

# Illinois

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## **Opening Statement**

The Illinois Department of Public Health regulates assisted living establishments and shared housing establishments through one set of rules. Assisted living requires single-occupancy private apartment units, whereas shared housing does not.

A Supportive living facility is a separate category of residential settings that accept Medicaid.

## **Licensure Term**

Assisted Living Establishments and Shared Housing Establishments

## **Definition**

Assisted Living Establishment: Provides community-based residential care for at least three unrelated adults (at least 80 percent of whom are 55 years of age or older) who need assistance with activities of daily living (ADLs), including personal, supportive, and intermittent health-related services available 24-hours per day, if needed, to meet the scheduled and unscheduled needs of a resident.

Shared Housing Establishment: Provides community-based residential care for 16 or fewer unrelated adults (at least 80 percent of whom are 55 years of age or older) who need assistance with housing, ADLs, and personal, supportive, and intermittent health-related services. This care must be available 24-hours per day, if needed, to meet the scheduled and unscheduled needs of a resident.

## **Regulatory and Legislative Update**

In September 2023, Illinois adopted some new rules that were initially not going to get adopted, but through negotiations ended up adopting portions of the rule. The adopted rules can be found here:

<https://www.ihca.com//Files/Public%20Policy/AL%20Adopted%20Rules%209.15.23.pdf>

**Move-in Requirements  
Including Required  
Disclosures/Notifications**

Each establishment shall provide a resident or representative with the following information at the time the resident is accepted into the establishment: (1) a copy of current resident policies or a resident handbook; (2) whether each unit has independent heating and cooling controls and their location; (3) the establishment's policy concerning response to medical emergency situations; and (4) whether the establishment provides therapeutic diets. An establishment must fill out an Alzheimer's Special Care Disclosure Form if they offer care to residents with Alzheimer's disease in a special unit.

**Facility Scope of Care**

Each establishment shall provide or arrange for the following mandatory services:

- a) Three meals per day available to the residents, prepared by the establishment or an outside contractor;
- b) Housekeeping services including, but not limited to, vacuuming, dusting, and cleaning the resident's unit;
- c) Personal laundry and linen services available to the residents, provided or arranged for by the establishment;
- d) Security provided 24 hours each day including, but not limited to, locked entrances or building or contract security personnel;
- e) An emergency communication response system, which is a procedure in place 24 hours each day by which a resident can notify building management, an emergency response vendor, or others able to respond to his or her need for assistance; and
- f) Assistance with activities of daily living as required by each resident.

If the establishment accepts individuals who are quadriplegic or paraplegic, or who have neuro-muscular diseases, such as muscular dystrophy and multiple sclerosis, the establishment shall provide for the special safety and service needs of those individuals.

**Limitations of Services**

An establishment may opt to provide medication reminders, supervision of self-administered medication, and medication administration.

No individual shall be accepted for residency or remain in residence if the person requires total assistance with 2 or more activities of daily living; the person requires the assistance of more than one paid caregiver at any given time with an activity of daily living; the person requires more than minimal assistance in moving to a safe area in an emergency; the person has a severe mental illness, which for the purposes of this Section means a condition that is characterized by the presence of a major mental disorder as classified in the Diagnostic and Statistical Manual of Mental

Disorders, Fourth Edition.

No individual shall be accepted for residency or remain in residence if: (1) the establishment cannot provide or secure appropriate services, (2) the individual requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or (3) the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. The state specifies circumstances in which a person shall not be accepted for residency, including but not limited to: residents who pose a serious threat to self or others, have serious mental or emotional problems, who are in need of more than a specified amount of nursing care, or who require total assistance with two or more ADLs.

**Resident Assessment  
Requirements and  
Frequency**

A prescriber's assessment must be completed no more than 120 days prior to a resident moving into any establishment. Reevaluations must be completed at least annually. There is no required form, but the assessment must include an evaluation of the individual's physical, cognitive, and psychosocial condition, and documentation of the presence or the absence of tuberculosis infection. Establishments may develop their own tools for evaluating residents. Documentation of evaluations and reevaluations may be in any form that is accurate, addresses the resident's condition, and incorporates the physician's assessment.

**Medication Management**

All medications must be self-administered or may be administered by licensed personnel as an optional service. Staff may give medication reminders and monitor residents to make sure they follow the directions on the container.

**Staff Scheduling  
Requirements**

An establishment offering to provide a special program for persons with Alzheimer's disease and related disorders (among other things) must:

- (1) Disclose specified information to the Department of Public Health and to potential or actual residents;
- (2) Ensure a representative is designated for each resident;
- (3) Ensure the continued safety of all residents including, but not limited to, those who may wander and those who may need supervision and assistance during emergency evacuations;
- (4) Provide coordination of communications with each resident, resident's representative, relatives, and other persons identified in the resident's service plan;
- (5) Provide in the service plan appropriate cognitive stimulation and activities to maximize functioning;
- (6) Provide an appropriate number of staff for its resident

population. (At least one staff member must be awake and on duty at all times.); and

(7) Provide at least 1.4 hours of services per resident per day.

The manager of an establishment providing Alzheimer's care or the supervisor of an Alzheimer's program must be 21 years of age and have either:

(1) a college degree with documented course work in dementia care, plus one year of experience working with persons with dementia; or

(2) at least two years of management experience with persons with dementia.

The manager or supervisor must complete, in addition to other training requirements, six hours of annual continuing education regarding dementia care.

All staff members must receive, in addition to other required training, four hours of dementia-specific orientation prior to assuming job responsibilities. Training must cover, at a minimum, the following topics:

(1) basic information about the causes, progression, and management of Alzheimer's disease and other related dementia disorders;

(2) techniques for creating an environment that minimizes challenging behavior;

(3) identifying and alleviating safety risks to residents with Alzheimer's disease;

(4) techniques for successful communication with individuals with dementia; and

(5) resident rights.

Direct care staff must receive 16 hours of on-the-job supervision and training following orientation. Training must cover:

(1) encouraging independence in and providing assistance with ADLs;

(2) emergency and evacuation procedures specific to the dementia population;

(3) techniques for creating an environment that minimizes challenging behaviors;

(4) resident rights and choice for persons with dementia, working with families, and caregiver stress; and

(5) techniques for successful communication.

Direct care staff must annually complete 12 hours of in-service

education regarding Alzheimer's disease and other dementia disorders.

Assisted Living Establishment: Must have a full-time manager. The establishment shall have staff sufficient in number with qualifications, adequate skills, education, and experience to meet the 24-hour scheduled and unscheduled needs of residents and who participate in ongoing training to serve the resident population. There are no staffing ratios. At least one staff member must be awake, on duty, and on site 24 hours per day. There must be a minimum of one direct care staff person who is CPR-certified, awake, and on duty at all times in assisted living establishments.

Shared Housing Establishments: Must have a manager, who may oversee no more than three establishments if they are located within 30 minutes driving time during non-rush hour and if the manager may be immediately contacted by an electronic communication device. The establishment shall have staff sufficient in number with qualifications, adequate skills, education and experience to meet the 24-hour scheduled and unscheduled needs of residents and who participate in ongoing training to serve the resident population. There are no staffing ratios. Shared housing establishments must have at least one staff member on site at all times, except in emergency situations, such as taking a resident to the emergency room or planned or unplanned trips to the grocery store, that would require the staff person to be away for a brief period of time. In such situations, arrangements shall be made to monitor the safety of the residents in accordance with the service delivery plan. There must be a minimum of one direct care staff person who is CPR-certified, awake, and on duty at all times in assisted living establishments.

### **Administrator/Director Education and Training Requirements**

The administrator must be a high school graduate or equivalent and at least 21 years of age. The manager must receive training and orientation in care and service system delivery and have at least: one year of management experience in health care, housing or hospitality or providing similar services to the elderly; or two years of experience in health care, housing, or hospitality or providing similar services to the elderly.

Each manager shall complete a minimum of eight hours of ongoing training, applicable to the employee's responsibilities, every 12 months after the starting date of employment. The training shall include:

(1) promoting resident dignity, independence, self-determination, privacy, choice, and resident rights;

- (2) disaster procedures;
- (3) hygiene and infection control;
- (4) assisting residents in self-administering medications;
- (5) abuse and neglect prevention and reporting requirements; and
- (6) assisting residents with ADLs.

**Direct Care Staff  
Education and Training**

All personnel must have training and/or experience in the job assigned to them. An ongoing in-service training program is required to ensure staff have the necessary skills to perform job duties. Each new employee must complete orientation within 10 days of their start date on topics such as the establishment's philosophy and goals; resident rights; and abuse and neglect prevention and reporting requirements. Within 30 days, each employee must complete an additional orientation on specified topics such as orientation to the characteristics and needs of the establishment's residents; internal establishment requirements, policies, and procedures; and training in assistance with ADLs appropriate to the job.

Each manager and direct care staff member shall complete a minimum of eight hours of ongoing training, applicable to the employee's responsibilities, every 12 months after the starting date of employment. The training shall include:

- (1) promoting resident dignity, independence, self-determination, privacy, choice, and resident rights;
- (2) disaster procedures;
- (3) hygiene and infection control;
- (4) assisting residents in self-administering medications;
- (5) abuse and neglect prevention and reporting requirements; and
- (6) assisting residents with ADLs.

**Quality Requirements**

The Department of Public Health shall conduct an annual on-site review for each establishment covered by the Assisted Living and Shared Housing Act, which shall include, but not be limited to, compliance with the Assisted Living and Shared Housing Act and rules adopted hereunder, focus on solving resident issues and concerns, and the quality improvement process implemented by the establishment to address resident issues. The quality improvement process implemented by the establishment must benchmark performance, be customer centered, be data driven, and focus on resident satisfaction.

**Infection Control  
Requirements**

a) The establishment shall meet the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).

b) The establishment shall not knowingly admit a person with a

## **Emergency Preparedness**

communicable, contagious, or infectious disease, as defined in the Control of Communicable Diseases Code. A resident who is suspected of or diagnosed as having any such disease shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code. If the establishment believes that it cannot provide the necessary infection control measures, it shall initiate residency termination pursuant to Section 80 of the Act.

c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The establishment shall furnish all pertinent information relating to such occurrences. In addition, the establishment shall also inform the Department of all incidents of scabies and other skin infestations.

a) For the purpose of this Section, ""disaster"" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the establishment.

b) Each establishment shall:

1) Have a written plan for protection of all persons in the event of disasters, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan shall address the physical and cognitive needs of residents and include special staff response, including the procedures needed to ensure the safety of any resident. The plan shall be amended or revised whenever any resident with unusual needs is admitted. The plan shall also:

A) provide for the temporary relocation of residents for any disaster requiring relocation;

B) provide for the movement of residents to safe locations within the establishment in the event of a tornado warning or severe thunder storm warning issued by the National Weather Service;

C) provide for the temporary relocation of residents any time the temperature in residents' bedrooms falls below 55°F for 12 hours or more as a result of a mechanical problem or loss of power in the establishment;

D) provide for the health, safety, welfare and comfort of all residents when the heat index/apparent temperature (see Section 295. Table A), as established by the National Oceanic and Atmospheric Administration, inside the residents' living, dining, activities, or sleeping areas of the establishment exceeds a heat index/apparent temperature of 80°F;

- E) address power outages; and
- F) include contingencies in the event of flooding, if located on a flood plain.
- 2) Instruct all personnel employed on the premises in the use of fire extinguishers.
- 3) Post a diagram of the evacuation route and ensure that all personnel employed on the premises are aware of the route.
- 4) Ensure that there is a means of notification to the establishment when the National Weather Service issues a tornado or severe thunderstorm warning covering the area in which the establishment is located. The notification mechanism must be other than commercial radio or television. Notification measures include being within range of local tornado warning sirens, an operable National Oceanic and Atmospheric Administration weather radio in the establishment, or arrangements with local public safety agencies (police, fire, ESDA) to be notified if a warning is issued.
- 5) Orient each resident to the emergency and evacuation plans within 10 days after the resident's arrival. Orientation shall include assisting residents in identifying and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative.
- c) At least six drills shall be conducted per year on a bimonthly basis. At least two of the drills shall be conducted during the night when residents are sleeping. All drills shall be held under varied conditions to:
  - 1) Ensure that all personnel on all shifts are trained to perform assigned tasks;
  - 2) Ensure that all personnel on all shifts are familiar with the use of the fire fighting equipment in the facility;
  - 3) Evaluate the effectiveness of disaster plans, procedures and training.
- d) The establishment shall conduct a tornado drill on each shift during February of each year for employees.
- e) Drills shall include residents, establishment personnel, and other persons in the establishment.
- f) Drills shall include making a general announcement throughout the establishment that a drill is being conducted or sounding an emergency alarm. Drills may be announced in advance to residents.
- g) Drills shall involve the actual evacuation of residents to an assembly point as specified in the emergency plan and shall provide residents with experience using various means of escape. If an establishment has an evacuation capability classification of impractical, those residents who cannot meaningfully assist in their own evacuation or who have special health problems shall not be required to participate in the drill; however, other requirements of



the Life Safety Code will apply.

h) A written evaluation of each drill shall be submitted to the establishment manager and shall be maintained for one year from the date of the drill. The evaluation shall include the date and time of the drill, names of employees participating in the drill, and identification of any residents who received assistance for evacuation.

i) Reporting Disasters

1) Upon the occurrence of any disaster requiring hospital service, police, fire department or coroner, the establishment manager or designee must provide a preliminary report to the Department either by using the Assisted Living Complaint Registry or by fax or by electronic means. If the disaster will not require direct Department assistance, the establishment shall provide the preliminary report within 72 hours after the occurrence. This preliminary report shall include, at a minimum:

A) name and location of establishment;

B) type of disaster;

C) number of injuries or deaths to residents;

D) number of units not usable due to the occurrence;

E) estimate of the extent of damages to the establishment;

F) type of assistance needed, if any;

G) other State or local agencies notified about the problem.

2) The establishment shall submit a full written account to the Department within seven days after the occurrence, including the information specified in subsection (i)(1) of this Section and a statement of action taken by the facility after the preliminary report was filed."

## **Medicaid Policy and Reimbursement**

Illinois operates the Supportive Living Program (SLP) under a Section 1915(c) Home and Community Based Services (HCBS) waiver. SLP offers people aged 65 and older and people with physical disabilities aged 22 and older HCBS as an alternative to nursing facility placement. and has authority to serve up to 12,262 Medicaid residents in Fiscal Year 2021. Under this program, Medicaid may cover services for Medicaid beneficiaries receiving services from SLP providers. The Department of Healthcare and Family Services, which administers the state Medicaid program, certifies and monitors SLP providers. These providers offer similar services as assisted living and shared housing but operate under different requirements. In 2018, there are 153 operating SLP providers with a total of 12,700+ apartments and another 11 sites under development. Assisted living establishments are not Medicaid-certified providers.

**Life Safety Requirements**

Assisted living and shared housing establishments must comply with National Fire Protection Association Life Safety Code 101, Chapter 32 (New Residential Board & Care Occupancies), 2000 Edition, or Life Safety Code 101A, Chapters 6 (Evaluating Evacuation Capability) and 7 (Board and Care Occupancies), 2001 Edition. The state is undergoing rule revision to adopt the 2012 edition.

**Citations**

Illinois General Assembly. (2001) Health Facilities and Regulation Chapter 210: Assisted Living and Shared Housing Act.  
<https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1217&ChapterID=21>

Joint Committee on Administrative Rules. (n.d.) Administrative Code, Title 77, Chapter I, Subchapter c, Part 295: Assisted Living and Shared Housing Establishment Code.  
<http://www.ilga.gov/commission/jcar/admincode/077/07700295sections.html>

Department of Healthcare and Family Services. (n.d.) Illinois Supportive Living Program.  
<https://www.illinois.gov/hfs/MedicalPrograms/slf/Pages/default.aspx>

Joint Committee on Administrative Rules. (n.d.) Administrative Code, Title 89, Chapter I, Subchapter d, Part 146, Subpart B: Supportive Living Facilities.  
<https://www.ilga.gov/commission/jcar/admincode/089/08900146sections.html>