

SECOND REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 616
93RD GENERAL ASSEMBLY

Reported from the Committee on Senior Citizen Advocacy May 2, 2006 with recommendation that House Committee Substitute for Senate Committee Substitute for Senate Bill No. 616 Do Pass. Referred to the Committee on Rules pursuant to Rule 25(26)(f).

STEPHEN S. DAVIS, Chief Clerk

3627L.11C

AN ACT

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

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

Section A. Sections 198.006 and 198.073, RSMo, are repealed and four new sections enacted in lieu thereof, to be known as sections 198.005, 198.006, 198.073, and 1, to read as follows:

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

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

(1) "Abuse", the infliction of physical, sexual, or emotional injury or harm;

(2) "Activities of daily living" or "ADL", one or more of the following activities of daily living:

(a) Eating;

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

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 of a facility;

13 [(3)] (4) "Affiliate":

14 (a) With respect to a partnership, each partner thereof;

15 (b) With respect to a limited partnership, the general partner and each limited partner
16 with an interest of five percent or more in the limited partnership;

17 (c) With respect to a corporation, each person who owns, holds or has the power to vote
18 five percent or more of any class of securities issued by the corporation, and each officer and
19 director;

20 (d) With respect to a natural person, any parent, child, sibling, or spouse of that person;

21 (5) "Appropriately trained and qualified individual", an individual who is licensed
22 with the state of Missouri in a health care related field or an individual with a degree in a
23 health care related field or an individual with a degree in a health care, social services, or
24 human services field or an individual licensed under chapter 344, RSMo, and who has
25 received facility orientation training under 19 CSR 30-86042(18), and dementia training
26 under section 660.050, RSMo, and twenty-four hours of additional training, approved by
27 the department, consisting of definition and assessment of activities of daily living,
28 assessment of cognitive ability, service planning, and interview skills;

29 (6) "Assisted living facility", any premises, other than a residential care facility,
30 intermediate care facility, or skilled nursing facility that is utilized by its owner, operator,
31 or manager to provide twenty-four hour care and services and protective oversight to three
32 or more residents who are provided with shelter, board, and who need and are provided
33 with one or more of the following:

34 (a) Assistance with any activities of daily living and any instrumental activities of
35 daily living;

36 (b) Storage, distribution, or administration of medications; and

37 (c) Supervision of health care under the direction of a licensed physician, provided
38 that such services are consistent with a social model of care;

39

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

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

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

51 [(4)] (9) **"Department"**, the Missouri department of health and senior services;

52 [(5)] (10) **"Emergency"**, a situation, physical condition or one or more practices,
53 **methods or operations which presents imminent danger of death or serious physical or mental**
54 **harm to residents of a facility;**

55 [(6)] (11) **"Facility"**, any residential care facility [I, residential care facility II,
56 **immediate] , assisted living facility, intermediate** care facility, or skilled nursing facility;

57 [(7)] (12) **"Health care provider"**, any person providing health care services or goods to
58 **residents and who receives funds in payment for such goods or services under Medicaid;**

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

61 (a) **Preparing meals;**

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

63 (c) **Medication management;**

64 (d) **Managing money;**

65 (e) **Using the telephone;**

66 (f) **Housework; and**

67 (g) **Transportation ability;**

68 [(8)] (14) **"Intermediate care facility"**, any premises, other than a residential care facility
69 **[I, residential care facility II], assisted living facility, or skilled nursing facility, which is utilized**
70 **by its owner, operator, or manager to provide twenty-four hour accommodation, board, personal**
71 **care, and basic health and nursing care services under the daily supervision of a licensed nurse**
72 **and under the direction of a licensed physician to three or more residents dependent for care and**
73 **supervision and who are not related within the fourth degree of consanguinity or affinity to the**
74 **owner, operator or manager of the facility;**

75 [(9)] (15) **"Manager"**, any person other than the administrator of a facility who contracts
76 **or otherwise agrees with an owner or operator to supervise the general operation of a facility,**

77 providing such services as hiring and training personnel, purchasing supplies, keeping financial
78 records, and making reports;

79 [(10)] (16) "Medicaid", medical assistance under section 208.151, RSMo, et seq., in
80 compliance with Title XIX, Public Law 89-97, 1965 amendments to the Social Security Act (42
81 U.S.C. 301 et seq.), as amended;

82 [(11)] (17) "Neglect", the failure to provide, by those responsible for the care, custody,
83 and control of a resident in a facility, the services which are reasonable and necessary to maintain
84 the physical and mental health of the resident, when such failure presents either an imminent
85 danger to the health, safety or welfare of the resident or a substantial probability that death or
86 serious physical harm would result;

87 [(12)] (18) "Operator", any person licensed or required to be licensed under the
88 provisions of sections 198.003 to 198.096 in order to establish, conduct or maintain a facility;

89 [(13)] (19) "Owner", any person who owns an interest of five percent or more in:

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

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

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

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

95

96 "Owner" does not include a holder of a debenture or bond purchased at public issue nor does it
97 include any regulated lender unless the entity or person directly or through a subsidiary operates
98 a facility;

99 [(14)] (20) "Protective oversight", an awareness twenty-four hours a day of the location
100 of a resident, the ability to intervene on behalf of the resident, the supervision of nutrition,
101 medication, or actual provisions of care, and the responsibility for the welfare of the resident,
102 except where the resident is on voluntary leave;

103 [(15)] (21) "Resident", a person who by reason of aging, illness, disease, or physical or
104 mental infirmity receives or requires care and services furnished by a facility and who resides
105 or boards in or is otherwise kept, cared for, treated or accommodated in such facility for a period
106 exceeding twenty-four consecutive hours;

107 [(16)] (22) "Residential care facility [I]", any premises, other than [a residential care
108 facility II] **an assisted living facility**, intermediate care facility, or skilled nursing facility, which
109 is utilized by its owner, operator or manager to provide twenty-four hour care to three or more
110 residents, who are not related within the fourth degree of consanguinity or affinity to the owner,
111 operator, or manager of the facility and who need or are provided with shelter, board, and with

112 protective oversight, which may include storage and distribution or administration of
113 medications and care during short-term illness or recuperation;

114 [(17) "Residential care facility II", any premises, other than a residential care facility I,
115 an intermediate care facility, or a skilled nursing facility, which is utilized by its owner, operator
116 or manager to provide twenty-four hour accommodation, board, and care to three or more
117 residents who are not related within the fourth degree of consanguinity or affinity to the owner,
118 operator, or manager of the facility, and who need or are provided with supervision of diets,
119 assistance in personal care, storage and distribution or administration of medications, supervision
120 of health care under the direction of a licensed physician, and protective oversight, including care
121 during short-term illness or recuperation;

122 (18)] **(23) "Skilled nursing facility"**, any premises, other than a residential care facility
123 [I, a residential care facility II] , **an assisted living facility**, or an intermediate care facility,
124 which is utilized by its owner, operator or manager to provide for twenty-four hour
125 accommodation, board and skilled nursing care and treatment services to at least three residents
126 who are not related within the fourth degree of consanguinity or affinity to the owner, operator
127 or manager of the facility. Skilled nursing care and treatment services are those services
128 commonly performed by or under the supervision of a registered professional nurse for
129 individuals requiring twenty-four hours a day care by licensed nursing personnel including acts
130 of observation, care and counsel of the aged, ill, injured or infirm, the administration of
131 medications and treatments as prescribed by a licensed physician or dentist, and other nursing
132 functions requiring substantial specialized judgment and skill;

133 **(24) "Social model of care", long-term care services based on the abilities, desires,**
134 **and functional needs of the individual delivered in a setting that is more home-like than**
135 **institutional and promotes the dignity, individuality, privacy, independence, and autonomy**
136 **of the individual. Any facility licensed as a residential care facility I or residential care**
137 **facility II prior to August 28, 2006, shall qualify as being more homelike than institutional;**

138 [(19)] **(25) "Vendor"**, any person selling goods or services to a health care provider;

139 [(20)] **(26) "Voluntary leave"**, an off-premise leave initiated by:

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

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

198.073. 1. [Except as provided in subsection 3 of this section,] A residential care
2 facility [II or residential care facility I] shall admit or retain only those persons who are capable
3 mentally and physically of negotiating a normal path to safety using assistive devices or aids

4 when necessary, and who may need assisted personal care within the limitations of such
5 facilities, and who do not require hospitalization or skilled nursing care.

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

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

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

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

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

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

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

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

39 (a) Upon admission;

40 (b) At least semiannually; and

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

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

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

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

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

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

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

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

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

68 (b) Is at constant risk of elopement;

69 (c) Requires physical restraint;

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

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

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

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

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

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

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

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

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

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

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

99 **3. Any facility licensed as a residential care facility on August 27, 2006, shall be**
100 **granted a license as an assisted living facility, as defined in section 198.006, on August 28,**
101 **2006, regardless of the laws, rules, and regulations for licensure as an assisted living facility**
102 **as long as such facility continues to meet all laws, rules, and regulations that were in place**
103 **on August 27, 2006, for a residential care facility II. At such time that the average total**
104 **reimbursement for the care of persons eligible for Medicaid in an assisted living facility is**
105 **equal to or exceeds forty-five percent of the average total reimbursement rate for care of**
106 **such persons in a skilled nursing facility, all facilities with a license as an assisted living**
107 **facility shall meet all laws, rules, and regulations for licensure as an assisted living facility.**
108 **Nothing in this section shall be construed to allow any facility that has not met the**
109 **requirements of subsections 4 and 6 of this section to care for any individual with a**
110 **physical, cognitive, or other impairment that prevents the individual from safely**
111 **evacuating the facility.**

112 **4. Any facility applying for licensure as an assisted living facility, as defined in**
113 **section 198.006, that were not licensed as a residential care facility II on August 27, 2006,**
114 **may admit an individual for residency in an assisted living facility, or remain in such**
115 **facility, only if the individual does not require hospitalization or skilled nursing placement,**
116 **and only if the facility:**

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

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

122 **(3) Has a written plan for the protection of all residents in the event of a disaster,**
123 **including keeping residents in place, evacuating residents to areas of refuge, evacuating**
124 **residents from the building if necessary, or other methods of protection based on the**
125 **disaster and the individual building design;**

126 **(4) Completes a pre move-in screening with participation of the prospective**
127 **resident;**

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

130 **(a) Upon admission;**

131 **(b) At least semiannually; and**

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

134 **(6) Based on the assessment in subsection 6 of this section and subdivision (5) of this**
135 **subsection, develops an individualized service plan in partnership with the resident, or**
136 **legal representative of the resident, that outlines the needs and preferences of the resident.**
137 **The individualized service plan will be reviewed with the resident, or legal representative**
138 **of the resident at least annually, or when there is a significant change in the resident's**
139 **condition which may require a change in services. The signatures of an authorized**
140 **representative of the facility and the resident, or the resident's legal representative shall**
141 **be contained on the individualized service plan to acknowledge that the service plan has**
142 **been reviewed and understood by the resident or legal representative;**

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

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

146 **(a) Has exhibited behaviors that present a reasonable likelihood of serious harm**
147 **to himself or herself or others;**

- 148 (b) Requires physical restraint;
- 149 (c) Requires chemical restraint. As used in this paragraph, the following terms
- 150 mean:
- 151 a. "Chemical restraint", a psychopharmacologic drug that is used for discipline or
- 152 convenience and not required to treat medical symptoms;
- 153 b. "Convenience", any action taken by the facility to control resident behavior or
- 154 maintain residents with a lesser amount of effort by the facility and not in the resident's
- 155 best interest;
- 156 c. "Discipline", any action taken by the facility for the purpose of punishing or
- 157 penalizing residents;
- 158 (d) Requires skilled nursing services as defined in subdivision (23) of section
- 159 198.006 for which the facility is not licensed or able to provide;
- 160 (e) Requires more than one person to simultaneously physically assist the resident
- 161 with any activity of daily living, with the exception of bathing and transferring;
- 162 (f) Is bed-bound or similarly immobilized due to a debilitating or chronic condition;
- 163 and
- 164 (9) Develops and implements a plan to protect the rights, privacy, and safety of all
- 165 residents and to protect against the financial exploitation of all residents.
- 166 5. Exceptions to paragraphs (d) through (f) of subdivision (8) of subsection 4 of this
- 167 section shall be made for residents on hospice, provided the resident, designated
- 168 representative, or both, and the assisted living provider, physician, and licensed hospice
- 169 provider all agree that such program of care is appropriate for the resident.
- 170 6. If an assisted living facility accepts or retains any individual with a physical,
- 171 cognitive, or other impairment that prevents the individual from safely evacuating the
- 172 facility with minimal assistance, the facility shall:
- 173 (1) Ensure that the resident is housed only on the ground floor of the facility;
- 174 (2) Have sufficient staff present and awake twenty-four hours a day to assist in the
- 175 evacuation;
- 176 (3) Include an individualized evacuation plan in the service plan of the resident;
- 177 and
- 178 (4) Be equipped with an automatic sprinkler system in compliance with National
- 179 Fire Protection Association Code 13 or National Fire Protection Association Code 13R, and
- 180 an automated fire door system and smoke alarms in compliance with 13-3.4 of the 1997
- 181 Life Safety Codes for Existing Health Care Occupancy, or for multilevel facilities, be
- 182 equipped with an automatic sprinkler system in compliance with National Fire Protection
- 183 Association Code 13 and each floor shall be divided into at least two smoke sections and

184 fire alarms in compliance with 13-3.4 of the 1997 Life Safety Codes for Existing Health
185 Care Occupancy;

186 (5) Take necessary measures to provide residents with the opportunity to explore
187 the facility and, if appropriate, its grounds; and

188 (6) Use a personal electronic monitoring device for any resident whose physician
189 recommends the use of such device.

190 7. An individual admitted or readmitted to the facility shall have an admission
191 physical examination by a licensed physician. Documentation should be obtained prior to
192 admission but shall be on file not later than ten days after admission and shall contain
193 information regarding the individual's current medical status and any special orders or
194 procedures that should be followed. If the individual is admitted directly from a hospital
195 or another long-term care facility and is accompanied on admission by a report that
196 reflects his or her current medical status, an admission physical shall not be required.

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

202 9. After January 1, 2008, no facility shall hold itself out as an assisted living facility
203 or advertise itself as an assisted living facility without obtaining a license from the
204 department to operate as an assisted living facility.

205 10. Any facility that is licensed as a residential care facility II prior to August 28,
206 2006, and is eligible to receive supplemental welfare assistance payments under section
207 208.030, RSMo, shall continue to receive such payment as long as eligibility requirements
208 are met and until such time as the department of health and senior services has effected
209 rules under subsection 12 of this section.

210 11. For assisted living facilities built after August 28, 2006, or which have major
211 renovations after August 28, 2006, such single-level assisted living facilities or the major
212 renovation portion shall be equipped with an automatic sprinkler system in compliance
213 with National Fire Protection Association Code 13R of the 1997 Life Safety Codes for
214 Existing Health Care Occupancy, or for such multilevel assisted living facilities or the
215 major renovation portion shall be equipped with an automatic sprinkler system in
216 compliance with National Fire Protection Association Code 13 and each floor shall be
217 divided into two smoke sections and fire alarms in compliance with 13-3.4 of the 1997 Life
218 Safety Codes for Existing Health Care Occupancy. Existing facilities seeking to be licensed
219 as assisted living facilities shall meet the fire safety standards for residential care facilities

220 **II in effect on August 28, 2006, unless such facilities seek to admit one or more individuals**
221 **with physical, cognitive, or other impairments that prevent the individuals from safely**
222 **evacuating the facility with minimal assistance, in which case such facilities shall comply**
223 **with subsection 6 of this section.**

224 **12. The department of health and senior services shall promulgate rules to ensure**
225 **compliance with this section. Any rule or portion of a rule, as that term is defined in**
226 **section 536.010, RSMo, that is created under the authority delegated in this section shall**
227 **become effective only if it complies with and is subject to all of the provisions of chapter**
228 **536, RSMo, and, if applicable, section 536.028, RSMo. This section and chapter 536,**
229 **RSMo, are nonseverable and if any of the powers vested with the general assembly**
230 **pursuant to chapter 536, RSMo, to review, to delay the effective date, or to disapprove and**
231 **annul a rule are subsequently held unconstitutional, then the grant of rulemaking**
232 **authority and any rule proposed or adopted after August 28, 2006, shall be invalid and**
233 **void.**

Section 1. Any residential care facility II licensed under chapter 198, RSMo, which
2 **does not use the term "assisted living" in the name of their licensed facility on or before**
3 **May 1, 2006, shall be prohibited from using such term after August 28, 2006, unless**
4 **licensed as an assisted living facility.**

✓