

District of Columbia

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Licensure Term Community Residence Facilities and Assisted Living Residences

Opening Statement The Department of Health, Health Regulation and Licensing Administration, licenses community residence facilities (CRFs) and assisted living residences (ALRs). ALRs can provide a higher level of care than CRFs.

CRFs are health care facilities, except hospitals, covered under the District of Columbia Health Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983, effective February 24, 1984 (D.C. Code, § 32-1301 et seq. (1993 Repl. Vol.)).

Law 13-127, the "Assisted Living Residence Regulatory Act of 2000," was approved by the District City Council in 2000. After final rulemaking approval was received from the City Council June 8, 2007, the District of Columbia began accepting applications for licensure of ALRs in September 2007.

CRF regulations can be found at:
<http://www.dcregs.dc.gov/Gateway/ChapterHome.aspx?ChapterNumber=22-B34>. ALR regulations can be found at:
<http://doh.dc.gov/node/187502>.

Legislative and Regulatory Update

D.C. Law 22-290, the Community Health Omnibus Amendment Act of 2018, became effective April 1, 2019. It amended the Health Services Planning Program Re-establishment Act of 1996 to establish reporting requirements for health care facilities, including ALRs and CRFs, regarding uncompensated care and community benefits that are provided to residents and to clarify that the State Health Planning and Development Agency has the authority to approve or disapprove the closure or termination of services of a health care facility, including ALRs and CRFs.

There are no finalized regulatory updates that affect Community

Residence Facilities and Assisted Living Residences in the District of Columbia. DC is currently in the process of revising regulations for assisted living residences. Two notices of emergency and proposed rulemaking were published but expired without going into permanent effect.

Definition

CRF: Any facility that provides safe, hygienic, sheltered living arrangements for one or more individuals age 18 years or older, who are ambulatory and able to perform the activities of daily living (ADLs) with minimal assistance. This definition includes facilities that provide a sheltered living arrangement for persons who desire or require supervision or assistance within a protective environment because of physical, mental, familial, or social circumstances.

ALR: Entity, whether public or private, for profit or not for profit, that combines housing, health, and personalized assistance, in accordance to individually developed service plans, for the support of individuals who are unrelated to the owner or operator of the entity.

The definition of ALR does not include a group home for individuals with intellectual disabilities as defined in section 2(5) of the Health-Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983, or a mental health community residence facility as that term is used in Chapter 38 of Title 22 of the District of Columbia Municipal Regulations.

Disclosure Items

CRF: A written copy of the rights and privileges specified by the District of Columbia shall be given to each resident and his or her sponsor, if any, upon admission.

ALR: A resident shall have the right to full disclosure of contract terms and billing practices that are fair and reasonable.

Facility Scope of Care

CRF: A major goal of each community residence facility shall be to assist its residents in achieving an optimum level of function and self-care through education and retraining in ADLs.

ALR: In order to promote resident independence and aging in place in a residential setting, at a minimum, an ALR shall offer or coordinate payment for 24-hour supervision, assistance with scheduled and unscheduled ADLs, and instrumental ADLs living as needed, as well as provision or coordination of recreational and social activities and health services. Residents have the right to have access to appropriate health and social services, including social work, home health, nursing, rehabilitative, hospice, medical,

dental, dietary, counseling, and psychiatric services in order to attain or maintain the highest level of practicable physical, mental and psychosocial well-being.

Third Party Scope of Care

CRF: The Residence Director shall assist each resident in obtaining rehabilitation services from qualified therapists.

ALR: Under certain conditions, ALR residents have the right to arrange directly for medical and personal care with an outside agency. An ALR shall facilitate access for a resident to appropriate health and social services, including social work, home health agencies, nursing, rehabilitative, hospice, medical, dental, dietary, counseling, and psychiatric services.

Admission and Retention Policy

CRF: Residents may not be admitted who are in need of professional nursing care, unable to perform ADLs with minimal assistance, incapable of proper judgment in taking action for self-preservation under emergency conditions, and disoriented to person and place. Persons not generally oriented as to time and place or persons substantially ambulatory but needing limited personal assistance in case of an emergency may be admitted to a CRF by special permission of the Mayor. Such permission shall only be granted if the Mayor is satisfied that the CRF has sufficient staff to ensure the safety of those residents. Admission requirements that are predicted upon religion, sex, organizational membership, or similar requirements shall be in writing.

ALR: Residents may not be admitted who have been assessed as: being a danger to themselves or others or exhibit behavior that significantly and negatively impacts the lives of others; or are at high risk for health or safety complications which cannot be adequately managed by the ALR and require more than 35 hours per week of skilled nursing and home health aide services combined. Additionally, an ALR may not admit residents who are in need of more than intermittent skilled nursing care; or require treatment of stage III or IV skin ulcers, ventilator services, or treatment for an active, infectious, and reportable disease or a disease or condition that requires more than contact isolation.

Resident Assessment

CRF: Each resident shall have a pre-admission medical examination by a physician not more than 30 days prior to his or her admission to a community residence facility. Each resident's personal physician must certify that the resident is free of communicable disease and shall provide the community residence facility with a written report, including sufficient information concerning the resident's health to assist the CRF in providing adequate care,

including any treatment orders, drugs prescribed, special diets, and a rehabilitation program. Each resident must also have an annual examination by a physician.

ALR: A medical, rehabilitation, and psychosocial assessment of the resident shall be completed within 30 days prior to admission. Additionally, a functional assessment must be completed within 30 days prior to admission, using a standardized form approved by the Mayor. An Individualized Service Plan must be developed prior to admission.

Medication Management

CRF: Residents may store medication in a safe and secure place.

ALR: Must ensure that an initial assessment identifies whether a resident: (1) is capable of self-administering his or her own medications; (2) is capable of self-administering his or her own medication, but requires a reminder to take medications or requires physical assistance with opening and removing medications from the container, or both; or (3) requires that medications be administered by a licensed nurse or a trained medication employee who has successfully completed the training program and is certified to administer medication. Licensed nurses, physicians, physician assistants, and trained medication employees may administer medications to residents or assist residents with taking their medications.

Square Feet Requirements

CRF: The combined total of all community space provided by a CRF shall afford at least 25 square feet of space above the basement per resident. Each dwelling unit must contain the following minimum amount of floor area: at least 130 square feet in habitable rooms for the first occupant, and at least 90 square feet of additional floor area in habitable rooms for each additional occupant. Each room used for sleeping purposes by one occupant shall be a habitable room containing at least 70 square feet, and each room used for sleeping by two or more occupants shall be a habitable room containing at least 50 square feet of habitable room area for each occupant.

ALR: Any ALR located in a building newly constructed or renovated after June 24, 2000 shall ensure that bedrooms provide at least 80 square feet of habitable space for single occupancy and 120 square feet of habitable space for double occupancy. Any residence (from prior to June 24, 2000) shall ensure that bedrooms provide at least 70 square feet of habitable space for single occupancy resident units and 100 square feet of habitable space in double occupancy

Residents Allowed Per Room

resident units.

CRF: A maximum of four residents is allowed per resident unit.

ALR: None specified.

Bathroom Requirements

CRF: Where the residents of a CRF share a water closet, lavatory, and bathing facilities, at least one lavatory, one water closet, and one bathing facility shall be provided for the use of each six occupants of the CRF. In each facility employing more than three full-time employees (including the Residence Director), toilet and lavatory facilities separate from the rooms used by residents shall be provided. In each facility with more than 30 residents, when residents have the use of common living or eating space on floors other than floors on which their bedrooms are located, additional toilets and lavatories shall be provided on those floors in the proportion of one toilet and lavatory for each 30 residents.

ALR: Must ensure that there is one full bathroom for every six residents including live-in family or staff. Additional full or half baths shall be available to non-live-in staff. For any ALR with 17 beds or more, no more than four residents may share a common bathroom.

Life Safety

CRF: Each CRF that has residents in sleeping rooms above the second floor, or which has more than six residents in sleeping rooms above the street floor level, shall provide the following:

(1) Access to two separate means of exit for all sleeping rooms above the street level, at least one of which shall consist of an enclosed interior stair, or a horizontal exit, or a fire escape, all arranged to provide a safe path of travel to the outside of the building without traversing any corridor or space exposed to an unprotected vertical opening; or

(2) Alternative arrangements or methods which, according to reasonable equivalency criteria and in the opinion of the Mayor, secure safety to life from fire.

Each CRF shall comply with § 914 of the D.C. Building Code (DCMR Title 12).

ALR: An ALR shall comply with the Life Safety Code of the National Fire Protection Association, NFPA 101, 1997 edition as follows: (1) an ALR shall be in compliance with Chapter 22, New Residential Board and Care Occupancies, Life Safety Code of the National Fire Protection Association; and (2) an existing community residence

facility that is converting to an ALR shall be in compliance with Chapter 23, Existing Residential Board and Care Occupancies, of the Life Safety Code of the National Fire Protection Association. The District of Columbia Building Code requires ALRs to have at least two means of escape from every sleeping room when more than six residents are housed above or below the street floor level. All facilities must be protected throughout by an approved supervised automatic sprinkler system in accordance with specified provisions regardless of the number or arrangements of floors or number of occupants. Approved portable fire extinguishers must be located on each level and an approved smoke detector system must be installed. Every facility must have in effect and available written copies of an approved plan for the protection and evacuation of all

Unit and Staffing Requirements for Serving Persons with Dementia

CRF: None specified.

ALR: After the first year of employment, and at least annually thereafter, staff members shall complete a minimum of 12 hours of training on cognitive impairments approved by a nationally recognized and creditable organization with expertise in Alzheimer's disease and related disorders.

Staffing Requirements

CRF: A residence director must be responsible for the daily overall management of the facility. There must be a sufficient number of qualified employees and other adults in each CRF to provide for the welfare, comfort, and safety of residents at all times of the day and night. There are no staffing ratios. All persons employed in a CRF shall have a pre-employment medical examination by a licensed physician and shall be certified annually by the examining physician to be in good health and free of communicable diseases.

ALR: An ALR shall be supervised by an Assisted Living Administrator who shall be responsible for personnel and services within the facility. The ALR shall employ staff and develop a staffing plan in accordance with the Assisted Living Residence Act to assure the safety and proper care of residents. There are no staffing ratios.

Administrator Education/Training

CRF: The residence director must be at least 21 years of age. If there are 30 or more residents in the facility, the director must have a bachelor's degree or at least three years full-time experience in a field directly related to the administration of the program or services of the facility.

ALR: The Assisted Living Administrator must be at least 21 years of age, and possess at least a high school diploma or general equivalency diploma or have served as an operator or administrator

of a licensed CRF in the District of Columbia for at least one of the past three years in addition to other requirements of the Act. An Assisted Living Administrator shall complete 12 hours annually of training on cognitive impairments.

Staff Education/Training

CRF: None specified.

ALR: All staff shall be properly trained and be able to demonstrate proficiency in the skills required to effectively meet the requirements of the Act. Prior to the date of hire, an employee must meet one of the specified criteria, such as being a certified nursing assistant or home health aide or be trained under a plan approved by the Mayor which covers specified topics for a minimum of 40 hours. Within seven days of employment, new staff must be training on specified topics, such as their specific duties, the philosophy of the ALR, services provided, and resident rights. After the first year of employment, staff members must complete 12 hours of in-service training in specified areas on an annual basis.

**Entity Approving
CE Program**

Licensing boards and commissions as applicable for licensed professional staff.

**Medicaid Policy and
Reimbursement**

Medicaid funding for assisted living is available under the 1915(c) Waiver for Elderly and Persons with Physical Disabilities. The reimbursement rate is currently \$155 per day and is all-inclusive for all covered services.

Consistent with the requirements set forth in §44-106.7, assisted living services consist of any combination of the following services to meet the resident's needs as outlined in a written individualized service plan: (1) 24-hour supervision and oversight to ensure the well-being and safety of residents; (2) assistance with ADLs and instrumental ADLs to meet the scheduled and unscheduled service needs of the residents; (3) laundry and housekeeping service not provided by the resident, personal care aid, or homemaker aide; (4) facilitating access for a resident to appropriate health and social services, including social work, home health agencies, nursing, rehabilitative, hospice, medical, dental, dietary, counseling, and psychiatric services; and (5) coordinating scheduled transportation to community-based activities.

Citations

Code of the District of Columbia. Title 44, Chapter 1: Assisted Living Residence Regulation.

<https://beta.code.dccouncil.us/dc/council/code/titles/44/chapters/1/>

Code of the District of Columbia. Title 44, Chapter 5: Health-Care

and Community Residence Facility Hospice and Home Care Licensure.

<https://beta.code.dccouncil.us/dc/council/code/titles/44/chapters/5/>

District of Columbia. Assisted Living Residencies Regulations.

<https://dchealth.dc.gov/node/187502>

District of Columbia. Community Residence Facilities Regulations.

<https://dchealth.dc.gov/node/187882>

District of Columbia Municipal Regulations and Register. Chapter 22-B101: Assisted Living Facilities.

<https://www.dcregs.dc.gov/Common/DCMR/RuleList.aspx?ChapterNum=22-B101&ChapterId=631>

District of Columbia Municipal Regulations and Register. Chapter 22-B34: Community Residence Facilities.

<https://www.dcregs.dc.gov/Common/DCMR/RuleList.aspx?ChapterNum=22-B34&ChapterId=613>

Department of Health Care Finance. Medicaid: Elderly and Persons with Physical Disabilities Waiver Program.

<https://dhcf.dc.gov/publication/epd-waiver-program>

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