

# **Assisted Living State Regulatory Review 2009**

**March 2009**

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**National Center for Assisted Living**

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About one million Americans now make their home in assisted living communities, including about 115,000 receiving assistance under the Medicaid program. A long term care option preferred by many individuals and their families because of its emphasis on resident choice, dignity, and privacy, assisted living continues to grow while adapting to changes in consumer wants and needs.

There are federal laws that impact assisted living but oversight of assisted living occurs primarily at the state level. The varying laws and regulations affecting assisted living settings have created a diverse and fluid operating environment for providers and a mix of terminology, settings, and available services for consumers. Overall, these variations reflect the development of assisted living to meet the needs of the individuals in each particular state.

More than two-thirds of the states use the licensure term “assisted living” and some states use a similar term (e.g., Tennessee uses “assisted care living facilities”). While the second most used term is “residential care,” other state licensure terms include “boarding home, basic care facility, community residence, enriched housing program, home for the aged, personal care home, and shared housing establishment.”

In 2008, with the federal election and a deepening national economic recession as a backdrop, state assisted living regulations continued evolving in dynamic ways, though at a somewhat slower pace than the previous year. At least 18 states made regulatory changes impacting assisted living/residential care facilities with at least six of these states making major modifications. More than 10 states are working on significant or major changes in 2009.

As in previous years, states continued developing standards to accommodate residents with higher health care needs. Maryland overhauled its regulations. Tennessee made major changes allowing facilities to care for residents with greater health care needs. New York promulgated regulations establishing assisted living licensure under a 2004 statute and New Hampshire adopted rules governing one of its two levels of licensure.

At least seven states made changes to emergency/disaster preparedness and fire safety standards and at least five increased staff training requirements. Four states reported changes to their medication management standards. Maryland, for example, began requiring that a licensed pharmacist conduct an on-site review of physician prescriptions, orders, and resident records at least every six months for every resident receiving nine or more medications. New Jersey began allowing staff trained to administer medication to residents under the delegation of a registered nurse to use disposable insulin-delivering mechanical devices commonly known as “pens.” Other trends included additional disclosure requirements and changes to background check requirements.

Increased fiscal pressure on state Medicaid programs precipitated debates over payment rates and move-out policies. The state of Washington enacted a law requiring boarding homes withdrawing from the Medicaid program to continue to provide Medicaid services to existing Medicaid residents and to residents who have been paying privately for at least two years and who become eligible for Medicaid within 180 days of the withdrawal. A federal district court, however, ruled Jan. 14, 2009 that the law’s provisions were unconstitutional under the Contract Clause of the U.S. Constitution for provider agreements in effect March 28, 2008, when the law was passed; the law remained in effect for provider agreements entered into after March 28, 2008.

NCAL publishes this report as a service to its members, consumers, policy makers, researchers, and the media. As always, we would like to thank the many people from state agencies and NCAL state affiliates who provided information for this report and reviewed the contents.

Karl Polzer, NCAL Senior Policy Director  
March 2009

This report summarizes regulation of assisted living in each state and the District of Columbia. Information in the report is obtained from state regulatory agencies, state provider associations affiliated with NCAL, and through review of state regulations. Because many states are developing and refining their assisted living rules and guidelines, readers are encouraged to contact the identified state agencies and to obtain copies of the regulations in their entirety if they desire more detailed information.

This review is based on the applicable statutes and regulations in each state and specifically summarizes the following information:

- **Agency/Phone Number** is the name and general phone number of the state assisted living regulatory agency.
- **Contact Name/Phone Number/Email** is the name, direct phone number, and e-mail address of the state agency representative who is knowledgeable about state regulatory classifications and new initiatives regarding assisted living.
- **Web Site** is the Web site for the agency that regulates assisted living.
- **Licensure Term** is the term (or terms) used by the state that most closely fits the general definition of “assisted living.”
- **Opening Statement** includes comments about new assisted living legislation or regulation that is being discussed, drafted, or proposed by the state.
- **Definition** summarizes the state’s definition of the licensure term.
- **Disclosure Items** includes specific information that must be provided to a prospective resident prior to signing a residence or services contract.
- **Facility Scope of Care** summarizes the nursing and personal care services that may be provided by the facility.
- **Third Party Scope of Care** indicates whether third parties, such as home health agencies or hospice providers, may provide services.
- **Move-in/Move-out Requirements** summarizes the types of resident conditions that would prevent move-in or mandate move-out.
- **Resident Assessment** indicates if the state requires a particular form or process to be used when a prospective or current resident is assessed to determine if the individual’s needs can be met by the provider and to indicate the services that the resident will need.

- **Medication Management** indicates whether administration of medication is permitted and the extent to which assistance with administration is permissible.
- **Physical Plant Requirements** summarizes the square footage requirements for resident units and any other special physical plant requirements.
- **Residents Allowed Per Room** summarizes the maximum number of residents allowed per resident unit.
- **Bathroom Requirements** indicates whether bathrooms may be shared and how many toilets, lavatories, and/or bathing facilities are required per resident.
- **Life Safety** summarizes fire safety requirements and other standards ensuring residents' physical safety.
- **Alzheimer's Unit Requirements** indicates whether facilities are permitted to care for residents with Alzheimer's disease and/or summarizes special requirements for facilities that care for such residents.
- **Staff Training for Alzheimer's Care** indicates any additional training that may be required for staff that provide care for individuals with Alzheimer's disease or other forms of dementia.
- **Staffing Requirements** lists required staff and may indicate if a certain number of staff are required at particular times or based on the number of residents.
- **Administrator Education/Training** summarizes qualifications for administrators.
- **Staff Education/Training** summarizes qualifications for various staff positions.
- **Continuing Education (CE) Requirements** summarizes the number of hours of continuing education required annually of administrators and staff.
- **Entity Approving CE Program** identifies the state entity that gives prior approval for continuing education courses, if applicable.
- **Medicaid Policy and Reimbursement** summarizes whether the state offers Medicaid coverage to pay for services in assisted living.



# Alabama

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**Agency** Department of Public Health, Bureau of Health Provider Standards **Phone** (334) 206-5575  
**Contact** Diane A. Mann **Phone** (334) 206-5366  
**E-mail** dmann@adph.state.al.us  
**Web Site** www.adph.org

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<b>Licensure Term</b>	Assisted Living Facilities
<b>Opening Statement</b>	The regulations were amended most recently in October 2008.
<b>Definition</b>	<p>An assisted living facility provides or offers to provide a residence and personal care to individuals who are in need of assistance with activities of daily living (ADLs). A specialty care assisted living facility meets the definition of an assisted living facility and is specially licensed and staffed to permit residents with a degree of cognitive impairment that would ordinarily make them ineligible for admission or continued stay in an assisted living facility. Both assisted living and specialty care assisted living are sub-classified according to the number of residents:</p> <p>'Family assisted living facility' means a facility authorized to care for two or three adults. 'Group assisted living facility' means a facility authorized to care for four to 16 adults. 'Congregate assisted living facility' means a facility authorized to care for 17 or more adults.</p>
<b>Disclosure Items</b>	None specified.
<b>Facility Scope of Care</b>	Assistance with ADLs such as bathing, oral hygiene, and grooming may be provided. A facility must provide general observation and health supervision of each resident to develop awareness of changes in health condition and physical abilities and awareness of the need for medical attention or nursing services.
<b>Third Party Scope of Care</b>	Home health services may be provided by a certified home health agency.
<b>Move-In/Move-Out Requirements</b>	To be admitted to an assisted living facility, residents may not require restraints or confinement; require limitations on egress from the facility; be unable, because of dementia, to understand the unit dose medication system in use by the facility; or have chronic health conditions requiring extensive nursing care, daily professional observation, or the exercise of professional judgment from facility staff. A resident who requires medical care, skilled nursing care, is severely cognitively impaired, or requires any care beyond assistance with ADLs must be discharged. Despite

these requirements, a resident who requires medical care, administration of oral medications, or skilled nursing care for no longer than 90 days, or if a resident has been admitted to a certified and licensed hospice program because of a condition other than dementia, may remain in the facility by arrangement of such care to be delivered by properly licensed individuals. In these instances the facility is responsible for the delivery of the appropriate care.

**Resident Assessment**

Each resident must have a medical examination prior to entering an assisted living facility and a plan of care developed by the facility in cooperation with the resident and, if appropriate, the sponsor. There is certain information that must be included in the plan of care, but there is no required standard form.

Two assessments on required forms must be completed for individuals who move into a specialty care assisted living facility: a Physical Self Maintenance Scale and a Behavior Screening Form. Each resident must have a specified score on the Physical Self Maintenance Scale to be able to live in the specialty care assisted living facility.

**Medication Management**

A resident may either manage, keep, and self-administer his or her own medications or receive assistance with the self-administration of medication by any staff member. Medications managed and kept under the custody and control of the facility shall be unit-dose packaged. In specialty care assisted living facilities that care for residents with dementia, medication must be administered by a registered nurse (RN), licensed practical nurse, or an individual licensed to practice medicine or osteopathy by the Medical Licensure Commission of Alabama.

**Physical Plant Requirements**

Private resident units must be a minimum of 80 square feet, and double occupancy resident units must be a minimum of 130 square feet.

**Residents Allowed Per Room**

A maximum of two residents is allowed per resident unit.

**Bathroom Requirements**

Bathrooms may be shared and resident rooms may have common toilets, lavatories, and bathing facilities. When shared, there must be at least the following: one bathtub or shower for eight residents; one lavatory for six residents; and one toilet for six residents.

**Life Safety**

The state of Alabama has two types of licensed assisted living facilities for the elderly: standard assisted living facilities and specialty care assisted living facilities for residents with dementia or Alzheimer's symptoms. Each of these is divided into the three categories of Family (three residents or less), Group (4-16 residents), and Congregate (17 or more residents). A Family facility is usually set up in an individual's home. The home is reviewed and modified as necessary for compliance with the

National Fire Protection Association (NFPA) 101 chapter for One and Two Family Dwellings. By rules, both Group and Congregate facilities are required to comply with the NFPA 101 chapter on Residential Board and Care with residents classified as "impractical to evacuate." Under this evacuation requirement, the Life Safety Code requires each facility to have both a sprinkler system and a supervised fire alarm system. In the Residential Board and Care chapter, a Group facility is required to comply with Small Facility standards. A Congregate facility is referred under Large Facility to the requirements of Limited Care found in the NFPA 101 chapter for Health Care Occupancies.

**Alzheimer's Unit Requirements**

Facilities that are not licensed as specialty care facilities may neither admit nor retain residents with severe cognitive impairments and may not advertise themselves as a "Dementia Care Facility," an "Alzheimer's Care Facility," or as specializing in or being competent to care for individuals with dementia or Alzheimer's disease.

Residents must be screened and approved to move into the specialty care facility. The screening must include a clinical history, a mental status examination including an aphasia screening, a geriatric depression screen, a physical functioning screen, and a behavior screen. Additionally, the Physical Self Maintenance Scale and the Behavior Screening Form must be completed and the state has required scores that must be achieved on the Physical Self Maintenance Scale in order for a resident to move in and continue to reside in the facility.

**Staff Training for Alzheimer's Care**

All staff having contact with residents in specialty care dementia units must receive training on specific topics prior to having any resident contact and must have at least six hours of continuing education annually.

**Staffing Requirements**

There must be an administrator and personal care staff as needed to provide adequate care and promote orderly operation of the facility.

Specialty care assisted living must have an administrator, a medical director, at least one RN, and a unit coordinator. Specialty care assisted living must have at least two staff members on duty 24 hours-a-day, seven days a week, and must, at a minimum, meet the staffing ratios specified in regulation.

**Administrator Education/Training**

Administrators are required to be licensed by the Assisted Living Administrator Licensure Board.

**Staff Education/Training**

In an assisted living facility, staff having contact with residents including the administrator must have required initial training and refresher training as needed. In a specialty care assisted

living facility, each staff member must have initial training in the basics and complete the Dementia Education and Training Series on dealing with dementia and complete at least six hours of continuing education per year.

**Continuing Education (CE) Requirements**

Administrators must complete six hours of continuing education per year.

**Entity Approving CE Program**

None specified.

**Medicaid Policy and Reimbursement**

There is no Medicaid waiver program at this time.

# Alaska

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**Agency** Division of Public Health **Phone** (907) 269-3640  
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**Web Site** <http://www.hss.state.ak.us/dph/CL/ALL/default.htm>

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<b>Licensure Term</b>	Assisted Living Homes
<b>Opening Statement</b>	Alaska is unique due to its size and sparse population. Providers determine the level of care and services they will provide, but must provide the state with a list of these services. New safety and sanitation regulations went into effect in June 2006 and new background check regulations became effective in February 2007.
<b>Definition</b>	An assisted living home (or 'home') provides a system of care in a homelike environment for elderly persons and persons with mental or physical disabilities who need assistance with activities of daily living (ADLs).
<b>Disclosure Items</b>	None specified.
<b>Facility Scope of Care</b>	Facilities may provide assistance with ADLs, intermittent nursing services, and skilled nursing care by arrangement. A licensed nurse may delegate certain tasks, including non-invasive routine tasks, to staff.
<b>Third Party Scope of Care</b>	A resident who needs skilled nursing care may, with the consent of the assisted living home, arrange for that care to be provided in the assisted living home by a licensed nurse if that arrangement does not interfere with the services provided to other residents.
<b>Move-In/Move-Out Requirements</b>	There are no limits on admission. However, facilities must have a residential services contract in place for each resident. Twenty-four-hour skilled nursing care may not last for more than 45 consecutive days. Terminally ill residents may remain in the facility if a physician confirms their needs are being met. At least 30 days' notice is required before terminating a residential services contract.
<b>Resident Assessment</b>	A plan must be developed for each resident and it must include certain information. There is no required standard form.
<b>Medication Management</b>	If self-administration of medications is included in a resident's assisted living plan, the facility may supervise the resident's self-administration of medications.
<b>Physical Plant Requirements</b>	The home must assure that each resident has furniture typical for residents of homes in the community and neighborhood. Residents must have 'reasonable privacy.' The home must occupy

a building that is used exclusively for assisted living, except that a home may be licensed in a building that has more than one occupancy if the other occupancy is consistent with the health, safety, comfort, and well-being of the residents of the assisted living home and the other users of the building comply with applicable fire and environmental health codes.

**Residents Allowed Per Room**

No more than two residents may be assigned to a bedroom.

**Bathroom Requirements**

A minimum of one sink, toilet, and shower/bath is required per six residents.

**Life Safety**

Assisted living homes of all sizes must have a smoke detector in each bedroom and each level of the home. A carbon monoxide detector is required outside of each sleeping area and on each level of the home. Evacuation drills are required quarterly for each shift in a home for five or fewer residents. Homes that provide services to six or more residents must have a fire safety inspection completed every two years and follow the recommendations of that inspection. The height of window sills, size of openable window areas, and emergency exit time requirements with or without a suppression system are specified in regulation. State and municipal fire authorities have adopted International Fire Code standards. Some municipalities have different requirements for sprinkler systems based on occupancy.

**Alzheimer's Unit Requirements**

The facility must provide a safe environment for residents with Alzheimer's disease. Any home that provides care to residents with cognitive delays or other disabilities is required to have a department-approved delayed exit system or alarm system to alert staff if someone exits the home.

**Staff Training for Alzheimer's Care**

None specified.

**Staffing Requirements**

The home must employ the type and number of care providers and other employees necessary to operate the home. The home must have a sufficient number of care providers and other employees with adequate training to implement the home's general staffing plan and to meet the needs of residents as defined in the residents' residential services contracts and assisted living plans. A care provider must be on duty who has CPR training and first aid training. A criminal background investigation is required of staff.

**Administrator Education/Training**

An administrator must be at least 21 years of age, complete an approved management or administrator training course, and have documented experience relevant to the population of residents in the home; or have sufficient documented experience in an out-of-home care facility and adequate education, training, or other similar experience to fulfill the duties of an administrator for the type and size of home where the individual is to be employed. A criminal background investigation is

required.

**Staff Education/Training** Care providers in non-supervisory roles must be at least 16 years of age. Care providers working without direct supervision must be 18 years of age and care providers who are 21 years of age may supervise other care providers.

**Continuing Education (CE) Requirements** Each administrator must complete 18 clock hours of continuing education annually. Each care provider must complete 12 clock hours of continuing education annually.

**Entity Approving CE Program** None specified.

**Medicaid Policy and Reimbursement** A Medicaid home and community-based services waiver covers services. A tiered payment system is used to reimburse for services.

## Arizona

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**Agency** Arizona Department of Health Services, Division of Assurance and Licensure, Office of Assisted Living Licensure **Phone** (602) 364-2639

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**Licensure Term** Assisted Living Facilities

**Opening Statement** Regulations have been in effect since November 1998. The licensure category consolidates the previous six licensure categories for residential care institutions into a universal assisted living license. This license is sub-classified based on size and level of services provided. All facilities are required to comply with resident rights, food service requirements, administration requirements, abuse reporting, and resident agreements. Training requirements vary depending upon level of care. Physical plant requirements vary depending upon size.

**Definition** Assisted Living Facility means a residential care institution, including Adult Foster Care, that provides or contracts to provide supervisory care services, personal care services, or directed care services on a continuing basis.

**Disclosure Items** None specified.

**Facility Scope of Care** There are three licensed levels of care. "Supervisory Care Services" means general supervision, including daily awareness of resident functioning and continuing needs, the ability to intervene in a crisis, and assistance in the self-administration of medications. "Personal Care Services" means assistance with activities of daily living and includes the coordination or provision of intermittent nursing services and the administration of medications and treatments. A facility licensed to provide Personal Care Services may not accept or retain residents unable to direct their own care. "Directed Care Services" means programs and services provided to persons who are incapable of recognizing danger, summoning assistance, expressing need, or making basic care decisions.

Residents in facilities licensed to provide Personal Care Services or Directed Care Services may not be bed bound, have stage III or IV pressure sores, or require continuous nursing services unless the resident is under the care of a licensed hospice service agency or continuous nursing services are provided by a private duty nurse.

**Third Party Scope of Care** Residents in Assisted Living Facilities may also receive nursing services or health-related services from a licensed home health



agency, licensed hospice service agency, or private duty nurse.

**Move-In/Move-Out Requirements**

A facility must not accept or retain a resident who requires physical or chemical restraints; behavioral health residential services; or services that the assisted living facility is not licensed or able to provide.

**Resident Assessment**

A resident assessment and service plan must be initiated at the time of resident move-in and completed within 14 days of acceptance. The service plan must be updated every three months for direct care, every six months for personal care, and annually for supervisory care. Service plans must be updated, for any resident, with any change of condition.

**Medication Management**

Medication administration is permitted by licensed nurses. Certified assisted living managers and trained caregivers may also provide medication assistance to residents and may provide medication administration with a physician order and proper training.

**Physical Plant Requirements**

Facilities must comply with all local building codes, ordinances, fire codes, and zoning requirements. Private resident bedrooms must be a minimum of 80 square feet and shared resident bedrooms must provide a minimum of 60 square feet per resident.

**Residents Allowed Per Room**

A maximum of two residents is allowed per bedroom.

**Bathroom Requirements**

Shared bathrooms are permitted with at least one full bathroom for every eight residents.

**Life Safety**

All facilities must follow either local jurisdiction requirements or state rules, whichever are more stringent. Under state rules, if a center is licensed for personal or directed care services, it must have a fire alarm system installed according to the National Fire Protection Association (NFPA) 72: National Fire Alarm Code (Chapter 3, Section 3-4.1.1(a)), and a sprinkler system installed according to NFPA 13 standards, or have an alternative method to ensure residents' safety approved by the local jurisdiction and granted an exception by the Department. Fire inspections must be conducted no less than every 36 months by a local fire department or state fire marshal.

State rules for homes require an all-purpose fire extinguisher with a minimum of a 2A-10-BC rating, serviced every 12 months. Smoke detectors are to be installed according to the manufacturer's instructions in at least the following areas: bedrooms, hallways that adjoin bedrooms, storage and laundry rooms, attached garages, rooms or hallways adjacent to the kitchen, and other places recommended by the manufacturer. Smoke detectors must be in working order and inspected as often as recommended by the manufacturer. Smoke detectors may be

battery operated. However, if more than two violations of an inoperative battery-operated smoke detector are cited in a 24-month period, the licensee is subject to ensuring the smoke detector is hard-wired into the electrical system.

Facility staff, including assisted living managers and administrators, (and contractors and registry workers contracted by a facility) providing supervisory, personal, or direct care in the facility must be fingerprinted and maintain a valid fingerprint clearance card. Individuals contracted directly by residents are not required to have a card.

**Alzheimer's Unit Requirements**

Facilities must follow directed care rules.

**Staff Training for Alzheimer's Care**

An overview of Alzheimer's disease and other dementia is required for directed care.

**Staffing Requirements**

The regulations require that sufficient staff must be present at all times to provide services consistent with the level of service for which the facility is licensed.

**Administrator Education/Training**

Managers must be at least 21 years of age and certified as assisted living facility managers.

**Staff Education/Training**

All staff must be trained in first aid and CPR specific to adults. Caregivers must be at least 18 years of age; be trained at the level of service the facility is licensed to provide; and have a minimum of three months of health-related experience. Assistant caregivers must be at least 16 years of age.

In addition, the following is required:

For staff providing a supervisory level of care: 20 hours of training;

For staff providing a personal level of care: training for supervisory level plus an additional 30 hours;

For staff providing a directed level of care: training for supervisory and personal level plus an additional 12 hours; and

For certified managers: training for all levels of care plus an additional eight hours.

**Continuing Education (CE) Requirements**

All staff must have six hours of annual training related to promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights; fire safety and emergency procedures; infection control; and abuse, neglect, and exploitation prevention and reporting requirements. They must have an additional two hours for Personal Care Services and an additional four hours for Directed Care Services.

**Entity Approving  
CE Program**

The Board of Examiners of Nursing Home Administrators and Assisted Living Facility Managers approves CE programs for certified managers.

**Medicaid Policy and  
Reimbursement**

A Medicaid home and community-based services waiver covers services in assisted living.

## Arkansas

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**Agency** Department of Health and Human Services, Office of Long Term Care      **Phone** (501) 682-8468  
**Contact** Jim Hicks      **Phone** (501) 682-6970  
**E-mail** james.hicks@arkansas.gov  
**Web Site** [www.state.ar.us/dhs/aging/assistedliving.html](http://www.state.ar.us/dhs/aging/assistedliving.html)  
[www.medicaid.state.ar.us/InternetSolution/General/units/oltc/index.aspx](http://www.medicaid.state.ar.us/InternetSolution/General/units/oltc/index.aspx)

<b>Licensure Term</b>	Assisted Living Facilities, Level I and Level II
<b>Opening Statement</b>	Facilities are designated as Level I or Level II Assisted Living. The assisted living profession and state regulatory officials have been working on a major revision of the regulations. Any revisions must be approved by the state legislature. Once approved, they will be posted on the Office of Long Term Care Web site at: <a href="http://www.medicaid.state.ar.us/InternetSolution/General/units/oltc/regs/allregs.aspx">http://www.medicaid.state.ar.us/InternetSolution/General/units/oltc/regs/allregs.aspx</a> .
<b>Definition</b>	An assisted living facility is a building or part of a building that undertakes, through its ownership or management, responsibility to provide assisted living services for a period exceeding 24 hours to more than three adult residents of the facility. Assisted living services may be provided either directly or through contractual arrangement. An assisted living facility provides, at a minimum, services to assist residents in performing all activities of daily living (ADLs) on a 24-hour basis.
<b>Disclosure Items</b>	Assisted living facilities must provide each prospective resident or the prospective resident's representative with a comprehensive consumer disclosure statement before the prospective resident signs an admission agreement. Facilities that have an Alzheimer's Special Care Unit must provide a facility-prepared statement to individuals or their families or responsible parties prior to admission that discloses the form of care, treatment, and related services especially applicable to or suitable for residents of the special care unit.
<b>Facility Scope of Care</b>	<p>The facility may supervise and assist with ADLs. Level I facilities provide 24-hour staff supervision by awake staff; assistance in obtaining emergency care 24 hours a day; assistance with social, recreational, and other activities; assistance with transportation; linen service; three meals a day; and medication assistance.</p> <p>Level II facilities offer services that directly help a resident with certain routines and ADLs and assistance with medication only to the extent permitted by the state's Nurse Practice Act. The assessment for residents with health needs must be completed by</p>

<b>Third Party Scope of Care</b>	<p>a registered nurse (RN).</p> <p>In Level I facilities, home health services may be provided by a certified home health agency on a short-term basis.</p>
<b>Move-In/Move-Out Requirements</b>	<p>The facility must not admit or retain residents whose needs are greater than the facility is licensed to provide.</p> <p>Level I facilities may not provide services to residents who:</p> <ol style="list-style-type: none"> <li>(1) Need 24-hour nursing services except as certified by a licensed home health agency for a period of 60 days with one 30-day extension;</li> <li>(2) Are bedridden;</li> <li>(3) Have transfer assistance needs that the facility cannot meet with current staffing; or</li> <li>(4) Present a danger to self or others or engage in criminal activities.</li> </ol> <p>Level II facilities may not provide services to residents who:</p> <ol style="list-style-type: none"> <li>(1) Need 24-hour nursing services;</li> <li>(2) Are bedridden;</li> <li>(3) Have a temporary (no more than 14 consecutive days) or terminal condition unless a physician or advanced practice nurse certifies the resident's needs may be safely met by a service agreement developed by the attending physician or advanced practice nurse and the resident;</li> <li>(4) Have transfer assistance needs that the facility cannot meet with current staffing; or</li> <li>(5) Present a danger to self or others or engage in criminal activities.</li> </ol>
<b>Resident Assessment</b>	<p>Each resident must have an initial evaluation completed by the assisted living residence. There is no required standard form.</p>
<b>Medication Management</b>	<p>Level I facility staff must provide assistance to enable residents to self-administer medications.</p> <p>In Level II facilities licensed nursing personnel may administer medication.</p>
<b>Physical Plant Requirements</b>	<p>All living units in assisted living facilities must be independent apartments, including a kitchen that is a visually and functionally distinct area within the apartment or unit. Each apartment or unit of new construction shall have a minimum of 150 square feet per person or 230 square feet for two persons.</p> <p>A Level II facility must maintain physically distinct parts or wings to house individuals who receive, or are medically eligible for, a nursing home level of care separate and apart from those individuals who do not receive, or are not medically eligible for, the nursing home level of care.</p>

<b>Residents Allowed Per Room</b>	An apartment or unit must be single occupancy except in situations where residents are husband and wife or are two consenting adults who have requested and agreed in writing to share an apartment or unit. An apartment or unit may be occupied by no more than two persons.
<b>Bathroom Requirements</b>	Each apartment or unit must have a separate and complete bathroom with a toilet, bathtub or shower, and sink.
<b>Life Safety</b>	Each Assisted Living Facility built after these regulations became effective (April 2001 by Act 1230) must meet the requirements adopted by local municipalities based on National Fire Protection Association (NFPA) 101, Life Safety Code, 1985, or the 2000 edition of the International Building Code (IBC), and must be in compliance with the Americans with Disabilities Act. If the municipality in which the facility is located has not adopted requirements based on the above standards, or the Office of Long Term Care determines that the regulations adopted by the local municipality are not adequate to protect residents, the facility must meet the provisions of the 2000 Edition of the IBC, including the NFPA requirements referenced by the IBC. As such, all Assisted Living Facilities must be sprinklered.
<b>Alzheimer's Unit Requirements</b>	Level I and II facilities may have an Alzheimer's special care unit. There are additional requirements in the areas of assessments, individual support plans for the residents, physical design, egress control, staffing, staff training, and therapeutic activities.
<b>Staff Training for Alzheimer's Care</b>	All staff must be trained within five months of hiring, with no less than eight hours of training per month during those five months. The following subjects must be covered in the training: facility policies; etiology, philosophy and treatment of dementia; stages of Alzheimer's disease; behavior management; use of physical restraints, wandering, and egress control; medication management; communication skills; prevention of staff burnout; activity programming; ADLs; individual-centered care; assessments; and creation of individual support plans. At least two hours of ongoing in-service training is required every quarter.
<b>Staffing Requirements</b>	<p>A full-time administrator (40 hours per week) must be designated by each assisted living facility. A second administrator must be employed either part-time or full-time depending on the number of beds in the facility.</p> <p>Level I facilities must have sufficient staff to meet the needs of residents and must meet the staffing ratios specified in regulation. The ratios are based on number of residents and are designated for "day," "evening," and "night."</p> <p>Level II facilities must employ or contract with at least one RN, licensed practical nurses, certified nursing assistants (CNAs),</p>

and personal care aides. The RN does not need to be physically present but must be available to the facility by phone or pager. The facility must have a minimum of one staff person per 15 residents from 7 a.m. to 8 p.m. and one staff person per 25 residents from 8 p.m. to 7 a.m. There must be at least one CNA on the premises per shift.

**Administrator  
Education/Training**

The administrator must be at least 21 years of age, have a high school diploma or a GED, successfully complete a state criminal background check, and be a certified Assisted Living Facility Administrator through a certification program approved by the state.

**Staff Education/Training**

All staff, including contracted personnel who provide services to residents (excluding licensed home health agency staff), must receive orientation and training on the following topics:

- (1) Within seven calendar days of hire: building safety and emergency measures; appropriate response to emergencies; abuse, neglect, and financial exploitation and reporting requirements; incident reporting; sanitation and food safety; resident health and related problems; general overview of the job's specific requirements; philosophy and principles of independent living in an assisted living residence; and Residents' Bill of Rights;
- (2) Within 30 calendar days of hire: medication assistance or monitoring; communicable diseases; and dementia and cognitive impairment; and
- (3) Within 180 calendar days of hire: communication skills; review of the aging process, and disability sensitivity training.

**Continuing Education  
(CE) Requirements**

All staff must have six hours per year of ongoing education and training.

**Entity Approving  
CE Program**

None specified.

**Medicaid Policy and  
Reimbursement**

A Medicaid state plan service reimburses for personal care services. A Level II facility may provide care and services to individuals who are medically eligible for nursing home level-of-care and receive services through the Medicaid 1915(c) home and community-based services waiver.

## California

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<b>Agency</b>	Department of Social Services, Community Care Licensing Division	<b>Phone</b>	(916) 324-4312
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**Licensure Term** Residential Care Facilities for the Elderly

**Opening Statement** In 2008, California's Residential Care Facilities for the Elderly (RCFE) regulations were renumbered and reformatted to allow for greater clarity and ease of use. Two new laws enhancing resident protections take effect in 2009: Health and Safety (H&S) Code Section 1569.658 requires licensees annually to disclose rate increases from the previous three years of operation to prospective residents. H&S Code Section 1569.695 requires licensees to establish plans for sheltering in place for up to 72 hours following an emergency or disaster. For more information on 2008 legislation, see <http://www.cclld.ca.gov/res/pdf/08apx11.pdf>. In December 2008, the Community Care Licensing Division (CCLD) launched the new "MyCCL Web Portal" as a first step in developing a Web-based licensing information center. For more information, see <http://www.mycccl.ca.gov/>.

**Definition** An RCFE is a voluntarily chosen housing arrangement where 75 percent of the residents are 60 years of age or older and where varying levels of care and supervision are provided, as agreed to at the time of admission or as determined at subsequent times of reappraisal. Any resident age 18-59 must have needs compatible with other residents.

**Disclosure Items** Prior to accepting a resident, the licensee or designated representative must complete an admission agreement with the resident and his/her responsible party. The admission agreement must include available basic and optional services, service rates, payment provisions, and refund conditions. Written notice must be given to the resident 60 days prior to any basic rate change. Admission agreements also are required to disclose: a comprehensive description of any items and services provided under a single fee; a description and schedule of all items and services not included in the single fee; a description of any preadmission fee (a licensee cannot require a preadmission fee from a recipient under the State Supplementary Program for the Aged, Blind and Disabled); an explanation of the use of third-party services; a comprehensive description of billing and payment policies and procedures; conditions under which rates may be increased; policy concerning family visits and refunds; and conditions under which the agreement may be terminated.



The admission agreement shall include eviction policies and procedures and must state the responsibilities of the licensee and the rights of the resident when a licensee evicts a resident. To assist residents in the event of a facility closure, it also must include information about the facility's closure plan and resident relocation evaluation and assistance. Additional disclosures are required if the facility advertises or promotes specialized care, such as care of persons with dementia.

### **Facility Scope of Care**

An RCFE provides care and supervision to its residents, including assistance with activities of daily living (ADLs), observation and reassessment, and, when appropriate, postural support that can be released by the resident. Residents with the following conditions or in need of the following incidental medical services may be admitted or retained as long as the applicable RCFE regulations are followed, and those procedures and services requiring a nurse or physical therapist are provided by an appropriately skilled professional: administration of oxygen, catheter care, colostomy/ileostomy care, contractures, diabetes, enemas/suppositories, incontinence, injections, intermittent positive pressure breathing machines, stage I and II dermal ulcers, and wound care. Dementia care can be provided if dementia care regulations are followed.

### **Third Party Scope of Care**

Facility staff are prohibited from providing any care beyond that allowed within the parameters of the RCFE license. However, outside agencies such as those providing home health or hospice services may provide medical services within their scope of practice to residents at the facility. This is restricted to treatment of those conditions allowed in a licensed RCFE setting.

Private paid personal assistants (PPAs) may only provide services other than those the licensee is required to provide. The licensee must provide the basic services and assistance with ADLs, as specified in regulations. Further, the licensee remains responsible for protecting the health and safety of residents. PPAs, who must have criminal background clearance, can provide services such as companionship or additional baths beyond what the licensee is required to provide. They may assist with the self-administration of medication, but only if the resident's physician documents that the resident can store and administer his/her own medications.

### **Move-In/Move-Out Requirements**

Residents may not be admitted or retained if they have active communicable tuberculosis; require 24-hour skilled nursing or intermediate care; have a mental disorder resulting in ongoing behavior that would upset the general resident group; would require a greater amount of care and supervision than the other residents; or cannot generally benefit from the program services available in the facility. A facility may issue a 30-day notice for nonpayment of the rate for basic services within 10 days of due

date; failure to comply with state or local law; failure to comply with general facility policies; or if a need not previously identified emerges and a reappraisal has been conducted and the resident is no longer appropriate for the facility; or if there is a change in the use of the facility. The department may grant a three-day eviction notice if sufficient evidence supports the licensee's assertion that the resident poses a threat to himself or others.

**Resident Assessment**

Residents must be assessed prior to move in, including an evaluation of functional capacity, mental condition, and social factors. While no standardized form is required, an assessment form is available on the CCLD website. The appraisal must be updated at least once a year or upon significant change in condition. A physician report covering specific areas also is required prior to move in.

**Medication Management**

Facility staff, unless he/she is an appropriately skilled professional acting within his/her scope of practice, may not administer medications to residents, but may assist them with the self-administration of medications.

**Physical Plant Requirements**

The regulations allow for private or semi-private resident rooms. Resident rooms must be furnished by the licensee or resident and be of sufficient size to allow for mobility of the resident and equipment.

**Residents Allowed Per Room**

A maximum of two residents is allowed per resident bedroom.

**Bathroom Requirements**

Private and shared toilets, bathing, and lavatory facilities are allowed. There must be at least one toilet and washbasin for each six persons, and one bathtub or shower for each 10 persons, including residents, family, and facility-dwelling staff.

**Life Safety**

Prior to licensure, each licensee must secure and maintain an appropriate facility fire clearance approved by the fire authority having jurisdiction. To obtain a fire clearance, the licensee must meet standards established by the State Fire Marshal and the fire authority having jurisdiction for the protection of life and property against fire. For example, RCFEs licensed for seven or more residents must have sprinklers. (In California, sprinkler systems should meet National Fire Protection Association standards.) All RCFEs must have smoke detectors. In addition, each licensee must have a current, written emergency disaster plan that contains a plan for evacuation, addresses elements of sheltering in place, identifies temporary relocation sites, and details staff assignments in the event of a disaster or an emergency. The emergency disaster plan must be posted prominently in the facility and be available to emergency responders.

**Alzheimer's Unit Requirements**

RCFEs may admit residents who are diagnosed by a physician as having dementia if certain requirements are met, including an annual medical assessment, adequate supervision, enhanced physical plant safety requirements, and an appropriate activity program. Use of egress alert devices, delayed egress, and locked facility doors and perimeters are also allowed if specified additional requirements are met. Delayed egress and locked doors/perimeters require special fire clearances, and are only allowed with prior approval from CCLD. Resident and/or responsible person consent is also required prior for use of delayed egress devices or locked facility doors.

**Staff Training for Alzheimer's Care**

All staff who care for residents with dementia must receive training in dementia care. There are additional training requirements for direct care staff who work in a facility where the licensee advertises, promotes, or otherwise holds him/herself out as providing special care, programming, and /or environments for residents with dementia or related disorders. These direct care staff must receive six hours of dementia care orientation within the first four weeks of employment and at least eight hours of dementia care in-service training per year.

**Staffing Requirements**

Facility personnel must be sufficient at all times to provide the services necessary to meet resident needs. In RCFEs caring for 16 or more residents, there must be awake night staff.

In facilities with dementia residents, there must be an adequate number of direct care staff to support each resident's physical, social, emotional, safety, and health care needs as identified in his/her current appraisal. In facilities with fewer than 16 residents, there must be at least one night staff person awake and on duty if any resident with dementia is determined through a pre-admission appraisal, reappraisal, or observation to require awake night supervision.

**Administrator Education/Training**

Administrators must complete a 40-hour initial Certification Training Program from one of the department's approved training vendors and pass a written test. Administrators who possess a valid Nursing Home Administrator license are exempt from completing an approved initial Certification Training Program and taking the related written test, but must complete 12 hours in the core areas of laws and regulations, use and misuse of medication, and resident admission, retention, and assessment procedures. Administrators in facilities with a capacity of 16 or more residents must also have specified levels of college education and experience providing care to the elderly.

**Staff Education/Training**

All staff must have on-the-job training or related experience in the job assigned to them. Staff who assist residents with personal ADLs must receive at least 10 hours of initial training within the first four weeks of employment and at least four hours

annually thereafter. All trainings must be documented and retained in facility files/records. Food service and activity directors in facilities with a capacity of 16 or more must have specified experience and education or training. Staff providing direct care to residents shall receive appropriate training in first aid from persons qualified by such agencies as the American Red Cross. Each RCFE shall provide training in recognizing and reporting elder and dependent adult abuse, as prescribed by the California Department of Justice.

Prior to the admission of a resident with a restricted health condition, the licensee shall ensure that facility staff who will participate in meeting the resident's specialized care needs complete training provided by a licensed professional to meet those needs. Training shall include hands-on instruction in both general procedures and resident-specific procedures. Staff shall have knowledge and the ability to recognize and respond to problems and shall contact the physician, appropriately skilled professional, and/or vendor as necessary.

Direct care staff who assist residents with the self-administration of medication in RCFEs, excluding licensed health care professionals, must meet specified medication training requirements. In facilities licensed to provide care for 15 or fewer persons, direct care staff shall complete six hours of initial training, which includes two hours of hands-on shadowing training. In facilities licensed to provide care for 16 or more persons, the employee shall complete 16 hours of initial training, which includes eight hours of hands-on shadowing training. Direct care staff must pass an exam and complete additional training in each succeeding 12-month period. The training material and exam must be developed by or in consultation with a licensed nurse, pharmacist, or physician. Facilities licensed for 16 or more residents are also required to maintain documentation that demonstrates that a consultant pharmacist or nurse has reviewed the facility's medication program and procedures at least twice a year.

**Continuing Education  
(CE) Requirements**

Administrators must complete 40 hours of continuing education units every two years in areas related to any of the uniform core knowledge areas. These 40 hours must include eight hours in Alzheimer's disease and dementia training. Licensed Nursing Home Administrators with a current license are only required to complete 20 of the 40 hours of continuing education. Per statute and with prior course approval, 20 of the 40 hours of CE may be completed through on-line training.

**Entity Approving  
CE Program**

The CCLD's Administrator Certification Section.

**Medicaid Policy and  
Reimbursement**

In May 2005, the California Department of Public Health split into two different departments. The new Department of Health Care Services (DHCS) obtained a federal home and community-based services waiver to provide a Medi-Cal benefit to persons participating in the Assisted Living Waiver Pilot Project (ALWPP). Participants must be both Medi-Cal eligible and nursing-home eligible. They may reside in either a licensed RCFE or publicly subsidized housing. The ALWPP is being tested in three counties and has a capacity of 1,000 participants over its three-year life span.

The ALWPP has sunset as of December 2008. However, the DHCS has submitted a new waiver application to the Centers for Medicare & Medicaid Services requesting the renewal of the waiver for five additional years. The current ALWPP can operate on an extension if the new waiver application is not approved by January 1, 2009. The new waiver application contains few changes from the existing waiver. The primary difference is the emphasis on new beneficiaries coming from nursing facilities rather than being existing RCFE residents or persons residing at home. The goal is for one third of new beneficiaries to be nursing facility transitions.

## Colorado

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<b>Licensure Term</b>	Assisted Living Residence
<b>Opening Statement</b>	In 2008, changes were made regarding certified first aid, lift assistance, CPR directives, and disclosures.
<b>Definition</b>	Assisted living residences are residential facilities that make available to three or more adults who are unrelated to the owner, either directly or indirectly through an agreement between the provider and the resident, room and board and at least the following services: personal services; protective oversight; social care due to impaired capacity to live independently; and regular supervision that must be available on a 24-hour basis, but not to the extent that regular 24-hour medical nursing care is required.
<b>Disclosure Items</b>	There must be written evidence that the following have been disclosed, upon admission, unless otherwise specified, to the resident or the resident's legal representative, as appropriate: the facility's policies and procedures; the method for determining staffing levels based on resident needs and the extent to which certified or licensed health professionals are available onsite; types of daily activities, including examples of those activities that will be provided for the residents; whether the facility has automatic fire sprinkler systems; if the facility uses restrictive egress alert devices and the types of behaviors exhibited by persons who need such devices; the onsite availability of first aid certified staff; and the facility policy on CPR and lift assistance.
<b>Facility Scope of Care</b>	The facility must make available, either directly or indirectly, through a resident agreement the following services sufficient to meet the needs of the residents: a physically safe and sanitary environment; room and board; personal services; protective oversight; and social care.
<b>Third Party Scope of Care</b>	A facility may choose to contract with home health agencies for services beyond what it provides. An individual resident also may enter into a contract with an agency for additional services.
<b>Move-In/Move-Out Requirements</b>	A facility shall not admit or keep any resident requiring a level of care or type of service that the facility does not provide or is unable to provide (and in no event shall a facility admit or keep a resident who is consistently uncontrollably incontinent unless the resident or staff is capable of preventing such incontinence from becoming a health hazard); is totally bedridden with limited potential for improvement; needs medical or nursing

services on a 24-hour basis; needs restraints; has a communicable disease or infection unless the resident is receiving a medical or drug treatment for the condition and the admission is approved by a physician; or has a substance abuse problem unless it is no longer acute and a physician determines it is manageable. A facility may keep a resident that becomes bedridden while residing in it if there is documented evidence of the following: an order from a physician describing the services required to meet the resident's health needs (including the frequency of assessment and monitoring by the physician or other licensed medical professionals); ongoing assessment and monitoring by a licensed or certified home health agency or hospice (at least weekly assessment); and adequate staffing by individuals trained in the provision of care to bedridden residents.

**Resident Assessment**

There is no standard required assessment form. However, the regulations require a comprehensive pre-admission assessment of the residents' physical, health, and social needs, preferences, and capacity for self care.

**Medication Management**

All personal medication is the property of the resident and no resident shall be required to surrender the right to possess or self-administer any personal medication, except as otherwise specified in the care plan of a resident of a facility that is licensed to provide services specifically for the mentally ill, or if a physician or other authorized medical practitioner has determined that the resident lacks the decisional capacity to possess or administer such medication safely. For residents who are unable to self-administer medications, medications must be given by a qualified medication administration staff member who has completed a state-approved training and competency examination. A qualified medication aide is permitted to administer oral, inhalant, topical, vaginal, and rectal medications, but not injections. If donated by a resident or resident's legal representative, a facility may return unused prescription medications that are not controlled substances to a pharmacist in accordance with state laws.

**Physical Plant Requirements**

Private resident units must be a minimum of 100 square feet and double occupancy resident units must provide a minimum of 60 square feet per resident.

**Residents Allowed Per Room**

A maximum of two residents is allowed per resident unit. In facilities licensed prior to July 1, 1986, up to four residents are allowed per room, until either a substantial remodeling or a change of ownership occurs.

**Bathroom Requirements**

Shared bathrooms are permitted with at least one full bathroom for every six residents.

**Life Safety**

Current life safety-related regulations for Colorado's Assisted Living Residence program became effective May 30, 2004. All new requests for licensure require compliance with the National Fire Protection Association (NFPA) Life Safety Code, 2003 edition, Chapter 32, New Residential Board and Care Occupancies. The chapter addresses both small facilities (16 beds or less) and large facilities (17 beds or more). Automatic sprinklers, fire alarm systems, and smoke detection are required, per the Life Safety Code, in these facilities.

Existing facilities are required to meet the 2003 Life Safety Code, Chapter 33, Existing Residential Board and Care Occupancies, or NFPA 101A Guide on Alternative Approaches to Life Safety (2004 edition). Requirements for sprinklers, fire alarm systems, and smoke detection systems are dependent upon a facility's level of evacuation capability.

**Alzheimer's Unit Requirements**

Secured units for the purpose of serving residents with Alzheimer's disease are allowed and additional requirements are set forth in the regulations.

**Staff Training for Alzheimer's Care**

Staffing must be adequate and staff must be trained to meet residents' needs. For those facilities choosing to provide secured care, at least one trained staff member must be in the secured unit at all times.

**Staffing Requirements**

Staffing must be adequate to meet residents' needs. In Adult Congregate Living, the staffing ratio is one to six.

**Administrator Education/Training**

Operators must be at least 21 years of age and must meet the minimum educational, training, and experience standards in one of the following ways: completing a Department of Public Health-approved program or having documented previous job-related experience or education equivalent to successful completion of such program. The department may require additional training to ensure that all the required components of the training curriculum are met. The administrator must have the equivalent of 30 hours of training in 15 required topics and 15 hours of training pertinent to the care needs of the residents served by the facility.

**Staff Education/Training**

Staff shall be given on-the-job training or have related experience in the job assigned to them. Prior to providing direct care, the facility must provide adequate training on specific needs of the population served (e.g., residents in secured environments, severely and persistently mentally ill, frail elderly, AIDS, Alzheimer's disease, diabetics, dietary restrictions, and bedfast); residents' rights; first aid and injury response and procedures for providing lift assistance; the care and services for the current residents; and the facility's medication administration program. Within one month of hire,



the facility must provide adequate training on assessment skills; infection control; identifying and dealing with difficult situations and behaviors; and health emergency response. There must be one staff member onsite at all times who has current certification in adult first aid that meets the standards of the American Red Cross or American Heart Association.

**Continuing Education  
(CE) Requirements**

None specified.

**Entity Approving  
CE Program**

None specified.

**Medicaid Policy and  
Reimbursement**

A Medicaid home and community-based services waiver covers services in alternative care facilities. Facilities are reimbursed on a flat rate based on residents' income.

## Connecticut

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<b>Licensure Term</b>	Assisted Living Services Agencies
<b>Opening Statement</b>	The regulations have been in effect since November 1994 and only cover nursing services and assistance with activities of daily living (ADLs) provided to residents living within a managed residential community having supportive services. Physical plant/setting requirements are regulated by the state and local building and fire codes. Managed residential communities are required to register with the Department of Public Health but are not required to be licensed.
<b>Definition</b>	Assisted living services agencies provide nursing services and assistance with ADLs to clients living within a managed residential community having supportive services that encourages clients primarily age 55 or older to maintain a maximum level of independence.
<b>Disclosure Items</b>	None specified.
<b>Facility Scope of Care</b>	Nursing services and assistance with ADLs may be provided to residents with chronic and stable conditions as determined by a physician or health care practitioner.
<b>Third Party Scope of Care</b>	For residents whose conditions are unstable, either a home health agency must provide services or 'other appropriate arrangements' must be made.
<b>Move-In/Move-Out Requirements</b>	There are no set discharge or admission requirements; however, each facility must develop written policies for the discharge of clients from the agency. The policies must include, but are not limited to, change in a resident's condition (when a resident is no longer chronic and stable), and what constitutes routine, emergency, financial, and premature discharge.
<b>Resident Assessment</b>	There is no standard required resident assessment form.
<b>Medication Management</b>	A licensed nurse may administer medications and/or pre-pour medications for clients who are able to self-administer medications. With the approval of the client or his or her representative, an assisted living aide may supervise a client's self-administration of medications.

<b>Physical Plant Requirements</b>	The managed residential community where services are offered must have private residential units that include a full bath, access to facilities, and equipment for the preparation and storage of food. A resident may choose to share a room. Common space in the facility must be sufficient to accommodate 50 percent of the residents at any given time.
<b>Residents Allowed Per Room</b>	None specified.
<b>Bathroom Requirements</b>	Each unit must include a full bath.
<b>Life Safety</b>	Fire safety is not under the jurisdiction of the state Department of Public Health as the license is only for the services provided by the Assisted Living Services Agency. Fire safety issues are the purview of local authorities.
<b>Alzheimer's Unit Requirements</b>	None specified.
<b>Staff Training for Alzheimer's Care</b>	All licensed and registered direct care staff must receive Alzheimer's and dementia-specific training annually that includes, but is not limited to: (1) not less than eight hours of dementia-specific training, which shall be completed not later than six months after the date of employment, and not less than eight hours of such training annually thereafter, and (2) annual training of not less than two hours in pain recognition and administration of pain management techniques.
<b>Staffing Requirements</b>	Staffing must be adequate to meet residents' needs.
<b>Administrator Education/Training</b>	No administrator is required. However, the supervisor of assisted living services must be a registered nurse with a baccalaureate degree in nursing and at least two years experience in nursing, including one year in a home health agency, or with a diploma/associates degree in nursing with four years clinical experience in nursing including one year in a home health agency.
<b>Staff Education/Training</b>	All staff must complete a 10-hour orientation program. Assisted living aides must pass a competency exam. Assisted living aides must have successfully completed a training and competency evaluation program as either a certified nurse's aide or home health aide.
<b>Continuing Education (CE) Requirements</b>	Assisted living aides must complete six hours of continuing education per year.
<b>Entity Approving CE Program</b>	None specified.

**Medicaid Policy and Reimbursement**

A Medicaid home and community-based services waiver covers services for eligible low-income residents.

## Delaware

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<b>Web Site</b>	Under development		

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<b>Licensure Term</b>	Assisted Living Facilities
<b>Opening Statement</b>	Assisted living facility regulations were updated in 2006.
<b>Definition</b>	Assisted living is a special combination of housing, supportive services, supervision, personalized assistance, and health care designed to respond to the individual needs of those who need help with activities of daily living and/or instrumental activities of daily living.
<b>Disclosure Items</b>	There is a disclosure statement required for facilities that offer specialized care for individuals with memory impairment (see 'Alzheimer's Unit Requirements' section below).
<b>Facility Scope of Care</b>	Assisted living is designed to offer living arrangements to medically stable persons who do not require skilled nursing services and supervision. An individual who requires intermittent nursing care for a limited period of time may live in an assisted living facility. Additionally, there are specific conditions that prohibit a resident from being in an assisted living facility regardless of whether care is provided by staff or an outside entity (see Move-In/Move-Out Requirements).
<b>Third Party Scope of Care</b>	A resident may contract with a home health agency to provide services with prior approval of the facility's executive director. A licensed hospice program may provide care for a resident. The hospice program must provide written assurance that, in conjunction with care provided by the assisted living facility, all of the resident's needs will be met without placing other residents at risk.
<b>Move-In/Move-Out Requirements</b>	<p>An assisted living facility may not admit, provide services to, or permit the provision of services to individuals who, based on the uniform resident assessment, meet any of the following conditions:</p> <ol style="list-style-type: none"><li>(1) Require care by a nurse that is more than intermittent or for more than a limited period of time;</li><li>(2) Require skilled monitoring, testing, and aggressive adjustment of medications and treatments where there is the presence of, or reasonable potential of, an acute episode unless there is a registered nurse (RN) to provide appropriate care;</li><li>(3) Require monitoring of a chronic medical condition that is not essentially stabilized through available medications and</li></ol>

treatments;

- (4) Bedridden for more than 14 days;
- (5) Have stage III or IV skin ulcers;
- (6) Require a ventilator;
- (7) Require treatment for a disease or condition that requires more than contact isolation;
- (8) Have an unstable tracheotomy or a stable tracheotomy of less than six months duration;
- (9) Have an unstable PEG tube;
- (10) Require an intravenous or central line with an exception for a completely covered subcutaneously implanted venous port, provided the assisted living facility meets the following standards:

(a) Facility records must include the type, purpose, and site of the port, the insertion date, and the last date medication was administered or the port flushed.

(b) The facility must document the presence of the port on the Uniform Assessment Instrument, the service plan, interagency referrals, and any facility reports.

(c) The facility shall not permit the provision of care to the port or surrounding area, the administration of medication or the flushing of the port or the surgical removal of the port within the facility by facility staff, physicians, or third party providers.

(11) Wander such that the assisted living facility would be unable to provide adequate supervision or security arrangements;

(12) Exhibit behaviors that present a threat to the health or safety of themselves or others; and

(13) Are socially inappropriate as determined by the assisted living facility such that the facility would be unable to manage the behavior after documented reasonable efforts for a period of no more than 60 days.

The provisions above do not apply to residents under the care of a hospice program licensed by the Department of Health and Social Services as long as the hospice program provides written assurance that, in conjunction with care provided by the assisted living facility, all of the resident's needs will be met without placing other residents at risk.

## **Resident Assessment**

There is a required resident assessment form, although it is not available on-line. In addition, assisted living facilities must develop, implement, and adhere to a documented, ongoing quality assurance program that includes an internal monitoring process that tracks performance and measures resident satisfaction. On at least a semi-annual basis, each facility must survey each resident regarding his/her satisfaction with services provided. Facilities must retain all surveys for at least two years and they will be reviewed during inspections. Documentation that addresses actions that were taken as a result of the surveys must be maintained for at least one year.

**Medication Management** Facilities must comply with the Nurse Practice Act. Residents may receive assistance with self-medication by designated care providers who have completed the 'Assistance with Self-Administration of Medication' (AWSAM) training course. Facilities must keep records on file for those who have completed the course and must complete and submit an annual AWSAM report on a form provided by the Board of Nursing. Administration of medication may only be performed by an RN or a licensed practical nurse. The facility must establish and adhere to written medication policies and procedures that address a series of issues related to obtaining, storing, and administering medication. A quarterly pharmacy review is required.

**Physical Plant Requirements** Resident kitchens must be available to residents either in their individual living unit or in an area readily accessible to each resident. For all new construction and conversions of assisted living facilities with more than 10 beds, there must be at least 100 square feet of floor space for each resident in a private bedroom and at least 80 square feet of floor space for each resident sharing a bedroom.

**Residents Allowed Per Room** A maximum of two residents is allowed per resident unit.

**Bathroom Requirements** Bathing facilities must be available either in an individual living unit or in an area readily accessible to each resident. If bathroom facilities are shared by residents there must be at least one working toilet, sink, and tub/shower for every four residents.

**Life Safety** Assisted living facilities must comply with all applicable state and local fire and building codes. Facilities must develop and implement a plan for fire safety and emergencies through staff training and drills and a plan for relocation and/or evacuation and continuous provision of services to residents in the event of permanent or temporary closure of the facility. The evacuation plan must be approved by the fire marshal having jurisdiction and include the evacuation route, which must be conspicuously posted on each floor and in each unit. Facilities are required to orient staff and residents to the emergency plan, conduct fire drills in accordance with state fire prevention regulations, conduct other emergency drills or training sessions on all shifts at least annually, and maintain records identifying residents needing assistance for evacuation.

Specified incidents must be reported within eight hours to the Division of Long Term Care Residents Protection including fire due to any cause, abuse, neglect, mistreatment, financial exploitation, resident elopement, death of a resident, significant injuries, a significant error or omission in medication/treatment, a burn greater than first degree, attempted suicide, poisoning, an epidemic, and other events.

**Alzheimer's Unit Requirements**

An assisted living facility that offers specialized care for individuals with memory impairment must disclose its policies and procedures that describe the form of care and treatment provided that is in addition to the care and treatment required by law and regulation.

**Staff Training for Alzheimer's Care**

Staff must be adequately trained, certified, and licensed to meet the requirements of the residents.

**Staffing Requirements**

Each facility must have a director who is responsible for the operation of the program. Facilities licensed for 25 beds or more must have a full-time nursing home administrator. Facilities licensed for five through 24 beds must have a part-time nursing home administrator on site and on duty at least 20 hours per week. The director of a facility for four beds or fewer must be on site at least eight hours a week. Each facility must have a Director of Nursing (DON) who is an RN. Facilities licensed for 25 or more beds must have a full time DON; facilities licensed for five to 24 beds must have a part-time DON on site and on duty at least 20 hours a week; and a DON of a facility for four or fewer beds must be on site at least eight hours a week.

Resident assistants must be at least 18 years of age. At least one awake staff person must be on site 24 hours per day who is qualified to administer or assist with self-administration of medication, has a knowledge of emergency procedures, basic first aid, CPR, and the Heimlich Maneuver. Overall staffing must be sufficient in number and staff must be adequately trained, certified, or licensed to meet the needs of the residents and to comply with applicable state laws and regulations.

**Administrator Education/Training**

The nursing home administrator must maintain current certification as required by state law. For facilities with four beds or fewer, there are reduced requirements for the director of the facility and for the on-site manager.

**Staff Education/Training**

Staff must be adequately trained to meet the needs of the residents and the facility must provide and document staff training. Resident assistants must receive facility-specific orientation covering specified topics.

**Continuing Education (CE) Requirements**

The nursing home administrator must maintain current certification as required by state law. On-site house managers of facilities with four beds or fewer must receive a minimum of 12 hours in-service education annually. Resident assistants must receive at least 12 hours of in-service education annually.



**Entity Approving  
CE Program**

The Board of Nursing Home Examiners approves continuing education programs for assisted living facilities.

**Medicaid Policy and  
Reimbursement**

A Medicaid home and community-based services waiver covers assisted living services.

## District of Columbia

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**Agency** Health Regulation Administration

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**Licensure Term** Community Residence Facilities and Assisted Living Residences

**Opening Statement** In 2007, the District of Columbia moved from one to two levels of licensure by issuing regulations for Assisted Living Residences (ALRs). ALRs may provide a more intense level of care than Community Residence Facilities (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. All entities holding themselves out to be ALRs must apply for licensure by April 1, 2008.

**Definition**

CRFs are defined as 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.

Pursuant to DC Act 13-297, the Assisted Living Residence Regulatory Act of 2000, March 22, 2000, an ALR "means an 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 mentally retarded persons 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.

<b>Disclosure Items</b>	None specified.
<b>Facility Scope of Care</b>	Both CRFs and ALRs provide 24-hour care and supervision of their residents.
<b>Third Party Scope of Care</b>	Under certain conditions, ALR residents have the right to arrange directly for medical and personal care with an outside agency.
<b>Move-In/Move-Out Requirements</b>	<p>CRFs: Residents may not be admitted who are in need of professional nursing care, unable to perform ADLs with minimal assistance, incapable of proper judgment, and disoriented to person and place.</p> <p>ALRs: 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; 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.</p>
<b>Resident Assessment</b>	<p>CRFs: 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.</p> <p>ALRs: An Individualized Service Plan must be developed prior to admission.</p>
<b>Medication Management</b>	Residents may store medication and facility staff may assist residents with the self-administration of medication.
<b>Physical Plant Requirements</b>	The combined total of all community space provided by the facility shall afford at least 25 square feet of space above the basement per resident.
<b>Residents Allowed Per Room</b>	A maximum of four residents is allowed per resident unit.
<b>Bathroom Requirements</b>	Toilets must be provided in the ratio of one to every 30 residents.
<b>Life Safety</b>	<p>CRFs: 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:</p> <p>(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</p>

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).

ALRs: 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 persons in the event of a fire.

**Alzheimer's Unit Requirements**

None specified.

**Staff Training for Alzheimer's Care**

None specified.

**Staffing Requirements**

CRFs: A residence director must be responsible for the daily overall management of the facility. There must be sufficient staff to provide for the welfare, comfort, and safety of residents at all times of the day and night. Facilities with 50 or more residents must employ a full-time activities specialist. Facilities with more than 20 residents must provide the services of a social worker at least eight hours a week; facilities with more than 80 residents must provide the services of a social worker at least 20 hours a week; and facilities with 100 or more residents must employ a full-time social worker.

ALRs: 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.

**Administrator Education/Training**

CRFs: 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.

ALRs: 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 of training on cognitive impairments annually.

**Staff Education/Training** CRFs: Initial orientation is required.

ALRs: All staff shall be properly trained and be able to demonstrate proficiency in the skills required to effectively meet the requirements of the Act. Staff members must complete 12 hours of in-service training in specified areas on an annual basis.

**Continuing Education (CE) Requirements** Not required for CRF or ALR staff members, except for licensed staff as per requirements to retain licenses/certifications.

**Entity Approving CE Program** None specified.

**Medicaid Policy and Reimbursement** The Department of Health, Medical Assistance Administration, is currently reviewing and developing policy and reimbursement rates for a Medicaid waiver covering services provided in ALRs.

## Florida

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<b>Licensure Term</b>	Assisted Living Facilities
<b>Opening Statement</b>	Regulations were revised in October 2006.
<b>Definition</b>	Assisted living facilities provide housing, food service, and one or more 'personal services' (e.g., assistance with activities of daily living [ADLs] and self-administered medication).
<b>Disclosure Items</b>	None specified.
<b>Facility Scope of Care</b>	Facilities may provide assistance with personal services including medications. Facilities may hold one of three special licenses: an extended congregate care license allows facilities to provide more extensive ADL assistance and nursing services to frail residents; a limited nursing services license allows certain nursing services defined in the regulations; and a limited mental health license allows facilities to serve low-income, chronically mentally ill residents.
<b>Third Party Scope of Care</b>	Home health agencies may provide services under contract with residents.
<b>Move-In/Move-Out Requirements</b>	To be admitted, a resident must be capable of performing ADLs with supervision or assistance; not require 24-hour nursing supervision; be free of stage II, III, or IV pressure sores; be able to participate in social and leisure activities; be ambulatory; and not display violent behavior. A resident must be discharged if he or she is no longer able to meet the admission criteria or is bedridden for more than seven days.
<b>Resident Assessment</b>	Within 60 days prior to residents' admission, but no later than 30 days after admission, residents shall be examined by a physician or advanced registered nurse practitioner who shall provide the administrator with a medical examination report. Medical examinations conducted up to 30 days after a resident's admission to the facility must be recorded on the Resident Health Assessment form (AHCA Form 1823). For those residents examined 60 days prior to admission, any information required that is not contained in the medical examination report conducted must be obtained by the administrator within 30 days after admission using the AHCA Form 1823.
<b>Medication Management</b>	Unlicensed staff may provide hands-on assistance with self-administered medications. Staff must have four hours of

	medication training by a registered nurse or registered pharmacist.
<b>Physical Plant Requirements</b>	Private resident units must provide a minimum of 80 square feet of usable floor space and multiple-occupancy resident rooms must provide a minimum of 60 square feet per resident. An additional minimum of 35 square feet of living and dining space per resident is required.
<b>Residents Allowed Per Room</b>	Prior to October 17, 1999, a maximum of four persons were permitted for multiple occupancy. Resident bedrooms designated for multiple occupancy in facilities newly licensed or renovated six months after October 17, 1999, shall have a maximum occupancy of two persons.
<b>Bathroom Requirements</b>	Shared bathrooms are permitted and a facility must provide one toilet and sink per six residents and one bathing facility per eight residents.
<b>Life Safety</b>	Any new assisted living facility, regardless of size, that applies for a license must be equipped with an automatic fire sprinkler system. If a licensed facility undergoes major reconstruction or addition to an existing building, the entire building must be equipped with an automatic fire sprinkler system. (Major reconstruction of a building means repair or restoration that costs in excess of 50 percent of the value of the building as reported on the tax rolls, excluding land, before reconstruction.)
<b>Alzheimer's Unit Requirements</b>	Facilities that advertise special care for persons with Alzheimer's disease or related disorders (special care units) must have a physical environment that provides for the safety and welfare of residents; offer activities specifically designed for these residents; have 24-hour staffing availability; and employ staff who have completed an eight-hour approved training course and four hours of continuing education per year.
<b>Staff Training for Alzheimer's Care</b>	Staff in special care units must complete an eight-hour, approved training course and four hours of continuing education per year.
<b>Staffing Requirements</b>	Staffing requirements vary depending upon the number of residents (e.g., a total of 375 staff hours would be required each week at a facility with 46-55 residents.) At least one employee certified in first aid must be present at all times. Staffing must be sufficient to meet residents' needs.
<b>Administrator Education/Training</b>	Administrators must have a high school diploma or GED, complete a core training program, and pass a competency test.
<b>Staff Education/Training</b>	Direct-care staff who have not taken the core training program shall receive a minimum of one hour of in-service training within 30 days of employment. Direct care staff, other than nurses, certified nursing assistants, and home health aides, must receive three hours of in-service training within 30 days of employment.

**Continuing Education (CE) Requirements**

Administrators must complete 12 hours of continuing education every two years. Staff in special care units must receive four hours of continuing education per year.

**Entity Approving CE Program**

None specified.

**Medicaid Policy and Reimbursement**

A Medicaid home and community-based services waiver and the Medicaid Assistive Care Services program under the Medicaid state plan cover services for low-income residents.



## Georgia

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**Agency** Department of Human Resources, Office of Regulatory Services, Personal Care Home Program **Phone** (404) 657-4076  
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<b>Licensure Term</b>	Personal Care Homes
<b>Opening Statement</b>	Rules and regulations for Personal Care Homes, Chapter 290-5-35, were amended February 2008 to permit the Department of Human Resources to obtain criminal background information on owners of Personal Care Homes, to prohibit owners with certain criminal records from operating licensed facilities, and to provide for definitions.
<b>Definition</b>	Personal care homes provide housing, food services, and one or more personal services, including supervision of self-administered medication; assistance with ambulation and transfers; and essential activities of daily living such as eating, bathing, grooming, dressing, and toileting.
<b>Disclosure Items</b>	Facilities or programs that advertise, market, or offer to provide specialized care, treatment, or therapeutic activities for one or more persons with a probable diagnosis of Alzheimer's disease or Alzheimer's-related dementia must disclose the form of care, treatment, or therapeutic activities provided beyond that care, treatment, or therapeutic activities provided to persons who do not have a probable diagnosis of Alzheimer's disease or Alzheimer's-related dementia. Disclosure must be made in writing on a standard disclosure form.
<b>Facility Scope of Care</b>	The personal services provided by the homes must include 24-hour responsibility for the well-being of the residents and protective care and watchful oversight.
<b>Third Party Scope of Care</b>	None specified.
<b>Move-In/Move-Out Requirements</b>	Residents must be ambulatory and may not require the use of physical or chemical restraints, isolation, or confinement for behavioral control. Residents must not be bedridden or require continuous medical or nursing care and treatment.
<b>Resident Assessment</b>	There is no regulatory requirement for a specific resident assessment form. A sample physician's report form is available at the agency Web site under Long Term Care Programs, Personal Care Homes.
<b>Medication Management</b>	All medications must be self-administered by the resident except when the resident requires administration of oral or topical

	medication by or under the supervision of a functionally literate staff person.
<b>Physical Plant Requirements</b>	Private and shared resident units must provide a minimum of 80 square feet per resident.
<b>Residents Allowed Per Room</b>	A maximum of four residents is allowed per resident unit.
<b>Bathroom Requirements</b>	Common toilets, lavatories, and bathing facilities are permitted.
<b>Life Safety</b>	Personal care homes licensed for two to six beds must meet all local fire safety ordinances. Facilities licensed for seven or more beds must comply with state fire safety regulations. Sprinkler systems are required in all homes with seven or more beds and in areas where local ordinances require such systems. All personal care homes, regardless of size, must have sufficient smoke detectors that are hard wired into the building's electrical system with a battery back up. Georgia has adopted the 2000 edition of the National Fire Protection Association (NFPA) 101 Life Safety Code.
<b>Alzheimer's Unit Requirements</b>	None specified.
<b>Staff Training for Alzheimer's Care</b>	None specified.
<b>Staffing Requirements</b>	At least one administrator, on-site manager, or responsible staff person, all of whom must be at least 21 years of age, must be on the premises 24 hours a day. There should be a minimum of one on-site staff person per 15 residents during awake hours and one staff person per 25 residents during sleeping hours. Additionally, there must be sufficient staff to meet residents' needs.
<b>Administrator Education/Training</b>	None specified.
<b>Staff Education/Training</b>	All persons working in the facility must receive work-related training acceptable to the state Department of Human Resources within the first 60 days of employment. Training is required in six areas: CPR, first aid, emergency procedures, medical and social needs and characteristics of the resident population, residents' rights, and the long term care resident abuse reporting act.
<b>Continuing Education (CE) Requirements</b>	All staff, including the administrator/on-site manager, who offer direct care to the residents must satisfactorily complete at least 16 hours of continuing education per year.

**Entity Approving  
CE Program**

Courses are approved by the Department of Human Resources,  
Office of Regulatory Services, during the annual inspection.

**Medicaid Policy and  
Reimbursement**

A Medicaid home and community-based services waiver  
reimburses two models of personal care homes.

## Hawaii

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<b>Agency</b>	Department of Health, Office of Health Care Assurance	<b>Phone</b>	(808) 586-4080
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<b>Web Site</b>	www.state.hi.us/doh/resource/ohca		

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<b>Licensure Term</b>	Assisted Living Facilities
<b>Opening Statement</b>	<p>Assisted living facility regulations have been in effect since August 1999. A work group comprised of providers and representatives of the Department of Health (DOH) has developed a philosophy statement and guidelines for disclosure, managed risk, a resident assessment, admission/discharge/transfer, and a resident service plan. Senate Concurrent Resolution 144, Session Laws of Hawaii 2006 charged the Department Of Human Services Adult and Community Care Services Branch and the DOH Office of Health Care Assurance to convene a task force of stakeholders to develop a long term care infrastructure plan for Hawaii to ensure public safety while supporting aging in place and to:</p> <ol style="list-style-type: none"><li>(1) review current laws and rules for both departments regarding but not limited to structural compliance, quality of care, and quality of life with regard to the elderly;</li><li>(2) focus on the balance between allowing aging in place and the state's responsibility to ensure that the safety of residents and their quality of care are not compromised; and</li><li>(3) attempt to identify inconsistencies, disparities, and nonuniformity in laws and rules at the state and county levels including county building and fire codes, within the context of how they do or do not contribute materially to public policy standards of resident safety and quality of care.</li></ol> <p>A task force meeting resulted in proposed amendments to the DOH's Chapter relating to Assisted Living Facilities. As of December 2008, the amendments to the Chapter rules were under review and had yet to be adopted.</p>
<b>Definition</b>	An assisted living facility consists of a building complex offering dwelling units to individuals and services to allow residents to maintain an independent assisted living lifestyle.
<b>Disclosure Items</b>	None specified. However, guidelines have been developed through a work group comprised of providers and the department. The proposed amendments to the Chapter rules address disclosure.
<b>Facility Scope of Care</b>	The facility must provide 24-hour on-site direct care staff to meet the needs of the residents; services to assist residents in

<b>Third Party Scope of Care</b>	<p>performing all activities of daily living; and nursing assessment, health monitoring, and routine nursing tasks.</p> <p>The facility may arrange access to ancillary services for medically related care (e.g., physician, podiatrist) and social work services.</p>
<b>Move-In/Move-Out Requirements</b>	<p>There are no specific limitations on the admission of residents unless otherwise indicated by restrictions placed through the County Building Department review. A resident must receive a written 14-day notice of discharge if his or her behavior imposes an imminent danger to him/herself or others, or if the facility cannot meet the resident's needs for services. Guidelines have been developed through a work group of providers and the department. The proposed amendments to the Chapter rules address these requirements.</p>
<b>Resident Assessment</b>	<p>There is no specific resident assessment form required. However, the facility staff must conduct a comprehensive assessment of each resident's needs, plan and implement responsive services, maintain and update resident records as needed, and periodically update the plan. The plan should include the resident's level of involvement; support principles of dignity, privacy, choice, individuality, independence, and a home-like environment; and should include significant others who participate in the delivery of services. Guidelines have been developed by a work group comprised of providers and the department.</p>
<b>Medication Management</b>	<p>The facility must have medication management policies related to self-medication and the administration of medication.</p>
<b>Physical Plant Requirements</b>	<p>Facilities must provide each resident with an apartment unit with the following: a bathroom, refrigerator, and cooking capacity, including a sink; a unit that is a minimum of 220 square feet, not including the bathroom; a cooking capacity that may be removed or disconnected depending on the individual needs of the resident; a separate and complete bathroom with a sink, shower, and toilet; accommodations for the physically challenged and wheelchair-bound persons, as needed; a call system monitored 24-hours per day by staff; and wiring for telephones and televisions.</p>
<b>Residents Allowed Per Room</b>	<p>Not specified.</p>
<b>Bathroom Requirements</b>	<p>Each resident unit shall have a separate bathroom.</p>
<b>Life Safety</b>	<p>Facilities must meet requirements set forth by county building occupancy and fire codes. The level of compliance for fire rating is determined by both the number of residents occupying a facility and whether residents are ambulatory, self preserving, or wheelchair bound. All counties are currently adopting</p>

	International Building Code standards, and county fire authorities are reviewing their respective fire codes in an effort to be consistent.
<b>Alzheimer's Unit Requirements</b>	None specified.
<b>Staff Training for Alzheimer's Care</b>	None specified.
<b>Staffing Requirements</b>	Licensed staff shall be available seven days a week.
<b>Administrator Education/Training</b>	The administrator or director must have at least two years of experience in a management capacity in the housing, health care services, or personal care industries. The completion of an assisted living facility administrator's course or course equivalent is required.
<b>Staff Education/Training</b>	All facility staff must complete orientation and a minimum of six hours annually of regularly scheduled in-service training.
<b>Continuing Education (CE) Requirements</b>	None specified.
<b>Entity Approving CE Program</b>	None specified.
<b>Medicaid Policy and Reimbursement</b>	A Medicaid home and community-based services waiver covers nursing services in assisted living facilities for residents that are Medicaid eligible.

# Idaho

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<b>Licensure Term</b>	Residential Care or Assisted Living Facilities
<b>Opening Statement</b>	The most recent change to the regulations went into effect on October 1, 2007.
<b>Definition</b>	A Residential Care or Assisted Living Facility is a facility or residence, however named, operated on either a profit or nonprofit basis for the purpose of providing necessary supervision, personal assistance, meals, and lodging to three or more adults not related to the owner.
<b>Disclosure Items</b>	<p>Each facility must develop and follow a written admission policy that is available to the public and shown to any potential resident. The admission policy must include at least the following:</p> <ol style="list-style-type: none"><li>(1) The purpose, quantity, and characteristics of available services;</li><li>(2) Any restrictions or conditions imposed because of religious or philosophical reasons;</li><li>(3) Limitations concerning delivery of routine personal care by persons of the opposite gender; and</li><li>(4) Notification of any residents who are on the sexual offender registry and who live in the facility. The registry may be accessed at: <a href="http://www.isp.state.id.us/identification/sex_offender/public_access.html">http://www.isp.state.id.us/identification/sex_offender/public_access.html</a></li></ol> <p>The administrator of a residential care or assisted living facility must disclose in writing at or before the time of admission if the facility does not carry professional liability insurance. If the facility cancels professional liability insurance, all residents must be notified of the change in writing.</p>
<b>Facility Scope of Care</b>	The facility must supervise residents, provide assistance with activities of daily living (ADLs), and instrumental activities of daily living, and deliver services to meet the needs of residents.
<b>Third Party Scope of Care</b>	Residents are permitted to contract for services with third parties.
<b>Move-In/Move-Out Requirements</b>	A resident will be admitted or retained only when the facility has the capability, capacity, and services to provide appropriate care, or the resident does not require a type of service for which the facility is not licensed to provide or which the facility does not

provide or arrange for, or if the facility does not have the personnel, appropriate in numbers and with appropriate knowledge and skills to provide such services. No resident will be admitted or retained who requires ongoing skilled nursing or care not within the legally licensed authority of the facility.

Such residents include:

- (1) A resident who has a gastrostomy tube, arterial-venous shunts, or supra-pubic catheter inserted within the previous 21 days;
- (2) A resident who is receiving continuous total parenteral nutrition or intravenous therapy;
- (3) A resident who requires physical restraints, including bed rails (an exception is a chair with locking wheels or chair which the resident can not get out of);
- (4) A resident who is comatose, except for a resident whose death is imminent who has been assessed by a physician or authorized provider who has determined that death is likely to occur within 14 to 30 days;
- (5) A resident who is on a mechanically supported breathing system, except for residents who use continuous positive airway pressure;
- (6) A resident who has a tracheotomy who is unable to care for the tracheotomy independently;
- (7) A resident who is fed by a syringe;
- (8) A resident with open, draining wounds for which the drainage cannot be contained;
- (9) A resident with a stage III or IV pressure ulcer;
- (10) A resident with any type of pressure ulcer or open wound that is not improving bi-weekly;
- (11) A resident who has methicillin-resistant staphylococcus aureus in an active stage (infective stage).

For any resident who has needs requiring a nurse, the facility must ensure that a licensed nurse is available to meet the needs of the resident. Licensed nursing care must not be delegated to unlicensed personnel.

A resident will not be admitted or retained who has physical, emotional, or social needs that are not compatible with the other residents in the facility or who is violent or a danger to himself or others.

Any resident requiring assistance in ambulation must reside on the first story unless the facility complies with Sections 401 through 404 of these rules (i.e., have fire sprinklers). Residents who are not capable of self evacuation must not be admitted or retained by a facility that does not comply with National Fire Protection Association Standard (NFPA) Standard 101, "Life Safety Code, 2000 Edition, Chapter 33, Existing Residential Board and Care Impracticable Evacuation Capability;" (i.e., have



fire sprinklers).

Until July 1, 2010, waived Level III small facilities will be exempt from complying with the requirements under Subsection 152.05.g of this rule, including the requirement to have at least a residential fire sprinkler system.

<b>Resident Assessment</b>	The facility must assess all residents. In the case of private pay residents, the facility may develop an assessment form or use the uniform assessment tool developed by the Department of Health and Welfare. In the case of residents whose costs are paid by state funds, the uniform assessment developed by the Department must be used.
<b>Medication Management</b>	A licensed professional nurse is responsible for delegation of all nursing functions. Unlicensed staff that successfully complete an assistance-with-medications course and have been delegated to provide assistance with medications by a licensed nurse are permitted to assist residents with self-administration of medication. A licensed professional nurse is required to check the medication regimen for residents on at least a quarterly basis.
<b>Physical Plant Requirements</b>	Private resident units must be a minimum of 100 square feet and shared resident units must provide a minimum of 80 square feet of floor space per resident.
<b>Residents Allowed Per Room</b>	A maximum of two residents is allowed per resident unit (unless a facility was licensed prior to July 1, 1991, in which case four residents can be housed per room).
<b>Bathroom Requirements</b>	One toilet must be provided for every six residents.
<b>Life Safety</b>	All residential care or assisted living facilities are required to have interconnected smoke detectors and fire alarm systems. A facility licensed for three to 16 beds is required to have a residential sprinkler system. A facility licensed for 17 beds or more (or a multilevel building) must have a commercial fire sprinkler system.

Under the most recent rules, facilities that accept or keep residents who cannot self-evacuate must be fully sprinklered. It was agreed, however, that rules will be soon put in place to allow some facilities additional time to either find funding to add fire sprinklers or transition residents who cannot self-evacuate. Facilities that were licensed for Level I or Level II prior to Jan. 1, 2006 were not required to be fire sprinklered. These facilities now cannot admit or retain residents who cannot self-evacuate (a resident who can exit the facility without hands-on assistance and remain in the designated area). Approximately 27 facilities previously licensed as Level III (extensive assistance) facilities that were not fire sprinklered prior to Jan. 1, 2006 have been given until 2010 to install a fire sprinkler system or make a business decision to no longer admit or retain residents who

cannot self-evacuate.

Upon a change of ownership all unsprinklered facilities must have a sprinkler system installed before the facility will be licensed. All new facilities must have a sprinkler system before they will be licensed. The State of Idaho adopts NFPA standards.

**Alzheimer's Unit Requirements**

If the facility accepts and retains residents who have cognitive impairment, the facility must provide an interior environment and exterior yard that is secure and safe.

**Staff Training for Alzheimer's Care**

If the facility admits or retains residents with a diagnosis of dementia, staff must be trained in the following topics: overview of dementia; symptoms and behaviors of people with memory impairment; communication with people with memory impairment; resident's adjustment to the new living environment; behavior management; ADLs; and stress reduction for facility personnel and resident. If a resident is admitted with a diagnosis of dementia or if a resident acquires this diagnosis, and if staff have not been trained in this area, staff must be trained within 30 calendar days. In the interim, the facility must meet the resident's needs.

**Staffing Requirements**

Each facility will be organized and administered under one administrator, unless a variance has been issued allowing the administrator to be over more than one facility. The administrator must be on site sufficiently to provide for safe and adequate care to the residents to meet the terms of negotiated service agreements. The facility's administrator or his/her designee must be reachable and available at all times and must be available to be on site at the facility within two hours. The administrator must provide supervision for all personnel including contract personnel.

For facilities licensed for 15 beds or less, there must be at least one or more qualified and trained staff, immediately available, in the facility during resident sleeping hours. If any resident has been assessed as having night needs or is incapable of calling for assistance, staff must be up and awake. For facilities licensed for 16 beds or more, qualified and trained staff must be up and awake and immediately available in the facility during resident sleeping hours. For facilities with residents housed in detached buildings or units, there must be at least one qualified and trained staff present and available in each building or unit when residents are present in the building or unit. The facility also must assure that each building or unit complies with the requirements for on-duty staff during resident sleeping hours in accordance with the facility's licensed bed capacity. A variance will be considered based on the facility's written submitted plan of operation.

The facility will employ and the administrator will schedule

sufficient personnel to provide care, during all hours, required in each resident's negotiated service agreement, to assure residents' health, safety, comfort, and supervision, and to assure the interior and exterior of the facility is maintained in a safe and clean manner; and to provide for at least one direct care staff with certification in first aid and CPR in the facility at all times. Facilities with multiple buildings or units will have at least one direct care staff with certification in first aid and CPR in each building or each unit at all times.

**Administrator  
Education/Training**

Administrators must be licensed by the state.

**Staff Education/Training**

Staff must have a minimum of 16 hours of job-related orientation training before they are allowed to provide unsupervised personal assistance to residents. Staff who have not completed the orientation training requirements must work under the supervision of a staff member who has completed the orientation training. All orientation training must be completed within one month of hire.

A facility admitting and retaining residents with a diagnosis of dementia, mental illness, developmental disability, or traumatic brain injury must train staff to meet the specialized needs of these residents. See above for training for staff for facilities with residents with diagnosis of dementia. For mental illness, staff are to be trained in the following areas: overview of mental illness; symptoms and behaviors specific to mental illness; resident's adjustment to the new living environment; behavior management; communication; integration with rehabilitation services; ADLs; and stress reduction for facility personnel and residents. Development disability staff are to be trained in the following areas: overview of developmental disabilities; interaction and acceptance; promotion of independence; communication; behavior management; assistance with adaptive equipment; integration with rehabilitation services; ADLs; and community integration. For residents with traumatic brain injury, staff are to be trained in the following areas: overview of traumatic brain injury; symptoms and behaviors specific to traumatic brain injury; adjustment to the new living environment; behavior management; communication; integration with rehabilitation services; ADLs; assistance with adaptive equipment; and stress reduction for facility personnel and residents.

**Continuing Education  
(CE) Requirements**

Licensed administrators are to receive 12 hours of continuing education each year as approved by the Bureau of Occupational Licenses. Each employee is to receive eight hours of job-related

continuing training per year. When a resident is admitted with a diagnosis of dementia, mental illness, developmental disability, or traumatic brain injury, or a resident acquires one of these diagnoses, if staff have not been trained in the appropriate areas, staff must be trained within 30 calendar days. When policies or procedures are added, modified, or deleted, staff are to receive additional training relating to the changes.

**Entity Approving  
CE Program**

The Board of Examiners of Residential Care Facility Administrators approves courses that are relevant to residential care administration. There is no application process.

**Medicaid Policy and  
Reimbursement**

A Medicaid state plan service and a Medicaid home and community-based services waiver reimburses for personal care.

## Illinois

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<b>Agency</b>	Department of Public Health, Division of Assisted Living	<b>Phone</b>	(217) 782-2913
<b>Contact</b>	Richard L. Dees	<b>Phone</b>	(217) 782-2913
<b>E-mail</b>	rick.dees@illinois.gov		
<b>Web Site</b>	www.idph.state.il.us		

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<b>Licensure Term</b>	Assisted Living/Shared Housing Establishments
<b>Opening Statement</b>	Regulations were adopted in December 2001.
<b>Definition</b>	<p>An 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.</p> <p>A 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.</p>
<b>Disclosure Items</b>	A facility must fill out an Alzheimer's Special Care Disclosure Form if they offer care to residents with Alzheimer's disease in a special unit.
<b>Facility Scope of Care</b>	Facilities may provide general watchfulness and appropriate action to meet the needs of residents, exclusive of nursing care.
<b>Third Party Scope of Care</b>	Home health agencies unrelated to the assisted living establishment may provide services under contract with residents.
<b>Move-In/Move-Out Requirements</b>	Residents who have serious mental or emotional problems, who are in need of nursing care, or who require total assistance with two or more ADLs may not be admitted or retained.
<b>Resident Assessment</b>	A physician's assessment must be completed prior to a resident moving into any establishment. Re-evaluations 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 re-evaluations may be in any form that is accurate, addresses the resident's condition, and incorporates the physician's assessment.

<b>Medication Management</b>	All medications must be self-administered or administered by licensed personnel. Facility staff may give medication reminders and monitor residents to make sure they follow the directions on the container.
<b>Physical Plant Requirements</b>	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.
<b>Residents Allowed Per Room</b>	Assisted living and shared housing units are individual units except in cases in which residents choose to share a unit.
<b>Bathroom Requirements</b>	Assisted living units shall have a bathroom that provides privacy and contains an operational toilet, sink, mirror, means of ventilation or operable window, and assistive devices, if identified in the resident's service plan. Shared housing establishments shall provide one tub or shower for every six residents and one operational toilet and sink for every four residents.
<b>Life Safety</b>	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.
<b>Alzheimer's Unit Requirements</b>	<p>An establishment offering to provide a special program for persons with Alzheimer's disease and related disorders (among other things) must:</p> <ol style="list-style-type: none"><li>(1) Disclose specified information to the Department of Public Health and to potential or actual residents;</li><li>(2) Ensure a representative is designated for each resident;</li><li>(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;</li><li>(4) Provide coordination of communications with each resident, resident's representative, relatives, and other persons identified in the resident's service plan;</li><li>(5) Provide in the service plan appropriate cognitive stimulation and activities to maximize functioning;</li><li>(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</li><li>(7) Provide at least 1.4 hours of services per resident per day.</li></ol>

## **Staff Training for Alzheimer's Care**

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 without direct supervision within the Alzheimer's/dementia program. 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 within the first 16 hours of employment 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 related dementia disorders. (For more detail, see the Continuing Education Requirements section.)

## **Staffing Requirements**

A full-time manager must be employed along with staff sufficient in number and qualification. Staff must be on duty all hours of each day to provide services that meet the scheduled and unscheduled needs of the residents. There must be a minimum of one CPR-certified staff member awake and on duty at all times in assisted living establishments.

## **Administrator Education/Training**

The administrator must be a high school graduate or equivalent and at least 21 years of age.

## **Staff Education/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.

**Continuing Education  
(CE) Requirements**

The manager of an establishment providing Alzheimer's care or supervisor of an Alzheimer's program must complete six hours of annual continuing education regarding dementia care.

Direct care staff must annually complete 12 hours of in-service education regarding Alzheimer's disease and other related dementia disorders. Topic may include: (1) assessing resident capabilities and developing and implementing service plans; (2) promoting resident dignity, independence, individuality, privacy, and choice; (3) planning and facilitating activities appropriate for the dementia resident; (4) communicating with families and other persons interested in the resident; (5) resident rights and principles of self-determination; (6) care of elderly persons with physical, cognitive, behavioral, and social disabilities; (7) medical and social needs of the resident; (8) common psychotropic drugs and side effects; and (9) local community resources.

**Entity Approving  
CE Program**

None specified.

**Medicaid Policy and  
Reimbursement**

Illinois' Supportive Living Program operates under a 1915(c) Home and Community-Based Services Medicaid waiver and has authority to serve up to 11,500 persons each year. In 2008, there were 101 operating Supportive Living Facilities (SLFs) with a total of about 8,000 apartments and another 46 sites with about 4,000 apartments under development. SLFs are certified and inspected by the Department of Healthcare and Family Services, which administers the state Medicaid program.



## Indiana

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<b>Agency</b>	Indiana State Department of Health, Division of Long Term Care (ISDH) Indiana Division of Aging (DA)	<b>Phone</b>	(317) 233-1325
<b>Contact</b>	Sue Hornstein (ISDH) Susan Waschevski (DA)	<b>Phone</b>	(317) 233-7442 (317) 232-7148
<b>E-mail</b>	shornste@isdh.in.gov Susan.Waschevski@fssa.in.gov		
<b>Web Site</b>	www.in.gov/isdh/regsvcs/providers www.in.gov/fssa/elderly/aging/index.html		

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**Licensure Term** Residential Care Facilities

**Opening Statement** The Housing with Services Establishments Act has been in effect since September 1998 and requires any residential care facility or any entity providing assisted living services that does not require licensure to register with the Division of Aging of the Family and Social Services Administration (FSSA) and disclose its name, address, and phone. This is not a certification process, but instead helps the FSSA to learn about the number and types of facilities in Indiana. Housing with services establishments provide sleeping accommodations to at least five residents and offer or provide, for a fee, at least one regularly scheduled health related service, or at least two regularly scheduled supportive services, whether offered or provided directly by the establishment or by another person arranged for by the establishment.

**Definition** Residential care facility means a health care facility that provides residential nursing care. Residential nursing care may include, but is not limited to, the following:

- (1) Identifying human responses to actual or potential health conditions;
- (2) Deriving a nursing diagnosis;
- (3) Executing a minor regimen based on a nursing diagnosis or executing minor regimens as prescribed by a physician, physician assistant, chiropractor, dentist, optometrist, podiatrist, or nurse practitioner;
- (4) Administering, supervising, delegating, and evaluating nursing activities.

**Disclosure Items** Facilities that provide specialized care for individuals with dementia must prepare a disclosure statement on a required form.

**Facility Scope of Care** A health facility that provides residential nursing care or administers medications prescribed by a physician must be licensed as a residential care facility. A residential care facility may not provide comprehensive nursing care except to the extent allowed under this rule. A facility that provides services such as

room, meals, laundry, activities, housekeeping, and limited assistance with activities of daily living (ADLs) without providing administration of medication or residential nursing care is not required to be licensed. The provision by a licensed home health agency of medication administration or residential nursing care in a facility that provides room, meals, laundry, activities, housekeeping, and limited assistance with ADLs does not require the facility to be licensed, regardless of whether the facility and the home health agency have common ownership, provided, however, that the resident is given the opportunity to contract with other home health agencies at any time during the resident's stay at the facility. A resident is not required to be discharged if receiving hospice services through an appropriately licensed provider of the resident's choice. A residential care facility that retains appropriate professional staff may provide comprehensive nursing care to residents needing care for a self-limiting condition.

**Third Party Scope of Care**

None specified.

**Move-In/Move-Out Requirements**

The resident must be discharged if the resident:

- (1) Is a danger to self or others;
- (2) Requires 24-hour, comprehensive nursing care or comprehensive nursing oversight;
- (3) Requires less than 24-hour comprehensive nursing care, comprehensive nursing oversight or rehabilitative therapies and has not entered into a contract with an appropriately licensed provider of the resident's choice to provide those services; or
- (4) Is not medically stable and meets any two of the following three criteria:
  - (a) Requires total assistance with eating;
  - (b) Requires total assistance with toileting;
  - (c) Requires total assistance with transferring.

**Resident Assessment**

In a residential care facility, there is no required form but an evaluation of the individual needs of each resident must be initiated prior to admission and must be updated at least semi-annually and when there is a substantial change in the resident's condition.

**Medication Management**

Each facility shall choose whether it administers medication and/or provides residential nursing care. These policies shall be outlined in the facility policy manual and clearly stated in the admission agreement. The administration of medications and the provision of residential nursing care shall be as ordered by the resident's physician and shall be supervised by a licensed nurse on the premises or on call. Medication shall be administered by licensed nursing personnel or qualified medication aides. Administration of medications means preparation and/or distribution of prescribed medications. Administration does not include reminders, cues, and/or opening of medication containers

or assistance with eye drops, such as steadying the resident's hand, when requested by a resident.

**Physical Plant Requirements**

Private resident units must be a minimum of 100 square feet and multiple-occupancy resident units must provide a minimum of 80 square feet per resident. The facility shall have living areas with sufficient space to accommodate the dining, activity, and lounge needs of the residents and to prevent the interference of one function with another.

**Residents Allowed Per Room**

For facilities and additions to facilities for which construction plans are submitted for approval after July 1, 1984, resident rooms shall not contain more than four residents' beds.

**Bathroom Requirements**

For facilities licensed after March 1, 2003, each unit must have a private toilet, lavatory, and tub or shower.

**Life Safety**

No life safety code surveys are required for residential care facilities. The state fire marshal's office surveys these facilities for fire safety precautions.

**Alzheimer's Unit Requirements**

If a facility locks, secures, segregates, or provides a special program or special unit for residents with Alzheimer's disease, related disorders, or dementia, and advertises to the public that it is offering a special care unit, it must prepare a written disclosure statement on a required form that includes information on the following:

- (1) The mission or philosophy concerning the needs of residents with dementia;
- (2) The criteria used to determine that a resident may move into a special care unit;
- (3) The process for the assessment, establishment, and implementation of a plan for special care;
- (4) Information about staff including number of staff available, training provided, and the number of staff available;
- (5) The frequency and types of activities for residents with dementia;
- (6) Guidelines for using physical and chemical restraints;
- (7) An itemization of the health facility's charges and fees for special care; and
- (8) Any other features, services, or characteristics that distinguish the care provided in special care.

This form must be filed with the division annually and made available to anyone seeking information on services for individuals with dementia. Facilities required to submit an Alzheimer's and dementia special care unit disclosure form must designate a director for the special care unit.

**Staff Training for Alzheimer's Care**

Staff who have contact with residents in dementia units must have (additionally) a minimum of six hours of dementia-specific training within six months and three hours annually thereafter to meet the needs of cognitively impaired residents.

**Staffing Requirements**

Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the 24-hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents.

A minimum of one awake staff person, with current CPR and first aid certificates, shall be on site at all times. If 50 or more residents of the facility regularly receive residential nursing services and/or administration of medication, at least one nursing staff person shall be on site at all times. Residential facilities with more than 100 residents regularly receiving residential nursing services and/or administration of medication shall have at least one additional nursing staff person awake and on duty at all times for every 50 residents.

Any unlicensed employee providing more than limited assistance with ADLs must either be a certified nurse aide or a home health aide.

**Administrator  
Education/Training**

Administrators must have:

- (1) A baccalaureate or higher degree from an accredited institution of higher learning approved by the board, and completion of a required administrator-in-training (AIT) program; or,
- (2) An associate degree in health care from an accredited institution of higher learning approved by the board, completion of a specialized course of study in long-term health care administration approved by the board, and completion of a required AIT program; or,
- (3) Completion of a specialized course of study in long-term health care administration prescribed by the board, and completion of a required six-month AIT program.

**Staff Education/Training**

Prior to working independently, each employee must be given an orientation that must include specific information. There must be an organized in-service education and training program planned in advance for all personnel in all departments at least annually. For nursing personnel, this shall include at least eight hours per calendar year; for non-nursing personnel, it shall include at least four hours per calendar year.

**Continuing Education  
(CE) Requirements**

Administrators must complete 40 hours of continuing education biannually.

**Entity Approving  
CE Program**

Health Facility Administrators Board

**Medicaid Policy and  
Reimbursement**

Assisted living services (levels 1-3) are available under the aged and disabled waiver. All providers for this service must have a residential care facility license from the Indiana Department of Health.

## Iowa

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**Agency** Department of Inspections and Appeals, Adult Services Bureau **Phone** (515) 281-6325  
**Contact** Ann Martin **Phone** (515) 281-5077  
**E-mail** amartin@dia.iowa.gov  
**Web Site** [www.dia-hfd.iowa.gov/DIA\\_HFD/Home.do](http://www.dia-hfd.iowa.gov/DIA_HFD/Home.do)

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<b>Licensure Term</b>	Assisted Living Programs and Dementia-specific Assisted Living Programs (Programs are certified, which is the equivalent of licensure.)
<b>Opening Statement</b>	Regulations were revised in April 2004. The Iowa Code was updated in 2005.
<b>Definition</b>	"Assisted living" means provision of housing with services which may include (but are not limited to) health-related care, personal care, and assistance with instrumental activities of daily living (IADLs) to three or more tenants in a physical structure that provides a homelike environment. Assisted living also includes encouragement of family involvement, tenant self-direction, and tenant participation in decisions that emphasize choice, dignity, privacy, individuality, shared risk, and independence. Assisted living includes the provision of housing and assistance with IADLs only if personal care or health-related care is also included. Assisted living includes 24 hours per day response staff to meet scheduled and unscheduled or unpredictable needs in a manner that promotes maximum dignity and independence and provides supervision, safety, and security.
<b>Disclosure Items</b>	Assisted Living Programs must provide a copy of a required written occupancy agreement to the tenant or tenant's legal representative as well as any subsequent changes. The occupancy agreement must clearly describe the rights and responsibilities of the tenant and the program and must also include (but is not limited to) the following information: (1) A description of all fees, charges, and rates describing tenancy and basic services covered, and any additional and optional services and their related costs; (2) A statement regarding the impact of the fee structure on third-party payments, and whether third-party payments and resources are accepted by the Assisted Living Program; (3) The procedure followed for nonpayment of fees; (4) Identification of the party responsible for payment of fees and identification of the tenant's legal representative, if any; (5) The term of the occupancy agreement; (6) A statement that the Assisted Living Program shall notify the tenant or the tenant's legal representative, as applicable, in writing at least 30 days prior to any change being made in the occupancy agreement with the following exceptions:

(a) When the tenant's health status or behavior constitutes a substantial threat to the health or safety of the tenant, other tenants, or others, including when the tenant refuses to consent to relocation, or

(b) When an emergency or a significant change in the tenant's condition results in the need for the provision of services that exceed the type or level of services included in the occupancy agreement and the necessary services cannot be safely provided by the Assisted Living Program;

(7) A statement that all tenant information shall be maintained in a confidential manner to the extent required under state and federal law;

(8) Occupancy, involuntary transfer, and transfer criteria and procedures, which ensure a safe and orderly transfer;

(9) The internal appeals process provided relative to an involuntary transfer;

(10) The program's policies and procedures for addressing grievances between the Assisted Living Program and tenants, including grievances relating to transfer and occupancy;

(11) A statement of the prohibition against retaliation as prescribed in section 231C.13;

(12) The emergency response policy;

(13) The staffing policy which specifies if nurse delegation will be used and how staffing will be adapted to meet changing tenant needs;

(14) In Dementia-specific Assisted Living Programs, a description of the services and programming provided to meet the life skills and social activities of tenants;

(15) The refund policy; and

(16) A statement regarding billing and payment procedures.

Occupancy agreements and related documents executed shall be maintained by the Assisted Living Program in program files from the date of execution until three years from the date the occupancy agreement is terminated. A copy of the most current occupancy agreement shall be provided to members of the general public, upon request.

### **Facility Scope of Care**

Programs may provide assistance with activities of daily living (ADLs) and IADLs. Health-related care may be provided on a part-time or intermittent basis only.

### **Third Party Scope of Care**

A program may contract for personal care or health-related services. However, the certified assisted living program is accountable for meeting all minimum standards.

### **Move-In/Move-Out Requirements**

A program may not knowingly admit or retain a tenant who requires more than part-time or intermittent health-related care; is bed-bound; is under the age of 18; requires routine two-person assistance to stand, transfer, or evacuate; on a routine basis, has unmanageable incontinence; is dangerous to self or others; or is

in an acute stage of alcoholism, drug addiction, or mental illness. Part-time or intermittent means licensed nursing services and professional therapies that are provided no more than five days per week; or licensed nursing services and professional therapies that are provided six or seven days per week for temporary periods of time with a predictable end within 21 days; or licensed nursing services and professional therapies in combination with nurse-delegated assistance with medication or ADLs that do not exceed 28 hours per week.

The state may grant a waiver of the occupancy and retention criteria for an individual tenant on a time-limited basis.

<b>Resident Assessment</b>	There are no specific forms required, but the selected forms must be submitted with the application for certification. The assessment must cover functional, cognitive, and health status at specified intervals. Programs must develop individualized service plans at specified intervals.
<b>Medication Management</b>	Tenants self-administer medications or the tenant may delegate the administration to the program. The regulations defer to the Iowa Nurse Practice Act, which allows nurses to delegate medication administration to unlicensed staff.  A program that administers prescription medications or provides health care professional-directed or health-related care must provide for a registered nurse to monitor, at least every 90 days or after a change in condition, each tenant receiving program-administered prescription medications for adverse reactions and ensure that the medication orders are current and the medications are administered consistent with those orders.
<b>Physical Plant Requirements</b>	Private tenant single occupancy units must be a minimum of 240 square feet for new construction or a minimum of 190 square feet for a structure being converted or rehabilitated for assisted living. Double occupancy tenant units must be a minimum of 340 square feet for new construction and a minimum of 290 square feet for a structure being converted or rehabilitated for assisted living.
<b>Residents Allowed Per Room</b>	A maximum of one resident may live in a single occupancy apartment. One or two residents may live in a double occupancy apartment. (Apartments are classified as single or double occupancy by square footage.)
<b>Bathroom Requirements</b>	Each tenant unit must have a bathroom, including a toilet, sink, and bathing facilities.
<b>Life Safety</b>	All new facilities must be sprinklered. Smoke detection is required. Smoke alarms and smoke detection systems shall comply with National Fire Protection Association (NFPA) 101, 2003 Edition, Chapter 32 (New Board & Care) or Chapter 33 (Existing Board and Care) and NFPA 72, National Fire Alarm



Code. Approved smoke alarms shall be installed inside every sleeping room, outside every sleeping area in the immediate vicinity of the bedrooms, and on all levels of the resident unit. Corridors and spaces open to corridors shall be provided with smoke detectors, arranged to initiate an alarm that is audible in all sleeping areas. Sprinkler systems must comply with NFPA 13 or 13R standards.

Building type may determine which type of sprinkler system should be installed. The type of smoke detection required varies depending on whether a facility is new, existing, sprinkled or not.

When the assisted living facility is attached to a health care facility that is certified for Medicaid and Medicare patients, the facility must comply with either Chapter 32 or Chapter 33 of the NFPA 2000 edition of the Life Safety Code.

**Alzheimer's Unit Requirements**

A program must be designed to meet the needs of tenants with dementia. Service plans must include planned and spontaneous activities based on the tenant's abilities and personal interests. A program serving persons with cognitive impairment or dementia must have the means to disable or remove the lock on an entrance door and must do so if the presence of the lock presents a danger to the health and safety of the tenant. Dementia-specific programs are exempt from some of the structural requirements for general assisted living programs. (Exemptions include that self-closing doors are not required for individual dwelling units or bathrooms; dementia-specific programs may choose not to provide bathing facilities in the living units; and square footage requirements for tenant rooms are reduced.)

**Staff Training for Alzheimer's Care**

Dementia-specific education or training is required for all employees. In a dementia-specific assisted living program, training for all employees includes a minimum of six hours of dementia-specific education and training prior to or within 90 days of employment. Specific topic areas must be covered in the training.

**Staffing Requirements**

Sufficiently trained staff must be available at all times to fully meet tenants' scheduled and unscheduled or unpredictable needs in a manner that promotes maximum dignity and independence and provides supervision, safety, and security. A Dementia-specific Assisted Living Program must have one or more staff on duty 24 hours a day in the proximate area.

**Administrator Education/Training**

The program administrator must be at least 18 years of age.

**Staff Education/Training**

All personnel must be able to implement the program's accident, fire safety, and emergency procedures, and assigned tasks.

**Continuing Education (CE) Requirements**

In programs that serve individuals with dementia, six hours annually for direct care staff, and two hours annually for others.

**Entity Approving CE Program**

None specified.

**Medicaid Policy and Reimbursement**

A Medicaid home and community-based services waiver covers consumer-directed attendant care services in assisted living programs. The Department of Human Services approves waiver services. The maximum reimbursement for elderly waiver services is \$1,084 per month.

## Kansas

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**Agency** Department on Aging **Phone** (785) 296-1253  
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<b>Licensure Term</b>	Assisted Living Facilities/Residential Health Care Facilities
<b>Opening Statement</b>	New regulations for adult care homes, of which assisted living facilities are a subset, went into effect in October 1999. Changes occurred July 1, 2003, when the Kansas Department of Health and Environment moved some programs to the Department on Aging.
<b>Definition</b>	An assisted living facility is a place caring for six or more individuals who may need personal care and/or supervised nursing care to compensate for limitations of activities of daily living (ADLs).
<b>Disclosure Items</b>	None specified.
<b>Facility Scope of Care</b>	Direct care staff may provide assistance with ADLs. Skilled nursing services are not prohibited; however, they must be limited, intermittent, or routine in scope. Wellness and health monitoring is required.
<b>Third Party Scope of Care</b>	The negotiated service agreement can include a provision for hospice services.
<b>Move-In/Move-Out Requirements</b>	Residents may be admitted if the facility can meet their needs. Residents will be discharged if their safety, health, or welfare is endangered. Residents with one or more of the following conditions shall not be admitted or retained, unless the negotiated service agreement includes 24-hour hospice or family support services: unmanageable incontinence; immobility; a condition requiring a two-person transfer; ongoing skilled nursing intervention needed 24 hours per day; unmanageable behavioral symptoms; and conditions requiring the use of physical restraints. Resident functional capacity screens are conducted before admission and annually after admission or upon significant change. The facility must give the resident a 30-day notice of transfer or discharge.
<b>Resident Assessment</b>	On or before admission, a licensed nurse, licensed social worker, or the administrator or operator must conduct a functional capacity screen on each resident as specified by the Department on Aging. A facility may choose to integrate the specified screen in an instrument developed by the facility. A functional capacity screen must be conducted at least annually or following a

significant change in the resident's physical, mental, or psychosocial functioning.

**Medication Management** Facilities can manage their residents' medication, allow residents to engage in the self-administration of medication, or provide residents with assistance of self-administration of medication.

**Physical Plant Requirements** Facilities consist of apartments that meet minimum dimensions as specified in the Uniform Building Code, section 1204. The apartments must contain a living area, storage area, full bath, kitchen, and lockable door. If the facility is a designated Residential Health Care Facility, the living area is not required to have a kitchen.

**Residents Allowed Per Room** None specified.

**Bathroom Requirements** None specified.

**Life Safety** Any facility licensing as a Residential Health Care or Assisted Living Facility must submit a code footprint from a licensed architect/engineer for approval of buildings to be occupied. The code footprint must comply with the National Fire Protection Association (NFPA) Life Safety Code 101, 1991 edition (new chapter) and must be approved before occupancy is allowed. Some of the more costly items for a new facility are sprinklering the entire facility, a full fire alarm system, and smoke detection in the sleeping rooms. There must be proper exiting throughout. All plans reviewed will be subject to a full inspection.

Facilities licensed before 2004 are expected to meet the existing chapter of the NFPA Life Safety Code 101, 1991 edition.

The Kansas State Fire Marshal's office conducts an annual inspection of any facility that is licensed.

**Alzheimer's Unit Requirements** In facilities that admit residents with dementia, in-service education on treatment of behavioral symptoms must be provided.

**Staff Training for Alzheimer's Care** None specified.

**Staffing Requirements** A full-time operator (not required to be a licensed administrator if less than 61 residents are in the facility) must be employed by the facility and sufficient numbers of qualified personnel are required to ensure that residents receive services and care in accordance with negotiated service agreements.

**Administrator Education/Training** Operators must be 21 years of age, possess a high school diploma or equivalent, and hold a Kansas license as an adult care home administrator, or engage in an operator training program.

**Staff Education/Training** Orientation is required for all new employees and regular in-service education regarding the principles of assisted living is required for all employees. Disaster and emergency preparedness training is required for all staff.

**Continuing Education (CE) Requirements** Administrators must complete 50 hours of continuing education every two years. Operators do not have any continuing education requirements.

**Entity Approving CE Program** None specified.

**Medicaid Policy and Reimbursement** A Medicaid home and community-based services waiver covers services in assisted living only for residents who meet nursing home level-of-care criteria. Payment for services is based on resident care plans.

## Kentucky

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**Agency** Cabinet for Health & Family Services, Department for Aging & Independent Living      **Phone** (502) 564-6930  
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<b>Licensure Term</b>	Certified Assisted Living Communities
<b>Opening Statement</b>	Assisted living regulations were revised in November 2007.
<b>Definition</b>	An assisted living community is a series of living units on the same site operated as one business entity to provide services for five or more adults.
<b>Disclosure Items</b>	An assisted living community must provide any interested person with a: (1) Consumer publication, as approved by the Department for Aging and Independent Living (DAIL), that contains a thorough description of Kentucky laws and regulations governing assisted living communities; (2) Standard consumer checklist provided by DAIL; and (3) Description of any special programming, staffing, or training if the assisted living community markets itself as providing special programming, staffing, or training on behalf of clients with particular needs or conditions.
<b>Facility Scope of Care</b>	Communities must provide assistance with activities of daily living and instrumental activities of daily living and make available three meals and a snack each day, scheduled daily social activities, and assistance with self-administration of medication.
<b>Third Party Scope of Care</b>	Clients may arrange for additional services under direct contract or arrangement with an outside agent, professional, provider, or other individual designated by the client if permitted by the policies of the facility.
<b>Move-In/Move-Out Requirements</b>	Clients must be ambulatory or mobile non-ambulatory, unless due to a temporary health condition for which health services are being provided through an outside source, and must not be a danger to themselves or others. The assisted living community must have provisions for assisting any client who has received a move-out notice to find appropriate living arrangements prior to the actual move-out date.
<b>Resident Assessment</b>	As part of a lease agreement, each assisted living community must complete a functional needs assessment prior to entering into a lease and the assessment must be updated to meet the

ongoing needs of the client. Clients living on special programming units will have a functional needs assessment completed prior to entering into a lease agreement and at least annually thereafter. The assessment is not a standardized form.

<b>Medication Management</b>	Medication administration is not permitted. The assisted living community provides assistance with self-administration of medication as needed. Medications are kept under control of the client.
<b>Physical Plant Requirements</b>	Private and dual-occupancy resident units, by mutual agreement, must be a minimum of 200 square feet (an exemption may apply). Each unit must have a lockable door, a window to the outdoors, a telephone jack, individual thermostat control (if more than 20 units), a private bathroom with tub or shower (an exemption may apply), and an emergency response system. Access to a central dining area, a laundry facility, and a central living room is also required.
<b>Residents Allowed Per Room</b>	A maximum of two clients is allowed per resident unit and only by mutual agreement.
<b>Bathroom Requirements</b>	Each living unit in new facilities must provide a private bathroom equipped with a tub or shower. Shared bathing facilities in facilities under construction on or before July 14, 2000, shall have a minimum of one bathtub or shower for each five clients.
<b>Life Safety</b>	Documentation of compliance with applicable building and life safety codes is required. The following items are reviewed: annual state fire marshal inspections (including sprinkler systems, smoke detectors, fire extinguishers, etc.), health department inspections, elevator inspections, boiler inspections, beauty shop and beautician licenses, food establishment licenses, and certificates of occupancy.
<b>Alzheimer's Unit Requirements</b>	An assisted living community shall provide any interested person with a description of any special programming, staffing, or training if it markets itself as providing special programming, staffing, or training on behalf of clients with particular needs or conditions.
<b>Staff Training for Alzheimer's Care</b>	The assisted living community must maintain a description of dementia-specific staff training that is provided, including at a minimum the content of the training, the number of offered and required hours of training, the schedule for training, and the staff who are required to complete the training.
<b>Staffing Requirements</b>	A designated manager must be at least 21 years of age, have at least a high school diploma or a GED, and have demonstrated management or administrative ability to maintain the daily operations. One awake staff member shall be on site at all times and staffing shall be sufficient in number and qualification to meet the 24-hour scheduled and unscheduled needs of the clients.

**Administrator  
Education/Training**

None specified.

**Staff Education/Training**

All staff and management must receive orientation within 90 days of hire and in-service education annually on topics applicable to their assigned duties.

**Continuing Education  
(CE) Requirements**

Annual in-service education is required on topics appropriate to employees' assigned duties.

**Entity Approving  
CE Program**

None specified.

**Medicaid Policy and  
Reimbursement**

Medicaid does not provide services or reimbursement for assisted living clients or communities.



## Louisiana

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**Agency** Department of Social Services Bureau of Residential Licensing **Phone** (225) 342-9734  
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<b>Licensure Term</b>	Adult Residential Care Homes/Facilities
<b>Opening Statement</b>	Regulations for adult residential care homes/facilities went into effect in March 1999.
<b>Definition</b>	Adult residential care homes/facilities are publicly or privately operated residences that provide 24-hour personal assistance, lodging, and meals for compensation to two or more adults who are unrelated to the residence licensee, owner, or director.
<b>Disclosure Items</b>	None specified.
<b>Facility Scope of Care</b>	Facilities may provide personal assistance with activities of daily living and supervision of self-administered medication.
<b>Third Party Scope of Care</b>	Residents may provide or arrange for care in the facility at their own expense that is not available through the facility as long as the resident remains in compliance with the conditions of residency. Health-related services above those allowed for by these regulations shall not be arranged for or contracted by a facility.
<b>Move-In/Move-Out Requirements</b>	Residents must be discharged if they are a danger to themselves or others or if the resident is transferred to another institution during which payment is not made to retain their bed at the facility. Facilities may accept or retain residents in need of additional care beyond routine personal care if the resident can provide or arrange for his/her own care and this care can be provided through appropriate private-duty personnel. Additionally, the level of care required in order to accommodate the resident's additional needs must not amount to continuous nursing care (e.g., does not exceed 90 days).
<b>Resident Assessment</b>	An assessment shall be completed at admission.
<b>Medication Management</b>	Staff may supervise the self-administration of prescription and non-prescription medication. This assistance shall be limited to reminders, cueing, opening containers, and assistance in pouring medication. Residents may contract with an outside source for medication administration; however, facilities may not contract for this service.

<b>Physical Plant Requirements</b>	<p>Efficiency/studio living units shall have a minimum of 250 net square feet of floor space, excluding bathrooms and closets.</p> <p>Living units with separate bedrooms shall have a living area (living/dining/kitchenette) of at least 190 net square feet, excluding bathroom and closets. Each separate bedroom shall have a minimum of 120 net square feet, excluding bathroom and closet or wardrobe space. Bedrooms designed for one individual (120 net square feet) may only be shared with another individual if that individual is a husband/wife/relative or live-in companion and only if both parties agree, in writing. Bedrooms designed for two individuals shall have a minimum of 200 net square feet, excluding bathrooms and closet or wardrobe space. Residents sharing a living unit with a two-person bedroom shall be allowed to choose their roommate. Both individuals shall agree, in writing.</p>
<b>Residents Allowed Per Room</b>	A maximum of two residents is allowed per resident unit. Both individuals shall agree in writing to this arrangement.
<b>Bathroom Requirements</b>	Facilities shall provide public restrooms of sufficient number and location to serve residents and visitors. Entrance to a bathroom from one bedroom shall not be through another bedroom. Grab bars and non-skid surfacing or stripes shall be installed in all showers and bath areas.
<b>Life Safety</b>	All new construction is required to have smoke detectors and sprinklers in accordance with National Fire Protection Association (NFPA) 101 Life Safety Code requirements (2003 edition). Louisiana has promulgated NFPA standards and on Jan. 1, 2007 adopted the 2006 International Building Code.
<b>Alzheimer's Unit Requirements</b>	If a facility accepts residents with dementia or residents at risk of wandering, an enclosed area shall be provided adjacent to the facility so that the residents may go outside safely.
<b>Staff Training for Alzheimer's Care</b>	None specified.
<b>Staffing Requirements</b>	Facilities shall be staffed to properly safeguard the health, safety, and welfare of the residents. At a minimum, facilities shall have a director, a designated recreational/activity staff person, and a direct care staff person; however, one person may occupy more than one position.
<b>Administrator Education/Training</b>	Directors shall be at least 21 years of age.
<b>Staff Education/Training</b>	Direct-care workers shall complete in-service training each year in areas relating to the facility's policies and procedures; emergency and evacuation procedures; residents' rights; first aid; procedures and legal requirements concerning the reporting of abuse and critical incidents; resident care services; infection

control; and any specialized training to meet residents' needs.

**Continuing Education  
(CE) Requirements**

Directors shall complete 12 hours of continuing education per year in areas related to the field of geriatrics, assisted living concepts, specialized training in the population served, and/or supervisory/management techniques.

**Entity Approving  
CE Program**

None specified.

**Medicaid Policy and  
Reimbursement**

There is no Medicaid home and community-based services waiver in place at this time.

## Maine

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**Contact** Todd Beaulieu **Phone** (207) 287-9300

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<b>Licensure Term</b>	Assisted Housing Programs (Assisted Living Programs and Residential Care Facility)
<b>Opening Statement</b>	In 2002, legislation was passed that changed the umbrella name from assisted living to assisted housing programs. This term includes independent housing with services, assisted living programs, and residential care facilities. The regulations were last revised on August 20, 2008. Revisions include provisions outlining measures the state agency can take if a facility is operating without a license (including injunctive relief and minimum/maximum fines) and when it is permissible to release confidential information.
<b>Definition</b>	An assisted living program may provide assisted living services to residents in private apartments in buildings that include a common dining area. Services are provided either directly by the assisted living program or indirectly through contracts with persons, entities, or agencies. A Residential Care Facility I, II, or III (six or fewer residents) or Residential Care Facility IV (seven or more residents) may provide assisted living services, including housing and assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs.)
<b>Disclosure Items</b>	Facilities are required to have a standardized contract for all new admissions and/or modification of an existing contract. The contract outlines the services that are provided and related costs. The facility's grievance procedure, tenancy obligations (if applicable), admissions policy, and resident rights must be appended to the contract.
<b>Facility Scope of Care</b>	Assisted housing/living services include but are not limited to personal supervision; protection from environmental hazards; assistance with ADLs and IADLs; administration of medications; and nursing services.
<b>Third Party Scope of Care</b>	Assisted living services may be provided indirectly through written contracts with persons, entities, or agencies.
<b>Move-In/Move-Out Requirements</b>	Residents may be discharged if the services required cannot be met by the facility, the resident's intentional behavior results in substantial physical damage to the property, for non-payment, or if the resident becomes a direct threat to the health or safety of

others.

<b>Resident Assessment</b>	Residents residing in level III and IV residential care facilities are required to be assessed within 30 calendar days of admission. Reassessments must be completed annually or more frequently if there is a significant change in the resident's condition. Residents residing in assisted living programs need to be reassessed at least every six months.
<b>Medication Management</b>	Administration of medication is permitted and includes reading labels for residents; observing residents taking their medications; checking dosage; removing the prescribed dosage; and the maintenance of a medication record for each resident. Certain injections may be administered by trained medication aides.
<b>Physical Plant Requirements</b>	Facilities must be designed to meet the special needs of the population served. Private resident bedrooms must be a minimum of 100 square feet and shared resident bedrooms must provide a minimum of 80 square feet per resident. There is no minimum requirement for private apartments in assisted living programs.
<b>Residents Allowed Per Room</b>	A maximum of two residents is allowed per resident unit.
<b>Bathroom Requirements</b>	Shared bathrooms are permitted at a ratio of at least one toilet per six users. Shared bathing facilities are also permitted at a ratio of one bathing facility for every 15 users.
<b>Life Safety</b>	Life safety is governed by the state fire marshal's office. The National Fire Protection Association code is used. Life safety standards are applied depending on the type of facility and how/when it was built or bought.
<b>Alzheimer's Unit Requirements</b>	All facilities with Alzheimer's/dementia care units must offer special weekly activities such as gross motor, self-care, social, outdoor, spiritual, and sensory enhancement activities. The regulations also require specific physical plant design for Alzheimer's units. Facilities with an Alzheimer's unit are required to disclose certain information.
<b>Staff Training for Alzheimer's Care</b>	Pre-service training is required for staff who work in Alzheimer's or dementia units.
<b>Staffing Requirements</b>	An on-site administrator must be employed by the facility. Facilities with 10 or fewer beds are required to have, at a minimum, one responsible adult present at all times to perform resident care and provide supervision. Facilities with more than 10 beds are required to have at least two responsible adults at all times. The regulations also have specific staff-to-resident ratios, depending upon time of day. There must also be a Certified Residential Medication Aide on duty at all times.

**Administrator  
Education/Training**

Administrators must be at least 21 years of age. Administrators in Level I, II, and III facilities need to have sufficient education, experience, and training to meet residents' needs. Level IV administrators must either complete an approved training program or have a multi-level administrator's or residential facility administrator license.

**Staff Education/Training**

For Level IV facilities, Maine requires that direct care staff complete a 50-hour standardized training course called Personal Support Specialist. If staff administer medications, they must complete a 40-hour standardized medication course.

**Continuing Education  
(CE) Requirements**

Administrators must complete 12 hours of continuing education per year in areas related to the care of the population served by the facility.

**Entity Approving  
CE Program**

Licensing staff determine at the time of survey the adequacy of continuing education.

**Medicaid Policy and  
Reimbursement**

A Medicaid home and community-based services waiver and a state plan option cover assisted living services. A Minimum Data Set-based case-mix, adjusted pricing system is used for residential care facility residents based on functional abilities and other data collected on residents.

## Maryland

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**Licensure Term** Assisted Living Programs

**Opening Statement** The regulations for assisted living programs in Maryland have been under review since 2004. After many drafts, the regulations underwent a major overhaul, which became final December 29, 2008. Areas of significant regulatory change include staffing, background checks for owners and staff, professional licensure, licensing fees, disclosure of information, facility availability for inspections, dispute resolution, quality assurance, on-site nursing, resident assessment, training, infection control, and emergency planning.

**Definition** An assisted living program is a residential- or facility-based program that provides housing and supportive services, supervision, personalized assistance, health-related services, or a combination that meets the needs of residents who are unable to perform, or who need assistance in performing, the activities of daily living (ADLs) or instrumental activities of daily living in a way that promotes optimum dignity and independence for the residents.

The new regulations remove two assisted living program definitions from what is not considered an assisted living program: (1) emergency, transitional, and permanent housing arrangements for the homeless, where no assistance with ADLs is provided; and 2) emergency, transitional, and permanent housing arrangements for the victims of domestic violence. They also add the following definition for what is not considered an assisted living program: a Certified Adult Residential Environment Program that is certified by the Department of Human Resources under Article 88A, §140, Annotated Code of Maryland.

**Disclosure Items** As of January 2007, all assisted living providers are required to complete an Assisted Living Disclosure Form, which must be included in all marketing materials and made available to consumers upon request. The form will be reviewed during facility surveys, and providers are to notify and file an amendment with the Office of Health Care Quality within 30 days of changes in services. Written disclosure also must be made to the Department of Health and Mental Hygiene (DHMH) and consumers by assisted living programs offering Alzheimer's

special care units or programs. (See Alzheimer's Unit Requirements.)

### **Facility Scope of Care**

Facilities may provide one of three levels of care: low, moderate, or high. The levels of care are defined by varying service requirements pertaining to health and wellness; assistance with functioning; assistance with medication and treatment; management of behavioral issues; management of psychological or psychiatric conditions; and social and recreational concerns. Under low and moderate levels of care, the new regulations change the phrase that staff must assist "with some but not all ADLs" to "with two or more ADLs."

If a facility wishes to continue to serve a resident requiring a higher level of care than that for which the facility is licensed for more than 30 days, the facility must obtain a resident-specific waiver. A waiver requires a showing that the facility can meet the needs of the resident and not jeopardize other residents. The licensee shall submit a waiver application as soon as program staff determine that the increased level of care of the condition requiring the waiver is likely to exceed 30 days. Waivers to care for residents at the moderate and high levels are limited to 50 percent of licensed beds. Waivers to exceed the high level are limited to 20 percent of licensed beds or up to 20 beds, whichever is less. The new regulations remove the possibility of obtaining a waiver to provide services, through state agency certification, for HIV/AIDS patients. Facilities are also no longer able to apply for a waiver for residents requiring treatment for an active reportable communicable disease. These limitations to admissions do not apply, however, for a resident being admitted to an assisted living program when the resident is under the care of a general hospice care program licensed by DHMH that ensures delivery of one or more of the services through the hospice program's plan of care.

If, at any time, a licensee wants to provide a higher level of care than that for which it is licensed, the licensee shall request authority from the department to change its licensure authority.

### **Third Party Scope of Care**

Home health agencies may provide services under contract with residents.

### **Move-In/Move-Out Requirements**

Facilities may not admit individuals who require more than intermittent nursing care; treatment of stage III or IV skin ulcers; ventilator services; skilled monitoring, testing, and aggressive adjustment of medications and treatments where there is the presence of, or risk for, a fluctuating acute condition; monitoring of a chronic medical condition that is not controllable through readily available medications and treatment; treatment for an active, reportable communicable disease; or treatment for a disease or condition that requires more than contact isolation.



In addition to these seven conditions, individuals may not be admitted if they are dangerous to self or others and are at high risk for health and safety complications that cannot be adequately managed. When two individuals who are in a long term or otherwise significant relationship wish to be admitted to a program together and one requires one of the above services, DHMH may grant a waiver (known as the "Buddy Exception.")

## **Resident Assessment**

The new regulations add a section on assessments that requires a resident's service plan to be based on assessments of his/her health, function, and psychosocial status using the Resident Assessment Tool. A full assessment must be completed within 48 hours but not later than required by the nurse practice act. A full assessment is required after a significant change of condition and each non-routine hospitalization. (A "significant change of condition" has been changed from "significant change.") "Significant change of condition" means: a resident has demonstrated major changes in status that are not self limiting or which cannot be resolved within 30 days; a change in one or more areas of the resident's health condition that could demonstrate an improvement or decline in the resident's status; and the need for interdisciplinary review or revision to the service plan. A significant change of condition does not include any ordinary, day-to-day fluctuations in health status, function, or behavior, or an acute short-term illness such as a cold, unless these fluctuations continue to recur.

When the delegating nurse determines in the nurse's clinical judgment that the resident does not require a full assessment within 48 hours, the delegating nurse shall: (a) document the determination and the reasons for the determination in the resident's record; and (b) ensure that a full assessment of the resident is conducted within seven calendar days. A review of the assessment shall be conducted every six months for residents who do not have a change in condition. Further evaluation by a health care practitioner is required and changes shall be made to the resident's service plan, if there is a score change in any of the following areas: (a) cognitive and behavioral status; (b) ability to self-administer medications; and (c) behaviors and communication. If the resident's previous assessment did not indicate the need for awake overnight staff, each full assessment or review of the full assessment shall include documentation as to whether awake overnight staff is required due to a change in the resident's condition.

## **Medication Management**

The new regulations state that the assisted living manager and all staff who administer medications must have completed the medication administration course taught by a registered nurse who is approved by the Board of Nursing. (The new regulations remove previous provisions related to the medication training program.)

The regulations also add the requirement that an assisted living manager must arrange for a licensed pharmacist to conduct an on-site review of physician prescriptions, orders, and resident records at least every six months for any resident receiving nine or more medications, including over-the-counter and PRN medications. The regulation specifies what must be examined during the review and that the review must be part of the quality assurance review. There is also a requirement that all schedule II and III narcotics must be maintained under a double-lock system and staff must count controlled drugs before the close of every shift.

### **Physical Plant Requirements**

Private rooms must provide a minimum of 80 square feet of functional space and double occupancy rooms must provide a minimum of 120 square feet per resident. (Private rooms must provide a minimum of 70 square feet of functional space in domiciliary care homes previously licensed or registered by DHMH, group senior assisted housing certified by the Department of Aging, or a CARE home certified by the Department of Human Resources, if these facilities were licensed, registered, or certified before January 1999.)

The new regulations allow a resident to possess his/her own cleaning supplies and personal hygiene items provided that the manager or delegating nurse determines that the products would not present a threat to the safety of the resident or others and the products are kept in the resident's room and out of view of others when not in use. The regulations also remove the following two provisions: (1) Furnishings and equipment supplied by the assisted living program shall be maintained and repaired on a timely basis by the program and (2) The assisted living program shall place furnishings in locations convenient for residents' use and in a manner which does not create a hazard to residents.

### **Residents Allowed Per Room**

A maximum of two residents is allowed per resident unit; however, this limit may be waived by the state agency for existing facilities that have previously had this waived.

### **Bathroom Requirements**

Toilets with locks must be provided to residents. Facilities must have a minimum ratio of one toilet to every four residents. Buildings with nine or more residents must have a minimum ratio of one toilet to four occupants on each floor where a resident is located. There must be a minimum of one bathtub or shower for every eight residents.

### **Life Safety**

Facilities must abide by the National Fire Protection Association Life Safety Code 101 and must have hand extinguishers and an emergency plan known to all staff. A sprinkler system is required for facilities with six beds or more beds. Smoke detectors must be installed in facilities with less than six beds. The plan for fire evacuation must be posted on all floors. Fire

drills must be conducted quarterly on every shift and documented. A disaster drill must be conducted and written up annually. Table-top drills are acceptable if it can be shown that actually performing the drill would unduly risk the health and safety of participants.

The new regulations require emergency preparedness plans to address the evacuation, transportation, or shelter in place of residents; notification to families, staff, and the Office of Health Care Quality regarding the action that will be taken concerning the safety and well-being of the residents; staff coverage, organization, and assignment of responsibilities; and the continuity of operation, including procuring essential goods, equipment, and services, and relocation to alternative facilities (methods of transportation must be identified but need not be guaranteed).

Legislation passed in 2006 requires assisted living programs providing services to 50 or more individuals to have on premises an emergency back-up generator in working condition and capable of running for 48 hours. Exemptions are allowed for facilities that can demonstrate financial hardship and waivers for facilities connected by a corridor to a facility with a generator.

### **Alzheimer's Unit Requirements**

An assisted living program with an Alzheimer's special care unit or program is required to send DHMH a written description of the special care unit or program at the time of initial licensure, and upon license renewal, the program must submit a written description of any changes that have been made. Facilities are currently required to submit an Alzheimer's Disclosure Statement if they have a specific unit or the entire facility cares for only Alzheimer's residents. Specific information must be disclosed to the family or party responsible for any resident prior to admission or to any person on request. The description of the Alzheimer's special care unit or program shall include a statement of philosophy or mission; staff training and staff job titles; any services, training, or other procedures that are over and above those that are provided in the existing assisted living program; and any other information that the department may require. The department, in consultation with the Alzheimer's Association, the Health Facilities Association of Maryland, and Lifespan, may adopt regulations governing the submission of disclosure materials to the department and to consumers. DHMH is also allowed to restrict admission or close the operation of a special care unit if it determines that the health or safety of residents is at risk.

### **Staff Training for Alzheimer's Care**

A minimum of five hours of training on cognitive impairment and mental illness is required within the first 90 days of employment. Training shall be designed to meet the specific needs of the program's population as determined by the assisted

living manager.

At least two hours of ongoing training must be provided annually for those involved with the provision of personal care. For those not involved with the provision of personal care, at least one hour of training per year is required.

Training can be provided through classroom instruction, in-service training, internet courses, correspondence courses, pre-recorded training, or other training methods. If there is no direct interaction between the faculty and the participant, the assisted living program must make a trained individual available to trainees.

## **Staffing Requirements**

A staffing plan must be submitted to DHMH which demonstrates that there will be on-site staff sufficient in number and qualifications to meet the 24-hour scheduled and unscheduled needs of the residents. When a resident is in the facility, a staff member shall be present. An alternate assisted living manager or other qualified staff shall be present when the assisted living manager is unavailable.

An assisted living program shall provide awake overnight staff when a resident's assessment using the Resident Assessment Tool indicates that awake overnight staff is required. If a physician or assessing nurse, in his/her clinical judgment, does not believe that a resident requires awake overnight staff, the physician or assessing nurse shall document the reasons in the area provided in the Resident Assessment Tool which shall be retained in the resident's record.

Upon the written recommendation of the resident's physician or assessing nurse, the assisted living program may apply to the department for a waiver to use an electronic monitoring system instead of awake overnight staff.

An assisted living program shall provide on-site nursing when a delegating nurse or physician, based upon the needs of a resident, issues a nursing or clinical order for that service. If an assisted living manager determines that a nursing or clinical order should not or cannot be implemented, the manager, delegating nurse, and resident's physician shall discuss any alternatives that could safely address the resident's needs. The assisted living manager shall document in the resident's record this discussion and all individuals who participated in the discussion.

## **Administrator Education/Training**

The assisted living manager must be at least 21 years of age and possess a high school diploma or equivalent and have sufficient skills, training, and experience to serve the residents in a manner that is consistent with the philosophy of assisted living

(delineated in regulation). For a level 3 program, an assisted living manager must have a four-year, college-level degree; two years experience in a health care related field and one year of experience as an assisted living program manager or alternate assisted living manager; or two years experience in a health care related field and successful completion of the 80-hour assisted living manager training program. The 80-hour training program must be approved by the Office of Health Care Quality and cover required content on aging, cognitive impairment, and dementias.

**Staff Education/Training** Staff must be at least 21 years of age (unless supervised on-site at all times by another staff person who is at least 21 years of age) and must have the ability to provide the services listed for each level of care. As of January 1, 2007, all staff must complete a state-approved, eight-hour training program on cognitive impairment within the first 90 days of employment.

**Continuing Education (CE) Requirements** An assisted living manager employed in a program licensed for five or more beds shall complete 20 hours of DHMH-approved continuing education every two years.

**Entity Approving CE Program** DHMH must approve the continuing education.

**Medicaid Policy and Reimbursement** A Medicaid home and community-based services waiver and a state-funded program cover services in assisted living. Participants must be assessed to be level II or III and must be 50 years old or older. They must be provided with 24-hour supervision, and facilities must employ a delegating nurse (a registered nurse) to visit every 45 days.

## Massachusetts

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**Contact** Duamarius Stukes  
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<b>Licensure Term</b>	Assisted Living Residences
<b>Opening Statement</b>	Regulations have been in effect since January 1996. Revisions were made in December 2002 and in September 2006. Regulatory changes in 2006 include added disclosure requirements and creation of Special Care Residence certification for facilities caring for residents with special needs including those with Alzheimer's disease. Also, facilities must have a quality improvement and assurance program, create a comprehensive emergency plan for each resident, and implement communicable disease control plans. Facilities also must provide specified aggregate information about residents to Elder Affairs.
<b>Definition</b>	An assisted living residence is any entity that provides room and board and personal care services for three or more adults and collects payments from or on behalf of residents for the provision of assistance with activities of daily living (ADLs).
<b>Disclosure Items</b>	<p>Before execution of a residency agreement or transfer or any money, sponsors shall deliver a disclosure statement to prospective residents and their legal representatives. The statement shall include:</p> <ol style="list-style-type: none"><li>(1) The number and type of certified units;</li><li>(2) Current staffing and how staffing is determined;</li><li>(3) Notification of resident rights required by the state;</li><li>(4) If applicable, explanation of eligibility requirements for any subsidy programs including costs for which the resident would be responsible;</li><li>(5) The residence's policy regarding self-administered medication management and limited medication administration;</li><li>(6) A resident grievance procedure including the right to contact the state Assisted Living Ombudsman at any time;</li><li>(7) Reasonable rules for the conduct and behavior of staff, management, and the resident;</li><li>(8) The cost, payment terms, services offered, services not offered, shared risks, and other important terms of the agreement;</li><li>(9) An explanation of any limitations on the services the residence will provide, including any limitations on specific ADLs and on behavioral management;</li><li>(10) Explanation of the role of the nurse(s);</li><li>(11) Explanation of the entry criteria and the process used for resident assessment;</li></ol>

- (12) The number of staff qualified to administer CPR and the policy on CPR administration;
- (13) Explanation of the process of termination of the residency agreement;
- (14) Explanation of the physical design features, including any Special Care Residence;
- (15) Illustrative sample and explanation of the service plan;
- (16) Explanation of types of diets available;
- (17) A list of enrichment activities;
- (18) Explanation of the security policy for the physical facility;
- (19) A copy of the instructions for residents in the disaster and emergency preparedness plan;
- (20) Policy and procedures, if any, regarding inclusion of family members in meetings and planning; and
- (21) If there is a Special Care Residence, a statement of its philosophy and mission.

In addition, facilities must provide aggregate information about residents to Elder Affairs including their age, the number needing medication assistance, the average and range of residents' needs for help with ADLs, the number that participate in the subsidy program, census, and number of tenancies concluded and why.

**Facility Scope of Care**

The facility must provide for the supervision of and assistance with ADLs and instrumental activities of daily living; self-administered medication management for all residents whose service plans so specify; timely assistance to residents and response to urgent/emergency needs; and up to three regularly scheduled meals daily (at a minimum, one meal).

**Third Party Scope of Care**

The facility may arrange for the provision of ancillary health services by a certified provider of ancillary health services or licensed hospice.

**Move-In/Move-Out Requirements**

An assisted living residence shall not provide, admit, or retain any resident in need of skilled nursing care unless (1) the care will be provided by a certified provider of ancillary health services or by a licensed hospice; and (2) the certified provider of ancillary health services does not train the assisted living residence staff to provide the skilled nursing care. (Note: The state attorney general has stated that this section of the statute violates the Americans with Disabilities Act and, therefore, Elder Affairs does not enforce this.)

**Resident Assessment**

The resident record must include a resident assessment, including the resident's diagnoses, current medications (including dosage, route, and frequency), allergies, dietary needs, need for assistance in emergency situations, history of psychosocial issues, level of personal care needs, and ability to manage medication. Elder Affairs does not require a

standardized form to be utilized for the assessment.

Every facility must have a quality improvement and assurance program.

**Medication Management** Self-administered medication management is permitted. Limited medication administration may only be provided by a family member, a practitioner as defined in state law, or a nurse registered or licensed under the provisions of state law. Nurses employed by the assisted living residence may administer non-injectible medications prescribed or ordered by an authorized prescriber to residents by oral or other routes (e.g. topical, inhalers, eye and ear drops, medicated patches, as necessary oxygen, or suppositories).

**Physical Plant Requirements** Facilities must provide either single or double occupancy units with lockable doors on the entry door of each unit and either a kitchenette or access to cooking facilities.

**Residents Allowed Per Room** A maximum of two residents is allowed per resident unit.

**Bathroom Requirements** For facilities constructed after 1995, each living unit must provide a private bathroom equipped with one lavatory, one toilet, and one bathtub/shower. All other residences must provide a private half-bathroom for each living unit equipped with one lavatory and one toilet, and at least one bathing facility for every three residents.

**Life Safety** Massachusetts does not have any specific life safety code requirements for Assisted Living Residences. Rather, the regulations state that they must “meet the requirements of all applicable federal and state laws and regulations including, but not limited to, the state sanitary codes, state building and fire safety codes, and laws and regulations governing use and access by persons with disabilities.”

Each resident must have his/her own comprehensive emergency plan to meet potential disasters/emergencies. Facilities must implement communicable disease control plans.

**Alzheimer's Unit Requirements** A residence may designate a distinct part or the entire facility as a Special Care Residence to address the specialized needs of individuals, including those who may need assistance in directing their own care due to cognitive or other impairments. There are additional requirements, including policies and procedures and staff training, necessary for certification as a Special Care Residence.

**Staff Training for Alzheimer's Care** All staff must receive at least two hours of training on the topic of dementia/cognitive impairment, including a basic overview of the disease process, communication skills, and behavioral management as part of the general orientation. The manager and service coordinator shall receive an additional two hours of



training (at least four hours total) on these topics. In addition, as part of the ongoing in-service training, all staff must receive at least two hours per year of training on dementia/cognitive impairment topics.

**Staffing Requirements**

The facility must have a manager and service plan coordinator on staff. A staff person must be on the premises 24 hours per day.

**Administrator  
Education/Training**

The manager of a facility must be at least 21 years of age; hold a bachelor's degree or have equivalent experience in human services, housing, or nursing home management; and have administrative experience, and supervisory and management skills.

**Staff Education/Training**

Personal care staff must be licensed nurses, certified nursing assistants, certified home health aides, qualified personal care homemakers, or complete a 54-hour training course. The service coordinator must be qualified by training and experience. All staff and contracted providers who will have direct contact with residents and all food service personnel must receive a seven-hour orientation prior to active employment.

**Continuing Education  
(CE) Requirements**

A minimum of 10 hours per year of ongoing education and training is required for all employees. Additional hours are required for certain staff positions and also for employees in a Special Care Residence.

**Entity Approving  
CE Program**

None specified.

**Medicaid Policy and  
Reimbursement**

The Medicaid state plan covers personal care services.

## Michigan

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**Agency** Michigan Department of Human Services, Bureau of Children and Adult Licensing      **Phone** (517) 373-8580  
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**Licensure Term** Home for the Aged; Adult Foster Care

**Opening Statement** It is recommended that the full text of the statutory and administrative rule requirements for Home for the Aged (HFA) and Adult Foster Care (AFC) facilities be accessed at: <http://www.michigan.gov/afchfa> under the "Requirements" section. The relevant statutory and administrative rule requirements are contained in the following:

PA 368 of 1978, as amended, The Public Health Code; R 325.1901-325.1981 for Homes for the Aged.

PA 218 of 1979, as amended, The Adult Foster Care Facility Licensing Act; R 400.1401-400.1441 for Adult Foster Care Family Homes; 400.14101-400.14601, 400.2231-400.2246 for Adult Foster Care Small Group Homes; 400.15101-400.15412 for Adult Foster Care Large Group Homes; and 400.2101-400.2122, 400.2401-400.2475, and 400.2501-400.2567 for Adult Foster Care Congregate Facilities.

**Definition** An HFA is 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 60 years of age or older.

AFC homes are residential settings that provide 24-hour personal care, protection, and supervision for individuals who are developmentally disabled, mentally ill, physically handicapped, or aged who cannot live alone but who do not need continuous nursing care.

**Disclosure Items** See Alzheimer's Unit Requirements.

**Facility Scope of Care** HFAs are required to provide room, board, protection, supervision, assistance, and supervised personal care consistent with the resident's service plan.

AFC homes are required to provide 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.

### **Third Party Scope of Care**

If a hospice agency cares for a resident in either a HFA or AFC, it must be available to assess, plan, monitor, direct, and evaluate the resident's care in conjunction with the resident's physician and in cooperation with the facility. Adequate and appropriate care must be provided.

### **Move-In/Move-Out Requirements**

HFA: A home may not admit or retain an individual whose needs cannot be adequately and appropriately met within the scope of the home's program statement. Prior to admission, a written service plan is completed by the home in cooperation with the individual identifying the person's specific needs for care, maintenance, services, and activities. A resident in the home who becomes ill, injured, or disabled following admission, and requires intensive nursing care or nursing care on a 24-hour basis, 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. A HFA resident may be transferred or discharged only for medical reasons, for his or her welfare or that of other residents, or for non-payment of his or her stay, except as provided by Title XVIII of Title XIX. 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: a) the amount of personal care, supervision, and protection that is required by the resident is available in the home; b) the kinds of services, skills, and physical accommodations that the resident requires are available in the home; and c) 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 any of the following exists:

- (1) Substantial risk to the resident due to the inability of the home to meet the resident's needs or assure the safety and well-being of other residents of the home.
- (2) Substantial risk, or an occurrence, of self-destructive behavior.
- (3) Substantial risk, or an occurrence, of serious physical assault.
- (4) Substantial risk, or an occurrence, of the destruction of property.

**Resident Assessment**

Though HFAs and AFCs are required to complete an assessment and service plan at the time of admission, a particular form is not required to be used. Sample forms are available and may be found on the department's Web site. Service plans are to be updated at least annually or if there is a significant change in the resident's condition.

**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.

**Physical Plant Requirements**

HFA: A single resident room must be a minimum of 80 square feet of usable space and 100 square feet for new construction. Multiple-bed resident rooms must provide a minimum of 70 square feet per bed of usable floor space and 80 square feet for new construction. (See HFA administrative rules for additional physical plant requirements.)

AFC: A single bedroom must have at least 80 square feet of usable floor space. An AFC multi-bed room must have at least 65 square feet of usable floor space per bed. (See specific AFC administrative rules for additional physical plant requirements.)

Note: Fire safety requirements are determined and enforced by the Bureau of Fire Services for HFAs and AFC homes licensed for seven or more residents.

**Residents Allowed Per Room**

HFA: For new construction, an HFA bedroom can have no more than four beds.

AFC: A maximum of two beds are allowed per bedroom unless the facility has been continuously licensed since April 1994. There are additional exceptions for instances when there has been a change in licensee.

**Bathroom Requirements**

HFA: A minimum of one lavatory and water closet is required for every eight resident beds per floor. A bathing facility shall be provided for every 15 residents. Employees shall have adequate toilet facilities separate from resident living quarters.

AFC: There shall be a minimum of one toilet, one lavatory, and one bathing facility for every eight occupants of the home. At least one toilet, one lavatory, and one bathing facility available

for resident use shall be provided on each floor that has resident bedrooms.

## **Life Safety**

HFA: Design and construction of such facilities shall be in compliance with state fire safety rules for health care facilities. The fire safety rules are administered and enforced by the Michigan Department of Energy, Labor, and Economic Growth's Bureau of Fire Services.

AFC: Fire safety for homes licensed for seven or more residents is regulated by the Michigan Department of Energy, Labor, and Economic Growth's Bureau of Fire Services. For new construction, the homes must have sprinklers and a fire alarm system that includes a hard-wired, interconnected smoke detection system. Fire safety for homes of six or fewer residents is regulated by the Michigan Department of Human Services. For new construction, homes must have a hard-wired, interconnected smoke detection system.

## **Alzheimer's Unit Requirements**

HFA and AFC: 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.

## **Staff Training for Alzheimer's Care**

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 325.1931 (1-7) for HFAs and 400.14204 (1-3) for AFCs.)

## **Staffing Requirements**

In addition to the above staff training requirements, HFAs are required to have adequate and sufficient number of staff who are awake, fully dressed, and capable of providing for resident needs

consistent with the resident service plans on duty at all times. 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.

To meet life safety standards, HFAs must be staffed as follows:

- (1) For 19 to 100 residents: at least two attendants who are awake and fully dressed.
- (2) For 101 to 180 residents: at least three attendants who are awake and fully dressed.
- (3) For 181 to 260 residents: at least four attendants who are awake and fully dressed.
- (4) For each additional 80 residents: one additional attendant who is awake and fully dressed.

In addition to the above training requirements, AFCs are required to have direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's care agreement and assessment plan, with a minimum staff ratio of one direct care staff to 12 residents and children under the age of 12.

Note: Effective April 1, 2006, AFC and HFA employees are required to have background checks completed including fingerprinting for criminal record clearance.

### **Administrator Education/Training**

HFA: Administrators must be capable of assuring provision of resident care consistent with resident service plans; 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 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, fire prevention, financial and administrative management, resident rights, and prevention and containment of communicable disease.

### **Staff Education/Training**

HFA: In addition to the above training requirements, 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, administration of medication, personal care, supervision, resident rights and responsibilities, safety and fire prevention, containment of

infectious disease, and standard precautions.

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. 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. The AFC group home licensee or administrator must provide in-service training or make training available in the following areas: nutrition, 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.

Additional training is required for facilities to provide a specialized program for persons with developmental disabilities or mental illness, as required by R 330.1806.

Note: HFA and AFC new hires must have a background check including fingerprinting for criminal record clearance.

**Continuing Education  
(CE) Requirements**

HFA: None specified.

AFC: Both the licensee and the administrator must annually complete either 16 hours of training approved by the Department of Human Services (DHS) or six hours at an accredited college or university in an area approved by DHS.

**Entity Approving  
CE Program**

HFA: None specified.

AFC: DHS approves training for Certification of Specialized Services and the 16 hours of required annual training for adult foster care licensees and administrators.

**Medicaid Policy and  
Reimbursement**

In licensed facilities, the Medicaid state plan covers personal care services only.

## Minnesota

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- Licensure Term** There is no single license for an assisted living building in Minnesota. Assisted living consists of an establishment with a Housing with Services registration and a home care license to provide health-related services.
- Opening Statement** In 1995, the legislature separated housing from services, requiring an establishment to provide health-related services through a licensed home care agency. Minnesota then created a registration category called Housing with Services that applies to establishments that provide sleeping accommodations to adult residents and one or more health-related services or two or more supportive services. In 2006, the legislature passed a bill that provides title protection for the use of the phrase "assisted living."
- Definition** Legislation passed in 2006 (MN Statute 144G) restricts the use of the phrase "assisted living" to Housing with Services establishments that meet specific requirements which include, but are not limited to: staff access to an on-call registered nurse, a system to check on each assisted living client daily, a means for assisted living clients to request assistance, staff to respond to health or safety needs 24 hours a day, seven days a week, two meals per day, weekly housekeeping and laundry, health services including assistance with medication administration or medication administration, assistance with at least three activities of daily living (ADLs), and health-related services from a Minnesota-licensed home care agency.
- Housing with Services establishments provide sleeping accommodations to one or more adult residents. These facilities offer or provide, for a fee, one or more regularly scheduled health-related services or two or more regularly scheduled supportive services.
- "Supportive services" means help with personal laundry, handling or assisting with personal funds of residents, or arranging for medical services, health-related services, social services, or transportation to medical or social services appointments. Arranging for services does not include making referrals, assisting a resident in contacting a service provider of the resident's choice, or contacting a service provider in an emergency.
- The Housing with Services statute is subject to change and is



found in MN Statute §144D. Home care statutes and regulations set forth requirements for the manner in which services are provided. Home care statutes are subject to change and are found in MN Statute §144A. The home care rules are subject to change and are found in MN Rule 4668. These statutes and rules can be found at <http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html>

**Disclosure Items**

Specific information must be included in a Housing with Services contract as described in MN Statute 144D.04 Subp. 2. In addition, a separate Uniform Consumer Information Guide, which includes information about services offered by the assisted living provider, service costs, and other relevant provider-specific information, must be made available to all current and prospective assisted living clients in the required format. (See Alzheimer's Unit Requirements for additional disclosure requirements specific to dementia care.)

**Facility Scope of Care**

At a minimum, an establishment representing itself as assisted living must provide assistance with self-administration of medications or administration of medications and assistance with at least of three of the listed ADLs. (See MN Statute §144G.03 Subd. 2b for more detail.) Any services that are made available through a licensed home care agency may be provided in an assisted living setting.

**Third Party Scope of Care**

The establishment must have an arrangement with a Minnesota Class A or Class F licensed home care agency or use its own Class A or Class F licensed home care agency to provide home care services. Minnesota Class F home care agencies may provide nursing services, delegated nursing services, other services performed by unlicensed personnel, or central storage of medication. Minnesota Class A home care agencies may provide professional nursing and home health aide tasks, physical therapy speech, respiratory therapy, occupational therapy, and medical social services, and may also provide medical supplies and equipment when accompanied by the provision of a home care service.

**Move-In/Move-Out Requirements**

The federal Fair Housing Act, Americans with Disabilities Act, Minnesota Landlord-Tenant Law, and the Minnesota Human Rights Act apply to persons applying to lease a unit in a registered Housing with Services establishment. The assisted living establishment must offer a registered nurse (RN) assessment prior to move-in. (See Resident Assessment.) Health care services may be terminated without impacting the resident's housing status. Thirty day notice, with certain exceptions, must be given to terminate health care services and assistance must be offered in finding another health care provider. Requirements of what must be included in the

termination notice are described in MN Statute §144A.442. Housing may be terminated if the conditions of the lease are violated. The 2006 legislation at MN §144G.03 describes what must be included in the termination notice of a Housing with Services contract.

<b>Resident Assessment</b>	Assessments by an RN must be offered prior to move in and assessments must be completed according to MN Rule 4668 in relationship to service plans, central storage of medications, and medication administration.
<b>Medication Management</b>	At a minimum, an establishment representing itself as assisted living must provide assistance with self-administration of medications or administration of medications. Home care licensure statutes and rules must be followed.
<b>Physical Plant Requirements</b>	Establishments must comply with state and local building codes.
<b>Residents Allowed Per Room</b>	Establishments must comply with state and local building codes.
<b>Bathroom Requirements</b>	Establishments must comply with state and local building codes.
<b>Life Safety</b>	<p>In Minnesota, assisted living is provided in a Housing with Services establishment. A Housing with Services establishment must comply with the state building code and the Minnesota Uniform Fire Code and applicable local building codes and requirements for the type of structure utilized for the housing component of assisted living. The Minnesota State Fire Code is comprised of the International Fire Code plus Minnesota amendments. In Minnesota, a Housing with Services establishment is registered with the Minnesota Department of Health. This registration has no requirements regarding the physical plant of the establishment.</p>
<b>Alzheimer's Unit Requirements</b>	<p>Housing with Services establishments that secure, segregate, or provide a special program or special unit for residents with a diagnosis of probable Alzheimer's disease or a related disorder or that advertise, market, or otherwise promote the establishment as providing specialized care for individuals with Alzheimer's disease or a related disorder are considered "special care units." All special care units must provide a written disclosure to the following:</p> <ol style="list-style-type: none"><li>(1) The commissioner of health, if requested;</li><li>(2) The Office of Ombudsman for Older Minnesotans; and</li><li>(3) Each person seeking placement within a residence or the person's authorized representative, before an agreement to provide care is entered into.</li></ol> <p>Written disclosure must include, but is not limited to, the following:</p> <ol style="list-style-type: none"><li>(1) A statement of the overall philosophy and how it reflects the</li></ol>

- special needs of residents with Alzheimer's disease or other dementias;
- (2) The criteria for determining who may reside in the special care unit;
  - (3) The process used for assessment and establishment of the service plan or agreement, including how the plan is responsive to changes in the resident's condition;
  - (4) Staffing credentials, job descriptions, and staff duties and availability, including any training specific to dementia;
  - (5) Physical environment as well as design and security features that specifically address the needs of residents with Alzheimer's disease or other dementias;
  - (6) Frequency and type of programs and activities for residents of the special care unit;
  - (7) Involvement of families in resident care and availability of family support programs;
  - (8) Fee schedules for additional services to the residents of the special care unit; and
  - (9) A statement that residents will be given written notice 30 days prior to changes in the fee schedule.

**Staff Training for Alzheimer's Care**

Supervisors and direct care staff must be trained in dementia care. Areas of required training include:

- 1) An explanation of Alzheimer's disease and related disorders;
- 2) Assistance with ADLs;
- 3) Problem solving with challenging behaviors; and
- 4) Communication skills.

The licensee must provide to consumers a written or electronic description of the training program, the categories of employees trained, the frequency of training, and the basic topics covered.

**Staffing Requirements**

In order to use the term assisted living, Housing with Services establishments are required to have a person available 24 hours a day, seven days a week, who is responsible for responding to the requests of assisted living clients for assistance with health or safety needs, unless they meet the criteria for exemption for awake-staff described in MN Statute 144G.03 Subdivision 3. In addition, the licensed home care agency providing the health care services must provide all services required by the client's current service agreement or service plan.

**Administrator Education/Training**

None specified.

**Staff Education/Training**

All persons who have contact with clients must complete an orientation to home care, which includes an overview of the home care statutes and rules as well as handling emergencies, reporting maltreatment, the home care bill of rights, handling client complaints, and the services of the ombudsman for older Minnesotans. Unlicensed personnel who perform delegated nursing services must successfully complete the core training

and pass competency evaluations described in MN Rule 4668.

**Continuing Education  
(CE) Requirements**

Unlicensed personnel must complete at least eight hours of in-service training in topics relevant to the provision of home care services during each 12 months of employment. In addition, all personnel who have contact with clients must have training about infection control techniques in the home every 12 months.

**Entity Approving  
CE Program**

None specified.

**Medicaid Policy and  
Reimbursement**

Medicaid home and community-based waivers (elderly, traumatic brain injury, and community alternatives for disabled adults) pay for customized living services in assisted living and Housing with Services establishments.

# Mississippi

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Licensure and Certification

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**Licensure Term** Personal Care Homes Residential Living and Personal Care Homes Assisted Living

**Opening Statement** New regulations went into effect February 22, 2008. Changes include deletion of the word "alleged" in Section 101.03 (8) of the criminal history record check rules and deletion of the word "excessive" in Section 108.01 (3) of rules concerning denial, suspension, and revocation of a license. Also, two new sections – Section 121 Emergency Operations Plan (EOP) and Section 122 Facility Fire Preparedness – were added, replacing the section formerly known as Disaster Planning.

**Definition** Personal care homes are licensed facilities that provide assistance to residents in performing one or more of the activities of daily living (ADLs), including, but not limited to, bathing, walking, excretory functions, feeding, personal grooming, and dressing.

Personal care homes/residential living provide services to individuals who require personal care services or individuals, who due to functional impairments, may require mental health services.

Personal care homes/assisted living provide personal care and the addition of supplemental services to include the provision of medical services (i.e., medication procedures and medication administration), and emergency response services.

**Disclosure Items** There is no required form but admission agreements must contain specific information.

**Facility Scope of Care** Facilities may provide assistance with ADLs that may extend beyond providing shelter, food, and laundry. Assistance may include, but is not limited to, bathing, walking, toileting, feeding, personal grooming, dressing, and financial management.

**Third Party Scope of Care** Limited home health services may be provided in facilities.

**Move-In/Move-Out Requirements** Personal care homes/assisted living facilities may only admit residents whose needs can be met by the facility. An appropriate resident is primarily an aged ambulatory person who requires domiciliary care and who may require non-medical services, medical services such as medication assistance, emergency

response services, and home health services as prescribed by a physician's order and as allowed by law.

For both personal care residential and personal care assisted living, a person may neither move in nor continue to reside in a licensed facility if the person:

- (1) Is not ambulatory;
- (2) Requires physical restraints;
- (3) Poses a serious threat to self or others;
- (4) Requires nasopharyngeal and/or tracheotomy suctioning;
- (5) Requires gastric feedings;
- (6) Requires intravenous fluids, medications, or feedings;
- (7) Requires an indwelling urinary catheter;
- (8) Requires sterile wound care; or
- (9) Requires treatment of decubitus ulcer or exfoliative dermatitis.

A resident may continue to live in a personal care home when a resident or the resident's responsible party (if applicable) consents in writing for the resident to continue to reside in the home and approved in writing by a licensed physician, unless the licensing agency determines that skilled nursing services would be appropriate. No home may allow more than two residents, or 10 percent of the total number of residents, whichever is greater, to remain under these circumstances.

<b>Resident Assessment</b>	A medical evaluation is required annually for each resident but there is no required form.
<b>Medication Management</b>	Facilities may monitor the self-administration of medication. Only licensed personnel are allowed to administer medication.
<b>Physical Plant Requirements</b>	Private and shared resident units must provide a minimum of 80 square feet per resident.
<b>Residents Allowed Per Room</b>	A maximum of four residents is allowed per resident unit.
<b>Bathroom Requirements</b>	Separate toilet and bathing facilities must be provided on each floor for each sex in the following ratios as a minimum: one bathtub/shower for every 12 or fewer residents; and one lavatory and one toilet for every six or fewer residents.
<b>Life Safety</b>	<p>Automatic Fire Sprinklers: All new personal care homes must be protected with automatic fire sprinklers. If the facility has a capacity of 16 or fewer beds, a 13D-styled automatic sprinkler system compliant with the National Fire Protection Association (NFPA) Standard 13D, "Standard for the Protection of One- and Two-Family Dwellings and Manufactured Homes," is sufficient. For facilities with capacity greater than 16 beds, a sprinkler consistent with NFPA 13 is required.</p> <p>Smoke Detectors: Smoke detectors must be installed in each</p>

hallway no more than 30 feet apart, in all bedrooms, and in all storage rooms. Smoke detectors must be electrically powered by the building's electrical system and have battery back-up.

Building Construction: Facilities licensed after Aug. 14, 2005 must be constructed to have one-hour fire resistance rating as prescribed by the current edition of the NFPA Standard 220, "Types of Building Construction."

### **Alzheimer's Unit Requirements**

Regulations for Alzheimer's disease/dementia care units were adopted in 2001 and apply to licensed nursing homes or licensed personal care homes and are in addition to other rules and regulations applicable to these licensed facilities. A registered nurse or licensed practical nurse must be present on all shifts and a minimum of two staff members must be on the unit at all times. Minimum requirements for nursing staff are based on the ratio of three hours of nursing care per resident per 24 hours. Licensed nursing staff and nurse aides can be included in the ratio. If the Alzheimer's/dementia care unit is not freestanding, licensed nursing staff may be shared with the rest of the facility. Facilities are only permitted to house persons with up to stage II Alzheimer's disease. A licensed social worker, licensed professional counselor, or licensed marriage and family therapist must provide social services to residents and support to family members. The social service consultation must be on site and be a minimum of eight hours per month.

There are specific physical design standards for Alzheimer's/dementia units including security controls on all entrances and exits, and a secure, exterior exercise pathway.

### **Staff Training for Alzheimer's Care**

An orientation program including specific topics must be provided to all new employees assigned to the Alzheimer's/dementia unit. Ongoing in-service training must be provided to all staff who are in direct contact with residents on a quarterly basis and must include training on at least three of eight specific topics.

### **Staffing Requirements**

A full-time operator must be designated to manage the facility. Detailed staffing ratios apply.

### **Administrator Education/Training**

Operators must be at least 21 years of age, be a high school graduate or have passed the GED and not be a resident of the licensed facility. The administrator must verify that he or she is not listed on the Mississippi Nurses Aide Abuse Registry. Administrators must spend two concurrent days with the licensing agency for training and mentoring. This training and monitoring provision is required only one time for each administrator and an administrator who was previously employed by the licensing agency in a surveyor capacity is exempt.

**Staff Education/Training** Direct care staff must be at least 18 years of age and must verify that they are not listed on the Mississippi Nurse Aide Abuse Registry. Personnel must receive training on a quarterly basis on topics and issues related to the population being served by the facility. All direct care staff must successfully complete a criminal history record check. When on duty, staff must be awake and fully dressed to provide personal care to the residents. The following staffing ratio applies:

- (1) One direct care staff person per 15 or fewer residents between 7:00 a.m. and 7:00 p.m.
- (2) One direct care staff person per 25 or fewer residents between the hours of 7:00 p.m. and 7:00 a.m.

Additionally, personal care homes assisted living must:

- (1) Post a list of on-call personnel in the event of an emergency during the 7:00 p.m. to 7:00 a.m. shift.
- (2) Have a licensed nurse on the premises for eight hours per day. Licensed nurses are not to be included in the resident-attendant ratio.
- (3) If a resident is unable to self-administer prescription medication, a licensed nurse must be present to administer the medication.

**Continuing Education (CE) Requirements** None specified.

**Entity Approving CE Program** None specified.

**Medicaid Policy and Reimbursement** A Medicaid home and community-based services waiver with a limited number of slots covers services in assisted living facilities for residents that are Medicaid eligible. Facilities are reimbursed on a flat rate, per diem basis.



## Missouri

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**Licensure Term** Assisted Living Facilities and Residential Care Facilities

**Opening Statement** The regulations were amended on October 30, 2008 and December 4, 2008.

**Definition** An assisted living facility (ALF) is any premises, other than a residential care facility, intermediate care facility, or skilled nursing facility, that is utilized by its owner, operator, or manager to provide 24-hour care and services and protective oversight to three or more residents who are provided with shelter, board, and who may need and are provided with the following:

- Assistance with any activities of daily living (ADLs) and any instrumental activities of daily living (IADLs).
- Storage, distribution, or administration of medications.
- Supervision of health care under the direction of a licensed physician provided that such services are consistent with a social model of care.

ALFs do not include facilities where all of the residents are related within the fourth degree of consanguinity or affinity to the owner, operator, or manager of the facility.

A residential care facility (RCF) is any premises, other than an ALF, intermediate care facility, or skilled nursing facility, which is utilized by its owner, operator, or manager to provide 24-hour care to three or more residents, who are not related within the fourth degree of consanguinity or affinity to the owner, operator, or manager of the facility and who need or are provided with shelter, board, and protective oversight, which may include storage and distribution or administration of medications and care during short-term illness or recuperation.

**Disclosure Items** For both ALFs and RCFs, at the time of admission the facility will disclose information regarding the services the facility is able to provide or coordinate, the cost of services, and grounds for transfer/discharge. Also, the facility is required to provide statements of resident rights and a copy of any facility policies that relate to resident conduct and responsibilities. Facilities that provide care to residents with Alzheimer's disease or other dementias by means of an Alzheimer's special care unit or

**Facility Scope of Care**

program are required to disclose the form of care or treatment.

ALFs must provide 24-hour care and protective oversight including but not limited to: assistance with ADLs and IADLs, medication management, dietary services, activities, and food sanitation.

RCFs must provide 24-hour care, shelter, board, and protective oversight including but not limited to: assistance with storage, distribution, and/or administration of medications; dietary services; food sanitation, etc. The facility can provide care to residents during a short-term illness or recuperation period.

**Third Party Scope of Care**

Home health, hospice, child care services, and/or food service to the elderly in the community may be provided in both ALFs and RCFs with approval from the section.

**Move-In/Move-Out Requirements**

For ALFs, the following conditions would prevent admission into a facility:

- Exhibiting behaviors that present a reasonable likelihood of serious harm to self and/or others.
- Requiring a restraint (physical or chemical).
- Requiring skilled nursing care.
- Requiring more than one person to provide physical assistance (excluding bathing and transferring).
- Being bed-bound.
- Having been discharged from a hospital with a recuperation period that exceeds 45 days.

The following conditions would permit a transfer/discharge from an ALF:

- The resident's needs cannot be met in the facility.
- The resident no longer needs the services provided by the facility.
- The health and/or safety of other residents in the facility is endangered.
- After appropriate notice and reasonable efforts by the facility, the resident has not paid for his/her stay.
- The facility ceases to operate.

Before an ALF can transfer/discharge a resident it is required to give the resident a 30-day notice. If the health and/or safety of the resident and other residents in the facility are endangered, the resident may qualify for an emergency transfer/discharge. Facilities are required to record and document in detail the reason for a 30-day and/or emergency transfer /discharge.

For RCFs, the facility shall not admit residents whose needs cannot be met.

The following conditions would permit a transfer/discharge from an RCF:

- The resident's needs cannot be met in the facility.
- The resident no longer needs the services provided by the facility.
- The health and/or safety of other residents in the facility is endangered.
- After appropriate notice and reasonable efforts the resident has not paid for his/her stay.
- The facility ceases to operate.

Before RCFs can transfer/discharge a resident they are required to give the resident a 30-day notice. If the health and/or safety of the resident and other residents in the facility are endangered, the resident may qualify for an emergency transfer/discharge. Facilities are required to record and document in detail the reason for a 30-day and/or emergency transfer/discharge.

## **Resident Assessment**

For ALFs, prior to admission the facility must complete a pre-move-in screening. Within five calendar days after admission an appropriately trained and qualified individual will conduct a community-based assessment. Also, within ten days after admission the resident must have an admission physical examination. The examination must be performed by a licensed physician with documentation of the resident's current medical status and any special orders or procedures that should be followed. The community-based assessment shall be reviewed whenever there is a significant change in the resident's condition and/or at least semiannually.

For RCFs, residents admitted to the facility shall have an admission physical examination no later than ten days after admission. The examination must be performed by a licensed physician with documentation of the resident's current medical status and any special orders or procedures that should be followed. The facility must perform a monthly resident review of the following:

- The resident's general medical condition and needs.
- Review of medication consumption of any resident controlling his/her own medication.
- Daily record of medication administration.
- Logging of medication regimen review process.
- Monthly weight.
- Record of each referral for services from an outside service provider.
- Record of any resident incidents including behaviors that present a reasonable likelihood of serious harm to himself or herself or others.
- Record of accidents that potentially could result in injury or did result in injuries involving the resident.

<b>Medication Management</b>	<p>For ALFs, a physician, pharmacist, or registered nurse must review the medication regimen of each resident every other month. At a minimum, staff who administer medications must be a Level I Medication Aide (LIMA). Facilities are required to have a safe and effective system of medication control and use.</p> <p>In a level one RCF, a pharmacist or registered nurse (RN) must review the medication regimen of each resident every three months. In a level two RCF, a pharmacist or RN must review the medication regimen of each resident every other month. At a minimum, staff who administer medications must be a LIMA. Facilities are required to have a safe and effective system of medication control and use.</p>
<b>Physical Plant Requirements</b>	For both ALFs and RCFs, resident units must provide a minimum of 70 square feet per resident.
<b>Residents Allowed Per Room</b>	For both ALFs and RCFs, the maximum number beds/residents allowed is four per unit.
<b>Bathroom Requirements</b>	For both ALFs and RCFs, at least one tub or shower must be provided for every 20 residents and one toilet and lavatory for every six residents.
<b>Life Safety</b>	<p>ALFs and RCFs with more than 20 residents that do not have an approved sprinkler system, and single-story and multi-level ALFs that accept or retain any individual with a physical, cognitive, or other impairment that prevents the individual from safely evacuating the facility with minimal assistance, will be required to have an approved sprinkler system by December 31, 2012. Facilities that have an approved sprinkler system shall continue to meet all laws, rules, and regulations for testing, inspection, and maintenance of the sprinkler system.</p> <p>On December 4, 2008 the fire alarm system requirements were amended for both ALFs and RCFs. The new requirements provide specific installation guidance for spacing and placement of interconnected smoke detectors based on whether a facility has a sprinkler system. The new complete fire alarm system requirements became enforceable on December 31, 2008.</p>
<b>Alzheimer's Unit Requirements</b>	<p>For both ALFs and RCFs, during the admission disclosure, a facility must explain how care in the Alzheimer's special care unit or program is different from the rest of the facility and if the services are appropriate. The disclosure must include the following:</p> <ul style="list-style-type: none"> <li>-- A written statement of its overall philosophy and mission reflecting the needs of residents afflicted with dementia;</li> <li>-- The process and criteria for placement in, and transfer or discharge from, the unit or program;</li> <li>-- The process used for assessment and establishment of the plan of care and its implementation, including the method by which the plan of care evolves and is responsive to changes in condition;</li> </ul>

- Staff training and continuing education practices;
- The physical environment and design features appropriate to support the functioning of cognitively impaired adult residents;
- The types and frequency of resident activities;
- The involvement of families and the availability of family support programs;
- The costs of care and any additional fees; and
- Safety and security measures.

**Staff Training for Alzheimer's Care**

For both ALFs and RCFs, staff who provide direct care to any resident having Alzheimer's disease or related dementias must have at least three hours of dementia-specific orientation training. One hour of dementia-specific orientation training is required for staff who do not provide direct care but may have daily contact with residents. All dementia-specific training must be incorporated into each facility's new employee orientation and ongoing in-service training.

**Staffing Requirements**

ALFs are required to provide an adequate number and type of personnel for the proper care of residents, their social well being, protective oversight, and upkeep of the facility. On October 30, 2008 the staffing requirements were amended. ALFs are now required to have a licensed nurse employed for at least eight hours a day for every 30 residents.

RCFs are required to provide an adequate number and type of personnel on duty at all times for the proper care of residents and upkeep of the facility.

**Administrator Education/Training**

An ALF must have a licensed nursing home administrator.

A level one RCF can have a manager who is fully authorized and empowered to make decisions regarding the operation of the facility. A manager must have successfully completed the state-approved LIMA course, be at least 21 years of age, have no convictions of an offense involving the operation of a long term care facility, and attend at least one continuing education workshop within each calendar year. In a level two RCF, the facility must have a licensed nursing home administrator.

**Staff Education/Training**

For ALFs, prior to or on the first day that a new employee works in a facility, he/she shall receive orientation of at least two hours appropriate to job function and responsibilities. The orientation shall include but not be limited to: emergency response procedures, infection control, and confidentiality of resident information. Also, staff are required to have a minimum of two hours of initial training on the appropriate ways to transfer a resident care within the facility (e.g., wheelchair to bed, bed to dining room chair).

For RCFs, prior to or on the first day that a new employee works

in a facility, he/she shall receive orientation of at least one hour appropriate to job function. The orientation shall include but not be limited to: emergency response procedures, infection control, and confidentiality of resident information.

**Continuing Education  
(CE) Requirements**

An ALF administrator is required to have 20 hours of approved training.

In a level one RCF, the manager must attend at least one continuing education workshop within each calendar year. In a level two RCF, the administrator is required to have 20 hours of approved training.

**Entity Approving  
CE Program**

None specified.

**Medicaid Policy and  
Reimbursement**

The Medicaid state plan covers personal care and advanced personal care services.

## Montana

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**Licensure Term** Assisted Living Facilities

**Opening Statement** Montana's assisted living regulations can be found on the internet at [www.dphhs.mt.gov](http://www.dphhs.mt.gov) and were updated in May 2004.

**Definition** An assisted living facility is a congregate, residential setting that provides or coordinates personal care; 24-hour supervision and assistance, both scheduled and unscheduled; and activities and health-related services. Assisted living facilities are licensed as Category A, with optional Category B and/or Category C level of care endorsements.

**Disclosure Items** A written resident agreement must be entered into between facilities and each resident and must include specified information. For disclosure items required of Category C endorsed facilities, see the Alzheimer's Unit Requirements section below.

**Facility Scope of Care** An assisted living facility must, at a minimum, provide or make provisions for:

- (1) Personal services, such as laundry, housekeeping, food service, and local transportation;
- (2) Assistance with activities of daily living (ADLs), as specified in the facility admission agreement and that do not require the use of a licensed health care professional or a licensed practical nurse;
- (3) Recreational activities;
- (4) Assistance with self-medication;
- (5) 24-hour on-site supervision by staff; and
- (6) Assistance in arranging health-related services, such as medical appointments and appointments related to hearing aids, glasses, or dentures.

An assisted living facility may provide, make provisions for, or allow a resident to obtain third-party provider services for:

- (1) Administration of medications consistent with applicable laws and regulations; and
- (2) Skilled nursing care or other skilled services related to temporary, short-term acute illnesses, which may not exceed 30 consecutive days for one episode or more than a total of 120 days in one year.

A Category B endorsed facility may provide skilled nursing care or other skilled services to five or fewer residents consistent with move-in and move-out criteria specified in law.

A Category C endorsed facility provides care to meet the needs of individuals with severe cognitive impairment that renders them incapable of expressing needs or making basic care decisions.

### **Third Party Scope of Care**

Third-party providers are permitted to provide skilled nursing care in all assisted living facilities.

### **Move-In/Move-Out Requirements**

An individual is permitted to move into and remain in a Category A facility when:

- (1) The resident does not require physical or chemical restraint or confinement in locked quarters;
- (2) The individual does not have a stage III or stage IV pressure ulcer;
- (3) The individual does not have a gastrostomy or jejunostomy tube;
- (4) The individual does not require skilled nursing care or other skilled services on a continued basis except for the administration of medications;
- (5) The individual is not a danger to self or others; and
- (6) The individual is able to accomplish ADLs with supervision and assistance. The individual may not be consistently and totally dependent in four or more ADLs as a result of a cognitive or physical impairment nor may the individual have severe cognitive impairment that prevents expression of needs or the ability to make basic care decisions.

An individual may move into and remain in a Category B endorsed facility when:

- (1) The individual requires skilled nursing care or other services for more than 30 days for an incident and for more than 120 days a year, that may be provided or arranged for by the facility or the resident, as provided for in the facility agreement;
- (2) The individual is consistently and totally dependent in more than four ADLs;
- (3) The individual does not require physical or chemical restraint or confinement in locked quarters;
- (4) The individual is not a danger to self or others;
- (5) The individual has a practitioner's written order for moving in and written orders for care; and
- (6) The individual has a signed health care assessment that is renewed quarterly by a licensed health care professional who has visited the facility.

An individual may move into and remain in a Category C endorsed facility when:

- (1) The individual has a severe cognitive impairment that renders the individual incapable of expressing needs or of



- making basic care decisions;
- (2) The resident may be at risk for leaving the facility without regard for personal safety;
- (3) Except for the possibility of leaving the facility without regard for personal safety, the resident is not a danger to self or others; and
- (4) The resident does not require physical or chemical restraint or confinement in locked quarters.

**Resident Assessment**

A resident assessment is required prior to the move-in date to develop a resident service plan. The service plan will be reviewed and updated within the first 60 days of living in the facility to ensure the resident's needs are being addressed.

**Medication Management**

All residents in a Category A facility must self-administer their medication. Those residents in Category B endorsed facilities who are capable of and who wish to self-administer medications shall be encouraged to do so. Any direct care staff member who is capable of reading medication labels may provide necessary assistance to a resident in taking their medication. In Category B & C endorsed facilities, medications must be administered by a licensed health care professional or by an individual delegated the task under the Montana Nurse Practice Act. Medication management through third party services is allowed in all facility categories.

**Physical Plant Requirements**

Private resident units must be a minimum of 100 square feet and shared units must provide a minimum of 80 square feet per resident.

**Residents Allowed Per Room**

A maximum of four residents is allowed per resident unit in existing facilities and no more than two residents in new construction.

**Bathroom Requirements**

There must be:

- (1) At least one toilet for every four residents;
- (2) One bathing facility for every 12 residents; and
- (3) A toilet and sink in each toilet room. In addition, each resident must have access to a toilet room without entering another resident's room or the kitchen, dining, or living areas. All bathroom doors must open outward or be pocket doors to prevent entrapment.

**Life Safety**

Montana has adopted National Fire Protection Association standards. In 2005, Montana passed a statewide Clean Air Act prohibiting smoking in all public facilities. Smoking is permitted in designated areas only, with requirements to provide protection for employees who are nonsmokers. Facilities with 16 or more residents and all Category B and C endorsed facilities are required to have automatic fire sprinklers. Category A facilities with 1-15 residents are not required to have automatic fire sprinklers. All assisted living facilities must have smoke detectors in all resident rooms, bedroom hallways, living rooms,

dining rooms, and other open common spaces or as required by the fire authority.

### **Alzheimer's Unit Requirements**

A Category C endorsed facility for severely cognitively impaired residents requires additional administrator and staff training and specialized accommodations. Each facility providing Category C services must make available, in writing, to the prospective resident's guardian or family member, the following:

- (1) The overall philosophy and mission of the facility regarding meeting the needs of residents with severe cognitive impairment and the form of care or treatment;
- (2) The process and criteria for move-in, transfer, and discharge;
- (3) The process used for resident assessment;
- (4) The process used to establish and implement a health care plan, including how the health care plan will be updated in response to changes in the resident's condition;
- (5) Staff training and continuing education practices;
- (6) The physical environment and design features appropriate to support the functioning of cognitively impaired residents;
- (7) The frequency and type of resident activities;
- (8) The level of involvement expected of families and the availability of support programs; and
- (9) Any additional costs of care or fees.

### **Staff Training for Alzheimer's Care**

Direct care staff must comply with training requirements for Category A & B endorsement and must receive additional documented training in:

- (1) The facility or unit's philosophy and approaches to providing care and supervision for persons with severe cognitive impairment;
- (2) The skills necessary to care for, intervene, and direct residents who are unable to perform ADLs;
- (3) Techniques for minimizing challenging behavior, including wandering, hallucinations, illusions and delusions, and impairment of senses;
- (4) Therapeutic programming to support the highest possible level of resident function including: large motor activity; small motor activity; appropriate level cognitive tasks; and social/emotional stimulation;
- (5) Promoting residents' dignity, independence, individuality, privacy, and choice;
- (6) Identifying and alleviating safety risks to residents;
- (7) Identifying common side effects of and untoward reactions to medications; and
- (8) Techniques for dealing with bowel and bladder aberrant behaviors.

### **Staffing Requirements**

An administrator must be employed by the facility and at least one staff member must be present on a 24-hour basis. Adequate staff must be present to meet the needs of the residents, respond in emergency situations, and provide all related services. A Category B endorsed facility must employ or contract with a

registered nurse to provide or supervise nursing services. Staff in Category C endorsed facilities must be dressed and awake during the night to meet resident needs.

**Administrator  
Education/Training**

An administrator must hold a current Montana nursing home administrator license or have proof of holding a current and valid nursing home administrator license from another state, or have successfully completed all of the self-study modules of "The Management Library for Administrators and Executive Directors," a component of the assisted living training system published by the Assisted Living University (ALU), or be enrolled in the self-study course, referenced above, with an anticipated successful completion within six months.

The administrator of a Category B endorsed facility must have successfully completed all of the self-study modules of "The Management Library for Administrators and Executive Directors," or must hold a current Montana nursing home administrator license or have proof of holding a current and valid nursing home administrator license from another state, and must have one or more years experience working in the field of geriatrics or caring for individuals with disabilities in a licensed facility.

The administrator of a Category C endorsed facility must have three or more years experience working in the field of geriatrics or caring for residents with disabilities in a licensed facility; or a documented combination of education and training that is equivalent as determined by the department (described above) and must hold a current Montana nursing home administrator license or have proof of holding a current and valid nursing home administrator license from another state, or have successfully completed all of the self-study modules of "The Management Library for Administrators and Executive Directors."

**Staff Education/Training**

All staff must receive orientation and training relevant to the individual's responsibilities and covering specific topics. Additionally, direct care staff must be trained to perform the services established in each resident service plan. Direct care staff must be trained in the use of the abdominal thrust maneuver and basic first aid. If the facility offers CPR, at least one person per shift must be certified in CPR. Additional training is required for Category B and C staff.

**Continuing Education  
(CE) Requirements**

Administrators must complete at least 16 hours of continuing education per year. For administrators of Category C endorsed facilities, at least eight of the hours must pertain to caring for

people with severe cognitive impairment.

**Entity Approving  
CE Program**

None specified.

**Medicaid Policy and  
Reimbursement**

A Medicaid home and community-based services waiver covers services in assisted living facilities. There are a limited number of home and community-based services slots.

## Nebraska

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<b>Licensure Term</b>	Assisted-Living Facilities
<b>Opening Statement</b>	Revisions to the regulations were most recently implemented April 3, 2007.
<b>Definition</b>	Assisted-Living Facilities provide shelter, food, and care for remuneration for a period of more than 24 consecutive hours to four or more persons who require or request such services due to age, illness, or physical disability.
<b>Disclosure Items</b>	None specified.
<b>Facility Scope of Care</b>	The facility may provide: (1) Activities of daily living (ADLs) (i.e., transfer, ambulation, exercise, toileting, eating, self-administration of medication, and similar activities); (2) Health maintenance activities (i.e., non-complex nursing interventions that can safely be performed according to exact directions, that do not require alteration of the standard procedure, and for which the results and resident responses are predictable); (3) Personal care (i.e., bathing, hair care, nail care, shaving, dressing, oral care, and similar activities); (4) Transportation; (5) Laundry; (6) Housekeeping; (7) Financial assistance/management; (8) Behavioral management; (9) Case management; (10) Shopping; (11) Beauty/barber services; and (12) Spiritual services.
<b>Third Party Scope of Care</b>	If residents assume responsibility, they may arrange for care through a licensed home health or hospice agency or appropriate private duty personnel.
<b>Move-In/Move-Out Requirements</b>	Residents requiring complex nursing interventions or whose conditions are not stable or predictable will not be admitted, re-admitted, or retained by the facility unless the resident has sufficient mental ability to understand the situation; assumes responsibility for arranging for care from a third party; or has

care needs that do not compromise the facility operations, or create a danger to others in the facility. The facility is required to provide a 30-day advance written notice except in situations where the transfer or discharge is necessary to protect the health and safety of the resident, other residents, or staff.

### **Resident Assessment**

There is no required resident assessment form. However, the Assisted-Living Facility must evaluate each resident and must have a written service agreement negotiated with the resident and authorized representative, if applicable, to determine the services to be provided to meet the needs identified in the evaluation. The agreement must contain the services to be provided by the facility and other sources; how often, when, and by whom the services are provided; rights and responsibilities of the facility and of the resident; cost of services and terms of payment; and terms and conditions of continued residency. The resident service agreement must be reviewed and updated as the resident's needs change.

### **Medication Management**

When a facility is responsible for the administration or provision of medications, it must be accomplished by the following methods: 1) self-administration of medications by the resident, with or without supervision, when assessment determines the resident is capable of doing so; 2) by licensed health care professionals for whom medication administration is included in the scope of practice and in accordance with prevailing professional standards; or 3) by persons other than a licensed health care professional if the medication aides who provide medications are trained, have demonstrated minimum competency standards, and are appropriately directed and monitored.

As of January 1, 2005, every person seeking admission to an Assisted-Living Facility must, upon admission and annually thereafter, provide the facility with a list of drugs, devices, biologicals, and supplements being taken or used by the person, including dosage, instructions for use, and reported use.

The Assisted-Living Facility must provide for a registered nurse (RN) to review medication administration policies and procedures and document that review at least annually. An RN also is required to provide or oversee the training of medication aides.

### **Physical Plant Requirements**

Assisted-Living Facilities must be designed, constructed, and maintained in a manner that is safe, clean, and functional for the type of care and treatment to be provided. The physical plant standards include support services, care and treatment areas, construction standards, and building systems. In existing facilities, private resident units must be a minimum of 80 square feet and double-occupancy units must provide a minimum of 60

square feet per resident. In new facilities, private resident units must be a minimum of 100 square feet and double-occupancy units must be a minimum of 160 square feet.

**Residents Allowed Per Room**

An Assisted-Living Facility must provide resident bedrooms that allow for sleeping, afford privacy, provide access to furniture and belongings, and accommodate the care and treatment provided to the resident. With few exceptions, resident bedrooms must be a single room located within an apartment, dwelling, or dormitory-like structure. In existing facilities, a maximum of four residents is allowed per resident unit. In new facilities, a maximum of two residents is allowed per resident unit.

**Bathroom Requirements**

Assisted-Living Facilities must provide a bathing room consisting of a tub and/or shower adjacent to each bedroom or provide a central bathing room. Tubs and showers regardless of location must be equipped with hand grips or other assistive devices as needed or desired by the bathing resident. In existing facilities, at least one bathing facility must be provided for every 16 residents. In new facilities, one bathing facility must be provided for every eight residents. The facility must provide toilet rooms with handwashing sinks for resident use. Facilities must have a toilet and sink adjoining each bedroom or shared toilet rooms. In existing facilities, one toilet fixture per six licensed beds is required; in new facilities, one toilet fixture per four licensed beds is required; and in new construction, one toilet room adjoining each resident's bedroom is required.

**Life Safety**

All facilities must comply with applicable Nebraska state fire codes and standards to provide a safe environment. Life safety codes for Assisted-Living Facilities are based on National Fire Protection Association standards. Facilities are classified as either Residential Board and Care Occupancy or Limited Care Facility (Health Care Occupancy). Based on the evacuation capability of the residents, the Nebraska State Fire Marshal inspects and determines applicable requirements for fire drills, fire alarm systems, fire sprinkler systems, etc.

**Alzheimer's Unit Requirements**

Facilities serving special populations (i.e., persons with Alzheimer's Disease, dementia, or related disorders) must provide care and services in accordance with the resident service agreement and the stated mission and philosophy of the facility; inform the resident or legal representative in writing of the facility's criteria for admission, discharge, transfer, resident conduct, and responsibilities; maintain a sufficient number of direct care staff with the required training and skills necessary to meet the resident's requirements; and provide a physical environment that conforms to and accommodates the special needs.

**Staff Training for Alzheimer's Care**

The administrator and direct care staff must be trained in the facility or unit's philosophy and approaches to providing care and supervision for persons with Alzheimer's disease; the Alzheimer's

disease process; and the skills necessary to care for and intervene and direct residents who are unable to perform ADLs, personal care, or health maintenance, and who may exemplify behavior problems or wandering tendencies.

**Staffing Requirements**

The facility must have an administrator who is responsible for the overall operation of the facility. The administrator is responsible for overall planning, organizing, and directing the day-to-day operation of the facility. The administrator must report all matters related to the maintenance, operation, and management of the facility and be directly responsible to the licensee of the facility. The administrator is responsible for maintaining staff with appropriate training and skills and sufficient in number to meet resident needs as defined in the resident service agreements. The facility must provide for a RN to review medication administration policies and procedures and to provide or oversee training of medication aides at the facility.

**Administrator Education/Training**

Administrators must be 21 years of age or older. Administrators employed for the first time after January 1, 2005, must have completed initial, department-approved training that is at least 30 hours and includes six specific topic areas. Hospital or current licensed nursing home administrators are exempt from this training requirement.

**Staff Education/Training**

Direct-care staff must complete an initial orientation and ongoing training. A RN must provide or oversee specific areas of medication aide training.

**Continuing Education (CE) Requirements**

All staff must complete at least 12 hours of continuing education per year on topics appropriate to the employee's job duties, including meeting the physical and mental special care needs of residents in the facility. A facility administrator must complete 12 hours of ongoing training annually in areas related to care of residents and facility management. Ongoing training does not apply to administrators who are hospital or current licensed nursing home administrators.

**Entity Approving CE Program**

None specified.

**Medicaid Policy and Reimbursement**

State supplemental payments may be available for Assisted-Living Facilities for persons eligible for assistance to the aged, blind, and disabled/Medicaid program. Additional services and/or payment may be available for persons who qualify for Medicaid and who meet the criteria under the state's aged and disabled home and community-based waiver.



## Nevada

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<b>Licensure Term</b>	Residential Facilities for Groups
<b>Opening Statement</b>	New amendments to the regulations were implemented in January 2006. The amendments require facilities to receive a letter grade -- A, B, C, or D -- based on the total of severity and scope scores for deficiency citations. The amendments also changed some of the medication management training requirements.
<b>Definition</b>	A residential facility for groups furnishes food, shelter, assistance, and limited supervision to an aged, infirm, mentally retarded, or disabled person on a 24-hour basis. The term includes an assisted living facility.
<b>Disclosure Items</b>	Upon request, the following information must be made available in writing: (1) The basic rate for the services provided by the facility; (2) The schedule for payment; (3) The services included in the basic rate; (4) The charges for optional services that are not included in the basic rate; and (5) The residential facility's policy on refunds of amounts paid but not used.
<b>Facility Scope of Care</b>	Facilities must provide residents with assistance with activities of daily living (ADLs) and protective supervision as needed. Facilities must also provide nutritious meals and snacks, laundry and housekeeping, and meet the needs of the residents. Facilities must provide 24-hour supervision.
<b>Third Party Scope of Care</b>	Home health and hospice agencies may provide services under contract with residents and medical treatment must be provided by medical professionals who are trained to provide that service.
<b>Move-In/Move-Out Requirements</b>	A resident must be at least 18 years of age. Facilities may not admit or retain persons who: (1) Are bedfast; (2) Require chemical or physical restraints; (3) Require confinement in locked quarters; (4) Require skilled nursing or other medical supervision on a 24-hour basis; (5) Require gastrostomy care; (6) Suffer from a staphylococcus infection or other serious

infection; or

(7) Suffer from any other serious medical condition.

There are other medical conditions that are specified in the regulations that, unless a resident is able to self-manage the condition, require the resident move out of the facility.

A resident may be discharged without his/her approval if:

(1) He/she fails to pay his bill within five days after it is due;

(2) He/she fails to comply with the rules or policies of the facility;

or

(3) The administrator of the facility or the Bureau determines that the facility is unable to provide the necessary care for the resident.

<b>Resident Assessment</b>	An assessment of tuberculosis signs and symptoms and need for assistance with ADLs must be completed upon admission.
<b>Medication Management</b>	If a caregiver assists in the administration of medication, the caregiver must complete an initial medication course from an approved medication training provider. The caregiver also must complete three hours of additional training every three years and pass an approved examination.
<b>Physical Plant Requirements</b>	Private resident units must be a minimum of 80 square feet and shared resident units must provide a minimum of 60 square feet of floor space per resident.
<b>Residents Allowed Per Room</b>	A maximum of three residents is allowed per resident unit.
<b>Bathroom Requirements</b>	A toilet and lavatory must be provided for every four residents and a tub or shower must be provided for every six residents.
<b>Life Safety</b>	<p>Under Nevada law, the state fire marshal, on behalf of the Health Division, is responsible for approval and inspection of assisted living facilities with regard to fire safety standards. The state fire marshal uses Uniform Fire Codes.</p> <p>Fire safety requirements include an evacuation plan, fire drills, portable fire extinguishers, smoke detectors, and maintenance of proper exits. All new facilities must be equipped with an automatic sprinkler system. Some older facilities may not be equipped with a sprinkler system because sprinkler systems were not required when they were originally licensed. If anyone purchases one of these older facilities, they must install an automatic sprinkler system.</p>
<b>Alzheimer's Unit Requirements</b>	Eight hours of training is required for staff supervising residents with Alzheimer's disease. Locked quarters are allowed in Alzheimer's units. In addition, alarms, buzzers, horns, or other audible devices activated when a door is opened are to be installed on all exit doors. There will be not more than six

residents for each caregiver during those hours when the residents are awake. At least one member of the staff must be awake and on duty at all times.

**Staff Training for Alzheimer's Care**

Each employee of the facility that provides care to individuals with any form of dementia must successfully complete, within the first 40 hours of beginning employment, at least two hours of training in providing care, including emergency care, to a resident with any form of dementia. In addition, within three months of initial employment, he/she must receive at least eight hours of training in providing care to a resident with any form of dementia. If an employee is licensed or certified by an occupational licensing board, at least three hours of required continuing education must be in providing care to a resident with dementia and must be completed on or before the first anniversary of employment. If an employee is a direct caregiver, the individual must complete at least three hours of training in providing care to a resident with dementia on or before the first anniversary of employment.

**Staffing Requirements**

An administrator and a sufficient number of caregivers must be employed by the facility. Facilities with more than 20 residents shall ensure that at least one employee is awake and on duty at all times. For Alzheimer's units, one caregiver must be present for every six residents during awake hours and one caregiver must be awake at all times.

**Administrator Education/Training**

Administrators must be licensed by the Nevada State Board of Examiners for Administrators of Facilities for Long Term Care. Within 30 days of beginning employment, an administrator must be trained in first aid and CPR. An administrator for an Alzheimer's facility must have three years experience in caring for residents with Alzheimer's disease or related dementias.

**Staff Education/Training**

Caregivers must be at least 18 years of age; have personal qualities enabling them to understand the problems of the aged and disabled; be able to read, write, speak, and understand English; and possess knowledge, skills, and abilities to meet residents' needs. Within 30 days of beginning employment, a caregiver must be trained in first aid and CPR. Within 60 days of beginning employment, a caregiver must receive no less than four hours of training related to the care of residents.

**Continuing Education (CE) Requirements**

All staff must complete eight hours of continuing education per year. Training must be related to the care of the elderly and, depending upon the facility's population, related to specific populations (e.g., dementia-related training for those who supervise persons with Alzheimer's disease).

**Entity Approving  
CE Program**

The Bureau of Health Care Quality and Compliance approves medication management courses.

**Medicaid Policy and  
Reimbursement**

A Medicaid home and community-based services waiver covers personal care services in group residential settings.

## New Hampshire

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<b>Licensure Term</b>	Assisted Living Residence – Supported Residential Health Care and Assisted Living Residence – Residential Care
<b>Opening Statement</b>	<p>New Hampshire has two levels of licensure. New Assisted Living Residence – Supported Residential Health Care regulations were adopted in October 2006. These regulations allow nursing home-eligible residents to remain in assisted living residences if appropriate care and services are provided. Regulations for a lower level of care, Assisted Living Residence – Residential Care, were adopted in April 2008. This level is more of a social model where medical or nursing care can be provided up to a maximum of 21 visits per incident that requires medical, nursing, or rehabilitative care or services unless the Department authorizes additional visits.</p>
<b>Definition</b>	<p>Assisted Living Residence – Supported Residential Health Care (ALR-SRHC) is a community-based long term care residence providing personal assistance. These homes are non-medical and non-institutional and may be publicly or privately owned and operated. They provide shelter, food, and protective oversight to a population of adult, elderly, disabled, special needs, and/or special care residents. ALR-SRHC is designed for adults who may or may not qualify for nursing home care and can no longer manage independent living in their own homes. These residences provide a wide variety of support services based on the specific needs of the residents. Services may include nursing care, personal care, nutrition, homemaker services, and medication management.</p> <p>Assisted Living Residence – Residential Care (ALR-RC) is a non-medical and non-institutional, publicly or privately owned and operated community-based living arrangement providing shelter, food, and protective oversight to a population of adult, elderly, or disabled individuals residents. ALR-RC facilities are designed for adults who usually do not qualify for nursing home care but either can no longer manage independent living in their own homes or do not want to live alone. These residences provide a wide variety of support services based on the specific needs of residents. Services may include personal care, nutrition, homemaker services, and medication oversight.</p>

**Disclosure Items**

For ALR-SRHC and ALR-RC, there is a required disclosure summary form that must be made available to residents prior to admission. The information provided includes the base rate charged by the facility and the services provided in that rate; staff coverage; transportation; and other services offered. In addition, at the time of admission the licensee must provide the resident a copy of the resident service agreement. This agreement spells out in great depth the services to be provided, cost, and relevant policies and procedures.

The new regulations will require an admissions agreement similar in content for ALR-RC. The disclosure requirements are found in law and already affect both categories.

**Facility Scope of Care**

ALR-SRHC facilities may provide protective services, including supervision of activities of daily living (ADLs), nutrition, medication administration, nursing care, and short-term rehabilitation services.

ALR-RC facilities may provide protective services, including supervision of ADLs, nutrition, and medication oversight. Medical and/or nursing or rehabilitative care can be provided in an ALR-RC facility up to 21 visits per incident that requires medical, nursing, or rehabilitative care or services unless the Department authorizes additional visits.

**Third Party Scope of Care**

In an ALR-SRHC facility, if residents require ongoing medical or nursing care, they may remain, provided their needs are met by facility staff or a licensed home health care agency and the residence meets the health care chapter of the state fire code.

In an ALR-RC facility, if a resident's health status changes so that the resident requires ongoing medical or nursing care, or the resident can no longer self-evacuate on his/her own, the resident must be transferred to a facility that is licensed to provide these services.

**Move-In/Move-Out Requirements**

ALR-SRHC facilities may only admit persons whose needs can be met by the facility and who can evacuate in accordance with the state fire code.

ALR-RC facilities may only admit persons whose needs can be met by the facility. Residents must be capable of self-evacuation without assistance and only require assistance with personal care (as defined by National Fire Protection Association (NFPA) 101 – 2003 edition).

**Resident Assessment**

There is a standard resident assessment tool that can be obtained by calling (603) 271-3021 or going to the state of New Hampshire web site.

**Medication Management** In ALR-SRHC facilities, residents may self-administer medications with or without staff supervision or self-direct medication administration, or licensed staff may administer medication. Nurse delegation of medications is also allowed.

In ALR-RC facilities, residents may self-administer medications with or without staff supervision or self-direct medication administration. Licensed staff may administer medications. Nurse delegation is allowed.

**Physical Plant Requirements**

In an ALR-SRHC licensed for 16 or fewer residents, there shall be at least 80 square feet per room with a single bed and 160 square feet per room with two beds, exclusive of space required for closets, wardrobe, and toilet facilities. In an ALR-SRHC licensed for 17 or more residents, there shall be at least 100 square feet for each resident in each private-bedroom and at least 80 square feet for each resident in a semi-private bedroom, exclusive of space required for closets, wardrobes, and toilet facilities. Bedrooms in an ALR-SRHC licensed prior to the effective date of the applicable rule (October 25, 2006) must provide at least 80 square feet per resident in a private room and at least 70 square feet per resident in a semi-private room. The space requirements are exclusive of space required for closets, wardrobes, and bathroom.

In an ALR-RC, bedrooms shall have at least 100 square feet for each resident in each private bedroom and at least 80 square feet of space in each semi-private room. ALR-RC facilities licensed prior to April 2008 shall provide at least 80 square feet per resident in a private room and at least 70 square feet in each semi-private room. The space requirements are exclusive of space required for closets, wardrobes, and bathroom.

**Residents Allowed Per Room** A maximum of two residents is allowed per resident unit.

**Bathroom Requirements** The number of sinks, toilets, and tubs/showers are in a ratio of one to every six residents.

**Life Safety** All new ALR-SRHC facilities must meet the health care chapter of NFPA 101 (2003 edition). Licensed homes doing additions or renovations must construct in compliance with the health care chapter. All other homes will be required to achieve equivalency with the state fire code. Smoke detectors that are hardwired and interconnected are required in every bedroom and on every level. A carbon monoxide monitor and ABC-type fire extinguisher are required on every floor.

In ALR-RC facilities, all residents must be able to self-evacuate as defined by NFPA 101 (2003 edition). Homes at this level must comply with the NFPA residential board and care chapter. This includes sprinkler systems for all homes of nine or more residents and smoke detectors that are hardwired and

interconnected in every bedroom and on every level. It is anticipated that carbon monoxide monitors will also be required on every level in the new regulations.

The state of New Hampshire follows the NFPA codes (2003 edition) and the International Building Code (2000 edition).

**Alzheimer's Unit Requirements**

For both levels of licensure, facilities must meet the needs of residents. Locked or secure buildings are prohibited for ALR-RC facilities.

**Staff Training for Alzheimer's Care**

Licensees must provide staff with training that meets the needs of residents.

**Staffing Requirements**

Facilities must employ a full-time administrator who is responsible for day-to-day operations. Personnel levels are determined by the administrator and based on the services required by residents and the size of the facility (e.g., at least one staff member must be on duty at all times when there are more than four residents in the facility). For an ALR-RC facility, full time means at least 35 hours per week, which can include evening and weekend hours.

**Administrator Education/Training**

Each ALR-SRHC shall have a full-time administrator designated in writing by the licensee to be responsible for the day-to-day operation of the facility. For all ALR-SRHC facilities, the administrator shall (1) be at least 21 years of age; (2) not have been convicted of a misdemeanor or felony; and (3) have three letters of reference from persons who can attest to his/her knowledge, skills, and ability to run a supported residential care facility.

In addition, administrators of ALR-SRHC facilities licensed for four to 16 residents, shall have:

- (1) A high school diploma or equivalency certificate plus three years of work experience in a health or human services field; or
- (2) An associate's degree or higher from an accredited college or university in a health or business field and one year of work experience in a health or human services field.

Administrators of ALR-SRHC facilities licensed for 17 or more residents, shall have:

- (1) A high school diploma plus five years of direct care experience; or
- (2) An associate's degree or higher from an accredited college or university plus three years experience in a health or human services field; or
- (3) A bachelor's degree or higher in a health, business, or related field.

Each ALR-RC shall have a full-time administrator designated in writing by the licensee to be responsible for the day-to-day



operation of the facility. For all ALR-RC facilities, the administrator shall: (1) be at least 21 years of age; (2) not have been convicted of a misdemeanor or felony; and (3) have three letters of reference from persons who can attest to his/her knowledge, skills, and ability to run a supported residential care facility.

In addition, administrators of ALR-RC facilities licensed for four to 16 residents, shall have:

- (1) A high school diploma or equivalency certificate plus one year of work experience in a health or human services field; or
- (2) An associate's degree or higher from an accredited college or university in a health or business field.

Administrators of ALR-RC facilities licensed for 17 or more residents, shall have:

- (1) A high school diploma plus five years of direct care experience; or
- (2) An associate's degree or higher from an accredited college or university plus three years experience in a health or human services field; or
- (3) A bachelor's degree or higher in a health, business, or related field.

For an ALR-SRHC licensed for 17 or more beds, all administrators appointed after the effective date of the applicable rule (October 25, 2006) shall be at least 21 years of age and have one of the following combinations of education and experience:

- (1) A bachelor's degree from an accredited institution and two years of experience working in a health-related field;
- (2) A New Hampshire license as a registered nurse (RN), with at least 2 years experience working in a health-related field;
- (3) An associate's degree from an accredited institution plus four years experience in a health related-field; or
- (4) A New Hampshire license as an licensed practical nurse (LPN), with at least four years experience working in a health-related field;

For an ALR-SRHC licensed for 16 or fewer beds, all administrators appointed after the effective date of these rules shall be at least 21 years of age and have one of the following combinations of education and experience:

- (1) A bachelor's degree from an accredited institution and one year of experience working in a health-related field;
- (2) A New Hampshire license as an RN, with at least one year of experience working in a health-related field;
- (3) An associate's degree from an accredited institution plus two years experience in a health-related field;
- (4) New Hampshire license as an LPN, with at least two years

experience working in a health-related field; or  
(5) Be a high school graduate or have a GED with six years experience in a health-related field with at least two of those years as direct care personnel in a long-term care setting within the last five years.

For an ALR-RC licensed for 17 or more beds, all administrators appointed after the effective date of these rules (likely February 2008) shall be at least 21 years of age and have one of the following combinations of education and experience:

- (1) A bachelor's degree from an accredited institution and one year of experience working in a health-related field;
- (2) A New Hampshire license as an RN, with at least six months experience working in a health-related field;
- (3) An associate's degree from an accredited institution plus two years experience in a health-related field; or
- (4) A New Hampshire license as an LPN, with at least one year of experience working in a health-related field.

For an ALR-RC licensed for 16 or fewer beds, all administrators appointed after the effective date of these rules shall be at least 21 years of age and have one of the following combinations of education and experience:

- (1) A bachelor's degree from an accredited institution and six months of experience working in a health-related field;
- (2) A New Hampshire license as an RN;
- (3) An associate's degree from an accredited institution plus one year of experience in a health-related field;
- (4) A New Hampshire license as an LPN, with at least one year of experience working in a health-related field; or
- (5) Be a high school graduate or have a GED with two years experience in a health-related field with at least one year as direct care personnel in a long-term care setting within the last five years.

**Staff Education/Training** Direct-care staff must be at least 18 years of age. All personnel must have orientation and training in the performance of their duties and responsibilities.

**Continuing Education (CE) Requirements** Administrators must complete a minimum of 12 hours of continuing education per year relating to resident plan of care; characteristics of client disabilities; nutrition, basic hygiene, and dental care; first aid; medication management; dementia; resident assessment; aging; and resident rights. Staff in ALR-SRHC facilities must also complete annual in-service education.

**Entity Approving  
CE Program**

None specified.

**Medicaid Policy and  
Reimbursement**

A Medicaid home and community-based services waiver covers services in assisted living.

## New Jersey

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<b>Licensure Term</b>	Assisted Living Residences/Comprehensive Personal Care Homes and Assisted Living Programs
<b>Opening Statement</b>	New regulations were adopted February 5, 2007.
<b>Definition</b>	An assisted living residence provides apartment-style housing and congregate dining and assures that assisted living services are available when needed for four or more adult persons. There are three categories of assisted living: assisted living residences (new construction), comprehensive personal care homes (converted/residential boarding home that may not meet all building code requirements) and assisted living programs (services provided).
<b>Disclosure Items</b>	Facilities must disclose their policies concerning Medicaid admissions to prospective and current residents and address specified topics.
<b>Facility Scope of Care</b>	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.
<b>Third Party Scope of Care</b>	Facilities may contract with licensed home health agencies.
<b>Move-In/Move-Out Requirements</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; or is a danger to self or others.
<b>Resident Assessment</b>	While an assessment form is not specified, areas in which the resident must be evaluated are mandated by the rules.
<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 Senior Services 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 pre-drawn insulin injections as well as disposable insulin delivering mechanical devices commonly know as "pens."

**Physical Plant Requirements**

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.

**Residents Allowed Per Room**

A maximum of two residents is allowed per resident unit.

**Bathroom Requirements**

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.

**Alzheimer's Unit Requirements**

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.

**Staff Training for Alzheimer's Care**

Staff are required to have attended a mandatory training program.

**Staffing Requirements**

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.

**Staff Education/Training**

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. In addition, staff must be

trained in 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.

**Continuing Education  
(CE) Requirements**

Administrators must complete a minimum of 30 hours of continuing education every three years relating to assisted living concepts and related topics. Personal care assistants 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 approves courses.

**Medicaid Policy and  
Reimbursement**

New Jersey consolidated its home and community-based waiver programs into one waiver: Global Options for Long Term Care (GO). Assisted living is a covered service under GO.

## New Mexico

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<b>Licensure Term</b>	Adult Residential Care Facilities
<b>Opening Statement</b>	Four years ago, a work group recommended changes to the regulations to the Department of Health. The Licensing and Certification Bureau has created draft assisted living regulations including specific chapters for hospice and Alzheimer's care (Memory Care) and plans to put them out for public comment in 2009. The bureau also has decided to write a separate set of regulations for Adult Residential Care Facilities that care for the mentally ill. A task force was being organized to begin these revised regulations in early 2009.
<b>Definition</b>	An adult residential care facility 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>	None specified.
<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>	None specified.
<b>Move-In/Move-Out Requirements</b>	Facilities may not retain residents requiring continuous nursing care, which may include, but is not limited to, the following conditions: ventilator dependency; stage III or IV pressure sores; or any condition requiring either chemical or physical restraints. Facilities also may not retain individuals whose physician certifies that placement is no longer appropriate.
<b>Resident Assessment</b>	The state must review the facility's assessment form for sampled residents at time of survey. The form is used to establish a baseline in the resident's functional status. The form must include an assessment of cognitive patterns, communication/hearing patterns, vision patterns, physical functioning and structural problems, continence, psychosocial well-being, mood and behavior patterns, activity pursuit patterns, disease diagnoses, health conditions, oral/nutritional status, oral/dental status, skin conditions, medication use, and special treatment and procedures.
<b>Medication Management</b>	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.
<b>Physical Plant Requirements</b>	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.
<b>Residents Allowed Per Room</b>	A maximum of two residents is allowed per resident unit.
<b>Bathroom Requirements</b>	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.
<b>Life Safety</b>	Although automatic sprinkler systems are not mandated, 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.
<b>Alzheimer's Unit Requirements</b>	None specified. However, in its program description and outline of services, a facility must specify that it provides care that meets the needs of the residents. New regulations will have specific requirements.
<b>Staff Training for Alzheimer's Care</b>	None specified. New regulations will have specific requirements.
<b>Staffing Requirements</b>	The minimum staff-to-resident ratio is one staff person to 15 or fewer awake residents. When residents are sleeping, there must be one direct care worker for 15 or fewer residents; one direct care worker and one staff person for 16 to 60 residents; two direct care workers and one staff person for every 61 to 120 residents; and at least three direct care workers and one staff person for every 120 or more residents. All employees must complete a criminal background check.
<b>Administrator Education/Training</b>	Administrators must be at least 21 years of age, possess management and administrative skills, have a high school diploma or equivalent, and be financially solvent. New regulations will require specific training for new administrators.
<b>Staff Education/Training</b>	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. Staff are required to complete ongoing



training programs relating to 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 needs.

**Continuing Education  
(CE) Requirements**

None specified.

**Entity Approving  
CE Program**

None specified.

**Medicaid Policy and  
Reimbursement**

A Medicaid home and community-based services waiver covers services in assisted living. The waiver payment for assisted living services is a flat rate.

## New York

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**Licensure Term**

Adult Care Facilities/Assisted Living Residences

**Opening Statement**

Currently, adult care facilities (ACFs) are the settings where supervision and personal care are provided to persons with functional and/or cognitive impairments. There are three types of ACFs: Adult Homes, Enriched Housing Programs, and Residences for Adults. In 2004, legislation passed that created a new structure of adult care in New York. The system can be viewed as a continuum within the ACF/assisted living structure, and it is the ACF provider's option to determine the level within the continuum at which they would like to operate. This legislation established assisted living residences as a licensure category. Regulations establishing this level of licensure and further clarifying the new law were promulgated in March 2008. Any facility that meets the definition of assisted living residence must have or obtain an adult home or enriched housing program license.

**Definition**

Adult homes provide long term residential care, room, board, housekeeping, personal care, and supervision to five or more adults. Enriched housing programs provide long term residential care to five or more adults (generally 65 years of age or older) in community-integrated settings resembling independent housing units and must provide or arrange for room, board, housekeeping, personal care, and supervision.

Residences for adults generally serve a younger population than that served by adult homes and enriched housing programs. Services that must be provided by the operator include room, meals, housekeeping, supervision and case management.

Assisted living and an assisted living residence means an entity that provides or arranges for housing, on-site monitoring, and personal care and/or home care services, either directly or indirectly, in a homelike setting for five or more adults unrelated to the assisted living provider. An approved assisted living residence must also provide daily food service, 24-hour on-site monitoring, case management services, and the development of an individualized service plan for each resident. An assisted living operator must provide each resident with considerate and respectful care and promote the resident's dignity, autonomy, independence, and privacy in the least restrictive and most homelike setting consistent with the resident's preferences and

physical and mental status.

Enhanced assisted living is a certification issued by the Department of Health and may be obtained for either a portion of or an entire residence. The certification authorizes an assisted living residence to provide "aging in place" by retaining residents who desire to continue to live in that residence and who:

- (1) Are chronically chairfast and unable to transfer, or chronically require the physical assistance of another person to transfer;
- (2) Chronically require the physical assistance of another person in order to walk;
- (3) Chronically require the physical assistance of another person to climb or descend stairs;
- (4) Are dependent on medical equipment and require more than intermittent or occasional assistance from medical personnel; or
- (5) Have chronic unmanaged urinary or bowel incontinence.

Special needs assisted living is a certification that allows a facility to serve individuals with special needs such as dementia or cognitive impairment. A facility must apply to the Department of Health and submit a special needs plan demonstrating how the special needs of the residents will be safely and appropriately met. The Department of Health is developing standards to ensure adequate staffing and training.

Separate from the assisted living residence (ALR) classification created in 2004 is the assisted living program, which was established in 1991 to serve private pay and Medicaid eligible individuals who are medically eligible for nursing home placement, but who are not in need of the highly structured, medical environment of a nursing facility and whose needs could be met in a less restrictive and lower cost residential setting. Assisted living programs (ALPs) are responsible for providing residents with long term residential care, room, board, housekeeping, personal care, supervision, and providing or arranging for home health services. ALPs are required to hold dual licenses/certification as an adult home or enriched housing program and as a licensed home care services agency (LHCSA), long term home health care program, or certified home health agency (CHHA). If the ALP is licensed as a LHCSA, it must contract with a CHHA for provision of skilled services to ALP residents. ALPs may receive Medicaid reimbursement for the health care services provided, whereas an ALR may not.

## **Disclosure Items**

When any marketing materials or a copy of the residency agreement is distributed, the assisted living operator must provide the following on a separate information sheet:

- (1) The consumer information guide developed by the Commissioner of the Department of Health.
- (2) A statement listing the residence's licensure and if the

residence has an enhanced assisted living and/or special needs enhanced assisted living certificate, and the availability of enhanced and/or special needs beds.

(3) Specific ownership information related to entities that provide care, material, equipment, or other services to the residents.

(4) A statement regarding the ability of residents to receive services from providers with whom the operator does not have an arrangement.

(5) A statement that residents have the right to choose their health care providers.

(6) A statement regarding the availability of public funds for payment for residential, supportive, or home health services, including the availability of Medicare for coverage of home health services.

(7) The toll free number for the Department of Health for complaints regarding home care services and services provided by the assisted living operator.

(8) Information regarding the availability of ombudsman services and the telephone numbers of state and local ombudsmen.

### **Facility Scope of Care**

Adult homes and enriched housing programs can provide supervision, personal care, housekeeping, case management, activities, food service, and assistance with medication.

A certified enhanced assisted living residence may allow residents to age in place when the provider, the resident's physician, and, if necessary, the resident's licensed or certified home care agency agree that the additional needs of the resident can be safely met.

### **Third Party Scope of Care**

Facilities may contract with a home health agency or a long term home health care program.

### **Move-In/Move-Out Requirements**

In adult homes and enriched housing, residents who have stable medical conditions and are capable of self-preservation with assistance may be admitted. Persons may not be admitted who need continuous nursing care; are chronically bedfast or chairfast; or are cognitively, physically, or mentally impaired to the point that the resident's safety or safety of others is compromised.

In certified enhanced assisted living residences, a resident in need of 24-hour skilled nursing care or medical care may continue residency when all of the following conditions are met:

(1) The resident in need of 24-hour skilled care hires appropriate nursing, medical, or hospice staff to meet his or her needs.

(2) The resident's physician and home care services agency determine and document that the resident can be safely cared for in the residence.

(3) The assisted living provider agrees to retain the resident and

coordinate the care for all providers.

(4) The resident is otherwise eligible to reside at the residence.

**Resident Assessment**

Each assisted living resident will have an individualized service plan (ISP) developed when they move into a residence. The ISP is developed jointly by the resident, the resident's representative if applicable, the assisted living operator, a home care agency (as determined by the resident's physician), and in consultation with the resident's physician. The ISP must address the medical, nutritional, rehabilitation, functional, cognitive, and other needs of the resident. The ISP must be reviewed and revised at least every six months or when required by the resident's changing care needs.

**Medication Management**

Assistance with self-administration of medication is permitted in facilities. This includes prompting, identifying the medication for the resident, bringing the medication to the resident, opening containers, positioning the resident, disposing of used supplies, and storing the medication.

**Physical Plant Requirements**

Enriched housing programs must provide single-occupancy units, unless residents want to share. Adult Homes may provide either single- or double-occupancy resident units.

**Residents Allowed Per Room**

A maximum of two residents is allowed per resident unit.

**Bathroom Requirements**

Enriched housing programs must provide one toilet, lavatory, shower, or tub for every three residents. Adult homes must provide at least one toilet and lavatory for every six residents and one tub/shower for every 10 residents.

**Life Safety**

For ACFs:

For Adult Homes and Residences for Adults:

(1) Regulations require an automatic sprinkler system throughout in buildings housing 25 or more residents;

(2) The Building Code of New York State (modeled after the International Building Code) requires an automatic sprinkler system in accordance with the applicable occupancy group designated for the ACF;

(3) Regulations require a supervised smoke detection system installed throughout the building; and

(4) Regulations require all fire protection systems required to be directly connected to the local fire department or to a 24/7-attended central station.

For Enriched Housing Programs, the state building code requires the installation of automatic sprinkler systems, detection systems, and fire alarm and early warning systems in accordance with the applicable occupancy group designated for the ACF.

Proposed regulations for all assisted living residences would require:

- (1) An automatic sprinkler system installed throughout the building with no bed capacity limitations;
- (2) A supervised smoke detection system installed throughout the building; and
- (3) All fire protection systems to be directly connected to the local fire department or to a 24/7-attended central station.

**Alzheimer's Unit Requirements**

Special requirements exist for dementia units.

**Staff Training for Alzheimer's Care**

Any ACF with approved dementia units is required to provide staff training in characteristics and needs of persons with dementia, including behavioral symptoms, and mental and emotional changes. The training should include methods for meeting the residents' needs on an individual basis. Further, in order to obtain approval for a special needs assisted living residence (SNALR), the 2004 statute requires an operator to submit a plan to the Department which must include not only proposed staffing levels, but also staff education, training, work experience, and professional affiliations or special characteristics relevant to the population the SNALR is intending to serve (including Alzheimer's or other dementias).

**Staffing Requirements**

Adult care facilities must have a case manager and staffing sufficient to provide the care needed by residents. The regulations list specific staffing ratios.

**Administrator Education/Training**

Administrators generally must be at least 21 years of age and have varying levels of education and experience based in part on the number of residents in the facility.

**Staff Education/Training**

Enriched housing programs and adult homes must provide an orientation and in-service training in the characteristics and needs of the population served, resident rights, program rules and regulations, duties and responsibilities of all staff, general and specific responsibilities of the individual being trained, and emergency procedures.

**Continuing Education (CE) Requirements**

Administrators not holding a current New York license as a nursing home administrator must complete a minimum of 60 hours of continuing education every two years.

**Entity Approving CE Program**

None specified.

**Medicaid Policy and Reimbursement**

Medicaid reimbursement is available for home care services under the Assisted Living Program with a capacity of 4,200 beds statewide (1,584 additional beds were awarded in 2008). Medicaid reimbursement will not be available for people in assisted living

residences.

## North Carolina

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**Licensure Term** Assisted Living Residences

**Opening Statement** Legislation passed in July 1995 establishing an umbrella term of 'assisted living residences' that includes 'adult care homes' and 'multi-unit assisted housing with services' (MAHS). Adult care homes are licensed and MAHS are registered. Legislation passed in 2007 that bans smoking in licensed assisted living facilities statewide.

**Definition** Assisted living residences provide group housing with at least one meal per day and housekeeping services and provide personal care services directly or through a formal written agreement with a licensed home care or hospice agency. The department may allow nursing service exceptions on a case-by-case basis.

Adult care homes are further categorized as 'family care' (housing two to six residents), and 'adult care homes' (seven or more residents). Effective October 1, 2005, there are two types of adult care homes: adult care homes and adult care homes that serve only elderly persons (55 years or older or any adult who has a primary diagnosis of Alzheimer's Disease or other form of dementia).

A MAHS is a residence in which hands-on personal care services and nursing services are arranged by housing management and provided by a licensed home care or hospice agency, through an individualized written care plan. The housing management has a financial interest or financial affiliation or formal written agreement that makes personal care services accessible and available through at least one licensed home care or hospice agency. The resident may choose any provider for personal care and nursing services.

**Disclosure Items** A MAHS must provide a disclosure statement to prospective residents and the department that includes:

- (1) Charges for services;
- (2) Policies regarding limitations of services;
- (3) Policies regarding limitations of tenancy;
- (4) Information regarding the nature of the relationship between the housing management and each home care or hospice agency with which the housing management has a financial or legal



relationship;

(5) Policies regarding tenant grievances and procedures for review and disposition of resident grievances; and

(6) Specific contact information including licensed home care agencies in the county and various public services.

An adult care home does not have a disclosure requirement but must provide specific information to a resident upon move-in, including such items as a written copy of all house rules and facility policies, a copy of the Declaration of Residents' Rights, and a copy of the home's grievance procedures. Regulations also require specific information to be included in the resident contract.

An adult home with a special care unit for individuals with Alzheimer's disease must disclose the unit's policies and procedures for caring for the residents and the special services that are provided.

### **Facility Scope of Care**

In a MAHS, housing and assistance with coordination of personal and health care services through licensed home care agencies is permitted.

In adult care homes, housing, personal care, and some specified health care services are provided by staff while licensed home care agencies may provide other health care services that unlicensed staff cannot perform. Adult care homes also have a requirement for 24-hour staff monitoring and supervision of residents.

### **Third Party Scope of Care**

Hospice care and home health care may be requested by the resident and provided in all assisted living residences with appropriate physician orders.

In a MAHS, personal care and nursing services are provided through agencies licensed by the Department of Health and Human Services. MAHS management must have an arrangement with at least one licensed agency to meet the scheduled needs of residents and residents may choose the agency.

### **Move-In/Move-Out Requirements**

MAHS providers are not permitted to care for residents who require, on a consistent basis, 24-hour supervision or are not able, through informed consent, to enter into a contract. Except when a physician certifies that appropriate care can be provided on a temporary basis to meet the resident's needs and prevent unnecessary relocation, a MAHS may not care for individuals with any of the following conditions or care needs:

(1) Ventilator dependency;

(2) Dermal ulcers III or IV, except when a physician has determined that stage III ulcers are healing;

- (3) Intravenous therapy or injections directly into the vein, except for intermittent intravenous therapy managed by a home care or hospice agency licensed by the state;
- (4) Airborne infectious disease in a communicable state that requires isolation or requires special precautions by the caretaker to prevent transmission of the disease;
- (5) Psychotropic medications without appropriate diagnosis and treatment plans;
- (6) Nasogastric tubes;
- (7) Gastric tubes except when the individual is capable of independently feeding himself and caring for the tube, or managed by a state licensed home care or hospice agency;
- (8) Individuals who require continuous licensed nursing care;
- (9) Individuals whose physician certifies that placement is no longer appropriate;
- (10) Requires total dependence in four or more activities of daily living as documented on a uniform assessment instrument unless the resident's independent physician determines otherwise;
- (11) Individuals whose health needs cannot be met in the MAHS; and
- (12) Other medical and functional care needs that the Medical Care Commission determines cannot be properly met in a MAHS.

In adult care homes, a more mentally or physically dependent population is housed and 24-hour supervision and assistance with scheduled and unscheduled personal needs is required. An individual with the following conditions or requiring the following may not move into an adult care home:

- (1) Treatment of mental illness or alcohol or drug abuse;
- (2) Maternity care;
- (3) Professional nursing care under continuous medical supervision;
- (4) Lodging, when the personal assistance and supervision offered for the aged and disabled are not needed;
- (5) Posing a direct threat to the health or safety of others;
- (6) Ventilator dependency;
- (7) Individuals whose physician certifies placement as no longer appropriate;
- (8) Individuals whose health needs cannot be met as determined by the residence; or
- (9) Such other medical and functional care needs as the Medical Care Commission determines cannot be properly met in an adult care home.

A 30-day discharge notice by the facility is required in Adult Care Homes except for situations of threat to health and safety of residents.

## **Resident Assessment**

A MAHS provider must screen prospective residents to determine the facility's capacity and legal authority to meet the

needs of the prospective resident and to determine the need for an in-depth assessment by a licensed home care agency.

In an adult care home, an initial assessment is required within 72 hours of moving into the facility, and an assessment of each resident must be completed within 30 days following admission and at least annually thereafter on a form created or approved by the department.

**Medication Management** In a MAHS, assistance with self-administration of medications may be provided by appropriately trained staff when delegated by a licensed nurse according to the home care agency's established plan of care.

Adult care homes require medications to be administered by staff whose competency is validated by a registered nurse and who pass a written exam administered by the state.

**Physical Plant Requirements** In adult care homes, private resident units must be a minimum of 100 square feet and shared resident units must provide a minimum of 80 square feet per resident.

**Residents Allowed Per Room** A bedroom may not be occupied by more than two residents in facilities licensed after July 1, 2004.

**Bathroom Requirements** Shared bathroom and toilet facilities are permitted in adult care homes as long as one toilet and hand lavatory is provided for every five residents and a tub or shower is provided for every 10 residents.

**Life Safety** Smoke detectors must be in all corridors, no more than 60 feet from each other and no more than 30 feet from any end wall. There must be heat or smoke detectors in all storage rooms, kitchens, living rooms, dining rooms, and laundries. All detection systems must be interconnected with the alarm system.

**Alzheimer's Unit Requirements** More detailed rules applying to Alzheimer's units became effective in January 2000 and include requiring additional staffing and staff training in dementia care and disclosure statement of policies and special services. These requirements only apply to advertised special care units.

**Staff Training for Alzheimer's Care** The staff in special care units must have the following training:  
(1) Six hours of orientation within the first week of employment;  
(2) 20 hours of dementia-specific training within six months of employment; and  
(3) 12 hours of continuing education annually.

**Staffing Requirements** Adult care homes have specific staffing requirements and ratios for the type of staff (aide, supervisor, and administrator or administrator in charge), first, second or third shift, and the number of residents.

**Administrator Education/Training** Adult care home administrators must be certified by the state, which requires completion of a 120-hour administrator-in-

training program.

<b>Staff Education/Training</b>	Staff in adult care homes of seven or more beds who perform or directly supervise staff who perform personal care tasks must complete an 80-hour training program within six months of hire. Family care home staff must have at least a 25-hour personal care training program within six months of hire, unless a resident needs a certain health care task listed in rule that requires 80 hours of training.
<b>Continuing Education (CE) Requirements</b>	Administrators of adult care homes of seven or more beds must complete 30 hours of continuing education every two years. Supervisors in charge must complete 12 hours of continuing education per year. Staff who administer medications and their supervisors must complete six hours of continuing education per year.
<b>Entity Approving CE Program</b>	Persons or agencies seeking to be continuing education providers must apply to the Adult Care Licensure Section of the Division of Health Service Regulation for approval.
<b>Medicaid Policy and Reimbursement</b>	A state plan service through Medicaid covers personal care services in adult care homes.

## North Dakota

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<b>Agency</b>	Department of Health, Division of Health Facilities for Basic Care Facilities Department of Human Services for Assisted Living Facilities	<b>Phone</b>	(701) 328-2352 (701) 328-2321
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<b>Licensure Term</b>	Basic Care Facility (regulated by the Department of Health) Assisted Living Facility (regulated by the Department of Human Services and, for sanitation, by the Department of Health)
<b>Opening Statement</b>	North Dakota has licensed basic care facilities and licensed assisted living facilities.
<b>Definition</b>	<p>A basic care facility means a facility licensed by the Department of Health under North Dakota Century Code chapter 23-09.3. The focus of the facility is to provide room and board and health, social, and personal care to assist the residents to attain or maintain their highest level of functioning, consistent with the resident assessment and care plan, for five or more residents not related to the owner or manager by blood or marriage. These services must be provided on a 24-hour basis within the facility, either directly or through contract, and shall include assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs); provision of leisure, recreational, and therapeutic activities; and supervision of nutritional needs and medication administration.</p> <p>A licensed assisted living facility means a building or structure containing a series of at least five living units operated as one entity to provide services for five or more individuals who are not related by blood, marriage, or guardianship to the owner or manager of the entity and which is kept, used, maintained, advertised, or held out to the public as a place that provides or coordinates individualized support services to accommodate the individual's needs and abilities to maintain as much independence as possible. An assisted living facility does not include a facility that is a congregate housing facility, licensed as a basic care facility, or licensed under Chapters 23-16 or 25-16 or Section 50-11-01.4.</p>
<b>Disclosure Items</b>	None specified.
<b>Facility Scope of Care</b>	A basic care facility may provide assistance with ADLs defined as prompting, encouragement, or minimal hands-on assistance.

It must provide personal care services to assist residents to attain and maintain their highest level of functioning consistent with the resident assessments and care plans.

In assisted living, tenants choose and pay for only those services needed or desired. An assisted living facility may provide assistance to adults who may have physical or cognitive impairments and who require at least a moderate level of assistance with one or more ADLs and assistance with IADLs.

**Third Party Scope of Care**

In basic care facilities, home health agencies may provide nursing services under contract with the facility. In assisted living facilities, home health agencies may provide services under contract with the resident. Long term care insurance may pay in basic care and assisted living facilities.

**Move-In/Move-Out Requirements**

A basic care facility may admit or retain only individuals whose condition and abilities are consistent with National Fire Protection Association (NFPA) 101 Life Safety Code requirements and who must be capable of self-preservation. Basic care residents are admitted and retained in the facility in order to receive room and board and health, social, and personal care, and whose condition does not require continuous, 24-hour-a-day onsite availability of nursing or medical care.

Other admission and discharge criteria are developed by each basic care or assisted living facility dependent upon their ability to meet the needs of the residents and the services available.

**Resident Assessment**

In basic care and assisted living facilities, the facilities develop and utilize their own forms.

**Medication Management**

In assisted living and in basic care facilities, unlicensed staff may administer medication except for 'as needed' controlled prescription drugs. In Spring 1997, a medication administration bill was passed allowing for the administration of limited medications by unlicensed personnel. This provision requires those personnel to have specific training and be monitored by a registered nurse.

**Physical Plant Requirements**

In basic care facilities, private resident units must be a minimum of 100 square feet; semi-private resident units must provide a minimum of 80 square feet per resident; and units for three or more individuals must provide a minimum of 70 square feet per resident. Generally, basic care facilities have semi-private units.

Generally, in an assisted living facility, living units are efficiency or one- or two-bedroom apartments. A living unit must contain a sleeping area, an entry door that can be locked, and a private bathroom with a toilet, bath tub or shower, and a sink.

**Residents Allowed Per Room**

Not specified for basic care facilities. No more than two people may occupy one bedroom of each living unit of an assisted living facility.

**Bathroom Requirements**

Common toilets, lavatories, and bathing facilities are permitted. In basic care facilities, there must be at least one toilet for every four residents and a bathtub or shower for every 15 residents. In assisted living facilities, there must be a private bathroom with a toilet, bath tub or shower, and a sink.

**Life Safety**

Basic care facilities: In general, in basic care facilities, automatic sprinkler systems are required to protect construction types that may be unprotected or of combustible materials. NFPA 13D, NFPA 13R, or NFPA 13 automatic sprinkler systems may be used. Smoke detectors are required in resident rooms, corridors, and common areas. There are exceptions where these requirements may not apply.

Basic care facilities must comply with the NFPA safety code, 1988 edition, chapter 21, residential board and care occupancy, slow evacuation capability, or a greater level of fire safety. Fire drills must be held monthly with a minimum of 12 per year, alternating with all work shifts. Residents and staff, as a group, shall either evacuate the building or relocate to an assembly point identified in the fire evacuation plan. At least once a year, a fire drill must be conducted during which all staff and residents evacuate the building. Fire evacuation plans must be posted in a conspicuous place in the facility. Written records of fire drills must be maintained. These records must include dates, times, duration, names of staff and residents participating and those absent and why, and a brief description of the drill including the escape path used and evidence of simulation of a call to the fire department. Each resident shall receive an individual fire drill walk-through within five days of admission. Any variation to compliance with the fire safety requirements must be approved in writing by the department. Residents of facilities meeting a greater level of fire safety must meet the fire drill requirements of that occupancy classification.

Assisted living facilities: Operators of assisted living facilities must certify that facilities are in compliance with all applicable federal, state, and local laws, and upon request make available to the department copies of current certifications, licenses, permits, and other similar documents providing evidence of compliance with such laws. Each assisted living facility must install smoke detection devices or other approved alarm systems of a type and number approved by the department, in cooperation with the state fire marshal. Assisted living facilities must meet exiting requirements. Access to fire escapes must be kept free and clear at all times of all obstructions of any nature. The proprietor of the assisted living facility must provide for adequate exit lighting and exit signs as defined in the state building code.

Each assisted living facility must be provided with fire extinguishers as defined by the NFPA standard number 10 in quantities defined by the state building code and the state fire code. Standpipe and sprinkler systems must be installed as required by the state building code and state fire code. Fire extinguishers, sprinkler systems, and standpipe systems must conform with rules adopted by the state fire marshal. A contract for sale or a sale of a fire extinguisher installation in a public building is not enforceable, if the fire extinguisher or extinguishing system is of a type not approved by the state fire marshal for such installation. No fire extinguisher of a type not approved by the state fire marshal may be sold or offered for sale within the state.

Passenger or freight elevators must comply with state building code fire protection requirements.

**Alzheimer's Unit Requirements**

Alzheimer's units are available in basic care facilities. They are not available in assisted living facilities.

**Staff Training for Alzheimer's Care**

None specified. However, all staff in basic care facilities are required to receive annual training on the mental and physical health needs of the residents, including behavior problems.

**Staffing Requirements**

In assisted living, staff must be available 24 hours a day to meet the needs of the residents, not necessarily on site. Basic care facilities must provide 24-hour staffing.

**Administrator Education/Training**

None specified.

**Staff Education/Training**

All employees in basic care facilities must have in-service training annually on: a) fire and accident prevention and safety; b) mental and physical health needs of the residents, including behavior problems; c) prevention and control of infections, including universal precautions; and d) resident rights. In basic care facilities, the staff responsible for food preparation are required to attend a minimum of two dietary educational programs per year and staff responsible for activity services are required to attend a minimum of two activity-related programs per year.

None specified for assisted living facilities.

**Continuing Education (CE) Requirements**

Administrators of basic care facilities must complete at least 12 hours of continuing education per year relating to care and services for residents.

None specified for assisted living facilities.



**Entity Approving  
CE Program**

None specified for either basic care or assisted living facilities.

**Medicaid Policy and  
Reimbursement**

A personal care option pays for services in a basic care facility. The individual must be Medicaid eligible to qualify for the personal care option. Personal funds or state general funds pay for room and board.

Individuals in assisted living facilities may be eligible for services funded by state resources, Medicaid, or Medicaid waiver services. Generally, low-income individuals have limited access to assisted living because funds are not available for rental assistance (except through the U.S. Department of Housing and Urban Development in limited situations).

## Ohio

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<b>Licensure Term</b>	Residential Care Facilities
<b>Opening Statement</b>	Residential Care Facility licensure rules went through the State of Ohio's five-year rule review process in 2006. The amended rules became effective April 1, 2007.
<b>Definition</b>	Residential care facilities provide accommodations for 17 or more unrelated individuals; supervision and personal care services for three or more of those individuals who are dependent on the services of others by reason of age or physical or mental impairment; or accommodations for three or more individuals and skilled nursing care services for at least one individual.
<b>Disclosure Items</b>	Certain information must be disclosed on a state-developed disclosure form. This will be required for facilities that provide care for special populations with late-stage cognitive impairment with significant ongoing daily living assistance needs; cognitive impairment with increased emotional needs or presenting behaviors that cause problems for the resident or other residents, or both; or serious mental illness. Disclosure items related to services for these individuals include: mission/philosophy; admission screening criteria; transfer and discharge criteria and procedures; weekly staffing plan showing how staffing for the special population differs from the staffing plan for the remainder of the facility and detailing the necessary increase in supervision of residents with cognitive impairments in the secured unit; a description of activities offered, including frequency and type, and how the activities meet the needs of the type of residents in that special care unit; costs of the services; specialized staff training and continuing education practices; the process used for assessment and provision of services, including the method for altering services based on changes in condition; how the facility addresses the behavioral health care needs of residents; the physical environment and design features to support the functioning of the specialized population; family support programs for residents; and any services or other procedures that are over and above those provided in the remainder of the facility.
<b>Facility Scope of Care</b>	Facilities may provide supervision and personal care services, administer or assist with self-administration of medication, supervise special diets, perform dressing changes, and accept individuals requiring part-time intermittent enteral feedings.

	Facilities may also provide up to 120 days of skilled nursing services on a part-time, intermittent basis. Ohio law has exempted hospice residents who also need skilled nursing care from the 120-day limitation.
<b>Third Party Scope of Care</b>	Skilled nursing services may be provided by a licensed hospice agency or certified home health agency.
<b>Move-In/Move-Out Requirements</b>	Facilities may admit or retain individuals who require skilled nursing care beyond the supervision of special diets, application of dressings, or administration of medication only if the care is on a part-time/intermittent basis for not more than a total of 120 days in any 12-month period, except for hospice residents.
<b>Resident Assessment</b>	A resident assessment must be completed on or before admission, annually, and upon significant change. There are specific components, but not a mandated form.
<b>Medication Management</b>	Residents must either be capable of self-administering medications or the facility must provide for medication administration by a home health agency, hospice, or qualified staff person (e.g., a registered nurse (RN), licensed practical nurse, or physician). Trained, unlicensed staff may assist with self-administration only if the resident is mentally alert, able to participate in the medication process, and requests such assistance. Assistance includes reminders, observing, handing medications to the resident, and verifying the resident's name on the label, etc. Ohio also is conducting a pilot program for certified medication aides in residential care facilities and nursing homes that will expand who may administer medications.
<b>Physical Plant Requirements</b>	Private resident units must be a minimum of 100 square feet and multiple-occupancy resident units must provide a minimum of 80 square feet per resident.
<b>Residents Allowed Per Room</b>	A maximum of four residents is allowed per resident unit.
<b>Bathroom Requirements</b>	One toilet, sink, and tub/shower are required for every eight residents. Additionally, if there are more than four persons of one gender to be accommodated in one bathroom on a floor, a bathroom must be provided for each gender residing on that floor. New facilities constructed or converted to use after the effective date of the new rules shall have a bathroom for each unit/apartment.
<b>Life Safety</b>	Sprinklers and smoke detectors have been required since 1974. The current Life Safety Code does not apply to residential care facilities but they must comply with the Ohio Fire Code and Ohio Building Code, which have been brought up to National Fire Protection Association and International Fire Code standards. Each residential care facility must develop and maintain a

written disaster preparedness plan to be followed in case of emergency or disaster. Twelve fire drills are required annually, to be done for each shift and at least every three months. Buildings must be equipped with both an automatic fire extinguishing system and fire alarm system. Each residential care facility must conduct fire safety inspections at least monthly.

**Alzheimer's Unit Requirements**

Facilities that have special units must disclose information about unit placement, transfer and discharge policies, special assessments, unit services and resident activities, unit staffing and staff qualifications, special physical design features, family involvement, and costs for services on unit. The attending physician must also document the need for such placement.

**Staff Training for Alzheimer's Care**

Licensure rules had required staff training to address the needs of residents with dementias and behaviors. The new amendments to staff training requirements outline specific training on hire and annually related to specialized populations. Activity staff must also receive specialized training related to those with cognitive impairments, behaviors, and/or seriously mentally ill individuals as appropriate.

**Staffing Requirements**

A facility must have an administrator who is responsible for its daily operation and provides at least 20 hours of service in the facility during each calendar week between 8 a.m., and 6 p.m. At least one staff member must be on duty at all times and sufficient additional staff members must be present to meet the residents' total care needs. For facilities that provide personal care services, at least one staff member trained and capable of providing such services, including having successfully completed first aid training, must be on duty at all times. Sufficient nursing staff are required to provide needed skilled nursing care. New language requires enough onsite RN time to manage the provision of skilled nursing care if that care is provided by the facility, excluding medication administration, supervision of special diets, or application of dressings. At night, a staff member may be on call if the facility meets certain call signal requirements, but another person must also be on call in such cases. A dietitian working as consultant or employee is necessary for facilities that provide and supervise complex therapeutic diets.

**Administrator Education/Training**

Administrators must be 21 years of age and meet one of the following criteria: be licensed as a nursing home administrator; have 3,000 hours of direct operational responsibility; complete 100 credit hours of post-high school education in the field of gerontology or health care; be a licensed health care professional; or hold a college degree.

**Staff Education/Training**

Staff members providing personal care services must be at least 16 years of age, have first aid training, and complete a specified

training program. All staff must be able to understand and communicate job-related information in English and be appropriately trained to implement residents' rights.

**Continuing Education (CE) Requirements**

Administrators must complete nine hours of continuing education in gerontology, health care, business administration, or residential care administration per year. Staff that provide personal care services must have eight hours of continuing education annually which may include the specialized training for those caring for specialized populations.

**Entity Approving CE Program**

The initial training required for providing care for special populations of residents (late-stage cognitive impairment, increased emotional needs or presenting behaviors, or serious mental illness) must be conducted by a qualified instructor for the topic covered. The annual continuing education requirements may be completed online or by other media provided there is a qualified instructor present to answer questions and to facilitate discussion about the topic at the end of the lesson.

**Medicaid Policy and Reimbursement**

An assisted living Medicaid waiver program was implemented in 2006 and can accommodate 1,800 individuals.

## Oklahoma

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**Licensure Term** Assisted Living Centers

**Opening Statement** Regulations for assisted living were revised in 2007 along with statutory language.

The new rules made the following changes:

Definitions were updated to clarify terminology. Requirements for notice and content of notice for involuntary termination of residency were written into rule. Notice requirements and provisions for hearings were provided when a facility seeks to involuntarily terminate residency for reasons other than inappropriate placement. A new section was added to address an omission in the rule: facilities must be in compliance with Chapter 257 pertaining to Food Service Establishments in their food storage, preparation, and service.

Staffing requirements were amended to increase resident supervision. New rules specify increased staffing and emergency preparation disclosure and a minimum of two staff members on duty and awake on all shifts if a continuum of care facility or assisted living center has a unit or program designed to prevent or limit resident access to areas outside the designated unit or program. This describes facilities providing services to residents with Alzheimer's disease or related dementias in what are generally described as locked units. A new rule explicitly requires the facility to provide not less than the services provided in the resident service contract. The rule prohibiting an owner, operator, administrator, or employee from appointment as a guardian or limited guardian of a resident is amended to include prohibiting appointment as power of attorney or durable power of attorney.

New rules were created to require development, distribution, and posting of facility procedures for receiving resident complaints, including a provision for distributing and posting the Department's complaint procedures. The rules for incident reporting were amended to include additional incidents representing a threat to the health and/or safety of residents; requiring the reporting of those incidents to the Department; timelines for reporting; notification of the Nurse Aide Registry

for allegations and/or occurrences of resident abuse, neglect, or misappropriation of resident's property by nurse aide; and content of the incident report. A new rule for the maintenance of resident records was created. The rule provides for content, confidentiality, protection, retention time frames, and possession in case of closure or ownership change. Standards of practice were updated and placed in a new Appendix B. The rule for Plans of Correction was expanded to define an acceptable plan of correction, penalties for failure to submit, and provisions for extension, rejection, and right to appeal. The notice requirements for voluntary closure were amended to define the content of the notice to residents and provide for a final notice to the Department to include effective date of closure, location of residents, and provision for resident record storage.

The amended statute allows residents to receive home care, hospice care, and intermittent, periodic, or recurrent nursing care and requires assisted living centers to monitor and assure the delivery of such services. In addition, the statute creates the option of a center's negotiating a 'plan of accommodation' through a consensual process with residents who develop a disability or a condition that otherwise might cause them to be discharged under the facility's discharge criteria. (See Oklahoma Continuum of Care and Assisted Living Act, Title 63 O.S. §1-890.8.)

### **Definition**

An assisted living center is a home or establishment offering, coordinating, or providing services to two or more persons who by choice or functional impairment need assistance with personal care or nursing supervision and may need intermittent or unscheduled nursing care; medication assistance; and assistance with transfer and/or ambulation.

### **Disclosure Items**

There is a required disclosure form that must be completed by all facilities that provide care to residents with Alzheimer's disease or related disorders in a special unit or under a special program. The form must be given to the Department of Health, the State Long Term Care Ombudsman, and any person seeking placement on behalf of a person with Alzheimer's disease or related disorders. Information provided in the form includes the type of services provided and any additional cost associated with those services; the admission process; the transfer/discharge process; planning and implementation of care including specific structured activities that are offered; staffing and staff training to address the needs of the population; and safety features of the physical environment.

### **Facility Scope of Care**

An assisted living center may not care for any resident needing care in excess of the level that the assisted living center is licensed to provide or capable of providing. Providers may define their scope of services, admission criteria, and the nature of the residents they serve. Facilities may provide assistance with

personal care; nursing supervision; intermittent or unscheduled nursing care; medication administration; assistance with cognitive orientation and care or service for Alzheimer's disease and related dementias; and assistance with transfer or ambulation.

Under the amended statute for which rules have yet to be written, if a resident develops a disability or a condition consistent with the facility's discharge criteria, the resident's personal or attending physician, a representative of the assisted living center, and the resident or his/her designated representative shall determine through consensus any reasonable and necessary accommodations and additional services required to permit the resident to remain in place in the assisted living center as the least restrictive environment and with privacy and dignity. All accommodations or additional services shall be described in a written plan that must be reviewed at least quarterly by a licensed health care professional. If the parties fail to reach a consensus on a plan of accommodation, the assisted living center may give written notice of the termination of the residency in accordance with the provisions of the resident's contract with the assisted living center. Such notice shall not be less than 30 calendar days prior to the date of termination, unless the assisted living center or the personal or attending physician of the resident determines the resident is in imminent peril or the continued residency of the resident places other persons at risk of imminent harm.

### **Third Party Scope of Care**

Facilities and/or residents may contract with licensed home health agencies as defined in the facility's description of services.

The amended statute allows residents to receive home care, hospice care, and intermittent, periodic, or recurrent nursing care. Assisted living centers must monitor and assure the delivery of such services. All nursing services must be in accordance with the written orders of the resident's personal or attending physician. The statute also states that a resident, or the family or legal representative of the resident, may privately contract or arrange for private nursing services under the orders and supervision of the resident's personal or attending physician. (See Oklahoma Continuum of Care and Assisted Living Act, Title 63 O.S. §1-890.8.)

### **Move-In/Move-Out Requirements**

A resident may not be admitted if his/her need for care or services exceeds what the facility can provide; a physician determines that physical or chemical restraints are needed in non-emergency situations; a threat is posed to self or others; or the facility is unable to meet the resident's needs for privacy or dignity.



<b>Resident Assessment</b>	There is a required resident assessment form.
<b>Medication Management</b>	Medication administration is permitted. Unlicensed staff administering medications must have completed a training program that has been reviewed and approved by the Department of Health.
<b>Physical Plant Requirements</b>	Design shall be appropriate to the mental or physical disabilities of the residents served.
<b>Residents Allowed Per Room</b>	A maximum of two residents is allowed per resident unit.
<b>Bathroom Requirements</b>	Shower and bathing facilities must not be occupied by more than one resident at a time and no more than four residents may share a bathing facility unless the Department of Health has approved use by more than four residents based on documentation that the design of the bathing facility is appropriate to the special needs of each resident using it.
<b>Life Safety</b>	Facilities must follow construction and safety standards adopted by the State Fire Marshal. The fire marshal or an authorized representative inspects and approves assisted living centers and continuum of care facilities. Sprinklers and smoke detectors are required. Adopted codes include the International Building Code, 2006 edition; International Fire Prevention Code, 2006 edition; and National Fire Protection Association 101 Life Safety Code, 2006 edition. Where codes conflict, the most stringent requirement applies. Residents incapable of self-preservation are only allowed in buildings permitted as I-2 under the International Building Code, 2006 edition. Legislation enacted in 2008 allows assisted living facilities constructed before Nov. 1, 2008 to house residents who are not capable of responding in emergency situations without physical assistance from staff or are not capable of self preservation if, as part of the annual licensure renewal process, the facility discloses that it houses any residents of this type and the facility installs fire sprinkler protection and an alarm system in accordance with the building code for I-2 facilities.
<b>Alzheimer's Unit Requirements</b>	The center must disclose whether it has special care units. If it does, it must outline the scope of services provided within the unit and specific staffing to address the needs of the population.
	A minimum of two staff members must be on duty and awake on all shifts if a continuum of care facility or assisted living center has a unit or program designed to prevent or limit resident access to areas outside the designated unit or program, one of which must be on duty at all times in the restricted egress unit.
<b>Staff Training for Alzheimer's Care</b>	Staff working in a specialized unit must be trained to meet the specialized needs of residents.
<b>Staffing Requirements</b>	Each center shall designate an administrator who is responsible for its operation. All staff are subject to criminal arrest checks

applicable to nurses aides in Oklahoma. Facilities shall provide adequate staffing as necessary to meet the services described in the facility's contract with each resident. Staff providing socialization, activity, and exercise services must be qualified by training. All direct care staff must be trained in first aid and CPR. Dietary and nurse staffing shall be provided or arranged. Certified nursing assistants (CNAs) must be under the supervision of a registered nurse.

An assisted living center that has only one direct care staff member on duty and awake during the night shift must disclose this fact to the resident or the resident's representative prior to move in and must have in place a plan that is approved by the Department of Health for dealing with urgent or emergency situations, including resident falls.

A minimum of two staff members must be on duty and awake on all shifts if a continuum of care facility or assisted living center has a unit or program designed to prevent or limit resident access to areas outside the designated unit or program, one of which must be on duty at all times in the restricted egress unit.

**Administrator  
Education/Training**

An administrator must either hold a nursing home administrator's license, a residential care home administrator's certificate of training, or a nationally recognized assisted living certificate of training and competency approved by the Department of Health.

**Staff Education/Training**

All staff shall be trained to meet the specialized needs of residents. Direct care staff shall be trained in first aid and CPR and be trained at a minimum as a CNA.

**Continuing Education  
(CE) Requirements**

Administrators must complete 16 hours of continuing education per year.

**Entity Approving  
CE Program**

The entity that issued the license or certificate.

**Medicaid Policy and  
Reimbursement**

A Medicaid waiver covering assisted living services is in development.

## Oregon

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**Licensure Term** Residential Care and Assisted Living

**Opening Statement** Assisted Living and Residential Care rules were combined and adopted into one set for Oregon Administrative Rules effective November 1, 2007 and implemented on January 1, 2008. The physical environment sections are distinct to each license type but the general administrative rules are now identical for both settings.

**Definition** Assisted Living means a building, complex, or distinct part thereof consisting of fully self-contained, individual living units where six or more seniors and adult persons with disabilities may reside in homelike surroundings. The facility offers and coordinates a range of supportive services available on a 24-hour basis to meet the activities of daily living (ADL), health, and social needs of the residents as in the rules. A program approach is used to promote resident self-direction and participation in decisions that emphasize choice, dignity, privacy, individuality, and independence.

Residential Care Facility means a building, complex, or distinct part thereof consisting of shared or individual living units in a homelike surrounding where six or more seniors and adult persons with disabilities may reside. The facility offers and coordinates a range of supportive services available on a 24-hour basis to meet the ADL, health, and social needs of the residents as described in the rules. A program approach is used to promote resident self-direction and participation in decisions.

**Disclosure Items** There is a state-designated uniform disclosure statement that must be provided to each person who requests information about a facility. The residency agreement and following disclosure information must be provided to all potential residents prior to move in. The information required in the disclosure statement includes:

- (1) Terms of occupancy, including policy on the possession of firearms and ammunition;
- (2) Payment provisions including the basic rental rate and what it includes, cost of additional services, billing method, payment system, and due dates, deposits, and non-refundable fees, if applicable;
- (3) The method for evaluating a resident's service needs and

- assessing the costs for the services provided;
- (4) Policy for increases, additions, or changes to the rate structure. Disclosure must address the minimum requirement of 30 days prior written notice of any facility-wide increases or changes and the requirement for immediate written notice for individual resident rate changes that occur as a result of changes in the service plan;
- (5) Refund and proration conditions;
- (6) A description of the scope of services available according to OAR 411-054-0030 (Resident Services);
- (7) A description of the service planning process;
- (8) Additional available services;
- (9) The philosophy of how health care and ADL services are provided to the resident;
- (10) Resident rights and responsibilities;
- (11) The facility system for packaging medications and that residents may choose a pharmacy that meets the requirements of ORS 443.437;
- (12) Criteria, actions, circumstances, or conditions that may result in a move-out notification or intra-facility move;
- (13) Residents' rights pertaining to notification of move-out;
- (14) Notice that the Department of Human Services (DHS) has the authority to examine residents' records as part of the evaluation of the facility; and
- (15) Staffing plan.

The following information must be provided to individuals and their families prior to admission to an Alzheimer's Care Unit:

- (1) The philosophy of how care and services are provided to the residents;
- (2) The admission, discharge, and transfer criteria and procedures;
- (3) The training topics, amount of training spent on each topic, and the name and qualifications of the individuals used to train the direct care staff; and
- (4) The number of direct care staff assigned to the unit during each shift.

**Facility Scope of Care**

Facilities may care for individuals with all levels of care needs.

**Third Party Scope of Care**

Not specified.

**Move-In/Move-Out Requirements**

Residents may be asked to move out in certain situations. Thirty-day notification must be provided in most situations but there is a provision for less than 30-day notification when there are urgent medical and psychiatric needs. The following are specific reasons that a facility could request that a resident seek other living arrangements:

- (1) The resident's needs exceed the level of ADL services the facility provides as specified in the facility's disclosure information;

- (2) The resident engages in behavior or actions that repeatedly and substantially interferes with the rights, health, or safety of residents or others;
- (3) The resident has a medical or nursing condition that is complex, unstable, or unpredictable and exceeds the level of health services the facility provides as specified in the facility's disclosure information;
- (4) The facility is unable to accomplish resident evacuation in accordance with OAR 411-054-0090 (Fire and Life Safety);
- (5) The resident exhibits behavior that poses a danger to self or others;
- (6) The resident engages in illegal drug use or commits a criminal act that causes potential harm to the resident or others;
- or
- (7) There is non-payment of charges.

**Resident Assessment**

A standardized assessment form is used by state caseworkers to determine Medicaid eligibility and service level payment. Providers are not required to use a Department designated form but must address a common set of evaluation elements including specified resident routines and preferences; physical health status; mental health issues; cognition; communication and sensory abilities; ADLs; independent ADLs; pain; skin condition; nutrition habits, fluid preferences, and weight if indicated; treatments including type, frequency and level of assistance needed; indicators of nursing needs, including potential for delegated nursing tasks; and a review of risk indicators.

**Medication Management**

Medication may be administered by specially trained, unlicensed personnel over the age of 18. In addition, Oregon applies nurse delegation rules to these regulations. All medications administered by the facility to a resident must be reviewed every 90 days by a registered pharmacist or registered nurse and recommendations must be documented and followed up on.

**Physical Plant Requirements**

Assisted Living: Newly constructed private resident units must be a minimum of 220 square feet (not including the bathroom) and must include a kitchen and fully accessible bathroom. Pre-existing facilities being remodeled must be a minimum of 160 square feet (not including the bathroom). Other extensive physical plant requirements apply.

Residential Care Facilities: Resident units may be limited to a bedroom only, with bathroom facilities centrally located off common corridors. In bedroom units, the door must open to an indoor, temperature-controlled common area or common corridor and residents must not enter a room through another resident's bedroom. Resident units must include a minimum of 80 square feet per resident exclusive of closets, vestibules, and bathroom facilities and allow for a minimum of three feet between beds.

<b>Residents Allowed Per Room</b>	In Assisted Living Facilities, resident units may only be shared by couples or individuals who choose to live together. In Residential Care Facilities, each resident unit may house no more than two residents.
<b>Bathroom Requirements</b>	Private bathrooms are required in Assisted Living.
<b>Life Safety</b>	<p>All buildings must have an automatic sprinkler system, smoke detectors, and an automatic and manual fire alarm system.</p> <p>Facilities must have a written emergency procedure and disaster plan for meeting all emergencies and disasters that must be approved by the state fire marshal. A minimum of one unannounced fire drill must be conducted and recorded every other month. Each month that a fire drill is conducted, the time (day, evening, and night shifts) and location of the drill must vary. Fire and life safety instruction to staff must be provided on alternate months.</p>
<b>Alzheimer's Unit Requirements</b>	A facility that advertises that it provides care to residents with Alzheimer's disease must apply to the state for an Alzheimer's Special Care Unit Endorsement.
<b>Staff Training for Alzheimer's Care</b>	There are specific training requirements for staff.
<b>Staffing Requirements</b>	<p>The facility must have qualified staff sufficient in number to meet the 24-hour scheduled and unscheduled needs of each resident. Caregivers provide services for resident that include assistance with ADLs, medication administration, resident-focused activities, supervision, and support. Based on resident acuity and facility structural design, there must be adequate caregivers present at all times to meet the fire safety evacuation standards as required by the fire authority or DHS.</p> <p>The licensee is responsible for assuring that staffing is increased to compensate for the evaluated care and service needs of residents at move-in and for the changing physical and mental needs of the residents. A minimum of two caregivers must be scheduled and available at all times whenever a resident requires the assistance of two caregivers for scheduled and unscheduled needs. In facilities where residents are housed in two or more detached buildings, or if a building has distinct and segregated areas, a designated caregiver must be awake and available in each building and each segregated area at all times.</p> <p>Facilities must have a written, defined system to determine appropriate numbers of caregivers and general staffing based on resident acuity and service needs. Such systems may be either manual or electronic. Guidelines for systems must also consider physical elements of a building, use of technology, if applicable, and staff experience. Facilities must be able to demonstrate how their staffing system works.</p>

Staff under 18 years of age may not assist with medication administration or delegated nursing tasks and must be supervised when providing bathing, toileting, or transferring services.

**Administrator  
Education/Training**

The administrator is required to be at least 21 years of age, and:

- (1) Possess a high school diploma or equivalent; and
- (2) Have two years of professional or management experience in a health or social service related field or program; or
- (3) Have a combination of experience and education; or
- (4) Possess an accredited bachelor's degree in a health or social service related field.

Additionally, all administrators must:

- (1) Complete a state-approved training course of at least 40 hours; or
- (2) Complete a state-approved administrator training program that includes both a classroom training of less than 40 hours and a state-approved 40-hour internship with a state-approved administrator.

**Staff Education/Training**

Prior to beginning their job responsibilities all employees must complete an orientation that includes: residents' rights and the values of community-based care; abuse and reporting requirements; standard precautions for infection control; and fire safety and emergency procedures. If staff members' duties include preparing food, they must have a food handler's certificate. All staff must receive a written description of their job responsibilities.

The facility must have a training program that has a method to determine performance capability through a demonstration and evaluation process. The facility is responsible to assure that caregivers have demonstrated satisfactory performance in any duty they are assigned. Knowledge and performance must be demonstrated in all areas within the first 30 days of hire, including, but not limited to:

- The role of service plans in providing individualized resident care;
- Providing assistance with ADLs;
- Changes associated with normal aging;
- Identification of changes in the resident's physical, emotional, and mental functioning, and documentation and reporting on the resident's changes of condition;
- Conditions that require assessment, treatment, observation, and reporting;
- Understanding resident actions and behavior as a form of communication;

- Understanding and providing support for a person with dementia or related condition; and
- General food safety, serving, and sanitation.

If the caregiver's duties include the administration of medication or treatments, appropriate facility staff, in accordance with OAR 411-054-0055 (Medications and Treatments), must document that they have observed and evaluated the individual's ability to perform safe medication and treatment administration unsupervised. Prior to providing personal care services for a resident, caregivers must receive an orientation to the resident, including the resident's service plan. Staff members must be directly supervised by a qualified person until they have successfully demonstrated satisfactory performance in any task assigned and the provision of individualized resident services, as applicable.

Staff must be trained in the use of the abdominal thrust and first aid. CPR training is recommended, but not required.

**Continuing Education (CE) Requirements**

Administrators must complete 20 hours of continuing education per year. Direct caregivers must have 12 hours of in-service training annually.

**Entity Approving CE Program**

Office of Licensing and Quality Care

**Medicaid Policy and Reimbursement**

A Medicaid home and community-based services waiver covers services to nursing home level residents in Assisted Living and Residential Care Facilities. It is a tiered system of reimbursement based on the services provided.



## Pennsylvania

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<b>Agency</b>	Department of Public Welfare, Bureau of Adult Residential Licensure	<b>Phone</b>	(717) 783-3670
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**Licensure Term** Personal Care Homes

**Opening Statement** Personal care homes serve residents who do not need 24-hour nursing care (as in nursing homes), yet who may need assistance with activities of daily living (ADLs). Pennsylvania personal care homes serve residents who are aged, have mental illness, mental retardation, and/or physical disabilities. There are about 1,450 licensed personal care homes in Pennsylvania, with a capacity to serve 69,400 residents. Personal care homes are serving a total of 49,650 residents. Personal care home licensing protects the health, safety, and well-being of residents.

Until recently, the terms personal care home and assisted living have been synonymous in Pennsylvania. In 2007, legislation was passed to define assisted living facilities and create a separate set of regulations to govern their operation. Pennsylvania's assisted living regulations are under development, and are anticipated to become effective July 2009. Some homes currently licensed as personal care homes may meet this new criteria, but many will not.

**Definition** A personal care home is a residence in which food, shelter, and personal assistance or supervision are provided for a period exceeding 24 hours, for four or more adults who are not relatives of the operator, who do not require the services in or of a licensed long-term care facility, but who do require assistance or supervision in ADLs or instrumental activities of daily living (IADLs). The term includes a residence that has held or presently holds itself out as a personal care home and provides food and shelter to four or more adults who need personal care services, but who are not receiving the services.

**Disclosure Items** A written contract is required between the home and the resident. Specific information must be included in the contract such as: a fee schedule that lists the actual charges for each service; the party responsible for payment; refund policy; method of payment for long distance phone calls; arrangements for financial management; house rules; termination conditions; a list of personal care services to be provided based on the outcome of the support plan; bed hold charges; and a 30-day notice of changes in the contract. Additionally, upon admission each resident must be informed of residents' rights and complaint

<b>Facility Scope of Care</b>	<p>procedures available through the Department of Public Welfare.</p> <p>The facility may provide assistance with ADLs, IADLs, and medications. ADLs include eating, drinking, ambulating, transferring in and out of a bed or chair, toileting, bladder and bowel management, personal hygiene, securing health care, managing health care, self-administering medication, and proper turning and positioning in a bed or chair. IADLs include activities done on a behalf of a resident such as doing laundry, shopping, securing and using transportation, managing finances, using a telephone, making and keeping appointments, caring for personal possessions, writing correspondence, engaging in social and leisure activities, using a prosthetic device, and obtaining and keeping clean, seasonal clothing.</p>
<b>Third Party Scope of Care</b>	<p>Hospice care licensed by the Pennsylvania Department of Health may be provided in a personal care home.</p>
<b>Move-In/Move-Out Requirements</b>	<p>Residents eligible for nursing home care may not be admitted into a personal care home. Admission of residents with special needs is allowed only if the home complies with certain additional staffing, physical site, and fire safety requirements. A home must have a written program description describing the services the home intends to provide and the needs of the residents that can be safely served.</p>
<b>Resident Assessment</b>	<p>A preadmission screening must be completed prior to moving into a personal care home to assess the needs of the resident and whether the home can meet these needs. A medical evaluation must be completed 60 days prior to or 30 days after moving into the personal care home. A personal care home assessment, including an assessment of mobility needs, medication administration needs, communication abilities, cognitive functioning, ADLs, IADLs, referral sources, and personal interests and preferences, must be completed within 15 days of admission. A support plan must be developed to meet the needs identified in the assessment and implemented within 30 days after admission. The Department requires specified forms to be used in each instance.</p>
<b>Medication Management</b>	<p>A personal care home must provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. A home may provide medication administration services for a resident who is assessed to need medication administration services. Medications must be administered by licensed medical personnel or by a staff person who has completed a Department-approved medication administration course that includes passing the Department's performance-based competency test.</p>
<b>Physical Plant Requirements</b>	<p>Resident bedrooms must be a minimum of 80 square feet and multiple-occupancy bedrooms must provide a minimum of 60</p>

square feet per resident. A bedroom for one or more residents with a mobility need must have at least 100 square feet per resident and allow for passage of beds and for the comfortable use of assistive devices, wheelchairs, walkers, special furniture, or oxygen equipment. Other physical requirements address environmental safety, sanitation, general safety, and fire safety.

**Residents Allowed Per Room**

A maximum of four residents is allowed per bedroom. No more than two residents are permitted in each secure dementia care unit bedroom.

**Bathroom Requirements**

There must be at least one toilet for every six or fewer users, including residents, staff persons, and household members. There must be at least one sink and wall mirror for every six or fewer users, including residents, staff persons, and household members. There must be at least one bathtub or shower for every 10 or fewer users, including residents, staff persons, and household members.

**Life Safety**

There must be two exits on each floor of the home. Operable automatic smoke detectors must be located in the hallways within 15 feet of each bedroom door. If the home serves nine or more residents, there shall be at least one smoke detector on each floor interconnected and audible throughout the home or an automatic fire alarm system that is interconnected and audible throughout the home. If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used.

There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

There shall be one unannounced fire drill once a month held at various times of the day and night, under normal staffing conditions. A nighttime drill must be held every six months. During fire drills, all residents must exit the building within the time specified by a fire department or within 2 ½ minutes.

**Alzheimer's Unit Requirements**

In addition to the assessments and support plans required in a standard personal care home, a resident of a dementia care unit must have a written cognitive preadmission screening in collaboration with a physician or a geriatric assessment team within 72 hours prior to admission to a secure dementia care unit. The resident must be assessed annually for the continuing need for the secured dementia care unit. The resident-home contract must include the services provided in the dementia care unit, admission and discharge criteria, change in condition policies, special programming, and costs and fees.

Facilities must offer the following types of activities at least weekly: gross motor activities, such as dancing, stretching, and

other exercise; self-care activities, such as personal hygiene; social activities, such as games, music, and holiday and seasonal celebrations; crafts, such as sewing, decorations, and pictures; sensory and memory enhancement activities, such as review of current events, movies, story telling, picture albums, cooking, pet therapy, and reminiscing; and outdoor activities, as weather permits, such as walking, gardening, and field trips.

No more than two residents are permitted in each secure dementia care unit bedroom. In a dementia care unit, key-operated locks are not permitted. All doors must be equipped with magnetic locks that automatically open when the fire alarm system is activated.

At least two hours per day of personal care services must be provided to each resident. Additional staffing is required to provide the services specified in each resident's support plan.

### **Staff Training for Alzheimer's Care**

Each staff person must have six hours of annual training related to dementia care and services in addition to the 12 hours of annual training required of direct care staff in a standard personal care home.

### **Staffing Requirements**

An administrator must be in the home an average of 20 hours or more per week in each calendar month. At least one direct care staff person shall be awake at all times residents are present in the home. Direct care staff must be present to provide one hour of personal care per day for mobile residents and two hours per day for residents with mobility needs, 75 percent of which shall be given during waking hours. Additionally, there must be staff available to meet the needs of each individual resident as specified in the resident's support plan. At least one staff person for every 50 residents who is trained in first aid and CPR must be present in the home at all times.

Direct-care staff must be at least 18 years of age and have a high school diploma or GED.

### **Administrator Education/Training**

An administrator must meet one of the following qualifications:

- (1) Be a licensed registered nurse;
- (2) Have an associate's degree or 60 credit hours from an accredited college or university;
- (3) Be a licensed practical nurse with one year of work experience in a related field;
- (4) Be a licensed nursing home administrator in Pennsylvania;
- (5) For a home serving eight or fewer residents, a GED or high school diploma and two years direct care or administrative experience in the human services field.

All administrators must be at least 21 years of age.

An administrator must complete the following prior to

employment:

- (1) An orientation program approved and administered by the Department;
- (2) A 100-hour standardized Department-approved administrator training course; and
- (3) A Department-approved competency based training test with a passing score.

**Staff Education/Training** Prior to or during the first work day, all direct care staff persons must have an orientation in general fire and smoking safety, evacuation procedures, staff duties, and emergency preparedness. Within 40 scheduled working hours, direct care staff persons must have an orientation that includes:

- (1) Resident rights;
- (2) Emergency medical plan;
- (3) Mandatory reporting of abuse and neglect under the state's Older Adult Protective Services Act; and
- (4) Reporting of reportable incidents and conditions.

Prior to providing unsupervised ADL services, direct care staff persons must successfully complete and pass the Department-approved direct care training course and competency test.

**Continuing Education (CE) Requirements** Administrators must complete 24 hours of annual training by a Department-approved training source. Direct care staff persons must have at least 12 hours of annual training relating to their job duties.

**Entity Approving CE Program** None specified.

**Medicaid Policy and Reimbursement** While Medicaid funding is not available for personal care homes, the Commonwealth does provide a state supplement to Supplemental Security Income for residents in personal care homes.

## Rhode Island

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<b>Licensure Term</b>	Assisted Living Residences
<b>Opening Statement</b>	Regulations went into effect in December 1976 with the most recent amendment in September 2007. A complete copy of the regulations is available at <a href="http://www2.sec.state.ri.us/dar/regdocs/released/pdf/DOH/4819.pdf">http://www2.sec.state.ri.us/dar/regdocs/released/pdf/DOH/4819.pdf</a> .
<b>Definition</b>	<p>Assisted living residence means a publicly or privately operated residence that provides directly or indirectly by means of contracts or arrangements, personal assistance to meet the resident's changing needs and preferences, lodging, and meals to two or more adults who are unrelated to the licensee or administrator, excluding, however, any privately operated establishment or facility licensed pursuant to Chapter 23-17 of the General Laws of Rhode Island, as amended, and those facilities licensed by or under the jurisdiction of the Department of Mental Health, Retardation and Hospitals, the Department of Children, Youth and Families or any other state agency. Assisted living residences include sheltered care homes, board and care residences, or any other entity by any other name providing the above services that meet the definition of assisted living residences.</p> <p>Every residence is licensed with a fire code classification and a medication classification (see Medication Management). Some residences may also have a dementia classification.</p> <p><b>Fire Code Classifications</b></p> <p>Level F1 licensure is for a residence that has residents who are not capable of self preservation and these residences must comply with a more stringent life safety code.</p> <p>Level F2 licensure is for residences that will have residents who are capable of self preservation.</p> <p><b>Dementia Classification</b></p> <p>Dementia care licensure is required when one or more resident's dementia symptoms impact their ability to function as demonstrated by any of the following:</p> <ol style="list-style-type: none"><li>(1) Safety concerns due to elopement risk or other behaviors;</li><li>(2) Inappropriate social behaviors that adversely impact the rights of others;</li><li>(3) Inability to self preserve due to dementia; or</li></ol>

(4) A physician's recommendation that the resident needs dementia support consistent with this level.

Additionally, if a residence advertises or represents special dementia services or if the residence segregates residents with dementia, this licensure is required.

### **Disclosure Items**

Any assisted living residence that refers clients to any health care facility or a certified adult day care in Rhode Island and has a financial interest in that entity must disclose the following information to the individual:

- (1) That the referring entity has a financial interest in the residence or provider to which the referral is being made; and
- (2) That the client has the option of seeking care from a different residence or provider that is also licensed and/or certified by the state to provide similar services to the client.

Additionally, each assisted living residence must disclose, in a print format, at least the following information to each potential resident, the resident's interested family, and the resident's agent early in the decision-making process and at least prior to the admission decision being made:

- (1) Identification of the residence and its owner and operator;
- (2) Level of license and an explanation of each level of licensure;
- (3) Admission and discharge criteria;
- (4) Services available;
- (5) Financial terms to include all fees and deposits, including any first month rental arrangements, and the residence's policy regarding notification to tenants of increases in fees, rates, services, and deposits;
- (6) Terms of the residency agreement; and
- (7) The names, addresses, and telephone numbers of: the Department of Health; the Medicaid Fraud and Patient Abuse Unit of the Department of Attorney General, the State Ombudsperson, and local police offices.

### **Facility Scope of Care**

Facilities may provide assistance with activities of daily living; arrange for support services; and monitor residents' recreational, social, and personal activities. Residents requiring any more than temporary nursing services must move to a nursing facility.

An established resident may receive skilled nursing care or therapy from a licensed health care provider for a condition that results from a temporary illness or injury for up to 21 days subject to an extension of additional days as approved by the Department, or if the resident is under the care of a licensed hospice agency, provided the assisted living residence assumes responsibility for ensuring that such care is received.

### **Third Party Scope of Care**

None specified.

## **Move-In/Move-Out Requirements**

Residences are licensed based on the level of service they provide and only residents meeting the classification criteria specified in the license may move in. Admission and residency are limited to persons possessing the physical mobility and judgmental ability to take appropriate action in emergency situations, except in special dementia care units.

The residence can require that a resident move out only for certain reasons and with 30 days advance written notice of termination of residency agreement with a statement containing the reason, the effective date of termination, the resident's right to an appeal under state law, and the name/address of the state ombudsperson's office. In cases of a life-threatening emergency or non-payment of fees and costs, the 30-day notice is not required. If termination due to non-payment of fees and costs is anticipated, the residence must make a good faith effort to counsel the resident of this expectation. Reasons for requiring that a resident move out are:

- (1) If a resident does not meet the requirements for residency criteria stated in the residency agreement or requirements of state or local laws or regulations. The residence must make a good faith effort to counsel the resident if the resident shows indications of no longer meeting residence criteria.
- (2) If a resident is a danger to self or the welfare of others, and the residence has made reasonable accommodation without success to address resident behavior in ways that would make termination of residency agreement or change unnecessary. These attempts must be documented in the resident's records.

## **Resident Assessment**

Prior to a resident moving into a residence, the administrator must have a comprehensive assessment of the resident's health, physical, social, functional, activity, and cognitive needs and preferences conducted and signed by a registered nurse. The assessment must be on a form designed or approved by the Department of Health. The form designed by the department is available as Appendix 'C' to the regulations or online at <http://www.health.ri.gov>.

## **Medication Management**

Facilities are further classified by the degree to which they manage medications.

### **Medication Classifications**

Level M1 is for a residence that has one or more residents who require central storage and/or administration of medications. In Level M1 facilities, licensed staff or registered medication aides are permitted to administer medications and monitor health indicators. Level M2 is for residences that have residents who require assistance with self-administration of medications (this term is defined in the regulations).

Nurse review is necessary under all levels of medication



	licensure.
<b>Physical Plant Requirements</b>	Private resident units must be a minimum of 100 square feet in area and eight feet wide; semi-private resident units must be a minimum of 160 square feet in area and 10 feet wide.
<b>Residents Allowed Per Room</b>	A maximum of two residents is allowed per resident unit.
<b>Bathroom Requirements</b>	The facility must provide a minimum of one bath per 10 residents and one toilet per eight residents.
<b>Life Safety</b>	Facilities must have sprinklers and smoke detectors. Residential board and care facilities must have carbon monoxide detectors, which must be either hardwired or wireless and be installed in accordance with National Fire Protection Association 720.
<b>Alzheimer's Unit Requirements</b>	<p>A residence that offers or provides services to residents with Alzheimer's disease or other dementia, by means of an Alzheimer Dementia Special Care Unit/Program, must disclose the type of services provided in addition to those services required by the state. A standard disclosure form created by the licensing agency must be completed and submitted to the licensing agency for review to verify the accuracy of the information reported on it. The form must also be provided to any individual seeking to move in to the residence. The information disclosed must explain the additional care that is provided through:</p> <ol style="list-style-type: none"> <li>(1) The residence's philosophy;</li> <li>(2) Pre-occupancy, occupancy, and termination of residence;</li> <li>(3) Assessment, service planning, and implementation;</li> <li>(4) Staffing patterns and staff training;</li> <li>(5) Physical environment;</li> <li>(6) Resident activities;</li> <li>(7) Family role in care; and</li> <li>(8) Program costs.</li> </ol>
<b>Staff Training for Alzheimer's Care</b>	In addition to training required for staff in all assisted living residences, staff in a residence licensed for dementia care level must receive at least 12 hours of orientation and training on (1) understanding various dementias; (2) communicating effectively with dementia residents; and (3) managing behaviors, within 30 days of hire and prior to beginning work alone in the assisted living residence.
<b>Staffing Requirements</b>	Each residence must have an administrator who is certified by the Department of Health. All residences must provide staffing that is sufficient to provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well being of the residents, according to the appropriate level of licensing. At least one staff person who has completed employee training must be on the premises at all times. In addition, each residence must have responsible adults who are employees or who have a contractual relationship with the residence to provide the services required who is at least 18

years of age and:

- (1) Awake and on the premises at all times;
- (2) Designated in charge of the operation of the residence; and
- (3) Physically and mentally capable of communication with emergency personnel.

All staff having contact with residents must have a criminal records check.

### **Administrator Education/Training**

The Department of Health Facilities shall issue an initial certificate for an administrator of an assisted living residence for a period of up to one year if the applicant meets all of the requirements. Persons holding a degree in a health-centered field from an accredited college or university that includes coursework in gerontology, personnel management, and financial management, and have satisfactorily completed a field experience of at least 40 hours within a 12-month period in a training capacity in a licensed assisted living residence that includes specified training are eligible for certification. Also eligible are persons holding a current Rhode Island nursing home administrator's license.

If an individual does not meet the above specified training requirements, a written examination as determined by the Department to test the qualifications of the individual as an assisted living residence administrator must be successfully completed.

### **Staff Education/Training**

All new employees must receive at least two hours of orientation and training in the areas listed below within 30 days of hire and prior to beginning work alone, in addition to any training that may be required for a specific job classification at the residences. Training areas include:

- (1) Fire and emergency procedures;
- (2) Recognition and reporting of abuse, neglect, and mistreatment;
- (3) Assisted living philosophy (goals/values: dignity, independence, autonomy, choice);
- (4) Resident's rights; and
- (5) Confidentiality.

New employees who will have regular contact with residents and provide residents with personal care must receive at least 10 hours of orientation and training in the areas listed below within 30 days of hire and prior to beginning work alone in the assisted living residence, in addition to the areas identified above.

Training areas include:

- (1) Basic sanitation and infection control (i.e., universal precautions);

- (2) Food service;
- (3) Medical emergency procedures;
- (4) Basic knowledge of aging-related behaviors;
- (5) Personal assistance;
- (6) Assistance with medications;
- (7) Safety of residents;
- (8) Record keeping;
- (9) Service plans;
- (10) Reporting; and
- (11) Where appropriate, basic knowledge of cultural differences.

Employees must have on-going in-service training as appropriate for their job classifications and that includes the topics identified above.

**Continuing Education (CE) Requirements**

To be eligible for recertification, an administrator must complete 32 hours of Department of Health approved continuing education within the previous two years. Twenty-four of the required 32 hours of continuing education must be contact hours. The remaining eight hours of continuing education may be non-contact hours.

**Entity Approving CE Program**

Approved continuing education programs in assisted living related areas include those offered or approved by:

- (1) Rhode Island Association of Facilities and Services for the Aging;
- (2) Rhode Island Assisted Living Association;
- (3) Rhode Island Health Care Association;
- (4) Alliance for Better Long Term Care;
- (5) Rhode Island Chapter, Alzheimer's Association;
- (6) Appropriate coursework from any regionally accredited college;
- (7) A national affiliate of any of the organizations listed above; and
- (8) Any other organizations as may be approved by the Assisted Living Residence Administrator Certification Board.

**Medicaid Policy and Reimbursement**

Two Medicaid home and community-based waivers cover services in assisted living, one for assisted living residents relocating from nursing homes and the other for the elderly and adults with physical disabilities.

## South Carolina

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<b>Licensure Term</b>	Community Residential Care Facilities
<b>Opening Statement</b>	Regulations have been in effect since 1986. Revised regulations took effect July 2001.
<b>Definition</b>	A community residential care facility offers room and board and a degree of personal assistance for a period of time in excess of 24 consecutive hours for two or more persons 18 years or older. It is designed to accommodate residents' changing needs and preferences, maximize residents' dignity, autonomy, privacy, independence, and safety, and encourage family and community involvement. Included in this definition is any facility that offers a beneficial or protected environment specifically for individuals who have mental illness or disabilities and facilities that are referred to as 'assisted living,' provided they meet the definition of community residential care facility.
<b>Disclosure Items</b>	Facilities caring for persons with Alzheimer's disease must disclose the form of care and treatment that distinguishes it as being suitable for persons with Alzheimer's disease; the admission/transfer and discharge criteria; care planning process; staffing and training; physical environment; activities; the role of family members; and the cost of care.
<b>Facility Scope of Care</b>	A facility must not admit or retain any person whose needs cannot be met by the accommodations and services provided by the facility. Facilities may not provide nursing services.
<b>Third Party Scope of Care</b>	Individuals requiring short-term, intermittent nursing care while convalescing from illness or injury may utilize the services of home health nurses.
<b>Move-In/Move-Out Requirements</b>	Facilities may not admit or retain residents who are dangerous to themselves or others, in need of daily attention of a licensed nurse, or require hospital or nursing care.
<b>Resident Assessment</b>	A resident assessment is required but there is not a specific required form. The assessment must include a procedure for determining the nature and extent of the problems and needs of a resident/potential resident to ascertain if the facility can adequately address those problems, meet those needs, and to secure information for use in the development of the individual

care plan. Included in the process is an evaluation of the physical, emotional, behavioral, social, spiritual, nutritional, recreational, and, when appropriate, vocational, educational, and legal status/needs of a resident/potential resident. Consideration of each resident's needs, strengths, and weaknesses also must be included in the assessment.

<b>Medication Management</b>	Medication administration by unlicensed staff who have been trained to perform these tasks is permitted.
<b>Physical Plant Requirements</b>	Private resident units must be a minimum of 100 square feet and multiple-occupancy resident units must provide a minimum of 80 square feet per resident.
<b>Residents Allowed Per Room</b>	A maximum of three residents is allowed per resident unit. Facilities that were licensed prior to July 27, 2001, may have a maximum of four residents per unit.
<b>Bathroom Requirements</b>	One toilet is required for every six residents and one tub/shower is required for every eight residents.
<b>Life Safety</b>	South Carolina is in the process of adopting standards, rules, and regulations promulgated through the State Fire Marshall's Office, the Internal Building Code, the International Fire Code, and various National Fire Protection Association (NFPA) standards, to include specifically NFPA 72 (fire alarm code) and NFPA 13 (sprinkler system code), and establish guidelines to be followed by licensed community residential care facilities.
<b>Alzheimer's Unit Requirements</b>	Facilities offering special care units or programs for residents with Alzheimer's disease must disclose the form of care or treatment provided that distinguishes it as being especially suitable for the resident requiring special care.
<b>Staff Training for Alzheimer's Care</b>	Training must be provided to all staff members/direct care volunteers prior to resident contact and as often as the facility determines is necessary, but at least annually. Training may be done by licensed/registered persons or through the use of video tapes or books. Training should be specific to the needs of residents in the facility, including communication techniques, understanding and coping with behaviors, resident safety, and appropriate activities.
<b>Staffing Requirements</b>	An administrator must be in charge of all functions and activities of the facility and must be available and responsible within a reasonable time and distance. There must be at least one staff person for every eight residents during all periods of peak resident activity. During night-time hours, at least one staff member must be on duty for every 30 residents. Additional staff members must be provided if the Department of Health and Environmental Control determines that the minimum staff requirements are inadequate to provide appropriate care, services, and supervision to the residents of a facility (for example, to ensure a resident's personal safety when safety precautions are needed until the resident is assessed by a

physician or other authorized healthcare provider for relocation to a higher level of care and subsequently relocated to an appropriate facility).

**Administrator  
Education/Training**

Administrators must have an associate's degree, at least one year of experience, and be licensed by the South Carolina Board of Long Term Care Administrators.

**Staff Education/Training**

Staff must complete in-service training programs that include training in basic first aid; procedures for checking vital signs (for designated staff); communicable diseases; medication management; care of persons specific to the physical/mental condition being cared for in the facility; use of restraints (for designated staff); OSHA standards regarding bloodborne pathogens; CPR; confidentiality; and fire response and emergency procedures. In-service training must be provided on a continuing basis and not less than annually.

**Continuing Education  
(CE) Requirements**

Administrators must complete 18 hours of continuing education per year. Courses must meet the domains of practice.

**Entity Approving  
CE Program**

The South Carolina Board of Long Term Care Administrators approves continuing education courses; however, NAB-approved courses are automatically approved.

**Medicaid Policy and  
Reimbursement**

There is no Medicaid home and community-based services waiver at this time.

## South Dakota

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<b>Agency</b>	Department of Health, Office of Health Care Facilities Licensure and Certification	<b>Phone</b>	(605) 773-3356
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<b>Web Site</b>	www.state.sd.us/doh/Facility/levels.htm		

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<b>Licensure Term</b>	Assisted Living Centers
<b>Opening Statement</b>	New regulations went into effect March 3, 2006.
<b>Definition</b>	Assisted living centers are defined as any institution, rest home, boarding home, place, building, or agency that is maintained and operated to provide personal care and services that meet some need beyond basic provision of food, shelter, and laundry to five or more persons in a free-standing, physically separated facility.
<b>Disclosure Items</b>	None identified.
<b>Facility Scope of Care</b>	Facilities must provide supportive services, activities, and services to meet the spiritual needs of residents. Facilities must also provide for the availability of physician services. Nothing in regulation limits or expands the rights of any healthcare worker to provide services within the scope of the professional's license, certification, or registration, as provided by South Dakota law. If the facility admits and retains residents on therapeutic diets, it must have a registered dietician consultant.
<b>Third Party Scope of Care</b>	Outside services utilized by residents must comply with and complement facility care policies. An unlicensed employee of a licensed facility may not accept any delegated skilled tasks from unemployed, noncontracted skilled nursing or therapy providers, or hospice providers.
<b>Move-In/Move-Out Requirements</b>	Before admission, a physician must determine that residents are in reasonably good health and free from communicable disease, chronic illness, or disability that would require any services beyond supervision, cueing, or limited hands-on physical assistance to carry out normal activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Facilities may not admit or retain residents who require more than intermittent nursing care or rehabilitation services. If individuals live in the center who are not capable of self-preservation, the center must comply with the Life Safety Code pertaining to individuals who do not have this capability. Residents covered by Medicaid cannot be involuntarily transferred or discharged unless their needs and welfare cannot be met by the facility.

<b>Resident Assessment</b>	Nursing assessments are not required. An assisted living center must ensure an evaluation of each resident's care needs is documented at the time of admission, 30 days after admission, and annually thereafter to determine if the facility can meet the needs for each resident. The resident evaluation instrument must be approved by the department and must address at least the following: (1) Nursing care needs; (2) Medication administration needs; (3) Cognitive status, including IADLs; (4) Mental health status; (5) Physical abilities including ADLs, ambulation, and the need for assistive devices; and (6) Dietary needs.
<b>Medication Management</b>	Facilities that admit or retain residents who require administration of medications must employ or contract with a licensed nurse to review and document resident care and condition at least weekly. Unlicensed staff must be at least 18 years of age, pass an approved medication course, and receive annual training for medication administration.
<b>Physical Plant Requirements</b>	Private resident units must be a minimum of 120 square feet and shared resident units must provide a minimum of 100 square feet per resident. If a facility admits and retains cognitively impaired residents, exit alarms must be installed. Call systems must be installed in facilities for physically impaired residents.
<b>Residents Allowed Per Room</b>	A maximum of two residents is allowed per resident unit.
<b>Bathroom Requirements</b>	Bathrooms must adjoin the resident rooms. Each resident room must have a toilet and a lavatory.
<b>Life Safety</b>	The 2000 edition of the Life Safety Code (LSC) has been adopted under South Dakota administrative rules for medical facilities. All newly constructed assisted living centers must be equipped with an automatic sprinkler system, fire alarm systems, and smoke detection systems based on their occupancy classification. These systems must be installed in accordance with National Fire Protection Association (NFPA) codes (NFPA-13 & NFPA 72). All existing assisted living centers are inspected for compliance using the appropriate occupancy classification of the LSC and NFPA codes and standards.
<b>Alzheimer's Unit Requirements</b>	Each facility with secured units must comply with the following: (1) Physician's order for confinement of the resident that includes medical symptoms that warrant seclusion that must be reviewed periodically; (2) Therapeutic programming must be provided and documented in the resident's plan of care; (3) Confinement may not be used as a punishment or for the convenience of staff; (4) Confinement and its necessity must be based on



comprehensive assessment of a resident's physical, cognitive, and psychosocial needs, and risks and benefits of confinement must be communicated to the resident's family;

(5) Comply with Life Safety Code regarding locked doors; and

(6) Staff working in secured unit must have specific training regarding the needs of residents in the unit and at least one caregiver must be on the secured unit at all times.

Any new secured unit must be located at grade level and have direct access to an outside area. Every new secured unit must have an outdoor area that is accessible to the residents and enclosed by a fence.

**Staff Training for  
Alzheimer's Care**

Staff working in secured units must have specific training regarding the needs of residents in the unit and at least one caregiver must be on the secured unit at all times.

**Staffing Requirements**

An administrator must be responsible for the daily overall management of the facility. There must be a sufficient number of qualified, awake personnel to provide effective care (at least 0.8 hours per resident per day). At least one staff person must be on duty at all times.

**Administrator  
Education/Training**

Administrators must be licensed health care professionals or hold a high school diploma or equivalent and complete a training program and competency evaluation. The department shall determine if other training programs are substantially equivalent to meet the regulation.

**Staff Education/Training**

The facility must have a formal orientation program and ongoing education for all staff. Ongoing education programs must cover the following subjects annually:

- (1) Fire prevention and response (the facility must conduct fire drills quarterly for each shift);
- (2) Emergency procedures and preparedness;
- (3) Infection control and prevention;
- (4) Accident prevention and safety procedures;
- (5) Proper use of restraints;
- (6) Patient and resident rights;
- (7) Confidentiality of resident information;
- (8) Incidents and diseases subject to mandatory reporting and facility's reporting mechanism;
- (9) Care of residents with unique needs;
- (10) Dining assistance, nutritional risks, and hydration needs of residents;
- (11) Working with cognitively impaired residents (if approved for admitting/retaining cognitively impaired residents); and
- (12) Oxygen handling and administration (if approved to provide supplemental oxygen).

**Continuing Education  
(CE) Requirements**

None specified.

**Entity Approving  
CE Program**

None specified.

**Medicaid Policy and  
Reimbursement**

A broad Medicaid home and community-based services waiver coupled with state funds covers services in assisted living.

## Tennessee

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**Agency** Department of Health, Division of Health Care Facilities **Phone** (615) 741-7221  
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**Licensure Term** Assisted Care Living Facilities

**Opening Statement** The regulations have been in effect since April 1998. Major revisions to the rules became effective in November 2002 and additional revisions became effective in February and August 2004. Facilities are also regulated by statute [T.C.A. 68-11-201(4) and (5)].

The Long-Term Care Community Choices Act of 2008 (Public Chapter 1190) changes the way facilities operate and will be regulated. Signed into law on June 17, 2008, the act allows Assisted Care Living Facilities to care for residents with greater health care needs and also clarifies that hospice services can be provided in such facilities. Regulations implementing the new law will be in effect in early 2009.

**Definition** An Assisted Care Living Facility (ACLF) is a building, establishment, complex, or distinct part that accepts primarily aged persons for domiciliary care. ACLFs provide the following on site to residents: room, board, non-medical living assistance services appropriate to the residents' respective needs, and medical services as prescribed by each resident's treating physician.

**Disclosure Items** The residence must have an accurate written statement regarding fees and services that will be provided to the resident upon admission.

**Facility Scope of Care** The facility may provide protective care and supervision, assistance with medications, and assistance with all activities of daily living (ADLs). All other services such as part-time or intermittent nursing care; physical, occupational, and speech therapy; medical social services; podiatry services; medical supplies other than drugs and biologicals; durable medical equipment; and hospice services shall be provided by an appropriately licensed or qualified health care professional or entity as would be provided to a private citizen in their own home.

**Third Party Scope of Care** Skilled nursing services including part-time or intermittent nursing care; physical, occupational, and speech therapy; and medical social services provided in the facility may be by a licensed home care organization, appropriately licensed staff of a

nursing home, or another appropriately licensed entity.

## **Move-In/Move-Out Requirements**

A facility shall not admit or permit the continued stay of any resident if he/she:

- (1) Requires treatment of extensive stage III or IV decubitus ulcer or exfoliative dermatitis;
- (2) Requires continuous nursing care which includes round-the-clock observation, assessment, monitoring, supervision, or provision of nursing services that can only be performed by a licensed nurse;
- (3) Has an active, infectious, and reportable disease in a communicable state that requires contact isolation;
- (4) Has verbal or physical aggressive behavior that poses an imminent physical threat to himself or herself or others, based not on the person's diagnosis, but on the behavior of the person;
- (5) Requires physical or chemical restraints, not including psychotropic medications prescribed for a manageable mental disorder or condition; or
- (6) Has needs that cannot be safely and effectively met in the ACLF.

If the individual or facility is no longer able to care for the individual's conditions, he or she must be transferred to an appropriate setting.

A facility may allow a resident to remain in the facility (but not initially admit him or her) for no longer than 21 days, if he or she requires:

- (1) Nasopharyngeal or tracheotomy aspiration;
- (2) Nasogastric feedings;
- (3) Gastrostomy feedings; or
- (4) Intravenous therapy or intravenous feedings.

If such treatments are intermittent and extend beyond 21 days, no more than two additional 21-day extensions may be granted by the ACLF provided that the resident's treating physician certifies that the person's intermittent need for such treatment can be safely and effectively met by care provided in the facility. ACLFs shall not permit the continued stay of existing residents who require such treatments on an ongoing basis unless the resident does not qualify for nursing facility level of care, in which case a waiver may be granted by the Board for Licensing Health Care Facilities, allowing the person to remain in the ACLF. A person who requires any of the treatments specified above and who is able to self-care for such conditions without the assistance of facility personnel or other appropriately licensed entity will not be subject to the limitations outlined above and may be admitted or permitted to continue as a resident in an ACLF.

Any ACLF resident who qualifies for hospice care shall be able to receive hospice services and continue as a resident of the facility as long as the resident's treating physician certifies that hospice care can be appropriately provided at the facility.

<b>Resident Assessment</b>	Facilities are required to assess prospective residents before they move in to make sure they meet the definition of an ACLF resident. Periodic assessments must be done to be sure residents do not need to be moved to a higher level of care.
<b>Medication Management</b>	Medication must be self-administered or administered by a licensed professional. The facility may assist residents with medication, including reading labels, reminders, and observation.
<b>Physical Plant Requirements</b>	A minimum of 80 square feet of bedroom space must be provided to each resident. All new facilities must conform to the current editions of the Standard Building Code, the National Fire Protection Code of the National Fire Protection Association (NFPA), the National Electrical Code, and the U.S. Public Health Service Food Code as adopted by the Board for Licensing Health Care Facilities. When referring to height, area or construction type, the Standard Building code shall prevail. All new and existing facilities are subject to the requirements of the Americans with Disabilities Act.
<b>Residents Allowed Per Room</b>	A maximum of two residents is allowed per resident unit.
<b>Bathroom Requirements</b>	Each toilet, lavatory, bath, or shower shall serve no more than six residents.
<b>Life Safety</b>	All facilities must be protected throughout by an approved automatic sprinkler system using quick-response or residential sprinklers. All facilities must have electrically operated smoke detectors with battery back-up power operating at all times in at least sleeping rooms, day rooms, corridors, laundry rooms, and any other hazardous areas. In addition to state and federal laws and regulations, Tennessee adheres to NFPA standards.
<b>Alzheimer's Unit Requirements</b>	Facilities are permitted to have secured units and can retain residents up to the last stages of Alzheimer's disease, consistent with the above admission/discharge criteria. Facilities utilizing secured units must provide to survey staff specific information and documentation accumulated during the previous 12 months regarding staffing patterns, care provided, and other health-related issues.
<b>Staff Training for Alzheimer's Care</b>	Any staff working on a secured unit must have annual in-service training, including at least the following subject areas: <ol style="list-style-type: none"><li>(1) Basic facts about the causes, progression, and management of Alzheimer's disease and related disorders;</li><li>(2) Dealing with dysfunctional behavior and catastrophic reactions in the residents;</li><li>(3) Identifying and alleviating safety risks to the resident;</li></ol>

- (4) Providing assistance with ADLs for the resident; and
- (5) Communication with families and other persons interested in the resident.

**Staffing Requirements**

Facilities must employ an administrator, an identified responsible attendant, and a sufficient number of staff to meet the needs, including medical services as prescribed, of the residents. A licensed nurse must be available as needed.

**Administrator Education/Training**

Administrators must hold a high school diploma or equivalent, and must not have been convicted of a criminal offense involving the abuse or intentional neglect of an elderly or vulnerable individual. An administrator must be certified by the Board for Licensing Health Care Facilities, unless the administrator is currently licensed in Tennessee as a nursing home administrator as required by T.C.A. 63-16-101.

**Staff Education/Training**

The responsible attendant and direct care staff must be at least 18 years of age.

**Continuing Education (CE) Requirements**

Administrators must complete 24 hours of continuing education every two years in courses related to Tennessee rules and regulations, health care management, nutrition and food service, financial management, and healthy lifestyles.

**Entity Approving CE Program**

Tennessee Board of Licensing Health Care Facilities. All NAB-approved courses are automatically accepted. Continuing education courses sponsored by the state and/or national association that focus on geriatric care are also accepted. However, there is no licensing board for ACLF administrators.

**Medicaid Policy and Reimbursement**

Tennessee has both a state-only funded and a Medicaid-funded home and community-based services waiver program. ACLF services are included in the waiver with the exception of room and board. ACLFs also can provide respite care to eligible individuals.

## Texas

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**Licensure Term** Assisted Living Facilities

**Opening Statement** The Assisted Living Facility (ALF) regulations were revised in June 2006. Usage of certain restraints was prohibited by legislative mandate.

**Definition** ALFs may provide assistance with activities of daily living (ADLs). There are several types of ALFs.

In a Type A ALF, a resident must be mentally and physically capable of evacuating the facility unassisted in the event of an emergency; may not require routine attendance during sleeping hours; and must be capable of following directions.

In a Type B ALF, a resident may require staff assistance to evacuate; be incapable of following directions under emergency conditions; require attendance during sleeping hours; may not be permanently bedfast, but may require assistance in transferring to and from bed.

A Type C ALF is a four-bed, adult foster care, contracted facility that must meet the contracting requirements.

In a Type E ALF, a resident must be physically and mentally capable of evacuating the facility unassisted within three minutes without staff assistance; must not require routine attendance during nighttime sleeping hours; and must be capable of following directions. A facility may provide medication supervision but may not assist with ADLs.

**Disclosure Items** There is a state-approved disclosure form that is required of all facilities. Facilities that provide services to residents with Alzheimer's disease are required to disclose the services and care provided.

**Facility Scope of Care** Facilities may provide assistance with ADLs, assist with the administration and management of medication, and occasional nursing care within the scope of practice of the licensed employee and within the ALF regulations.

**Third Party Scope of Care** If additional services are necessary, residents may contract to have home health services delivered.

<b>Move-In/Move-Out Requirements</b>	Facilities must not admit or retain persons whose needs cannot be met by the facility or by the resident contracting with a home health agency.
<b>Resident Assessment</b>	A comprehensive resident assessment is required. There is no state-mandated form. Facilities must include specific criteria from the licensing regulations on their assessment form.
<b>Medication Management</b>	Residents who choose not to or cannot self-administer medication must have medication administered by a person who holds a current license to administer medication; holds a current medication aide permit (this person must function under the direct supervision of a licensed nurse on duty or on call); or is an employee of the facility to whom the administration of medication has been delegated by a registered nurse. Staff who are not licensed or certified may assist with self-administration of medication as allowed under the regulations.
<b>Physical Plant Requirements</b>	<p>Bedroom usable floor space for Type A and Type E facilities must be at least 80 square feet for a single-bed room and not less than 60 square feet per bed for a multiple-bed room. Bedroom usable floor space for Type B facilities must be at least 100 square feet per bed for a single-bed room, and not less than 80 square feet per bed for a multiple-bed room. In a Type C facility, bedrooms must have at least 80 square feet of floor space in a single-occupancy room and at least 60 square feet of floor space per client in a double-occupancy room.</p> <p>The regulations list extensive fire safety requirements under Chapters 12 or 21 of the National Fire Protection Association (NFPA) Life Safety Code. Type A ALFs are classified as 'slow' evacuation; Type B facilities are 'impractical' evacuation; and Type E ALFs are classified as 'prompt' evacuation.</p> <p>For Type C facilities, there must be a conspicuously posted emergency/disaster evacuation plan. An evacuation drill must be held every six months with at least one of the required drills occurring during sleeping hours. Each facility must have an operational smoke detection system and a portable ABC-type fire extinguisher charged and ready for use.</p>
<b>Residents Allowed Per Room</b>	A maximum of four residents is allowed per resident unit. No more than 50 percent of residents can be in units with more than two residents.
<b>Bathroom Requirements</b>	All bedrooms must be served by separate private, connecting, or general toilet rooms for each gender. A minimum of one water closet, lavatory, and bathing unit must be provided on each sleeping floor. One water closet and one lavatory for every six residents and one tub or shower for every ten residents is required.



**Life Safety**

ALFs must meet the requirements of the 1988 edition of NFPA 101, the Life Safety Code. Type A large and small facilities, Type E facilities, and Type B small facilities must meet Chapter 21, Residential Board and Care Occupancies based on evacuation capability. Type B large facilities must meet Chapter 12, New Healthcare Occupancies. Sprinkler requirements are established in the Life Safety Code, with Type B facilities requiring sprinkler coverage. Fire alarm and smoke detection systems are established in the Life Safety Code with additional minimum coverage requirements established by state rules.

**Alzheimer's Unit Requirements**

Any facility that advertises, markets, or promotes itself as providing specialized care for persons with Alzheimer's disease or related disorders must be certified. Alzheimer's certified facilities are required to have a Type B license. The facility must provide a disclosure statement that describes the nature of its care or treatment of residents with Alzheimer's disease and related disorders.

**Staff Training for Alzheimer's Care**

All staff must receive dementia-specific orientation prior to assuming job responsibilities. Direct care staff in an Alzheimer's-certified ALF must annually complete 12 hours of in-service education regarding Alzheimer's disease.

**Staffing Requirements**

Each facility must designate a manager to have authority over its operation. A facility must have sufficient staff to maintain order, safety, and cleanliness; assist with medication regimens; prepare and service meals; assist with laundry; provide supervision and care to meet basic needs; and, to ensure evacuation in case of an emergency. There is no specific staffing ratio. Facilities must disclose their staffing patterns and post them monthly.

**Administrator Education/Training**

In small facilities, managers must have a high school diploma or certification of equivalency of graduation. In large facilities, a manager must have an associate's degree in nursing, health care management, or a related field; a bachelor's degree; or, proof of graduation from an accredited high school or certification of equivalency and at least one year of experience working in management or in health care management. Managers hired after August 2000 must complete a 24-hour course in assisted living management within their first year of employment.

**Staff Education/Training**

Full-time facility attendants must be at least 18 years of age or hold a high school diploma. The regulations list specific training requirements for licensed nurses, nurse aides, and medication aides. All staff must receive four hours of orientation on specific topics before assuming any job responsibilities. Attendants must complete 16 hours of on-the-job supervision and training within their first 16 hours of employment following orientation.

**Continuing Education (CE) Requirements**

Direct care staff in an Alzheimer's-certified ALF must annually complete 12 hours of in-service education regarding Alzheimer's disease.

Direct care staff in ALFs must annually complete six hours of in-service education. Specific topics must be covered annually. Two hours of training must be competency-based.

Managers must complete 12 hours of continuing education per year in courses related to at least two of the following areas:

- (1) Resident and provider rights and responsibilities;
- (2) Abuse/neglect, and confidentiality;
- (3) Basic principles of supervision;
- (4) Skills for working with residents, families, and other professional service providers;
- (5) Resident characteristics and needs;
- (6) Community resources;
- (7) Accounting and budgeting;
- (8) First aid; and
- (9) Federal laws, such as the Americans With Disabilities Act and Fair Housing Act.

**Entity Approving CE Program**

None specified.

**Medicaid Policy and Reimbursement**

A Medicaid home and community-based services waiver covers services in assisted living.

## Utah

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<b>Agency</b>	Department of Health, Facility Licensing, Certification and Resident Assessment	<b>Phone</b>	(801) 538-6158
<b>Contact</b>	Tracy Freeman	<b>Phone</b>	(801) 538-6158
<b>E-mail</b>	tfreeman@utah.gov		
<b>Web Site</b>	www.health.utah.gov/licensing		

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<b>Licensure Term</b>	Assisted Living Facilities
<b>Opening Statement</b>	Regulations have been in effect since 1998. Revised regulations were adopted in 2001.
<b>Definition</b>	Type I Assisted Living Facilities provide assistance with activities of daily living (ADLs) and social care to two or more residents who are capable of achieving mobility sufficient to exit the facility without the assistance of another person. Type II Assisted Living Facilities are homelike and provide an array of 24-hour coordinated supportive personal and health care services to residents capable of achieving mobility sufficient to evacuate the facility with the assistance of one person.
<b>Disclosure Items</b>	None specified.
<b>Facility Scope of Care</b>	Facilities must provide personal care, food service, housekeeping, laundry, maintenance, activity programs, administration, and assistance with self-administration of medication, and arrange for necessary medical and dental care. Facilities may provide intermittent nursing care.
<b>Third Party Scope of Care</b>	Residents have the right to arrange directly for medical and personal care with an outside agency.
<b>Move-In/Move-Out Requirements</b>	<p>Residents in a Type I facility must meet the following criteria before being admitted:</p> <ol style="list-style-type: none"><li>(1) Be ambulatory or mobile and capable of taking life-saving action in an emergency;</li><li>(2) Have stable health;</li><li>(3) Require no assistance or only limited assistance from staff with ADLs; and</li><li>(4) Require and receive regular or intermittent care or treatment in the facility from a licensed health professional. Type I facilities must not accept or retain persons who require significant assistance during the night; are unable to take life-saving action in an emergency without assistance; and require close supervision and a controlled environment.</li></ol> <p>Both Type I and II facilities must not admit or retain persons who:</p> <ol style="list-style-type: none"><li>(1) Manifest behavior that is a danger to self or others;</li><li>(2) Have active tuberculosis or other communicable diseases; or</li></ol>

(3) Require inpatient hospital or nursing care.

Type II facilities may accept or retain residents who require significant assistance in more than two ADLs. Residents admitted to a Type II facility must not be 'dependent.'

For both Type I and Type II facilities, a resident may be discharged, transferred, or evicted if the facility is no longer able to meet the needs of the resident; the resident fails to pay for services as required by the admission agreement; and/or the resident fails to comply with policies or rules.

<b>Resident Assessment</b>	There is a mandated assessment form that is available on the agency Web site. The form must be updated every six months.
<b>Medication Management</b>	Licensed staff may administer medication and unlicensed staff may assist with self-medication. There are four appropriate scenarios for medication administration: 1) The resident may self-administer; 2) The resident may self-direct with staff assistance; 3) Family members may administer, but must have total responsibility for all medications; and 4) Staff may administer with appropriate delegation from a licensed health care professional.
<b>Physical Plant Requirements</b>	Private resident units (without living rooms, dining areas, or kitchens) must be a minimum of 120 square feet and double-occupancy resident units must be a minimum of 200 square feet.
<b>Residents Allowed Per Room</b>	A maximum of two residents is allowed per unit.
<b>Bathroom Requirements</b>	Common toilet, lavatory, and bathing facilities are permitted.
<b>Life Safety</b>	Facilities must comply with the International Building Code for construction and the International Fire Code for fire safety maintenance. Assisted Living Type I facilities are not required to have fire sprinklers until they reach 17 total licensed beds or have at least 4,500 square feet of building space. Type II facilities are required to have fire sprinklers unless they qualify as a Limited Capacity facility, which has two to five residents. Smoke detectors are required throughout all types of assisted living facilities.
<b>Alzheimer's Unit Requirements</b>	A Type II facility with approved secured units may admit residents with a diagnosis of Alzheimer's/dementia if the resident is able to exit the facility with limited assistance from one person.
<b>Staff Training for Alzheimer's Care</b>	There must be at least one staff with documented training in Alzheimer's/dementia care in the secured unit at all time.
<b>Staffing Requirements</b>	Facilities must employ an administrator. Direct care staff are required on site 24 hours per day to meet resident needs as determined by assessments and service plans.

In Type I facilities, all staff must be at least 18 years of age and have related experience in the job to which they are assigned in the facility or receive on-the-job training.

In Type II facilities, staff providing personal care must be certified nursing assistants or complete this training and become certified within four months of date of hire.

**Administrator  
Education/Training**

Administrators must be 21 years of age and successfully complete criminal background screening.

For Type I facilities, an associate's degree or two years experience in a health care facility is required.

For Type II facilities, administrators must complete a Department-approved, national certification program within six months of hire and meet at least one of the following: hold an associate's degree in the health care field; have at least two years' management experience in the health care field; have one year experience in the health care field as a licensed health care professional.

In addition to these requirements, the administrator of a large Type II facility must have one or more of the following:

- (1) A health facility administrator license;
- (2) A bachelor's degree in a health care field to include management training or one or more years of management experience;
- (3) A bachelor's degree in any field, to include management training or one or more years of management experience and one or more years experience in a health care field; or
- (4) An associate's degree and four years or more management experience in a health care field.

**Staff Education/Training** All staff must complete orientation to include job descriptions; ethics, confidentiality, and resident rights; fire and disaster plan; policies and procedures; and report responsibility for abuse, neglect, and exploitation. Staff must also complete extensive in-service training.

**Continuing Education  
(CE) Requirements** None specified.

**Entity Approving  
CE Program** None specified.

**Medicaid Policy and Reimbursement**

Five types of Medicaid home and community-based services waivers are utilized for assisted living facilities, including aging, acquired brain injury, mental retardation and related conditions, physical disabilities, and technologically dependent/medically fragile waivers. A state-operated program also covers some personal care services and includes elderly beneficiaries in urban areas.

## Vermont

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<b>Agency</b>	Vermont Department of Disabilities, Aging, and Independent Living, Division of Licensing & Protection	<b>Phone</b>	(802) 241-2345
<b>Contact</b>	Fran Keeler	<b>Phone</b>	(802) 241-2345
<b>E-mail</b>	frances.keeler@ahs.state.vt.us		
<b>Web Site</b>	<a href="http://www.dail.vermont.gov/">http://www.dail.vermont.gov/</a>		

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<b>Licensure Term</b>	Assisted Living Residences
<b>Opening Statement</b>	Regulations for assisted living were adopted in March 2003. Assisted Living Residences also have to comply with Vermont's Residential Care Home licensing regulations.
<b>Definition</b>	An assisted living residence is a program that combines housing, health, and supportive services to support resident independence and aging in place. Within a homelike setting, the residence must offer a minimum of a private bedroom, private bath, living space, kitchen capacity, and a lockable door. Assisted living must promote resident self-direction and active participation in decision making while emphasizing individuality, privacy, and dignity.
<b>Disclosure Items</b>	<p>A uniform disclosure form is required and must be available to residents prior to or at admission and to the public upon request. Information required includes:</p> <ol style="list-style-type: none"><li>(1) The services the assisted living residence will provide;</li><li>(2) The public programs or benefits that the assisted living residence accepts or delivers;</li><li>(3) The policies that affect a resident's ability to remain in the residence;</li><li>(4) If there are specialized programs offered, such as dementia care, a written statement of philosophy and mission and a description of how the assisted living residence can meet the specialized needs of residents; and</li><li>(5) Any physical plant features that vary from those required by regulation.</li></ol>
<b>Facility Scope of Care</b>	<p>The facility must provide services such as, but not limited to:</p> <ol style="list-style-type: none"><li>(1) 24-hour staff supervision to meet emergencies, and scheduled and unscheduled needs;</li><li>(2) Assistance with all personal care activities and instrumental activities of daily living;</li><li>(3) Nursing assessment, health monitoring, routine nursing tasks, and intermittent skilled nursing services;</li><li>(4) Appropriate supervision and services for residents with dementia or related issues requiring ongoing staff support and supervision; and</li><li>(5) Medication management, administration, and assistance.</li></ol>

<b>Third Party Scope of Care</b>	<p>A resident needing skilled nursing care may arrange for that care to be provided in the facility by a licensed nurse as long as it does not interfere with other residents.</p> <p>Facilities must provide access or coordinate access to ancillary services for medical-related care, regular maintenance of assistive devices and equipment, barber/beauty services, social/recreational opportunities, hospice, home health, and other services necessary to support the resident.</p> <p>Residents may arrange for third-party services not available through the assisted living residence through a provider of their choice.</p>
<b>Move-In/Move-Out Requirements</b>	<p>Assessment must be done by a registered nurse (RN) within 14 days of move-in. Residents may be discharged if they pose an immediate threat to themselves that cannot be managed through a negotiated risk agreement or to others, or if their needs cannot be met with available support services and arranged supplemental services. However, if a facility is able to, it may retain residents who need:</p> <ol style="list-style-type: none"> <li>(1) 24-hour on-site nursing care;</li> <li>(2) Are bedridden for more than 14 consecutive days;</li> <li>(3) Are dependent in four or more activities of daily living;</li> <li>(4) Have severe cognitive decline;</li> <li>(5) Have stage III or IV pressure sores; or</li> <li>(6) Have a medically unstable condition.</li> </ol>
<b>Resident Assessment</b>	<p>There is a required assessment form: Vermont Residential Care Home/Assisted Living Residence Assessment Tool. This tool is not available online.</p>
<b>Medication Management</b>	<p>If residents are unable to self-administer medications, they may receive assistance with administration of medications from trained facility staff. Staff may be trained to administer medications by delegation from an RN in accordance with regulations and Vermont's Nurse Practice Act.</p>
<b>Physical Plant Requirements</b>	<p>Private resident units must be a minimum of 225 square feet (160 in pre-existing structures), excluding bathrooms and closet. Each resident unit shall include a private bedroom, private bathroom, living space, kitchen capacity, adequate space for storage, and a lockable door.</p> <p>The licensing agency may grant variances for pre-existing structures in specified instances.</p>
<b>Residents Allowed Per Room</b>	<p>All resident units must be private occupancy unless a resident voluntarily chooses to share the unit.</p>
<b>Bathroom Requirements</b>	<p>All resident units must have a private bathroom.</p>



**Life Safety**

Vermont uses the 2003 edition of the National Fire Protection Association Life Safety Code as the basis for fire safety standards for assisted living facilities. The Department of Public Safety administers life safety rules published at <http://www.dps.state.vt.us/fire/05firecodeadopted.pdf>.

Requirements vary based on building type. Smoke detector and sprinkler system requirements apply to most facilities. The highest requirements apply to new construction. Effective October 2005, carbon monoxide detectors are required, and beginning in 2007 carbon monoxide detectors must be hard-wired (versus battery-powered).

**Alzheimer's Unit Requirements**

Special care units must meet requirements of the Residential Care Home Licensing Regulations at 5.6 (incorporated by reference into the Assisted Living Licensing Regulations). A residence must obtain approval from the licensing agency prior to establishing and operating a special care unit. Approval is based on demonstration that the unit will provide specialized services to a specific population. A request for approval must include all of the following:

- (1) A statement outlining the philosophy, purpose, and scope of services to be provided;
- (2) A definition of the categories of residents to be served;
- (3) A description of the organizational structure of the unit consistent with the unit's philosophy, purpose, and scope of services;
- (4) A description and identification of the physical environment;
- (5) The criteria for admission, continued stay, and discharge; and
- (6) A description of unit staffing, including staff qualifications; orientation; in-service education and specialized training; and medical management and credentialing as necessary.

**Staff Training for Alzheimer's Care**

Staff who have any direct care responsibility shall have training in communication skills specific to persons with Alzheimer's disease and other types of dementia.

**Staffing Requirements**

Staff must have access to the administrator and/or designee at all times. At least one personal care assistant must be on site and available 24-hours per day to meet residents' scheduled and unscheduled needs. On-site trained staff must be available in sufficient number to meet the needs of each resident. An RN or licensed practical nurse must be on site as necessary to oversee service plans.

**Administrator Education/Training**

The director must have completed a state-approved certification course or have one of the following:

- (1) At least an associate's degree in the area of human services and two years of administrative experience in adult residential care;
- (2) Three years of general experience in residential care,

including one year in management, supervisory, or administrative capacity;  
(3) A current Vermont license as a nurse or nursing home administrator; or  
(4) Other professional qualifications and experience related to the provision of healthcare services or management of healthcare facilities including, but not limited to, that of a licensed or certified social worker.

**Staff Education/Training** All staff providing personal care must be at least 18 years of age. All staff must be oriented to the principles and philosophy of assisted living and receive training on an annual basis regarding the provision of services in accordance with the resident-driven values of assisted living. All staff providing personal care must receive training in the provision of personal care activities (e.g., transferring, toileting, infection control, Alzheimer's, and medication assistance and administration). Staff who have any direct care responsibility must have training in communications skills specific to persons with Alzheimer's disease and other types of dementia.

**Continuing Education (CE) Requirements** Directors/administrators must complete 20 hours of continuing education per year in courses related to assisted living principles and the philosophy and care of the elderly and disabled individuals. All personal care services staff must receive 24 hours of continuing education in courses related to Alzheimer's disease, medication management and administration, behavioral management, documentation, transfers, infection control, toileting, bathing, etc.

**Entity Approving CE Program** The licensing agency approves continuing education hours as part of the annual survey process.

**Medicaid Policy and Reimbursement** Two programs cover assisted living services: The Assistive Community Care Services Program is a Medicaid state plan service that pays for services below nursing home level of care. Any resident who qualifies for the setting and is enrolled in Medicaid is eligible.

The Choices for Care 1115 Program includes an enhanced residential care service that provides funding for services to persons at the "highest" classification of need as an entitlement, and to as many persons at the "high" need classification as funds permit. The program began in October 2005. All participating individuals have needs that meet Vermont's nursing home level of care guideline and meet long-term care Medicaid requirements.

## Virginia

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**Licensure Term** Assisted Living Facilities

**Opening Statement** In 2008, regulatory agencies promulgated regulations scheduled to become effective February 5, 2009 to implement legislation related to licensure of administrators and registration of medication aides and to coordinate with the standards of the Board of Long Term Care Administrators and Board of Nursing at the Virginia Department of Health Professions. Changes were made in other areas including disease outbreaks, resident funds, TB risk assessment, bed hold policies, individualized service plans, fire safety inspections, and fire and emergency evacuation drills. The standards emphasize resident-centered care and services and include requirements that strive for a more homelike environment for residents.

**Definition** An assisted living facility is a congregate residential setting that provides or coordinates personal and health care services, 24-hour supervision, and assistance for the maintenance or care of four or more adults who are aged, infirm, or disabled and who are cared for in a primarily residential setting. Facilities may be licensed to provide two levels of care: residential living care and assisted living care, or just residential living care.

**Disclosure Items** Assisted living facilities must provide a disclosure statement on a department form to prospective residents, with the information also available to the general public. The disclosure statement includes the following information about the facility: ownership structure; licensed capacity; characteristics of the resident population; accommodations, services, and care; fees charged for accommodations, services, and care; policy regarding increases in charges; advance or deposit payments; criteria for and restrictions on admission; criteria for transfer; criteria for discharge; rules regarding resident conduct; categories and frequency of activities; staffing on each shift; notification that contractor names are available upon request; and the department Web site address.

**Facility Scope of Care** Facilities provide residents assistance with activities of daily living, other personal care services, social and recreational activities, and protective supervision. Services are provided to meet the needs of residents, consistent with individualized service plans. Service plans support individuality, personal

**Third Party Scope of Care**

dignity, and freedom of choice.

A licensed health care professional must be either directly employed or retained on a contractual basis to provide periodic health care oversight. Periodic reviews of residents' medications, when required, are performed by licensed health care professionals who are directly employed or are employed by a third party. Periodic oversight of special diets by a dietitian or nutritionist, either through direct or contractual employment, is required. If skilled nursing treatments are needed by a resident, they must be provided by a licensed nurse employed by the facility or by contractual agreement with a licensed nurse, a home health agency, or a private duty licensed nurse. For each resident requiring mental health services, appropriate services based on evaluation of the resident must be secured from a mental health provider.

**Move-In/Move-Out Requirements**

The regulations list several specific criteria for residents who may not be admitted or retained, including, but not limited to, those with:

- (1) Ventilator dependency;
- (2) Some stage III and all stage IV dermal ulcers;
- (3) Nasogastric tubes;
- (4) Imminent physical threat or danger to self or others;
- (5) Need for continuous licensed nursing care; and
- (6) Physical or mental health care needs that cannot be met by a facility as determined by the facility.

**Resident Assessment**

The Uniform Assessment Instrument (UAI) is the department-designated form used to assess all assisted living facility residents. There are two versions of the UAI, one for residents receiving Auxiliary Grants and one for private pay residents. Social and financial information that is not relevant because of a resident's payment status is not included on the private pay version. The UAI must be completed prior to admission and updated at least once every 12 months, or more often if needed. The forms are available on the agency Web site. An individual also must have a physical examination prior to admission. In addition, if needed, there must be a screening of psychological, behavioral, and emotional functioning.

**Medication Management**

Medications may be administered by licensed individuals or by medication aides who have successfully completed a Board of Nursing approved training program, have passed a competency evaluation, and are registered with the Virginia Board of Nursing. Each facility must have a written plan for medication management.

**Physical Plant Requirements**

Private resident bedrooms must be a minimum of 100 square feet if the building was approved for construction or a change in use and occupancy classification on or after February 1, 1996;

otherwise a minimum of 80 square feet is required. Shared resident bedrooms must be a minimum of 80 square feet per resident if the building was approved for construction or change in use and occupancy classification on or after February 1, 1996; otherwise a minimum of 60 square feet per resident is required. Other physical plant requirements also apply.

**Residents Allowed Per Room**

If the building was approved for construction or change in use and occupancy classification on or after December 28, 2006, there may not be more than two residents residing in a bedroom. Otherwise, there may not be more than four residents residing in a bedroom.

**Bathroom Requirements**

As of December 28, 2006, in all buildings approved for construction or change in use and occupancy classification, on floors where there are resident bedrooms, there must be at least one toilet and one sink for every four persons and at least one bathtub or shower for every seven persons. When more than four persons live on a floor, toilets, sinks, and bathtubs or showers must be in separate rooms for men and women. Unless the provisions immediately above apply, on floors where there are resident bedrooms, there must be at least one toilet and one sink for every seven persons and at least one bathtub or shower for every 10 persons. When more than seven persons live on a floor, toilets, sinks, and bathtubs or showers must be in separate rooms for men and women. There are other requirements for bathrooms on floors used by residents where there are no resident bedrooms and on floors where there are resident bedrooms as well as the main living or dining area.

**Life Safety**

A written plan for fire and emergency evacuation is required. This plan must be approved by the appropriate fire official. Fire and emergency evacuation drawings must be posted in all facilities. The telephone numbers for the fire department, rescue squad or ambulance, police, and Poison Control Center must be posted by each telephone shown on the fire and emergency evacuation plan or, under specified circumstances, by a central switchboard. Staff and volunteers are to be fully informed of the approved fire and emergency evacuation plan, including their duties, and the location and operation of fire extinguishers, fire alarm boxes, and any other available emergency equipment.

Fire and emergency evacuation drill frequency and participation are in accordance with the current edition of the Virginia Statewide Fire Prevention Code. Additional fire and emergency evacuation drills may be held at the discretion of the administrator or licensing inspector and must be held when there is any reason to question whether the requirements of the approved fire and emergency evacuation plan can be met. Each required fire and emergency evacuation drill must be unannounced and its effectiveness evaluated. Any problems identified in the evaluation must be corrected. A record of the

required fire and emergency evacuation drills is to be kept in the facility for two years.

Assisted living facilities must comply with the sprinkler and smoke detector requirements of the appropriate building and/or fire codes. The International Fire Code is used.

### **Alzheimer's Unit Requirements**

The regulations cover facilities caring for adults with serious cognitive impairments due to a primary psychiatric diagnosis of dementia who cannot recognize danger or protect their own safety and welfare. At least two direct care staff members must be in the special care unit at all times, with an exception allowing one staff person in the unit under specified circumstances. Doors leading to the outside are required to be monitored or secured. There must be protective devices on bedroom and bathroom windows and on common area windows that are accessible to residents with dementia. Free access to an indoor walking corridor or other area that may be used for walking must be provided. There are other specific requirements for special care units and who may be in them.

### **Staff Training for Alzheimer's Care**

The administrator and direct care staff must complete four hours of training in cognitive impairments due to dementia within two months of employment. The administrator and direct care staff must also complete at least six more hours of training in caring for residents with cognitive impairment due to dementia within the first year of employment. Topics that must be included in the training are specified. There are annual training requirements for direct care staff and for the administrator.

### **Staffing Requirements**

The facility must have an administrator who is responsible for overseeing its operation. The facility is required to have staff adequate in knowledge, skills, and abilities and sufficient in number to provide services to maintain the physical, mental, and psychosocial well-being of each resident, and to implement the fire and emergency evacuation plan. There must be a staff member on the premises at all times who has a current first aid certificate, unless the facility has an on-duty registered nurse or licensed practical nurse. In addition, each direct care staff member must receive certification in first aid within 60 days of employment and then maintain current certification. There must also be a staff member on the premises at all times who has current certification in CPR. In facilities licensed for more than 100 residents, there must be at least one additional employee with current CPR certification for every 100 residents or portion thereof. A licensed health care professional must be on site at least every six months to provide health care oversight for residents who meet the residential living care criteria and at least every three months for residents who meet the assisted living care criteria. There are additional requirements to meet skilled nursing and rehabilitative needs of residents.

**Administrator  
Education/Training**

Effective January 2, 2009, an administrator of a facility licensed for both residential and assisted living care must be licensed by the Virginia Board of Long Term Care Administrators. An administrator of a facility licensed for residential living care only is not required to be licensed. Licensed assisted living facility administrators are regulated and governed by the Board of Long Term Care Administrators, which has specific educational and Administrator in Training requirements, as well as a requirement for 20 hours of continuing education annually. For facilities licensed for residential living care only, an administrator must be a high school graduate or have a GED, have at least 30 credit hours of post secondary education from an accredited college or university or a Department of Social Services approved course specific to the administration of an assisted living facility, and have at least one year of administrative or supervisory experience in caring for adults in a group care facility.

**Staff Education/Training**

Staff are required to be trained in specified areas to protect the health, safety, and welfare of residents. When the assisted living level of care is provided, direct care staff must be registered as a certified nurse aide or complete one of the other specified educational curricula.

**Continuing Education  
(CE) Requirements**

The Board of Long Term Care Administrators regulates licensed administrators and requires 20 hours of approved continuing education annually. The Department of Social Services requires 20 hours of continuing education annually for any unlicensed administrators of residential living care only facilities. The training required by the Department of Social Services must be related to management or operation of the facility or related to the resident population. Direct care staff must complete at least eight hours annually (for residential living level of care) or 16 hours annually (for the assisted living level of care) of continuing education related to the population in care.

**Entity Approving  
CE Program**

The Board of Long Term Care Administrator regulations specify that CE programs must be approved by the National Association of Long Term Care Administrator Boards or an accredited educational institution or a governmental agency if the individual is a licensed assisted living facility administrator. If an administrator is not licensed, the Department of Social Services does not require approval for CE programs.

**Medicaid Policy and  
Reimbursement**

A Medicaid Alzheimer's assisted living waiver became effective in 2006.

## Washington

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**Licensure Term** Boarding Home

**Opening Statement** The Washington State Department of Social and Health Services/Aging and Disability Services Administration (DSHS/ADSA) is responsible for the licensing and contracting of boarding homes. The last rule revisions will become effective January 2009.

On March 28, 2008, a new law (SB 6807) took effect requiring boarding homes withdrawing from the Medicaid program to continue to provide Medicaid services to existing Medicaid residents and to residents who have been paying privately for at least two years and who become eligible for Medicaid with 180 days of the withdrawal. After a challenge by a provider association, a federal district court ruled Jan. 14, 2009 that the law's provisions were unconstitutional under the Contract Clause of the U.S. Constitution for provider agreements in effect March 28, 2008, when the law was passed; the law remains in effect for provider agreements entered into after March 28, 2008.

In the November 2008 general election, Washington state voters approved Initiative 1029 requiring FBI background checks for all home and community-based caregivers, including those in board homes, and implementing additional caregiver training and new certification requirements. The initiative increases required training to 75 hours and mandates a certification examination for all caregivers who have not met current training standards by January 2010. As of January 2009, Washington State Governor Chris Gregoire had proposed suspension of the initiative as a budget-cutting measure.

A new boarding home resident protection program subchapter, Washington Administrative Code (WAC) 388-78A-3400 through 3480, became effective in early 2008. Also, new respite care requirements, consistent with a 2008 state statute, are effective January 2009. Boarding home audio and video monitoring and electronic monitoring rule sections were updated, and are effective, January 2009. Revisions to water supply, lighting, and roll-in shower requirements were made regarding new construction. These are effective January 2009. Visit the department's rulemaking webpage to see final rules when they



adopted at:

<http://www.dshs.wa.gov/msa/rpau/recentlyadoptedrules.html>.

During the year, preproposals about department rulemaking, including boarding homes, may be found at:

<http://www1.dshs.wa.gov/msa/rpau/preproposal.html>. Proposed changes to the rules may be found at

<http://www1.dshs.wa.gov/msa/rpau/docket.html>.

State boarding home licensing regulations are found in chapter 388-78A Washington Administrative Code (WAC). They are online at: <http://apps.leg.wa.gov/WAC/default.aspx?cite=388-78A>.

State statutes regarding background checks for persons having access to vulnerable persons may be found online at:

<http://apps.leg.wa.gov/RCW/default.aspx?cite=43.43.830>.

Additional state regulations regarding background checks on staff in long-term care facilities, including boarding homes, may be found in chapter 388-06 WAC. They are online at:

<http://apps.leg.wa.gov/WAC/default.aspx?cite=388-06>.

State statutes regulating boarding homes are found in chapter 18.20 Revised Code of Washington (RCW). They are online at:

<http://apps.leg.wa.gov/RCW/default.aspx?cite=18.20>.

Training requirements for boarding home administrators and staff are found in chapter 388-112 WAC and posted online at:

<http://apps.leg.wa.gov/WAC/default.aspx?cite=388-112>.

Long-term care resident rights are found in chapter 70.129 RCW and posted online at:

<http://apps.leg.wa.gov/RCW/default.aspx?cite=70.129>.

Chapter 74.34 RCW addresses abuse of vulnerable adults. This chapter is found online at:

<http://apps.leg.wa.gov/RCW/default.aspx?cite=74.34>.

## **Definition**

A boarding home 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, a boarding home that is licensed for three to six residents prior to or on July 1, 2000, may maintain its boarding home license as long as it is continually licensed as a boarding home. A boarding home does not include any 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**

Boarding homes are required to disclose to interested persons on a standardized form the scope of care and services the boarding home offers, 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 activities of daily living (ADLs) including bathing, toileting, transferring, personal hygiene, eating, dressing, and mobility;
- (7) Nursing services;
- (8) Medication services;
- (9) Services for persons with dementia, mental illness, and developmental disabilities;
- (10) Transportation services;
- (11) Smoking and pets policies;
- (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**

Boarding homes must provide:

- (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 boarding home's services;
- (9) Monitoring of residents' functional status; and
- (10) Emergency assistance.

Boarding homes 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 boarding home 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 boarding home may permit the resident to independently arrange for other persons to provide on-site care and services to the resident.

**Move-In/Move-Out Requirements**

The boarding home may admit and retain an individual as a resident only if:

- (1) The boarding home can safely and appropriately serve the individual with appropriate available staff who provide the scope of care and services described in the boarding home'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 boarding home has the capacity to meet the individual's identified needs; and
- (3) The individual is ambulatory, unless the boarding home is approved by the Washington state director of fire protection to care for semiambulatory or nonambulatory residents.

**Resident Assessment**

The boarding home must conduct a preadmission assessment before each prospective resident moves in. The preadmission assessment must include specified information, unless the information is unavailable. The boarding home must complete a full assessment addressing more detailed information within 14 days of the resident's move-in date.

**Medication Management**

- (1) All boarding homes must provide medication assistance services (differentiated from medication administration). Medication assistance may be provided by staff other than licensed nurses without nursing supervision.
- (2) Boarding homes have the option to provide medication administration services directly through licensed nurses or through formal nurse delegation.
- (3) Residents may self-administer medications, or the boarding home may permit family members to administer medications to residents.
- (4) Residents have the right to refuse medications.
- (5) Residents who have physical disabilities may self-direct others to administer medications to them.
- (6) A boarding home may alter the form in which medications are administered under certain conditions.
- (7) Residents who are assessed as capable have the right to store their own medications. The boarding home must ensure that residents are protected from gaining access to other residents' medications.

(8) Nurses may fill medication organizers for residents under certain conditions.

**Physical Plant 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. Boarding homes 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. Boarding homes with other contracts with DSHS/ADSA must meet the licensing requirements for room size.

**Residents Allowed Per Room**

A maximum of four residents is allowed per resident unit for boarding homes licensed before July 1, 1989. For boarding homes licensed after this date, a maximum of two residents is allowed per unit. Under an assisted living contract with DSHS/ADSA, only one resident per room is allowed unless the resident requests to share the room with another person, such as his or her spouse.

**Bathroom Requirements**

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/ADSA.

**Life Safety**

All facilities or portions of facilities proposed for licensure as a boarding home that initially submit construction review documents after July 1, 2005 are required to be protected by an automatic fire sprinkler system. Previously, only those facilities that were three or more stories in height or licensed for more than 16 residents were required to be protected by an automatic fire sprinkler system with one exception. If the facility proposed to provide services for two or more clients with limited evacuation capabilities, then an automatic fire sprinkler system was required.

All facilities or portions of facilities proposed for licensure as a boarding home 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. This requirement for smoke detection has not changed from building code requirements in effect immediately prior to July 1, 2005.

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 National Fire Protection Association 72. This fire alarm system requirement has not changed from building code requirements in effect immediately prior to July 1, 2005.

For all boarding homes first issued a project number by

construction review services on or after Sept. 1, 2004 for construction related to this section, the boarding home must provide emergency lighting in all areas of the boarding home.

Information about life safety requirements, including sprinklers and smoke detectors, may be found in chapter 388-78A WAC, especially in 388-78A-2820 WAC (building requirements and exemptions) and 388-78A-2900 et seq., (building).

Any updates on boarding home building requirements may be found on the DSHS/ADSA Boarding Home Web page:  
<http://www.aasa.dshs.wa.gov/professional/bh.htm>.

Another resource about boarding home building requirements is the Washington State Department of Health Office of Construction Review. The Web site for construction review is at:  
<http://www.doh.wa.gov/hsqa/fsl/crs/crs.htm>.

Information about emergency preparedness for boarding home providers may be found at:  
<http://www.aasa.dshs.wa.gov/professional/EmergencyPlanning/>.

### **Alzheimer's Unit Requirements**

Boarding homes must collect additional assessment information for residents who meet screening criteria for having dementia. Additionally, a boarding home 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:

- (1) Make provision 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.

### **Staff Training for Alzheimer's Care**

If a boarding home serves residents with dementia, the boarding home must provide specialized training with specific learning outcomes to staff who work with those residents.

### **Staffing Requirements**

The boarding home must have a qualified administrator who is responsible for the overall 24-hour operation of the boarding home. The boarding home must have adequate trained staff to:

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

### **Administrator Education/Training**

The administrator must be at least 21 years of age and not a resident of the boarding home. One of the following six combinations of education, training, and experience qualify a person to be a boarding home administrator:

- (1) The individual was employed as a Washington state boarding home administrator on September 1, 2004, and was 'grandfathered' as a qualified administrator;
- (2) The individual holds a current Washington state nursing home administrator license and is in good standing;
- (3) The individual has three years of paid experience providing care to vulnerable adults or managing others who provide such care and has obtained certification for completing a recognized administrator training course or passing an administrator examination from a department-recognized national accreditation health or personal care organization;
- (4) The individual holds an associate's degree in a related field of study and has either:
  - Obtained certification for completing a recognized administrator training course or of passing an administrator examination by a department-recognized national accreditation health or personal care organization; or
  - Two years of paid experience providing care to vulnerable adults or managing others who provide such care; or
  - Completed a qualifying administrator training program supervised by a qualified administrator;
- (5) The individual holds a bachelor's degree in a related field of study and has either:
  - Obtained certification for completing a recognized administrator training course or passing an administrator examination by a department-recognized national accreditation health or personal care organization; or
  - One year of paid experience providing care to vulnerable adults or managing others who provide such care; or
  - Completed a qualifying administrator training program supervised by a qualified administrator; or
- (6) The individual has five years of paid experience providing care to vulnerable adults or managing others who provide such care.

Additionally, boarding home administrators must meet the training requirements of chapter 388-112 WAC, including continuing education and department training on Washington state statutes and administrative rules related to the operation of a boarding home.

**Staff Education/Training** Caregivers must complete an orientation program before having routine interaction with residents. The orientation provides basic introductory information appropriate to the residential care setting and population served. Caregivers must complete a basic training class and demonstrate competency in the core knowledge and skills that caregivers need in order to provide personal care services effectively and safely. DSHS/ADSA must approve basic training curricula. Caregivers must complete the

basic training within 120 days of when they begin to provide hands-on personal care. Until competency in the basic training has been demonstrated, caregivers must have direct supervision when providing hands-on personal care.

Check for updates to education/training requirements in chapter 388-112 WAC. This is available on-line at:  
<http://apps.leg.wa.gov/WAC/default.aspx?cite=388-112>.

Caregivers must complete special needs training whenever the boarding home serves a resident with 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 who accept delegated nursing tasks must complete nurse delegation training.

**Continuing Education  
(CE) Requirements**

Boarding home administrators (or their designees) and caregivers must complete 10 hours of continuing education each calendar year.

**Entity Approving  
CE Program**

None specified.

**Medicaid Policy and  
Reimbursement**

A Medicaid home and community-based services waiver covers assisted living, enhanced adult residential care, and adult residential care contracted services in boarding homes that contract with DSHS/ADSA to serve Medicaid clients. Medicaid payments to boarding homes are based on the assessed needs of the residents. Additionally, boarding homes may contract with DSHS/ADSA to provide specialized dementia care. More information about these Medicaid services is available at:  
[http://www.aasa.dshs.wa.gov/pubinfo/benefits/medicaid\\_apply.htm](http://www.aasa.dshs.wa.gov/pubinfo/benefits/medicaid_apply.htm).

## West Virginia

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<b>Licensure Term</b>	Assisted Living Residences and Residential Care Community
<b>Opening Statement</b>	The regulations for assisted living residences went into effect in September 2003. Regulations for residential care communities were last updated in July 1999.
<b>Definition</b>	<p>An Assisted Living Residence (ALR) is any living facility or place of accommodation in the state, however named, available for four or more residents that is advertised, offered, maintained, or operated by the ownership or management for the express or implied purpose of providing personal assistance, supervision, or both to any residents who are dependent upon the services of others by reason of physical or mental impairment and who may also require nursing care at a level that is not greater than limited and intermittent. A small ALR has a resident capacity of four to 16 residents. A large ALR has a resident capacity of 17 or more.</p> <p>A Residential Care Community (RCC) is any group of 17 or more residential apartments that are part of a larger independent living community that provides personal assistance or supervision on a monthly basis to 17 or more persons who may be dependent upon the services of others by physical or mental impairment or who may require limited or intermittent nursing services or hospice care.</p>
<b>Disclosure Items</b>	None specified.
<b>Facility Scope of Care</b>	The facility may provide assistance with activities of daily living and/or supervision and has the option of providing limited and intermittent nursing services. They may also make arrangements for hospice or a Medicare-certified home health agency.
<b>Third Party Scope of Care</b>	If a resident has individual, one-on-one needs that are not met by the allowable service provision in the facility and the resident has medical coverage or financial means that permit accessing additional services, the facility shall seek to arrange for the provision of these services, which may include intermittent nursing care or hospice care. The provision of services must not interfere with the provision of services to other residents.



<b>Move-In/Move-Out Requirements</b>	Residents in need of extensive or ongoing nursing care or with needs that cannot be met by the facility shall not be admitted or retained. The licensee must give the resident 30-day written notice and file a copy of the notice in the resident's record prior to discharge, unless an emergency situation arises that requires the resident's transfer to a hospital or other higher level of care, or if the resident is a danger to self or others.
<b>Resident Assessment</b>	Each resident must have a written, signed, and dated health assessment by a physician or other licensed health care professional authorized under state law to perform this assessment not more than 60 days prior to the resident's admission, or no more than five working days following admission, and at least annually after that. Each resident must have a functional needs assessment completed in writing by a licensed health care professional that is maintained in the resident's medical record. This assessment must include a review of health status and functional, psychosocial, activity, and dietary needs.
<b>Medication Management</b>	Only licensed staff may administer or supervise the self-administration of medication by residents. As of July 1999, Approved Medication Assistive Personnel (for which specific training and testing is required) can administer medications in the facility.
<b>Physical Plant Requirements</b>	Double-occupancy resident units must provide a minimum of 80 square feet per resident. New facilities, construction or renovations, require at least 100 square feet of floor area in a single-occupancy room and 90 square feet of floor area per resident in a double-occupancy room.
<b>Residents Allowed Per Room</b>	A maximum of two residents is allowed per resident unit.
<b>Bathroom Requirements</b>	Common toilet, lavatory, and bathing facilities are permitted.
<b>Life Safety</b>	All ALRs and RCCs with four or more beds must comply with state fire commission rules and must have smoke detectors, fire alarm systems, and fire suppression systems. Small ALRs (with four to 16 beds) must have a National Fire Protection Association (NFPA) 13D- or 13R-type sprinkler system. Large ALRs (with 17+ beds) must have an NFPA 13-type sprinkler system. All facilities must have smoke detectors in all corridors and resident rooms. Facilities must have manual pull stations and a fire alarm system. Each facility must have a written disaster and emergency preparedness plan with procedures to be followed in any emergency.
<b>Alzheimer's Unit Requirements</b>	If the facility advertises or promotes a specialized memory loss, dementia, or Alzheimer's unit, a separate license must be obtained.

<b>Staff Training for Alzheimer's Care</b>	All licensed assisted living facilities must provide training to all new employees within 15 days of employment, and annually thereafter, on Alzheimer's disease and related dementia. The training must last a minimum of two hours and include specific topics. If the facility has a licensed Alzheimer's unit or program, a minimum of 30 hours of training related to the care of residents with Alzheimer's disease or related dementia is required.
<b>Staffing Requirements</b>	An administrator must be on staff. At least one direct care staff person who can read and write must be present 24 hour hours per day. A sufficient number of qualified employees must be on duty to provide residents all the care and services they require. If nursing services are provided, a registered nurse must be employed to provide oversight and supervision. One employee who has current first aid training and current CPR training, as applicable, must be on duty at all times.
<b>Administrator Education/Training</b>	For RCCs and large ALRs, the administrator must be at least 21 years of age and hold an associate's degree or its equivalent in a related field. For small ALRs, the administrator must be 21 years of age and have a high school diploma or GED.
<b>Staff Education/Training</b>	Personal care staff must complete an orientation and annual in-service training sessions.
<b>Continuing Education (CE) Requirements</b>	Administrators must complete at least eight hours per year of continuing education related to the operation and administration of an ALR.
<b>Entity Approving CE Program</b>	None specified.
<b>Medicaid Policy and Reimbursement</b>	There is no Medicaid home and community-based services waiver at this time.

## Wisconsin

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**Agency** Department of Health Services, Division of Quality Assurance, Bureau of Assisted Living      **Phone** (608) 266-8598  
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**E-mail** kevin.coughlin@dhs.wisconsin.gov  
**Web Site** www.dhs.wisconsin.gov or directly to Assisted Living,  
<http://dhfs.wisconsin.gov/bqaconsumer/AssistedLiving/AsLivindex.htm>

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**Licensure Term** Assisted Living Facilities

**Opening Statement** There are three types of assisted living in Wisconsin: community-based residential facilities (CBRF), adult family homes (AFH), and residential care apartment complexes (RCAC). Assisted living facilities are designed to provide residential environments that enhance independence to the extent possible and are the least restrictive of each resident's freedom. Regulatory oversight is provided by the Bureau of Assisted Living, Division of Quality Assurance. For more information on provider types, see: <http://dhs.wisconsin.gov/bqaconsumer/AssistedLiving/AsLivindex.htm>.

Profiles showing regulatory compliance over a three-year period can be found at:  
<http://dhs.wisconsin.gov/bqaconsumer/AssistedLiving/AsLivDirs.htm>

Statistics and trends regarding assisted living facilities can be found at:  
<http://dhs.wisconsin.gov/bqaconsumer/AssistedLiving/ALtrends07.pdf>.

**Definition** CBRF: Provides care, treatment, and other services to five or more unrelated adults who need supportive or protective services or supervision because they cannot or do not wish to live independently yet do not need the services of a nursing home or a hospital. CBRFs are limited to those who do not require care above intermediate nursing care or more than three hours of nursing care per week unless there is a waiver approved by the department.

CBRFs are categorized by size, the resident's ability to evacuate, and disability/condition or status (e.g. advanced age, irreversible dementia, mental illness, developmental disability, alcoholism, physical disability, AIDS). CBRFs provide a living environment that is as homelike as possible and is the least restrictive of each person's freedom and is compatible with the person's need for care and services. Residents are encouraged to move toward functional independence in daily living or to continue functioning independently to the extent possible.

RCAC: Provides each tenant with an independent apartment in a setting that is homelike and residential in character; makes available personal, supportive, and nursing services that are appropriate to the needs, abilities, and preferences of individual tenants; and operates in a manner that protects tenants' rights, respects tenant privacy, enhances tenant self-reliance, and supports tenant autonomy in decision-making, including the right to accept risk. RCACs consist of five or more independent apartments, each of which has an individual, lockable entrance and exit; a kitchen, including a stove; individual bathroom, sleeping, and living areas; and provide residents up to 28 hours per week of personal, supportive, and nursing services.

AFH: Three or four adults not related to the licensee receive care, treatment, or services above the level of room and board. No more than seven hours per week of nursing care may be provided. Residents are defined as adults unrelated to the licensee who live and sleep in the home and receive care, treatment, or services in addition to room and board.

## **Disclosure Items**

CBRF: Requires a Program Statement that discloses the type of facility, services provided, facility contact, and whether an entrance fee is required. The admission agreement is required to disclose rates, services, security deposit, entrance fee, refund policy, bedhold fee, and discharge criteria.

RCAC: Requires a services agreement that discloses the services provided, the fees, and the facility policy and procedures.

AFH: Requires a Program Statement that discloses the type of facility, clients served, and services provided. A service agreement is required to disclose rates, services, and discharge criteria.

## **Facility Scope of Care**

CBRF: Provides general services, client-specific services, and medication administration and assistance. General services include supervision, information and referral, leisure time activities, transportation, and health monitoring. Client-group-specific services include personal care, activity programming for persons with dementia, independent living skills, communication skills, and up to three hours of nursing care per week (unless hospice is involved).

RCAC: Provides services that are sufficient and qualified to meet the care needs identified in the tenant service agreements, meet unscheduled care needs of its tenants, and make emergency services available 24 hours per day. At a minimum, facilities must provide supportive services, including meals, housekeeping, access to medical services, personal services, including assistance with all activities of daily living; and nursing services, including

health monitoring and medication administration.

### **Third Party Scope of Care**

AFH: Provides supportive and personal care services to individuals who are defined as having one or more of the following disabilities, conditions, or statuses: a functional impairment that commonly accompanies advanced age or irreversible dementia such as Alzheimer's disease; a developmental disability; an emotional disturbance or mental illness; alcoholism; a physical disability; pregnant women who need counseling services; a diagnosis of terminal illness; or AIDS.

CBRF: May provide or contract for services. Residents may enter into contracts with outside providers as long as the contract agency complies with facility policies and procedures.

RCAC: May contract for the services it is required to provide and residents may contract for additional services not included in the service agreement, as long as the providers comply with applicable facility policies and procedures.

AFH: A resident may contract with outside agencies to provide services to meet needs that are identified in the assessment and individual service plan.

### **Move-In/Move-Out Requirements**

CBRF: Must ensure that residents of different ages, development levels, or behavior patterns, as identified in their assessment and individual service plans, are compatible. Facilities may not admit persons who are confined to bed, destructive to property or self, or have physical, mental, psychiatric, or social needs that are not compatible with the CBRF client group or with the care, treatment, or services offered by the CBRF. Persons requiring more than three hours of nursing care per week or restraints may be admitted only if the licensing authority is satisfied that granting a waiver will meet the best interests of the resident or potential resident. Residents may not be involuntarily discharged without 30 days' notice and have appeal rights.

RCAC: Unless residents are admitted to share an apartment with a competent spouse or other person who has legal responsibility, facilities may not admit persons who have a court determination of incompetence and are subject to guardianship; have an activated power of attorney for health care; or have been found by a physician or psychologist to be incapable of recognizing danger, summoning assistance, expressing need, or making care decisions. Facilities may discharge residents for the following reasons: their needs cannot be met at the facility's level of services; the time required to provide services to the tenant exceeds 28 hours per week; their condition requires the immediate availability of a nurse 24 hours per day; their behavior poses an immediate threat to the health or safety of self or others; they refuse to cooperate in a physical examination;

fees have not been paid; or they refuse to enter into a negotiated risk agreement.

AFH: New residents must have a health screening within 90 days prior to admission or within seven days after admission. The facility is required to have a service agreement with each resident that specifies the names of the parties to the agreement; services that will be provided and a description of each; charges for room and board and services and any other fees; a method for paying fees; and conditions for transfer or discharge and how the facility will assist in the relocation. A facility may terminate a resident's placement upon 30-day notice to the resident, the resident's guardian, if any, the service coordinator, and the placing agency. The 30-day notification is not required for an emergency termination necessary to prevent harm to the resident or other household members.

## **Resident Assessment**

CBRF: Prior to admission, each person is assessed to identify needs and abilities. Based on the assessment, an individualized service plan is developed.

RCAC: A comprehensive assessment is performed with the active participation of the prospective resident prior to admission. Regulations identify components of the assessment but do not specify format.

AFH: Within 30 days of admission a written assessment and individual service plan are completed for each resident. The assessment identifies the person's needs and abilities. Although the assessment is required, the format is developed by each facility.

## **Medication Management**

CBRF: Medication administration and management are performed by licensed nurses or pharmacists unless medications are packaged by unit dose. All direct-care staff and administrative personnel must complete an eight-hour approved medication administration and management course.

RCAC: Medication administration and management must be performed by a nurse or as a delegated task to unlicensed staff, under the supervision of a nurse or pharmacist.

AFH: All prescription medications must be securely stored in the original container. Before a licensee or service provider dispenses or administers medication to a resident, the licensee must obtain a written order from the prescribing physician. The order must specify who by name or position is permitted to administer the medication and under what circumstances the medication is to be administered.

## **Physical Plant Requirements**

**CBRF:** Facilities must comply with all local building codes, ordinances, and zoning requirements. In addition, CBRFs must comply with HFS 83, Subchapters V, VI, and VII relating to physical environment and safety, structural requirements, and additional requirements for facilities with more than 20 residences. The minimum number of beds in a CBRF is five. Minimum sleeping room size is 60 to 100 square feet depending on the license classification (ambulatory, semi-ambulatory or non-ambulatory), existing vs. new construction, and single vs. private occupancy. Construction requirements, fire protection, and accessibility are all predicated on the size of the facility and the class. Ambulating and the ability to be mentally and physically capable of responding to an electronic fire alarm and exiting the facility without assistance or verbal or physical prompting defines class.

**RCAC:** All resident units must be independent with lockable entrances/exits and provide a minimum of 250 square feet of interior floor space, excluding closets. They must meet building codes required for multi-family dwellings. Multiple occupancy of an independent apartment is limited to a spouse or a roommate chosen at the initiative of the resident.

**AFH:** Must be located so that residents can easily get to community activities and support services. They are to be safe, clean, and well maintained and provide a homelike environment. The home must be physically accessible to all residents. There must be at least 60 square feet per person in a shared bedroom and 80 square feet in a single occupancy room. For a person in a wheelchair, the bedroom space is 100 square feet.

## **Residents Allowed Per Room**

**CBRF:** Resident bedrooms in a CBRF constructed after Jan. 1, 1979, can accommodate only two residents.

**RCAC:** A maximum of two residents is allowed per unit (limited to a spouse or a roommate chosen at the initiative of the tenant).

**AFH:** A maximum of two residents is allowed per room.

## **Bathroom Requirements**

**CBRF:** Small CBRFs (fewer than nine beds) must have at least one bathroom and one toilet or combination for the use of residents that is accessible from public, non-sleeping areas. Each medium-size CBRF (nine to 20 beds) must have at least two separate bathrooms and toilet rooms. Each large CBRF (20 or more beds) must have at least one toilet, sink, and tub or shower for 10 residents.

**RCAC:** Each apartment must have a bathroom that has floor-to-ceiling walls, a door, a toilet, a sink, and a bathtub or shower.

**AFH:** There must be at least one bathroom with at least one

sink, toilet, shower or tub for every eight household members and towel racks with sufficient space for each household member. The door of each bathroom shall have a lock that can be opened from outside in an emergency. Toilet and bathing facilities used by a resident not able to walk must have enough space to provide a turning radius for a wheelchair. Grab bars must be provided for toilet and bath facilities. If any resident has limited manual dexterity, the home shall have levered handles on all doors.

## **Life Safety**

Different fire safety standards apply to Wisconsin's three types of assisted living.

At a minimum, all CBRFs must determine the evacuation ability of each resident, develop an emergency plan, be inspected by the local fire authority, maintain a minimum of two exits, maintain a fire extinguisher on each floor, and have an interconnected smoke and heat detection system. Based on the type of residents the facility serves and the residents' ability to evacuate the facility, other fire safety requirements may be required. The additional requirements include: an externally monitored smoke detection system, vertical smoke separation between floors, a sprinkler system, and 24-hour awake staff.

RCACs must comply with Wisconsin Department of Commerce codes for multifamily dwellings and with local fire and building codes.

Every AFH must be equipped with one or more fire extinguisher and one or more single station smoke detector on each floor. Smoke detectors are required in each habitable room except kitchens and bathrooms and are also required in other specific locations. The first floor of the home must have at least two means of exiting. The licensee must have a written evacuation plan and conduct semi-annual fire drills.

## **Alzheimer's Unit Requirements**

CBRF: Must identify the client group(s) it can serve. Two categories are persons with functional impairments that commonly accompany advanced age and persons with irreversible dementia such as Alzheimer's. A full description of residents' special needs and how those needs will be met are provided as part of the licensing process. Structured activity programming must be integrated into the daily routines of residents with irreversible dementia.

RCAC: None specified.

AFH: Functional impairments that commonly accompany advanced age and irreversible dementia such as Alzheimer's disease are two 'types' of conditions that are served. As part of the licensing process, the proposed AFH must develop a program



statement that describes the number and types of individuals the applicant is willing to accept and how the entity will meet the needs of the residents.

**Staff Training for  
Alzheimer's Care**

CBRF: If a facility serves persons with dementia, staff must receive training within six months of employment. This training is specific to the client groups served by the CBRF and includes, but is not limited to, the characteristics of the client group served by the facility such as group members' physical, social, and mental health needs; specific medications or treatments needed by the residents; program services needed by the residents; meeting the needs of persons with a dual diagnosis; and maintaining or increasing social participation, self direction, self care, and vocational abilities.

RCAC: None specified.

AFH: None specified.

**Staffing Requirements**

CBRF: The ratio of staff to residents must be adequate to meet the needs of residents as defined in their assessments and individual service plans. At least one qualified resident care staff person shall be in the facility when one or more residents are in the facility. Staffing ratios vary based on the residents' ability to evacuate during an emergency and their care needs. There must be awake staff at night in facilities with one or more residents requiring continuous care.

RCAC: Staffing must be adequate to provide all services identified in the residents' service agreements. A designated service manager must be available on short notice.

AFH: The licensee or service provider must have a sufficient number of staff to meet the needs of the residents. Additionally, the licensee or service provider must be present and awake at all times if any resident is in need of continuous care. Residents have the right to prompt and adequate treatment.

**Administrator  
Education/Training**

CBRF: Administrators must be 21 years of age, have completed high school or equivalent, have administrative experience or one post-high school course in business management and one year experience working with the client group or one post-high school course related to the needs of the client group. Administrators must have a clean criminal background check. Administrators who have two years of documented experience in their current or similar positions working with the client groups served by the facility are exempt from training on resident rights, recognizing and responding to challenging behaviors, and client group specific training. The administrator may also be exempt from training in dietary needs, food preparation, and sanitation if the facility has a dietitian on staff or under contract.

RCAC: Service managers must be capable of managing a multi-disciplinary staff.

AFH: Licensee must be at least 21 years of age and be physically, emotionally, and mentally capable of providing care for residents. The licensee shall ensure that the home and its operation comply with all applicable rules, regulations, and statutes. The licensee is responsible for ensuring that staffing meets the needs of all residents. The licensee must have a clean criminal background check.

**Staff Education/Training**

CBRF: Minimum initial training for all resident care staff consists of 45 hours of client-related training, needs assessment of prospective residents, development of service plans, universal precautions, fire safety, first aid, and procedures to alleviate choking. Resident care staff who administer medications must be trained by a registered nurse or pharmacist from an eight-hour state-approved plan. Food service care staff receive training in dietary needs, menu planning, food preparation, and sanitation from a four-hour state-approved plan. If the CBRF provides training to its staff, the training content must be approved by the state. Training is required immediately and up to six months depending on the area. In addition, within 30 days of employment, staff must be trained in their specific job duties, general administration, personnel policies, emergency plan and evacuation procedures, and resident rights.

RCAC: Resident care staff must have documented training or experience in the needs and techniques for assisting with activities of daily living; the physical, functional, and psychological characteristics associated with aging; and the purpose and philosophy of assisted living, including respect for tenant privacy, autonomy, and independence. All staff are required to have training in fire safety, first aid, standard precautions, and the facility's policies and procedures relating to tenant rights.

AFH: Service providers must be at least 18 years of age; responsible, mature, and of reputable character; and exercise and display the capacity to successfully provide care for three or four unrelated adult residents. The licensee and each service provider must complete 15 hours of training related to the health, safety, and welfare of residents, resident rights, and treatment appropriate to residents including fire safety and first aid. They must have a clean criminal background check.

**Continuing Education  
(CE) Requirements**

CBRF: Administrator and resident care staff receive 12 hours annually of relevant continuing education.

RCAC: None specified.

AFH: The licensee and each service provider must complete eight hours of training annually related to the health, safety, welfare, rights, and treatment of residents.

**Entity Approving  
CE Program**

None specified.

**Medicaid Policy and  
Reimbursement**

CBRF: Community Option Program (COP) and COP-Waiver funds may be available, depending on eligibility and waiting lists.

RCAC: Certification is required for a facility to receive Medicaid waiver reimbursement. COP and COP-waiver funds may be available, depending on eligibility and waiting lists.

AFH: COP and COP-waiver funds may be available, depending on eligibility and waiting lists.

The state has begun an initiative to expand managed long-term care options in Wisconsin. See: <http://dhs.wisconsin.gov/LTCare/>

## Wyoming

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**Contact** Jean McLean **Phone** (307) 777-7123  
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**Web Site** <http://wdh.state.wy.us/ohls>

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<b>Licensure Term</b>	Assisted Living Facilities
<b>Opening Statement</b>	New rules for the program administration of assisted living facilities were promulgated in December 2007 which allow secure dementia units under a tiered licensing system.
<b>Definition</b>	An assisted living facility is a non-institutional dwelling engaged in providing limited nursing care, personal care, and boarding home care, but not rehabilitative care, for persons not related to the owner.
<b>Disclosure Items</b>	None specified.
<b>Facility Scope of Care</b>	The facility shall provide: (1) Assistance with transportation; (2) Assistance with obtaining medical, dental, and optometric care; (3) Assistance in adjusting to group activities; (4) Partial assistance with personal care; (5) Limited assistance with dressing; (6) Minor non-sterile dressing changes; (7) Stage I skin care; (8) Infrequent assistance with mobility; (9) Cueing; (10) Limited care to residents with incontinence and catheters (if the resident can care for his/her condition independently); and (11) 24-hour supervision of each resident.
<b>Third Party Scope of Care</b>	The facility may provide or arrange access for barber/beauty services, hospice care, Medicare/Medicaid home health care, and any other services necessary to support the resident.
<b>Move-In/Move-Out Requirements</b>	<p>A resident must be discharged if the facility cannot meet his or her needs with available support services or such services are not available; if the resident fails to pay; or if the resident has a history of engaging in behavior that imposes an imminent danger to self or others. Wyoming supports the philosophy of 'aging in place.'</p> <p>In addition, residents of secure dementia units require discharge when they score less than 10 on the Mini-Mental State Exam (MMSE), when it has been determined that intermittent nursing care has become ongoing, or when the resident requires more</p>

than limited assistance to evacuate the building.

<b>Resident Assessment</b>	There is no required assessment form but each resident must have an assessment upon admission, at least annually, and whenever there is a significant change in the resident's condition. The new rule requires that residents admitted to secure dementia units be assessed on the MMSE on admission, and at least annually thereafter, and score between 20 and 10.
<b>Medication Management</b>	Residents are permitted to self-medicate or receive medication assistance including, but not limited to, reminders, assistance with removal of cap or medication, and observation.
<b>Physical Plant Requirements</b>	Private resident units must be a minimum of 120 square feet and shared resident units must provide a minimum of 80 square feet per resident.
<b>Residents Allowed Per Room</b>	A maximum of two residents is allowed per resident unit.
<b>Bathroom Requirements</b>	At least one flush toilet and lavatory must be provided for every two residents and at least one tub or shower must be provided for every 10 residents.
<b>Life Safety</b>	Assisted living facilities are evaluated for safety using the Life Safety Code (National Fire Protection Association (NFPA) 101). This code requires the facilities to meet national standards for sprinkler protection using NFPA 13 Installation of Sprinkler Systems and national standards for fire alarm systems using NFPA 72, the National Fire Alarm Code, which determines the installation and maintenance of smoke detectors and applicable devices.
<b>Alzheimer's Unit Requirements</b>	Assisted living rules promulgated in December 2007 allow secure dementia units under a tiered licensing system and include admission/discharge, assessment, background check, and staff training requirements for this level of care. See Move-In/Move-Out Requirements, Administrator Education/Training, Staff Education/Training, and Continuing Education sections for more information.
<b>Staff Training for Alzheimer's Care</b>	See Administrator Education/Training, Staff Education/Training, and Continuing Education sections for more information.
<b>Staffing Requirements</b>	Staffing must be sufficient to meet the needs of all residents. For facilities with eight or more residents, there must be at least one staff person on duty and awake at all times. The facility must designate a manager who is responsible for the facility and the 24-hour supervision of residents. There must be personnel on duty to maintain order, safety, and cleanliness of the premises; prepare and serve meals; assist the residents with personal needs and recreational activities; and meet the other operational needs of the facility. There must be a registered nurse, licensed practical nurse, or certified nursing assistant (CNA) on every

shift.

**Administrator  
Education/Training**

The manager must be at least 21 years of age; pass an open book test on the state's assisted living licensure and program administration rules; and meet at least one of the following:

- (1) Be a CNA;
- (2) Have completed at least 48 semester hours or 72 quarter-system hours of post secondary education in health care, elderly care, health case management, facility management, or other related field from an accredited college or institution;
- (3) Have at least two years experience working with elderly or disabled individuals; or
- (4) Demonstrate knowledge, skills, and abilities in the administration and management of an assisted living facility.

Managers of secure dementia units must:

- (1) Have at least three years experience in working in the field of geriatrics or caring for disabled residents in a licensed facility and
- (2) Be certified as a residential care/assisted living facility administrator or have equivalent training.

Certification requirements include a training program covering topics referenced in the regulations. The course work must take place in a college, vocational training, or state or national certification program, approved by the Department of Health. Licensed nursing home administrators, for the purpose of these rules, meet the qualifications.

**Staff Education/Training**

A licensed nurse must be on duty on all shifts to administer P.R.N. medications and to perform ongoing resident evaluations in order to ensure appropriate, timely interventions. In addition to all other requirements, direct care staff in secure dementia units must receive additional documented training in the facility philosophy and approaches to providing care and supervision of persons with severe cognitive impairment; techniques for minimizing challenging behaviors; therapeutic programming to support the highest level of residents function; promoting residents' dignity independence, individuality, privacy, and choice; identifying and alleviating safety risks to residents; recognizing common side effects and reactions to medications; and techniques for dealing with bowel and bladder aberrant behavior.

**Continuing Education  
(CE) Requirements**

Administrators must complete at least 16 hours of continuing education annually. At least eight of the 16 hours of the annual continuing education shall pertain to caring for persons with severe cognitive impairments. Staff must have at least 12 hours

of continuing education annually related to the care of persons with dementia.

**Entity Approving  
CE Program**

None specified.

**Medicaid Policy and  
Reimbursement**

There is a Medicaid home and community-based services waiver program.

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**National Center for Assisted Living**

*The National Center for Assisted Living (NCAL) represents more than 2,600 not-for-profit and proprietary assisted living and residential care communities dedicated to continuous improvement in the delivery of professional compassionate care and services for the elderly and disabled. NCAL is the assisted living voice of the American Health Care Association. For more information, please visit [www.ncal.org](http://www.ncal.org).*