

2018

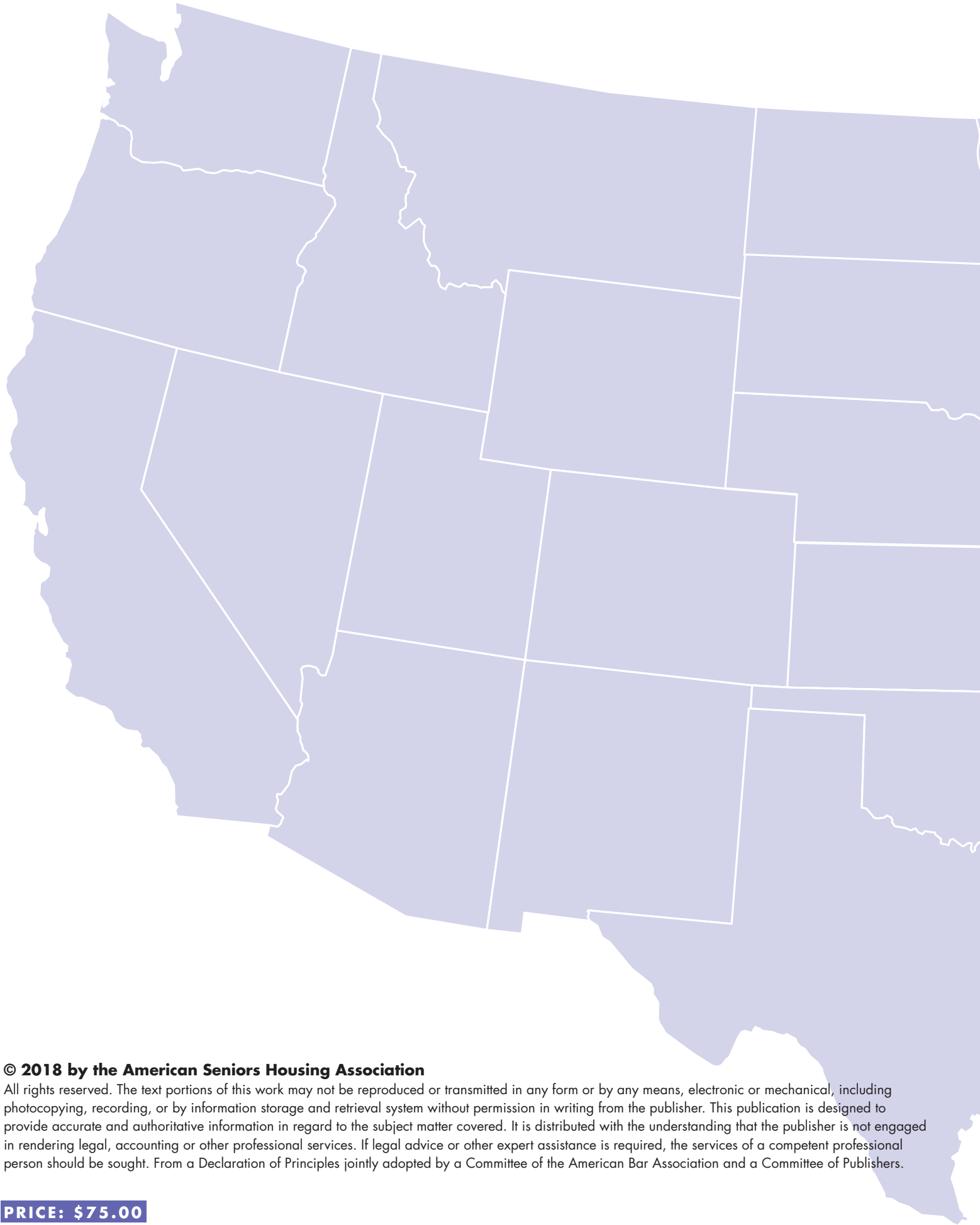
# SENIORS HOUSING STATE REGULATORY HANDBOOK



**AMERICAN  
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Living Longer Better

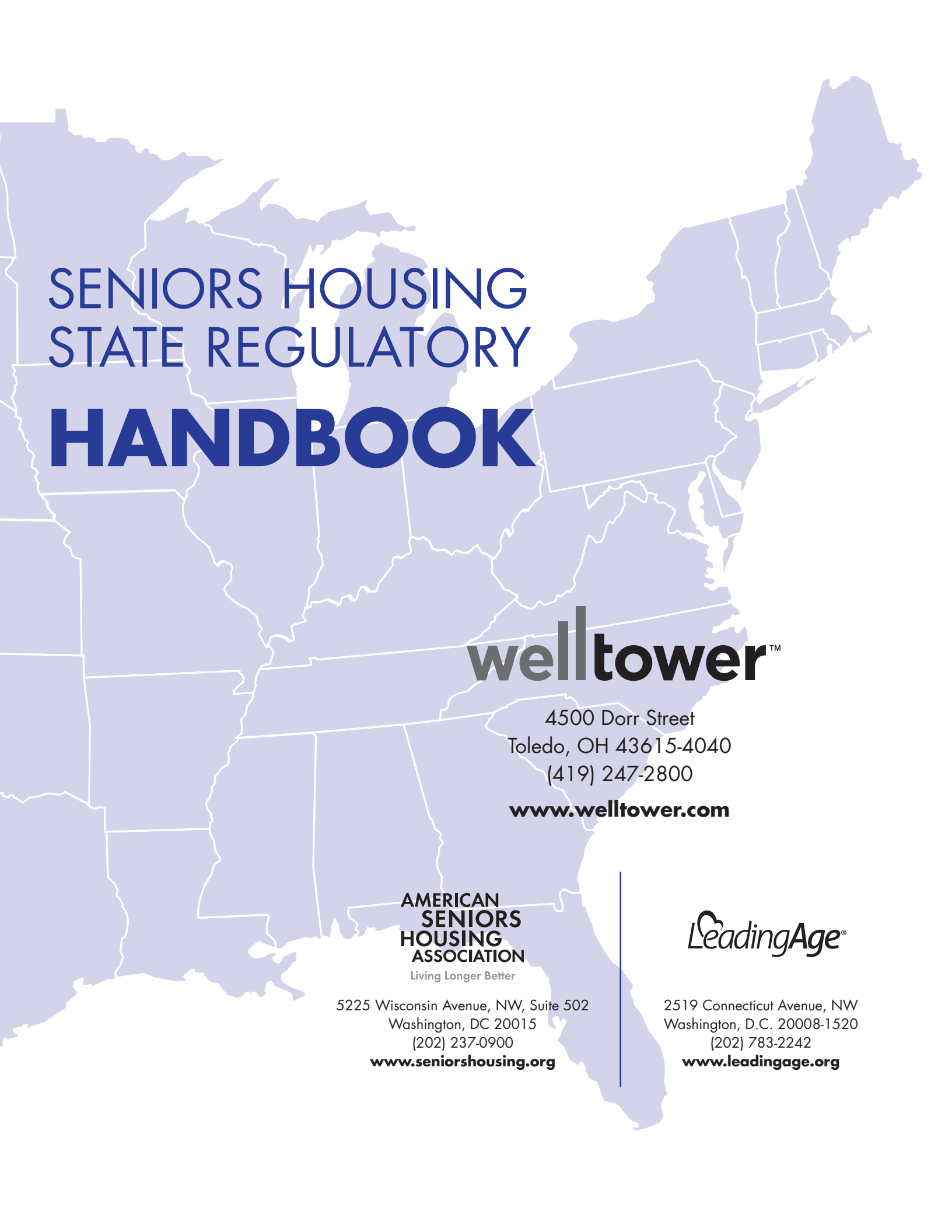
*LeadingAge*®



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# SENIORS HOUSING STATE REGULATORY HANDBOOK

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## INTRODUCTION

The first version of this Handbook was published 23 years ago to provide seniors housing professionals and policymakers with an easy-to-use summary of key state regulatory and licensure requirements for assisted living residences and continuing care retirement communities (CCRCs). The basic format of the Handbook was designed by ASHA's legal counsel (and past Chair of LeadingAge's Legal Committee), Paul A. Gordon of the San Francisco-based law firm of Hanson Bridgett, LLP.

Based on information we received primarily from state licensure professionals, the 2018 Handbook incorporates updated assisted living information from 15 states and updated CCRC data from 3 states. The map on page 7 of the Handbook illustrates which states have updated information presented in this edition.

The summaries presented in this Handbook are based primarily on information provided to ASHA and LeadingAge by state licensure officials who responded to a written request in early 2018 to review their state listing from last year's Handbook. We also received

valuable assistance from Susanne Matthiesen of CARF-CCAC, Ben Eichner, Natasa Honrine, Karen Johnston, Andy Kockler, Megan Large, Michelle Leitch, Beth Lori, Krissa Mason, Dan Merriman, Drew Meyers and Kristen Taylor of LCS. Meghan Bertoni of ASHA was responsible for the considerable effort associated with compiling the information presented in this year's Handbook.

This is a summary only, and the actual laws and individual state agencies should be consulted for more detail. For states with multiple sets of regulation covering residential care settings, the most appropriate licensure category was chosen. The legend for both tables amplifies the regulatory categories described in the first column of each page.

Our sincere thanks to Welltower Inc. for their sponsorship of this research, and to the numerous state licensure professionals who provided the information used to revise this resource. As always, we welcome your feedback and suggestions for improving future editions of the Handbook.



**David S. Schless**

President  
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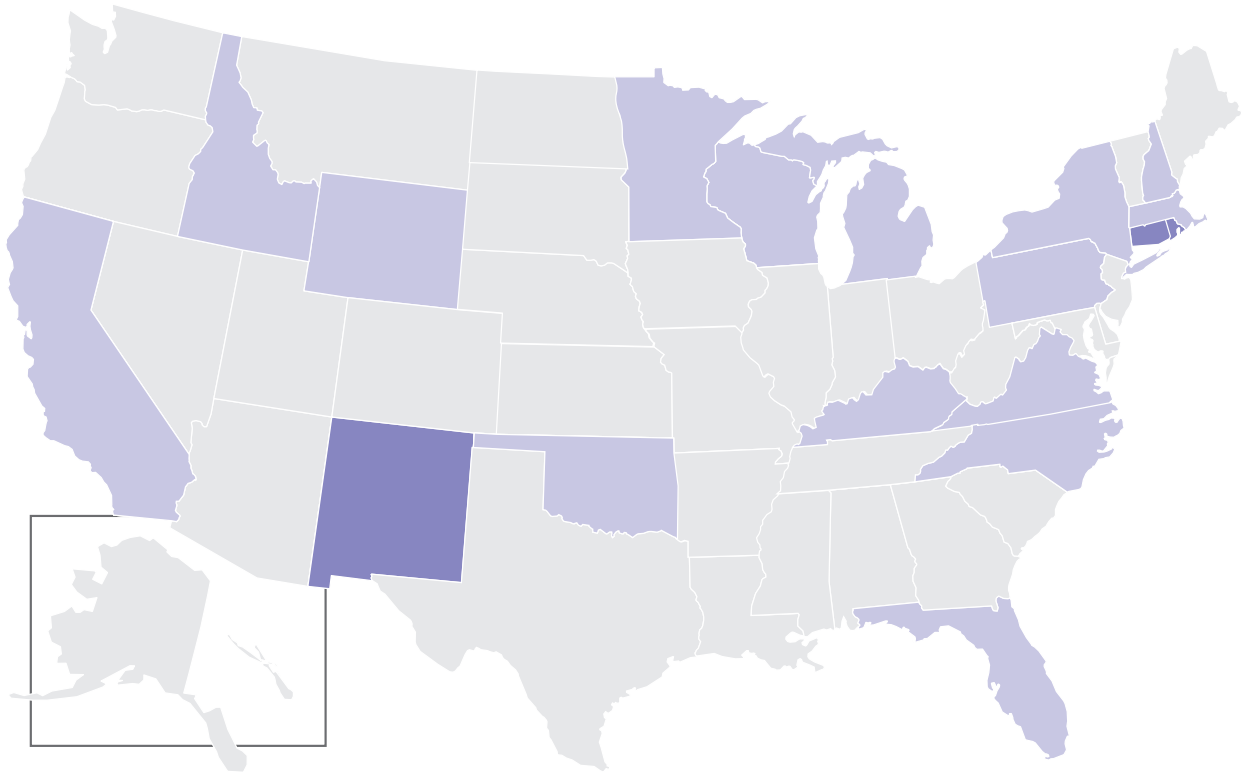


**Katie Smith Sloan**

President & CEO  
LeadingAge

# UNITED STATES MAP LEGEND

This map indicates listings that were modified in 2018.



**States with updated information for Assisted Living listing only.**



**States with updated information for CCRC/Life Plan Community listing only.**

## 3RD PARTY ACCREDITATION

The following states have language in state regulation that allows (or will allow) for 3rd-Party accreditation for either Assisted Living or CCRC/ Life Plan communities:

### ASSISTED LIVING

#### Arizona

If a licensee submits a health care institution's (assisted living facility's) current accreditation report from a nationally recognized accrediting organization, the state shall not conduct an onsite inspection of the health care institution as part of the substantive review for a renewal license.

#### Florida

Chapter 59A-35, Florida Administrative Code 59A-35.120 Inspections.

(1) When regulatory violations are identified by the Agency:

(a) Deficiencies must be corrected within 30 days of the date the Agency sends the deficiency notice to the provider, unless an alternative timeframe is required or approved by the Agency.

(b) The Agency may conduct an unannounced follow-up inspection or off-site review to verify correction of deficiencies at any time.

(2) If an inspection is completed through off-site record review, any records requested by the Agency in conjunction with the review, must be received within 7 days of request and provided at no cost to the Agency. Each licensee shall maintain the records including medical and treatment records of a client and provide access to the Agency.

(3) Providers that are exempt from Agency inspections due to accreditation oversight as prescribed in authorizing statutes must provide:

(a) Documentation from the accrediting agency including the name of the accrediting agency, the beginning and expiration dates of the provider's accreditation, accreditation status and type must be submitted at the time of license application, or within 21 days of accreditation.

(b) Documentation of each accreditation inspection including the accreditation organization's report of findings, the provider's response and the final determination must be submitted within 21 days of final determination or the provider is no longer exempt from Agency inspection.

#### Georgia

111-8-63-.31 Deemed Status. The Department may accept the certification or accreditation of an assisted living community by an accreditation body or certifying authority recognized and approved by the Department provided that certification or accreditation constitutes compliance with standards that are substantially equivalent to these rules. Nothing herein shall prohibit any departmental inspection to determine compliance with licensure rules. Authority O.C.G.A. §§31-7-1 and 31-7-3(b).

#### Iowa

Iowa Code 231C.3 – Certification of assisted living programs

Each assisted living program operating in this state shall be certified by the department. If an assisted living program is voluntarily accredited by a recognized accrediting entity, the department shall certify the assisted living program on the basis of the voluntary accreditation. An assisted living program that is certified by the department on the basis of voluntary accreditation shall not be subject to payment of the certification fee prescribed in Iowa Code 231C.18, but shall be subject to an administrative fee as prescribed by rule. An assisted living program certified under Iowa Code 231C.3 is exempt from the requirements of Iowa Code 135.63 relating to certificate of need requirements.



## Nebraska

### 4-004.10 Deemed Compliance

4-004.10A Accreditation: The Department may deem a licensee in compliance with 175 NAC 4-006 based on acceptance of accreditation as an assisted-living facility by a recognized independent accreditation body or public agency, which has standards that are at least as stringent as those of the State of Nebraska, as evidence that the assisted-living facility complies with rules and regulations adopted and promulgated under the Assisted-Living Facility Act.

4-004.10A1 A licensee must request the Department to deem its facility in compliance with 175 NAC 4-006 based on accreditation. The request must be:

1. Made in writing
2. Submitted within 30 days of a receipt of a report granting accreditation; and
3. Accompanied by a copy of the accreditation report.

4-004.10A2 Upon receipt of the request and acceptance of accreditation, the Department will deem the facility in compliance with 175 NAC 4-006 and will provide written notification of the decision to the facility within ten working days of receipt of the request.

4-004.10A3 The Department will exclude an assisted-living facility that has been deemed in compliance with 175 NAC 4-006 from the random selection of up to 25% of assisted living facilities for compliance inspections under 175 NAC 4-005.04A. The assisted-living facility may be selected for a compliance inspection under 175 NAC 4-005.04B.

## Texas

TX Health and Safety Code Sec. 247.032. ACCREDITATION SURVEY TO SATISFY INSPECTION REQUIREMENTS.

(a) In this section, "accreditation commission" means the Commission on Accreditation of Rehabilitation Facilities (CARF), The Joint Commission, or another organization approved by the executive commissioner.

## CCRC/LIFE PLAN COMMUNITIES

### Florida

651.028 Accredited facilities.— If a provider is accredited without stipulations or conditions by a process found by the office to be acceptable and substantially equivalent to the provisions of this chapter, the office may, pursuant to rule of the commission, waive any requirements of this chapter with respect to the provider if the office finds that such waivers are not inconsistent with the security protections intended by this chapter.

651.105 Examination and inspections.—

(1) The office may at any time, and shall at least once every 3 years, examine the business of any applicant for a certificate of authority and any provider engaged in the execution of care contracts or engaged in the performance of obligations under such contracts, in the same manner as is provided for the examination of insurance companies pursuant to s. 624.316. For a provider as defined in s. 651.028, such examinations shall take place at least once every 5 years.

A nursing home that is part of the same corporate entity as a continuing care facility licensed under chapter 651 which meets the minimum liquid reserve requirements specified in s.651.035 satisfies the financial soundness and stability requirement if such continuing care facility is accredited by a recognized accrediting organization under s. 651.028 and rules of the Office of Insurance Regulation, as long as the accreditation is not provisional, or if such continuing care facility demonstrates that it meets in its entirety the financial standards adopted by the agency.

The state may waive the quarterly reporting requirement and the tri-annual examination if the facility is accredited.

## Maryland

(COMAR Title 32.02.01.13) In the Application for Renewal Certificate of Registration, CCRCs provide the Maryland Department of Aging with information regarding selected CARF financial ratios. The application can be found in this location: <http://aging.maryland.gov/Pages/CCRC.aspx>

*Source: Founded in 1966 as the Commission on Accreditation of Rehabilitation Facilities, CARF International is an independent, nonprofit accreditor of health and human services in the following areas: Aging Services, Behavioral Health, Child and Youth Services, Employment and Community Services, One-Stop Career Centers, Vision Rehabilitation Services, Medical Rehabilitation, DMEPOS (Durable Medical Equipment, Prosthetics, Orthotics, and Supplies), and Opioid Treatment Programs. The CARF International group of companies currently accredits more than 50,000 programs and services at 25,000 locations. More than 10 million persons of all ages are served annually by 7,000 CARF-accredited service providers. CARF accreditation extends to countries in North and South America, Europe, Asia, and Africa.*

[www.carf.org](http://www.carf.org)

## ASSISTED LIVING LEGEND

In general: This chart was derived principally from information contained in the statutes and regulations of each state and conversations with the applicable regulatory authorities. "Y" indicates that there is a provision on point; a blank space indicates there is no provision on point in the specific laws summarized here (except in the case of "other" categories which are reserved for unusual or significant additional requirements). However, certain additional regulatory requirements may be contained in separate code provisions that supplement the licensure scheme. Items marked under "Mandatory Services" and "Permitted Services" are also regulated subjects. Rules are generally much more complex than the chart indicates. Many states have additional licensing categories for assisted living and residential facilities. State licensing agencies should be contacted for all relevant information.

1. **Classification:** Term used to describe the regulated facility or service.
2. **Statutory/Regulatory References:** Beginning citation to applicable laws and regulations.
3. **Minimum Size:** Number of residents unrelated to the provider who, if housed and cared for, trigger the need for licensure.
4. **Mandatory Services:** Services which must be provided by licensee (note: assumes housing and meals will be provided but may specify number of meals required).
  - a. **ADL Care:** Activities of Daily Living ordinarily include some combination of bathing, grooming, dressing, toileting, transferring, feeding and ambulating.
  - b. **Transportation:** Transportation to medical appointments or other activities required (or assistance arranging transportation, if indicated).
  - c. **Laundry:** May include linens and clothing; may include equipment accessible to residents.
  - d. **Activities/Recreation:** May specify types and minimum number of hours.
  - e. **Arranging Health Related Services:** Assisting resident in accessing medical, dental and/or therapeutic services.
  - f. **Housekeeping:** Typically includes cleaning rooms and changing bed linens.
  - g. **Medications Management:** Oversight which may include distribution of and recordkeeping regarding medications (may also include items included under Assistance with Medications, see 5a below).
  - h. **Monitoring:** Ongoing or regular periodic evaluations of residents' health status and functional abilities.
  - i. **Other:**
5. **Permitted Services:** Services which may be provided within the limits of the license.
  - a. **Assistance with Medications:** Assistance which does not include actual administration of medications; may include reminders, prompting, identifying medications, opening containers, positioning residents, storage and disposal.
  - b. **Administer Medications:** States define variously; may include opening containers, preparing dosages, giving medications to residents, observance of swallowing, preparing and injecting injectables and charting.
  - c. **Intermittent Nursing:** Nursing services short of 24 hour nursing care; may include supervision and monitoring, performance of specified services and case management.
  - d. **Other:** Health related services which may be provided directly or under contract.

## 6. **Regulated Subjects:**

- a. **Admission Agreements:** Contents of contracts with residents prescribed, usually including services, fees, termination provisions, etc.
- b. **Resident Funds:** Typically provides for safeguarding and/or accounting.
- c. **Care Plan:** Written description of services needed by resident; periodic update may be required.
- d. **Medication Storage:** typically includes requirements such as locked area, temperature, labeling and documentation.
- e. **Dietary Requirements:** Usually details varieties of foods; provision of therapeutic diets.
- f. **Other:** Other significant subjects of regulation; this is not an exhaustive list. "Detailed" means numerous or complex regulatory requirements, in addition to those summarized here.

## 7. **Administrator:** Individual with overall supervisory authority.

- a. **Education/Exam:** HS = High School; B.A. = Bachelor's Degree; AA = Associates' Degree; NHA = Licensed Nursing Home Administrator.
- b. **Continuing Education:** Coursework or training in number of hours per year (or other period, if indicated).
- c. **Availability:** Number of hours on site or proximity to facility, as noted.
- d. **Other:** Additional training, experience or other requirements. Most states also have minimum age requirements that are not reflected here.

*Note: Some states may have additional rules for administrators separate from the facility licensing regulations.*

## 8. **Staffing Levels:**

- a. **Staff Resident Ratio:** May set only minimum levels; may also require "sufficient" staff, which the licensing agency will evaluate.
- b. **Required Hours:** May vary depending on time of day (e.g., days and evenings) or size of facility.
- c. **Licensed:** LN = Licensed Nurse; RN = Registered Nurse; LPN = Licensed; Practical Nurse; LVN = Licensed Vocational Nurse; CNA = Certified Nurses' Aide; NHA = Nursing Home Administrator.
- d. **Other Qualifications:** Additional training or education requirements for staff.

## 9. **Mandatory Discharge:** Circumstances under which discharge of a resident is required by law.

- a. **Ongoing Nursing Care:** May be defined as daily or 24 hour/day nursing care.
- b. **Danger to Self/Others:** Poses an imminent threat to the health and/or safety of self or others.
- c. **Unable to Evacuate:** In some states, same as nonambulatory: inability to self-propel to safety in an emergency.
- d. **Restraints:** Residents requiring restraints.
- e. **Beyond Capabilities:** Licensee is unable to provide needed level of care.
- f. **Other:** Other mandatory discharge criteria, e.g., certain health conditions.

## 10. **Physical Plant:** Includes only licensing standards; building codes will often contain additional requirements, e.g. structural and fire safety requirements.

- a. **Maximum occupancy/unit:** Number of residents who may share a bedroom or a self-contained apartment-like unit.
- b&c. **Size of Unit:** Minimum square footage; ordinarily excludes closets, bathrooms, vestibules, and kitchens (if applicable); may vary for existing and new construction.
- d. **Toilet:** Number of toilets per number of residents.
- e. **Bath or Shower:** Number of baths/showers per number of residents.
- f. **Other:** Other amenities that must be provided in the residents' units. "Detailed" requirements may include door widths, closet space, entryways, window size.

## 11. **Certificate of Need:** Developer must apply for a determination by the state that there is a need for additional assisted living (or equivalent) beds in the state. This category assumes that the assisted living residence is freestanding; different rules may apply if it is part of a CCRC/Life Plan Community.

## 12. **Agency:** Agency that oversees licensing or certification.

## 13. **Medicaid Waiver/State Plan:** "Y" means coverage in assisted living or board and care through a home and community based services waiver or the state plan.

## 14. **Notes:** May reference a similar or proposed scheme for Assisted Living; many states are planning to develop or have in draft form legislation covering new Assisted Living models.

The following categories are defined on pages 10 and 11.			
	ALABAMA	ALASKA	ARIZONA
<b>1. CLASSIFICATION</b>	Assisted Living Facilities	Assisted Living Homes	Assisted Living Centers
<b>2. STATUTORY / REGULATORY REFERENCES</b>	AL Code 22-21-20 <i>et seq.</i> AL Admin. Rules §§420-5-4 <i>et seq.</i> 420-5-20 Specialty Care ALF	AK Stat. §§47.33.005, 47.32, 47.05 AK Administration Code §§75.010 AAC10	AZ Comp. Administration. AZ Administrative Code R9-10-801 – R9-10-820
<b>3. MINIMUM SIZE</b>	3+	3+	11+*
<b>4. MANDATORY SERVICES</b>			
a. ADL Care	Y	Y	Y
b. Transportation			
c. Laundry	Y	Y	Y; access to
d. Activities / Recreation	Y		Y
e. Arranging Health Related Services	Y		Y
f. Housekeeping	Y	Y	Y
g. Medications Management	Y		Y
h. Monitoring	Y		Y
i. Other	3+ meals/day; communications	3 meals + snack	3 meals/day+ snacks
<b>5. PERMITTED SERVICES</b>			
a. Assistance with Medications	Y	Y	Y
b. Administer Medications	By licensed nurse	Y with delegation	Y with delegation
c. Intermittent Nursing	If properly arranged	Y	Y
d. Other	Home health by certified agency; hospice	Skilled nursing up to 45 days with approval	Home Health, Hospice
<b>6. REGULATED SUBJECTS</b>			
a. Admission Agreements	Y	Y	Y
b. Resident Funds	Y	Y	Y
c. Care Plan	Y	Y	Y
d. Medication Storage	Y	Y	Y
e. Dietary Requirements	Y	Y; 7AAC 75.265 Food Service	Y
f. Other			
<b>7. ADMINISTRATOR</b>			
a. Education / Exam	Must be licensed	Sufficient education and/or education	Certified; training program
b. Continuing Education	6 hrs/yr	18 hrs/yr	None required by ADHS
c. Availability			
d. Other (Qualifications, etc.)			
<b>8. STAFFING LEVELS</b>			
a. Staff: Resident Ratio	ALF: Sufficient to meet residents needs**	Sufficient to meet residents needs	Sufficient to meet residents needs
b. Required Hours	1+ staff 24 hrs/day	Not regulated	
c. Licensed	RN Consultant	Not required or regulated per occupation	
d. Other Qualifications	Initial and refresher training in specified areas	Annual training requirements and initial training hours required	
<b>9. MANDATORY DISCHARGE</b>			
a. Ongoing Nursing Care	Y		Y
b. Danger to Self / Others	Y		
c. Unable to Evacuate			
d. Restraints	Y		Y
e. Beyond Capabilities	Y		Y
f. Other	Severe cognitive impairment	Involuntary termination of service contract for various reason	Certain other conditions
<b>10. PHYSICAL PLANT</b>			
a. Maximum Occupancy/Unit		2	2
b. Size of Unit (single occupancy)	80 sq. ft.*	80 sq. ft.	80 sq. ft.
c. Size of Unit (multiple occupancy)	130 sq. ft.*	140 sq. ft.	120 sq. ft.; 60/person
d. Toilet	1:6 beds	1:6 people*	1:8 per unit
e. Bath or Shower	1:8 beds	1:6 people*	1:8 per unit
f. Other	Detailed	Appropriate furniture, storage space, and signal device	Residential unit 220 sq. ft.
<b>11. CERTIFICATE OF NEED</b>	N	N	N
<b>12. AGENCY (Licensure / Authority)</b>	Department of Public Health, Health Provider Standards, Assisted Living Facilities Unit	Department of Health & Social Services, Residential Licensing	Department of Health Services, Office of Assisted Living Licensing
<b>13. MEDICAID WAIVER / STATE PLAN</b>	Submitted	Y	Y
<b>14. NOTES</b>	*Larger if room contains "sitting area" **AL has specific regulations for those facilities licensed to admit and retain residents with dementia. SCALF has required staffing numbers based on census.		* If ≤ 10 residents classified as Assisted Living Home

The following categories are defined on pages 10 and 11.			
	ARKANSAS	CALIFORNIA	COLORADO
<b>1. CLASSIFICATION</b>	Assisted Living Residences for the Elderly	Residential Care Facilities for the Elderly	Assisted Living Residences
<b>2. STATUTORY / REGULATORY REFERENCES</b>	AR Code Ann. §§20-10-1701 <i>et seq.</i>	Health & Safety Code §§1569 <i>et seq.</i> ; CA Code of Regs., Title 22, §§87100 <i>et seq.</i>	CO Rev. Stat. §§25-27-101 <i>et seq.</i> ; Regulations for Assisted Living Residences (Chapter VII)
<b>3. MINIMUM SIZE</b>	4		3
<b>4. MANDATORY SERVICES</b>			
a. ADL Care	Y	Y	Y
b. Transportation	Y; or arrange	Y or arrange	Y; arrangements
c. Laundry	Y	Y	Y
d. Activities / Recreation	Y	Y	Y
e. Arranging Health Related Services	Y	Y	Y
f. Housekeeping	Y	Y	Y
g. Medications Management	Y	Y	Y
h. Monitoring	Y	Y	Protective oversight
i. Other	3 meals/day + snacks	3+ meals/day + snacks	Regular supervision
<b>5. PERMITTED SERVICES</b>			
a. Assistance with Medications	Y	Y	Y
b. Administer Medications	Y; Only in Level II Assisted Living	Limited to skilled medical professional	Y; By qualified unlicensed staff
c. Intermittent Nursing	Y; Only in Level II Assisted Living	Under ltd. circumstances	Y; By home health/hospice private caregiver
d. Other	May have separate Alzheimer's special care unit	Dementia care; restricted health conditions; home health under certain conditions; prohibited health conditions & hospice care with licensing agency approval	
<b>6. REGULATED SUBJECTS</b>			
a. Admission Agreements	Y	Y	Y
b. Resident Funds	Y	Y if bonded	Y
c. Care Plan	Y	Y	Y
d. Medication Storage	Y	Y	Y
e. Dietary Requirements	Y	Y	Y
f. Other	Pharmacy consultant in Level II	Dementia care & restricted health conditions; secured environments, hospice care & prohibited health conditions with licensing approval	Secured environment
<b>7. ADMINISTRATOR</b>			
a. Education / Exam	HS/certification program	Certification Program (80 hrs) + Exam	30 hr operator training program
b. Continuing Education	Y	40 hrs/2 yrs	
c. Availability	40 hrs/wk	Sufficient number of hours to permit adequate attention to management & administration of facility	
d. Other (Qualifications, etc.)	Required quarterly inservices for all staff	Education and experience varies on facility capacity; at least 21 yrs old	21+ yrs old
<b>8. STAFFING LEVELS</b>			
a. Staff: Resident Ratio	Varied	Competent & sufficient to meet resident needs	Sufficient to meet residents needs
b. Required Hours	1+ staff 24 hrs/day	1+ staff 24 hrs/day	1+ staff on site
c. Licensed	RN available 24 hrs/day in Level II		
d. Other Qualifications	Licensed staff in Level II	40 hours initial training; 20 hours annual training	Education and/or experience for those with direct care responsibilities
<b>9. MANDATORY DISCHARGE</b>			
a. Ongoing Nursing Care	Y	Y for 24 hr skilled nursing	Y; for 24 hr skilled nursing
b. Danger to Self / Others	Y	Y	Y
c. Unable to Evacuate	Only in Level I	N with appropriate fire clearance	Y; if bldg. not protect in place
d. Restraints	Y	N	Y
e. Beyond Capabilities	Y	Y	Y
f. Other	Skilled nursing services	All activities of daily living unless exceptions granted.	Bedridden (see special conditions); incontinence, that cannot be managed such that it can be handled.
<b>10. PHYSICAL PLANT</b>			
a. Maximum Occupancy/Unit	1 unless requested otherwise	2 (per bedroom)	2
b. Size of Unit (single occupancy)	150 sq. ft.		100 sq. ft.
c. Size of Unit (multiple occupancy)	230 sq. ft.		60 sq. ft./person
d. Toilet	1 per apt.	1:6 persons*	1:6 residents
e. Bath or Shower	1 per apt.	1:10 persons**	1:6 residents
f. Other	Each apt. shall have separate & distinct kitchen area		Window
<b>11. CERTIFICATE OF NEED</b>	Y	N	N
<b>12. AGENCY (Licensure / Authority)</b>	Department of Human Services, Office of Long Term Care	Department of Social Services, Community Care Licensing Division	Department of Public Health & Environment
<b>13. MEDICAID WAIVER / STATE PLAN</b>	Y; Level II only	Y, Assisted Living Waiver (ALW)	Y
<b>14. NOTES</b>	Assisted Living Facilities are licensed as Level I or Level II Care Facilities	*Persons = Residents, family and personnel and live-in personnel	Due to passage of HB12-1294 AL residences will be re-inspected on an extended survey schedule. **Call for more detailed information.

The following categories are defined on pages 10 and 11.			
	CONNECTICUT	DELAWARE	FLORIDA
<b>1. CLASSIFICATION</b>	Managed Residential Communities* Assisted Living Services Agency**	Residential (Rest) Homes Assisted Living Agencies	Assisted Living Facilities
<b>2. STATUTORY / REGULATORY REFERENCES</b>	CT Gen. Stat. §19a-491,694; Title 47a CT State Agency Regs. §§19-13-D105	DE Code, Title 16, §§1101 et seq. Health & Social Services Regs. §§3225 et seq.	FL Stat. 429 Part I 408, Part II FL Administration. Code Ch. 58A-5
<b>3. MINIMUM SIZE</b>			>2
<b>4. MANDATORY SERVICES</b>			
a. ADL Care	By choice only, an extra fee may apply	Y	Y
b. Transportation	Y	Y	Y
c. Laundry	Y	Y	Y
d. Activities / Recreation	Y	Y	Y
e. Arranging Health Related Services	By choice only, an extra fee may apply	Y	Y
f. Housekeeping	Y	Y	
g. Medications Management	By choice only, an extra fee may apply	Y	Y
h. Monitoring	Y	Y	Y
i. Other	Security & call system, 3+ meals/day Assistance with LTC insurance claims; Individualized service plans	3 meals, snacks, and prescribed food supplements are available each 24-hour period, 7 days a week	
<b>5. PERMITTED SERVICES</b>			
a. Assistance with Medications	Y	By limited staff	Y
b. Administer Medications	By licensed staff	By self, family or licensed staff	By licensed staff
c. Intermittent Nursing	Y	Y	Limited
d. Other	Nursing services		
<b>6. REGULATED SUBJECTS</b>			
a. Admission Agreements	Must be in writing	Y	Allows facilities to charge immediately for services not previously provided without 30 days' notice of rate increase.
b. Resident Funds	N	Y	Y
c. Care Plan	Y	Service Agreement	Y
d. Medication Storage	Only stored in clients' living unit	Y	Y
e. Dietary Requirements		Y	Y
f. Other			
<b>7. ADMINISTRATOR</b>			
a. Education / Exam	RN & BSN plus 2 yrs experience***	NH Administrator 25+ beds	HS, GED or equivalent
b. Continuing Education			12 hrs/2 yrs
c. Availability	Variable	Size of facility	
d. Other (Qualifications, etc.)	No administrator per se. Requirements are for Supervisor Assisted Living Services Agency (SALSA)		An ALF cannot operate longer than 120 consecutive days without a qualified administrator. Core training requirements, competency exam
<b>8. STAFFING LEVELS</b>			
a. Staff: Resident Ratio	Must be disclosed to resident/family in writing in ALZ unit	Sufficient to meet resident needs	Varies with number of residents
b. Required Hours	Required hrs for SALSA only	Full-time DON	Varies with number of residents
c. Licensed	RN on-call 24 hrs	RN license	Required to perform certain tasks
d. Other Qualifications	Mandatory staff education on pain recognition and ALZ		All staff must complete a Level II background screening
<b>9. MANDATORY DISCHARGE</b>			
a. Ongoing Nursing Care		Y	24 hr nursing supervision
b. Danger to Self / Others		Y	Y
c. Unable to Evacuate		Y	Y
d. Restraints		Y	
e. Beyond Capabilities		Y	Y
f. Other	Change in client's condition (no longer chronic and stable); client's insurance benefits have been exhausted, presence of safety issues	Stage 3 or 4 pressure ulcers, use of a ventilator, more than contact isolation required for a disease or condition; Bedridden for more than 14 days	Bedridden > 7 days; Stage 3 or 4 pressure sores or Stage 2 30+ days
<b>10. PHYSICAL PLANT</b>			
a. Maximum Occupancy/Unit	Shared if by choice	2	2 (4 pre-10/17/99)
b. Size of Unit (single occupancy)		100 sq. ft.	80 sq. ft. usable floor space
c. Size of Unit (multiple occupancy)		80 sq. ft.	60 sq. ft./bed
d. Toilet	1 per unit	1 per unit*	1:6 residents
e. Bath or Shower	1 per unit	1 per unit*	1:8 residents
f. Other	Access to cooking facilities	Kitchen*	
<b>11. CERTIFICATE OF NEED</b>	N	N	N
<b>12. AGENCY (Licensure / Authority)</b>	Department of Public Health, Facility Licensing & Investigations Section	Department of Health & Social Services, Division of Long Term Care Residents Protection	Agency for Health Care Administration
<b>13. MEDICAID WAIVER / STATE PLAN</b>	Y; Demonstration	Y	Y
<b>14. NOTES</b>	*Unlicensed, **Licensed, *** Or AA/Diploma + 4 yrs experience	*Or "readily accessible"	Certain licensed individuals have a duty to report observations to physicians. Required to have alternate power source on site, with sufficient fuel to keep facility at or below 81 degrees Fahrenheit for 96 hours and a carbon monoxide alarm.

The following categories are defined on pages 10 and 11.			
	GEORGIA	HAWAII	IDAHO
<b>1. CLASSIFICATION</b>	Assisted Living Communities (ALCs)* Personal Care Homes (PCHs)	Assisted Living Residences	Residential and Assisted Living Facilities
<b>2. STATUTORY / REGULATORY REFERENCES</b>	O.C.G.A. §§31-2-4, 31-2-7, 31-2-8, 31-2-9 and 31-7-1, <i>et seq.</i> Chapter 111-8-62 for PCHs, Chapter 111-8-63 for ALCs*	HI Administration. Rules §§11-90-1 <i>et seq.</i>	ID Code §§39-3301 <i>et seq.</i> , ID Administration. Rules Title 3, Ch. 22
<b>3. MINIMUM SIZE</b>	2+ for PCHs, 25+ for ALCs		3+
<b>4. MANDATORY SERVICES</b>			
a. ADL Care	Y	Y	Y
b. Transportation	Y	Y; or arrange access	Y; arrange emergency transport
c. Laundry	Y	Y	Y
d. Activities / Recreation	Y	Y	Y
e. Arranging Health Related Services	Y	Y	Y
f. Housekeeping	Y	Y	Y
g. Medications Management	Y	Y	Y
h. Monitoring	Y	Y	Y
i. Other	3+ meals/day	3 meals/day	3 meals + snacks
<b>5. PERMITTED SERVICES</b>			
a. Assistance with Medications	Y	Y	Y
b. Administer Medications	Y in PCHs through designated proxy caregivers (HB1040)	Y	Y
c. Intermittent Nursing	Y in ALCs through certified medication aids (SB178)	"Routine nursing tasks"	Short term
d. Other			
<b>6. REGULATED SUBJECTS</b>		*	
a. Admission Agreements	Y	Y	Y
b. Resident Funds	Y	Y	Y
c. Care Plan	Y in PCHs memory care units/homes and ALCs	Y	Negotiated Service Agreement
d. Medication Storage	Y	Y	Y
e. Dietary Requirements	Y	Y	Y
f. Other			Licensed
<b>7. ADMINISTRATOR</b>			
a. Education / Exam	Associates degree, GED or high school diploma + 2 yrs experience	ALF Administration Course	Administration Course; Exam
b. Continuing Education	16 hrs/yr	6+ hrs/yr	12 hrs/yr
c. Availability			Full time or designee
d. Other (Qualifications, etc.)		2 yrs experience in related field	800 hrs experience or combination of education plus experience
<b>8. STAFFING LEVELS</b>			
a. Staff: Resident Ratio	1:15 (waking hrs); 1:25 (night)		
b. Required Hours	1+ staff 24 hrs/day	Awake 24 hrs	Awake 24 hrs
c. Licensed		LN's, 7 days/wk	Quarterly RN visit, + change of condition; 24 hr LN availability
d. Other Qualifications	Direct care staff: 16 hrs/yr education	6+ hrs/yr in-service education	16 hr orientation, 8 hrs/yr training and specialized training
<b>9. MANDATORY DISCHARGE</b>			
a. Ongoing Nursing Care	Y		Y
b. Danger to Self / Others	Y	Y	Y
c. Unable to Evacuate	Y		Beyond fire safety level
d. Restraints	Y		Y
e. Beyond Capabilities	Y	Y	Y
f. Other	Bedridden		Other health conditions
<b>10. PHYSICAL PLANT</b>			
a. Maximum Occupancy/Unit	4, except 2 in memory care units/homes and in ALCs	2	2 (new)
b. Size of Unit (single occupancy)	80 sq. ft.	220 sq. ft.	100 sq. ft.
c. Size of Unit (multiple occupancy)	80 sq. ft./resident	220 sq. ft.	80 sq. ft./resident
d. Toilet	1:4 residents	1 per unit	1:6 persons*
e. Bath or Shower	1:8 residents	1 per unit	1:8 persons*
f. Other	Furnishings	Kitchen; call system; wiring for phone and television	Call system required
<b>11. CERTIFICATE OF NEED</b>	Y if 24+ residents and is a Certified Medicaid Provider	N*	N
<b>12. AGENCY (Licensure / Authority)</b>	Department of Community Health, Healthcare Facility Regulation	Department of Health, Office of Health Care Assurance	Department of Health & Welfare, Licensing & Certification
<b>13. MEDICAID WAIVER / STATE PLAN</b>	Y	Y	Y
<b>14. NOTES</b>	New PCH regulations effective 1/8/13	*Currently reviewing these areas and needs.	

The following categories are defined on pages 10 and 11.			
	ILLINOIS	INDIANA	IOWA
<b>1. CLASSIFICATION</b>	Assisted Living/Shared Housing Establishments	Residential Care Facilities	Assisted Living Program
<b>2. STATUTORY / REGULATORY REFERENCES</b>	210 ILCS 9/1, et. seq. 77 IL Adm. Code, Part 295	410 IN Adm. Code 16.2-1.1-63, and 16.2-5	IA Code 231C, Chapter 67 General Provisions, Chapter 69 Assisted Living
<b>3. MINIMUM SIZE</b>	3+		6+
<b>4. MANDATORY SERVICES</b>			
a. ADL Care	Y	Y	Y; optional
b. Transportation			Y; optional
c. Laundry	Y	Y	Y; optional
d. Activities / Recreation		Y	Y
e. Arranging Health Related Services		Y	Y; optional
f. Housekeeping	Y	Y	Y; optional
g. Medications Management			Y; optional
h. Monitoring		Y	Y
i. Other	Emergency Communication Response 24 hrs Security	3+ meals/day	481-69.39 Respite Care Services
<b>5. PERMITTED SERVICES</b>			
a. Assistance with Medications	By licensed professional depending on level of assistance	Y	Y; optional
b. Administer Medications	By licensed professional	Y	Y; optional
c. Intermittent Nursing	By licensed professional on a limited basis	Y	Y; optional
d. Other			
<b>6. REGULATED SUBJECTS</b>			
a. Admission Agreements	Y	Y	Detailed
b. Resident Funds		Y	Y
c. Care Plan	Y	Comprehensive CP for Mental Health	Y
d. Medication Storage	Y	Y	Y
e. Dietary Requirements	Y	Y	Y
f. Other		Service Plan	Managed risk statement
<b>7. ADMINISTRATOR</b>			
a. Education / Exam	HS diploma and training and experience	Specialized course or Bachelor's degree or higher	Assisted Living Management Class to include 6 hrs on Iowa rules
b. Continuing Education			
c. Availability			
d. Other (Qualifications, etc.)	Age 21	Licensed Health Facility Administrator or Licensed Residential Care Administrator	8 hours training required if in a dementia specific program
<b>8. STAFFING LEVELS</b>			
a. Staff: Resident Ratio	Sufficient to meet scheduled and unscheduled resident needs	Sufficient to meet scheduled and unscheduled resident needs	Sufficient to meet tenant needs
b. Required Hours	1 CPR trained staff on duty 24 hrs a day	1+ staff 24 hrs/day (more if > 100 residents)	1+ staff 24 hrs/day in the proximate area for dementia specific programs
c. Licensed		LN on-site or on-call	RN no longer required to train CNA & CMA in ADL's & IADL's
d. Other Qualifications	Direct care staff are subject to Health Care Worker Background Check	In-service training	RN required to complete A/L Manager class or A/L nursing class to include 6 hrs training related to Iowa rules
<b>9. MANDATORY DISCHARGE</b>			
a. Ongoing Nursing Care	Y		Y
b. Danger to Self / Others	Y	Y	Y
c. Unable to Evacuate	Y		Y
d. Restraints	Y		
e. Beyond Capabilities	Y	Y	Y
f. Other	Total Assistance with 2 or More ADL's	Total assistance with 2 of 3 specified ADL's	Total assistance with 4 or more ADL's medically unstable
<b>10. PHYSICAL PLANT</b>			
a. Maximum Occupancy/Unit		4	
b. Size of Unit (single occupancy)		100 sq. ft.	240 sq. ft.
c. Size of Unit (multiple occupancy)		60-80 sq. ft. per bed	340 sq. ft./bed
d. Toilet	1 per unit (AL), 1:4 (shared housing)	Variable formula	1 per unit
e. Bath or Shower	1:6 shared housing	Variable formula	1 per unit – optional for Dementia specific
f. Other	NFPA Life Safety Code, 2000 Edition New Residential Board & Care Occupancies, Chapter 32	Detailed	Lockable doors
<b>11. CERTIFICATE OF NEED</b>	N	N	N (if certified)
<b>12. AGENCY (Licensure / Authority)</b>	Department of Public Health, Division of Assisted Living	Department of Health, Division of Long Term Care	Department of Inspections & Appeals, Division of Health Facilities
<b>13. MEDICAID WAIVER / STATE PLAN</b>	Y	Y	Y
<b>14. NOTES</b>			



The following categories are defined on pages 10 and 11.			
	KANSAS	KENTUCKY	LOUISIANA
<b>1. CLASSIFICATION</b>	Assisted Living Facility*	Assisted Living	Adult Residential Care Provider (ARCP)
<b>2. STATUTORY / REGULATORY REFERENCES</b>	KS Stat. Ann. 39-923 et seq. Administration Regs. §§26-39-100-441; 26-41-101-207 et seq.	KRS 194 A. 700-194A.729. 910 KAR 1:240	R.S.40.21661-2166.8; LAC 48.1 Chapter 68
<b>3. MINIMUM SIZE</b>	6+	5+	2+
<b>4. MANDATORY SERVICES</b>			
a. ADL Care		Assistance with ADL's & IADL's	Y
b. Transportation		(Provide or arrange)	Y; or arrange
c. Laundry		Y	Y
d. Activities / Recreation		Y	Y
e. Arranging Health Related Services		Clients may arrange	Y
f. Housekeeping		Y	Y
g. Medications Management		Recording, confirming, reading labels, reminding	Y
h. Monitoring		Y	Y
i. Other	Facilitate Residents' Council	3 meals/day + snacks	3 meals/day + snacks
<b>5. PERMITTED SERVICES</b>			
a. Assistance with Medications	Y	Assistance with self administration of Rx	Y
b. Administer Medications	Y	Resident may contract with outside source, but AL may not administer	Y
c. Intermittent Nursing	Y	By contract only	Y
d. Other	Wellness & health monitoring required	Wellness model, but not health care	
<b>6. REGULATED SUBJECTS</b>			
a. Admission Agreements	Y**	Lease Agreement	Y
b. Resident Funds		N	Y
c. Care Plan	Y	Y; functional needs Assessment	Y
d. Medication Storage	Y	Y	Y
e. Dietary Requirements	Y	Sugar-Salt restrictions only	Y
f. Other	Negotiated Service Agreement		Residents' Association
<b>7. ADMINISTRATOR</b>			
a. Education / Exam	60+ residents – college degree < 60 residents – high school + training	HS or GED (21 yrs. old) demonstrated management or administrative ability	Various combinations of education & experience
b. Continuing Education	50 hrs / 2 yrs	Initial AL training & annual training	12 hrs/yr
c. Availability		In-house or elsewhere	24 hrs/day (or designee)
d. Other (Qualifications, etc.)	Operators: 21+ yrs old, HS/ equivalent, license or training		
<b>8. STAFFING LEVELS</b>			
a. Staff: Resident Ratio	Staff sufficient to provide service identified in negotiated Service Agreement	Sufficient in number and qualifications to meet 24 hr schedule/unscheduled needs of client	Sufficient in number to meet resident needs
b. Required Hours	Qualified staff awake & responsive at all times	24 hrs staffing	24 hrs staffing
c. Licensed			
d. Other Qualifications	Sufficient staff to safely take residents to secure location in an emergency	One awake staff member onsite at all times	Annual training (Direct Care Staff)
<b>9. MANDATORY DISCHARGE</b>			
a. Ongoing Nursing Care	Y**		Y
b. Danger to Self / Others	Y	Y	Y
c. Unable to Evacuate	Y**	Y	
d. Restraints	Y		Y
e. Beyond Capabilities	Y	Y	Y
f. Other	Certain health conditions; 30 day notice of discharge		
<b>10. PHYSICAL PLANT</b>			
a. Maximum Occupancy/Unit	None specified	2 by mutual agreement	2
b. Size of Unit (single occupancy)	200 sq. ft.	200 sq. ft.	250+ sq. ft.
c. Size of Unit (multiple occupancy)	200 sq. ft.	200 sq. ft. 1 or 2	250+ sq. ft
d. Toilet	1 per unit	1 per unit	1 per unit
e. Bath or Shower	1 per unit	1 per unit	1 per unit
f. Other	Kitchen; lockable doors	Waiver for communities established prior to 7/14/00	
<b>11. CERTIFICATE OF NEED</b>	N	N	N
<b>12. AGENCY (Licensure / Authority)</b>	Department for Aging & Disability Services	Department for Aging & Independent Living	Department of Health, Health Standards Section
<b>13. MEDICAID WAIVER / STATE PLAN</b>	Y	In Development	N
<b>14. NOTES</b>	*Subset of Adult Care Homes **Unless negotiated service agreement provides for special 24 hr services		Regulations revised effective 8/15/2015

The following categories are defined on pages 10 and 11.			
	MAINE	MARYLAND	MASSACHUSETTS
<b>1. CLASSIFICATION</b>	Assisted Living Programs and Residential Care Facility	Assisted Living Programs	Assisted Living Residences
<b>2. STATUTORY / REGULATORY REFERENCES</b>	22 M.R.S.A. §§ 7902-A 10-149; Chapter 113 (5 Levels)	MD Code Ann. §§19-1801 <i>et seq.</i> ; Code of MD Reg. 10.07.14 <i>et seq.</i>	Chapter 19D 651 CMR 12.00 <i>et seq.</i>
<b>3. MINIMUM SIZE</b>	3+ *	1+	3+
<b>4. MANDATORY SERVICES</b>			
a. ADL Care	Y	Y	Y
b. Transportation	Y; or arrange	Y; or arrange	
c. Laundry	Y	Y	Y
d. Activities / Recreation	Y	Y	Socialization
e. Arranging Health Related Services	Y	Y	
f. Housekeeping	Y	Y	Y
g. Medications Management	Y	Y	Y
h. Monitoring	Y	Y	
i. Other		3 meals/day + snack	At least 1 meal/day
<b>5. PERMITTED SERVICES</b>			
a. Assistance with Medications	Y	Y	Y
b. Administer Medications	Y	Moderate and high*	Nurses may on limited basis
c. Intermittent Nursing	Y	Y	Y
d. Other		Hospice, Home Health	Home Health
<b>6. REGULATED SUBJECTS</b>			
a. Admission Agreements	Y	Detailed	Y
b. Resident Funds	Y	Y	Y
c. Care Plan	Y	Y	Y
d. Medication Storage	Y	Y	Y
e. Dietary Requirements	Y	Y	Y
f. Other		Uniform Disclosure Statement which describes the facilities services is required.	Disclosure Statement
<b>7. ADMINISTRATOR</b>			
a. Education / Exam	All facilities with 7+ must have a licensed Administrator through Nursing Board.	HS or equivalent + 80 hr training program	B.A. or experience
b. Continuing Education	12 hrs/yr **	Ongoing training	10 hrs if no SCR; 14 hrs if SCR
c. Availability	40 hrs/wk if 50+ beds **	24 hrs (or alternate)	
d. Other (Qualifications, etc.)	21+ yrs old	Revised requirements for delegating	May not have been convicted of a felony
<b>8. STAFFING LEVELS</b>			
a. Staff: Resident Ratio	10+ beds 1:12 (7 a.m. - 3 p.m.) ** 10+ beds 1:18 (3 p.m. - 11 p.m.) ** 10+ beds 1:30 (11 p.m. - 7 a.m.) **	Must be sufficient in number & qualifications to meet 24 hrs needs of residents	In special residence (SCR) min. of 2 persons on shift at all times.
b. Required Hours	10+ beds ≥ 2 awake 24 hrs/day **	24 hrs/day	1+ staff 24 hrs/day; Awake if special care
c. Licensed			
d. Other Qualifications	Direct care: 50 hr/training course Administer meds: 40 hr/med course	On-going training	10-15* hrs/yr cont. ed.; 54+ hrs one-time training (personal care service providers)**
<b>9. MANDATORY DISCHARGE</b>			
a. Ongoing Nursing Care		Y	
b. Danger to Self / Others	Y	Y	
c. Unable to Evacuate			
d. Restraints			Resident right not to be restrained
e. Beyond Capabilities	Y		
f. Other	If services cannot be met by facility		
<b>10. PHYSICAL PLANT</b>			
a. Maximum Occupancy/Unit	2 *	2	2
b. Size of Unit (single occupancy)	100 sq. ft.*	80 sq. ft.	
c. Size of Unit (multiple occupancy)	80 sq. ft./resident *	120 sq. ft.	
d. Toilet	1:6 users *	1:4 residents	1 per unit (new)
e. Bath or Shower	1:10 users **	1:8 beds	1 per unit (new)
f. Other		Detailed requirements for Emergency Preparedness	Lockable doors; access to cooking facilities
<b>11. CERTIFICATE OF NEED</b>	N	N	N
<b>12. AGENCY (Licensure / Authority)</b>	Department of Health & Human Services, Division of Licensing & Certification	Department of Health, Office of Health Care Quality	Executive Office of Elder Affairs
<b>13. MEDICAID WAIVER / STATE PLAN</b>	Y	Approved, not implemented	Y; State Plan - not a waiver
<b>14. NOTES</b>	*Level I, II, III ** Level IV	*Three levels of care: low, moderate and high	*Higher end of range if Special Care ** Exempted if formally trained as Nurses Aide, Home Health Aide, Personal Homemaker. All newly hired staff have an initial orientation training. Additional orientation requirements for SCR - Special Care Residence.

The following categories are defined on pages 10 and 11.			
	MICHIGAN	MINNESOTA	MISSISSIPPI
<b>1. CLASSIFICATION</b>	Home for the Aged	Home Care Licensure and Housing with Services Establishments/Assisted Living*	Personal Care Homes – Assisted Living
<b>2. STATUTORY / REGULATORY REFERENCES</b>	MCL 333.20101 to 333.20211 & 333.21301 to 333.21335, MI Administrative Code *R325.1901-1981	MN Stat §§144A.43 to 144A.484, §144D, 144G	MS Code Ann. 43-11-1 MS ADC 12 000 066 et seq.
<b>3. MINIMUM SIZE</b>	21+	1+	4+
<b>4. MANDATORY SERVICES</b>			
a. ADL Care	Y	Y	
b. Transportation	N	Y; reasonable assistance with request	
c. Laundry	Y	Y	Y
d. Activities / Recreation	Y	Y; periodic socializing opportunities required	Y
e. Arranging Health Related Services	Y	Y	Y
f. Housekeeping	Y	Y	Y
g. Medications Management	Y	Y	Y
h. Monitoring	Y	Y	Y
i. Other	3+ meals/day; Assist with flu vaccine, supervision and protection	2 meals/day	3 meals/day
<b>5. PERMITTED SERVICES</b>			
a. Assistance with Medications		Y	
b. Administer Medications	Y	Y	Y
c. Intermittent Nursing	Y	Y	By licensed nurse
d. Other	N	Y	Y
<b>6. REGULATED SUBJECTS</b>			Administration of insulin by LN
a. Admission Agreements	Y	Yes, 144D.04 and 144A.4791	Y
b. Resident Funds	Y		Y
c. Care Plan	Y	Y	
d. Medication Storage	Y	Y	Y
e. Dietary Requirements	Y		Y
f. Other	Additional requirements for Alzheimer’s Disease, MCL333.20178 (1-2)	Disclosure of a special care unit for impaired persons is required. Required training in dementia care	
<b>7. ADMINISTRATOR</b>			
a. Education / Exam	N	Required training in dementia care.	HS or GED
b. Continuing Education	N	30 hrs/2 yrs 144D.10 lists requirements	
c. Availability	N		Full time
d. Other (Qualifications, etc.)	** Ed., training, and/or experience related to the residents, Program planning, development, and implementation of services to residents		Operators employed < 6 months shall be scheduled to spend 2 concurrent days with licensure agency for mentoring and training
<b>8. STAFFING LEVELS</b>			
a. Staff: Resident Ratio	*** Adequate & sufficient to meet residents needs	Must staff to meet resident needs	1:15 7a-7p; 1:25 7p-7a
b. Required Hours	24 hrs/day	24 hrs/7 days unless exempt	
c. Licensed	None required	Staff access to on call 24 hrs/7 days	LN - 8 hrs/day
d. Other Qualifications	*** Establish / implement staff training program and access competency based on program statement, residents service plans and employee needs	144D.065	FT Dietary if 11+ residents Quarterly training (direct care)
<b>9. MANDATORY DISCHARGE</b>			
a. Ongoing Nursing Care	Resident can age in place. See MCL 333.21325	N	Y
b. Danger to Self / Others	Y	N	Y
c. Unable to Evacuate	If reside in facilities requiring evacuation	N	Y
d. Restraints	Y, when requirements of MCL 333.20201 (2) (1) are met	N	Y
e. Beyond Capabilities	Y	N	Y
f. Other			Non-ambulatory; certain health conditions
<b>10. PHYSICAL PLANT</b>			
a. Maximum Occupancy/Unit	4 (new construction)	N	4
b. Size of Unit (single occupancy)	80 sq. ft. (100 new)	N	80 sq. ft.
c. Size of Unit (multiple occupancy)	70 sq. ft. (80 new per bed)	N	80 sq. ft./resident
d. Toilet	1:8 beds per floor	N	1:6
e. Bath or Shower	1:15 beds per floor	N	1:12
f. Other	Annual Bureau of Fire Services inspection	Must meet local building and fire codes	
<b>11. CERTIFICATE OF NEED</b>	N	N	N, if freestanding
<b>12. AGENCY (Licensure / Authority)</b>	Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems	Department of Health, Home Care & Assisted Living Program	Department of Health – Licensure & Certification
<b>13. MEDICAID WAIVER / STATE PLAN</b>	Y	Y	Y
<b>14. NOTES</b>	* Homes for the aged require license ** Additional administrative qualifications required *** Meet resident needs per service plan	*Housing is registered; Assisted Living requires a home care license. **Licensee must provide list of other home care providers and cannot be evicted from residence for increase health care needs. Building is registered as Housing with Services and can designate as Assisted Living. Home care is licensed and provides all health-related services and some of the supportive services	Regulations for review by legislature

The following categories are defined on pages 10 and 11.			
	MISSOURI	MONTANA	NEBRASKA
<b>1. CLASSIFICATION</b>	Assisted Living Facilities	Assisted Living Facilities	Assisted Living Facilities
<b>2. STATUTORY / REGULATORY REFERENCES</b>	MO Rev. Stat. §§198.003 et seq. MO Code of Regs. Tit. 19 Div. 30, Chapters 82, 83, 86, 87 and 88	MCA §§50-5-101; 50-5-225 et seq. MAR 37.106.2800, 37,106.2900	NE Rev. Stat. §§71-5901 – 71-5908 and §§71-401 – 71-459
<b>3. MINIMUM SIZE</b>	3+		4
<b>4. MANDATORY SERVICES</b>			
a. ADL Care	Y	Category A: 3 or less	Y
b. Transportation		Y	
c. Laundry	Y	Y	
d. Activities / Recreation	Y	Y	Y
e. Arranging Health Related Services	Y	Y	
f. Housekeeping	Y	Y	
g. Medications Management	Y	Y	Y
h. Monitoring	Y	Category C&B	Y
i. Other	Meals/Dietary Supervision		
<b>5. PERMITTED SERVICES</b>			
a. Assistance with Medications	Y; part of mandatory services	Y	Y
b. Administer Medications	Y; part of mandatory services	Category B & 3rd party services C&A	Y
c. Intermittent Nursing	Primarily no, but can be reviewed on individual basis	Category A: 30 days x 4 episodes/yr (hospice exempt)	
d. Other	Hospice care 19 CSR 30-86.047 (30)	Category B: Limited to 5 beds	
<b>6. REGULATED SUBJECTS</b>			
a. Admission Agreements	Y	Y + service plan	Y
b. Resident Funds	Y	Resident agreement must specify	
c. Care Plan	Individualized Service Plan	Y; health care plan required for C&B	
d. Medication Storage	Y	Y; locked room for self Administration.	
e. Dietary Requirements	Y	Y	Y
f. Other	Individual evacuation plan, per assessment		List of all drugs, devices, biologicals & supplements upon admission & annually
<b>7. ADMINISTRATOR</b>			
a. Education / Exam	Licensed by MO Board of Nursing Home Administrators	MT (or other state) current nursing home or Senior Living University certified	30 hrs of training in specific area
b. Continuing Education	40 hrs biennially	16 hrs for all administrators	12 hrs ongoing training per employ
c. Availability	Admin. is responsible oversight of the residents	24	
d. Other (Qualifications, etc.)	Age 21+ – detailed	Category C must have specialty endorsement	Age 21+
<b>8. STAFFING LEVELS</b>			
a. Staff: Resident Ratio	24 hr staff appropriate in numbers & skill to provide proper care of residents	To meet resident's needs	To meet resident's needs
b. Required Hours	ALFI: 1:15 (day); 1:20 (eve); 1:25 (night) ALFII: 1:15 (day); 1:15 (eve); 1:20 (night)	24	1+ staff 24 hrs/day
c. Licensed	Licensed nurse 8hrs/wk for every 30 residents	Category C&B require RN or LHCP	RN to review med administration and training medication aides
d. Other Qualifications	3 hrs. of Alzheimers/dementia training and ongoing inservice curricula; 1 hr. of annual training for safe transfer skills	Category C needs special training	12 hrs/yr training (direct care); orientation, training required
<b>9. MANDATORY DISCHARGE</b>			
a. Ongoing Nursing Care	Y; if unable to meet needs	IF not met thru 3rd party or > 5 Cat. B	Complex nursing*
b. Danger to Self/Others	Y	Y	
c. Unable to Evacuate	Subject to resident assessment	Y; if Category A	
d. Restraints	Y	Restricted by state – support only	Not allowed
e. Beyond Capabilities	Y	Y	
f. Other	Non-payment after appropriate notice, hospitalization	Beyond level of care	Unstable condition*
<b>10. PHYSICAL PLANT</b>			
a. Maximum Occupancy/Unit	4 beds/units	4	4
b. Size of Unit (single occupancy)	70 sq. ft.	100 sq. ft.	100-150 sq. ft. (new) 80-120 sq. ft. (existing)
c. Size of Unit (multiple occupancy)	70 sq. ft./resident	80 sq. ft./bed	80 sq. ft./resident (new) 60 sq. ft. (existing)
d. Toilet	1:6 resident	1:4 residents	1 adjoining room (new) 1:6 residents (existing)
e. Bath or Shower	1:20 residents	1:12 residents Doors must open outward	1:8 residents (new) 1:16 residents (existing)
f. Other	Detailed	Detailed	Detailed
<b>11. CERTIFICATE OF NEED</b>	Y	N	N
<b>12. AGENCY (Licensure / Authority)</b>	Department of Health & Senior Services, Division of Regulation & Licensure, Section for Long Term Care	Department of Public Health & Human Services, Licensure Bureau Quality Assurance Division	Office of Long Term Care Facilities
<b>13. MEDICAID WAIVER / STATE PLAN</b>	Y	Y	Y
<b>14. NOTES</b>			*with some exceptions

The following categories are defined on pages 10 and 11.			
	NEVADA	NEW HAMPSHIRE	NEW JERSEY
<b>1. CLASSIFICATION</b>	Residential Facilities for Groups	Residential Care He-P 804 Supported Residential Care He-P 805	Assisted Living Residences
<b>2. STATUTORY / REGULATORY REFERENCES</b>	NV Rev. Stat. 449.017 NV Administrative Code <i>et seq.</i> ; §§449.156 <i>et seq.</i>	NH Revised Stat. Ann. §§151:1 <i>et seq.</i>	N.J.S.A. 26:2H-1 <i>et seq.</i> N.J.A.C. 8:36-1.1 <i>et seq.</i>
<b>3. MINIMUM SIZE</b>	3+	2+	4+
<b>4. MANDATORY SERVICES</b>			
a. ADL Care	Y	Y; med. appts. & community activities	Y
b. Transportation		Assistance with arranging	Y
c. Laundry	Y	Y	Y
d. Activities / Recreation	Y	Y	Y
e. Arranging Health Related Services	Y	Y	Y
f. Housekeeping	Y	Y	Y
g. Medications Management	Y	Y	Y
h. Monitoring	Y	Y	Y
i. Other	Meals	3 meals/day	3 meals/day
<b>5. PERMITTED SERVICES</b>			
a. Assistance with Medications	Y	Y	Y
b. Administer Medications	By qualified staff	By licensed person or via nurse delegation	By qualified staff
c. Intermittent Nursing	Y	Y	Y
d. Other	Home health & hospice services	Home health & hospice	
<b>6. REGULATED SUBJECTS</b>			
a. Admission Agreements	Y	Y	Y
b. Resident Funds	Y	Y	Y
c. Care Plan	For medication administration only	Resident Assessment Tool	Y; as needed
d. Medication Storage	Y	Y	Y
e. Dietary Requirements	Y	Y	Y
f. Other	Advertising		Managed risk agreements
<b>7. ADMINISTRATOR</b>			
a. Education / Exam	Licensed by NV, Board of Examiners for LTC Administrators (BELTCA)	< 16 beds: Bachelors + 1 yr / RN + 1 yr / Associates + 2 yrs / LPN + 2 yrs*	21+ yrs, HS or equivalent; exam
b. Continuing Education	Y; need to take medication administration training	12 hrs/yr	30 hrs per 3 yrs
c. Availability	As required (or designee)	Full time	Onsite: full-time 60+ beds, half time < 60
d. Other (Qualifications, etc.)	Background Checks NRS449.119 - NRS449.125	Depends on facility size	Criminal history background check
<b>8. STAFFING LEVELS</b>			
a. Staff: Resident Ratio	1:6 Alzheimer's facilities only	Determined by admin. based on service & size of facility	
b. Required Hours	ALZ/Dementia facility: awake staff 24/7	1+ staff 24 hrs/day (awake if 9+ residents)	2+ staff on-site 24 hrs/day (1+ awake)
c. Licensed			RN on call at all times
d. Other Qualifications	Administrator only Medication training if assisting with meds.	18+ yrs old, orientation & training	Training (direct care)
<b>9. MANDATORY DISCHARGE</b>			
a. Ongoing Nursing Care	Y	Y; if need 24 hr nursing care	
b. Danger to Self / Others	Y	Y; unless home can meet the needs	
c. Unable to Evacuate	Y; unless ALZ/Dementia facility	Y; unless home built to Health Code	
d. Restraints	Y	Y; limited usage allowed	
e. Beyond Capabilities	Y	Y	
f. Other	Bedfast, fails to pay bill, fails to comply with policies or bureau determines facility is unable to provide necessary care		Residents in need of specialized long-term care
<b>10. PHYSICAL PLANT</b>			
a. Maximum Occupancy/Unit	3 80 sq. ft./bed	2 100 sq. ft. private	2 150 sq. ft.
b. Size of Unit (single occupancy)	60 sq. ft./resident, max 3 resident/room	160 sq. ft. semi-private	80 additional sq. ft. per resident
c. Size of Unit (multiple occupancy)	1:4 residents	1:6 residents	1 per unit
d. Toilet	1:6 residents	1:6 residents	1 per unit
e. Bath or Shower	Fire sprinkler system		Kitchenette; lockable door
f. Other	N	N	Y
<b>11. CERTIFICATE OF NEED</b>	Y	N/A	Y
<b>12. AGENCY (Licensure / Authority)</b>	Bureau of Health Care Quality & Compliance	Department of Health & Human Services, Health Facilities – Administration Licensing	Department of Health
<b>13. MEDICAID WAIVER / STATE PLAN</b>		* > 17 beds: Bachelors + 2 yrs / RN + 2 yrs / Associates + 4 yrs / CPN + 4 yrs	
<b>14. NOTES</b>			

The following categories are defined on pages 10 and 11.			
	NEW MEXICO	NEW YORK	NORTH CAROLINA
<b>1. CLASSIFICATION</b>	Assisted Living Facilities for Adults	Assisted Living Residences*	Assisted Living Residences*
<b>2. STATUTORY / REGULATORY REFERENCES</b>	NM Stat. Ann. §§24-1-1 <i>et seq.</i> ; 7 NMAC 8.2 <i>et seq.</i>	NY Public Health Law Article 46-B (§§4650-4663); NY Codes, R & Regs. Title 10, Part 1001 (§§1001.1-1001.16)	NC Gen. Stat. §§131D <i>et seq.</i> NC Administration. Code Title 10A, Ch. 13 Sub-chapters F & G
<b>3. MINIMUM SIZE</b>	2+	5+	2+
<b>4. MANDATORY SERVICES</b>			
a. ADL Care	Y; supervise & assist	Y; supervise & assist	Y
b. Transportation	Y; or assistance in using (public)	Y; assist/arrange	Y; or arrange
c. Laundry	Y	Y	Y
d. Activities / Recreation	Y	Y	Y
e. Arranging Health Related Services	Y	Y	Y
f. Housekeeping	Y	Y	Y
g. Medications Management	Y	Y	Y
h. Monitoring	Y	Y	Y
i. Other	3+ meals/day + snacks	Daily food, case management, and the development of Individualized Service Plan (ISP)	3 meals/day + snacks
<b>5. PERMITTED SERVICES</b>			
a. Assistance with Medications	Y	Y	Y
b. Administer Medications	By licensed staff	Limited injectables by licensed staff	15 hrs training, RN validation & state exam
c. Intermittent Nursing	Y	Through licensed home care agency, certified home health agency, or directly via "enhanced ALR certifications"	Through licensed agencies
d. Other		"Enhanced/aging in place" and/or "special needs" services by additional certification.	
<b>6. REGULATED SUBJECTS</b>			
a. Admission Agreements	Y	Y; Detailed	Y
b. Resident Funds	Y	Y	Y
c. Care Plan	Y	Y; ISP	Y + Assessments
d. Medication Storage	Y	Y	Y
e. Dietary Requirements	Y	Y	Y
f. Other		Respite	Licensed health professional support; activities; respite; medication administration
<b>7. ADMINISTRATOR</b>			
a. Education / Exam	Complete state approved certification, program for AL administrators	HS or equivalent and 3+ years experience	High school or 2 years college per size
b. Continuing Education		60 hrs/2 yrs	30 hours/2 years
c. Availability		40 hrs/wk on-duty (if 25+ beds)	Varies with size
d. Other (Qualifications, etc.)	CCHSP Screening in accordance w/ 7.1.9 NMAC / Employee Abuse Registry in accordance w/ 7.1.12 NMAC	21+ yrs old; 20 hrs/wk min. (24 beds or less)	21+ yrs old; 120 hr course (7+ residents)
<b>8. STAFFING LEVELS</b>			
a. Staff: Resident Ratio	1:15 (waking hours)*	Variable, specified case management functions	Varies with time of day
b. Required Hours	Variable	Variable, specified for EALRs and SNALRs	Detailed
c. Licensed		Not required; Nursing services only allowed in EALR	
d. Other Qualifications	18+ yrs old, adequate education, able to carry out responsibilities		Training, drug screening, criminal background check
<b>9. MANDATORY DISCHARGE</b>			
a. Ongoing Nursing Care	Y	Y; unless certified for EALR, MD/family approves	Y
b. Danger to Self / Others	Y	Y	Y
c. Unable to Evacuate	Y	Y; unless certified for EALR, MD/family approves	N
d. Restraints		N/A	N
e. Beyond Capabilities	Y; unless exception to retention in accordance with 7.8.2.20	Y	Y
f. Other			Various physical conditions; failure to pay
<b>10. PHYSICAL PLANT</b>			
a. Maximum Occupancy/Unit	2	2	2 for facilities licensed after July 1, 2004; otherwise 4
b. Size of Unit (single occupancy)	100 sq. ft.	85 sq. ft.	100 sq. ft.
c. Size of Unit (multiple occupancy)	80 sq. ft.	140 sq. ft.	80 sq. ft.
d. Toilet	1:8	1:6 Adult homes, in each unit Enriched Housing Program	1:5 residents
e. Bath or Shower	1:8	1:10 Adult Homes, in each unit Enriched Housing Program	1:10 residents
f. Other	Furnishings, 1 toilet/bathing facility for disabled	Call system, sprinkler, smoke detection, handrails, smoke barriers	Detailed
<b>11. CERTIFICATE OF NEED</b>	N	N	Y; for homes of 7 or more residents
<b>12. AGENCY (Licensure / Authority)</b>	Department of Health, Division of Health Improvement, Health Facility Licensing & Certification	Department of Health	Department of Health & Human Services, Division of Health Service Regulation
<b>13. MEDICAID WAIVER / STATE PLAN</b>	Y	Y; State Plan Amendment for Assisted Living Program only	Y
<b>14. NOTES</b>	*Sleeping hrs varies depending on facility size	Additional certification available for ALRs to become Enhanced ALRs or Special Needs ALRs	*Adult Care Homes

The following categories are defined on pages 10 and 11.			
	NORTH DAKOTA	OHIO	OKLAHOMA
<b>1. CLASSIFICATION</b>	Assisted Living	Residential Care Facilities	Assisted Living Centers
<b>2. STATUTORY / REGULATORY REFERENCES</b>	ND Cent. Code §§50-32 <i>et seq.</i> ; ND Administrative Code §§75-03.34	OH Rev. Code Ann. §§3721.01 <i>et seq.</i> OAC Ann. 3701-17-50 to 3701-17-68	Title 63 OK Stat. §1-890 <i>et seq.</i> ; OAC §§310:663-1-1 <i>et seq.</i>
<b>3. MINIMUM SIZE</b>	5+	3+	2+
<b>4. MANDATORY SERVICES</b>			
a. ADL Care		Y; facility may choose which services to provide	*
b. Transportation		Y	
c. Laundry		Or transport to laundromat	*
d. Activities / Recreation		Y	*
e. Arranging Health Related Services			*
f. Housekeeping		Y	*
g. Medications Management			*
h. Monitoring		Y	Y
i. Other			Meals*
<b>5. PERMITTED SERVICES</b>			
a. Assistance with Medications	Y	Y	Y
b. Administer Medications	Y	By licensed registered staff	Y
c. Intermittent Nursing	Y	Y	Y
d. Other		Application of Dressing; Supervision of Special Diets	Home health, hospice, sitters, companions
<b>6. REGULATED SUBJECTS</b>			
a. Admission Agreements		Y	Y
b. Resident Funds		Y	Y
c. Care Plan		Y; Addressing assessed needs of resident with impairment	Y
d. Medication Storage	Y	Y; if the facility admin meds	Y
e. Dietary Requirements		Y; if the facility is providing meals	Y
f. Other			Quality Assurance Committee
<b>7. ADMINISTRATOR</b>			
a. Education / Exam		21+ yrs old, NHA or B.A. or B.S. or 3000 hrs experience or 100 hrs post HS education in gerontology	After 2012, AL license, NHA license or certificate of training and competency approved by DOH
b. Continuing Education	Y	9 hrs CED annually	18 hrs/year
c. Availability		≥ 20 hrs/wk	
d. Other (Qualifications, etc.)			
<b>8. STAFFING LEVELS</b>			
a. Staff: Resident Ratio		One staff 24 hrs/day plus sufficient additional staff to meet needs of residents	Adequate to meet services
b. Required Hours		Depending on the type of service provided*	24 hrs / 7 days
c. Licensed		Special population care: psychologist/physician on staff	RN or Pharmacist
d. Other Qualifications		Facility policies & staff training if admit special populations	National Background check
<b>9. MANDATORY DISCHARGE</b>			
a. Ongoing Nursing Care		Excluding 120 days of PT intermittent skilled nursing care in any 12 month period or if Hospice or Routine Care or special conditions met	N; aging in place requires plan of accommodation
b. Danger to Self / Others		Y	Y
c. Unable to Evacuate		Depends on bldg. code use group	N; aging in place requires plan of accommodation
d. Restraints		Y	Y
e. Beyond Capabilities		Y	Y; aging in place requires plan of accommodation
f. Other	Facility is to develop tenancy criteria	See OAC 3701-61 and OAC 3721.13 (A)(30)	Unable to meet residents needs for privacy and dignity
<b>10. PHYSICAL PLANT</b>			
a. Maximum Occupancy/Unit		4	2
b. Size of Unit (single occupancy)		100 sq. ft.	
c. Size of Unit (multiple occupancy)		80 sq. ft./person	
d. Toilet		1:8 residents **	1:4 residents
e. Bath or Shower		1:8 residents	1:4 residents
f. Other	Fire Life Safety Inspection. Annual common dining room & kitchen inspections	Sprinkler system, resident activated call signal system	Lockable doors, individual temperature control
<b>11. CERTIFICATE OF NEED</b>	N	N	N
<b>12. AGENCY (Licensure / Authority)</b>	Department of Human Services, Medical Services	Department of Health, Division of Quality Assurance	State Department of Health, Long Term Care & Protective Services
<b>13. MEDICAID WAIVER / STATE PLAN</b>	N	Y	Y
<b>14. NOTES</b>		*Skilled nursing care requires higher qualifications **Must be attached to rooms in bldgs. built or converted post 5/01/07	*Rules allow flexible services package

The following categories are defined on pages 10 and 11.			
	OREGON	PENNSYLVANIA	RHODE ISLAND
<b>1. CLASSIFICATION</b>	Assisted Living	Assisted Living Residences	Assisted Living Residences*
<b>2. STATUTORY / REGULATORY REFERENCES</b>	OR Rev. Stat. 443.400 <i>et seq.</i> OR Admin. Rules §§411-54-000 <i>et seq.</i>	62 P.S. §§1001 <i>et seq.</i> 55 PA Code §§2800 <i>et seq.</i>	RI Gen. Laws §§23-17.4-1 <i>et seq.</i> Code of RI Rules
<b>3. MINIMUM SIZE</b>	6	4+	6+
<b>4. MANDATORY SERVICES</b>			
a. ADL Care	Y	Y	Y
b. Transportation	Y; or arrange	Arranging transportation	Can be arranged through provider
c. Laundry	Y	Y; if SSI	Can be arranged through provider
d. Activities / Recreation	Y	Y	Y
e. Arranging Health Related Services	Y	Y	"Supportive Services"
f. Housekeeping	Y	Y	Can be arranged through provider
g. Medications Management	Y	Y	Can be arranged through provider
h. Monitoring	Y	Y	Y
i. Other	3+ meals/day; financial mgmt	3+ meals/day, optional financial mgmt	3+ meals/day
<b>5. PERMITTED SERVICES</b>			
a. Assistance with Medications	Y	Y	According to level of licensure
b. Administer Medications	Y	Y	According to level of licensure
c. Intermittent Nursing	Y	Y	45 days or less by an outside provider
d. Other			
<b>6. REGULATED SUBJECTS</b>			
a. Admission Agreements		Y	Y
b. Resident Funds	Y	Y	Y
c. Care Plan	Y	Y	Y
d. Medication Storage	Y	Y	Y
e. Dietary Requirements	Y	Y	Y
f. Other	Full public disclosure	Staffing, physical site, restraint prohibition, per-admission and annual assessments: fire safety, rights, special care	
<b>7. ADMINISTRATOR</b>			
a. Education / Exam	HS or equivalent; 40 hr course	RN, Associates degree, LPN or NHA License	44 hrs course work; or RI nursing home licensure
b. Continuing Education	20 hrs/yr	24 hrs/yr	32 hrs/2 yr
c. Availability	40 hrs or designee	24 hrs administrator or designee	
d. Other (Qualifications, etc.)	2 yrs management experience in health care related field or BA in Health or Social services field	36 hrs on-site/wk average per month; at least 30 hrs/week must be during normal business hours	May not administer more than 3 facilities with 120 aggregate beds
<b>8. STAFFING LEVELS</b>			
a. Staff: Resident Ratio	Variable	1 hr/ day mobile, 2 hr/ day immobile, special care unit	Staffing ratio required in special care units
b. Required Hours	24 hr availability	24 hrs	"Responsible Adult" 24 hrs/day
c. Licensed	RN on staff or contract	N	RN visit once every 30 days
d. Other Qualifications	Pre-service training (direct care staff)	16 hrs annual direct care	Training
<b>9. MANDATORY DISCHARGE</b>			
a. Ongoing Nursing Care		N	Y
b. Danger to Self / Others		N	Y
c. Unable to Evacuate		N	Depending on level of licensure
d. Restraints		N	Y
e. Beyond Capabilities		Y	Y
f. Other			Capable of self-preservation in emergency unless facility meets stringent life safety code
<b>10. PHYSICAL PLANT</b>			
a. Maximum Occupancy/Unit	1	2	2
b. Size of Unit (single occupancy)	220 sq. ft. (new construction)	225 sq. ft.	100 sq. ft.
c. Size of Unit (multiple occupancy)	220 sq. ft. (new construction)	300 sq. ft. total (150 sq. ft./person)	160 sq. ft. (double occupancy)
d. Toilet	1 per unit	1 toilet/living unit, 1 public restroom	1:8 beds
e. Bath or Shower	1 per unit	1 tub or shower/living unit	1:10 beds
f. Other	Kitchen; storage space; telephone jack; lockable doors & storage space		Portable space heaters/ cooking equipment not allowed
<b>11. CERTIFICATE OF NEED</b>	N	N	N
<b>12. AGENCY (Licensure / Authority)</b>	Department of Human Services	Department of Human Services, Human Services Licensing	Department of Health
<b>13. MEDICAID WAIVER / STATE PLAN</b>	Y	Y	Y
<b>14. NOTES</b>	Additional dementia licensing category exists.	Special requirements for special care units.	*In May 2015, the licensing regulations were updated to include the addition of a "Limited Health Services License". This category of license is for assisted living residences that want to offer specific nursing services as defined in the regulations.



The following categories are defined on pages 10 and 11.			
	<b>SOUTH CAROLINA</b>	<b>SOUTH DAKOTA</b>	<b>TENNESSEE</b>
<b>1. CLASSIFICATION</b>	Community Residential Care Facilities	Assisted Living Center	Assisted-Care Living Facilities
<b>2. STATUTORY / REGULATORY REFERENCES</b>	SC Code Ann. §§40-35-10 <i>et seq.</i> , 44-7-130, 44-7-260 <i>et seq.</i> ; SC Code Regs. 61-84	SD Cod. Laws Ann. §§34-12-1.1 <i>et seq.</i> ; SD Administration. R. 44:70	TN Code Ann. 68-11-201; TN Rules §§1200-8-25 <i>et seq.</i>
<b>3. MINIMUM SIZE</b>	2+	1+	1+
<b>4. MANDATORY SERVICES</b>			
a. ADL Care	Y	Y	Y
b. Transportation	Y; for medical appointments		
c. Laundry	Y	Y	Y
d. Activities / Recreation	Y	Y	Y
e. Arranging Health Related Services	Y	Y	
f. Housekeeping	Y	Y	Y
g. Medications Management	Y	Y	Y
h. Monitoring	Y	Y	Y
i. Other	Money management	3 meals/day	3 meals/day
<b>5. PERMITTED SERVICES</b>			
a. Assistance with Medications	Y	Y	Y
b. Administer Medications	Y	Y*	By licensed professional
c. Intermittent Nursing	Y; strict limits	Y; strict limits	Y; with limits
d. Other	Y; money management (except private pay)		Y
<b>6. REGULATED SUBJECTS</b>			
a. Admission Agreements	Y	Y	Y
b. Resident Funds	Y	Y	Y
c. Care Plan	Y	Y	Y
d. Medication Storage	Y	Y	Y
e. Dietary Requirements	Y	Y	Y
f. Other		Infection Control, Quality Assurance, Professional Standards of Care	Disposition of medication, secured unit
<b>7. ADMINISTRATOR</b>			
a. Education / Exam	Based on LLR regulations/requirements	Licensed health professional or HS/GED & CNA or course approved by DOH	HS or GED
b. Continuing Education	Based on LLR Regulations/Requirements		24 hrs/2 yrs
c. Availability	Full time during "normal working hrs" (if 10+ beds)	Onsite day to day operations	
d. Other (Qualifications, etc.)			18+ years old, Biennial renewal, proof applicant has not been convicted of criminal offense involving elderly & pass criminal background
<b>8. STAFFING LEVELS</b>			
a. Staff: Resident Ratio	1:8/building ("peak" hrs); 1:30/building (night)	1 staff at all times & dependent on resident need	Responsible attendant who is awake and alert at all times and a sufficient number of employees to meet residents needs.
b. Required Hours	1+ staff on active duty at all times	Min. 0.8 hrs. direct resident care per resident in 24 hrs	
c. Licensed	N		Available as needed
d. Other Qualifications	Training	Training	Annual in-service training for secured unit staff
<b>9. MANDATORY DISCHARGE</b>			
a. Ongoing Nursing Care	Y	Y	Y
b. Danger to Self / Others	Y	Y	Y
c. Unable to Evacuate	Y		Y; if unable to evacuate in 13 min.
d. Restraints	Y; if continuous	Y	Y
e. Beyond Capabilities	Y	Y	Y
f. Other		Various	Various health related conditions
<b>10. PHYSICAL PLANT</b>			
a. Maximum Occupancy/Unit	3	2	2
b. Size of Unit (single occupancy)	100 sq. ft.	120 sq. ft (new)	80 sq. ft./resident
c. Size of Unit (multiple occupancy)	80 sq. ft./bed	200 sq. ft. (double occupancy) (new)	80 sq. ft./resident
d. Toilet	1:6 licensed beds	Attached toilet to resident room	1:6 persons
e. Bath or Shower	1:8 licensed beds	1:15 residents	1:6 persons
f. Other	Detailed		Furnishings; detailed fire safety
<b>11. CERTIFICATE OF NEED</b>	N	N	N
<b>12. AGENCY (Licensure / Authority)</b>	Department of Health & Environmental Control, Bureau of Health Facilities Licensing	Department of Health, Office of Health Care Facilities Licensure & Certification	Department of Health, Office of Health Care Facilities
<b>13. MEDICAID WAIVER / STATE PLAN</b>	Y	Y; State Funds	Y; AL is now a service of Home & Community based service waiver. Does not include home and board.
<b>14. NOTES</b>		*But facility must contract with RN for supervision and review and with RN or pharmacist for training.	

The following categories are defined on pages 10 and 11.			
	TEXAS	UTAH	VERMONT
<b>1. CLASSIFICATION</b>	Assisted Living Facilities	Assisted Living Facilities	Assisted Living Residence
<b>2. STATUTORY / REGULATORY REFERENCES</b>	TX Health & Safety Code §§247.001 <i>et seq.</i> ; TX Administration. Code §§92.1 <i>et seq.</i>	UT Code Ann. §§26-21-6 <i>et seq.</i> UT Administration Code 432-6	33 VSA §7102 (10) (11)
<b>3. MINIMUM SIZE</b>	4+	2+	3+
<b>4. MANDATORY SERVICES</b>			
a. ADL Care	Y	Y	Y
b. Transportation		Make Arrangements	Y
c. Laundry	Y	Y	Y
d. Activities / Recreation	Y	Y	Y
e. Arranging Health Related Services		Y	Y
f. Housekeeping		Y	Y
g. Medications Management	Y	Y	Y
h. Monitoring	Y	Y	Y
i. Other	3+ meals/day	3+ meals/day	Social Services
<b>5. PERMITTED SERVICES</b>			
a. Assistance with Medications	Y	Y	Y
b. Administer Medications	By licensed staff*	Supervised by RN	Y
c. Intermittent Nursing		Y; not skilled nursing but may arrange skilled nursing	Y
d. Other	Limited skilled nursing services permitted. Temporary skilled nursing services for minor illness, injury or emergency, up to 30 days.		
<b>6. REGULATED SUBJECTS</b>			
a. Admission Agreements	Y	Y	Y
b. Resident Funds	Ltd.	Y	Y
c. Care Plan	Y	Y	Y
d. Medication Storage	Y	Y	Y
e. Dietary Requirements	Y	Y	Y
f. Other			Uniform Consumer Disclosure
<b>7. ADMINISTRATOR</b>			
a. Education / Exam	HS or equivalent (More if large facility)	Various combinations of education and experience	State-approved certification course or required education and/or experience
b. Continuing Education	12 hrs/yr		12+ hrs/yr
c. Availability	40 hrs/wk	On premise a sufficient number of hrs	Present on average. 32 hrs/wk
d. Other (Qualifications, etc.)	24 hr training	Criminal background screening.	May not have a substantiated charge of abuse, neglect or exploitation
<b>8. STAFFING LEVELS</b>			
a. Staff: Resident Ratio		Sufficient numbers to meet scheduled and unscheduled needs	1 staff member at all times
b. Required Hours	Night shift staff immediately available/awake	24 hrs/day (direct care personnel)	15+ residents: 1 staff member awake all times
c. Licensed		Type I: none, Type II: CNA	Nursing overview must be provided by an RN
d. Other Qualifications	Direct care: 6 hrs ed./yr (1 hr must cover behavior mgmt.) (1 hr must cover fall prevention)	In-service training	12+ hrs training/yr & dementia care for Direct Care Staff
<b>9. MANDATORY DISCHARGE</b>			
a. Ongoing Nursing Care	Y	Y	N
b. Danger to Self / Others	Y	Y	If danger cannot be managed
c. Unable to Evacuate	Type A Facilities	Y; unless resident is on Hospice.	N/A
d. Restraints		Y	Restraints are not permitted
e. Beyond Capabilities	Y	Y	Y; as detailed in VT AL regulations
f. Other		TB or other communicable diseases	Failure to pay monthly charges
<b>10. PHYSICAL PLANT</b>			
a. Maximum Occupancy/Unit	4	2	Per certificate of occupancy; all units are private
b. Size of Unit (single occupancy)	Type A: 80 sq. ft.; Type B: 100 sq. ft.	Type I: 100, Type II: 120 sq. ft.*	Varies
c. Size of Unit (multiple occupancy)	Type A: 60 sq. ft./bed; Type B: 80 sq. ft./bed	Type I: 160, Type II: 200 sq. ft.*	Varies
d. Toilet	1:6 residents	1:4 residents	Y; private
e. Bath or Shower	1:10 residents	1:10 residents	Y; private
f. Other	Effective January 6, 2014, 2000 NFPA was implemented.	Detailed requirements	ERS, individual temp control ADAAG conformance
<b>11. CERTIFICATE OF NEED</b>	N	N	N
<b>12. AGENCY (Licensure / Authority)</b>	Health and Human Services Commission	Department of Health, Bureau of Health Facility Licensing, Certification	State Survey Agency, Division of Licensing & Protection
<b>13. MEDICAID WAIVER / STATE PLAN</b>	Y	Y; New Choices waiver for specific services	Y
<b>14. NOTES</b>	Facility may request resident who was appropriated at admission and whose condition has changed to remain at the facility under certain conditions.	*Type II sq. ft. may be reduced if additional living space is provided.	Distinct AL Regulations were finalized in 2003.

The following categories are defined on pages 10 and 11.			
	VIRGINIA	WASHINGTON	WEST VIRGINIA
<b>1. CLASSIFICATION</b>	Assisted Living Facilities (ALF)	Assisted Living Facilities (ALF)	Assisted Living Residences ALR
<b>2. STATUTORY / REGULATORY REFERENCES</b>	VA Code §§63.2-100 and Chapters 17 and 18 of Title 63.2 22, VA Administrative Code 22 VAC 40-73	WA Rev. Code 18.20 and 70.129; WA Administration. Code 388-78a WA Administration. Code 388-112	WV Code §§16-50-1 <i>et seq.</i> ; WV Administration. Rules §§64-14-1 <i>et seq.</i>
<b>3. MINIMUM SIZE</b>	4	6+	4+
<b>4. MANDATORY SERVICES</b>			
a. ADL Care	Y	Y	Y
b. Transportation	Assistance arranging	Assistance arranging	Assistance arranging
c. Laundry	Y	Y	Y
d. Activities / Recreation	Y	Y	7 hrs/wk at a minimum
e. Arranging Health Related Services	Y	Y	Y
f. Housekeeping	Y	Y	Y
g. Medications Management	Y	Assistance with medications	Y
h. Monitoring	Y	Y	Y
i. Other	3 meals/day, special diets, snacks	3 meals; prescribed diets, emergency assistance, coordination with health care providers.	3 meals/day + snacks
<b>5. PERMITTED SERVICES</b>			
a. Assistance with Medications	Y	Y	Y
b. Administer Medications	By licensed or registered staff	Y	Y
c. Intermittent Nursing	Y	Y	Y
d. Other	Hospice and Home Health	Assistance with ADL's, day care, transportation, dementia, mental illness and developmental disabilities	Hospice & Home Health
<b>6. REGULATED SUBJECTS</b>			
a. Admission Agreements	Y	Y	Y
b. Resident Funds	Y	Y	Y
c. Care Plan	Y	Y	Y
d. Medication Storage	Y	Y	Y
e. Dietary Requirements	Y	Y	Y
f. Other	Residents rights	Resident rights, resident assessments, negotiated service agreements, staff training	
<b>7. ADMINISTRATOR</b>			
a. Education / Exam	Licensure as assisted living facility or nursing home administrator*	Multiple combination of education, training and experience	A.S. in related field for large ALR HS or equivalent for small ALR
b. Continuing Education	20hrs/yr	Per WAC 388-112: at least 12 hrs/yr	8 hrs/yr
c. Availability	Responsible on full-time basis for administration and management*	Available on call or designates a qualified person	Available or have someone designated in charge
d. Other (Qualifications, etc.)	Must pass criminal background check	Must pass criminal history background check and complete required training	Must pass criminal background check
<b>8. STAFFING LEVELS</b>			
a. Staff: Resident Ratio	Min. 1 staff person - staff must be adequate in numbers, knowledge, skills & abilities	Min. 1 staff person - must have sufficient trained staff	Min. 1 staff person - must have adequate staff to meet care needs
b. Required Hours	1+ staff awake 24 hrs/day	Min. 1 staff to assist residents onsite and for ALF activities off-site	1+ staff 24 hrs/day
c. Licensed	To provide some services	Depends on position.	Employ or contract with RN
d. Other Qualifications	There are specified staff qualifications/training. Must pass criminal background check.	Long Term Care Certification Training & must pass criminal background check.	Pass criminal background check. Specific topics must be included for all staff at orientation training and annually
<b>9. MANDATORY DISCHARGE</b>			
a. Ongoing Nursing Care	Continuous licensed nursing care	Requires the frequent presence and evaluation of RN	Exceeding limited and intermittent nursing care
b. Danger to Self / Others	Y	Y	Y
c. Unable to Evacuate	Depends upon use & occupancy classification	In certain building construction types	
d. Restraints			
e. Beyond Capabilities	Y	Y	Y
f. Other	Certain health-related conditions	Facility cease to operate	
<b>10. PHYSICAL PLANT</b>			
a. Maximum Occupancy/Unit	2 to 4, depending on date of construction or change in use, or when new licensee	2 to 4, depending on date of construction or change in use	3 (existing); 2 (new)
b. Size of Unit (single occupancy)	100 sq. ft. (new construction or change in use) 80 sq. ft. (otherwise)	80 sq. ft.	100 sq. ft.
c. Size of Unit (multiple occupancy)	80 sq.ft. per resident (new construction or change in use), 60 sq. ft. per resident (otherwise)	70 sq. ft. (per resident)	60-80 sq. ft. (existing); 90 sq. ft. (new)
d. Toilet	1:4 residents (new or change in use) 1:7 otherwise	Minimum 1:8 residents	1:6 residents
e. Bath or Shower	1:7 residents (new or change in use) 1:10 otherwise	Minimum 1:12 residents	1:10 residents
f. Other	Window	Window	Windows; furnishings; sprinkler and fire alarm system
<b>11. CERTIFICATE OF NEED</b>	N	N	N (not required for AL)
<b>12. AGENCY (Licensure / Authority)</b>	Department of Social Services, Division of Licensing Adult Programs	Department of Social & Health Services, Aging & Long Term Support	Office of Health Facility Licensure & Certification (OHFLAC)
<b>13. MEDICAID WAIVER / STATE PLAN</b>	Y; Alzheimer's Waiver ends on 6/30/18	Y	N
<b>14. NOTES</b>	*Residential level of care has different requirements. Study of independent living communities & possible regulation.	DSHS may contract with ALF's for additional residential care services	

The following categories are defined on pages 10 and 11.			
	WISCONSIN	WYOMING	WASHINGTON D.C.
<b>1. CLASSIFICATION</b>	Community Based Residential Facilities	Assisted Living Facilities	Assisted Living Residences
<b>2. STATUTORY / REGULATORY REFERENCES</b>	WS Administration Code DHS 83 and Ch. 50, WS Stats	WS. 35-2-901 et seq. 9-2-1204 et seq. 16-3-101 et seq.	D.C. Law 13-127, sec. 101, 47 DCR 2647
<b>3. MINIMUM SIZE</b>	5		
<b>4. MANDATORY SERVICES</b>			
a. ADL Care	Y	Y	Y
b. Transportation	Y; or arrange	Y; Assistance	Y; or arrange
c. Laundry	Y	Y	Y
d. Activities / Recreation	Y	Y	Y
e. Arranging Health Related Services	Y	Y	Y
f. Housekeeping	Y	Y	Y
g. Medications Management	Y	Y	Y
h. Monitoring	Y	Y	Y
i. Other	3+ meals/day	Several other services	3+ meals/day
<b>5. PERMITTED SERVICES</b>			
a. Assistance with Medications	Y	Y	Y; med. mgmt. certification/license required
b. Administer Medications	Y; med. mgmt. training required	By licensed staff	Y; med. mgmt. certification/license required
c. Intermittent Nursing	Y	Y	Y
d. Other		Other contracted services	Other contracted services
<b>6. REGULATED SUBJECTS</b>			
a. Admission Agreements	Y	Y	Y
b. Resident Funds	Y	Y	Y
c. Care Plan	Y	Y	Y
d. Medication Storage	Y	Y	Y
e. Dietary Requirements	Y	Y	Y
f. Other	Structural, life safety, resident rights, staff training	Resident rights, life safety, staff education and training, construction	Structure, Life Safety Resident's Rights, Staff training
<b>7. ADMINISTRATOR</b>			
a. Education / Exam	Associate degree or higher health care or BS in other with experience or WI AL Administrator Course	Level 2: certified as residential care/ ALF administrator or equivalent	HS or GED and experience or equivalent
b. Continuing Education	15 hrs	Y, Level 2 Administrator must complete 16 CE credit hours annually.	12 hrs/yr
c. Availability	24 hrs or delegate	24 hrs or delegate	24 hrs or delegate
d. Other (Qualifications, etc.)	Resident care staff required training	Level 2: manager must have at least 3 yrs experience in field of geriatrics or caring for disabled residents in a licensed facility.	Experience as a Direct Care Provider or Administrator for at least one of the past three years.
<b>8. STAFFING LEVELS</b>			
a. Staff: Resident Ratio	Dependent on facility class and residents needs	Facilities w/ 8+ residents: one awake staff member	
b. Required Hours	1+ care staff when residents are present	24 hrs supervision of residents	1+ staff/24 hours with first aid and CPR
c. Licensed	Department approved training	Level 2: Licensed nurse all shifts	All staff must possess current/ appropriate license/certification
d. Other Qualifications	Caregiver background checks, Initial training; continuing education for care staff	Level 2: Additional documented training R/T Cognitive impairment, ADLs, behaviors	Background check, continuing education/ongoing training
<b>9. MANDATORY DISCHARGE</b>			
a. Ongoing Nursing Care	N-unless exceeds 3 hrs/wk RN care	Y	
b. Danger to Self / Others	Y	Y	
c. Unable to Evacuate	N	Y; detailed	
d. Restraints	Must be approved	Must be physician ordered and used to treat medical symptoms	
e. Beyond Capabilities	Y	Y	
f. Other	Bedfast; certain other conditions	Care for certain health-related condition is prohibited	
<b>10. PHYSICAL PLANT</b>			
a. Maximum Occupancy/Unit	2	2	2
b. Size of Unit (single occupancy)	100 sq. ft.	120 sq. ft.	70 sq. ft./ 80 sq. ft.*
c. Size of Unit (multiple occupancy)	80 sq. ft./bed	80 sq. ft./bed	100 sq. ft./120 sq. ft.*
d. Toilet	1:10	1:2 beds	1:6
e. Bath or Shower	1:10	1:10 beds	1:6
f. Other	Additional requirements for large facilities	Detailed	Furnishings
<b>11. CERTIFICATE OF NEED</b>	N	N	N
<b>12. AGENCY (Licensure / Authority)</b>	Department of Health Services, Division of Quality Assurance, Bureau of Assisted Living	Department of Health, Aging Division, Healthcare Licensing & Surveys	Department of Health, Health Regulation Administration
<b>13. MEDICAID WAIVER / STATE PLAN</b>	HCBS regulations	Y	N
<b>14. NOTES</b>	Separate Categories for Residential Care Apartment Complex & Adult Family Home regulations online at website <a href="https://www.dhs.wisconsin.gov/guide/assisted-living.htm">https://www.dhs.wisconsin.gov/guide/assisted-living.htm</a>	Level 2 facility may have secure unit for dementia residents	*If built or renovated after June 24, 2000.

# CCRC/LIFE PLAN COMMUNITY LEGEND

In general: This chart summarizes statutory language and may not reflect regulatory or other interpretation. Rules are generally much more complex than the chart indicates. "Y" indicates there is provision on point; a blank space indicates there is no provision on point.

## 1. **Definition:**

- a & b Shows what duration of contract is required to be subject to licensure. If a statute covers contracts for life or greater than one year, chart shows only "1 year" filled. If both are filled, may be multiple categories of licensure.
- c. Statute applies only when there is some form of entrance fee.
- d. Priority admission to services, even if not prepaid, triggers licensure.
- e & f. Chart refers to the kind of activity that is considered to trigger licensure. Health-related services and personal care may be similar activities in some states.

## 2. **Application:**

- a. Disclosure to residents or state of various information about the provider and/or project plans.
- b. Financial statements or budgets required to be submitted to the state.
- c,d & e These studies are required to be submitted to the state; may contain overlapping information depending on state definitions.
- f. Accreditation accepted in lieu of state review; may be subject to agency discretion.

## 3. **Escrow of Fees:**

- a. Some escrowing of entrance fees required; at least for initial facility sell-out.
- b. Factors considered in releasing money from escrow
  - i. Percentage of total entrance fee required to be on deposit from a specified percentage of total residences in the project
  - ii. Total funds, such as construction and start-up costs, required for escrow release.
  - iii. Construction standard required for escrow release.
  - iv. Financing standard required for escrow release.

## 4. **Additional Presales:** (See 3bi for presales required for escrow release)

- a. Presales required to begin development or license application; expressed as a percentage of entrance fees from a percentage of units.
- b. Presales required to obtain final certification; expressed as a percentage of entrance fees from a percentage of units.

5. **Reserves:**
  - a. Required reserve of principal and interest payments or other real property expenses for facility; expressed in months of payments.
  - b. Reserve calculated as percentage of deposits received from residents.
  - c. Reserves measured by costs of operation.
  - d. Reserves measured by entrance fee refund obligation.
  
6. **Surety Bonds:**  
Surety bond for contract obligations required automatically or when deemed necessary by state.
  
7. **Disclosure To Residents:**
  - a. When operator's financial report must be given to residents.
  - b. License statute provides specifically for public inspection of licensee's filing's with state; most other states may permit this by reason of other general statutes.
  
8. **Contract Terms:**
  - a. Contract form must be submitted to state.
  - b. Statute sets forth detailed requirements for the contents of contracts; for example, services offered, fees, cancellation, terminations for cause, consequences of death, etc.
  - c. Statute provides for period in which resident can rescind contract without penalty, usually measured after contract execution or commencement of occupancy.
  - d. General statutory treatment of refunds to residents in the event of voluntary cancellation, termination for cause, or death, often with differing amounts due depending on circumstances.
  - e. Statute sets forth a refund schedule based on resident length of stay (usually after rescission period).
  - f. Full refund required if resident dies before taking occupancy, sometime less actual cost of care, or a fixed or percentage charge.
  
9. **Advertising:**
  - a. Advertising must be submitted to state and approved, or filed only. Some states have express prohibitions against false advertising; these are not noted in the chart.
  - b. State requires that if a sponsoring organization, or other organization in addition to the licensee, is mentioned in the contract or in advertising, the other organization must accept or clarify its financial responsibility for contract obligations.
  
10. **Resident's Right To Organize:**
  - a. Provision for resident right to organize in an association.
  - b. Statute sets forth minimum meet and confer requirements between management and residents, establishes resident seat on community's board of directors, or requires establishment of a grievance procedure.
  
11. **Liens**
  - a. A statutory lien is or may be established against facility assets to secure obligations to residents.
  - b. The statutory lien is recognized to be subordinate to prior recorded liens or to secured lenders (e.g., holders of mortgages).
  
12. **Agency**  
State agency in charge of continuing care certification or enforcement.

The following categories are defined on pages 29 and 30.	ARIZONA	ARKANSAS	CALIFORNIA
	Title 20, Ch. 8 §§20-1801 <i>et seq.</i>	Title 23, Ch. 93 . §§23-93-101 801 <i>et seq.</i> & 201 801 <i>et seq.</i>	Health & Safety Code Division 2, Ch. 10, §§1770 <i>et seq.</i>
<b>1. DEFINITION</b>			
a. For life		Any duration	Y
b. 1 year	Y	Any duration	Y
c. Entrance fee required	Y	Y	
d. Priority admission			Y*
e. Health /health-related services	Y	Y	Y
f. Personal care	Y	Y	Y
<b>2. APPLICATION</b>			
a. Disclosure statement	Y	Y	Y
b. Financials	Y	Y	Y
c. Financial feasibility study	Y		Y
d. Actuarial study	Y	Y (only for licensure if prepared)	Type A providers only
e. Market study		Y (only for licensure)	Y
f. Accreditation in lieu of regulation			
<b>3. ESCROW OF FEES</b>			
a. Required	Y	Y	Y
b. Basis for release			
i. Presales		35% from 50%	10% from 60%
ii. Funds	90% of costs	Or 50% of costs, 50% of start up losses	
iii. Construction	Completed		50%
iv. Financing	Commitment	Or Commitment	Commitment
<b>4. ADDITIONAL PRESALES</b>			
a. To begin development			10% from 50%
b. For final certification			100% from 80%; alternatives
<b>5. RESERVES</b>			
a. P & I	1 yr		1 yr
b. Percent of deposits			
c. Operating costs			75 days
d. For refunds		Actuarial, based on annual calculation	Y
<b>6. SURETY BONDS</b>			If necessary
<b>7. DISCLOSURE TO RESIDENTS</b>			
a. Financial report	Before signing	Before signing & upon request	Before signing, upon request; to resident association semi-annually thereafter
b. Public inspection of filings		Y	Y; limited
<b>8. CONTRACT TERMS</b>			
a. Submit form	Y	Y	Y
b. Detailed contents	Y	Y	Y
c. Rescission period	7 days	7 days	90 days from date of occupancy
d. Refunds in general			Y
e. Required amortization of refund			
f. Full refund if res. dies before occupancy			Less costs unless otherwise agreed
<b>9. ADVERTISING</b>			
a. Prior approval			Submit only
b. Sponsor liability		Y	Y
<b>10. RESIDENT'S RIGHT TO ORGANIZE</b>			
a. Association			Y
b. Meetings with owner			Y
<b>11. LIENS</b>			
a. For residents	Y	Y	If necessary
b. Subordinated to priors	Y	Y	Y
<b>12. AGENCY</b>	Department of Insurance	Insurance Department	Department of Social Services
<b>13. NOTES</b>	For non-care entrance fee contract See AZ Rev. Stat. §§ 44-6951 <i>et seq.</i>		*Note: Safe harbor for fee-for-service multi level facilities

The following categories are defined on pages 29 and 30.			
	<b>COLORADO</b>	<b>CONNECTICUT</b>	<b>DELAWARE</b>
	C.R.S. §§12-13-101 <i>et seq.</i> CO Code Regs. §§4.1 to 14.1 (Division Financial Services)	Title 17b, Ch. 319hh §§17b-520 <i>et seq.</i> CN Agencies Regs. §§17b-533-1 <i>et seq.</i>	Title 18, Ch. 46 §§4601 <i>et seq.</i>
<b>1. DEFINITION</b>			
a. For life	Y		
b. 1 year		Y; greater than 1 year	Y; greater than 1 year
c. Entrance fee required	Y	Y	Y
d. Priority admission		Y	
e. Health / health-related services	Y	Y	Y
f. Personal care		Y	
<b>2. APPLICATION</b>			
a. Disclosure statement	Y	Y	Y
b. Financials	Y	Y	Y
c. Financial feasibility study		Y	
d. Actuarial study			
e. Market study			
f. Accreditation in lieu of regulation			
<b>3. ESCROW OF FEES</b>			
a. Required	Y	Y	
b. Basis for release			
i. Presales	Presales		
ii. Funds	90% of costs	75% of costs	
iii. Construction	Substantial completion	Max. Price Contract	
iv. Financing	Commitment	Commitment	
<b>4. ADDITIONAL PRESALES</b>			
a. To begin development		50% sales + \$10,000 minimum deposit	
b. For final certification			
<b>5. RESERVES</b>			
a. P & I	12 to 18 months	6 months 17b-525 (9a)	
b. Percent of deposits			
c. Operating costs	20% of annual costs	1 month	
d. For refunds			
<b>6. SURETY BONDS</b>		Construction only	
<b>7. DISCLOSURE TO RESIDENTS</b>			
a. Financial report	At signing and upon request	Before signing Residency Agreement, annually and upon request	Upon request
b. Public inspection of filings		Y	Y
<b>8. CONTRACT TERMS</b>			
a. Submit form		Y	Y
b. Detailed contents		Y	
c. Rescission period		30 days	
d. Refunds in general	Y	Y	
e. Required amortization of refund	Y		
f. Full refund if res. dies before occupancy		Less costs and a reasonable service charge	
<b>9. ADVERTISING</b>			
a. Prior approval			
b. Sponsor liability	Y		
<b>10. RESIDENT'S RIGHT TO ORGANIZE</b>			
a. Association		Y, 17b-5236	
b. Meetings with owner		Y, 17b-5236	
<b>11. LIENS</b>			
a. For residents	Y		
b. Subordinated to priors	Y		
<b>12. AGENCY</b>	Department of Regulatory Agencies/ Division of Financial Services	Department of Social Services	Secretary of State
<b>13. NOTES</b>			



The following categories are defined on pages 29 and 30.			
	FLORIDA	GEORGIA	IDAHO
	Title XXXVII, Ch. 651 §§651.011 et seq. FL Administrative Code, Rule: 69C-193.001 et seq.	Title 33, Ch. 45 §§33-45-1 et seq. GA Comp Rules & Regs., Title 120, §120-2-51-.01 et seq.	Title 26, Ch. 27 §§26-3701 et seq.
<b>1. DEFINITION</b>			
a. For life	Any duration	Any duration	
b. 1 year	Any duration	Any duration	
c. Entrance fee required	Y	Y	Y; value of 6 months of fees
d. Priority admission			
e. Health / health-related services	Y	Y	Y
f. Personal care	Y	Y	
<b>2. APPLICATION</b>			
a. Disclosure statement	Y	Y; Annual Statement	
b. Financials	Y	Y	Financials available upon customer request
c. Financial feasibility study	Y		
d. Actuarial study	Y	Y (GA Comp R + Regs 120-2-51-04(3)(c))	Y
e. Market study	Y		
f. Accreditation in lieu of regulation			
<b>3. ESCROW OF FEES</b>			
a. Required	Y	Y	Y
b. Basis for release		7 days only	
i. Presales	100% from 70%	10% from 50%	
ii. Funds		90% of costs	90% of costs
iii. Construction	Completed	Completed	Completed
iv. Financing	Commitment	Commitment	Commitment
<b>4. ADDITIONAL PRESALES</b>			
a. To begin development	30% to apply for license		
b. For final certification	50% of presales for certification		
<b>5. RESERVES</b>			
a. P & I	1 yr		
b. Percent of deposits			
c. Operating costs	30% of annual	25% of annual	
d. For refunds			
<b>6. SURETY BONDS</b>		N	Y
<b>7. DISCLOSURE TO RESIDENTS</b>			
a. Financial report	Posting	Posting and earlier of: before signing/before payment	Before signing
b. Public inspection of filings	Y	Y	
<b>8. CONTRACT TERMS</b>			
a. Submit form	Y	Y	Y
b. Detailed contents	Y	Y	Y
c. Rescission period	7 days	7 days	7 days
d. Refunds in general	Y	Y	
e. Required amortization of refund	Pro rata basis	Pro rata/2% maximum per month	
f. Full refund if res. dies before occupancy	Less agreed costs	Less agreed costs	Less agreed costs
<b>9. ADVERTISING</b>			
a. Prior approval	Y; until license issued		
b. Sponsor liability	Y	Y	
<b>10. RESIDENT'S RIGHT TO ORGANIZE</b>			
a. Association	Y		
b. Meetings with owner	Quarterly; limited board access residents may be allowed as voting board member (Oct. 2015)		
<b>11. LIENS</b>			
a. For residents	Preferred claim		
b. Subordinated to priors	Y		
<b>12. AGENCY</b>	Office of Insurance Regulation	Department of Insurance	Department of Finance
<b>13. NOTES</b>			

The following categories are defined on pages 29 and 30.			
	ILLINOIS	INDIANA	IOWA
	Ch. 210 §§40/1 et seq. IL Administration. Code, Title 77, §§396.10 et seq.	§§ 23-2-4-1 et seq. IN Administration. Code, Title 710, §§2-1-1 et seq.	Ch 523D §§523 D. 1 et seq. IA Administration. Code §§191-102 et seq.
<b>1. DEFINITION</b>			
a. For life		Y; or for more than one (1) month	
b. 1 year	Y	Y; unless the agreement is terminated	Y
c. Entrance fee required	Y	Y; \$25,000 minimum	Y; \$5,000 OR value of 6 months of fees
d. Priority admission			
e. Health /health-related services	Y	Y	Y
f. Personal care			Supportive services
<b>2. APPLICATION</b>			
a. Disclosure statement	Y	Y	Y
b. Financials	Y	Y	Y
c. Financial feasibility study			Y
d. Actuarial study			Y
e. Market study			Y
f. Accreditation in lieu of regulation			
<b>3. ESCROW OF FEES</b>			
a. Required	Or letter of credit	Or security	Y
b. Basis for release			
i. Presales	50% reserved		50% reserved, and
ii. Funds		50% of costs	90% of costs
iii. Construction	Staggered release	Or occupancy	Or occupancy
iv. Financing	Commitment, if necessary	Commitment	
<b>4. ADDITIONAL PRESALES</b>			
a. To begin development			10% from 50%
b. For final certification			
<b>5. RESERVES</b>			
a. P & I	6 months		
b. Percent of deposits			
c. Operating costs			
d. For refunds			
<b>6. SURETY BONDS</b>			
<b>7. DISCLOSURE TO RESIDENTS</b>			
a. Financial report	Before or at signing; and prior to transfer of money	Before signing	Earlier of: Before signing/Before payment
b. Public inspection of filings			Y
<b>8. CONTRACT TERMS</b>			
a. Submit form	Y	Y	Y
b. Detailed contents			Y
c. Rescission period	14 days		Later of 30 days from disclosure or 3 days from signing
d. Refunds in general			Y
e. Required amortization of refund			
f. Full refund if res. dies before occupancy			Less agreed costs
<b>9. ADVERTISING</b>			
a. Prior approval			
b. Sponsor liability		Y	Y
<b>10. RESIDENT'S RIGHT TO ORGANIZE</b>			
a. Association			Y
b. Meetings with owner			
<b>11. LIENS</b>			
a. For residents			
b. Subordinated to priors			
<b>12. AGENCY</b>	Department of Public Health	Secretary of State, Securities Division	Insurance Division
<b>13. NOTES</b>			

The following categories are defined on pages 29 and 30.	KANSAS	KENTUCKY	LOUISIANA
	K.S.A. §§40-2231 <i>et seq.</i>	Title 18 §§216B.015 and 216B.020 and 216B.330 <i>et seq.</i> 900 K.A.R. 6.055 & 6.115	Title 51 §§2171 <i>et seq.</i>
<b>1. DEFINITION</b>			
a. For life	Any duration		
b. 1 year	Any duration		Y
c. Entrance fee required	Y (\$5,000+)		
d. Priority admission			
e. Health / health-related services	Y	Y	Y
f. Personal care		Y	Y
<b>2. APPLICATION</b>			
a. Disclosure statement	Y		Y
b. Financials	Y		Y
c. Financial feasibility study			Y
d. Actuarial study			
e. Market study			
f. Accreditation in lieu of regulation			
<b>3. ESCROW OF FEES</b>			
a. Required			Or security
b. Basis for release			
i. Presales			
ii. Funds			50% of costs
iii. Construction			
iv. Financing			
<b>4. ADDITIONAL PRESALES</b>			
a. To begin development			
b. For final certification			
<b>5. RESERVES</b>			
a. P & I			
b. Percent of deposits			
c. Operating costs			
d. For refunds			
<b>6. SURETY BONDS</b>			
<b>7. DISCLOSURE TO RESIDENTS</b>			
a. Financial report	For prospective and current residents (if requested), a provider is required to provide an annual disclosure that includes, in addition to financial information, also information regarding the provider's corporate (or other type of entity) as far as names of officers, etc; profit or non-profit; affiliated with a religious, charitable or other non-profit; estimate of costs; etc. Review KSA 40-2232 for all requirements of this disclosure.		On request
b. Public inspection of filings			Y
<b>8. CONTRACT TERMS</b>			
a. Submit form	Y		Y
b. Detailed contents	Y		Y
c. Rescission period			30 days
d. Refunds in general			Y
e. Required amortization of refund			Pro rated
f. Full refund if res. dies before occupancy			Less agreed costs
<b>9. ADVERTISING</b>			
a. Prior approval			Filing only
b. Sponsor liability			Y
<b>10. RESIDENT'S RIGHT TO ORGANIZE</b>			
a. Association			Y
b. Meetings with owner			Quarterly
<b>11. LIENS</b>			
a. For residents			
b. Subordinated to priors			
<b>12. AGENCY</b>	Department of Insurance	Cabinet for Health & Family Services Note: CCRC application through Division of Certificate of Need	Department of Health Hospitals: Health Standards Section
<b>13. NOTES</b>			

The following categories are defined on pages 29 and 30.			
	MAINE	MARYLAND	MASSACHUSETTS
	Title 24-A §§6201 <i>et seq.</i>	HSA 10-401 through 10-499 Md. Regs. Code, Title 32, §§32.02.01.01 <i>et seq.</i>	Title XV. Ch. 93 §76.
<b>1. DEFINITION</b>			
a. For life			Y
b. 1 year	Y; greater than 1 year	Y; greater than 1 yr	Y; greater than 1 yr
c. Entrance fee required	Any prepayment	Y	Y
d. Priority admission		Y	
e. Health / health-related services	Y	Y	Y
f. Personal care	Y	Y	
<b>2. APPLICATION</b>			
a. Disclosure statement	Y	Y	Y
b. Financials	Y	Y	Y
c. Financial feasibility study	Y	Y	Y
d. Actuarial study	Y	Y	
e. Market study	If any	Y	
f. Accreditation in lieu of regulation			
<b>3. ESCROW OF FEES</b>			
a. Required	Y	Y	Disclosure to residents of reserve & escrows
b. Basis for release			
i. Presales	Y	Y	
ii. Funds			
iii. Construction	Y	Y; Construction must be complete	
iv. Financing	Y	Y	
<b>4. ADDITIONAL PRESALES</b>			
a. To begin development			
b. For final certification	10% from 70% or 25% from 60%	10% from 65%	
<b>5. RESERVES</b>			
a. P & I	1 year		
b. Percent of deposits			
c. Operating costs	20% of annual projected expenses	15% of prior yr's Net Op. Expenses	
d. For refunds			
<b>6. SURETY BONDS</b>	If necessary		
<b>7. DISCLOSURE TO RESIDENTS</b>			
a. Financial report	10 days before deposit; annual update	Before payment of entrance fee or before signing and annually on request	Before signing
b. Public inspection of filings	Y	Y	
<b>8. CONTRACT TERMS</b>			
a. Submit form	Y	Y	Y
b. Detailed contents	Y	Y	Y
c. Rescission period	Prior to, or up to 1 yr after occupancy	Prior to occupancy	Prior to occupancy
d. Refunds in general	Y	Y	Y
e. Required amortization of refund	2% per month		1% per month
f. Full refund if res. dies before occupancy	Less specified costs	Y	Less costs
<b>9. ADVERTISING</b>			
a. Prior approval	During application process	Y; until issued Initial Certification of Registration	Filing only
b. Sponsor liability			
<b>10. RESIDENT'S RIGHT TO ORGANIZE</b>			Y
a. Association	Y	Y	
b. Meetings with owner	Quarterly	Y; annually	
<b>11. LIENS</b>			
a. For residents			
b. Subordinated to priors			
<b>12. AGENCY</b>	Bureau of Insurance	Department of Aging	Executive Office of Elder Affairs
<b>13. NOTES</b>			

The following categories are defined on pages 29 and 30.	MICHIGAN	MINNESOTA	MISSISSIPPI
	Law: Title 13, CHP. 130 §§554.801 <i>et seq.</i> MI Administrative Code R. 554.1 <i>et seq.</i>	Ch. 80D, §§80D.01 <i>et seq.</i>	Administrative Code 15-8-90 Mississippi State Health Plan
<b>1. DEFINITION</b>			
a. For life	Y		Y
b. 1 year	Y	Y; greater than 1 yr.	Y
c. Entrance fee required	Y	In excess of \$100	
d. Priority admission			
e. Health/health-related services	Y	Y	Y
f. Personal care	Y		
<b>2. APPLICATION</b>			
a. Disclosure statement	Y	Y	
b. Financials	Y	Y	
c. Financial feasibility study	Y		
d. Actuarial study	Y; unless waived		
e. Market study	Y		
f. Accreditation in lieu of regulation			
<b>3. ESCROW OF FEES</b>			
a. Required	Y; based on occupancy	Y	
b. Basis for release			
i. Presales		65% or 1/3 entrance fee than 50%	
ii. Funds		90% of costs	
iii. Construction		50% and Max. Price Contract Commitment	
iv. Financing		Permanent mortgage/ other long term financing commitment	
<b>4. ADDITIONAL PRESALES</b>			
a. To begin development			
b. For final certification			
<b>5. RESERVES</b>			
a. P & I		1 yr	
b. Percent of deposits			
c. Operating costs			
d. For refunds			
<b>6. SURETY BONDS</b>	If necessary		
<b>7. DISCLOSURE TO RESIDENTS</b>			
a. Financial report	Y; before signing & annually upon request	Before signing and annually	
b. Public inspection of filings	Y		
<b>8. CONTRACT TERMS</b>			
a. Submit form	Y	Y	
b. Detailed contents	Y		
c. Rescission period	7 days (full refund);	10 days	
d. Refunds in general	Y	Y	
e. Required amortization of refund	1.5% per month		
f. Full refund if res. dies before occupancy	Less costs	Less costs and service charge not to exceed > \$350 or 2% of entrance fee	
<b>9. ADVERTISING</b>			
a. Prior approval	Y		
b. Sponsor liability		Y	
<b>10. RESIDENT'S RIGHT TO ORGANIZE</b>			
a. Association		Y	
b. Meetings with owner	Non-voting Board seat	Y	
<b>11. LIENS</b>			
a. For residents		Y	
b. Subordinated to priors		N	
<b>12. AGENCY</b>	Licensing & Regulatory Affairs	Disclosure statement filed with county recorder	Department of Health
<b>13. NOTES</b>	Classification: MCL554.901-554.993		

The following categories are defined on pages 29 and 30.

	MISSOURI	NEW HAMPSHIRE	NEW JERSEY
	Title XXIV, §§376.900 <i>et seq.</i>	Title XXXVII, CH.420-D NH Code Administration Rules §§1801.01 <i>et seq.</i>	Title 52, Ch. 27D, §§330 <i>et seq.</i> NJ Administration. Code, Title 5, §§5:19-1.1 <i>et seq.</i>
<b>1. DEFINITION</b>			
a. For life	Y	Y	Y
b. 1 year	Y	Y	Y; 1+yrs
c. Entrance fee required	Y	Y; \$10,000 + or value of 12 months of fees	Y; 12 months or more of fees
d. Priority admission			
e. Health / health-related services	Y	Y	Y
f. Personal care			
<b>2. APPLICATION</b>			
a. Disclosure statement	Y	Y	Y
b. Financials	Y	Y	Y
c. Financial feasibility study		Y	Y
d. Actuarial study		Y	
e. Market study			If any
f. Accreditation in lieu of regulation			
<b>3. ESCROW OF FEES</b>			
a. Required	Y	Or bond	Or security
b. Basis for release			
i. Presales		50% of all fees and 35% of each fee	50% of all fees and 35% of each fee
ii. Funds	90% of costs	Or 50% of costs – 50% of start up losses	And 50% of costs
iii. Construction	Max. Price Contract		
iv. Financing	Commitment	Or Commitment	And commitment
<b>4. ADDITIONAL PRESALES</b>			
a. To begin development			
b. For final certification			
<b>5. RESERVES</b>			
a. P & I	1.5% x annual debt	1 yr	> of 1 yr P&I or 15% of operating costs
b. Percent of deposits	50% paid by 1st resident		
c. Operating costs		2 months	> of 1 yr P&I or 15% of operating costs
d. For refunds	5% of move outs per yr	If necessary	
<b>6. SURETY BONDS</b>			If necessary
<b>7. DISCLOSURE TO RESIDENTS</b>			
a. Financial report	Before signing and annually, upon request	Before signing or transfer of money	Before signing or transfer of money
b. Public inspection of filings			Y
<b>8. CONTRACT TERMS</b>			
a. Submit form	Y	Y	Y
b. Detailed contents		Y	Y
c. Rescission period	7 days	10 days	30 days
d. Refunds in general	Y	Y	Y
e. Required amortization of refund			
f. Full refund if res. dies before occupancy		Less application fee	Y
<b>9. ADVERTISING</b>			Y; all advertising requires approval
a. Prior approval			
b. Sponsor liability			
<b>10. RESIDENT'S RIGHT TO ORGANIZE</b>			
a. Association		Y	Y
b. Meetings with owner	Board seat	Quarterly	Quarterly
<b>11. LIENS</b>			
a. For residents		If necessary	If necessary
b. Subordinated to priors			Y
<b>12. AGENCY</b>	Department of Insurance	Insurance Department	Department of Community Affairs, Bureau of Homeowner Protection
<b>13. NOTES</b>			

The following categories are defined on pages 29 and 30.	NEW MEXICO	NEW YORK	NORTH CAROLINA
	Ch. 24, Art. 17 §§24-17-1 <i>et seq.</i> Title 9, Chapter. 2, Part 24 9.2.24.1 <i>et seq.</i> Rule Adm. Code	Public Health Law Art. §§46-4600 <i>et seq.</i> NY Comp. Code Rules & Regs., Title 10, §§900.1 <i>et seq.</i>	Ch. 58, Art. 64 §§58-64-1 <i>et seq.</i> NC Administration. Code, Title 11, §§11H.0101 <i>et seq.</i>
<b>1. DEFINITION</b>			
a. For life	Any duration	Y	
b. 1 year	Any duration		Y; or greater than 1 yr
c. Entrance fee required	Y		
d. Priority admission	Y		Y
e. Health / health-related services	Y	Y	Y
f. Personal care			Y
<b>2. APPLICATION</b>			
a. Disclosure statement	Y	Y	Y
b. Financials	Y	Y	Y
c. Financial feasibility study		Y	Y
d. Actuarial study	Y	Y	Y
e. Market study		Y	Y
f. Accreditation in lieu of regulation			
<b>3. ESCROW OF FEES</b>			
a. Required	Y	Y	Y
b. Basis for release			
i. Presales		25% from 60% or 10% from 70%	10% from 75%
ii. Funds		25% from 60% or 10% from 70%	90% of costs
iii. Construction	Occupancy of unit or contract rescission period has ended	Availability of unit or fixed Maximum Price Contract	Completed
iv. Financing		Commitment for permanent mortgage loan or other LTC financing	Commitment
<b>4. ADDITIONAL PRESALES</b>			
a. To begin development		At least 10% from 50%	At least 10% from 50% of the units
b. For final certification		At least 10% from 50%	
<b>5. RESERVES</b>			
a. P & I	1 year for communities that hold Type A agreements	1 yr	
b. Percent of deposits			
c. Operating costs	3 months net operating expenses for Type A agreements	6 mos. operating; 1 yr repairs	50% of annual
d. For refunds	For communities that provide Type B agreements, reserves shall be calculated on a prorated basis for residents.		
<b>6. SURETY BONDS</b>			
<b>7. DISCLOSURE TO RESIDENTS</b>			
a. Financial report	7 days before signing and annual	Before deposit or signing	Before deposit or signing
b. Public inspection of filings	Y		
<b>8. CONTRACT TERMS</b>			
a. Submit form	Y	Y	Y
b. Detailed contents	Y	Y	Y
c. Rescission period	7 days	72 hrs	30 days
d. Refunds in general	Y	Y	Y
e. Required amortization of refund		2% per month	
f. Full refund if res. dies before occupancy		Less agreed costs	Less agreed costs
<b>9. ADVERTISING</b>			
a. Prior approval		Y	Y
b. Sponsor liability	Y		
<b>10. RESIDENT'S RIGHT TO ORGANIZE</b>			
a. Association	Y	Y	Y
b. Meetings with owner	Quarterly	Quarterly	Semi-Annually
<b>11. LIENS</b>			
a. For residents			Y
b. Subordinated to priors			Y
<b>12. AGENCY</b>	Aging and Long-Term Services, Department & Attorney General	Department of Health	Department of Insurance
<b>13. NOTES</b>			

The following categories are defined on pages 29 and 30.			
	OKLAHOMA	OREGON	PENNSYLVANIA
	Title 36, Article 44A, §§4421 <i>et seq.</i> Regs.: 365: 10-5-40 <i>et seq.</i>	Title 10, Ch. 101 §§101.010 <i>et seq.</i> OR Administration. Rules §§411-067-0000 <i>et seq.</i>	Title 40, Ch. 12, §§3201 <i>et seq.</i> 31 PA Administration. Code §§151.1 <i>et seq.</i>
<b>1. DEFINITION</b>			
a. For life			
b. 1 year	Y; greater than 1 yr.	Y; greater than 1 yr.	Y; greater than 1 yr.
c. Entrance fee required		Y	Y
d. Priority admission			
e. Health/health-related services	Y	Y	Y
f. Personal care	Y		
<b>2. APPLICATION</b>			
a. Disclosure statement	Y	Y	Y
b. Financials		Y	Y
c. Financial feasibility study			If prepared to secure financing
d. Actuarial study	Y		Financing analysis
e. Market study			If prepared to secure financing
f. Accreditation in lieu of regulation			Y
<b>3. ESCROW OF FEES</b>			
a. Required		Y	Y; or other security
b. Basis for release			
i. Presales		10% for 50% of units	50% of all fees and 35% of each fee
ii. Funds		50% of costs	And 50% of costs
iii. Construction		Completed	
iv. Financing		Commitment	Commitment
<b>4. ADDITIONAL PRESALES</b>			
a. To begin development			
b. For final certification			
<b>5. RESERVES</b>	Y; as set forth OK statutes		
a. P & I		1 yr	> of 1 yr P&I or 10% of operating costs
b. Percent of deposits			
c. Operating costs		3 months	> of 1 yr P&I or 10% of operating costs
d. For refunds			
<b>6. SURETY BONDS</b>			
<b>7. DISCLOSURE TO RESIDENTS</b>			
a. Financial report		Y	Before signing and annually
b. Public inspection of filings	Open Records Act		Y
<b>8. CONTRACT TERMS</b>			
a. Submit form	Y	Y	Y
b. Detailed contents	Y		Y
c. Rescission period	30 days	6 months (partial refund)	7 days
d. Refunds in general		Y	
e. Required amortization of refund			
f. Full refund if res. dies before occupancy			Less agreed costs
<b>9. ADVERTISING</b>			
a. Prior approval	Y	Y; filing only	
b. Sponsor liability			
<b>10. RESIDENT'S RIGHT TO ORGANIZE</b>			
a. Association	Y	Y	Y
b. Meetings with owner	As desired	Semiannually	Quarterly
<b>11. LIENS</b>			
a. For residents			If necessary
b. Subordinated to priors			Y
<b>12. AGENCY</b>	Department of Health	Department of Human Services	Insurance Department
<b>13. NOTES</b>			



The following categories are defined on pages 29 and 30.	RHODE ISLAND	SOUTH CAROLINA	SOUTH DAKOTA
	RI Admin. Code §§31-4-1	SC Code Ann. §§37-11-10 <i>et seq.</i> SC Code Regs. §28-600	SD Code Ann. §34-12-40 <i>et seq.</i>
<b>1. DEFINITION</b>			
a. For life			Y
b. 1 year	Y; greater than 1 yr.	Y; greater than 1 yr.	
c. Entrance fee required		Y	Y; \$5,000+ or value or 3 months of fees
d. Priority admission			
e. Health/health-related services	Y	Y	Y
f. Personal care	Y	Y	Y
<b>2. APPLICATION</b>			
a. Disclosure statement	Y	Y	
b. Financials	Y	Y	
c. Financial feasibility study	Y	Y	
d. Actuarial study		Y	
e. Market study		Y	
f. Accreditation in lieu of regulation			
<b>3. ESCROW OF FEES</b>			
a. Required		Y	Y
b. Basis for release			
i. Presales			
ii. Funds		90% of costs	
iii. Construction		Availability of unit	Completion
iv. Financing		Commitment	
<b>4. ADDITIONAL PRESALES</b>			
a. To begin development			10% from 50%
b. For final certification			
<b>5. RESERVES</b>			
a. P & I			
b. Percent of deposits			
c. Operating costs			
d. For refunds			
<b>6. SURETY BONDS</b>			
<b>7. DISCLOSURE TO RESIDENTS</b>			
a. Financial report	3 days before signing and annual upon request	Before signing or transfer of money or property	Before signing
b. Public inspection of filings			
<b>8. CONTRACT TERMS</b>			
a. Submit form	Y	Y	
b. Detailed contents	Y	Y	
c. Rescission period	7 days	30 days	
d. Refunds in general	Y	Y	
e. Required amortization of refund			
f. Full refund if res. dies before occupancy	Less agreed costs		
<b>9. ADVERTISING</b>			
a. Prior approval		Y	
b. Sponsor liability	Y		
<b>10. RESIDENT'S RIGHT TO ORGANIZE</b>			
a. Association	Y		
b. Meetings with owner	Quarterly	Grievance procedure	
<b>11. LIENS</b>			
a. For residents			
b. Subordinated to priors			
<b>12. AGENCY</b>	Department of Health	Department of Consumer Affairs	Division of Insurance
<b>13. NOTES</b>			

The following categories are defined on pages 29 and 30.			
	TENNESSEE	TEXAS	VERMONT
	TN Code Ann. §§4-3-1305	Title 4, Ch. 246 §§246.001 <i>et seq.</i> TX Administration. Code, Title 28, §§33.1 <i>et seq.</i>	Part 4, Ch. 151 §§8001 <i>et seq.</i>
<b>1. DEFINITION</b>			
a. For life	Not defined		
b. 1 year	Not defined	Y; greater than 1 yr.	Y
c. Entrance fee required		3 months' rent	Y; ≥ value of 6 months of fees
d. Priority admission			
e. Health/health-related services	Y	Y	Y
f. Personal care		Y	Y
<b>2. APPLICATION</b>			
a. Disclosure statement		Y	Y
b. Financials		Y	Y
c. Financial feasibility study		Y	Y
d. Actuarial study		For life care	Y
e. Market study			Y
f. Accreditation in lieu of regulation			
<b>3. ESCROW OF FEES</b>			
a. Required	At Regulator's discretion if adequate safeguards not found	Y	Y
b. Basis for release			
i. Presales		10% from 50%	10% from 60%
ii. Funds		90% of cost	100% of costs
iii. Construction		Max. Price Contract	Max. Price Contract
iv. Financing		Commitment	Secured
<b>4. ADDITIONAL PRESALES</b>			
a. To begin development			
b. For final certification			
<b>5. RESERVES</b>			
a. P & I		1 yr	> of 1 yr P&I or 15% of operating costs
b. Percent of deposits			
c. Operating costs			> of 1 yr or 15% of operating costs
d. For refunds			
<b>6. SURETY BONDS</b>		If necessary	
<b>7. DISCLOSURE TO RESIDENTS</b>			
a. Financial report		Before signing	Before signing and posting
b. Public inspection of filings			Y
<b>8. CONTRACT TERMS</b>			
a. Submit form		Y	Y
b. Detailed contents		Y	Y
c. Rescission period		7 days	30 days
d. Refunds in general		Y	Y
e. Required amortization of refund		Pro rata	2% per month after 90 days; others
f. Full refund if res. dies before occupancy		Less costs	Y
<b>9. ADVERTISING</b>			
a. Prior approval		On request	On request
b. Sponsor liability			
<b>10. RESIDENT'S RIGHT TO ORGANIZE</b>			
a. Association			Y
b. Meetings with owner			Annually
<b>11. LIENS</b>			
a. For residents		Y	If necessary
b. Subordinated to priors		Y	Y
<b>12. AGENCY</b>	Department of Commerce & Insurance	Department of Insurance	Department of Financial Regulation
<b>13. NOTES</b>			

The following categories are defined on pages 29 and 30.	VIRGINIA	WASHINGTON	WASHINGTON, D.C.
	Title 38.2, Ch. 49 §§4900 <i>et seq.</i>	Ch. 70.38 and 70.38.025 WA Adm. Code §§ <i>et seq.</i> Statute: RCW 18.390 (effective 7/1/2017) Admin code is 388-102-0100	Title 44 §§44-151.01 <i>et seq.</i> D.C. Muni Regs Subt. 26-A, Chapter a82, §§8200 <i>et seq.</i>
<b>1. DEFINITION</b>			
a. For life	Y; greater than 1 year	Y	Y
b. 1 year	Y		Y
c. Entrance fee required	Y		Y
d. Priority admission			
e. Health/health-related services	Y	Y	Y
f. Personal care			Y
<b>2. APPLICATION</b>			
a. Disclosure statement	Y	Y	Y
b. Financials	Y	Y	Y
c. Financial feasibility study		Y	
d. Actuarial study			Y
e. Market study			Y
f. Accreditation in lieu of regulation			
<b>3. ESCROW OF FEES</b>			
a. Required	Y		Y
b. Basis for release			
i. Presales			50% presales w/ 10% deposit
ii. Funds			And 90% of costs
iii. Construction	Availability of unit		
iv. Financing			And Commitment
<b>4. ADDITIONAL PRESALES</b>			
a. To begin development			50% presales w/ 10% deposits
b. For final certification			Signed contracts w/ 10% deposit to break even
<b>5. RESERVES</b>			
a. P & I			12 mos. unless operating reserve
b. Percent of deposits			
c. Operating costs			20% projected for 12 mos.
d. For refunds			
<b>6. SURETY BONDS</b>			
<b>7. DISCLOSURE TO RESIDENTS</b>			
a. Financial report	Before signing and upon request	Y	30 days before signing or transfer of money or property; whichever occurs first
b. Public inspection of filings	Y		N
<b>8. CONTRACT TERMS</b>			
a. Submit form	Y	Y	Y
b. Detailed contents	Y		Y
c. Rescission period	7 days	90 days	30 days
d. Refunds in general	Y		Y
e. Required amortization of refund			
f. Full refund if res. dies before occupancy	Less agreed costs	Less costs	Less specified charges and costs
<b>9. ADVERTISING</b>			
a. Prior approval			Filed with application
b. Sponsor liability			
<b>10. RESIDENT'S RIGHT TO ORGANIZE</b>			
a. Association	Y	Y	Y
b. Meetings with owner	Quarterly	Y	Y
<b>11. LIENS</b>			
a. For residents			
b. Subordinated to priors			
<b>12. AGENCY</b>	Bureau of Insurance	Department of Health	Department of Insurance, Securities and Banking
<b>13. NOTES</b>			

The following categories are defined on pages 29 and 30.

## WISCONSIN

Ch. 647 §§647.01 *et seq.*  
WI Administration. Code Ins. §10

<b>1. DEFINITION</b>			
a. For life			
b. 1 year	Y		
c. Entrance fee required	\$10,000 or 50% of estate		
d. Priority admission			
e. Health / health-related services	Y		
f. Personal care	Y		
<b>2. APPLICATION</b>			
a. Disclosure statement			
b. Financials	Y		
c. Financial feasibility study	Y		
d. Actuarial study			
e. Market study			
f. Accreditation in lieu of regulation			
<b>3. ESCROW OF FEES</b>			
a. Required	Y		
b. Basis for release			
i. Presales			
ii. Funds			
iii. Construction			
iv. Financing			
<b>4. ADDITIONAL PRESALES</b>			
a. To begin development			
b. For final certification			
<b>5. RESERVES</b>			
a. P & I			
b. Percent of deposits			
c. Operating costs			
d. For refunds			
<b>6. SURETY BONDS</b>			
<b>7. DISCLOSURE TO RESIDENTS</b>			
a. Financial report	On request		
b. Public inspection of filings	Y		
<b>8. CONTRACT TERMS</b>			
a. Submit form	Y		
b. Detailed contents	Y		
c. Rescission period	90 days		
d. Refunds in general	Y		
e. Required amortization of refund	Y		
f. Full refund if res. dies before occupancy	Less costs		
<b>9. ADVERTISING</b>			
a. Prior approval	Keep on file		
b. Sponsor liability			
<b>10. RESIDENT'S RIGHT TO ORGANIZE</b>			
a. Association			
b. Meetings with owner	Grievance procedure		
<b>11. LIENS</b>			
a. For residents			
b. Subordinated to priors			
<b>12. AGENCY</b>	Office of Commissioner of Insurance		
<b>13. NOTES</b>			

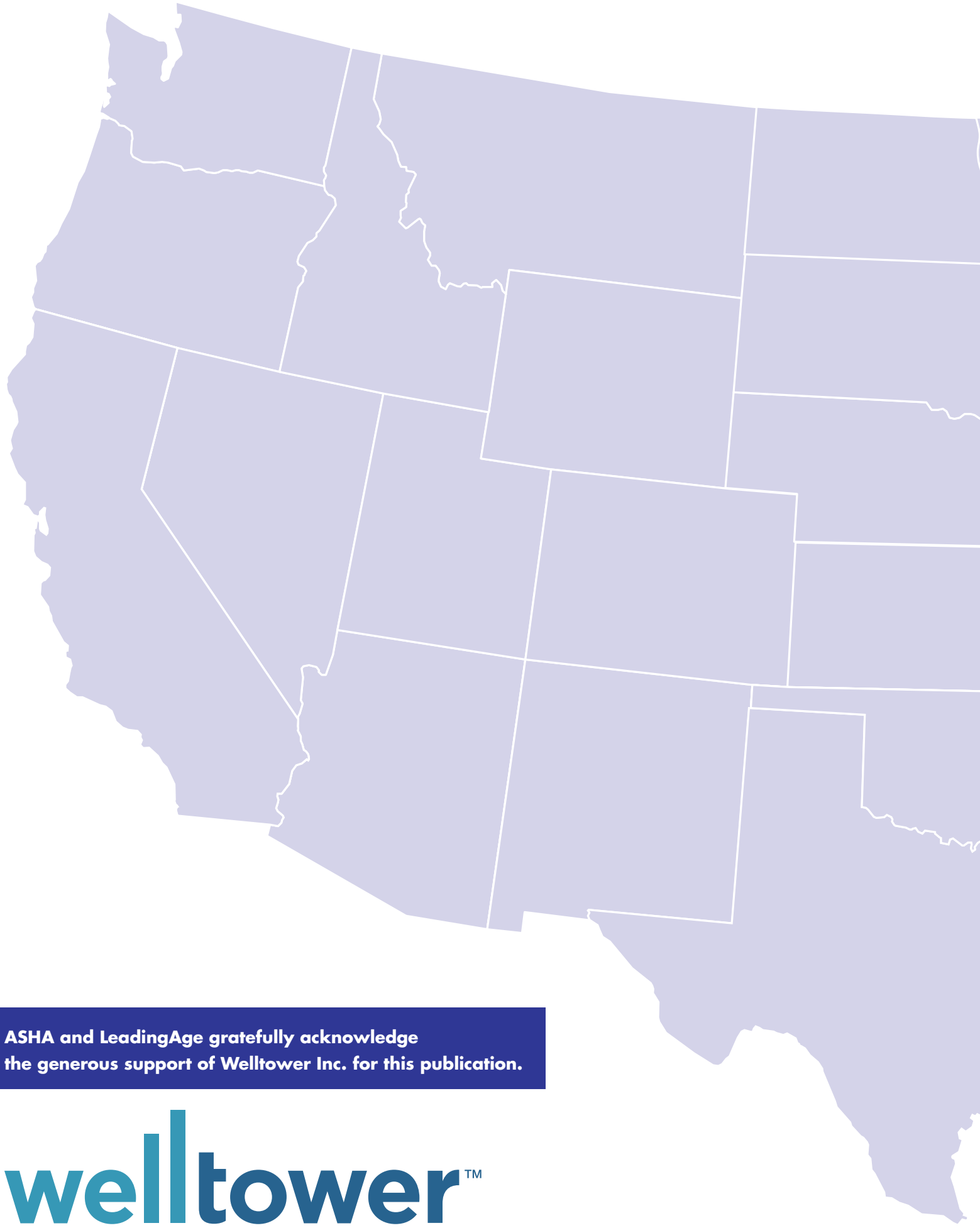
# ASSISTED LIVING STATE AGENCY CONTACTS

<b>Alabama</b>	Department of Public Health, . . . . . Health Provider Standards, Assisted Living Facilities Unit	334.206.5366
<b>Alaska</b>	Department of Health & Social Services, . . . . . Residential Licensing	907.269.3640
<b>Arizona</b>	Department of Health Services, . . . . .	602.364.2639
<b>Arkansas</b>	Department of Human Services, . . . . . Office of Long Term Care	501.320.6283
<b>California</b>	Department of Social Services, . . . . . Community Care Licensing Division	916.651.3456
<b>Colorado</b>	Department of Public Health & Environment . . . . .	303.692.2836
<b>Connecticut</b>	Department of Public Health, . . . . . Facility Licensing & Investigations Sec.	860.509.7444
<b>Delaware</b>	Department of Health & Social Services, . . . . . Division of Long Term Care Residents Protection	302.421.7400
<b>Florida</b>	Agency for Health Care Administration . . . . .	850.412.4304
<b>Georgia</b>	Department of Community Health, . . . . . Healthcare Facility Regulation	404.657.5700
<b>Hawaii</b>	Department of Health, . . . . . Office of Health Care Assurance	808.692.7400
<b>Idaho</b>	Department of Health & Welfare, . . . . . Licensing & Certification	208.364.1962
<b>Illinois</b>	Department of Public Health, . . . . . Division of Assisted Living	217.782.5180
<b>Indiana</b>	Department of Health, . . . . . Division of Long-Term Care	317.233.7442
<b>Iowa</b>	Department of Inspections & Appeals, . . . . . Division of Health Facilities	515.281.6325
<b>Kansas</b>	Department for Aging & Disability Services . . . . .	785.296.4986
<b>Kentucky</b>	Department for Aging & Independent Living . . . . .	502.564.6930
<b>Louisiana</b>	Department of Health, . . . . . Health Standards Section	225.342.3204
<b>Maine</b>	Department of Health & Human Services, . . . . . Division of Licensing & Certification	207.287.9300
<b>Maryland</b>	Department of Health, . . . . . Office of Health Care Quality	410.402.8247
<b>Massachusetts</b>	Executive Office of Elder Affairs . . . . .	617.727.7750
<b>Michigan</b>	Department of Licensing and Regulatory Affairs, . . . . . Bureau of Community & Health Systems	517.284.8967
<b>Minnesota</b>	Department of Health, Home Care & Assisted Living Program . . . . .	651.201.5273
<b>Mississippi</b>	Department of Health – Licensure & Certification . . . . .	601.364.2712
<b>Missouri</b>	Department of Health & Senior Services . . . . .	573.526.8524
<b>Montana</b>	Department of Public Health & Human Services, . . . . . Licensure Bureau Quality Assurance Division	406.444.2676

<b>Nebraska</b>	Office of Long Term Care Facilities . . . . .	402.471.3324
<b>Nevada</b>	Bureau of Health Care Quality & Compliance . . . . .	775.684.1030
<b>New Hampshire</b>	Department of Health & Human Services, . . . . . Health Facilities Administration – Licensing	603.271.9039
<b>New Jersey</b>	Department of Health . . . . .	609.633.8990
<b>New Mexico</b>	Department of Health, . . . . . Division of Health Improvement, Health Facility Licensing & Certification	505.476.9025
<b>New York</b>	Department of Health . . . . .	518.408.1133
<b>North Carolina</b>	Department of Health & Human Services, . . . . . Division of Health Services Regulation	919.855.3760
<b>North Dakota</b>	Department of Human Services, . . . . . Medical Services	701.328.2321
<b>Ohio</b>	Department of Health, . . . . . Division of Quality Assurance	614.466.7857
<b>Oklahoma</b>	State Department of Health, . . . . . Long Term Care & Protective Services	405.271.6868
<b>Oregon</b>	Department of Human Services . . . . .	503.373.2227
<b>Pennsylvania</b>	Department of Human Services, . . . . . Human Services Licensing	866.503.3926
<b>Rhode Island</b>	Department of Health . . . . .	401.222.2566
<b>South Carolina</b>	Department of Health & Environmental Control, . . . . . Bureau of Health Facilities Licensing	803.545.4370
<b>South Dakota</b>	Department of Health, . . . . . Office of Health Care Facilities Licensure & Certification	605.773.3356
<b>Tennessee</b>	Department of Health, . . . . . Office of Healthcare Facilities	615.741.7221
<b>Texas</b>	Health and Human Services Commission . . . . .	512.438.3161
<b>Utah</b>	Department of Health, . . . . . Bureau of Health Facility Licensing, Certification	801.273.2994
<b>Vermont</b>	State Survey Agency, . . . . . Division of Licensing & Protection	802.241.0480
<b>Virginia</b>	Department of Social Services, . . . . . Division of Licensing – Adult Programs	804.726.7157
<b>Washington</b>	Department of Social & Health Services, . . . . . Aging & Long Term Support	360.725.2300
<b>West Virginia</b>	Office of Health Facility Licensure & Certification (OHFLAC) . . . . .	304.558.0050
<b>Wisconsin</b>	Department of Health Services, . . . . . Division of Quality Assurance, Bureau of Assisted Living	608.266.8481
<b>Wyoming</b>	Department of Health, Aging Division, . . . . . Healthcare Licensing & Surveys	307.777.7656
<b>Washington, D.C.</b>	Department of Health, . . . . . Health Regulation Administration	202.442.5888

# CCRC/LIFE PLAN COMMUNITY STATE AGENCY CONTACTS

<b>Arizona</b>	Department of Insurance . . . . .	602.364.3100
<b>Arkansas</b>	Insurance Department . . . . .	501.371.2600
<b>California</b>	Department of Social Services . . . . .	916.654.0591
<b>Colorado</b>	Department of Regulatory Agencies/Division of Financial Services . . . . .	303.894.2336
<b>Connecticut</b>	Department of Social Services . . . . .	860.424.5103
<b>Delaware</b>	Secretary of State . . . . .	302.577.8767
<b>Florida</b>	Office of Insurance Regulation . . . . .	850.413.3140
<b>Georgia</b>	Department of Insurance . . . . .	404.656.2082
<b>Idaho</b>	Department of Finance . . . . .	208.332.8000
<b>Illinois</b>	Department of Public Health . . . . .	217.785.2040
<b>Indiana</b>	Secretary of State, Securities Division . . . . .	317.232.0737
<b>Iowa</b>	Insurance Division . . . . .	515.281.5705
<b>Kansas</b>	Department of Insurance . . . . .	785.296.7850
<b>Kentucky</b>	Cabinet for Health & Family Services, Division of Certificate of Need . . . . .	502.564.9592
<b>Louisiana</b>	Department of Health Hospitals: Health Standards Division . . . . .	225.342.0138
<b>Maine</b>	Bureau of Insurance . . . . .	207.624.8475
<b>Maryland</b>	Department of Aging . . . . .	410.767.1100
<b>Massachusetts</b>	Executive Office of Elder Affairs . . . . .	617.727.7750
<b>Michigan</b>	Licensing and Regulatory Affairs . . . . .	517.373.1820
<b>Mississippi</b>	Department of Health . . . . .	601.576.7400
<b>Missouri</b>	Department of Insurance . . . . .	573.526.5001
<b>New Hampshire</b>	Insurance Department . . . . .	603.271.2261
<b>New Jersey</b>	Department of Community Affairs . . . . .	609.984.7574
<b>New Mexico</b>	Aging & Long-Term Services Department . . . . .	505.476.4799
<b>New York</b>	Department of Health . . . . .	518.402.0964
<b>North Carolina</b>	Department of Insurance . . . . .	919.807.6140
<b>Ohio</b>	Department of Aging . . . . .	614.466.7713
<b>Oklahoma</b>	Department of Health . . . . .	405.271.6868
<b>Oregon</b>	Department of Human Services . . . . .	503.945.5600
<b>Pennsylvania</b>	Insurance Department . . . . .	717.783.2142
<b>Rhode Island</b>	Department of Health . . . . .	401.222.5960
<b>South Carolina</b>	Department of Consumer Affairs . . . . .	803.734.4200
<b>South Dakota</b>	Division of Insurance . . . . .	605.773.3563
<b>Tennessee</b>	Department of Commerce & Insurance . . . . .	615.741.2241
<b>Texas</b>	Department of Insurance . . . . .	512.676.6400
<b>Vermont</b>	Department of Financial Regulation . . . . .	802.828.3301
<b>Virginia</b>	Bureau of Insurance . . . . .	804.371.9637
<b>Washington</b>	Department of Health . . . . .	360.236.4700
<b>Washington, D.C.</b>	Department of Insurance, Securities & Banking . . . . .	202.727.8000
<b>Wisconsin</b>	Office of Commissioner of Insurance . . . . .	608.266.3586



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