

# New Jersey

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**Licensure Term** Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs

**Opening Statement** New Jersey's Department of Health (DOH), Division of Health Facilities Evaluation and Licensing, licenses three types of assisted living services: (1) assisted living residences, which are new construction; (2) comprehensive personal care homes, which are converted residential boarding homes that may not meet all building code requirements; and (3) assisted living programs, which are services agencies providing services to tenants of publicly subsidized housing and cannot become licensed as an assisted living residence. Assisted living residences and comprehensive personal care homes may collectively be referred to as assisted living facilities. Facilities providing assisted living services require a certificate of need to be licensed.

In 2012, DOH collaborated with The Health Care Association of New Jersey Foundation to create a voluntary program titled Advanced Standing. To receive the department's distinction of Advanced Standing, a facility must comply with all applicable local, state, and federal regulations as well as submit quality data that reaches benchmarks established by a peer review panel. Once these requirements are satisfactorily met, DOH will make the final determination on Advanced Standing. A facility that participates in the Advanced Standing program does not receive a routine survey by DOH. However, any time a facility falls below DOH standards, such as poor performance on a complaint investigation, that facility can be removed for cause from the program by DOH. In addition, DOH provides follow-up surveys based on a random sample of facilities that participate in the program. The program is open to all licensed assisted living residences and comprehensive personal care homes.

**Legislative and Regulatory Update**

There are no recent legislative or regulatory updates affecting assisted living in New Jersey.

**Definition**

**Assisted Living:** A coordinated array of supportive personal and health services, available 24 hours per day, to residents who have been assessed to need these services including persons who require nursing home level of care. Assisted living promotes resident self-direction and participation in decisions that emphasize independence, individuality, privacy, dignity, and homelike surroundings.

**Assisted Living Residences:** A facility which is licensed by DOH to provide apartment-style housing and congregate dining and to ensure that assisted living services are available when needed, for four or more adult persons unrelated to the proprietor. Apartment units offer, at a minimum, one unfurnished room, a private bathroom, a kitchenette, and a lockable door on the unit entrance.

**Comprehensive Personal Care Home:** Provide room and board to ensure that assisted living services are available when needed, to four or more adults unrelated to the proprietor. Residential units in comprehensive personal care homes house no more than two residents and have a lockable door on the unit entrance.

**Assisted Living Program:** The provision of or arrangement for meals and assisted living services, when needed, to the tenants (also known as residents) of publicly subsidized housing which—because of any Federal, State, or local housing laws, rules, regulations or requirements—cannot become licensed as an assisted living residence. An assisted living program may also provide staff resources and other services to a licensed assisted living residence and a licensed comprehensive personal care home.

**Disclosure Items**

Facilities must disclose their policies concerning Medicaid admissions to prospective and current residents. Providers must distribute a statement of residents rights, which are specified in regulation.

**Facility Scope of Care**

Facilities provide a coordinated array of supportive personal and health services 24 hours per day, including assistance with personal care, nursing, pharmacy, dining, activities, recreational, and social work services to meet the individual needs of each resident. The assisted living residence, comprehensive personal care home, or assisted living program must be capable of providing nursing services to maintain residents, including residents who require nursing home level of care.

<b>Third Party Scope of Care</b>	Facilities may contract with licensed home health agencies.
<b>Admission and Retention Policy</b>	New Jersey has no entry requirements or restrictions. Mandatory discharge is required if a resident requires specialized long term care, such as respirators, ventilators, or severe behavior management. Facilities may specify other discharge requirements, such as if the resident is bedridden for more than 14 consecutive days; requires 24-hour nursing supervision; is totally dependent on assistance with four or more activities of daily living; has a cognitive decline severe enough to prevent the making of simple decisions; has a stage III or IV pressure sore; has multiple stage II pressure sores with exceptions; requires more than assistance with transfer; is a danger to self or others; or has a medically unstable condition or special health problem that cannot be properly addressed in the assisted living environment.
<b>Resident Assessment</b>	Upon admission, each resident must receive an initial assessment to determine his or her needs. If the initial assessment indicates that the resident requires health care services, a health care assessment must be completed within 14 days of admission by a registered professional nurse using a form either from the Department or meeting specified criteria. Residents must be reassessed in a time frame that depends on the type of service plan they have in place.
<b>Medication Management</b>	Certified nurse aides, certified home health aides, or staff members who have other equivalent training approved by the Department of Health and who have completed a medication aide course and passed a certifying exam are permitted to administer medication to residents under the delegation of a registered nurse (RN). Allowable injections include epinephrine and pre-drawn insulin injections as well as disposable insulin delivering mechanical devices commonly known as "pens." Effective January 2013, an assisted living facility may request a waiver from the Department that will allow the RN to delegate to certified medical aides the administration of injectable medications (in addition to insulin) via disposable, integrated, mechanical medication delivery devices that are prefilled by the manufacturer.
<b>Square Feet Requirements</b>	For newly constructed assisted living residences or alterations or renovations to existing buildings to create a residence, private resident units must provide a minimum of 150 square feet of clear and usable floor area and semi-private resident units must provide a minimum of 80 additional square feet for an additional resident. This calculation excludes closets, bathroom, kitchenette, hallways, corridors, vestibules, alcoves and foyers unless there is written request from the applicant to consider an alcove, foyer or vestibule

as usable floor area.

**Residents Allowed Per Room**

A maximum of two residents is allowed per resident unit.

**Bathroom Requirements**

For newly constructed assisted living residences or alterations or renovations to existing buildings to create a residence, a bathroom with a toilet, bathtub/shower, and sink must be located in each resident unit. Additional toilet facilities located in areas other than the residential units must be provided to meet the needs of residents, staff, and visitors to the facility.

**Life Safety**

Smoke detectors are required in all resident bedrooms, living rooms, studio apartment units, and public areas of the facility. A comprehensive automatic fire suppression system is required throughout the building (in accord with the Uniform Construction Code), unless an exemption has been applied for and granted. New Jersey uses National Fire Protection Association standards.

**Unit and Staffing Requirements for Serving Persons with Dementia**

Facilities that advertise or hold themselves out as having an Alzheimer's unit are required to establish written policies and procedures for the unit, establish criteria for admission and discharge from the unit, have staff attend a mandatory training program, compile staffing information, and provide, upon request, a list of activities directed toward Alzheimer's residents and safety policies and procedures specific to residents diagnosed with Alzheimer's.

In a facility that advertises or holds itself out as having an Alzheimer's/dementia program, training in specialized care shall be provided to all licensed and unlicensed staff who provide direct care to residents with Alzheimer's or dementia.

**Staffing Requirements**

An administrator must be appointed. An administrator or their designated alternate must be available at all times and on site on a full-time basis in facilities with 60 or more licensed beds and on a half-time basis in facilities with fewer than 60 licensed beds. Staffing must be sufficient to meet residents' needs. At least one awake personal care assistant and one additional employee must be on site 24 hours per day. An RN must be available 24 hours per day.

**Administrator Education/Training**

Administrators must be at least 21 years of age and possess a high school diploma or equivalent. Administrators must also either hold a current New Jersey license as a nursing home administrator or be a New Jersey certified assisted living administrator.

Administrators must complete a minimum of 30 hours of continuing education every three years relating to assisted living concepts and

related topics.

### **Staff Education/Training**

The facility or program shall develop and implement a staff orientation and a staff education plan, including plans for each service and designation of person(s) responsible for training. All personnel shall receive orientation at the time of employment and at least annual in-service education regarding topics such as, but not limited to: the provision of services and assistance in accordance with the concepts of assisted living and including care of residents with physical impairment; emergency plans and procedures; the infection prevention and control program; resident rights; abuse and neglect; pain management; and the care of residents with Alzheimer's and related dementia conditions.

Personal care assistants must either successfully complete an approved nurse aide training course, an approved homemaker/home health aide training program, or other equivalent approved training program. They must complete at least 20 hours of continuing education every two years in assisted living concepts and related topics, including cognitive and physical impairment and dementia.

Medication aides must complete an additional 10 hours of continuing education related to medication administration and elderly drug use every two years.

### **Entity Approving CE Program**

The New Jersey Nursing Home Administrators Licensing Board grants continuing education credit for continuing education programs approved by any one of the following entities: the National Association of Long Term Care Administrator Boards (NAB); a member state of the NAB; state or national associations or professional societies of licensed nursing home administrators; state or national associations of long-term healthcare facilities; state or national accredited institutions of higher learning; and state or national professional boards practicing in areas relevant to nursing home administration and the care of nursing home residents.

### **Medicaid Policy and Reimbursement**

Assisted living facilities and the assisted living program are reimbursed under the NJ Medicaid Managed Long Term Services and Supports (MLTSS) waiver. New Jersey consolidated its home and community-based waiver programs into one 1115 waiver, which includes coverage of assisted living services. All Medicaid recipients residing in an assisted living residence, comprehensive personal care home, or receiving services in an assisted living program are required to choose a health care provider from within a managed care network.

## **Citations**

New Jersey Administrative Code, Title 8, Chapter 36: Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs

The New Jersey Administrative Code is accessible at Lexus Nexus.  
<http://www.lexisnexis.com/hottopics/njcode/>

Department of Human Services, Division of Aging Services. Medicaid Managed Long Term Services and Supports (MLTSS).  
<http://www.nj.gov/humanservices/dmahs/home/mltss.html>

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# New Mexico

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<b>Licensure Term</b>	Assisted Living Facilities
<b>Opening Statement</b>	New Mexico's Department of Health, Division of Health Improvement, licenses and regulates assisted living facilities (ALFs), which were previously called adult residential care facilities. Facilities that provide memory care unit must meet additional requirements relating to care coordination, staffing, employee training, individualized service plans, assessments and reevaluations, documentation, security, and resident rights.
<b>Legislative and Regulatory Update</b>	There are no recent finalized legislative or regulatory updates affecting assisted living in New Mexico. A review of the regulations is underway.
<b>Definition</b>	An ALF provides programmatic services, room, board, and/or assistance with one or more activities of daily living (ADLs) to two or more individuals.
<b>Disclosure Items</b>	Prior to admission to a facility, a prospective resident or his or her representative must be given a copy of the facility rules pertaining to the resident's rights and a written description of the legal rights of the residents. The rules must include, but are not limited to: resident use of tobacco, alcohol, telephone, television, and radio; use and safekeeping of personal property; meal availability and times; use of common areas; accommodation of pets; and use of electric blanks and appliances.
<b>Facility Scope of Care</b>	The facility may provide assistance with ADLs and periodic professional nursing care for adults with physical or mental disabilities.
<b>Third Party Scope of Care</b>	As applicable, residents must be given a list of outside providers, such as hospice and home health, offering services in the facility. Residents have a right to choose their provider.
<b>Admission and Retention Policy</b>	Facilities may not retain residents requiring 24-hour continuous

nursing care; this limitation does not apply to hospice residents who have elected to receive the hospice benefit. Conditions usually requiring continuous nursing care may include, but are not limited to, the following: ventilator dependency; stage III or IV pressure sores; any condition requiring either chemical or physical restraints; nasogastric tubes; tracheostomy care; imminent threat to self or others; decline in psychological or physical condition such that placement in the facility is no longer appropriate as determined by their physician; diagnoses requiring isolation techniques; use of hooyer lift; and ostomy care, unless resident can provide self-care. Regulations specify an exceptions process to the admission, readmission and retention requirements.

**Resident Assessment**

A resident evaluation must be completed within 15 days prior to admission to determine the level of assistance needed and if the level of services required can be met by the facility. The evaluation is used to establish a baseline in the resident's functional status. The form must include an assessment of cognitive abilities, communication/hearing, vision, physical functioning and skeletal problems, incontinence, psychosocial well-being, mood and behavior, activity interests, diagnoses, health conditions, nutritional status, oral/dental status, skin conditions, medication use and level of assistance needed, special treatment and procedures or special medical needs, and safety needs/high risk behaviors. The evaluation must be updated a minimum of every six months or when there is a significant change in the resident's health status.

**Medication Management**

Licensed health care professionals are responsible for the administration of medications. If a resident gives written consent, trained facility staff may assist a resident with medications.

**Square Feet Requirements**

Private resident units must be a minimum of 100 square feet and semi-private resident units must provide a minimum of 80 square feet of floor space per resident, excluding the closet and locker area.

**Residents Allowed Per Room**

A maximum of two residents is allowed per resident unit.

**Bathroom Requirements**

A minimum of one toilet, sink, and bathing unit must be provided for every eight residents. Each facility shall provide at least one tub and shower or a combination unit to allow for residents' bathing preferences. Facilities with four or more residents shall provide a handicap accessible bathroom for every 30 residents that allows for a bathing preference.

**Life Safety**

Although automatic sprinkler systems are not mandated for facilities with eight or less residents, manual fire alarm systems are required. Electric smoke detectors/alarms with battery backup are required on



each floor to be audible in all sleeping areas. Smoke detectors are required in areas of assembly such as dining rooms and living rooms. Smoke detectors must also be installed in corridors with no more than thirty-foot spacing. Heat detectors, powered by the house electrical service, must be installed in all enclosed kitchens. New facilities and existing facilities that remodel are required to have smoke detectors in all sleeping rooms and common living areas.

### **Unit and Staffing Requirements for Serving Persons with Dementia**

A memory care unit means an ALF or part of or an ALF that provides added security, enhanced programming and staffing appropriate for residents with a diagnosis of dementia, Alzheimer's disease or other related disorders causing memory impairments and for residents whose functional needs require a specialized program.

Facilities that provide a memory care unit to serve residents with dementia must meet additional requirements relating to care coordination, employee training, individual service plans, assessments and reevaluations, documentation, security, resident rights, disclosure, and staffing. Facilities must provide sufficient number of trained staff members to meet the additional needs of residents and there must be at least one staff member awake and in attendance in the secured environment at all times.

Facilities operating a secured environment for memory care must disclose specified information to the resident and resident's legal representative including information about the types of diagnoses or behaviors, and the care, services, and type of secured environment that facility and trained staff provide.

In addition to training requirements for all ALFs, all employees assisting in providing care for memory unit residents shall have a minimum of 12 hours of training per year related to dementia, Alzheimer's disease, or other pertinent information relating to the current residents.

### **Staffing Requirements**

An ALF must be supervised by a full-time administrator. The minimum staff-to-resident ratio is one staff person on duty and awake to 15 or fewer awake residents. When residents are sleeping, there must be one direct care worker on duty, awake and responsible for 15 or fewer residents; one direct care worker on duty and awake and one staff person available on the premises for 16 to 30 residents; two direct care workers on duty and awake and one staff person immediately available on the premises for 31 to 60 residents; and at least three direct care workers on duty and awake and one staff person immediately available on the premises for each additional 30 residents or fraction thereof if the facility has more than

61 residents. All employees must complete a criminal background check.

**Administrator  
Education/Training**

Assisted living administrators must be at least 21 years of age, possess evidence of education and experience directed related to services provided at the facility, have a high school diploma or equivalent, complete a state-approved certification program, undergo criminal background checks, and meet other requirements.

**Staff Education/Training**

Direct care staff must be at least 18 years of age and have adequate education, training, or experience to provide for the needs of residents. Direct care staff are required to complete 16 hours of supervised training prior to providing unsupervised care. All caregivers must receive 12 hours of orientation and annual training covering fire safety; first aid; safe food handling practices; confidentiality of records and resident information; infection control; resident rights; reporting requirements for abuse, neglect, and exploitation; transportation safety for assisting residents and operating vehicles to transport residents; and providing quality resident care based on current resident need. For facilities offering hospice services, all staff must receive six hours of hospice training plus one additional hour for each hospice resident's individual service plan annually. For facilities operating as a memory care unit, all staff must receive twelve hours of dementia specific training annually.

**Entity Approving  
CE Program**

None specified.

**Medicaid Policy and  
Reimbursement**

New Mexico's Section 1115 Centennial Care demonstration covers services in assisted living. Core services include assistance to the recipient in meeting a broad range of ADLs; personal support and companion services; medication oversight (to the extent permitted under State law); 24-hour, on-site response capability to meet scheduled or unpredictable eligible recipient needs; supervision, safety, and security; and social and recreational programming.

**Citations**

New Mexico Administrative Code, Title 7, Chapter 8, Part 2: Assisted Living Facilities for Adults. [January 15, 2010]  
<http://164.64.110.134/parts/title07/07.008.0002.html>

New Mexico Human Services Department, Medical Assistance Division.  
<http://www.hsd.state.nm.us/mad/index.html>

New Mexico Department of Health, Division of Health Improvement, Program Operations Bureau and District Operations Bureau  
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