

Michigan

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Opening Statement The Department of Licensing and Regulatory Affairs provides licensing and regulation of homes for the aged (HFA) and adult foster care (AFC). In general, an HFA provides care to persons who are age 55 or older, while an AFC home can provide care to any adult in need of AFC service. All licensed settings must comply with minimum standards (statutes and administrative rules) that establish an acceptable level of care. The term assisted living is used, but it is not recognized in the rules or statute.

Licensure Term Home for the Aged and Adult Foster Care

Definition HFA: A supervised personal care facility, other than a hotel, adult foster care facility, hospital, nursing home, or county medical care facility, that provides room, board, and supervised personal care to 21 or more unrelated, non-transient individuals who are 55 years of age or older. Home for the aged includes a supervised personal care facility for 20 or fewer individuals 55 years of age or older if the facility is operated in conjunction with and as a distinct part of a licensed nursing home.

AFC: Residential settings that provide personal care, supervision, and protection, in addition to room and board for 3 to 20 unrelated persons who are aged, mentally ill, developmentally disabled, or physically disabled for 24 hours a day, five or more days a week and for two or more consecutive weeks for compensation.

Regulatory and Legislative Update The new AFC ruleset can be found at <https://www.michigan.gov/lara/bureau-list/bchs/adult/licensees/resources/licensing-rules-and-statutes>. Once there, click on the "Licensing Adult Foster Care Facilities" link to access the new AFC ruleset. This new ruleset was promulgated Nov. 3, 2025 and replaced 6 previous rulesets that are now all rescinded (Family Home, Small Group Home, Large Group Home, Congregate, Specialized

Certification, and Fire Safety for Home Licensed for 6 or Less).

HFA rule changes are in process and expected to be promulgated in 2026.

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

A home must provide a resident and his or her authorized representative with a written notice stating the reasons and specifics of the discharge 30 days before discharge. A home may discharge a resident before the 30-day notice if the home has determined and documented that either or both of the following exists:

(1) Substantial risk to the resident due to the inability of the home to assure the safety and well-being of the resident, other residents, visitors, or staff of the home.

(2) A substantial risk or occurrence of the destruction of property.

AFC: A licensee shall not accept, retain, or care for a resident who requires continuous nursing care. This does not preclude the accommodation of a resident who becomes temporarily ill while in the home but who does not require continuous nursing care, or accommodation of a person who is a hospice patient. Prior to move in, the licensee must complete a written assessment of the resident and determine that:

(1) the amount of personal care, supervision, and protection that is required by the resident is available in the home;

(2) the kinds of services, skills, and physical accommodations that the resident requires are available in the home; and

(3) the resident appears to be compatible with other residents and members of the household.

A licensee must provide a resident and his or her designated representative with a 30-day written notice, stating the reasons for discharge, before discharge from the home. A licensee may discharge a resident before the 30-day notice when the licensee has determined and documented that substantial risk or an occurrence of any of the following: self-destructive behavior, serious physical assault, or the destruction of property.

Disclosure Items: None specified. See "Unit and Staffing Requirements for Serving Persons with Dementia" section below.

Facility Scope of Care

HFA: Required to provide room, board, and supervised personal care consistent with the resident's service plan.

AFC: Required to provide room, board, supervision, protection, and personal care in accordance with the individual's written assessment plan and include, but are not limited to, medication administration, social activities, and assistance with activities of daily living.

Limitations of Services

HFA: A home may not admit an individual whose needs cannot be

adequately and appropriately met within the scope of the home's program statement or who is in need of continuous nursing care of the kind normally provided in a nursing home. At admission, a written resident admission contract and a resident service plan is required. A service plan is completed by the home in cooperation with the individual or the individual's authorized representative identifying the individual's specific needs for care, maintenance, services, and activities. Evidence of tuberculosis screening within the 12 months before admission and, if the individual is under a physician's care, a written health care statement are required.

A resident must be discharged if the resident has harmed self or others, or whose behaviors pose a risk of serious harm to self or others unless the home can effectively manage those behaviors. A resident who needs continuous nursing care may not remain in the home unless the resident's family, physician, and the facility consent to the resident's continued stay and agree to cooperate in providing the needed level of care and the necessary additional services or the resident is receiving services from a licensed hospice program or home health agency. An HFA resident may be transferred or discharged only for:

- (1) medical reasons;
- (2) for his or her welfare or that of other residents;
- (3) for non-payment of his or her stay; or
- (4) if transfer or discharge is sought by the resident or resident's authorized representative.

Resident Assessment Requirements and Frequency

HFAs and AFCs are both required to complete an assessment and a service plan at the time of admission; however, a particular form is not required to be used. An optional AFC form found on the department's website is available for use in developing a service plan for AFCs. There is no equivalent form available for optional use in HFAs. Service plans are to be updated at least annually or whenever there is a significant change in the resident's care needs.

Medication Management

A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other health care professional with regard to medication. The HFA and AFC rules contain additional requirements governing administration of medications.

Staff Scheduling Requirements

If facilities advertise or market themselves as providing specialized Alzheimer's or dementia care, prospective residents, residents, or surrogate decision makers must be provided with a written description of the care and services provided. (See, for HFAs: MCL 333.20178 and for AFCs: MCL 400.726(b).) The written description

shall include, but not be limited to, all of the following:

- (1) The overall philosophy and mission reflecting the needs of patients or residents with Alzheimer's disease or a related condition.
- (2) The process and criteria for placement in or transfer or discharge from a program for patients or residents with Alzheimer's disease or a related condition.
- (3) The process used for assessment and establishment of a plan of care and its implementation.
- (4) Staff training and continuing education practices.
- (5) The physical environment and design features appropriate to support the function of patients or residents with Alzheimer's disease or a related condition.
- (6) The frequency and types of activities for patients or residents with Alzheimer's disease or a related condition.
- (7) Identification of supplemental fees for services provided to patients or residents with Alzheimer's disease or a related condition.

Although there are no specific training requirements related to dementia, direct care staff must be trained and competent to meet the needs of all residents in care. (See MCL 325.1931 (1-7) for HFAs and MCL 400.14204 (1-3) for AFCs.).

HFA: While there are no specific staffing ratio requirements in administrative rule, homes must have an adequate and sufficient number of staff who are awake, fully dressed, and capable of providing for resident needs on duty at all times, and to meet the needs of the residents based on the resident service plans. The home shall also designate one person on each shift to be supervisor of resident care.

The supervisor of resident care shall be on the premises and is to supervise resident care, assure that residents are treated with kindness and respect, protect residents from accidents and injuries, and be responsible for the safety of residents in case of emergency.

AFC: Must have direct care staff on duty at all times and staffing shall be adequate to provide the supervision, personal care, and protection of residents and to provide the services specified in the resident's care agreement and assessment plan. Regulations specify ratios depending on the size of the AFC home. For large group homes, the ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1

direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours.

AFC and HFA employees are required to have background checks completed including fingerprinting for criminal record clearance.

Administrator/Director Education and Training Requirements

HFA: Administrators must be capable of assuring program planning, development, and implementation of services to residents consistent with the home's program statement and in accordance with resident service plans and agreements; be at least 18 years of age; and have education, training, and/or experience related to the population served by the home.

AFC: Administrators must have a high school diploma or general education diploma or equivalent, and at least one year of experience working with the population identified in the home's program statement and admission policy. The administrator must also be competent in the areas of nutrition, first aid, CPR, the adult foster care act, safety and fire prevention, financial and administrative management, knowledge of the needs of the population to be served, resident rights, and prevention and containment of communicable disease.

Direct Care Staff Education and Training

HFA: Management must establish and implement a staff training program based on the home's program statement, the residents' service plans, and the needs of employees, such as reporting requirements and documentation, first aid and/or medication, personal care, resident rights and responsibilities, safety and fire prevention, containment of infectious disease and standard precautions, and medication administration (if applicable).

AFC: Direct care staff must be at least 18 years of age and able to complete required reports and follow written and oral instructions related to the care and supervision of residents. Minor individuals who are 16 or 17 years of age may be considered as a direct care staff and counted toward the staff-to-resident ratio if all the following criteria are met. (See R.400.629(2a-e) for additional criteria) All staff must be suitable to meet the physical, emotional, intellectual, and social needs of each resident and be capable of appropriately handling emergency situations. Direct care staff must be competent in the following areas before performing assigned tasks: reporting requirements, first aid, CPR, personal care, supervision, protection, resident rights, safety and fire prevention, and prevention and containment of communicable diseases. Staff must be trained in the

administration of medication before performing that duty.

Regulations specify additional training that is required for facilities that are certified to provide a specialized program for persons with developmental disabilities or mental illness.

AFC: Both the licensee and the administrator must annually complete either 16 hours of training approved by the Department of Licensing and Regulatory Affairs that is relevant to the licensee's admission policy and program statement or six credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the Department.

Quality Requirements

There are no specific quality requirements detailed.

Infection Control Requirements

There are no specific infection control requirements detailed.

Emergency Preparedness

Documentation from the applicant and administrator confirming training in emergency preparedness, e.g., knowledge of basic emergencies and disasters; knowledge of responsibilities during emergency situations; knowledge of how to develop an emergency preparedness plan; knowledge of what to do to help residents with special needs; knowledge of how to prevent and respond to common types of home fires (grease, careless smoking, etc.), is acceptable. Training resources may include but are not limited to local fire departments, MDHHS, CMH, Fire Safety/Emergency preparedness

Medicaid Policy and Reimbursement

1915 (b)MI Choice Waiver
<https://www.michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/medicaid-providers/programs/mi-choice-waiver-program>

Citations

www.hcam.org
HFA
<http://www.michigan.gov/afchfa>
<https://www.michigan.gov/lara/bureau-list/bchs/adult/licensees/resources/licensing-rules-and-statutes>
<https://www.legislature.mi.gov/%28S%28dds4tIsuhiv0mdjujvfdpbg0%29%29/documents/mcl/pdf/mcl-368-1978-17-201.pdf> Homes for the Aged - part 201

Homes for the Aged - part 213
<https://www.legislature.mi.gov/%28S%28dds4tIsuhiv0mdjujvfdpbg0>

%29%29/documents/mcl/pdf/mcl-368-1978-17-213.pdf

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