietary manager; or (2) Obtaining certification as a food protection professional; or (3) Successfully completing a course meeting the requirements for a food protection program included in the Food Code adopted pursuant to Iowa Code chapter 137F. Another course may be substituted if the course's curriculum includes substantially similar competencies to a course that meets the requirements of the Food Code and the provider of the course files with the department a statement indicating that the course provides substantially similar instruction as it relates to sanitation and safe food handling. b. If the person is in the process of completing a course or certification listed in paragraph "a," the requirement relating to completion of a state-approved food protection program shall be considered to have been met.
		69.28(6)	Programs engaged in the preparation and service of meals and snacks shall meet the standards of state and local health laws and ordinances pertaining to the preparation and service of food and shall be licensed pursuant to Iowa Code chapter 137F.
		69.28(7)	Programs may have an on-site dietitian. Programs may secure menus and a dietitian through other methods.
		STAFFING	
		67.9(231c)	A sufficient number of training staff shall be available at all times to fully meet tenants' identified needs.
		67.9(2)	All staff shall be able to implement the accident, fire safety, and emergency procedures.
		67.9(3)	Pursuant to Iowa Code section 135C.33, a prospective employee of a program shall have a criminal history check, dependent adult abuse check and child abuse check performed before the prospective employee begins work. If a prospective employee has a criminal history or an abuse history, the prospective employee shall not be employed by the program unless the Department of

			Human Services has performed an evaluation and determined that the record does not warrant the employment prohibition. Proof of the pre-employment background check shall be maintained in the program's employee file. The program must meet all requirements of Iowa Code section 135C.33 and administrative rules adopted pursuant to Iowa Code section 135C.33.
		67.9(4)	The program shall have training and staffing plans on file and shall maintain documentation of training received by program staff.
		67.9(5)	Any nursing service shall be provided in accordance with Iowa Code Chapter 153 and 655-Chapter 6.
		67.9(6)	A staff member shall not be designated as attorney-in-fact, guardian, conservator, or representative payee for a tenant unless the staff member is related to the tenant by blood, marriage, or adoption.
		69.29(231C)	**Staffing: In addition to the general staffing requirements in rule 481—67.9(231C), the following requirements apply to staffing in programs:**
		69.29(1)	Each tenant shall have access to a 24-hour personal emergency response system that automatically identifies the tenant in distress and can be activated with one touch.
		69.29(2)	In lieu of providing access to a personal emergency response system, a program serving one or more tenants with cognitive disorder or dementia shall follow a system, program, or written staff procedures that address how the program will respond to the emergency needs of the tenant(s).
		69.29(3)	The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population.
		69.29(4)	A dementia-specific assisted living program shall have one or more staff persons who monitor tenants as indicated in each tenant's service plan. The staff shall be awake and on duty 24 hours a day on site and in the proximate area. The staff shall check on tenants as indicated in the tenants' service plans.
		69.29(5)	All programs employing a new program manager after January 1, 2010, shall require the manager within six months of hire to complete an assisted living management class whose curriculum includes at least six hours of training specifically related to Iowa rules and laws on assisted living programs. Managers who have completed a similar training prior to January 1, 2010, shall not be required to complete additional training to meet this requirement.
		69.29(6)	All programs employing a new delegating nurse after January 1, 2010, shall require the delegating nurse within six months of hire to complete an assisted living manager class or assisted living nursing class whose curriculum includes at least six hours of training specifically related to Iowa rules and laws on assisted living. A minimum of one delegating nurse from each program must complete the training. If there are multiple delegating nurses and only one delegating nurse completes the training, the delegating nurse who completes the training shall train the other delegating nurses in the Iowa rule and laws on assisted living. As of January 1, 2010, all programs shall have a minimum of one delegating nurse who has completed the training described in this subrule.
		67.19(231C)	**Nursing assistant work credit:**
		67.16(1)	A person who is certified as a nursing assistant, including a medication aide, and who is supervised by a registered nurse may submit information to the department to obtain credit toward maintaining certification for working in a program. A program may add an employee to the direct care worker registry by calling (515) 281-4077 or by registering through the health facilities division Web site at https://dia-hfd.iowa.gov/DIA_HFD.do under the "Documents tab.
		67.16(2)	A program shall complete and submit to the department a direct care worker registry application for each certified nursing assistant who works in the program. A registered nurse employed by the program shall supervise the nursing assistant. The application may be obtained by telephone at (515) 271-4077 or via the health facilities division Web site at https://dia-hfd.iowa.gov/DIA_HFD.do under the "Documents" tab.
		67.16(3)	A program shall complete and submit to the department a direct care worker registry quarterly employment report whenever a change in the employment of a certified nursing assistant occurs. The report form may be obtained by telephone at (515) 281-4077 or via the health facilities division Web site at https://dia-hfd.iowa.gov/DIA_HFD.do under the "Documents" tab.
		STAFF TRAINING	
		69.30(231C)	**Dementia-Specific education for program personnel:**
		69.30(1)	All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either

			employment or the beginning date of the contract, as applicable.
		69.30(2)	The dementia-specific education or training shall include, at a minimum, the following: a. An explanation of Alzheimer's disease and related disorders; b. The program's specialized dementia care philosophy and program; c. Skills for communicating with persons with dementia; d. Skills for communicating with family and friends of persons with dementia; e. An explanation of family issues such as role reversal, grief and loss, guilt, relinquishing the care-giving role and family dynamics; f. The importance of planned and spontaneous activities; g. Skills in providing assistance with instrumental activities of daily living; h. The importance of the service plan and social history information; i. Skills in working with challenging tenants; j. Techniques for simplifying, cueing, and redirecting; k. Staff support and stress reduction; and l. Medication management and non-pharmacological interventions.
		69.30(3)	All personnel employed by or contracting with a dementia-specific program shall receive a minimum of two hours of dementia-specific continuing education annually. Direct-care personnel shall receive a minimum of eight hours of dementia-specific continuing education annually.
		69.30(4)	An employee or contractor who provides documentation of completion of a dementia-specific education or training program within the past 12 months shall be exempt from the education and training requirement of sub-rule 69.30(1).
		69.30(5)	Dementia-specific training shall include hands-on training and may include any of the following: classroom instruction, Web-based training, and case studies of tenants in the program.
		MANAGED RISK	
		69.31(231C)	**Managed risk policy and managed risk consensus agreements – the program shall have a managed risk policy. The managed risk policy shall be provided to the tenant along with the occupancy agreement. The managed risk policy shall include the following:**
		69.31(1)	An acknowledgement of the shared responsibility for identifying and meeting the needs of the tenant and the process for managing risk and for upholding tenant autonomy when tenant decision making results in poor outcomes for the tenant or others; and
		69.31(2)	A consensus-based process to address specific risk situations. Program staff and the tenant shall participate in the process. The result of the consensus-based process may be a managed risk consensus agreement. The managed risk consensus agreement shall include the signature of the tenant and the signature of all others who participated in the process. The managed risk consensus agreement shall be included in the tenant's file.
		ACCIDENT/EMERGENCY RESPONSE/LIFE SAFETY	
		67.2, 67.15, 69.29, 69.32(231c)	**Accident, emergency response, and life safety:**
		67.2(1-2)	A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse.
		67.15(1-3)	Emergency removal of tenants. If the Department determines that the health or safety of tenants is in jeopardy and the tenants need to be removed from the program, the Department shall use the following procedures to ensure a safe and orderly transfer.
		69.29(1)	Each tenant shall have access to a 24 hours/day emergency response system that automatically identifies the tenant in distress and can be activated with one touch.
		69.29(2)	In lieu of providing access to a personal emergency response system, a program serving one or more tenants with cognitive disorder or dementia shall follow a system, program, or written staff procedures that address how the program will respond to the emergency needs of the tenant(s).
		69.32(1)(a-j)	The program shall submit to the department and follow written emergency policies and procedures, which shall include the following: a. An emergency plan, which shall include procedures for natural disasters (identify where the plan is located for each reference); b. Fire safety procedures; c. Other general or personal emergency procedures;

			d. Provisions for amending or revising the emergency plan; e. Provisions for fire drills; f. Regulations regarding smoking; g. Monitoring and testing of smoke-control systems; h. Tenant evacuation procedures; and i. Procedures for reporting and documentation.
		69.32(2)(a-b)	An operating alarm system shall be connected to each exit door in a dementia-specific program. A program serving a person(s) with cognitive disorder or dementia, whether in a general or dementia-specific setting, shall have: a. Written procedures regarding alarm systems and appropriate staff response when a tenant's service plan indicates a risk or elopement or a tenant exhibits wandering behavior. b. Written procedures regarding appropriate staff response if a tenant with cognitive disorder or dementia is missing.
		69.32(3)	The program's structure and procedures and the facility in which a program is located shall meet the requirements adopted for assisted living programs in administrative rules promulgated by the state fire marshal. Approval of the state fire marshal indicating that the building is in compliance with these requirements is necessary for certification of a program.
		69.32(4)	The program shall have the means to control the maximum temperature of water at sources accessible by a tenant to prevent scalding and shall control the maximum water temperature for tenants with cognitive impairment or dementia or at a tenant's request.
		TRANSPORTATION	
		69.33(231C)	**Transportation – When transportation services are provided directly or under contract with the program:**
		69.33(1)	The vehicle shall be accessible and appropriate to the tenants who use it, with consideration for any physical disabilities and impairments.
		69.33(2)	Every tenant transported shall have a seat in the vehicle, except for a tenant who remains in a wheelchair during transport.
		69.33(3)	Vehicles shall have adequate seat belts and securing devices for ambulatory and wheelchair-using passengers.
		69.33(4)	Wheelchairs shall be secured when the vehicle is in motion.
		69.33(5)	During loading and unloading of a tenant, the driver shall be in the proximate area of the tenants in the vehicle.
		69.33(6)	The driver shall have a valid and appropriate Iowa driver's license or commercial driver's license as required by law for the vehicle being utilized for transport. If the driver is licensed in another state, the license shall be valid and appropriate for the vehicle being utilized for transport. The driver shall meet any state or federal requirements for licensure or certification for the vehicle operated.
		69.33(7)	Each vehicle shall have a first-aid kit, fire extinguisher, safety triangles and a device for two-way communication.
		ACTIVITIES	
		69.34(231C)	**Activities:**
		69.34(1)	The program shall provide appropriate activities for each tenant. Activities shall reflect individual differences in age, health status, sensory deficits, lifestyle, ethnic and cultural beliefs, religious beliefs, values, experiences, needs, interests, abilities and skills by providing opportunities for a variety of types and levels of involvement.
		69.34(2)	Activities shall be planned to support the tenant's service plan and shall be consistent with the program statement and occupancy policies.
		69.34(3)	A written schedule of activities shall be developed at least monthly and made available to tenants or tenants and their legal representatives.
		69.34(4)	Tenants shall be given the opportunity to choose their levels of participation in all activities offered in the program.

Benefits

State Veterans Benefits

- Injured Veterans Grant
- Homeownership Assistance
- Property Tax Exemption
- Lifetime Hunting and Fishing
- War Orphan Tuition Assistance
- License Plates
- Vietnam Conflict Bonus
- Trust Fund
- Education
- High School Diploma
- Iowa Veterans Cemetery
- WWII Honor Flight

Federal Veterans Benefits

- Federal Benefit Information and Applications

Transitional Help

- PTSD (Posttraumatic Stress Disorder)
- TBI (Traumatic Brain Injury)
- Suicide Prevention & Awareness
- For Families & Loved Ones
- Substance Abuse
- Returning Veterans
- Homelessness
- National Resource Directory (NRD)

Services

County Veterans Offices

VA Medical Centers

- Des Moines Iowa City Knoxville

Community Based VA Clinics

- Bettendorf Dubuque Fort Dodge
- Mason City Sioux City Spirit Lake
- Waterloo

Vet Centers

- Cedar Rapids Des Moines
- Omaha Quad Cities Sioux City

Veterans Employment Services

- State Employment Services
- Federal Employment Services
- Legal Employment Rights
- Guard and Reserves Support

Key Resources

- 24-Hour Emergency Hotline
  1-800-273-8255
- State of Iowa VA Office
  1-800-838-4692
- Federal VA Regional Office (IA)
  1-800-827-1000
- VA Health Care Eligibility
  1-877-222-8387
- Federal VA Benefits
- Federal Applications
- Federal Benefits Handbook

VA BENEFIT INFORMATION FOR FACILITIES & ASB PROGRAMS

VA Benefit Contact Information:
Bob Steben, Nursing Home and Benefit Specialist
515-242-0153
Bob.Steben@iowa.gov

https://www.iowava.org

Revised05232011

FEE SCHEDULE
for
ASSISTED LIVING PROGRAM CERTIFICATION
(Effective July 1, 2003)

Blueprint Review Fee:

Blueprints must be reviewed prior to construction or remodeling of a building for use as an assisted living program. The Blueprint Review Fee must accompany the blueprints. Blueprints must be wet-sealed by an Iowa-licensed architect or engineer and must include all supporting plumbing, electrical and mechanical system documentation. Other documentation that must be provided with the blueprints for review prior to construction or remodeling includes: the evacuation/emergency plan and product data and shop drawings for the fire alarm, smoke detection and sprinkler systems.

Blueprint Review fees for assisted living programs are as follows:

Optional Preliminary Plan review:	$500.00
Blueprint Plan review:	$900.00

The Blueprints and supporting documentation are to be sent to:

Department of Public Safety
Facility Engineer
215 E. 7th Street
Des Moines, IA 50319

Certification Fees: (Certification fee must accompany the application):

Certification fees for assisted living programs:

Initial Standard Certification (2 years):	$ 750.00*
Standard Re-Certification (2 years):	$1,000.00

The blueprint fees, application and related documentation must be sent to:

Department of Inspection and Appeals
Adult Services Bureau
3rd Floor Lucas Building
321 E. 12th St.
Des Moines. IA 50319-0083

---

* Owners/Administrators should contact the Department as early as possible in the planning process of an Assisted Living Program. Certification will be required *prior to admission of tenants*.

Revised05232011

CLIA Laboratory Certificate: Does Your Facility Need One?

By Nancy Grove, B.S., MT (ASCP)
Senior Laboratory Consultant
University of Iowa Hygienic Laboratory

Under the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), federal law [42 CFR 493] states that any laboratory or facility performing laboratory testing of human specimens for the purpose of providing information for the diagnosis, prevention or treatment of disease or impairment of, or the assessment of the health of, human beings is required to obtain a CLIA certificate and must meet certain requirements. The rule applies whether or not the facility bills Medicare, Medicaid, other insurance, the patient, or provides the service at no charge.

The type of CLIA certificate a facility must have depends on the type of testing the facility performs. Generally the type of testing performed by staff in nursing facilities, rehabilitation centers, or hospice care is classified as "waived" (e.g. glucose monitoring using a glucometer, fecal occult blood testing, urine dipstick testing, etc.). For facilities performing only waived testing, the type of certificate required is a Certificate of Waiver.

While the Iowa Department of Inspections and Appeals (DIA) facilitates and conducts health facility surveys in Iowa (e.g. long-term care facilities and hospitals) DIA has contracted for more than 35 years with the University of Iowa Hygienic Laboratory (UHL) to perform the clinical laboratory surveys. In October 2002, UHL assumed administrative oversight responsibilities for the Iowa CLIA program, in addition to conducting CLIA laboratory surveys. UHL is now listed on the Centers for Medicare & Medicaid Services (CMS) web site (www.cms.hhs.gov/clia) as the State Survey Agency (SSA) for the Iowa CLIA Program. If you contact DIA about the CLIA program, you will be given the UHL phone number and contact person. If you have any CLIA-related questions, please contact the laboratory consultants, Nancy Grove or Kristine Rotzoll, by phone at (319) 335-4500 or 1-800–421-IOWA, or fax at (319) 335-4555. E-mail can be sent to the laboratory consultants at the following addresses: ngrove@uhl.uiowa.edu or krotzoll@uhl.uiowa.edu.

To obtain a CLIA certificate, facilities must complete an application form (CMS-116), which can be obtained from the CLIA web site (www.cms.hhs.gov/clia) or by contacting the UHL laboratory consultants. The fee for a Certificate of Waiver is $150 every two years.

To make changes to your CLIA certificate, the federal regulations require that a facility with a Certificate of Waiver notify its SSA in writing within 30 days of any change(s) in ownership, name, location or laboratory director.

CLIA applications and notifications may be submitted by mail, fax (319/335-4555), or e-mail (ngrove@uhl.uiowa.edu or krotzoll@uhl.uiowa.edu). The mail address for notifications is:

Iowa CLIA Laboratory Program
University of Iowa Hygienic Laboratory
102 Oakdale Campus, H101 OH
Iowa City, IA 52242

So to answer the question, "Does your facility need a CLIA certificate?". If your facility is performing laboratory testing, even if it is only an occasional finger-stick glucose test for a resident or client, the facility is considered a laboratory and is required by federal regulations to have the appropriate CLIA certificate.

Internet Resource for Long-Term Care Surveyors, Providers

The federal Centers for Medicare & Medicaid Services (CMS) has launched a new web site that provides summaries of nationally-accepted clinical and professional standards for long-term care. The web site, "Sharing Innovations in Quality Repository of Clinical Standards and Guidelines," was developed by the American Institutes of Research (AIR). The Institute searched through thousands of guidelines that would be most useful to long-term care surveyors and providers. New information will be added periodically after evaluation by CMS and the Institute. The web site can be accessed at the following address: www.cms.hhs.gov/medicaid/survey-cert/siqhome.asp.

CONSUMER PREFERENCES

from Elizabeth Clemmer, AARP

Key Consumer Issues:

- independence
- privacy
- control

In a national survey, the average elder wanted:

- private room
- private bathroom
- refrigerator
- food storage
- microwave
- flexible meal schedule, menus
- staff availability adequate, staff who are caring
- trained staff supervising meds
- staff levels the same on weekends as during week
- transportation for non-medical trips; in a car, not a van
- family involvement
- 15-minutes to doctor, drug store, grocery store

STRONGLY ENCOURAGE LOCAL MARKET SURVEY to identify what elders in your community want ***and are willing to pay to have.***

USE LOCAL FOCUS GROUPS. They can be not only a very effective means of determining salable design, but also a strong marketing tool.

Revised05232011