

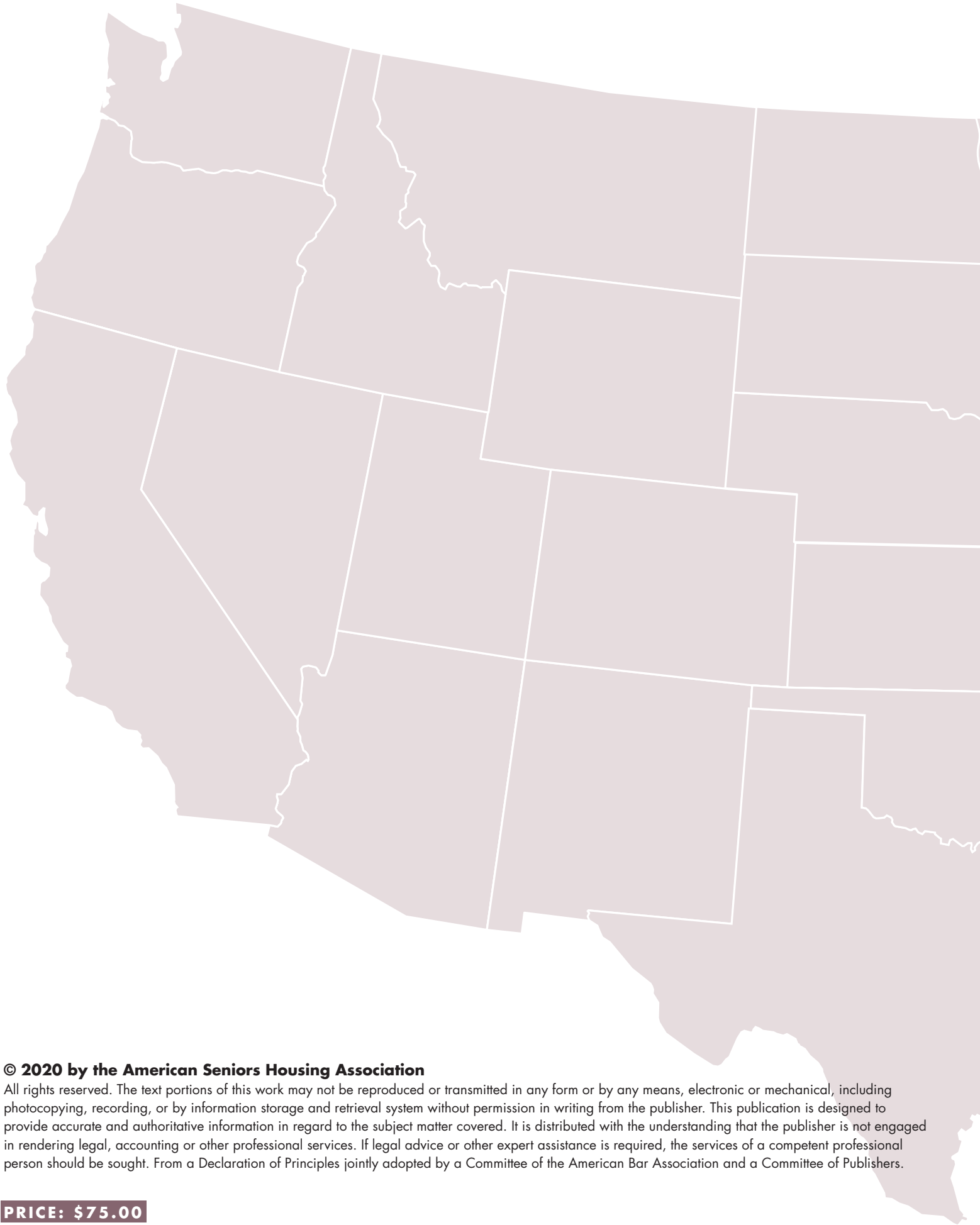
2020

SENIORS HOUSING STATE REGULATORY HANDBOOK



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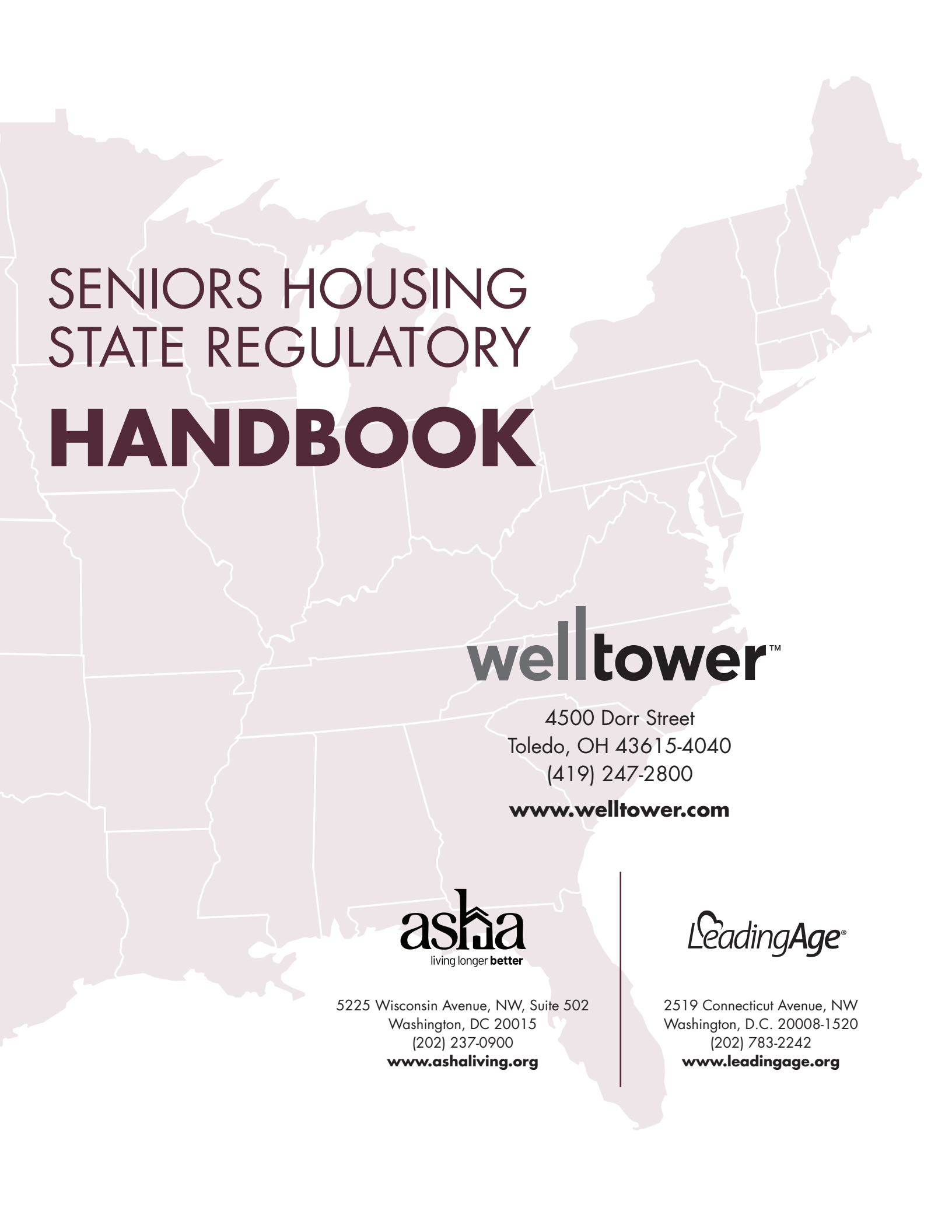
LeadingAge®



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SENIORS HOUSING STATE REGULATORY HANDBOOK

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INTRODUCTION

The first version of this Handbook was published 25 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 2020 Handbook incorporates updated assisted living information from 21 states and updated CCRC data from 11 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 2020 to review their state listing from last year's Handbook. We also received

valuable assistance from Jed Johnson, Julia Meashey and Debbi Witham of CARF-CCAC; Karla Furger, Madison Hillmann, Karen Johnston, Andy Kockler, Megan Large, Dan Merriman, Emily Murtha and Cole Stephen of LCS who contributed select data. 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
American Seniors Housing Association

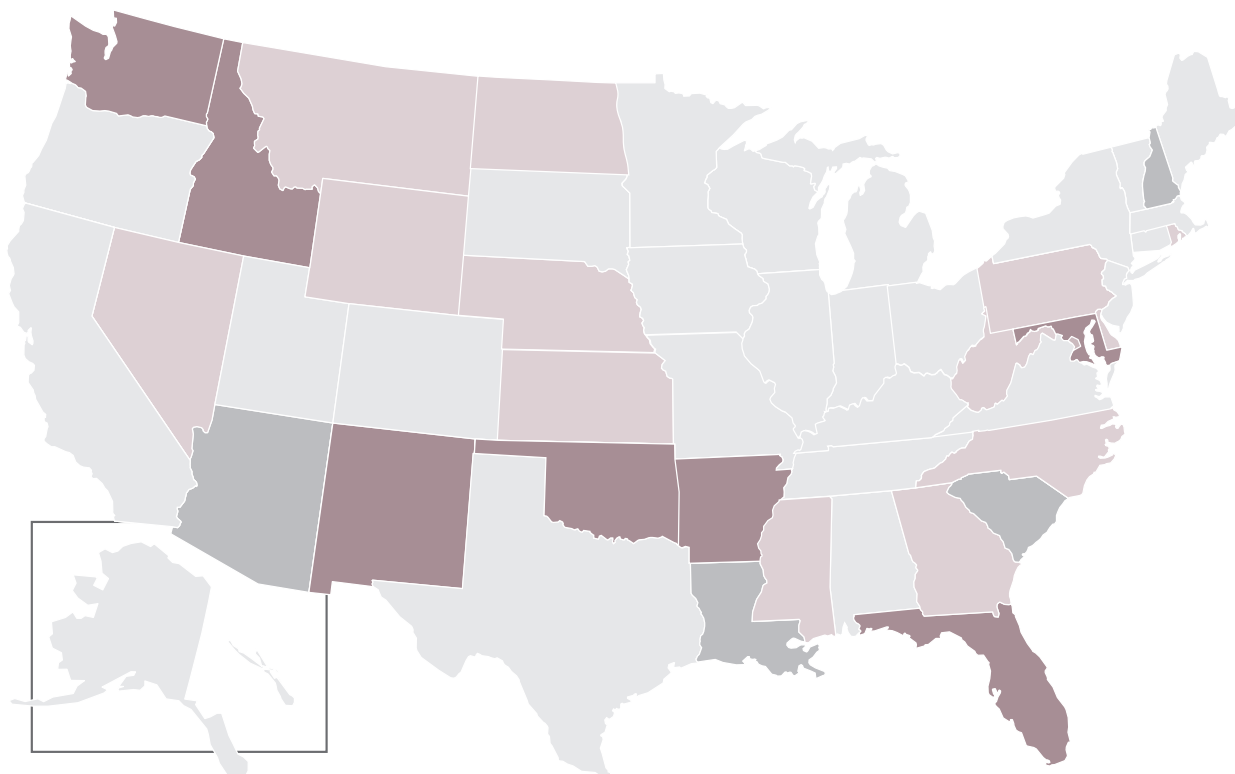


Katie Smith Sloan

President & CEO
LeadingAge

UNITED STATES MAP LEGEND

This map indicates listings that were modified in 2020.



States with updated information for Assisted Living listing only.



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



States with updated information for both Assisted Living and CCRC/Life Plan Community listing.

RECOGNITION OF THIRD-PARTY ACCREDITATION

The following list provides references to statutes and regulations that allow for third-party accreditation of Assisted Living or CCRC/Life Plan Communities to satisfy full or partial compliance with state licensure, certification, participation or other requirements.

ASSISTED LIVING

Arizona

R9-10-101. Definitions

In addition to the definitions in A.R.S. §§ 36-401(A) and 36-439, the following definitions apply in this Chapter unless otherwise specified:

3. "Accredited" has the same meaning as in A.R.S. § 36- 422.*

*(From A.R.S. § 36- 422: "Accredited" means accredited by a nationally recognized accreditation organization.)

R9-10-109. Changes Affecting a License

- D. If a health care institution* is accredited by a nationally recognized accrediting organization, a licensee may submit to the Department the health care institution's current accreditation report.
- E. Except as provided in A.R.S. § 36-424(B), if a licensee submits to the Department a health care institution's current accreditation report from a nationally recognized accrediting organization, the Department shall not conduct an onsite compliance inspection of the health care institution during the time the accreditation report is valid.

*(Assisted living center and Assisted living home are two of the health care classes identified in R9-100-102. Health Care Institution Classes; Requirements)

Reference:

Arizona Administrative Code
 Title 9. Health Services
 Chapter 10. Department of Health Services — Health Care Institutions: Licensing
 Article 1. General

Florida

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.

Reference:

Florida Administrative Code
 Department: Agency for Health Care Administration
 Division: Health Facility and Agency Licensing
 Chapter Health Care Licensing Procedures

Authorizing Florida Statutes Title XXX — Social Welfare, Chapter 429 Assisted Care Communities,
 Part 1 — Assisted Living Facilities

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: Official Code of Georgia Annotated (OCGA) §§ 31-7-1 and 31-7-3(b).

Reference:

Rules and Regulations of the State of Georgia
 Department of Community Health, Chapter 111-8 Healthcare Facility Regulation
 Part 111-8-63 Rules and Regulations for Assisted Living Communities

House Bill 987*

Title 31 of the Official Code of Georgia Annotated, relating to health, is amended in Code 31 Section 31-2-4, relating to the Department of Community Health's powers, duties, functions, and responsibilities, by revising paragraphs (9) and (10) of subsection (d), as follows:

(10)(A) May accept the certification or accreditation of an entity or program by a certification or accreditation body, in accordance with specific standards, as evidence of compliance by the entity or program with the substantially equivalent departmental requirements for issuance or renewal of a permit or provisional permit, provided that such certification or accreditation is established prior to the issuance or renewal of such permits. The department may not require an additional departmental inspection of any entity or program whose certification or accreditation has been accepted by the department, except to the extent that such specific standards are less rigorous or less comprehensive than departmental requirements. Nothing in this Code section shall prohibit either departmental inspections for violations of such standards or requirements or the revocation of or refusal to issue or renew permits, as authorized by applicable law, or for violation of any other applicable law or regulation pursuant thereto.

*(HB 987 outlines new measures that apply to Georgia assisted living communities and personal care homes. It was signed into law on June 30, 2020 and amends Title 31 of the O.C.G.A.)

Idaho

39-3302. DEFINITIONS.

As used in this chapter:

- (2) "Accreditation" means a process of review that allows health care organizations to meet regulatory requirements and standards established by a recognized accreditation organization.
- (3) "Accreditation commission" means the commission on accreditation of rehabilitation facilities (CARF), the joint commission, or another nationally recognized accreditation organization approved by the director.

39-3355. INSPECTIONS.

- (7) The department shall accept an accreditation survey from an accreditation commission for a residential care or assisted living facility instead of regular compliance inspections conducted under the authority of this section if all of the following conditions are met:
 - (a) The accreditation commission's standards meet or exceed the state requirements for licensure for residential care or assisted living facilities;

- (b) The facility submits to the department a copy of its required accreditation reports to the accreditation commission in addition to the application and any other information required for renewal of a license;
 - (c) The inspection results are available for public inspection to the same extent that the results of an investigation or inspection conducted under this section are available for public inspection;
 - (d) The accreditation commission complies with the health insurance portability and accountability act and takes reasonable precautions to protect the confidentiality of personally identifiable information concerning the residents of the facility; and
 - (e) If the facility's accreditation report is not valid for the entire licensure period, the department may conduct a compliance inspection of the facility during the time period for which the department does not have a valid accreditation report.
- (8) The department shall not conduct an onsite compliance inspection of the residential care or assisted living facility during the time the accreditation report is valid except for complaint surveys, reportable incidents, or in cases of emergencies. Accreditation does not limit the department in performing any power or duty under this chapter or inspection authorized under this section, including taking appropriate action relating to a residential care or assisted living facility, such as suspending or revoking a license, investigating an allegation of abuse, exploitation, or neglect or another complaint, or assessing an administrative penalty.

Reference:

Idaho Code
 Title 39 Health and Safety
 Chapter 33 Idaho Residential Care or Assisted Living Act

130. INSPECTION OF FACILITIES.

03. Inspection or Survey Services. The Department may accept the services of any qualified person or organization, either public or private, to examine, survey, or inspect any entity requesting or holding a facility license, including as described in Section 39-3355(7), Idaho Code.*

*(see above)

Reference:

IDAHO ADMINISTRATIVE CODE
 Department of Health and Welfare
 IDAPA 16.03.22 Residential Assisted Living Facilities

Iowa**Iowa Code 231C.2. Definitions**

"Recognized accrediting entity" means a nationally recognized accrediting entity that the department recognizes as having specific assisted living program standards equivalent to the standards established by the department for assisted living programs.

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

1. The department shall establish by rule in accordance with chapter 17A minimum standards for certification and monitoring of assisted living programs. The department may adopt by reference with or without amendment, nationally recognized standards and rules for assisted living programs. The rules shall include specification of recognized accrediting entities and provisions related to dementia-specific programs.
2. 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.
5. The department may enter into contracts to provide certification and monitoring of assisted living programs. The department shall:
 - c. Require that the recognized accrediting entity providing accreditation for a program provide copies to the department of all materials related to the accreditation, monitoring, and complaint process.

*(see below)

231C.18 Iowa assisted living fees.

1. The department shall collect assisted living program certification and related fees. An assisted living program that is certified by the department on the basis of voluntary accreditation by a recognized accrediting entity shall not be subject to payment of the certification fee, but shall be subject to an administrative fee as prescribed by rule. Fees collected and retained pursuant to this section shall be deposited in the general fund of the state.
2. The following certification and related fees shall apply to assisted living programs:
 - a. For a two-year initial certification, seven hundred fifty dollars.
 - b. For a two-year recertification, one thousand dollars.
 - c. For a blueprint plan review, nine hundred dollars.
 - d. For an optional preliminary plan review, five hundred dollars.
 - e. For accreditation via a national body of accreditation, one hundred twenty-five dollars.

Reference:

Iowa Code Title VI — Human Services
Chapter 231C — Assisted Living Programs

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.

4-004.10A4 To maintain deemed compliance, the licensee must maintain the accreditation on which the license was issued. If the accreditation is sanctioned, modified, terminated, or withdrawn, the licensee must, within 15 days of receipt of notification of an action, notify the Department in writing of the action and the cause for the action. If the cause for action indicates possible regulatory violation, the Department will inspect the assisted-living facility within 90 days of receipt of notice. The assisted-living facility may continue to operate unless the Department determines that the assisted living facility no longer meets the requirements for licensure under the Assisted-Living Facility Act and Health Care Facilities Licensure Act. If the Department determines the facility no longer qualifies for deemed compliance, the facility is subject to inspections under 175 NAC 4-005.

Reference:

Nebraska Health and Human Services Regulation and Licensure
Title 175 Health Care Facilities and Services Licensure
Chapter 4 Assisted-Living Facilities

Texas**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.
- (b) The department shall accept an accreditation survey from an accreditation commission for an assisted living facility instead of an inspection under Section 247.023 or an annual inspection or survey conducted under the authority of Section 247.027, but only if:
 - (1) the accreditation commission's standards meet or exceed the requirements for licensing of the executive commissioner for an assisted living facility;
 - (2) the accreditation commission maintains an inspection or survey program that, for each assisted living facility, meets the department's applicable minimum standards as confirmed by the executive commissioner;
 - (3) the accreditation commission conducts an on-site inspection or survey of the facility at least as often as required by Section 247.023 or 247.027 and in accordance with the department's minimum standards;
 - (4) the assisted living facility submits to the department a copy of its required accreditation reports to the accreditation commission in addition to the application, the fee, and any report required for renewal of a license;
 - (5) the inspection or survey results are available for public inspection to the same extent that the results of an investigation or survey conducted under Section 247.023 or 247.027 are available for public inspection; and
 - (6) the department ensures that the accreditation commission has taken reasonable precautions to protect the confidentiality of personally identifiable information concerning the residents of the assisted living facility.
- (c) The department shall coordinate its licensing activities with each of the accreditation commissions.
- (d) Except as specifically provided by this section, this section does not limit the department in performing any power or duty under this chapter or inspection authorized by Section 247.027, including taking appropriate action relating to an assisted living facility, such as suspending or revoking a license, investigating an allegation of abuse, exploitation, or neglect or another complaint, assessing an administrative penalty, or closing the facility.
- (e) This section does not require an assisted living facility to obtain accreditation from an accreditation commission.

Reference:

Texas Health and Safety Code
Title 4. Health Facilities
Subtitle B. Licensing of Health Facilities
Chapter 247. Assisted Living Facilities
Subchapter A. General Provisions

CCRC/LIFE PLAN COMMUNITIES

Florida

Section 028 Accredited facilities

651.028 A provider or facility is deemed accredited for purposes of ss. 400.235(5)(b)1* and 651.105(1)* if it is accredited without stipulations or conditions by a process found by the commission to be acceptable, substantially equivalent to the provisions of this chapter, and consistent with the security protections intended by this chapter.

*(see below)

Section 105 Examination

651.105 (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 ss. 624.316 and 624.318. For a provider as deemed accredited under s. 651.028*, such examinations must take place at least once every 5 years.

*(see above)

Reference:

Florida Statutes

Title XXXVII Insurance

Chapter 651 Continuing Care Contracts

Section 235 Nursing home quality and licensure status: Gold Seal Program

400.235(5) Facilities must meet the following additional criteria for recognition as a Gold Seal Program facility:

- (a) Had no class I or class II deficiencies within the 30 months preceding application for the program.
- (b) Evidence financial soundness and stability according to standards adopted by the agency in administrative rule. Such standards must include, but not be limited to, criteria for the use of financial statements that are prepared in accordance with generally accepted accounting principles and that are reviewed or audited by certified public accountants.
 1. 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.

*(see above)

Reference:

Florida Statutes

Title XXIX Public Health

Chapter 400 Nursing Homes and Related Health Care Facilities

Section 235 Nursing home quality and licensure status: Gold Seal Program

690-193.040 Advertisement Enforcement Procedures.

- (1) Each provider shall maintain at its home or principal office in this state a complete file containing every printed, published, or prepared advertisement it has used in this state, with a notation attached to each indicating the manner and extent of distribution and the form number of any contract advertised.
- (2) This file shall be subject to inspection by the Office.
- (3) The file shall be maintained for at least three (3) years for providers subject to triennial examinations or at least five (5) years for accredited providers subject to examination at least once every five (5) years, as provided in Section 651.105(1)*, F.S. Each provider shall retain the advertisements, notations, and form numbers until such time that an exam report has been issued for the period of time in which the advertisement was used in this state.

*(see above)

690-193.055 Accreditation.

- (1) A provider or facility is accredited for the purposes of Sections 400.235(5)(b)1* and 651.105(1)*, F.S., if it is accredited without stipulations or conditions by Commission on Accreditation of Rehabilitation Facilities International ("CARF International").
- (2) The provider will file evidence that the provider or facility is accredited and in good standing each year with its annual report filing.
- (3) The provider shall furnish the Office, within five business days, a copy of any communication from CARF International concerning the loss or potential loss of accreditation of the provider or any facility owned or operated by the provider, wherever located.

* (see above)

Reference:

Florida Administrative Code
Chapter 690-193 Continuing Care Contracts

Disclaimer

This section of the *Seniors Housing State Regulatory Handbook* is provided for reference purposes only. Although the publishers, in partnership with CARF International, have sought to provide accurate information, you are urged to contact the appropriate authority or agency to obtain each state's most up-to-date information. To report inaccuracies or changes to this section of the *Handbook*, please contact: CARF Aging Services at as@carf.org.

About CARF International

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, Continuing Care Retirement Communities, Employment and Community Services, Medical Rehabilitation, Opioid Treatment Programs, and Vision Rehabilitation Services. The CARF International group of companies currently accredits more than 60,000 programs and services at over 28,000 locations around the world. Over 14 million persons of all ages are served annually by more than 8,000 CARF-accredited service providers. CARF accreditation extends to countries in North and South America, Europe, Asia, and Oceania.

CARF first disseminated peer-driven, person-centered assisted living standards in 2000 and in 2003, CARF acquired the Continuing Care Accreditation Commission from LeadingAge to continue their accreditation legacy. Also included in CARF's aging services portfolio are independent senior living, adult day services, case management, home and community services, networks, dementia care specialty, and stroke specialty programs.

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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 Services:**

- a. **Admissions 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 (Qualifications, etc.):** 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 (Licensure/Authority):** 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 15 – 17.	ALABAMA	ALASKA
1. CLASSIFICATION	Assisted Living Facilities	Assisted Living Homes
2. STATUTORY / REGULATORY REFERENCES	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
3. MINIMUM SIZE	3+	3+
4. MANDATORY SERVICES		
a. ADL Care	Y	Y
b. Transportation		
c. Laundry	Y	Y
d. Activities / Recreation	Y	
e. Arranging Health Related Services	Y	
f. Housekeeping	Y	Y
g. Medications Management	Y	
h. Monitoring	Y	
i. Other	3+ meals/day + snacks; communications	3 meals + snack
5. PERMITTED SERVICES		
a. Assistance with Medications	Y	Y
b. Administer Medications	By licensed nurse	Y with delegation
c. Intermittent Nursing	If properly arranged	Y
d. Other	Home health by certified agency; hospice	Skilled nursing up to 45 days with approval
6. REGULATED SUBJECTS		
a. Admission Agreements	Y	Y
b. Resident Funds	Y	Y
c. Care Plan	Y	Y
d. Medication Storage	Y	Y
e. Dietary Requirements	Y	Y; 7AAC 75.265 Food Service
f. Other		
7. ADMINISTRATOR		
a. Education / Exam	Must be licensed	Sufficient education and/or education
b. Continuing Education		18 hrs/yr
c. Availability		
d. Other (Qualifications, etc.)	19+ yrs. old; ALF cannot operate without licensed administrator for > 45 days	
8. STAFFING LEVELS		
a. Staff: Resident Ratio	ALF: Sufficient to meet residents needs**	Sufficient to meet residents needs
b. Required Hours	1+ staff 24 hrs/day at least 1 with CPR	Not regulated
c. Licensed	SCALF: Licensed RN	Not required or regulated per occupation
d. Other Qualifications	Initial and refresher training in specified areas; SCALF: Specified training	Annual training requirements and initial training hours required
9. MANDATORY DISCHARGE		
a. Ongoing Nursing Care	Y	
b. Danger to Self / Others	Y	
c. Unable to Evacuate		
d. Restraints	Y	
e. Beyond Capabilities	Y	
f. Other	Severe cognitive impairment	Involuntary termination of service contract for various reason
10. PHYSICAL PLANT		
a. Maximum Occupancy/Unit	2	2
b. Size of Unit (single occupancy)	80 sq. ft.*	80 sq. ft.
c. Size of Unit (multiple occupancy)	130 sq. ft.*	140 sq. ft.
d. Toilet	1:6 beds	1:6 people*
e. Bath or Shower	1:8 beds	1:6 people*
f. Other	Detailed	Appropriate furniture, storage space, and signal device
11. CERTIFICATE OF NEED	N	N
12. AGENCY (Licensure / Authority)	Department of Public Health, Health Provider Standards, Assisted Living Facilities Unit	Department of Health & Social Services, Division of Health Care Services – Residential Licensing
13. MEDICAID WAIVER / STATE PLAN	N	Y
14. NOTES	<p>*Larger if room contains "sitting area"</p> <p>**AL has specific regulations for those facilities licensed to admit and retain residents with dementia. SCALF has required staffing numbers based on census.</p> <p>New rules effective April 6, 2019.</p>	

The following categories are defined on pages 15 – 17.	ARIZONA	ARKANSAS
1. CLASSIFICATION	Assisted Living Centers	Assisted Living Residences for the Elderly
2. STATUTORY / REGULATORY REFERENCES	AZ Comp. Administration. AZ Administrative Code R9-10-801 – R9-10-820	AR Code Ann. §§20-10-1701 <i>et seq.</i>
3. MINIMUM SIZE	11+*	4
4. MANDATORY SERVICES		
a. ADL Care	Y	Y
b. Transportation		Y; assistance making arrangements
c. Laundry	Y; access to	Y
d. Activities / Recreation	Y	Y
e. Arranging Health Related Services	Y	Y
f. Housekeeping	Y	Y
g. Medications Management	Y	Y
h. Monitoring	Y	Y
i. Other	3 meals/day+ snacks	3 meals/day + snacks
5. PERMITTED SERVICES		
a. Assistance with Medications	Y	Y
b. Administer Medications	Y with delegation	Y; Only in Level II Assisted Living
c. Intermittent Nursing	Y	Y; Only in Level II Assisted Living
d. Other	Home Health, Hospice	May have separate Alzheimer's special care unit
6. REGULATED SUBJECTS		
a. Admission Agreements	Y	Y
b. Resident Funds	Y	Y
c. Care Plan	Y	Y
d. Medication Storage	Y	Y
e. Dietary Requirements	Y	Y
f. Other		Pharmacy consultant in Level II
7. ADMINISTRATOR		
a. Education / Exam	Certified; training program	HS/certification program
b. Continuing Education	None required by ADHS	Y; minimum of 6 hours/year
c. Availability		40 hrs/wk
d. Other (Qualifications, etc.)		Required quarterly inservices for all staff ; Must notify DLTC if absent from facility 7+ days
8. STAFFING LEVELS		
a. Staff: Resident Ratio	Sufficient to meet residents needs	Varied
b. Required Hours		1+ staff 24 hrs/day
c. Licensed		RN available 24 hrs/day in Level II
d. Other Qualifications		Licensed staff in Level II
9. MANDATORY DISCHARGE		
a. Ongoing Nursing Care	Y	Y
b. Danger to Self / Others		Y
c. Unable to Evacuate		Only in Level I
d. Restraints	Y	Y
e. Beyond Capabilities	Y	Y
f. Other	Certain other conditions	Skilled nursing services
10. PHYSICAL PLANT		
a. Maximum Occupancy/Unit	2	1 unless requested otherwise
b. Size of Unit (single occupancy)	80 sq. ft.	150 sq. ft.
c. Size of Unit (multiple occupancy)	120 sq. ft.; 60/person	230 sq. ft.
d. Toilet	1:8 per unit	1 per apt.
e. Bath or Shower	1:8 per unit	1 per apt.
f. Other	Residential unit 220 sq. ft.	Each apt. shall have separate & distinct kitchen area
11. CERTIFICATE OF NEED	N	Y
12. AGENCY (Licensure / Authority)	Department of Health Services, Office of Assisted Living Licensing	Department of Human Services, Office of Long Term Care
13. MEDICAID WAIVER / STATE PLAN	Y	Y; Level II only
14. NOTES	* If ≤ 10 residents classified as Assisted Living Home	Assisted Living Facilities are licensed as Level I or Level II Care Facilities

The following categories are defined on pages 15 – 17.	CALIFORNIA	COLORADO
1. CLASSIFICATION	Residential Care Facilities for the Elderly	Assisted Living Residences
2. STATUTORY / REGULATORY REFERENCES	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 6CCR 1011-1 Ch.7
3. MINIMUM SIZE		3
4. MANDATORY SERVICES		
a. ADL Care	Y	Y
b. Transportation	Y; or arrange	Y; arrangements
c. Laundry	Y	Y
d. Activities / Recreation	Y	Y
e. Arranging Health Related Services	Y	Y
f. Housekeeping	Y	Y
g. Medications Management	Y	Y
h. Monitoring	Y	Protective oversight
i. Other	3+ meals/day + snacks	Regular supervision
5. PERMITTED SERVICES		
a. Assistance with Medications	Y	Y
b. Administer Medications	Limited to an appropriately skilled professional	
c. Intermittent Nursing	Under limited circumstances	
d. Other	Dementia care; restricted health conditions; home health under certain conditions; bedridden care; prohibited health conditions & hospice care with licensing agency approval	
6. REGULATED SUBJECTS		
a. Admission Agreements	Y	Y
b. Resident Funds	Y	Y
c. Care Plan	Y	Y
d. Medication Storage	Y	Y
e. Dietary Requirements	Y	Y
f. Other	Dementia care & secured environments; restricted health conditions; bedridden care; prohibited health conditions & hospice care with licensed agency approval	Secured environment
7. ADMINISTRATOR		
a. Education / Exam	Certification Program (80 hrs) + Exam	HS diploma or equivalent; 1 year experience; 40 hr. training program; Test
b. Continuing Education	40 hrs/2 yrs	
c. Availability	Sufficient number of hours to permit adequate attention to management & administration of facility	
d. Other (Qualifications, etc.)	Education and experience varies on facility capacity; at least 21 yrs old	21+ yrs old; criminal background check
8. STAFFING LEVELS		
a. Staff: Resident Ratio	Competent & sufficient to meet resident needs	Sufficient to meet residents needs
b. Required Hours	1 + staff 24 hrs/day	1+ staff on site
c. Licensed		
d. Other Qualifications	40 hours initial training; 20 hours annual training	Education and/or experience for those with direct care responsibilities
9. MANDATORY DISCHARGE		
a. Ongoing Nursing Care	Y for 24 hr skilled nursing	Y; for 24 hr skilled nursing
b. Danger to Self / Others		Y
c. Unable to Evacuate	N with appropriate fire clearance	Y; if bldg. not protect in place
d. Restraints	N	Y
e. Beyond Capabilities	Y	Y
f. Other	Dementia care, unless certain regulations are met**	Bedridden (see special conditions); incontinence, that cannot be managed such that it can be handled.
10. PHYSICAL PLANT		
a. Maximum Occupancy/Unit	2 (per bedroom)	2
b. Size of Unit (single occupancy)		100 sq. ft.
c. Size of Unit (multiple occupancy)		60 sq. ft./person
d. Toilet	1:6 persons**	1:6 residents
e. Bath or Shower	1:10 persons**	1:6 residents
f. Other		Window
11. CERTIFICATE OF NEED	N	N
12. AGENCY (Licensure / Authority)	Department of Social Services, Community Care Licensing Division	Department of Public Health & Environment, Division of Health Facilities & Emergency Medical Services Division
13. MEDICAID WAIVER / STATE PLAN	Y, Assisted Living Waiver (ALW)	Y
14. NOTES	*CA Code of Regs., Title 22, Section 87705	Due to passage of HB12-1294 AL residences will be re-inspected on an extended survey schedule. *Call for more detailed information.
	**Persons = Residents, family, and personnel, or live-in personnel	

The following categories are defined on pages 15 – 17.			CONNECTICUT	DELAWARE
1. CLASSIFICATION		Managed Residential Communities* Assisted Living Services Agency**	Assisted Living Facilities	
2. STATUTORY / REGULATORY REFERENCES		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.	
3. MINIMUM SIZE				
4. MANDATORY SERVICES				
a. ADL Care		By choice only, an extra fee may apply	Y	
b. Transportation		Y	Y	
c. Laundry		Y	Y	
d. Activities / Recreation		Y	Y	
e. Arranging Health Related Services		By choice only, an extra fee may apply	Y	
f. Housekeeping		Y	Y	
g. Medications Management		By choice only, an extra fee may apply	Y	
h. Monitoring		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	
5. PERMITTED SERVICES				
a. Assistance with Medications		Y	By limited staff	
b. Administer Medications		By licensed staff	By self, family or licensed staff	
c. Intermittent Nursing		Y	Y	
d. Other		Nursing services		
6. REGULATED SUBJECTS				
a. Admission Agreements		Must be in writing	Y	
b. Resident Funds		N	Y	
c. Care Plan		Y	Service Agreement	
d. Medication Storage		Only stored in clients' living unit	Y	
e. Dietary Requirements			Y	
f. Other				
7. ADMINISTRATOR				
a. Education / Exam		RN & BSN plus 2 yrs experience***	NH Administrator	
b. Continuing Education				
c. Availability		Variable	Size of facility	
d. Other (Qualifications, etc.)		No administrator per se. Requirements are for Supervisor Assisted Living Services Agency (SALSA)		
8. STAFFING LEVELS				
a. Staff: Resident Ratio		Must be disclosed to resident/family in writing in ALZ unit	Sufficient to meet resident needs	
b. Required Hours		Required hrs for SALSA only	Full-time DON	
c. Licensed		RN on-call 24 hrs	APN or RN license	
d. Other Qualifications		Mandatory staff education on pain recognition and ALZ	BSN + 2 years long term care experience; or 3 years long term care experience; LTC DON workshop within 3 months of hire	
9. MANDATORY DISCHARGE				
a. Ongoing Nursing Care			Y	
b. Danger to Self / Others			Y	
c. Unable to Evacuate			N	
d. Restraints			N	
e. Beyond Capabilities			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 disease/condition; bedridden for more than 14 days; unstable tracheostomy/stable tracheostomy for less than 6 months; unstable peg tube; IV or central line required; wander and unable to provide adequate supervision; socially inappropriate and unable to manage the behavior	
10. PHYSICAL PLANT				
a. Maximum Occupancy/Unit		Shared if by choice	2	
b. Size of Unit (single occupancy)			100 sq. ft.	
c. Size of Unit (multiple occupancy)			80 sq. ft.	
d. Toilet		1 per unit	1 per unit*	
e. Bath or Shower		1 per unit	1 per unit*	
f. Other		Access to cooking facilities	Kitchen*	
11. CERTIFICATE OF NEED		N	N	
12. AGENCY (Licensure / Authority)		Department of Public Health, Facility Licensure & Investigations Section	Department of Health & Social Services, Division of Health Care Quality	
13. MEDICAID WAIVER / STATE PLAN		Y; Demonstration	Y	
14. NOTES		*Unlicensed, **Licensed, *** Or AA/Diploma + 4 yrs experience	*Or "readily accessible"	

The following categories are defined on pages 15 – 17.		
	FLORIDA	GEORGIA
1. CLASSIFICATION	Assisted Living Facilities	Assisted Living Communities (ALCs)* Personal Care Homes (PCHs)
2. STATUTORY / REGULATORY REFERENCES	FL Stat. 429 Part I 408, Part II FL Administration. Code Ch. 58A-5	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*
3. MINIMUM SIZE	>2	2+ for PCHs, 25+ for ALCs
4. MANDATORY SERVICES		
a. ADL Care	Y	Y
b. Transportation	Y	Y
c. Laundry	Y	Y
d. Activities / Recreation	Y	Y
e. Arranging Health Related Services	Y	Y
f. Housekeeping		Y
g. Medications Management	Y	Y
h. Monitoring	Y	Y
i. Other		3 meals and 2 snacks daily (mid afternoon snack and bedtime)
5. PERMITTED SERVICES		
a. Assistance with Medications	Y	Medication aides administer medications in an ALC. Current rule changes now permit them to also administer liquid morphine to a hospice resident within the community pursuant to a hospice physician's written order. The info for personal care homes remain the same.
b. Administer Medications	By licensed staff	Y in PCHs through designated proxy caregivers (HB1040)
c. Intermittent Nursing	Limited	Medication aides do not perform intermittent nursing services in an ALC. Proxy caregivers are trained to provide some specialized health maintenance activities following training received by a healthcare professional.
d. Other		
6. REGULATED SUBJECTS		
a. Admission Agreements	Allows facilities to charge immediately for services not previously provided without 30 days' notice of rate increase.	Y
b. Resident Funds	Y	Y
c. Care Plan	Y	Y in PCHs memory care units/homes and ALCs
d. Medication Storage	Y	Y
e. Dietary Requirements	Y	Y
f. Other		
7. ADMINISTRATOR		
a. Education / Exam	HS, GED or equivalent	Associates degree, GED or high school diploma + 2 yrs experience
b. Continuing Education	12 hrs/2 yrs	16 hrs/yr
c. Availability		
d. Other (Qualifications, etc.)	An ALF cannot operate longer than 120 consecutive days without a qualified administrator. Core training requirements, competency exam	
8. STAFFING LEVELS		
a. Staff: Resident Ratio	Varies with number of residents	1:15 (waking hrs); 1:25 (night)
b. Required Hours	Varies with number of residents	1+ staff 24 hrs/day
c. Licensed	Required to perform certain tasks	
d. Other Qualifications	All staff must complete a Level II background screening	Direct care staff: 16 hrs/yr education
9. MANDATORY DISCHARGE		
a. Ongoing Nursing Care	24 hr nursing supervision	Y
b. Danger to Self / Others	Y	Y
c. Unable to Evacuate	Y	Y
d. Restraints		Y
e. Beyond Capabilities	Y	Y
f. Other	Bedridden > 7 days; Stage 3 or 4 pressure sores or Stage 2 30+ days	Bedridden
10. PHYSICAL PLANT		
a. Maximum Occupancy/Unit	2 (4 pre-10/17/99)	4, except 2 in memory care units/homes and in ALCs
b. Size of Unit (single occupancy)	80 sq. ft. usable floor space	80 sq. ft.
c. Size of Unit (multiple occupancy)	60 sq. ft./bed	80 sq. ft./resident
d. Toilet	1:6 residents	1:4 residents
e. Bath or Shower	1:8 residents	1:8 residents
f. Other		Furnishings
11. CERTIFICATE OF NEED	N	Letter of Determination is required rather than certificate of need.
12. AGENCY (Licensure / Authority)	Agency for Health Care Administration	Department of Community Health, Healthcare Facility Regulation
13. MEDICAID WAIVER / STATE PLAN	Y	Y
14. NOTES	The use of physical restraints has been liberalized to include devices beyond ½ bed rails with a physician's order, and the consent of the resident or the resident's representative. The definition of a physical restraint has been revised to exclude devices that the resident chooses to use and can avoid or remove independently. Admission criteria was liberalized to include residents requiring the use of assistive devices to complete activities of daily living and those individual already receiving services from a licensed hospice. Total body lifts and motorized sit-to-stand lifts remain prohibited from use in assisted living facilities.	New background check requirements went into effect 10/1/19. SB406 increased the background check requirements for owners, applicants and long term care employees. This resulted in a new set of regulations Rules and Regulations for Criminal Background Checks 111-8-12. The new regulations are now referenced in the revised Rules and Regulations for Personal Care Homes 111-8-62.09 and Rules and Regulations for Assisted Living Facilities 111-8-63.09.

The following categories are defined on pages 15 – 17.	HAWAII	IDAHO
1. CLASSIFICATION	Assisted Living Residences	Residential and Assisted Living Facilities
2. STATUTORY / REGULATORY REFERENCES	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
3. MINIMUM SIZE		3+
4. MANDATORY SERVICES		
a. ADL Care	Y	Y
b. Transportation	Y; or arrange access	Y; arrange emergency transport
c. Laundry	Y	Y
d. Activities / Recreation	Y	Y
e. Arranging Health Related Services	Y	Y
f. Housekeeping	Y	Y
g. Medications Management	Y	Y
h. Monitoring	Y	Y
i. Other	3 meals/day	3 meals + snacks/Money Management
5. PERMITTED SERVICES		
a. Assistance with Medications	Y	Y
b. Administer Medications	Y	Y
c. Intermittent Nursing	"Routine nursing tasks"	Short term
d. Other		
6. REGULATED SUBJECTS	*	
a. Admission Agreements	Y	Y
b. Resident Funds	Y	Y
c. Care Plan	Y	Negotiated Service Agreement
d. Medication Storage	Y	Y
e. Dietary Requirements	Y	Y
f. Other		Licensed
7. ADMINISTRATOR		
a. Education / Exam	ALF Administration Course	Administration Course; Exam
b. Continuing Education	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
8. STAFFING LEVELS		
a. Staff: Resident Ratio		
b. Required Hours	Awake 24 hrs	Awake 24 hrs
c. Licensed	LNs, 7 days/wk	Quarterly RN visit, + change of condition; 24 hr LN availability
d. Other Qualifications	6+ hrs/yr in-service education	16 hr orientation, 8 hrs/yr training and specialized training
9. MANDATORY DISCHARGE		
a. Ongoing Nursing Care		Y
b. Danger to Self / Others	Y	Y
c. Unable to Evacuate		Beyond fire safety level
d. Restraints		Y
e. Beyond Capabilities	Y	Y
f. Other		Other health conditions
10. PHYSICAL PLANT		
a. Maximum Occupancy/Unit	2	2 (new)
b. Size of Unit (single occupancy)	220 sq. ft.	100 sq. ft.
c. Size of Unit (multiple occupancy)	220 sq. ft.	80 sq. ft./resident
d. Toilet	1 per unit	1:6 persons*
e. Bath or Shower	1 per unit	1:8 persons*
f. Other	Kitchen; call system; wiring for phone and television	Call system required
11. CERTIFICATE OF NEED	N*	N
12. AGENCY (Licensure / Authority)	Department of Health, Office of Health Care Assurance	Department of Health & Welfare, Licensing & Certification
13. MEDICAID WAIVER / STATE PLAN	Y	Y
14. NOTES	*Currently reviewing these areas and needs.	

The following categories are defined on pages 15 – 17.		
	ILLINOIS	INDIANA
1. CLASSIFICATION	Assisted Living/Shared Housing Establishments	Residential Care Facilities
2. STATUTORY / REGULATORY REFERENCES	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
3. MINIMUM SIZE	3+	
4. MANDATORY SERVICES		
a. ADL Care	Y	Y
b. Transportation		
c. Laundry	Y	Y
d. Activities / Recreation		Y
e. Arranging Health Related Services		Y
f. Housekeeping	Y	Y
g. Medications Management		
h. Monitoring		Y
i. Other	Emergency Communication Response 24 hrs Security	3+ meals/day
5. PERMITTED SERVICES		
a. Assistance with Medications	By licensed professional depending on level of assistance	Y
b. Administer Medications	By licensed professional	Y
c. Intermittent Nursing	By licensed professional on a limited basis	Y
d. Other		
6. REGULATED SUBJECTS		
a. Admission Agreements	Y	Y
b. Resident Funds		Y
c. Care Plan	Y	Comprehensive CP for Mental Health
d. Medication Storage	Y	Y
e. Dietary Requirements	Y	Y
f. Other		Service Plan
7. ADMINISTRATOR		
a. Education / Exam	HS diploma and training and experience	Specialized course or Bachelor's degree or higher
b. Continuing Education	20 hours training every 2 years	
c. Availability		
d. Other (Qualifications, etc.)	Age 21	Licensed Health Facility Administrator or Licensed Residential Care Administrator
8. STAFFING LEVELS		
a. Staff: Resident Ratio	Sufficient to meet scheduled and unscheduled resident needs	Sufficient to meet scheduled and unscheduled resident needs
b. Required Hours	1 CPR trained staff on duty 24 hrs a day	1+ staff 24 hrs/day (more if > 100 residents)
c. Licensed		LN on-site or on-call
d. Other Qualifications	Direct care staff are subject to Health Care Worker Background Check	In-service training
9. MANDATORY DISCHARGE		
a. Ongoing Nursing Care	Y	
b. Danger to Self / Others	Y	Y
c. Unable to Evacuate	Y	
d. Restraints	Y	
e. Beyond Capabilities	Y	Y
f. Other	Total Assistance with 2 or More ADL's	Total assistance with 2 of 3 specified ADL's
10. PHYSICAL PLANT		
a. Maximum Occupancy/Unit		4
b. Size of Unit (single occupancy)		100 sq. ft.
c. Size of Unit (multiple occupancy)		60-80 sq. ft. per bed
d. Toilet	1 per unit (AL), 1:4 (shared housing)	Variable formula
e. Bath or Shower	1:6 shared housing	Variable formula
f. Other	NFPA Life Safety Code, 2000 Edition New Residential Board & Care Occupancies, Chapter 32	Detailed
11. CERTIFICATE OF NEED	N	N
12. AGENCY (Licensure / Authority)	Department of Public Health, Division of Assisted Living	Department of Health, Division of Long Term Care
13. MEDICAID WAIVER / STATE PLAN	Y	Y
14. NOTES		

The following categories are defined on pages 15 – 17.			IOWA	KANSAS
1. CLASSIFICATION	Assisted Living Program		Assisted Living Facility*	
2. STATUTORY / REGULATORY REFERENCES	IA Code 231C, Chapter 67 General Provisions, Chapter 69 Assisted Living		KS Stat. Ann. 39-923 <i>et seq.</i> Administration Regs. §§26-39-100-441; 26-41-101-207 <i>et seq.</i>	
3. MINIMUM SIZE	6+		6+	
4. MANDATORY SERVICES				
a. ADL Care	Y; optional			
b. Transportation	Y; optional			
c. Laundry	Y; optional			
d. Activities / Recreation	Y			
e. Arranging Health Related Services	Y; optional			
f. Housekeeping	Y; optional			
g. Medications Management	Y; optional			
h. Monitoring	Y			
i. Other	481-69.39 Respite Care Services		Facilitate Residents' Council	
5. PERMITTED SERVICES				
a. Assistance with Medications	Y; optional		Y	
b. Administer Medications	Y; optional		Y	
c. Intermittent Nursing	Y; optional		Y	
d. Other			Wellness & health monitoring required	
6. REGULATED SUBJECTS				
a. Admission Agreements	Detailed		Y**	
b. Resident Funds	Y			
c. Care Plan	Y		Y	
d. Medication Storage	Y		Y	
e. Dietary Requirements	Y		Y	
f. Other	Managed risk statement		Negotiated Service Agreement	
7. ADMINISTRATOR				
a. Education / Exam	Assisted Living Management Class to include 6 hrs on Iowa rules		60+ residents – college degree < 60 residents – high school + training	
b. Continuing Education			Operators are required to complete 30 continuing education hours per 24 month licensure period	
c. Availability				
d. Other (Qualifications, etc.)	8 hours training required if in a dementia specific program		Operators: 21+ yrs old, HS/equivalent, license or training	
8. STAFFING LEVELS				
a. Staff: Resident Ratio	Sufficient to meet tenant needs		Staff sufficient to provide service identified in negotiated Service Agreement	
b. Required Hours	1+ staff 24 hrs/day in the proximate area for dementia specific programs		Qualified staff awake & responsive at all times	
c. Licensed	RN no longer required to train CNA & CMA in ADL's & IADL's			
d. Other Qualifications	RN required to complete A/L Manager class or A/L nursing class to include 6 hrs training related to Iowa rules		Sufficient staff to safely take residents to secure location in an emergency	
9. MANDATORY DISCHARGE				
a. Ongoing Nursing Care	Y		Y**	
b. Danger to Self / Others	Y		Y	
c. Unable to Evacuate	Y		Y**	
d. Restraints			Y	
e. Beyond Capabilities	Y		Y	
f. Other	Total assistance with 4 or more ADL's medically unstable		Certain health conditions; 30 day notice of discharge	
10. PHYSICAL PLANT				
a. Maximum Occupancy/Unit			None specified	
b. Size of Unit (single occupancy)	240 sq. ft.		200 sq. ft.	
c. Size of Unit (multiple occupancy)	340 sq. ft./bed		200 sq. ft.	
d. Toilet	1 per unit		1 per unit	
e. Bath or Shower	1 per unit – optional for Dementia specific		1 per unit	
f. Other	Lockable doors		Kitchen; lockable doors	
11. CERTIFICATE OF NEED	N (if certified)		N	
12. AGENCY (Licensure / Authority)	Department of Inspections & Appeals, Health Facilities Division Adult Services Bureau		Department for Aging & Disability Services	
13. MEDICAID WAIVER / STATE PLAN	Y		Y	
14. NOTES			*Subset of Adult Care Homes **Unless negotiated service agreement provides for special 24 hr services	

The following categories are defined on pages 15 – 17.			KENTUCKY	LOUISIANA
1. CLASSIFICATION		Assisted Living	Adult Residential Care Provider (ARCP)	
2. STATUTORY / REGULATORY REFERENCES		KRS 194 A. 700-194A.729. 910 KAR 1:240	R.S.40.21661-2166.8; LAC 48.1 Chapter 68	
3. MINIMUM SIZE		5+	2+	
4. MANDATORY SERVICES				
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		3 meals/day + snacks	3 meals/day + snacks	
5. PERMITTED SERVICES				
a. Assistance with Medications		Assistance with self administration of Rx	Y	
b. Administer Medications		Resident may contract with outside source, but AL may not administer	Y	
c. Intermittent Nursing		By contract only	Y	
d. Other		Wellness model, but not health care		
6. REGULATED SUBJECTS				
a. Admission Agreements		Lease Agreement	Y	
b. Resident Funds		N	Y	
c. Care Plan		Y; functional needs Assessment	Y	
d. Medication Storage		Y	Y	
e. Dietary Requirements		No dietary requirements	Y	
f. Other			Residents' Association	
7. ADMINISTRATOR				
a. Education / Exam		HS or GED (21yrs. old) demonstrated management or administrative ability	Various combinations of education & experience	
b. Continuing Education		Initial AL training & annual training	12 hrs/yr	
c. Availability		In-house or elsewhere	24 hrs/day (or designee)	
d. Other (Qualifications, etc.)				
8. STAFFING LEVELS				
a. Staff: Resident Ratio		Sufficient in number and qualifications to meet 24 hr schedule/unscheduled needs of client	Sufficient in number to meet resident needs	
b. Required Hours		24 hrs staffing	24 hrs staffing	
c. Licensed				
d. Other Qualifications		One awake staff member onsite at all times	Annual training (Direct Care Staff)	
9. MANDATORY DISCHARGE				
a. Ongoing Nursing Care			Y	
b. Danger to Self / Others		Y	Y	
c. Unable to Evacuate		Y		
d. Restraints			Y	
e. Beyond Capabilities		Y	Y	
f. Other				
10. PHYSICAL PLANT				
a. Maximum Occupancy/Unit		2 by mutual agreement	2	
b. Size of Unit (single occupancy)		200 sq. ft.	250+ sq. ft.	
c. Size of Unit (multiple occupancy)		200 sq. ft. 1 or 2	250+ sq. ft.	
d. Toilet		1 per unit	1 per unit	
e. Bath or Shower		1 per unit	1 per unit	
f. Other		Waiver for communities established prior to 7/14/00		
11. CERTIFICATE OF NEED		N	N	
12. AGENCY (Licensure / Authority)		Department for Aging & Independent Living	Department of Health, Health Standards	
13. MEDICAID WAIVER / STATE PLAN		No Medical Waiver for Assisted Living	N	
14. NOTES			Regulations revised effective 8/15/2015	

The following categories are defined on pages 15 – 17.

MAINE

MARYLAND

	MAINE	MARYLAND
1. CLASSIFICATION	Assisted Living Programs and Residential Care Facility	Assisted Living Programs
2. STATUTORY / REGULATORY REFERENCES	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>
3. MINIMUM SIZE	3+ *	1+
4. MANDATORY SERVICES		
a. ADL Care	Y	Y
b. Transportation	Y; or arrange	Y; or arrange
c. Laundry	Y	Y
d. Activities / Recreation	Y	Y
e. Arranging Health Related Services	Y	Y
f. Housekeeping	Y	Y
g. Medications Management	Y	Y
h. Monitoring	Y	Y
i. Other		3 meals/day + snack
5. PERMITTED SERVICES		
a. Assistance with Medications	Y	Y
b. Administer Medications	Y	Moderate and high*
c. Intermittent Nursing	Y	Y
d. Other		Hospice, Home Health
6. REGULATED SUBJECTS		
a. Admission Agreements	Y	Detailed
b. Resident Funds	Y	Y
c. Care Plan	Y	Y
d. Medication Storage	Y	Y
e. Dietary Requirements	Y	Y
f. Other		Uniform Disclosure Statement which describes the facilities services is required.
7. ADMINISTRATOR		
a. Education / Exam	All facilities with 7+ must have a licensed Administrator through Nursing Board.	HS or equivalent + 80 hr training program
b. Continuing Education	12 hrs/yr**	20 hours/every 2 years
c. Availability	40 hrs/wk if 50+ beds**	24 hrs (or alternate)
d. Other (Qualifications, etc.)	21+ yrs old	Revised requirements for delegating
8. STAFFING LEVELS		
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
b. Required Hours	10+ beds ≥ 2 awake 24 hrs/day**	24 hrs/day
c. Licensed		
d. Other Qualifications	Direct care: 50 hr/training course Administer meds: 40 hr/med course	On-going training
9. MANDATORY DISCHARGE		
a. Ongoing Nursing Care		Y
b. Danger to Self / Others	Y	Y
c. Unable to Evacuate		
d. Restraints		
e. Beyond Capabilities	Y	Y
f. Other	If services cannot be met by facility	
10. PHYSICAL PLANT		
a. Maximum Occupancy/Unit	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
e. Bath or Shower	1:10 users **	1:8 beds
f. Other		Detailed requirements for Emergency Preparedness
11. CERTIFICATE OF NEED	N	N
12. AGENCY (Licensure / Authority)	Department of Health & Human Services, Division of Licensing & Certification	Department of Health, Office of Health Care Quality
13. MEDICAID WAIVER / STATE PLAN	Y	Approved, not implemented
14. NOTES	*Level I, II, III ** Level IV	*Three levels of care: low, moderate and high

The following categories are defined on pages 15 – 17.			MASSACHUSETTS	MICHIGAN
1. CLASSIFICATION	Assisted Living Residences	Home for the Aged		
2. STATUTORY / REGULATORY REFERENCES	Chapter 19D 651 CMR 12.00 <i>et seq.</i>	MCL 333.20101 to 333.20211 & 333.21301 to 333.21335, MI Administrative Code *R325.1901-1981		
3. MINIMUM SIZE	3+	21+		
4. MANDATORY SERVICES				
a. ADL Care	Y	Y		
b. Transportation		N		
c. Laundry	Y	Y		
d. Activities / Recreation	Socialization	Y		
e. Arranging Health Related Services		Y		
f. Housekeeping	Y	Y		
g. Medications Management	Y	Y		
h. Monitoring		Y		
i. Other	At least 1 meal/day	3+ meals/day; Assist with flu vaccine, supervision and protection		
5. PERMITTED SERVICES				
a. Assistance with Medications	Y			
b. Administer Medications	Nurses may on limited basis	Y		
c. Intermittent Nursing	Y	Y		
d. Other	Home Health	N		
6. REGULATED SUBJECTS				
a. Admission Agreements	Y	Y		
b. Resident Funds	Y	Y		
c. Care Plan	Y	Y		
d. Medication Storage	Y	Y		
e. Dietary Requirements	Y	Y		
f. Other	Disclosure Statement	Additional requirements for Alzheimer's Disease, MCL333.20178 (1-2)		
7. ADMINISTRATOR				
a. Education / Exam	B.A. or experience	N		
b. Continuing Education	10 hrs if no SCR; 14 hrs if SCR	N		
c. Availability		N		
d. Other (Qualifications, etc.)	May not have been convicted of a felony	** Ed., training, and/or experience related to the residents, Program planning, development, and implementation of services to residents		
8. STAFFING LEVELS				
a. Staff: Resident Ratio	In special residence (SCR) min. of 2 persons on shift at all times.	*** Adequate & sufficient to meet residents needs		
b. Required Hours	1+ staff 24 hrs/day; Awake if special care	24 hrs/day		
c. Licensed		None required		
d. Other Qualifications	10-15* hrs/yr cont. ed.; 54+ hrs one-time training (personal care service providers)**	*** Establish / implement staff training program and access competency based on program statement, residents service plans and employee needs		
9. MANDATORY DISCHARGE				
a. Ongoing Nursing Care		Resident can age in place. See MCL 333.21325		
b. Danger to Self / Others		Y		
c. Unable to Evacuate		If reside in facilities requiring evacuation		
d. Restraints	Resident right not to be restrained	Y, when requirements of MCL 333.20201 (2) (1) are met		
e. Beyond Capabilities		Y		
f. Other				
10. PHYSICAL PLANT				
a. Maximum Occupancy/Unit	2	4 (new construction)		
b. Size of Unit (single occupancy)		80 sq. ft. (100 new)		
c. Size of Unit (multiple occupancy)		70 sq. ft. (80 new per bed)		
d. Toilet	1 per unit (new)	1:8 beds per floor		
e. Bath or Shower	1 per unit (new)	1:15 beds per floor		
f. Other	Lockable doors; access to cooking facilities	Annual Bureau of Fire Services inspection		
11. CERTIFICATE OF NEED	N	N		
12. AGENCY (Licensure / Authority)	Executive Office of Elder Affairs	Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems		
13. MEDICAID WAIVER / STATE PLAN	Y; State Plan - not a waiver	Y		
14. NOTES	*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.	* Homes for the aged require license ** Additional administrative qualifications required *** Meet resident needs per service plan		

The following categories are defined on pages 15 – 17.

MINNESOTA

MISSISSIPPI

	Home Care Licensure and Housing with Services Establishments/Assisted Living* MN Stat §§144A.43 to 144A.484, §144D, 144G	Personal Care Homes – Assisted Living MS Code Ann. 43-11-1, et seq. MS ADC Title 15; Part 16; Subpart 1; Chapter 47
1. CLASSIFICATION		
2. STATUTORY / REGULATORY REFERENCES		
3. MINIMUM SIZE	1+	4+
4. MANDATORY SERVICES		
a. ADL Care	Y	Y
b. Transportation	Y; reasonable assistance with request	Y, if providing mental health services (to mental health appointments)
c. Laundry	Y	Y
d. Activities / Recreation	Y; periodic socializing opportunities required	Y
e. Arranging Health Related Services	Y	Y
f. Housekeeping	Y	Y
g. Medications Management	Y	Y
h. Monitoring	Y	Y
i. Other	2 meals/day	3 meals/day
5. PERMITTED SERVICES		
a. Assistance with Medications	Y	Y
b. Administer Medications	Y	Y
c. Intermittent Nursing	Y	By licensed nurse
d. Other	Y	Y
6. REGULATED SUBJECTS		Administration of insulin by LN
a. Admission Agreements	Yes, 144D.04 and 144A.4791	Y
b. Resident Funds		Y
c. Care Plan	Y	
d. Medication Storage	Y	Y
e. Dietary Requirements		Y
f. Other	Disclosure of a special care unit for impaired persons is required. Required training in dementia care	
7. ADMINISTRATOR		
a. Education / Exam	Required training in dementia care.	HS or GED
b. Continuing Education	30 hrs/2 yrs 144D.10 lists requirements	
c. Availability		Full time
d. Other (Qualifications, etc.)		Operators employed < 6 months shall be scheduled to spend 2 concurrent days with licensure agency for mentoring and training
8. STAFFING LEVELS		
a. Staff: Resident Ratio	Must staff to meet resident needs	1:15 7a-7p; 1:25 7p-7a
b. Required Hours	24 hrs/7 days unless exempt	24/7
c. Licensed	Staff access to on call 24 hrs/7 days	LN - 24/7 8 hrs/day
d. Other Qualifications	144D.065	FT Dietary Quarterly training (direct care)
9. MANDATORY DISCHARGE		
a. Ongoing Nursing Care	N	Y
b. Danger to Self / Others	N	Y
c. Unable to Evacuate	N	Y
d. Restraints	N	Y
e. Beyond Capabilities	N	Y
f. Other		Non-ambulatory; certain health conditions
10. PHYSICAL PLANT		
a. Maximum Occupancy/Unit	N	4
b. Size of Unit (single occupancy)	N	80 sq. ft.
c. Size of Unit (multiple occupancy)	N	80 sq. ft./resident
d. Toilet	N	1:6
e. Bath or Shower	N	1:12
f. Other	Must meet local building and fire codes	
11. CERTIFICATE OF NEED	N	N, if freestanding
12. AGENCY (Licensure / Authority)	Department of Health, Home Care & Assisted Living Program	Department of Health – Division of Health Facilities Licensure
13. MEDICAID WAIVER / STATE PLAN	Y	Y
14. NOTES	*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 Revised regs as of 11/10/2019

The following categories are defined on pages 15 – 17.			MISSOURI	MONTANA
1. CLASSIFICATION	Assisted Living Facilities		Assisted Living Facilities	
2. STATUTORY / REGULATORY REFERENCES	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 37.106.2801 et seq. and 37.106.2901, et seq.	
3. MINIMUM SIZE	3+			
4. MANDATORY SERVICES				
a. ADL Care	Y		Category A: 3 or less	
b. Transportation			Y	
c. Laundry	Y		Y	
d. Activities / Recreation	Y		Y	
e. Arranging Health Related Services	Y		Y	
f. Housekeeping	Y		Y	
g. Medications Management	Y		Y	
h. Monitoring	Y		Category C&B	
i. Other	Meals/Dietary Supervision			
5. PERMITTED SERVICES				
a. Assistance with Medications	Y; part of mandatory services		Y	
b. Administer Medications	Y; part of mandatory services		Category B & 3rd party services C&A	
c. Intermittent Nursing	Primarily no, but can be reviewed on individual basis		Y, limited; Category B limited to 5 or fewer beds	
d. Other	Hospice care 19 CSR 30-86.047 (30)			
6. REGULATED SUBJECTS				
a. Admission Agreements	Y		Y + service plan	
b. Resident Funds	Y			
c. Care Plan	Individualized Service Plan		Y; health care plan required for C&B	
d. Medication Storage	Y		Y, locked in secured environment for facility; locked in resident room for self-administration	
e. Dietary Requirements	Y		Y	
f. Other	Individual evacuation plan, per assessment			
7. ADMINISTRATOR				
a. Education / Exam	Licensed by MO Board of Nursing Home Administrators		Y, MT (or other state) current nursing home administrator; or successful completion of self-study modules through assisted living university	
b. Continuing Education	40 hrs biennially		16 hrs for all administrators. For Category C, 8 of the 16 hours must pertain to caring for persons with severe cognitive impairments	
c. Availability	Admin. is responsible oversight of the residents		24	
d. Other (Qualifications, etc.)	Age 21+ - detailed		Category B - 1+ years' experience; Category C - 3+ years' experience or combination of education and training equivalent to experience	
8. STAFFING LEVELS				
a. Staff: Resident Ratio	24 hr staff appropriate in numbers & skill to provide proper care of residents		To meet resident's needs	
b. Required Hours	ALFI: 1:15 (day); 1:20 (eve); 1:25 (night) ALFH: 1:15 (day); 1:15 (eve); 1:20 (night)		24	
c. Licensed	Licensed nurse 8hrs/wk for every 30 residents		Category B & C require RN or LPN	
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	
9. MANDATORY DISCHARGE				
a. Ongoing Nursing Care	Y; if unable to meet needs		IF not met thru 3rd party or > 5 Cat. B	
b. Danger to Self / Others	Y		Y	
c. Unable to Evacuate	Subject to resident assessment		Y; if Category A	
d. Restraints	Y		Y, Category A; Category B & C - support only	
e. Beyond Capabilities	Y		Y	
f. Other	Non-payment after appropriate notice, hospitalization		Beyond level of care	
10. PHYSICAL PLANT				
a. Maximum Occupancy/Unit	4 beds/units		4	
b. Size of Unit (single occupancy)	70 sq. ft.		100 sq. ft.	
c. Size of Unit (multiple occupancy)	70 sq. ft./resident		80 sq. ft./bed	
d. Toilet	1:6 resident		1:4 residents	
e. Bath or Shower	1:20 residents		1:12 residents Doors must open outward	
f. Other	Detailed		Detailed	
11. CERTIFICATE OF NEED	Y		N	
12. AGENCY (Licensure / Authority)	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	
13. MEDICAID WAIVER / STATE PLAN	Y		Y	
14. NOTES				

The following categories are defined on pages 15 – 17.	NEBRASKA	NEVADA
	Assisted Living Facilities	Residential Facilities for Groups
1. CLASSIFICATION		
2. STATUTORY / REGULATORY REFERENCES	NE Rev. Stat. §§71-5901 – 71-5909 and §§71-401 – 71.475 REGS: 175 NAC 4,4-001, <i>et seq.</i>	NV Rev. Stat. 449.017 NV Administrative Code <i>et seq.</i> ; §§449.156 <i>et seq.</i>
3. MINIMUM SIZE	4	3+
4. MANDATORY SERVICES		
a. ADL Care	Y	Y
b. Transportation		
c. Laundry		Y
d. Activities / Recreation	Y	Y
e. Arranging Health Related Services		Y
f. Housekeeping		Y
g. Medications Management	Y	Y
h. Monitoring	Y	Y
i. Other		Meals
5. PERMITTED SERVICES		
a. Assistance with Medications	Y	Y, LCB File NO. R109-18-allows caregivers to administer insulin via auto-injection device; no sliding scale.
b. Administer Medications	Y	Y, see above; additionally allows medical professionals working at the facility to give meds.
c. Intermittent Nursing	Y, only through third-party	Y
d. Other		Y, LCB File R109-18- allows trained caregivers to check vital signs, administer insulin using an auto-injection device and perform blood glucose testing, subject to certain requirements.
6. REGULATED SUBJECTS		
a. Admission Agreements	Y	Y
b. Resident Funds		Y
c. Care Plan		For medication administration only
d. Medication Storage	Y	Y
e. Dietary Requirements	Y	Y
f. Other	List of all drugs, devices, biologicals & supplements upon admission & annually	Advertising
7. ADMINISTRATOR		
a. Education / Exam	30 hrs of training in specific area or NE (or other state) current nursing home administrator or currently employed as hospital administrator	Licensed by NV, Board of Examiners for LTC Administrators (BELTCA)
b. Continuing Education	12 hrs annually	Y; need to take medication administration training
c. Availability	Sufficient number of hours to permit adequate attention to management	As required (or designee)
d. Other (Qualifications, etc.)	Age 21+	Background Checks NRS449.119 - NRS449.125
8. STAFFING LEVELS		
a. Staff: Resident Ratio	To meet resident's needs	1:6 Alzheimer's facilities only
b. Required Hours	1+ staff 24 hrs/day	ALZ/Dementia facility: awake staff 24/7
c. Licensed	RN to review med administration and training medication aides	
d. Other Qualifications	12 hrs/yr training (direct care); orientation, training required	Administrator only; Medication training if assisting with meds.
9. MANDATORY DISCHARGE		
a. Ongoing Nursing Care	Complex nursing*	Y
b. Danger to Self / Others		Y
c. Unable to Evacuate		Y; unless ALZ/Dementia facility
d. Restraints	Not allowed	Y
e. Beyond Capabilities		Y
f. Other	Unstable condition*	Bedfast, fails to pay bill, fails to comply with policies or bureau determines facility is unable to provide necessary care
10. PHYSICAL PLANT		
a. Maximum Occupancy/Unit	4 (existing or new facilities); 2 (new construction)	80 sq. ft./bed
b. Size of Unit (single occupancy)	100 sq. ft. (new construction); 80 sq. ft. (existing or new facilities)	60 sq. ft./resident, max 3 resident/room
c. Size of Unit (multiple occupancy)	80 sq. ft. (new construction); 60 sq. ft. (existing or new facilities) Apartments: 150 sq. ft. for 1 + 110 sq. ft. for each additional (new construction) Apartments: 120 sq. ft. for 1 + 100 sq. ft. for each additional (existing or new facilities)	1:4 residents
d. Toilet	1 adjoining each resident bedroom (new construction) 1:6 residents (existing); 1:4 (new facilities)	1:6 residents
e. Bath or Shower	1:8 residents (new facilities or new construction) 1:16 residents (existing)	Fire sprinkler system
f. Other	Detailed	N
11. CERTIFICATE OF NEED	N	Y
12. AGENCY (Licensure / Authority)	Department of Health & Human Services / Division of Public Health / Licensure Unit	Division of Public & Behavioral Health, Bureau of Health Care Quality & Compliance
13. MEDICAID WAIVER / STATE PLAN	Y	
14. NOTES	*with some exceptions	

The following categories are defined on pages 15 – 17.		
	NEW HAMPSHIRE	NEW JERSEY
1. CLASSIFICATION	Residential Care He-P 804 Supported Residential Care He-P 805	Assisted Living Residences
2. STATUTORY / REGULATORY REFERENCES	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>
3. MINIMUM SIZE	2+	4+
4. MANDATORY SERVICES		
a. ADL Care	Y; med. appts. & community activities	Y
b. Transportation	Assistance with arranging	Y
c. Laundry	Y	Y
d. Activities / Recreation	Y	Y
e. Arranging Health Related Services	Y	Y
f. Housekeeping	Y	Y
g. Medications Management	Y	Y
h. Monitoring	Y	Y
i. Other	3 meals/day	3 meals/day
5. PERMITTED SERVICES		
a. Assistance with Medications	Y	Y
b. Administer Medications	By licensed person or via nurse delegation	By qualified staff
c. Intermittent Nursing	Y	Y
d. Other	Home health & hospice	
6. REGULATED SUBJECTS		
a. Admission Agreements	Y	Y
b. Resident Funds	Y	Y
c. Care Plan	Resident Assessment Tool	Y; as needed
d. Medication Storage	Y	Y
e. Dietary Requirements	Y	Y
f. Other		Managed risk agreements
7. ADMINISTRATOR		
a. Education / Exam	< 16 beds: Bachelors + 1 yr / RN + 1 yr / Associates + 2 yrs / LPN + 2 yrs*	21+ yrs, HS or equivalent; exam
b. Continuing Education	12 hrs/yr	30 hrs per 3 yrs
c. Availability	Full time	Onsite: full-time 60+ beds, half time < 60
d. Other (Qualifications, etc.)	Depends on facility size	Criminal history background check
8. STAFFING LEVELS		
a. Staff: Resident Ratio	Determined by admin. based on service & size of facility	
b. Required Hours	1+ staff 24 hrs/day (awake if 9+ residents)	2+ staff on-site 24 hrs/day (1+ awake)
c. Licensed		A facility shall have at least one registered professional nurse available at all times
d. Other Qualifications	18+ yrs old, orientation & training	Training (direct care)
9. MANDATORY DISCHARGE		
a. Ongoing Nursing Care	Y; if need 24 hr nursing care	
b. Danger to Self / Others	Y; unless home can meet the needs	
c. Unable to Evacuate	Y; unless home built to Health Code	
d. Restraints	Y; limited usage allowed	
e. Beyond Capabilities	Y	
f. Other		Residents in need of specialized long-term care
10. PHYSICAL PLANT		
a. Maximum Occupancy/Unit	2 100 sq. ft. private	2 150 sq. ft.
b. Size of Unit (single occupancy)	160 sq. ft. semi-private	80 additional sq. ft. per resident
c. Size of Unit (multiple occupancy)	1:6 residents	1 per unit
d. Toilet	1:6 residents	1 per unit
e. Bath or Shower		Kitchenette; lockable door
f. Other	N	Y
11. CERTIFICATE OF NEED	N/A	Y
12. AGENCY (Licensure / Authority)	Department of Health & Human Services, Health Facilities – Administration Licensing	Department of Health
13. MEDICAID WAIVER / STATE PLAN	* > 17 beds: Bachelors + 2 yrs / RN + 2 yrs/ Associates + 4 yrs / CPN + 4 yrs	
14. NOTES		

The following categories are defined on pages 15 – 17.			NEW MEXICO	NEW YORK
1. CLASSIFICATION	Assisted Living Facilities for Adults		Assisted Living Residences*	
2. STATUTORY / REGULATORY REFERENCES	NM Stat. Ann. §§24-1-1 et seq.; 7 NMAC 8.2 et seq.		NY Public Health Law Article 46-B (§§4650-4663); NY Codes, R & Regs. Title 10, Part 1001 (§§1001.1-1001.16)	
3. MINIMUM SIZE	2+		5+	
4. MANDATORY SERVICES				
a. ADL Care	Y; supervise & assist		Y; supervise & assist	
b. Transportation	Y; or assistance in using (public)		Y; assist/arrange	
c. Laundry	Y		Y	
d. Activities / Recreation	Y		Y	
e. Arranging Health Related Services	Y		Y	
f. Housekeeping	Y		Y	
g. Medications Management	Y		Y	
h. Monitoring	Y		Y	
i. Other	3+ meals/day + snacks		Daily food, case management, and the development of Individualized Service Plan (ISP)	
5. PERMITTED SERVICES				
a. Assistance with Medications	Y		Y	
b. Administer Medications	By licensed staff		Limited injectables by licensed staff	
c. Intermittent Nursing	Y		Through licensed home care agency, certified home health agency, or directly via “enhanced ALR certifications”	
d. Other			“Enhanced/aging in place” and/or “special needs” services by additional certification.	
6. REGULATED SUBJECTS				
a. Admission Agreements	Y		Y; Detailed	
b. Resident Funds	Y		Y	
c. Care Plan	Y		Y; ISP	
d. Medication Storage	Y		Y	
e. Dietary Requirements	Y		Y	
f. Other			Respite	
7. ADMINISTRATOR				
a. Education / Exam	Complete state approved certification, program for AL administrators		HS or equivalent and 3+ years experience	
b. Continuing Education			60 hrs/2 yrs	
c. Availability			40 hrs/wk on-duty (if 25+ beds)	
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)	
8. STAFFING LEVELS				
a. Staff: Resident Ratio	1:15 (waking hours)*		Variable, specified case management functions	
b. Required Hours	Variable		Variable, specified for EALRs and SNALRs	
c. Licensed			Not required; Nursing services only allowed in EALR	
d. Other Qualifications	Y; Emergency amendment effective 3/26/20 has lowered the direct care staff hiring age to 17-years-old. On August 18, 2020, a rule hearing is scheduled to lower the age of hire to 16 years of age.			
9. MANDATORY DISCHARGE				
a. Ongoing Nursing Care	Y		Y; unless certified for EALR, MD/family approves	
b. Danger to Self / Others	Y		Y	
c. Unable to Evacuate	Y		Y; unless certified for EALR, MD/family approves	
d. Restraints			N/A	
e. Beyond Capabilities	Y; unless exception to retention in accordance with 7.8.2.20		Y	
f. Other			An operator shall not exclude an individual on the sole basis that the individual uses a wheelchair for mobility, and make reasonable accommodations to the extent necessary to admit such individuals consistent with the Americans with Disabilities Act of 1990 per 18 NY CRR Section 487.4(b); 488.4(b); and 494.4(b).	
10. PHYSICAL PLANT				
a. Maximum Occupancy/Unit	2		2	
b. Size of Unit (single occupancy)	100 sq. ft.		85 sq. ft.	
c. Size of Unit (multiple occupancy)	80 sq. ft.		140 sq. ft.	
d. Toilet	1:8		1:6 Adult homes, in each unit Enriched Housing Program	
e. Bath or Shower	1:8		1:10 Adult Homes, in each unit Enriched Housing Program	
f. Other	Furnishings, 1 toilet/bathing facility for disabled		Call system, sprinkler, smoke detection, handrails, smoke barriers	
11. CERTIFICATE OF NEED	N		N	
12. AGENCY (Licensure / Authority)	Department of Health, Division of Health Improvement, Health Facility Licensing & Certification		Department of Health	
13. MEDICAID WAIVER / STATE PLAN	Y		Y; State Plan Amendment for Assisted Living Program only	
14. NOTES	*Sleeping hours varies depending on facility size		Additional certification available for ALRs to become Enhanced ALRs or Special Needs ALRs	

The following categories are defined on pages 15 – 17.			NORTH CAROLINA	NORTH DAKOTA
1. CLASSIFICATION	Assisted Living – Adult Care Homes*		Assisted Living	
2. STATUTORY / REGULATORY REFERENCES	NC Gen. Stat. §§131D-2.1 <i>et seq.</i> NC Administrative Code Title 10A, Ch. 13 Sub-chapters F & G		ND Cent. Code §§50-32 <i>et seq.</i> and §§23-09 <i>et seq.</i> ; ND Administrative Code §§75-03.34	
3. MINIMUM SIZE	2 beds		5+	
4. MANDATORY SERVICES				
a. ADL Care	Y		Y	
b. Transportation	Y; or arrange			
c. Laundry	Y			
d. Activities / Recreation	Y			
e. Arranging Health Related Services	Y		Y	
f. Housekeeping	Y			
g. Medications Management	Y		Y	
h. Monitoring	Y			
i. Other	3 meals/day + snacks			
5. PERMITTED SERVICES				
a. Assistance with Medications	Y		Y	
b. Administer Medications	15 hrs training, RN validation & state exam		Y	
c. Intermittent Nursing	Only through contracted services or Home Health Agency.		Y	
d. Other				
6. REGULATED SUBJECTS				
a. Admission Agreements	Y		Y	
b. Resident Funds	Y			
c. Care Plan	Y + Assessments			
d. Medication Storage	Y		Y	
e. Dietary Requirements	Y			
f. Other	Licensed health professional support; activities; respite; medication administration			
7. ADMINISTRATOR				
a. Education / Exam	High school diploma, 2+ years college, Department of Health and Human Services can approve administrator-in-training program, written examination administered by Department (G.S. 90 Article 20A)			
b. Continuing Education	30 hours/2 years		Y, 12 hours/year	
c. Availability	Varies with size			
d. Other (Qualifications, etc.)	Y, Training requirements now same for both AL types - Family Care Homes and Adult Care Homes of 7+ beds. 30 CE hours / 2yrs. New rules addressing negative action against admin.			
8. STAFFING LEVELS				
a. Staff: Resident Ratio	Staffing Chart can be found at 10A NCAC 13F.0606			
b. Required Hours	Detailed			
c. Licensed				
d. Other Qualifications	Training, drug screening, criminal background check		Annual training required for direct care staff, background/reference checks	
9. MANDATORY DISCHARGE				
a. Ongoing Nursing Care	Y			
b. Danger to Self / Others	Y			
c. Unable to Evacuate	N			
d. Restraints	N			
e. Beyond Capabilities	Y			
f. Other	Various physical conditions; failure to pay		Facility is to develop tenancy criteria	
10. PHYSICAL PLANT				
a. Maximum Occupancy/Unit	2 for facilities licensed after July 1, 2004; otherwise 4			
b. Size of Unit (single occupancy)	100 sq. ft.			
c. Size of Unit (multiple occupancy)	80 sq. ft. per bed			
d. Toilet	1:5 residents			
e. Bath or Shower	1:10 residents			
f. Other	Detailed		Fire Life Safety Inspection. Annual common dining room & kitchen inspections	
11. CERTIFICATE OF NEED	Y; for homes of 7 or more residents		N	
12. AGENCY (Licensure / Authority)	Division of Health Service Regulation, Adult Care Licensure Section		Department of Human Services, Medical Services	
13. MEDICAID WAIVER / STATE PLAN	Y		N	
14. NOTES	*Rules under readoption phases through 2024 based on legislative mandate.			

The following categories are defined on pages 15 – 17.		
	OHIO	OKLAHOMA
1. CLASSIFICATION	Residential Care Facilities	Assisted Living Centers
2. STATUTORY / REGULATORY REFERENCES	OH Rev. Code Ann. §§3721.01 <i>et seq.</i> OAC 3701-16 <i>et seq.</i> , OAC Ann. 173-39-02.16	Title 63 OK Stat. §1-890 <i>et seq.</i> ; OAC §§310:663-1-1 <i>et seq.</i>
3. MINIMUM SIZE	3+	2+
4. MANDATORY SERVICES		
a. ADL Care	Y; facility may choose which services to provide	*
b. Transportation	Y	
c. Laundry	Or transport to laundromat	Y
d. Activities / Recreation	Y	*
e. Arranging Health Related Services		*
f. Housekeeping	Y	Y
g. Medications Management		*
h. Monitoring	Y	Y
i. Other		Meals*
5. PERMITTED SERVICES		
a. Assistance with Medications	Y	Y
b. Administer Medications	By licensed registered staff	Y
c. Intermittent Nursing	Y	Y
d. Other	Application of Dressing; Supervision of Special Diets	Home health, hospice, sitters, companions
6. REGULATED SUBJECTS		
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; if the facility admin meds	Y
e. Dietary Requirements	Y; if the facility is providing meals	Y
f. Other		Quality Assurance Committee
7. ADMINISTRATOR		
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	9 hrs CED annually	18 hrs/year
c. Availability	≥ 20 hrs/wk	
d. Other (Qualifications, etc.)		
8. STAFFING LEVELS		
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
9. MANDATORY DISCHARGE		
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	See OAC 3701-61 and OAC 3721.13 (A)(30)	Unable to meet residents needs for privacy and dignity
10. PHYSICAL PLANT		
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	Sprinkler system, resident activated call signal system	Lockable doors, individual temperature control
11. CERTIFICATE OF NEED	N	N
12. AGENCY (Licensure / Authority)	Department of Health, Division of Quality Assurance	State Department of Health, Long Term Care & Protective Services
13. MEDICAID WAIVER / STATE PLAN	Y	Y
14. NOTES	*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 15 – 17.			OREGON	PENNSYLVANIA
1. CLASSIFICATION		Assisted Living	Assisted Living Residences	
2. STATUTORY / REGULATORY REFERENCES		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>	
3. MINIMUM SIZE		6	4+	
4. MANDATORY SERVICES				
a. ADL Care		Y	Y	
b. Transportation		Y; or arrange	Arranging transportation	
c. Laundry		Y	Y; if SSI	
d. Activities / Recreation		Y	Y	
e. Arranging Health Related Services		Y	Y	
f. Housekeeping		Y	Y	
g. Medications Management		Y	Y	
h. Monitoring		Y	Y	
i. Other		3+ meals/day; financial mgmt	3+ meals/day, optional financial mgmt	
5. PERMITTED SERVICES				
a. Assistance with Medications		Y	Y	
b. Administer Medications		Y	Y	
c. Intermittent Nursing		Y	Y	
d. Other				
6. REGULATED SUBJECTS				
a. Admission Agreements			Y	
b. Resident Funds		Y	Y	
c. Care Plan		Y	Y	
d. Medication Storage		Y	Y	
e. Dietary Requirements		Y	Y	
f. Other		Full public disclosure	Staffing, physical site, restraint prohibition, per-admission and annual assessments: fire safety, rights, special care	
7. ADMINISTRATOR				
a. Education / Exam		HS or equivalent; 40 hr course	RN, Associates degree, LPN or NHA License	
b. Continuing Education		20 hrs/yr	24 hrs/yr	
c. Availability		40 hrs or designee	36 hours per week (30 must be during normal business hours) see 55 PA Code 2800.56(a)	
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	
8. STAFFING LEVELS				
a. Staff: Resident Ratio		Variable	1 hr/ day mobile, 2 hr/ day immobile, special care unit	
b. Required Hours		24 hr availability	24 hrs	
c. Licensed		RN on staff or contract	N	
d. Other Qualifications		Pre-service training (direct care staff)	Must have nurse all on call 24/7; must have dietician on staff or under contract	
9. MANDATORY DISCHARGE				
a. Ongoing Nursing Care			“Y, it would be beyond the scope of the license, see 55 PA Code 2800.228(h)(3); this is a permissible reason for discharge under the code	
b. Danger to Self / Others			Y, see 55 PA Code 2800.30(g); this is a permissible reason for discharge under the code	
c. Unable to Evacuate			N	
d. Restraints			N	
e. Beyond Capabilities			Y	
f. Other			Failure to pay	
10. PHYSICAL PLANT				
a. Maximum Occupancy/Unit		1	2	
b. Size of Unit (single occupancy)		220 sq. ft. (new construction)	225 sq. ft.	
c. Size of Unit (multiple occupancy)		220 sq. ft. (new construction)	300 sq. ft. total (150 sq. ft./person)	
d. Toilet		1 per unit	1 toilet/living unit, 1 public restroom	
e. Bath or Shower		1 per unit	1 tub or shower/living unit	
f. Other		Kitchen; storage space; telephone jack; lockable doors & storage space		
11. CERTIFICATE OF NEED		N	N	
12. AGENCY (Licensure / Authority)		Department of Aging and People with Disabilities	Department of Human Services, Human Services Licensing	
13. MEDICAID WAIVER / STATE PLAN		Y	Y	
14. NOTES			Special requirements for special care units.	

The following categories are defined on pages 15 – 17.

RHODE ISLAND

SOUTH CAROLINA

	Assisted Living Residences*	Community Residential Care Facilities
1. CLASSIFICATION		
2. STATUTORY / REGULATORY REFERENCES	RI Gen. Laws §§23-17.4-1 <i>et seq.</i> ; 216-RICR-40-10-2 Code of RI Rules	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
3. MINIMUM SIZE	6+	2+
4. MANDATORY SERVICES		
a. ADL Care	Y	Y
b. Transportation	N	Y; for medical appointments
c. Laundry	Y	Y
d. Activities / Recreation	Y	Y
e. Arranging Health Related Services	Y	Y
f. Housekeeping	Y	Y
g. Medications Management	Y	Y
h. Monitoring	Y	Y
i. Other	3+ meals/day	Money management
5. PERMITTED SERVICES		
a. Assistance with Medications	According to level of licensure	Y
b. Administer Medications	According to level of licensure	Y
c. Intermittent Nursing	45 days or less by an outside provider	Y; strict limits
d. Other		Y; money management (except private pay)
6. REGULATED SUBJECTS		
a. Admission Agreements	Y	Y
b. Resident Funds	Y	Y
c. Care Plan	Y	Y
d. Medication Storage	Y	Y
e. Dietary Requirements	Y	Y
f. Other		
7. ADMINISTRATOR		
a. Education / Exam	44 hrs course work; or RI nursing home licensure Certified by Department of Health	Based on LLR regulations/requirements
b. Continuing Education		Based on LLR Regulations/Requirements
c. Availability		Full time during "normal working hrs" (if 10+ beds)
d. Other (Qualifications, etc.)	Background check; may not be in charge of more than 3 residences with aggregate total of no more than 120 residents	
8. STAFFING LEVELS		
a. Staff: Resident Ratio	Sufficient to provide necessary care	1:8/building ("peak" hrs); 1:30/building (night)
b. Required Hours	At least one trained employee 24 hrs/day	1+ staff on active duty at all times
c. Licensed	RN visit once every 30 days	N
d. Other Qualifications	Background check; 18+ years old; training	Training
9. MANDATORY DISCHARGE		
a. Ongoing Nursing Care	Y	Y
b. Danger to Self / Others	Y	Y
c. Unable to Evacuate	Depending on level of licensure	Y
d. Restraints	Y	Y; if continuous
e. Beyond Capabilities	Y	Y
f. Other	Capable of self-preservation in emergency unless facility meets stringent life safety code	
10. PHYSICAL PLANT		
a. Maximum Occupancy/Unit	2	3
b. Size of Unit (single occupancy)	100 sq. ft. in area, 8 ft. wide	100 sq. ft.
c. Size of Unit (multiple occupancy)	160 sq. ft. in area, 10 ft. wide	80 sq. ft./bed
d. Toilet	1:8 beds	1:6 licensed beds
e. Bath or Shower	1:10 beds	1:8 licensed beds
f. Other	One window per bedroom; locked area for safe keeping of personal possessions	Detailed
11. CERTIFICATE OF NEED	N	N
12. AGENCY (Licensure / Authority)	Department of Health	Department of Health & Environmental Control, Bureau of Health Facilities Licensing
13. MEDICAID WAIVER / STATE PLAN	Y	Y
14. NOTES	*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 15 – 17.			SOUTH DAKOTA	TENNESSEE
1. CLASSIFICATION		Assisted Living Center	Assisted-Care Living Facilities	
2. STATUTORY / REGULATORY REFERENCES		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>	
3. MINIMUM SIZE		1+	1+	
4. MANDATORY SERVICES				
a. ADL Care		Y	Y	
b. Transportation				
c. Laundry		Y	Y	
d. Activities / Recreation		Y	Y	
e. Arranging Health Related Services		Y		
f. Housekeeping		Y	Y	
g. Medications Management		Y	Y	
h. Monitoring		Y	Y	
i. Other		3 meals/day	3 meals/day	
5. PERMITTED SERVICES				
a. Assistance with Medications		Y	Y	
b. Administer Medications		Y*	By licensed professional	
c. Intermittent Nursing		Y; strict limits	Y; with limits	
d. Other			Y	
6. REGULATED SUBJECTS				
a. Admission Agreements		Y	Y	
b. Resident Funds		Y	Y	
c. Care Plan		Y	Y	
d. Medication Storage		Y	Y	
e. Dietary Requirements		Y	Y	
f. Other		Infection Control, Quality Assurance, Professional Standards of Care	Disposition of medication, secured unit	
7. ADMINISTRATOR				
a. Education / Exam		Licensed health professional or HS/GED & CNA or course approved by DOH	HS or GED	
b. Continuing Education			24 hrs/2 yrs	
c. Availability		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	
8. STAFFING LEVELS				
a. Staff: Resident Ratio		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		Min. 0.8 hrs. direct resident care per resident in 24 hrs		
c. Licensed			Available as needed	
d. Other Qualifications		Training	Annual in-service training for secured unit staff	
9. MANDATORY DISCHARGE				
a. Ongoing Nursing Care		Y	Y	
b. Danger to Self / Others		Y	Y	
c. Unable to Evacuate			Y; if unable to evacuate in 13 min.	
d. Restraints		Y	Y	
e. Beyond Capabilities		Y	Y	
f. Other		Various	Various health related conditions	
10. PHYSICAL PLANT				
a. Maximum Occupancy/Unit		2	2	
b. Size of Unit (single occupancy)		120 sq. ft. (new)	80 sq. ft./resident	
c. Size of Unit (multiple occupancy)		200 sq. ft. (double occupancy) (new)	80 sq. ft./resident	
d. Toilet		Attached toilet to resident room	1:6 persons	
e. Bath or Shower		1:15 residents	1:6 persons	
f. Other			Furnishings; detailed fire safety	
11. CERTIFICATE OF NEED		N	N	
12. AGENCY (Licensure / Authority)		Department of Health, Office of Health Care Facilities Licensure & Certification	Department of Health, Division of Health Licensure & Regulation Office of Health Care Facilities	
13. MEDICAID WAIVER / STATE PLAN		Y; State Funds	Y; AL is now a service of Home & Community based service waiver. Does not include home and board.	
14. NOTES		*But facility must contract with RN for supervision and review and with RN or pharmacist for training.		

The following categories are defined on pages 15 – 17.			TEXAS	UTAH
1. CLASSIFICATION	Assisted Living Facilities		Assisted Living Facilities	
2. STATUTORY / REGULATORY REFERENCES	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 R432-270	
3. MINIMUM SIZE	4+		2+	
4. MANDATORY SERVICES				
a. ADL Care	Y		Y	
b. Transportation			Make Arrangements	
c. Laundry	Y		Y	
d. Activities / Recreation	Y		Y	
e. Arranging Health Related Services			Y	
f. Housekeeping			Y	
g. Medications Management	Y		Y	
h. Monitoring	Y		Y	
i. Other	3+ meals/day		3+ meals/day	
5. PERMITTED SERVICES				
a. Assistance with Medications	Y		Y	
b. Administer Medications	By licensed staff*		Supervised by RN	
c. Intermittent Nursing			Y; not skilled nursing but may arrange skilled nursing	
d. Other	Limited skilled nursing services permitted. Temporary skilled nursing services for minor illness, injury or emergency, up to 30 days.			
6. REGULATED SUBJECTS				
a. Admission Agreements	Y		Y	
b. Resident Funds	Ltd.		Y	
c. Care Plan	Y		Y	
d. Medication Storage	Y		Y	
e. Dietary Requirements	Y		Y	
f. Other				
7. ADMINISTRATOR				
a. Education / Exam	HS or equivalent (More if large facility)		Various combinations of education and experience	
b. Continuing Education	12 hrs/yr			
c. Availability	40 hrs/wk		On premise a sufficient number of hrs	
d. Other (Qualifications, etc.)	24 hr training		Criminal background screening.	
8. STAFFING LEVELS				
a. Staff: Resident Ratio			Sufficient numbers to meet scheduled and unscheduled needs	
b. Required Hours	Night shift staff immediately available/awake		24 hrs/day (direct care personnel)	
c. Licensed			Type I: none, Type II: CNA	
d. Other Qualifications	Direct care: 6 hrs ed./yr (1 hr must cover behavior management) (1 hr must cover fall prevention)		In-service training	
9. MANDATORY DISCHARGE				
a. Ongoing Nursing Care	Y		Y	
b. Danger to Self / Others	Y		Y	
c. Unable to Evacuate	Type A Facilities		Y; unless resident is on Hospice.	
d. Restraints			Y	
e. Beyond Capabilities	Y		Y	
f. Other			TB or other communicable diseases	
10. PHYSICAL PLANT				
a. Maximum Occupancy/Unit	4		2	
b. Size of Unit (single occupancy)	Type A: 80 sq. ft.; Type B: 100 sq. ft.		Type I: 100, Type II: 120 sq. ft.*	
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.*	
d. Toilet	1:6 residents		1:4 residents	
e. Bath or Shower	1:10 residents		1:10 residents	
f. Other	Effective January 6, 2014, 2000 NFPA was implemented.		Detailed requirements	
11. CERTIFICATE OF NEED	N		N	
12. AGENCY (Licensure / Authority)	Health and Human Services Commission		Bureau of Licensing & Certification	
13. MEDICAID WAIVER / STATE PLAN	Y		Y; New Choices waiver for specific services	
14. NOTES	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.	

The following categories are defined on pages 15 – 17.			VERMONT	VIRGINIA
1. CLASSIFICATION		Assisted Living Residence	Assisted Living Facilities (ALF)	
2. STATUTORY / REGULATORY REFERENCES		33 VSA §7102 (10) (11)	VA Code §§63.2-100 and Chapters 17 and 18 of Title 63.2, VA Administrative Code 22 VAC 40-73	
3. MINIMUM SIZE		3+	4	
4. MANDATORY SERVICES				
a. ADL Care		Y	Y	
b. Transportation		Y	Assistance arranging	
c. Laundry		Y	Y	
d. Activities / Recreation		Y	Y	
e. Arranging Health Related Services		Y	Y	
f. Housekeeping		Y	Y	
g. Medications Management		Y	Y	
h. Monitoring		Y	Y	
i. Other		Social Services	3 meals/day, special diets, snacks	
5. PERMITTED SERVICES				
a. Assistance with Medications		Y	Y	
b. Administer Medications		Y	By licensed or registered staff	
c. Intermittent Nursing		Y	Y	
d. Other			Hospice and Home Health	
6. REGULATED SUBJECTS				
a. Admission Agreements		Y	Y	
b. Resident Funds		Y	Y	
c. Care Plan		Y	Y	
d. Medication Storage		Y	Y	
e. Dietary Requirements		Y	Y	
f. Other		Uniform Consumer Disclosure	Resident rights	
7. ADMINISTRATOR				
a. Education / Exam		State-approved certification course or required education and/or experience	Licensure as assisted living facility or nursing home administrator*	
b. Continuing Education		12+ hrs/yr	20hrs/yr	
c. Availability		Present on average. 32 hrs/wk	Responsible on full-time basis for administration and management*	
d. Other (Qualifications, etc.)		May not have a substantiated charge of abuse, neglect or exploitation	Must pass criminal background check	
8. STAFFING LEVELS				
a. Staff: Resident Ratio		1 staff member at all times	Min. 1 staff person – staff must be adequate in numbers, knowledge, skills & abilities **	
b. Required Hours		15+ residents: 1 staff member awake all times	1+ staff awake 24 hrs/day	
c. Licensed		Nursing overview must be provided by an RN	To provide some services	
d. Other Qualifications		12+ hrs training/yr & dementia care for Direct Care Staff	There are specified staff qualifications/training. Must pass criminal background check.	
9. MANDATORY DISCHARGE				
a. Ongoing Nursing Care		N	Continuous licensed nursing care	
b. Danger to Self / Others		If danger cannot be managed	Y	
c. Unable to Evacuate		N/A	Depends upon use & occupancy classification	
d. Restraints		Restraints are not permitted		
e. Beyond Capabilities		Y; as detailed in VT AL regulations	Y	
f. Other		Failure to pay monthly charges	Certain health-related conditions	
10. PHYSICAL PLANT				
a. Maximum Occupancy/Unit		Per certificate of occupancy; all units are private	2 to 4, depending on date of construction or change in use, or when new licensee	
b. Size of Unit (single occupancy)		Varies	100 sq. ft. (new construction or change in use) 80 sq. ft. (otherwise)	
c. Size of Unit (multiple occupancy)		Varies	80 sq. ft. per resident (new construction or change in use), 60 sq. ft. per resident (otherwise)	
d. Toilet		Y; private	1:4 residents (new or change in use) 1:7 otherwise	
e. Bath or Shower		Y; private	1:7 residents (new or change in use) 1:10 otherwise	
f. Other		ERS, individual temp control ADAAG conformance	Window	
11. CERTIFICATE OF NEED		N	N	
12. AGENCY (Licensure / Authority)		Department of Disabilities, Aging, and Independent Living	Department of Social Services, Division of Licensing Programs	
13. MEDICAID WAIVER / STATE PLAN		Y	N	
14. NOTES		Distinct AL Regulations were finalized in 2003.	*Residential level of care has different requirements. **Different staffing requirements for residents with dementia	

The following categories are defined on pages 15 – 17.		
	WASHINGTON	WEST VIRGINIA
1. CLASSIFICATION	Assisted Living Facilities (ALF)	Assisted Living Residences ALR
2. STATUTORY / REGULATORY REFERENCES	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> WV 64 CSR 14
3. MINIMUM SIZE	7+ residents if licensed after July 1, 2000	4+
4. MANDATORY SERVICES		
a. ADL Care	N*, see Notes section below	Y
b. Transportation	Assistance arranging	Assistance arranging
c. Laundry	Y	Y
d. Activities / Recreation	Y, Medication Assistance added to Activities of Daily Living per legislation mandate.	7 hrs/wk at a minimum
e. Arranging Health Related Services	Y	Y
f. Housekeeping	Y	Y
g. Medications Management	Assistance with medications	Y
h. Monitoring	Y	Y
i. Other	3 meals; prescribed diets, emergency assistance, coordination with health care providers.	3 meals/day + snacks
5. PERMITTED SERVICES		
a. Assistance with Medications	Y	Y
b. Administer Medications	Y	Y
c. Intermittent Nursing	Y	Y
d. Other	Assistance with ADL's, day care, transportation, dementia, mental illness and developmental disabilities	Hospice & Home Health
6. REGULATED SUBJECTS		
a. Admission Agreements	Y	Y
b. Resident Funds	Y	Y
c. Care Plan	Y	Y
d. Medication Storage	Y	Y
e. Dietary Requirements	Y	Y
f. Other	Resident rights, resident assessments, negotiated service agreements, staff training	Personnel education/training records
7. ADMINISTRATOR		
a. Education / Exam	Multiple combination of education, training and experience	A.S. in related field for large ALR; HS or equivalent for small ALR
b. Continuing Education	Per WAC 388-112: at least 12 hrs/yr	8 hrs/yr
c. Availability	Available on call or designates a qualified person	Available or have someone designated in charge
d. Other (Qualifications, etc.)	Must pass criminal history background check and complete required training	Must pass criminal background check
8. STAFFING LEVELS		
a. Staff: Resident Ratio	Min. 1 staff person – must have sufficient trained staff	Min. 1 staff person – must have adequate staff to meet care needs
b. Required Hours	Min. 1 staff to assist residents onsite and for ALF activities off-site	1+ staff 24 hrs/day and additional 1 [staff]: 10 [resident] day shift; 1:15 evening shift; 1:18 night shift (64CSR14 4.4.1.a-c)
c. Licensed	Depends on position.	Employ or contract with RN
d. Other Qualifications	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
9. MANDATORY DISCHARGE		
a. Ongoing Nursing Care	Requires the frequent presence and evaluation of RN	Exceeding limited and intermittent nursing care
b. Danger to Self / Others	Y	Y
c. Unable to Evacuate	In certain building construction types	
d. Restraints		
e. Beyond Capabilities	Y	Y
f. Other	Facility cease to operate	
10. PHYSICAL PLANT		
a. Maximum Occupancy/Unit	2 to 4, depending on date of construction or change in use	3 (existing); 2 (new)
b. Size of Unit (single occupancy)	80 sq. ft.	100 sq. ft.
c. Size of Unit (multiple occupancy)	70 sq. ft. (per resident)	60–80 sq. ft. (existing); 90 sq. ft. (new)
d. Toilet	Minimum 1:8 residents	1:6 residents
e. Bath or Shower	Minimum 1:12 residents	1:10 residents
f. Other	Window	Windows; furnishings; sprinkler and fire alarm system
11. CERTIFICATE OF NEED	N	N (not required for AL)
12. AGENCY (Licensure / Authority)	Department of Social & Health Services, Aging & Long Term Support	Office of Health Facility Licensure & Certification (OHFLAC)
13. MEDICAID WAIVER / STATE PLAN	Y	N
14. NOTES	RCW 18.20.320(1) states that ALFs are not required to provide assistance with one or more ADL. RCW 18.20.320(2) then says if the licensee chooses to provide assistance, they must provide at least minimal assistance with all ADL, consistent with reasonable accommodation requirements in state/federal laws.	AL law is currently in legislative session. There may be changes for 2020.

The following categories are defined on pages 15 – 17.		
	WISCONSIN	WYOMING
1. CLASSIFICATION	Community Based Residential Facilities	Assisted Living Facilities
2. STATUTORY / REGULATORY REFERENCES	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. Wyoming Administrative Rules Chapter 12 Section 6 to current references
3. MINIMUM SIZE	5	
4. MANDATORY SERVICES		
a. ADL Care	Y	Y
b. Transportation	Y; or arrange	Y; Assistance
c. Laundry	Y	Y
d. Activities / Recreation	Y	Y
e. Arranging Health Related Services	Y	Y
f. Housekeeping	Y	Y
g. Medications Management	Y	Y
h. Monitoring	Y	Y
i. Other	3+ meals/day	Several other services
5. PERMITTED SERVICES		
a. Assistance with Medications	Y	Y
b. Administer Medications	Y; med. management training required	By licensed staff
c. Intermittent Nursing	Y	Y
d. Other		Other contracted services
6. REGULATED SUBJECTS		
a. Admission Agreements	Y	Y
b. Resident Funds	Y	Y
c. Care Plan	Y	Y
d. Medication Storage	Y	Y
e. Dietary Requirements	Y	Y
f. Other	Structural, life safety, resident rights, staff training	Resident rights, life safety, staff education and training, construction
7. ADMINISTRATOR		
a. Education / Exam	Associate degree or higher health care or BS in other with experience or WI AL Administrator Course	48 semester hours of post-secondary education in healthcare related field from an accredited college or institution. Has at least 2 years experience working with elderly or disabled individuals. (Wyoming Administrative Rules Chapter 12 Section 6(a)(j)(K)(L)(I))
b. Continuing Education	15 hrs	Y, Level 2 Administrator must complete 16 CE credit hours annually.
c. Availability	24 hrs or delegate	24 hrs or delegate
d. Other (Qualifications, etc.)	Resident care staff required training	All staff of the facility shall complete, as a minimum, a DCI fingerprint background check and a Department of Family Services Central Registry Screening before resident contact. (Wyoming Administrative Rules Chapter 12 Section 6(c))
8. STAFFING LEVELS		
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
c. Licensed	Department approved training	Level 2: Licensed nurse all shifts
d. Other Qualifications	Caregiver background checks, Initial training; continuing education for care staff	Level 2: Additional documented training R/T Cognitive impairment, ADLs, behaviors
9. MANDATORY DISCHARGE		
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
10. PHYSICAL PLANT		
a. Maximum Occupancy/Unit	2	2
b. Size of Unit (single occupancy)	100 sq. ft.	120 sq. ft.
c. Size of Unit (multiple occupancy)	80 sq. ft./bed	80 sq. ft./bed
d. Toilet	1:10	1:2 beds
e. Bath or Shower	1:10	1:10 beds
f. Other	Additional requirements for large facilities	Detailed
11. CERTIFICATE OF NEED	N	N
12. AGENCY (Licensure / Authority)	Department of Health Services, Division of Quality Assurance, Bureau of Assisted Living	Department of Health, Aging Division, Healthcare Licensure & Surveys
13. MEDICAID WAIVER / STATE PLAN	HCBS regulations	Y
14. NOTES	Separate Categories for Residential Care Apartment Complex & Adult Family Home regulations online at website https://www.dhs.wisconsin.gov/guide/assisted-living.htm	Level 2 facility may have secure unit for dementia residents

The following categories are defined on pages 15 – 17.		WASHINGTON D.C.
1. CLASSIFICATION	Assisted Living Residences	
2. STATUTORY / REGULATORY REFERENCES	DC ST 44-101.01 – 44-114.01; Title 22-B DCMR Ch. 101	
3. MINIMUM SIZE		
4. MANDATORY SERVICES		
a. ADL Care	Y	
b. Transportation	Y; or arrange	
c. Laundry	Y	
d. Activities / Recreation	Y	
e. Arranging Health Related Services	Y	
f. Housekeeping	Y	
g. Medications Management	Y	
h. Monitoring	Y	
i. Other	3+ meals/day ; 24 hour supervision & oversight; variety of fresh and seasonal foods	
5. PERMITTED SERVICES		
a. Assistance with Medications	Y; med. management certification/license required	
b. Administer Medications	Y; med. management certification/license required	
c. Intermittent Nursing	Y	
d. Other	Other contracted services	
6. REGULATED SUBJECTS		
a. Admission Agreements	Y	
b. Resident Funds	Y	
c. Care Plan	Y	
d. Medication Storage	Y	
e. Dietary Requirements	Y	
f. Other	Structure, Life Safety Resident's Rights, Staff training	
7. ADMINISTRATOR		
a. Education / Exam	HS or GED	
b. Continuing Education	12 hrs/yr	
c. Availability	24 hrs or delegate	
d. Other (Qualifications, etc.)	Experience as a Direct Care Provider or Administrator for at least one of the past three years; 21+ years old; satisfactory knowledge	
8. STAFFING LEVELS		
a. Staff: Resident Ratio		
b. Required Hours	1+ staff/24 hours with first aid and CPR	
c. Licensed	All staff must possess current/ appropriate license/certification	
d. Other Qualifications	Background check, 21+ years old; satisfactory knowledge; initial/ongoing training; continuing education	
9. MANDATORY DISCHARGE		
a. Ongoing Nursing Care	Y	
b. Danger to Self / Others	Y	
c. Unable to Evacuate		
d. Restraints		
e. Beyond Capabilities	Y	
f. Other	Stage 3 or 4 skin ulcers; ventilator; active/infectious/reportable disease or disease/ condition that requires more than contact isolation	
10. PHYSICAL PLANT		
a. Maximum Occupancy/Unit	2	
b. Size of Unit (single occupancy)	70 sq. ft./ 80 sq. ft.*	
c. Size of Unit (multiple occupancy)	100 sq. ft./120 sq. ft.*	
d. Toilet	1:6	
e. Bath or Shower	1:6	
f. Other	Furnishings	
11. CERTIFICATE OF NEED	N	
12. AGENCY (Licensure / Authority)	Department of Health, Health Regulation and Licensing Administration	
13. MEDICAID WAIVER / STATE PLAN	N	
14. NOTES	*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 **For Life (a) / 1 Year (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. **Entrance Fee Required:** Statute applies only when there is some form of entrance fee.
- d. **Priority Admission:** Priority admission to services, even if not prepaid, triggers licensure.
- e & f **Health/Health-related Services (e) / Personal Care (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 Statement:** Disclosure to residents or state of various information about the provider and/or project plans.
- b. **Financials:** Financial statements or budgets required to be submitted to the state.
- c,d & e **Financial Feasibility Study (c); Actuarial Study (d); Market Study (e):** These studies are required to be submitted to the state; may contain overlapping information depending on state definitions.
- f. **Accreditation in lieu of Regulation:** Accreditation accepted in lieu of state review; may be subject to agency discretion.

3. **Escrow of Fees:**

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

4. **Additional Presales:** (See 3bi for presales required for escrow release)
 - a. **To Begin Development:** Presales required to begin development or license application; expressed as a percentage of entrance fees from a percentage of units.
 - b. **For Final Certification:** Presales required to obtain final certification; expressed as a percentage of entrance fees from a percentage of units.
5. **Reserves:**
 - a. **P & I:** Required reserve of principal and interest payments or other real property expenses for facility; expressed in months of payments.
 - b. **Percent of Deposits:** Reserve calculated as percentage of deposits received from residents.
 - c. **Operating Costs:** Reserves measured by costs of operation.
 - d. **For Refunds:** 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. **Financial Report:** When operator's financial report must be given to residents.
 - b. **Public Inspection of Filings:** License statute provides specifically for public inspection of licensee's filings with state; most other states may permit this by reason of other general statutes.
8. **Contract Terms:**
 - a. **Submit Form:** Contract form must be submitted to state.
 - b. **Detailed Contents:** Statute sets forth detailed requirements for the contents of contracts; for example, services offered, fees, cancellation, terminations for cause, consequences of death, etc.
 - c. **Rescission Period:** Statute provides for period in which resident can rescind contract without penalty, usually measured after contract execution or commencement of occupancy.
 - d. **Refunds in General:** 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. **Required Amortization of Refund:** Statute sets forth a refund schedule based on resident length of stay (usually after rescission period).
 - f. **Refund Requirement if Resident Dies Before Occupancy:** Full refund required if resident dies before taking occupancy, sometime less actual cost of care, or a fixed or percentage charge.
9. **Advertising:**
 - a. **Prior Approval:** 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. **Sponsor Liability:** 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. **Association:** Provision for resident right to organize in an association.
- b. **Meeting with Management:** 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. **For Residents:** A statutory lien is or may be established against facility assets to secure obligations to residents.
- b. **Subordinated to Priors:** 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.

13. **Notes**

The following categories are defined on pages 44 – 46.	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>
1. DEFINITION			
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
2. APPLICATION			
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			
3. ESCROW OF FEES			
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
4. ADDITIONAL PRESALES			
a. To begin development			10% from 50%
b. For final certification			100% from 80%; alternatives
5. RESERVES			
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
6. SURETY BONDS			If necessary
7. DISCLOSURE TO RESIDENTS			
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
8. CONTRACT TERMS			
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	Y
e. Required amortization of refund			
f. Full refund if res. dies before occupancy			Less costs unless otherwise agreed
9. ADVERTISING			
a. Prior approval			Submit only
b. Sponsor liability		Y	Y
10. RESIDENT'S RIGHT TO ORGANIZE			
a. Association			Y
b. Meetings with owner		Y	Y
11. LIENS			
a. For residents	Y	Y	If necessary
b. Subordinated to priors	Y	Y	Y
12. AGENCY	Department of Insurance and Financial Institutions	Insurance Department	Department of Social Services
13. NOTES	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 44 – 46.			
	COLORADO	CONNECTICUT	DELAWARE
	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>
1. DEFINITION			
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	
2. APPLICATION			
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			
3. ESCROW OF FEES			
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	
4. ADDITIONAL PRESALES			
a. To begin development		50% sales + \$10,000 minimum deposit	
b. For final certification			
5. RESERVES			
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			
6. SURETY BONDS	Effective Sept. 2019, accept for review / approval	Construction only	
7. DISCLOSURE TO RESIDENTS			
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
8. CONTRACT TERMS			
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	
9. ADVERTISING			
a. Prior approval			
b. Sponsor liability	Y		
10. RESIDENT'S RIGHT TO ORGANIZE			
a. Association		Y, 17b-5236	
b. Meetings with owner		Y, 17b-5236	
11. LIENS			
a. For residents	Y		
b. Subordinated to priors	Y		
12. AGENCY	Department of Regulatory Agencies/ Division of Financial Services	Department of Social Services	Secretary of State
13. NOTES			

The following categories are defined on pages 44 – 46.

	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. 37 §§26-3701 et seq.
1. DEFINITION			
a. For life	Any duration	Any duration	Any duration
b. 1 year	Any duration	Any duration	Any duration
c. Entrance fee required	Y	Y	Y
d. Priority admission			
e. Health / health-related services	Y	Y	Y
f. Personal care	Y	Y	
2. APPLICATION			
a. Disclosure statement	Y	Y; Annual Statement	Y
b. Financials	Y	Y	Y
c. Financial feasibility study	Y		
d. Actuarial study	Y; Included in feasibility study; required for continuing care at-home contracts	Y (GA Comp R + Regs 120-2-51-04(3)(c))	Y
e. Market study	Y; Included in feasibility study		
f. Accreditation in lieu of regulation			
3. ESCROW OF FEES			
a. Required	Y	Y	Y
b. Basis for release		7 days only	
i. Presales	70%	10% from 50%	
ii. Funds		90% of costs	90% of costs
iii. Construction	Completed	Completed	Completed
iv. Financing	Commitment	Commitment	Commitment
4. ADDITIONAL PRESALES			
a. To begin development	30% to apply for license		
b. For final certification	50% of presales for certification		
5. RESERVES			
a. P & I	1 yr		
b. Percent of deposits			
c. Operating costs	30% of annual	25% of annual	
d. For refunds			
6. SURETY BONDS		N	Y
7. DISCLOSURE TO RESIDENTS			
a. Financial report	Posting	Posting and earlier of: before signing/before payment	Before signing
b. Public inspection of filings	Y	Y	
8. CONTRACT TERMS			
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
9. ADVERTISING			
a. Prior approval	Y; until license issued		
b. Sponsor liability	Y	Y	
10. RESIDENT'S RIGHT TO ORGANIZE			
a. Association	Y		
b. Meetings with owner	Quarterly; limited board access residents may be allowed as voting board member (Oct. 2015)		
11. LIENS			
a. For residents	Preferred claim		
b. Subordinated to priors	Y		
12. AGENCY	Office of Insurance Regulation	Department of Insurance	Department of Finance
13. NOTES	Revised CH. 651 takes effect on January 1, 2020		

The following categories are defined on pages 44 – 46.			
	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.
1. DEFINITION			
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
2. APPLICATION			
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			
3. ESCROW OF FEES			
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	
4. ADDITIONAL PRESALES			
a. To begin development			10% from 50%
b. For final certification			
5. RESERVES			
a. P & I	6 months		
b. Percent of deposits			
c. Operating costs			
d. For refunds			
6. SURETY BONDS			
7. DISCLOSURE TO RESIDENTS			
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
8. CONTRACT TERMS			
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
9. ADVERTISING			
a. Prior approval			
b. Sponsor liability		Y	Y
10. RESIDENT'S RIGHT TO ORGANIZE			
a. Association			Y
b. Meetings with owner			
11. LIENS			
a. For residents			
b. Subordinated to priors			
12. AGENCY	Department of Public Health	Secretary of State, Securities Division	Insurance Division
13. NOTES			

The following categories are defined on pages 44 – 46.	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>
1. DEFINITION			
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
2. APPLICATION			
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			
3. ESCROW OF FEES			
a. Required			Or security
b. Basis for release			
i. Presales			
ii. Funds			50% of costs
iii. Construction			
iv. Financing			
4. ADDITIONAL PRESALES			
a. To begin development			
b. For final certification			
5. RESERVES			
a. P & I			
b. Percent of deposits			
c. Operating costs			
d. For refunds			
6. SURETY BONDS			
7. DISCLOSURE TO RESIDENTS			
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
8. CONTRACT TERMS			
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
9. ADVERTISING			
a. Prior approval			Filing only
b. Sponsor liability			Y
10. RESIDENT'S RIGHT TO ORGANIZE			
a. Association			Y
b. Meetings with owner			Quarterly
11. LIENS			
a. For residents			
b. Subordinated to priors			
12. AGENCY	Department of Insurance	Cabinet for Health & Family Services, Office of Inspector General Division of Certificate of Need	Department of Health, Health Standards Section
13. NOTES		CCRC application through Division of Certificate of Need	

The following categories are defined on pages 44 – 46.			
	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.
1. DEFINITION			
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	
2. APPLICATION			
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			
3. ESCROW OF FEES			
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	
4. ADDITIONAL PRESALES			
a. To begin development			
b. For final certification	10% from 70% or 25% from 60%	10% from 65%	
5. RESERVES			
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, but percentage increasing to 25% beginning January 1, 2023	
d. For refunds			
6. SURETY BONDS	If necessary		
7. DISCLOSURE TO RESIDENTS			
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	
8. CONTRACT TERMS			
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
9. ADVERTISING			
a. Prior approval	During application process	Y	Filing only
b. Sponsor liability		Y, in contract	
10. RESIDENT'S RIGHT TO ORGANIZE			
a. Association	Y	Y	Y
b. Meetings with owner	Quarterly	Y	
11. LIENS			
a. For residents			
b. Subordinated to priors			
12. AGENCY	Bureau of Insurance	Department of Aging	Executive Office of Elder Affairs
13. NOTES			

The following categories are defined on pages 44 – 46.	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
1. DEFINITION			
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		
2. APPLICATION			
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			
3. ESCROW OF FEES			
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	
4. ADDITIONAL PRESALES			
a. To begin development			
b. For final certification			
5. RESERVES			
a. P & I		1 yr	
b. Percent of deposits			
c. Operating costs			
d. For refunds			
6. SURETY BONDS	If necessary		
7. DISCLOSURE TO RESIDENTS			
a. Financial report	Y; before signing & annually upon request	Before signing and annually	
b. Public inspection of filings	Y		
8. CONTRACT TERMS			
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	
9. ADVERTISING			
a. Prior approval	Y		
b. Sponsor liability		Y	
10. RESIDENT'S RIGHT TO ORGANIZE			
a. Association		Y	
b. Meetings with owner	Non-voting Board seat	Y	
11. LIENS			
a. For residents		Y	
b. Subordinated to priors		N	
12. AGENCY	Department of Licensing & Regulatory Affairs	Disclosure statement filed with county recorder	Department of Health
13. NOTES	Classification: MCL554.901-554.993		

The following categories are defined on pages 44 – 46.			
	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>
1. DEFINITION			
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			
2. APPLICATION			
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			
3. ESCROW OF FEES			
a. Required	Y	Or bond, negotiable securities, or letter of credit	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
4. ADDITIONAL PRESALES			
a. To begin development			
b. For final certification			
5. RESERVES			
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	
6. SURETY BONDS			If necessary
7. DISCLOSURE TO RESIDENTS			
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
8. CONTRACT TERMS			
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
9. ADVERTISING			
a. Prior approval			Y; all advertising requires approval
b. Sponsor liability			
10. RESIDENT'S RIGHT TO ORGANIZE			
a. Association		Y	Y
b. Meetings with owner	Board seat	Quarterly	Quarterly
11. LIENS			
a. For residents		If necessary	If necessary
b. Subordinated to priors			Y
12. AGENCY	Department of Insurance	Insurance Department	Department of Community Affairs, Bureau of Homeowner Protection
13. NOTES			

The following categories are defined on pages 44 – 46.	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>
1. DEFINITION			
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
2. APPLICATION			
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			
3. ESCROW OF FEES			
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
4. ADDITIONAL PRESALES			
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%	
5. RESERVES			
a. P & I		1 yr	
b. Percent of deposits			
c. Operating costs		6 mos. operating; 1 yr repairs	50% of annual
d. For refunds			
6. SURETY BONDS			
7. DISCLOSURE TO RESIDENTS			
a. Financial report	7 days before signing and annual	Before deposit or signing	Before deposit or signing
b. Public inspection of filings	Y		
8. CONTRACT TERMS			
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
9. ADVERTISING			
a. Prior approval		Y	Y
b. Sponsor liability			
10. RESIDENT'S RIGHT TO ORGANIZE			
a. Association	Y	Y	Y
b. Meetings with owner	Quarterly	Quarterly	Semi-Annually
11. LIENS			
a. For residents			Y
b. Subordinated to priors			Y
12. AGENCY	Aging and Long-Term Services, Department & Attorney General	Department of Health	Department of Insurance
13. NOTES			

The following categories are defined on pages 44 – 46.			
	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>
1. DEFINITION			
a. For life	Y; greater than 1 yr.		
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		
2. APPLICATION			
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
3. ESCROW OF FEES			
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
4. ADDITIONAL PRESALES			
a. To begin development			
b. For final certification			
5. RESERVES			
a. P & I	Y; as set forth OK statutes	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			
6. SURETY BONDS			
7. DISCLOSURE TO RESIDENTS			
a. Financial report		Y	Before signing and annually
b. Public inspection of filings	Open Records Act		Y
8. CONTRACT TERMS			
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
9. ADVERTISING			
a. Prior approval	Y	Y; filing only	
b. Sponsor liability			
10. RESIDENT'S RIGHT TO ORGANIZE			
a. Association	Y	Y	Y
b. Meetings with owner	As desired	Semiannually	Quarterly
11. LIENS			
a. For residents			If necessary
b. Subordinated to priors			Y
12. AGENCY	Department of Health	Department of Human Services – Seniors & People with Disabilities Division	Insurance Department
13. NOTES			

The following categories are defined on pages 44 – 46.	RHODE ISLAND	SOUTH CAROLINA	SOUTH DAKOTA
	RI St. Section 23-59-1 216ADC 20-15-5.1	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>
1. DEFINITION			
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
2. APPLICATION			
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			
3. ESCROW OF FEES			
a. Required		Y	Y
b. Basis for release			
i. Presales			
ii. Funds		90% of costs	
iii. Construction		Availability of unit	Completion
iv. Financing		Commitment	
4. ADDITIONAL PRESALES			
a. To begin development			10% from 50%
b. For final certification			
5. RESERVES			
a. P & I			
b. Percent of deposits			
c. Operating costs			
d. For refunds			
6. SURETY BONDS			
7. DISCLOSURE TO RESIDENTS			
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			
8. CONTRACT TERMS			
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		
9. ADVERTISING			
a. Prior approval		Must be fair & truthful; ads must be included in Disclosure Statements	
b. Sponsor liability	Y		
10. RESIDENT'S RIGHT TO ORGANIZE			
a. Association	Y		
b. Meetings with owner	Quarterly	Grievance procedure	
11. LIENS			
a. For residents			
b. Subordinated to priors			
12. AGENCY	Department of Health	Department of Consumer Affairs	Department of Health
13. NOTES			

The following categories are defined on pages 44 – 46.	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>
1. DEFINITION			
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
2. APPLICATION			
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			
3. ESCROW OF FEES			
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
4. ADDITIONAL PRESALES			
a. To begin development			
b. For final certification			
5. RESERVES			
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			
6. SURETY BONDS		If necessary	
7. DISCLOSURE TO RESIDENTS			
a. Financial report		Before signing	Before signing and posting
b. Public inspection of filings			Y
8. CONTRACT TERMS			
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
9. ADVERTISING			
a. Prior approval		On request	On request
b. Sponsor liability			
10. RESIDENT'S RIGHT TO ORGANIZE			
a. Association			Y
b. Meetings with owner			Annually
11. LIENS			
a. For residents		Y	If necessary
b. Subordinated to priors		Y	Y
12. AGENCY	Department of Commerce & Insurance	Department of Insurance	Department of Financial Regulation
13. NOTES			

The following categories are defined on pages 44 – 46.	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>
1. DEFINITION			
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
2. APPLICATION			
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			
3. ESCROW OF FEES			
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
4. ADDITIONAL PRESALES			
a. To begin development			50% presales w/ 10% deposits
b. For final certification			Signed contracts w/ 10% deposit to break even
5. RESERVES			
a. P & I			12 mos. unless operating reserve
b. Percent of deposits			
c. Operating costs			20% projected for 12 mos.
d. For refunds			
6. SURETY BONDS			
7. DISCLOSURE TO RESIDENTS			
a. Financial report	3 days prior to signing or transfer of money or property, whichever occurs first and annually	Y	30 days before signing or transfer of money or property; whichever occurs first
b. Public inspection of filings	Y		N
8. CONTRACT TERMS			
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
9. ADVERTISING			
a. Prior approval			Filed with application
b. Sponsor liability			
10. RESIDENT'S RIGHT TO ORGANIZE			
a. Association	Y	Y	Y
b. Meetings with owner	Quarterly	Y	Y
11. LIENS			
a. For residents			
b. Subordinated to priors			
12. AGENCY	Bureau of Insurance	Department of Health	Department of Insurance, Securities and Banking
13. NOTES		House Bill 1296 (2019) has passed through the House but has not yet passed through the Senate. If it goes in to law, it will require CCRC disclosures to include an actuarial report.	

The following categories are defined on pages 44 – 46.		WISCONSIN
		Ch. 647 §§647.01 <i>et seq.</i> WI Administration. Code Ins. §10
1. DEFINITION		
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
2. APPLICATION		
a. Disclosure statement		
b. Financials		Y
c. Financial feasibility study		Y
d. Actuarial study		
e. Market study		
f. Accreditation in lieu of regulation		
3. ESCROW OF FEES		
a. Required		Y
b. Basis for release		
i. Presales		
ii. Funds		
iii. Construction		
iv. Financing		
4. ADDITIONAL PRESALES		
a. To begin development		
b. For final certification		
5. RESERVES		
a. P & I		
b. Percent of deposits		
c. Operating costs		
d. For refunds		
6. SURETY BONDS		
7. DISCLOSURE TO RESIDENTS		
a. Financial report		On request
b. Public inspection of filings		Y
8. CONTRACT TERMS		
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
9. ADVERTISING		
a. Prior approval		Keep on file
b. Sponsor liability		
10. RESIDENT'S RIGHT TO ORGANIZE		
a. Association		
b. Meetings with owner		Grievance procedure
11. LIENS		
a. For residents		
b. Subordinated to priors		
12. AGENCY		Office of the Commissioner of Insurance
13. NOTES		

ASSISTED LIVING STATE AGENCY CONTACTS

Alabama	Department of Public Health, Health Provider Standards, Assisted Living Facilities Unit	334.206.5366
Alaska	Division of Health Care Services, Residential Licensing	907.269.3640
Arizona	Department of Health Services,	602.364.2639
Arkansas	Department of Human Services, Office of Long Term Care	501.682.6789
California	Department of Social Services, Community Care Licensing Division	916.651.3456
Colorado	Department of Public Health & Environment, Health Facilities & Emergency Medical Services Division	303.692.2836
Connecticut	Department of Public Health, Facility Licensing & Investigations Sec.	860.509.7444
Delaware	Department of Health & Social Services, Division of Health Care Quality	302.421.7400
Florida	Agency for Health Care Administration	850.412.4304
Georgia	Department of Community Health, Healthcare Facility Regulation	404.657.5850
Hawaii	Department of Health, Office of Health Care Assurance	808.692.7400
Idaho	Department of Health & Welfare, Licensing & Certification	208.364.1962
Illinois	Department of Public Health, Division of Assisted Living	217.782.2448
Indiana	Department of Health, Division of Long-Term Care	317.233.7442
Iowa	Department of Inspections & Appeals, Health Facilities- Division Adult Services Bureau	515.281.5721
Kansas	Department for Aging & Disability Services	785.296.4986
Kentucky	Department for Aging & Independent Living	502.564.6930
Louisiana	Department of Health, Health Standards	225.342.3204
Maine	Department of Health & Human Services, Division of Licensing & Certification	207.287.9300
Maryland	Department of Health, Office of Health Care Quality	410.402.8015
Massachusetts	Executive Office of Elder Affairs	617.727.7750
Michigan	Department of Licensing and Regulatory Affairs, Bureau of Community & Health Systems	866.856.0126
Minnesota	Department of Health, Home Care & Assisted Living Program	651.201.5273
Mississippi	Department of Health – Division of Health Facilities Licensure.	601.364.1100
Missouri	Department of Health & Senior Services, Division of Regulation and Licensure, Section for Long-Term Care Regulation	573.526.8524
Montana	Department of Public Health & Human Services, Licensure Bureau Quality Assurance Division	406.444.2676

Nebraska	Department of Health & Human Services, Division of Public Health – Licensure Unit	402.471.3324
Nevada	Bureau of Health Care Quality & Compliance, Division of Public & Behavioral Health	775.684.1030
New Hampshire	Department of Health & Human Services, Health Facilities Administration – Licensing	603.271.9041
New Jersey	Department of Health	609.633.8990
New Mexico	Department of Health, Division of Health Improvement, Health Facility Licensing & Certification	505.242.4492
New York	Department of Health	518.408.1133
North Carolina	Division of Health Service Regulation, Adult Care Licensure Section	919.855.3765
North Dakota	Department of Human Services, Medical Services	701.328.2321
Ohio	Department of Health, Division of Quality Assurance	614.466.7857
Oklahoma	State Department of Health, Long Term Care & Protective Services	405.271.6868
Oregon	Department of Aging & People with Disabilities	503.509.9604
Pennsylvania	Department of Human Services, Human Services Licensing	866.503.3926
Rhode Island	Department of Health	401.222.5960
South Carolina	Department of Health & Environmental Control, Bureau of Health Facilities Licensing	803.545.4370
South Dakota	Department of Health, Office of Health Care Facilities Licensure & Certification	605.773.3356
Tennessee	Department of Health, Office of Healthcare Facilities	615.741.7221
Texas	Health and Human Services Commission	512.438.2080
Utah	Bureau of Licensing & Certification	801.273.2994
Vermont	Department of Disabilities, Aging and Independent Living	802.241.2401
Virginia	Department of Social Services, Division of Licensing Programs	804.726.7037
Washington	Department of Social & Health Services, Aging & Long Term Support	360.725.2300
West Virginia	Office of Health Facility Licensure & Certification (OHFLAC)	304.558.0050
Wisconsin	Department of Health Services, Division of Quality Assurance, Bureau of Assisted Living	608.266.8481
Wyoming	Department of Health, Aging Division, Healthcare Licensing & Surveys	307.777.7656
Washington, D.C.	Department of Health, Health Regulation Licensing Administration	202.442.5955

CCRC/LIFE PLAN COMMUNITY STATE AGENCY CONTACTS

Arizona	Department of Insurance & Financial Institutions	602.364.3100
Arkansas	Insurance Department	501.371.2600
California	Department of Social Services	916.654.0591
Colorado	Department of Regulatory Agencies/Division of Financial Services	303.894.2336
Connecticut	Department of Social Services	860.424.5103
Delaware	Secretary of State	302.739.4111
Florida	Office of Insurance Regulation	850.413.3153
Georgia	Department of Insurance	404.656.2082
Idaho	Department of Finance	208.332.8000
Illinois	Department of Public Health	217.788.1582
Indiana	Secretary of State, Securities Division	317.232.0737
Iowa	Insurance Division	515.281.5705
Kansas	Department of Insurance	785.296.7850
Kentucky	Cabinet for Health & Family Services, Office of Inspector General	502.564.9592
Louisiana	Department of Health, Health Standards Section	225.342.0138
Maine	Bureau of Insurance	207.624.8475
Maryland	Department of Aging	410.767.1100
Massachusetts	Executive Office of Elder Affairs	617.727.7750
Michigan	Department of Licensing & Regulatory Affairs	517.241.9223
Mississippi	Department of Health	601.576.7400
Missouri	Department of Insurance	573.751.4126
New Hampshire	Insurance Department	603.271.2261
New Jersey	Department of Community Affairs	609.984.7574
New Mexico	Aging & Long-Term Services Department	505.476.4799
New York	Department of Health	518.402.0964
North Carolina	Department of Insurance	919.807.6140
Ohio	Department of Aging	614.466.7713
Oklahoma	Department of Health	405.271.6868
Oregon	Department of Human Services	503.509.9604
Pennsylvania	Insurance Department	717.783.2142
Rhode Island	Department of Health	401.222.5960
South Carolina	Department of Consumer Affairs	803.734.4200
South Dakota	Department of Health	605.773.3361
Tennessee	Department of Commerce & Insurance	615.741.2241
Texas	Department of Insurance	800.578.4677
Vermont	Department of Financial Regulation	802.828.3301
Virginia	Bureau of Insurance	804.371.9637
Washington	Department of Health	360.236.4300
Washington, D.C.	Department of Insurance, Securities & Banking	202.727.8000
Wisconsin	Office of the Commissioner of Insurance	608.266.3586



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