

## Connecticut

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**Licensure Term** Assisted Living Services Agencies provide services in Managed Residential Communities

**Opening Statement** The Department of Public Health, Facility Licensing and Investigations Section licenses assisted living services agencies that provide assistance to residents of managed residential communities. Assisted living services agencies are required to be licensed, but managed residential communities are not. These communities must register with the Department of Public Health.

Alzheimer's special care units/programs provide specialized care or services for people with Alzheimer's disease or dementia and have separate licensure requirements.

**Legislative and Regulatory Update** Two Public Acts were enacted in 2021 related to the COVID-19 pandemic.

**Definition** Assisted living services agencies provide nursing services and assistance with activities of daily living (ADLs) to clients living within a managed residential community having supportive services that encourages clients primarily age 55 or older to maintain a maximum level of independence.

A managed residential community is a facility consisting of private residential units that provides a managed group living environment, including housing and services for clients primarily age 55 years or older. The operator of a managed residential community may also be licensed as an assisted living services agency.

**Disclosure Items** An assisted living services agency shall have a written bill of rights and responsibilities governing agency services which shall be provided and explained to each client at the time of admission to the agency. The bill of rights must

contain specified information, including, but not limited to: description of available services; admission criteria; explanation of complaint procedure; and circumstances under which a client may be discharged.

Alzheimer's special care units or programs have additional written disclosure requirements described below.

**Facility Scope of Care**

Assisted living services agencies may provide nursing services and assistance with ADLs to residents with chronic and stable conditions as determined by a physician or health care practitioner. A managed residential community shall provide or arrange to make available core services including regularly scheduled meals, laundry service, transportation, housekeeping, and other services.

**Third Party Scope of Care**

Assisted living services agencies may contract with other organizations, agencies or individuals to provide defined services.

**Admission and Retention Policy**

The state does not specify discharge or admission requirements; however, each agency must develop written policies for the admission and discharge of clients. The admission criteria shall not impose unreasonable restrictions which screen out a client whose needs may be met by the agency. The discharge policies must include, but are not limited to, change in a resident's condition (when a resident is no longer chronic and stable), and what constitutes routine, emergency, financial, and premature discharge.

**Resident Assessment**

There is no standard required resident assessment form. A client service program must be completed by a registered nurse in consultation with the client, family, and others in the care of the client within seven days of admission and reviewed as the client's condition requires, but not less than every 120 days. The service program shall include the client's problems and needs; types and frequency of services and equipment required; medications, treatments, and other required nursing services; and other items. State law requires a yearly written certification by the resident's attending physician that the resident's condition is chronic and stable.

**Medication Management**

A licensed nurse may administer medications and/or pre-pour medications for clients who are able to self-administer medications. With the approval of the client or his or her

representative, an assisted living aide may supervise a client's self-administration of medications.

<b>Square Feet Requirements</b>	The managed residential community where services are offered must have private residential units that include a full bath, access to facilities, and equipment for the preparation and storage of food. Common space in the facility must be sufficient to accommodate 50 percent of the residents at any given time. The state does not specify minimum square foot requirements.
<b>Residents Allowed Per Room</b>	Managed residential communities may not require tenants to share units, though residents may choose to share a room. The state does not specify a maximum number of tenants that may share a unit.
<b>Bathroom Requirements</b>	Each unit must include a full bath.
<b>Life Safety</b>	Fire safety is not under the jurisdiction of the state Department of Public Health. Fire safety issues are the purview of local authorities. Managed residential communities must provide the department with evidence of compliance with local building codes and the Connecticut Fire Safety Code and Supplement.
<b>Unit and Staffing Requirements for Serving Persons with Dementia</b>	As of January 1, 2007, each Alzheimer's special care unit or program shall provide written disclosure to any person who will be placed in such a unit or program or their legal guardian/responsible party. The disclosure must be signed by the patient or responsible party and explain what additional care and treatment or specialized program will be provided in the Alzheimer's special care unit or program. Information shall include, but not be limited to: a written statement of the overall philosophy and mission of the Alzheimer's special care unit or program that reflects the needs of residents with Alzheimer's disease, dementia or other similar disorders; the process and criteria for placement within or transfer or discharge from the Alzheimer's special care unit or program; the process used for assessing and establishing and implementing the plan of care, including the method by which the plan of care is modified in response to changes in condition; the nature and extent of staff coverage, including staff to patient ratios and staff training and continuing education; the physical environment and design features appropriate to support the functioning of cognitively impaired adult residents; the

frequency and types of resident activities and the ratio of residents to recreation staff; the involvement of families and family support programs; and the cost of care and any additional fees. Alzheimer's special care units or programs shall develop a standard disclosure form that is reviewed annually and verify the accuracy of the information provided. Any significant change to the information reported pursuant to subsection must be updated not later than thirty days after such change.

All licensed and registered direct care staff in Alzheimer's special care units or programs must receive Alzheimer's and dementia-specific training annually that includes, but is not limited to:

- (1) not less than eight hours of dementia-specific training, which shall be completed not later than six months after the date of employment, and not less than eight hours of such training annually thereafter, and
- (2) annual training of not less than two hours in pain recognition and administration of pain management techniques. In such settings, at least one hour of Alzheimer's/dementia specific training must be provided to all non-direct care staff within six months of hire.

## **Staffing Requirements**

The assisted living services agency must appoint a supervisor of services, though an administrator is not required. The supervisor of assisted living services is responsible for ensuring that there are sufficient numbers of assisted living aides to meet client needs. The supervisor must be on site either: at least 20 hours per week for each ten or less full time or full time equivalent licensed nurses or assisted living aides; or at least 40 hours per week for each 20 or less full time or full time equivalent licensed nurses or assisted living aides. The supervisor must ensure that licensed nurse staffing is adequate at all times to meet client needs, though there are no staffing ratios. A registered nurse must be on call 24 hours a day. A managed residential community must employ an on-site service coordinator with specified duties that include ensuring that services are provided to all tenants and assisting tenants in making arrangements for their personal needs. In an assisted living services agency serving no more than 30 clients on a daily basis, one individual may serve as both the supervisor of assisted living services and the service coordinator under certain circumstances.

<b>Administrator Education/Training</b>	The supervisor must be a registered nurse with a baccalaureate degree in nursing and at least two years of experience in nursing, including one year in a home health agency or community health program; or with a diploma/associates degree in nursing with four years of clinical experience in nursing, including one year in a home health agency or community health program.
<b>Staff Education/Training</b>	Service coordinators hired after December 1, 1994 must have specified levels of education and/or experience. All staff must complete a 10-hour orientation program. The program must include specified topics, such as: the policies and procedures for medical emergencies, organization structure and the philosophy of assisted living, agency client services policies and procedures, agency personnel policies, and applicable regulations. Assisted living aides must pass a competency exam. Assisted living aides must have successfully completed a training and competency evaluation program as either a certified nurse's aide or home health aide. Each agency shall have an in-service education policy that provides an annual average of at least one hour bimonthly for each assisted living aide. Each agency shall provide training and education on Alzheimer's disease and dementia symptoms and care to all staff providing direct care upon employment and annually thereafter.
<b>Entity Approving CE Program</b>	None specified.
<b>Medicaid Policy and Reimbursement</b>	A Medicaid Section 1915(c) home and community-based services waiver, the Connecticut Home Care Program for Elders, covers services for people ages 65 and above who are at risk of nursing home.
<b>COVID-19 Public Health Emergency</b>	<p>Public Act 21-55 (sSB975) was effective in two parts, beginning July 1, 2021 and October 1, 2021. This bill added to the bill of rights for long-term care residents, including an individual's ability to use technology that facilitates virtual monitoring or virtual visitation.</p> <p>Public Act 31-71 (HB 6634) was enacted on June 24, 2021. This bill establishes:</p> <ol style="list-style-type: none"> <li>1. That long-term care facility residents, or their representatives, can designate an essential support</li> </ol>

- person and a secondary essential support person who may visit the resident despite general visitation restrictions;
2. That a statewide policy for visitation with long-term care residents be established; and
  3. That the duties of the State Long-Term Care Ombudsman's Office include addressing the impact of socialization, visitation, and the role of essential support persons on the health, safety, and well-being of nursing home residents.

## Citations

Connecticut Department of Social Services. Connecticut Home Care Program for Elders (CHCPE).  
<https://portal.ct.gov/DSS/Health-And-Home-Care/Connecticut-Home-Care-Program-for-Elders/Connecticut-Home-Care-Program-for-Elders-CHCPE>

Connecticut Administrative Code, Section 19-13-D105: Assisted Living Services Agency. [June 29, 2001]  
[https://eregulations.ct.gov/eRegsPortal/Browse/RCSA?id=Title\\_19Subtitle\\_19-13-DSection\\_19-13-d105&content=assisted%20living/](https://eregulations.ct.gov/eRegsPortal/Browse/RCSA?id=Title_19Subtitle_19-13-DSection_19-13-d105&content=assisted%20living/)

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<https://portal.ct.gov/dss/Health-And-Home-Care/Connecticut-Home-Care-Program-for-Elders/Connecticut-Home-Care-Program-for-Elders-CHCPE>