

## Washington

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**Licensure Term** Assisted Living Facility

**Opening Statement** The Washington State Department of Social and Health Services, Aging and Long-Term Support Administration, Residential Care Services (DSHS/ALTSA/RCS), licenses assisted living facilities (ALFs), which provide room and board and help with activities of daily living (ADLs) to seven or more residents. Exceptions exist for those facilities licensed for three to six residents prior to July 2000. ALFs may contract with ALTSA and meet additional contract requirements to provide assisted living services to residents paid for fully or partially by Medicaid. Medicaid contracts vary and include several different service features including specialized dementia care, behavioral health supports, and nursing services.

**Legislative and Regulatory Update** In 2020, the physical plant regulations were updated to meet the national building code standards for healthcare facilities licensed as assisted living facilities. With a moratorium on rule development, DSHS has not been able to keep the rules current in concert with the changes in building codes, energy efficiency standards, and the structural enhancements associated with assisted living facilities. The regulatory amendments encompass some technological advances in building design and the healthcare industry.

**Definition** An ALF is any home or institution, however named, that is advertised, announced, or maintained for the express or implied purpose of providing housing, basic services, and assuming general responsibility for the safety and well-being of the residents, and may also provide domiciliary care for seven or more residents after July 1, 2000. However, an ALF that is licensed for three to six residents prior to or on July 1, 2000, may maintain its ALF license as long as it is continually licensed as an ALF. An ALF does not include any facilities certified as group training homes, nor any home, institution or section thereof which is

otherwise licensed and regulated under the provisions of state law providing specifically for the licensing and regulation of a group training home, institution or section thereof. It also does not include independent senior housing, independent living units in continuing care retirement communities, or other similar living situations including those subsidized by the U.S. Department of Housing and Urban Development.

## **Disclosure Items**

ALFs are required to disclose to interested persons on a standardized form the scope of care and services that they offer, including:

- (1) Activities;
- (2) Food and diets;
- (3) Services related to arranging and coordinating health care services;
- (4) Laundry;
- (5) Housekeeping;
- (6) Level of assistance with ADLs;
- (7) Intermittent nursing services;
- (8) Help with medications;
- (9) Services for persons with dementia, mental illness, and developmental disabilities;
- (10) Transportation services;
- (11) Ancillary services and services related to smoking and pets;
- (12) Any limitation on end-of-life care;
- (13) Payments/charges/costs;
- (14) 'Bed hold' policy;
- (15) Policy on acceptance of Medicaid payments;
- (16) Building's fire protection features; and
- (17) Security services.

## **Facility Scope of Care**

ALFs must provide the following basic services, consistent with the resident's assessed needs and negotiated service agreement:

- (1) Housing;
- (2) Activities;
- (3) Housekeeping;
- (4) Laundry;
- (5) Meals, including nutritious snacks and prescribed general low sodium diets, general diabetic diets, and mechanical soft diets;
- (6) Medication assistance;
- (7) Arranging for health care appointments;

- (8) Coordinating health care services with the ALF's services;
- (9) Monitoring of residents' functional status; and
- (10) Emergency assistance.

ALFs may provide the following optional services:

- (1) Assistance with ADLs;
- (2) Intermittent nursing services;
- (3) Health support services;
- (4) Medication administration;
- (5) Adult day services;
- (6) Care for residents with dementia, mental illness, and developmental disabilities;
- (7) Specialized therapeutic diets; and
- (8) Transportation services.

**Third Party Scope of Care** The ALF must allow a resident to arrange to receive on-site care and services from licensed health care practitioners and licensed home health, hospice, or home care agencies, if the resident chooses to do so. The ALF may permit the resident to independently arrange for other persons to provide on-site care and services.

**Admission and Retention Policy** The ALF may admit and retain an individual as a resident only if:

- (1) The ALF can safely, appropriately serve the individual with appropriate available staff who provide the scope of care and services described in the facility's disclosure information and make reasonable accommodations for the resident's changing needs;
- (2) The individual does not require the frequent presence and frequent evaluation of a registered nurse, excluding those individuals who are receiving hospice care or individuals who have a short-term illness that is expected to be resolved within 14 days as long as the ALF has the capacity to meet the individual's identified needs; and
- (3) The individual is ambulatory, unless the ALF is approved by the Washington state director of fire protection to care for semi-ambulatory or non-ambulatory residents.

**Resident Assessment** The ALF must ensure a preadmission assessment is conducted before each prospective resident moves in. The preadmission assessment must include specified information unless the information is unavailable. The ALF must complete a full assessment addressing more detailed information within fourteen days of the resident's move-in

date, upon changes in condition, and at least annually thereafter.

### **Medication Management**

All ALFs must provide medication assistance services (differentiated from medication administration). Medication assistance may be provided by trained caregivers other than licensed nurses without nursing supervision. Assistance may include reminding or coaching the resident to take medication or handing or opening the medication container to the individual, though the resident must be able to put the medication in his or her mouth or apply or instill the medication. If the resident is physically unable to put the medication in his or her mouth or apply or instill the medication, he or she can accurately direct caregivers to perform this task under the medication assistance regulations.

ALFs have the option to provide medication administration services directly through licensed nurses or through formal nurse delegation. Nurses may fill medication organizers for residents under certain conditions.

Residents may self-administer medications, or the ALF may permit family members to administer/assist with medications to residents. Residents have the right to refuse medications. An ALF may alter the form in which medications are administered under certain conditions. Residents who are assessed as capable have the right to store their own medications. The ALF must ensure that residents are protected from gaining access to other residents' medications.

### **Square Foot Requirements**

Resident rooms must be a minimum of 80 square feet for a single occupancy room and shared resident units must provide a minimum of 70 square feet per resident. ALFs receiving Medicaid funding under an assisted living contract with the state must provide a private room with a kitchen area and private bathroom. The room must be a minimum of 220 square feet, excluding the bathroom. ALFs with other contracts with DSHS/ALTSA must meet the licensing requirements for room size.

### **Residents Allowed Per Room**

A maximum of four residents is allowed per resident unit for ALFs licensed before July 1, 1989. For ALFs licensed after this date, a maximum of two residents is allowed per unit. Under an assisted living services contract with

DSHS/ALTSA, only one resident per room is allowed unless the resident requests to share the room with another person, such as a spouse.

### **Bathroom Requirements**

When providing common-use toilet rooms and bathrooms, one toilet and one sink are required for every eight residents and one bath/shower is required for every 12 residents. A private bathroom is required for all residents served under an assisted living contract with DSHS/ALTSA.

### **Life Safety**

All facilities or portions of facilities proposed for licensure as an ALF that initially submit construction review documents after July 1, 2005 are required to be protected by an automatic fire sprinkler system. All facilities or portions of facilities proposed for licensure as an ALF are required to be equipped with smoke detectors in each sleeping room, outside each sleeping room, and on each level. The primary power source for these detection systems must be the building wiring system with battery backup. When these new facilities are to be licensed for more than 16 residents, then they are required to be provided with an approved manual and automatic fire alarm system complying with the National Fire Protection Association 72 standard.

All ALFs first issued a project number by construction review services on or after Sept. 1, 2004 must provide emergency lighting in all areas of the facility. ALFs constructed prior to 2004 are required to have emergency lighting or flashlights in all areas of the facility.

ALFs also must have a current disaster plan describing measures to take in the event of internal or external disasters. Effective in 2022, ALFs must include infectious disease outbreaks in their disaster/emergency plans.

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

ALFs must collect additional assessment information for residents who meet screening criteria for having dementia.

Additionally, an ALF that operates a dementia care unit with restricted egress must ensure that residents or a legally authorized representative give consent to living in such units and, for example:

- (1) Make provisions for residents leaving the unit;
- (2) Ensure the unit meets applicable fire codes;

- (3) Make provisions to enable visitors to exit without sounding an alarm;
- (4) Make provisions for an appropriate secured outdoor area for residents; and
- (5) Provide group, individual, and independent activities.

If an ALF serves residents with dementia, the facility must provide specialized training with specific learning outcomes to staff who work with those residents.

## **Staffing Requirements**

The ALF must have a qualified administrator who is responsible for the overall 24-hour operation of the facility. The ALF must have an adequate number of trained staff to:

- (1) Furnish the services and care needed by each resident consistent with his or her negotiated service agreement;
- (2) Maintain the ALF free of hazards; and
- (3) Implement fire and disaster plans.

Long-term care workers hired after January 7, 2012 must have a federal fingerprint-based background check, in addition to a state background check.

## **Administrator Education/Training**

The administrator must be at least 21 years of age, and have the education, training, and experience outlined in the ALF regulations to qualify as an ALF administrator, including department training on Washington state statutes and administrative rules related to the operation of an ALF. Additionally, ALF administrators or their designees must meet the training requirements of chapter 388-112A WAC, including continuing education.

## **Staff Education/Training**

Long-term care workers must become either certified nursing assistants or certified home care aides. For those workers becoming certified home care aides, they must complete an orientation and safety program before having routine interaction with residents. The orientation provides basic introductory information appropriate to the residential care setting and population served. They also must complete a basic training class and demonstrate competency in the core knowledge and skills needed in order to provide personal care services effectively and safely. DSHS/ALISA must approve basic training curricula for home care aides. Long-term care workers must complete the basic training for home care aides or complete certified nursing assistant training within 120 days

of hire and must become certified within 200 days of hire. Until competency in the basic training or nursing assistant training has been demonstrated, they must have direct supervision when providing hands-on personal care.

Long-term care workers must complete specialty training whenever the ALF serves a resident whose primary special need is assessed as a developmental disability, dementia, or mental illness. The specialty training provides instruction in caregiving skills that meet the needs of individuals with mental illness, dementia, or developmental disabilities.

Certified or registered nursing assistants or home care aide-certified who accept delegated nursing tasks must complete nurse delegation training. If the certified long term care worker will be administering insulin through nurse delegation, he or she must complete the "Special Focus on Diabetes" course and successfully pass an exam with a score of 90 percent prior to assuming these duties. The registered nurse will continue to meet with the certified long term care worker once a week for the first four weeks of insulin delegation.

ALF administrators (or their designees) and long-term care workers must complete 12 hours of continuing education each year by their birthday.

### **Entity Approving CE Program**

Effective July 1, 2012, DSHS must pre-approve all continuing education courses and instructors.

### **Medicaid Policy and Reimbursement**

Medicaid covers several different contracts for services provided by licensed, Medicaid-contracted ALFs. Medicaid payments to ALFs are based on the assessed needs of the residents.

The Medicaid contracts include:

- (1) Adult Residential Care, which includes medication assistance, personal care, and limited supervision for residents who need monitoring for safety. Typically this contract includes two unrelated residents sharing a room.
- (2) Assisted Living Services, which includes a private apartment and some type of nursing care is occasionally provided along with help for medication assistance and/or administration and personal care; and
- (3) The Enhanced Adult Residential Care service package includes services provided under Adult Residential Care

with an additional level of services as needed, such as medication administration and intermittent nursing services..

(4) The Enhanced Adult Residential Care - Specialized Dementia Care Services service package includes all services in the Enhanced Adult Residential Care contract and additional services for a resident with dementia.

(5) Expanded Community Services is an additional layered contract that includes intensive supports for clients experiencing challenging behaviors due to mental illness and/or dementia.

### **COVID-19 Public Health Emergency**

Substitute House Bill 1218 passed the legislature in 2022 and includes various additional expectations for ALF providers as a result of the COVID-19 pandemic. Included in the bill was enhanced expectations for resident and staff communication with families and outside agencies, enhanced safety features, additions to the ALF's disaster/emergency plans, and the addition of an essential support person for each resident.

### **Citations**

Washington State Legislature. Revised Code of Washington, Title 18, Chapter 18.20 RCW: Assisted Living Facilities (formerly Boarding Homes). [June 7, 2012]  
<http://apps.leg.wa.gov/rcw/default.aspx?cite=18.20>

Washington State Legislature. Washington Administrative Code, Title 388, Chapter 388-76 WAC. Adult Family Home Minimum Licensing Requirements. [December 7, 2016]  
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Washington Administrative Code, Title 388, Chapter 388-78A WAC. Assisted Living Facility Licensing Rules. [February 9, 2016]  
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