

## **Survey of State Assisted Living Regulations:**

- Assisted Living & Licensing
- Staffing and Staff Qualifications

NARA Adult Care Policy Committee  
November 13, 2015

## Table of Contents

Introduction .....	3
Methodology .....	4
Survey Findings	
A. States responding to survey .....	5
B. Assisted Living & Licensing .....	6
C. Staffing requirements .....	7
Conclusions .....	16
Appendices	
1. NARA Licensing Categories (enhanced for adult care licensing) .....	18
2. NARA Assisted Living Survey .....	20
3. List of state survey respondents.....	27
4. Tables summarizing survey responses .....	31

## Acknowledgements

Several members of the NARA Adult Care Policy Committee Members have been involved in some manner leading up to and during the course of this survey project. These have included but may not be limited to:

- Steven Eng - co-chair (BC, Canada)
- Margie Zelenak - co-chair (PA)
- Gloria Merk - past committee chair/retired (CA)
- Dorothy Breen (AB, Canada)
- Wayne Curtin (KY)
- Eric Dowdy (CA)
- Terry Jarvis (NH)
- Jamie Simpson (ID)
- Nancy Starr (FL)
- Jane Urbanovsky (AL)
- Tom van der Veen (OR)
- Sandi Wooters (PA)
-

## Introduction

One of the functions of the NARA Adult Care Policy Committee is to make recommendations regarding minimum standards for adult care licensing. To help inform the Committee, an analysis and comparison of state regulations is a prerequisite step.

In the July 2013, the following change drivers existed:

- The news media often run stories questioning whether adult care facilities (such as for seniors) are safe to live in, whether residents are being abused or neglected, whether regulators are doing a good enough job, or whether there are any regulators involved at all.
- PBS televised “Life and Death in Assisted Living” in July 2013 which conveyed a message that although nursing homes are regulated by federal and state regulations, assisted living is governed by a patchwork of local regulations and there is no national standard.
- NARA has historically developed position statements for “child care” – such as on the importance of licensing and establishing regulations to provide a floor of safety. However, there appears to be a growing need for NARA to also advocate in the “adult care” arena.

The “adult care” arena encompasses a wide variety of regulated care settings for different adult populations in care. Since there was media interest regarding “minimum licensing standards” for assisted living, a decision was made by the Committee to initially focus on “assisted living”.

In August 2013, the NARA Board of Directors approved the Committee’s project to:

- Analyze and compare state licensing regulations for assisted living.
- Identify common regulatory themes across state regulations that NARA would consider essential to include in a set of national standards.
- Identify gaps in regulations that NARA would consider including in a set of national standards.
- Develop a position statement regarding recommended minimum licensing standards for assisted living and then forward it to the NARA Board of Directors for review and approval.

Historically, NARA has conducted state licensing comparison using the NARA Licensing Categories as a baseline. The Committee enhanced the categories to incorporate more current regulatory areas generally considered in regulations for adult care (see Appendix 1):

- General Provisions
- Physical Site
- Fire Safety and Emergency Preparedness
- Resident Rights
- Staffing
- Care and Services
- Resident Health
- Medication
- Nutrition
- Transportation
- Records

At the NARA Seminar in September 2013, members of the Committee made a presentation on the Committee's project work plan and collected input to prioritize which licensing categories were important for NARA to establish model benchmarks for assisted living. Based on the results of a participant questionnaire, the top three were:

- Staffing (includes: ratio, number, qualifications, training)
- General provision (includes: definition of assisted living, scope of services permitted)
- Resident Rights (includes: respect, privacy, autonomy, protection from abuse)

Initially the Committee believed that it could collect and review each state's assisted living regulations using a standardized evaluation tool based on the enhanced NARA Licensing categories. However, to avoid and minimize any potential misinterpretation, the best source of information would be from each state's licensing agency. Therefore, the Committee decided to conduct a survey with a focus on staffing and staff qualifications to be sent to the directors of each state's licensing agency.

The purpose of this document is to provide a summary of the survey results collected as of February 3, 2015.

## Methodology

Based on the enhancements made to the "NARA Licensing categories" which align better with current regulatory areas generally considered in regulations for adult care, and taking into consideration priorities expressed by a small focus group at the 2013 NARA Seminar with respect to the Committee's future project work to establish a model benchmark for adult care regulations, a survey instrument was developed with a focus on staffing and staff qualifications.

The NARA Licensing Categories enhanced for adult care regulations indicates that the category of "Staffing" could include requirements for:

- Ratios, number of staff, qualifications
- Staff health examinations
- Staff supervision
- Staff training and development
- Prohibited actions towards residents
- Use of restrictive procedures
- Performance review / staff satisfaction

Between June and July 2014, specific questions were established to understand the presence and variation in state regulations regarding staffing and staff qualifications. Careful consideration was given to formatting the design of the survey instrument to enable respondents to quickly complete the survey. A cover page was prepared to briefly explain the purpose of the survey and inform respondents of what the National Association for Regulatory Administration (NARA) is. The final cover letter and survey instrument was packaged into an Adobe Acrobat \*.pdf fillable form (see Appendix 2).

Contacts for each state were obtained from the National Center for Assisted Living (NCAL) "Assisted Living Regulatory Review 2013". Surveys were sent by email to state contacts on July 31, 2014. Alternative state contacts were sought if emails were undeliverable. Reminders were sent to those who promised to respond to the survey.

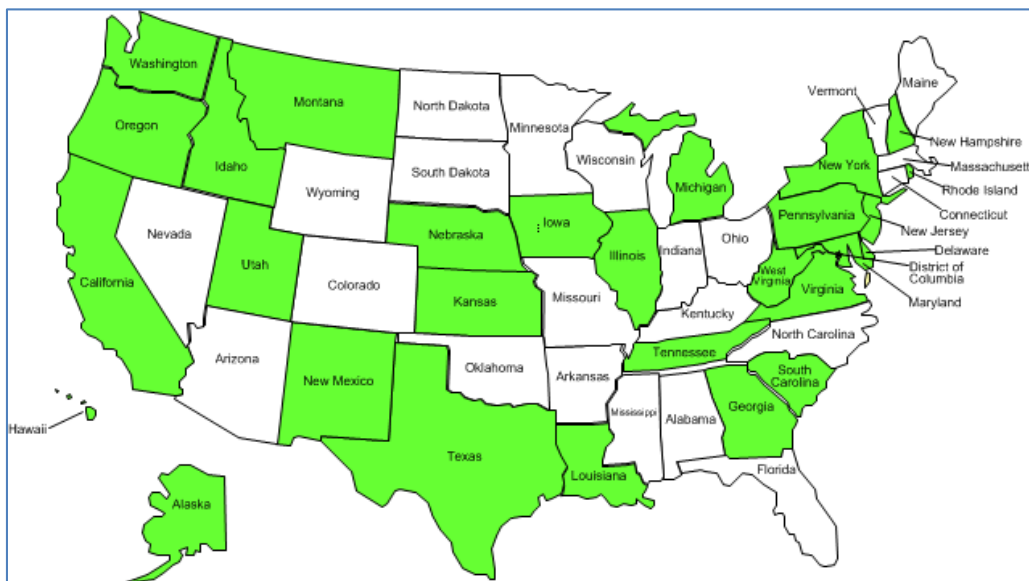
Responses received between August 2014 and February 3, 2015 were summarized into tables for analysis (see Appendix 3).

## Survey Findings

### A. States Responding to Survey<sup>1</sup>

**The NARA survey questionnaire was sent to state licensing contacts in 51 States on July 31, 2014.**

- As of August 30, 2014:
  - o 11 responses (21.5%) received from state contacts (Alaska, Delaware, Georgia, Illinois, Louisiana, Nebraska, New Hampshire, New Jersey, Oregon, Utah and West Virginia) for a total of 11 states.
  - o 10 promised to send a survey response
  - o 30 no responses (due to either email undeliverable, out of office, or no response)
- As of September 13, 2014:
  - o 17 responses (33.3%) received – 14 from state contacts (Alaska, Delaware, Georgia, Iowa, Illinois, Louisiana, Nebraska, New Hampshire, New Jersey, New Mexico, Oregon, Pennsylvania, Utah and West Virginia) and 3 completed by a member of the Committee (California, Hawaii, Washington)
  - o 14 promised to send a survey response; or request was forwarded to another person
  - o 20 no responses (due to either email undeliverable, out of office, or no response)
- As of February 3, 2015:
  - o 29 responses (56.9%) received – 26 from state contacts (Alaska, Delaware, District of Columbia, Georgia, Idaho, Illinois, Iowa, Kansas, Louisiana, Maryland, Michigan, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, West Virginia) and 3 completed by a member of the Committee (California, Hawaii, Washington)
  - o 6 promised to send a survey response; or request was forwarded to another person
  - o 16 no responses (due to either email undeliverable, out of office, or no response)



<sup>1</sup> For ease of reporting the District of Columbia is included in the use of the term “state”.

Figure 1. Map of states who responded to survey (shaded)

## B. Assisted Living & Licensing

Although the focus of the survey is on staffing and staff qualifications, it is important to collect information as to how states define “assisted living” and the scope of services that may or may not be provided to provide context when interpreting survey results. The following summary findings are based on responses to survey questions Q3, Q4 and Q5.

Of the 29 States included in this survey:

- Definitions vary among states but a common theme is “providing support services to assist with activities of daily living”.
- With respect to reference being made to provision of nursing or health related services:
  - o 15 States (52%) include in their definition reference to provision of “health-related” services and/or “medication administration” (Delaware, District of Columbia, Georgia, Illinois, Iowa, Louisiana, Maryland, Montana, New Hampshire, Oregon, Pennsylvania, Rhode Island, Texas, Utah, Virginia)
  - o 6 States (21%) include in their definitions that some level of “nursing” may be provided but place limitations such as: being intermittent, not 24-hour nursing, not skilled nursing (Delaware, Kansas, Louisiana, New Hampshire, New Jersey, West Virginia).
  - o 10 States (34%) made no reference to health related services, medication administration or nursing services (Alaska, California, Hawaii, Idaho, Nebraska, New Mexico, New York, South Carolina, Tennessee, Washington)
- 28 States (96%) indicated that “licensing” is required to operate or provide Assisted Living. When asked what triggers when a license is required, respondents (or their narrative comment) indicated:

State	If licensure is required, what triggers when a license is required?		
	Type of services/care provided	Number of resident	Other
Alaska	X	X	
California***			X
Delaware	X		
District of Columbia	X		
Georgia		X	
Hawaii***			X
Idaho	X	X	
Illinois	X		
Iowa	X	X	
Kansas	X		
Louisiana	X		
Maryland	X		
Michigan	X	X	
Montana	X		
Nebraska	X	X	
New York	X	X	

State	If licensure is required, what triggers when a license is required?		
	Type of services/care provided	Number of resident	Other
New Hampshire	X		
New Jersey	X		
New Mexico	X		
Oregon	X		
Pennsylvania		X	
Rhode Island		X	
Utah		X	
Virginia		X	
Washington***	X		
West Virginia		X	

\*\*\* completed by a member of the Committee

The States of California and Hawaii appear to have criteria other than the type of services/care provided and/or the number of residents, which trigger when a license is required. The following explanations were provided by the respondents:

- California indicates: Pursuant to Health and Safety Code, Section 1569.10, any individual or legal entity providing or intending to provide care and supervision to the elderly in a residential facility shall obtain a current valid license pursuant to the provisions of this chapter. This shall not require an adult residential facility to relocate a resident who becomes 60, nor to change licensing category, provided that the resident's needs remain compatible with those of other residents, and the licensing agency has approved an exception request.
- Hawaii indicates: §11-90-3 Licensing. (a) The facility shall meet all requirements for licensure under state law. All assisted living facilities shall be licensed except those operated by the federal government. The licensee shall file an application with the director and the facility shall be licensed pursuant to this chapter prior to admitting residents.

### C. Staffing Requirements

The NARA Licensing Categories enhanced for adult care regulations (Appendix 1) indicates that the category of “Staffing” could include requirements for:

- Ratios, number of staff, qualifications
- Staff health examinations
- Staff supervision
- Staff training and development
- Prohibited actions towards residents
- Use of restrictive procedures
- Performance review / staff satisfaction

To understand the presence and variation in state regulations regarding staffing and staff qualifications, specific questions were developed for the survey. The following summary findings are based on responses to survey questions Q6 to Q15.

Of the 29 States included in this survey:

- 22 States (76%) have regulations that “do not” specify a minimum staff-to-resident ratio. Unsolicited comments from 8 respondents typically refer to providing adequately trained staff in sufficient numbers to meet the needs of the residents and/or assure resident health and safety (Alaska, California, Delaware, Idaho, Oregon, Rhode Island, Texas, Washington).
- 7 States (24%) have regulations that specify the minimum staff-to-resident ratio (California, Georgia, Michigan, New Mexico, New York, South Carolina, West Virginia):

State	Are there regulations that specify the minimum staff-to-resident ratio:		
	During the “day”?	During the “night”?	If yes to either, please describe
California***	No	Yes	87411 (a) Personnel Requirements (General) “...must be sufficient at all times...” “...awake staff for those serving 16 or more...”
Georgia	Yes	Yes	1 staff to 15 residents during the day 1 staff to 25 residents during the night The needs of the residents must always be met.
Michigan	Yes	Yes	Adult Foster Care Family Homes: R 400.1410 Resident protection. Rule 10. A licensee or responsible person shall always be on the premises when a resident is in the home. History: 1984 MR 8, Eff. Sept. 15, 1984.  Adult Foster Care Small Group Homes (12 or Less) R 400.14206 Staffing requirements. Rule 206. (1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 12 residents and children who are under the age of 12 years.



State	Are there regulations that specify the minimum staff-to-resident ratio:		
	During the "day"?	During the "night"?	If yes to either, please describe
			<p>(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.</p> <p>(3) Any individual, including a volunteer, shall not be considered in determining the ratio of direct care staff to residents unless the individual meets the qualifications of a direct care staff member.</p> <p>(4) Direct care staff need not be in the home during the day if all of the residents of the home are at out-of-home supervised activities and the home has provided the means by which a direct care staff member or administrator can be contacted in an emergency situation.</p> <p>(5) A licensee or administrator shall designate, in writing, a person who shall be on-site or immediately available and who shall have the authority to carry out the licensee's or administrator's responsibilities in the absence of the licensee or administrator and shall ensure that the identity of the designated person is made known to all staff. History: 1994 MR 3, Eff. May 24, 1994.</p> <p>Adult Foster Care Large Group Homes (13-20) R 400.15206 Staffing requirements.</p> <p>Rule 206. (1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours.</p> <p>Homes for the Aged: R 325.1931 Employees; general provisions.</p> <p>Rule 31. (1) Personal care and services that are provided to a resident by the home shall be designed to encourage residents to function physically and intellectually with independence at the highest practical level.</p> <p>(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.</p> <p>(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.</p> <p>(4) The supervisor of resident care on each shift shall do all of the following:</p> <p>(a) Assure that residents are treated with kindness and respect.</p>

State	Are there regulations that specify the minimum staff-to-resident ratio:		
	During the "day"?	During the "night"?	If yes to either, please describe
			<p>(b) Protect residents from accidents and injuries.</p> <p>(c) Be responsible for safety of residents in case of emergency.</p> <p>(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.</p>
New Mexico	Yes	Yes	<p>STAFFING RATIOS: The following staffing levels are the minimum requirements.</p> <p>A. The facility shall employ the sufficient number of staff to provide the basic care, resident assistance and the required supervision based on the assessment of the residents' needs.</p> <p>(1) During resident waking hours, facilities shall have at least one (1) direct care staff person on duty and awake at all times for each fifteen (15) residents.</p> <p>(2) During resident sleeping hours, facilities with fifteen (15) or fewer residents shall have at least one (1) direct care staff person on duty, awake and responsible for the care and supervision of the residents.</p> <p>(3) During resident sleeping hours, facilities with sixteen (16) to thirty (30) residents shall have at least one (1) direct care staff person on duty and awake at all times and at least one (1) additional staff person available on the premises.</p> <p>(4) During resident sleeping hours, facilities with thirty-one (31) to sixty (60) residents shall have at least two (2) direct care staff persons on duty and awake at all times and at least one (1) additional staff person immediately available on the premises.</p> <p>(5) During resident sleeping hours, facilities with more than sixty-one (61) residents shall have at least three (3) direct care staff persons on duty and awake at all times and one (1) additional staff person immediately available on the premises for each additional thirty (30) residents or fraction thereof in the facility.</p> <p>B. Upon request of the department, the facility shall provide the staffing ratios per each twenty-four (24) hour day for the past thirty (30) days.</p> <p>[7.8.2.19 NMAC - Rp, 7.8.2.18 NMAC, 01/15/2010]</p>
New York	Yes	Yes	<p>The minimum number of staff required for resident supervision shall be determined by resident census. The following number of staff shall be on duty and on site 24 hours a day... [18 NYCRR 487.9(f)(6)]</p> <p>The department may require additional staff based on resident needs, physical layout and the location of the facility. [18 NYCRR 487.9(f)(8)]</p>
South Carolina	Yes	Yes	<p>In each building, there shall be at least one staff member/volunteer for each eight residents or fraction thereof on duty during all periods of peak hours.</p>

State	Are there regulations that specify the minimum staff-to-resident ratio:		
	During the "day"?	During the "night"?	If yes to either, please describe
			In each building, during night time (non-peak) hours, there shall be at least one staff member/volunteer on duty for each 30 residents or fraction thereof.
West Virginia	Yes	Yes	5.4. b. The residence shall have one additional direct care staff on the day shift for each ten (10) residents identified on their functional needs assessment to have two (2) or more of the following care needs: dependence on staff for eating, toileting, ambulating, bathing, dressing, repositioning, special skin care, or one or more inappropriate behaviors that reasonably requires additional staff to control, such as sexually acting out, stripping in public settings, refusing basic care, or destroying property; or injurious behavior to self or others; one additional direct care staff on the evening shift for each fifteen (15) residents identified on their functional needs assessment to have two (2) or more of these care needs; and one additional direct care staff on the night shift for each eighteen (18) residents identified with two (2) or more of these care needs.

\*\*\* completed by a member of the Committee

- 6 States (21%) have regulations that specify the minimum number of “direct care” staff hours per resident per day (Illinois, Michigan, New Mexico, Pennsylvania, South Carolina, West Virginia):

State	Are there regulations that specify:	
	The minimum number of “direct care” staff hours per resident per day?	If yes to either, please describe
Illinois	Yes – for a dementia unit	None in the AL setting defined but in Section 295.4060(h)(7) it says for a dementia unit, at a minimum, provide 1.4 hours of services per resident per day. For purposes of this Section, services shall mean assistance with activities of daily living, activities-bases programming, and services delivered to the resident to meet the unique needs of residents with dementia.
Michigan	Yes	<p>An operation needs to be licensed under Act 218 as an adult foster care (AFC) facility if it provides personal care, supervision and protection in addition to room and board to 20 or fewer unrelated persons who are aged, mentally ill, developmentally disabled, or physically disabled, for 24 hours a day, 5 or more days a week, for 2 or more consecutive weeks for compensation.</p> <p>Adult Foster Care Family Homes: R 400.1410 Resident protection. Rule 10. A licensee or responsible person shall always be on the premises when a resident is in the home. History: 1984 MR 8, Eff. Sept. 15, 1984.</p> <p>Adult Foster Care Small Group Homes (12 or Less) R 400.14206 Staffing requirements. Rule 206. (1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 12 residents and children who are under the age of 12 years.</p> <p>Adult Foster Care Large Group Homes (13-20) R 400.15206 Staffing requirements. Rule 206. (1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours.</p>

State	Are there regulations that specify:	
	The minimum number of "direct care" staff hours per resident per day?	If yes to either, please describe
New Mexico	Yes	<p>STAFFING RATIOS: The following staffing levels are the minimum requirements.</p> <p>A. The facility shall employ the sufficient number of staff to provide the basic care, resident assistance and the required supervision based on the assessment of the residents' needs.</p> <p>(1) During resident waking hours, facilities shall have at least one (1) direct care staff person on duty and awake at all times for each fifteen (15) residents.</p> <p>(2) During resident sleeping hours, facilities with fifteen (15) or fewer residents shall have at least one (1) direct care staff person on duty, awake and responsible for the care and supervision of the residents.</p> <p>(3) During resident sleeping hours, facilities with sixteen (16) to thirty (30) residents shall have at least one (1) direct care staff person on duty and awake at all times and at least one (1) additional staff person available on the premises.</p> <p>(4) During resident sleeping hours, facilities with thirty-one (31) to sixty (60) residents shall have at least two (2) direct care staff persons on duty and awake at all times and at least one (1) additional staff person immediately available on the premises.</p> <p>(5) During resident sleeping hours, facilities with more than sixty-one (61) residents shall have at least three (3) direct care staff persons on duty and awake at all times and one (1) additional staff person immediately available on the premises for each additional thirty (30) residents or fraction thereof in the facility.</p> <p>B. Upon request of the department, the facility shall provide the staffing ratios per each twenty-four (24) hour day for the past thirty (30) days.</p> <p>[7.8.2.19 NMAC - Rp, 7.8.2.18 NMAC, 01/15/2010]</p>
Pennsylvania	Yes	<p>b) Direct care staff persons shall be available to provide at least 1 hour per day of assisted living services to each mobile resident.</p> <p>c) Direct care staff persons shall be available to provide at least 2 hours per day of assisted living services to each resident who has mobility needs.</p> <p>*At least 75% of the assisted living service hours specified in subsections (b) and (c) shall be available during waking hours.</p>
South Carolina	Yes	<p>1 (one) to 8 (eight) per resident per day (peak hours)</p> <p>1 (one) to 30 (thirty) per resident per night (non-peak hours)</p>

State	Are there regulations that specify:	
	The minimum number of "direct care" staff hours per resident per day?	If yes to either, please describe
West Virginia	Yes	5.4. b. The residence shall have one additional direct care staff on the day shift for each ten (10) residents identified on their functional needs assessment to have two (2) or more of the following care needs: dependence on staff for eating, toileting, ambulating, bathing, dressing, repositioning, special skin care, or one or more inappropriate behaviors that reasonably requires additional staff to control, such as sexually acting out, stripping in public settings, refusing basic care, or destroying property; or injurious behavior to self or others; one additional direct care staff on the evening shift for each fifteen (15) residents identified on their functional needs assessment to have two (2) or more of these care needs; and one additional direct care staff on the night shift for each eighteen (18) residents identified with two (2) or more of these care needs.

- 18 States (62%) have regulations that specify "having a licensed nurse available (or on-call) at all times" (Alaska, California, Hawaii, Idaho, Iowa, Kansas, Louisiana, Maryland, Montana, New Hampshire, New Jersey, Oregon, Pennsylvania, Rhode Island, Tennessee, Utah, Washington, West Virginia).
- 19 States (65%) have regulations that specify "having to provide additional staff necessary to meet the needs of residents (e.g. for transportation, laundry, food service, housekeeping, facility maintenance)" (Alaska, California, Georgia, Idaho, Iowa, Louisiana, Michigan, Montana, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Rhode Island, Tennessee, Utah, Virginia, Washington, West Virginia).
- With respect to an "Administrator" of an Assisted Living facility:
  - o 22 States (76%) have regulations specifying the person's "minimum age"
  - o 23 States (79%) have regulations specifying the person's "minimum level of education"
  - o 27 States (93%) have regulations specifying the person's "minimum level training and/or certification"
- 8 States (27%) require a "Supervisor or Manager of Care staff" (Delaware, Idaho, Illinois, Iowa, Maryland, Michigan, New Jersey, Rhode Island). Of these 8 States:
  - o 4 have a regulation specifying the person's minimum age;
  - o 6 have regulations specifying their minimum level of education; and
  - o 8 have regulations specifying minimum level of training and/or certification.

- With respect to an “Direct Care staff”:
  - 18 States (62%) have regulations specifying the person’s “minimum age”
  - 4 States (14%) have regulations specifying the person’s “minimum level of education”
  - 12 States (41%) have regulations specifying the person’s “minimum level training and/or certification”
  
- With respect to an “Direct Care staff”, as a condition of employment in an Assisted Living facility:
  - 15 States (52%) have regulations requiring a “valid/current First Aid training certificate”
  - 9 States (31%) have regulations requiring a “valid/current CPR training certificate”
  - 12 States (41%) have regulations requiring a “medical evaluation prior to employment”
  - 5 States (17%) have regulations requiring an “immunization history from their health care provider”
  - 19 States (65%) have regulations requiring a “Tb status from their health care provider”
  - 24 States (83%) have regulations requiring a “criminal history background check prior to employment”
  - 7 States (24%) have regulations requiring a “criminal record checks to be redone at specific intervals”
  
- With respect to an “staff conduct” at an Assisted Living facility:
  - 28 States (96%) have regulations prohibiting staff from “neglecting residents”
  - 26 States (90%) have regulations prohibiting staff from “abusing residents”
  - 20 States (69%) have regulations prohibiting staff from “applying restraints on residents”
    - Of the 9 States that don’t have regulations prohibiting staff from applying restraints, 2 States indicates that certain types of restraints are allowed under specific circumstances and/or staff must be trained.
  
- With respect to regulatory requirements for staff training and development:
  - 24 States (83%) require facilities to “have an annual training plan for staff”
  - 26 States (90%) require facilities “to provide dementia-specific training for staff”
  - 7 States (24%) require facilities “to conducting regular reviews of staff performance”
  - 2 States (7%) require facilities “to regularly measure or survey staff satisfaction”

## Conclusions

It is anticipated that NARA may be able to describe state trends and patterns in regulatory requirements. Using the enhanced NARA Licensing Category for “General Provisions” and “Staffing” in adult care settings and what those categories include as a baseline, we can conclude from the survey sample that:

### A. General Provisions

- **Definition (e.g. for “assisted living”)**

How assisted living is defined in regulations vary among States. Nevertheless, “licensing” is required to operate and the trigger tends to be dependent on the type of services provided and the number of persons in care.

- **Definition of the scope of services that may or may not be provided**

The scope of services among State regulations appears to have the common theme of “providing support services to assist with activities of daily living”. Variation among States exist as to whether health-related services, medication administration or skilled nursing is included or excluded from the scope of services permitted in an assisted living setting.

- **Type of events that must be reported to Licensing**

This information was not collected in this survey.

### B. Staffing

- **Ratios, number of staff, qualifications**

Based on the survey sample, State assisted living regulations do not typically have specific staff-to-resident ratios. On the contrary, regulations for assisted living typically refer to providing adequately trained staff in sufficient numbers to meet the needs of the residents and/or assure resident health and safety.

Regulatory requirements for Administrators appear to emphasize minimum level training and/or certification.

Regulatory requirements for Direct Care staff appear to emphasize meeting a minimum age and having a satisfactory criminal record background check.

- **Staff health examinations**

Obtaining an employee’s Tb status from their health care provider appears to be a requirement in just over half of the States sampled in this survey. In contrast, obtaining immunization history for vaccine preventable communicable diseases is generally not reflected in assisted living regulations. Such requirements may be contained in other public health regulations for the State.

- **Staff supervision**

Less than one quarter of the States sampled have a requirement for a Supervisor or Manager of Care staff. However, just over half of the States sampled have a requirement for a licensed nurse to be available (or on-call) at all times.



- **Staff training and development**

Most of the States sampled have requirements that assisted living settings must (i) have an annual training plan for staff and (ii) provide dementia-specific training for staff.

- **Prohibited actions towards residents**

Most of the States sampled have requirements prohibiting staff from neglecting or abusing residents.

- **Use of restrictive procedures**

Approximately two-thirds of States sampled prohibit the use of restraints. In States where restraints are not prohibited, there are regulatory requirements specifying that only certain types of restraints are allowed under specific circumstances and/or staff must be trained.

- **Performance review / staff satisfaction**

Only about one-quarter of States sampled require assisted living settings to conduct regular reviews of staff performance. Two States in the sample have regulatory requirements whereby assisted living settings must regularly measure or survey staff satisfaction.

## Appendix 1: NARA Licensing Categories

Chapter 2: Formulation of Rules in the NARA Licensing Curriculum (2000) includes a section on “Subject Areas for Licensing Rules. This set of subject areas is often referred to as the “NARA Licensing Categories” which should be incorporated into any set of human care licensing. Those categories were used as a starting point and enhanced by the NARA Adult Care Policy Committee to incorporate more current regulatory areas generally considered in regulations for adult care.

### Licensing Categories – for adult care

1. General Provisions
  - Definition (e.g. for “assisted living”)
  - Definition of the scope of services that may or may not be provided.
  - Type of events that must be reported to Licensing.
2. Physical Site
  - Accessibility, windows, lighting, room temperature, water temp.
  - Telephone and communications.
  - Furnishings, maintenance.
  - Bedroom – floor area & occupancy.
  - Bathrooms and bathing.
  - Kitchen and dining area.
  - Living room and lounge areas.
  - Recreational areas – indoor and outdoor.
  - Laundry area for resident use.
3. Fire Safety and Emergency Preparedness
  - Smoke detectors, sprinkler system, emergency lights, emergency plan.
4. Resident Rights
  - Respect, privacy, autonomy, protection from abuse
5. Staffing
  - Ratios, number of staff, qualifications.
  - Staff health examinations.
  - Staff supervision.
  - Staff training and development.
  - Prohibited actions towards residents.
  - Use of restrictive procedures.
  - Performance review / staff satisfaction.
6. Care and Services
  - Orientation package for new residents.
  - Admission / discharge criteria.
  - Residency agreement.
  - Individual services / treatment plans.
  - Developmental and recreational activities.
  - Equipment for programs.
  - Infection control

7. Resident Health

- Medical evaluation prior to admission.
- Immunization history and Tb status.

8. Medication

- Storage, training, administration.

9. Nutrition

- Storage, preparation and serving.
- Quality and quantity of food served.
- Resident participation in meal planning and preparation.

10. Transportation

- Scope of transportation services provided.

11. Records

- Confidentiality, content, retention.

## Appendix 2: NARA Assisted Living Survey Questionnaire



July 2014

### INTRODUCTION

The National Association for Regulatory Administration (NARA) is conducting a study to understand state requirements that apply to care facilities which provide Assisted Living services. The first phase of our study is focused on "staffing and staff qualification" requirements.

Your contact information was obtained from the 2014 Assisted Living State Regulatory Review publication from the National Center for Assisted Living. Although the publication describes staffing requirements in each state, from a regulatory perspective we are seeking an additional level of detail.

Please complete the questionnaire before August 15, 2014 and return it to the NARA Adult Care Quality Committee member who provided this form to you.

Thank you for your assistance.

#### ***What is NARA?***

NARA was formed in 1976 and represents all human care licensing, including child care, child welfare, adult day care, adult residential and assisted living care, and program licensing for services related to mental illness, developmental disabilities, and abuse of drugs and alcohol. NARA members include human service regulatory professionals, human service providers, university faculty, independent researchers and consultants, allied professions from the health and safety and legal disciplines, and consumers.

NARA promotes its mission – "consumer protection through prevention" - with its activities, including sponsoring an annual licensing seminar, providing training and technical assistance, producing publications, and conducting research.

If you have any questions about this survey, please contact:

Tom van der Veen,  
NARA Boardmember and  
Deputy Director of Licensing and Regulatory Oversight, Oregon Department of Human Services  
[Tom.Vanderveen@state.or.us](mailto:Tom.Vanderveen@state.or.us)

or

Steven Eng  
NARA Adult Care Quality Committee member and  
Manager, Processes/Systems Planning & Integration, Population & Public Health, Fraser Health  
[steven.eng@fraserhealth.ca](mailto:steven.eng@fraserhealth.ca)

# Questionnaire

[Reset Form](#)

## State Agency Contact Information

1. What is the name of your state? \_\_\_\_\_
2. Please enter your contact information:
  - Name: \_\_\_\_\_
  - Agency: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Address2: \_\_\_\_\_
  - City / Town: \_\_\_\_\_
  - State: \_\_\_\_\_
  - Zip: \_\_\_\_\_
  - Email address: \_\_\_\_\_
  - Phone number: \_\_\_\_\_
  - Website for state regulations: \_\_\_\_\_

## Assisted Living & Licensing

3. How is Assisted Living defined in your state?

4. Is registration or licensing required to operate or provide Assisted Living? *(check one)*
  - ☐ Registration only
  - ☐ Licensing only
  - ☐ Registration or Licensing depending on the type of services/care provided or number of residents.
  - ☐ Neither Registration or Licensing is required
5. If licensure is required, what triggers when a license is required? *(check one)*
  - ☐ Type of services/care provided
  - ☐ Number of residents
  - ☐ Other
  - ☐ Licensure is never required

Please explain:

## Assisted Living & Staffing Requirements

### Number of Staff:

6. Are there regulations that specify the minimum staff-to-resident ratio:

- a. During the "day"? ☐ Yes ☐ No
- b. During the "night"? ☐ Yes ☐ No
- c. If yes to either (a) or (b), please describe:

7. Are there regulations that specify:

- a. The minimum number of "direct care" staff hours per resident per day? ☐ Yes ☐ No
- b. If yes, please describe:

8. Are there regulations that specify:

- a. Having a licensed nurse available (or on-call) at all times? ☐ Yes ☐ No
- b. Having to provide additional staff necessary to meet the needs of residents (e.g. for transportation, laundry, food service, housekeeping, facility maintenance)? ☐ Yes ☐ No

**Staff Qualifications:**

9. For an "Administrator" of an Assisted Living facility, are there regulations that specify the person's:

a. Minimum age? ☐ Yes ☐ No

b. Minimum level of education? ☐ Yes ☐ No

c. Minimum level of training and/or certification? ☐ Yes ☐ No

d. If yes to either (a), (b), or (c), please describe:

10. Is a "Supervisor or Manager of Care staff" required? ☐ Yes ☐ No

If you answered "No", skip the next question and go to # 12 ←

11. For a "Supervisor/Manager of Care staff", are there regulations that specify the person's:

a. Minimum age? ☐ Yes ☐ No

b. Minimum level of education? ☐ Yes ☐ No

c. Minimum level of training and/or certification? ☐ Yes ☐ No

d. If yes to either (a), (b), or (c), please describe:

12. For "Direct Care staff", are there regulations that specifying the person's:

- a. Minimum age? ☐ Yes ☐ No
- b. Minimum level of education? ☐ Yes ☐ No
- c. Minimum level of training and/or certification? ☐ Yes ☐ No
- d. If yes to either (a), (b), or (c), please describe:

13. For "Direct Care staff", are the following required by regulation as a condition of employment in an Assisted Living facility:

- a. Valid/current First Aid training certificate? ☐ Yes ☐ No
- b. Valid/current CPR training certificate? ☐ Yes ☐ No
- c. A medical evaluation prior to employment? ☐ Yes ☐ No
- d. An immunization history from their health care provider? ☐ Yes ☐ No
- e. A Tb status from their health care provider? ☐ Yes ☐ No
- f. Criminal history background checks required prior to employment? ☐ Yes ☐ No
- g. If yes, are criminal history background checks to be re-done at specific intervals of time? (e.g. annually, every 5 years, etc.) ☐ Yes ☐ No

Comments:



**Staff Conduct:**

14. Are there regulatory requirements that explicitly prohibit staff employed at an Assisted Living facility from:

- |                                        |                              |                             |
|----------------------------------------|------------------------------|-----------------------------|
| a. "Neglecting" residents?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. "Abusing" residents?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. "Applying restraints" on residents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments:

**Staff Training & Development:**

15. Are there regulatory requirements for Assisted Living facilities:

- |                                                          |                              |                             |
|----------------------------------------------------------|------------------------------|-----------------------------|
| a. To have an annual training plan for staff?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. To provide dementia-specific training for staff?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. To conduct regular reviews of staff work performance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. To regularly measure or survey staff satisfaction?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments:

## Thank you for completing our questionnaire

We are hoping to collect data from all states and prepare a consolidated summary report.

Would you like us to send you a copy of our preliminary summary?

☐ Yes

☐ No

If there anything else you would like to share with us, please indicate below:

Please return your completed questionnaire to the NARA Adult Care Quality Committee member who provided this form to you.

**Save As**

### Appendix 3: List of State Survey Respondents

State	Survey Respondent	
	Name	Website for state regulations <sup>2</sup>
Alaska	Jane Urbanovsky, Residential Licensing & Background Check Programs Administrator DH&SS 4501 Business Park Blvd. Bldg L, Anchorage, Alaska 77503-7167 907-269-4526 jane.urbanovsky@alaska.gov	<a href="http://dhss.alaska.gov/dhcs/Documents/cl/ALHRegulationsandStatutesEffectiveasof3-7-09.pdf">http://dhss.alaska.gov/dhcs/Documents/cl/ALHRegulationsandStatutesEffectiveasof3-7-09.pdf</a>
California***		<a href="http://www.cclid.ca.gov/">http://www.cclid.ca.gov/</a>
Delaware	Mary Peterson Division of Long Term Care Residents Protection 3 Mill Road, Suite 308, Wilmington, DE 19806 302-577-6661 mary.peterson@state.de.us	<a href="http://www.dhss.delaware.gov/dhss/dltcrp/regs.html">http://www.dhss.delaware.gov/dhss/dltcrp/regs.html</a>
District of Columbia	Sharon Mebane Department of Health Health Regulation and Licensing Administration 899 North Capitol Street, NE, 2 <sup>nd</sup> Floor, Washington, DC 20002 sharon.mebane@dc.gov	<a href="http://www.dcregs.dc.gov/Gateway/ChapterHome.aspx?ChapterNumber=22-B101">http://www.dcregs.dc.gov/Gateway/ChapterHome.aspx?ChapterNumber=22-B101</a>
Georgia	Elaine Wright Department of Community Health 2 Peachtree NW, Suite 31.477, Atlanta, Georgia 30303 404-657-5856 ehwright@dch.ga.gov	<a href="http://dch.georgia.gov">dch.georgia.gov</a>
Hawaii***		<a href="http://gen.doh.hawaii.gov/sites/har/AdmRules1/11-90.pdf">http://gen.doh.hawaii.gov/sites/har/AdmRules1/11-90.pdf</a>
Idaho	Maureen McCann Idaho Department of Health and Welfare PO Box 83720, Boise, ID 83720-0009 208-364-1962 mccannm@dhw.idaho.gov	<a href="http://www.assistedliving.dhw.idaho.gov">www.assistedliving.dhw.idaho.gov</a>
Illinois	Lynda Kovarik, RN, Division Chief Illinois Department of Public Health Division of Assisted Living 525 West Jefferson, Springfield, Illinois 62761 217-785-9174 Lynda.Kovarik@illinois.gov	<a href="http://www.idph.state.il.us">www.idph.state.il.us</a>

<sup>2</sup> As provided by survey respondent.

The Assisted Living Federation of America (ALFA) also provides a list of links to assisted living regulations by state at [http://www.alfa.org/alfa/State\\_Regulations\\_and\\_Licensing\\_Informat.asp#providers](http://www.alfa.org/alfa/State_Regulations_and_Licensing_Informat.asp#providers)

State	Survey Respondent	
	Name	Website for state regulations <sup>2</sup>
Iowa	<p>Jim Friberg  Department of Inspections and Appeals  Lucas Building  321 East 12<sup>th</sup> Street, Des Moines, Iowa 50319  515-281-7624  james.friberg@dia.iowa.gov</p>	dia-hfd.iowa.gov
Kansas	<p>Patty Brown  Kansas Department of Aging and Disabilities Services  612 S. Kansas, Topeka, Kansas 66603  785-296-1269  patty.brown@kdads.ks.gov</p>	kdads.ks.gov
Louisiana	<p>Christopher Vincent  DHH Health Standards Section  602 N. 5th Street, 2nd Floor, Baton Rouge, Louisiana 70802  225-342-3204  christopher.vincent@la.gov</p>	http://dhh.louisiana.gov/index.cfm/directory/detail/702
Maryland	<p>Denise Y. Williams  DHMH/Office of Health Care Quality  Spring Grove Hospital Center  55 Wade Avenue, Bland Bryant Building.  Catonsville, Maryland 21228  410-402-8125  denisey.williams@maryland.gov</p>	www.dhmmh.state.md.us/ohcq
Michigan	<p>Mahtina Rubritius  Bureau of Children and Adult Licensing  Victor Office Center  201 North Washington Square, 4<sup>th</sup> floor, Lansing, Michigan 489098  517-284-9730  rubritiusm@michigan.gov</p>	www.michigan.gov/dhslicensing
Montana	<p>Leigh Ann Holmes  Montana DPHHS/Quality Assurance Division/Licensure Bureau  2401 Colonial Drive, 2nd Floor  Box 202953, Helena, Montana 59620  406-444-1575  lholmes@mt.gov</p>	http://dphhs.mt.gov/qad
Nebraska	<p>Eve Lewis  NDHHS - Division of Public Health - Licensure Unit - Office of LTC Facilities  301 Centennial Mall South  PO Box 94986, Lincoln, Nebraska 68509  402-471-3324  eve.lewis@nebraska.gov</p>	http://dhhs.ne.gov/Pages/reg_t175.aspx

State	Survey Respondent	
	Name	Website for state regulations <sup>2</sup>
New Hampshire	John B. Martin Department of Health and Human Services 129 Pleasant Street, Concord, NH 03301 603-271-9256 jbmartin@dhhs.state.nh.us	<a href="http://www.dhhs.nh.gov/oos/bhfa/rules.htm">http://www.dhhs.nh.gov/oos/bhfa/rules.htm</a>
New Jersey	Barbara Goldman NJ Department of Health PO Box 358, Trenton, NJ 08625-0358 609-633-9034 barbara.goldman@doh.state.nj.us	<a href="http://www.state.nj.us.health/healthfacilities/rules.shtml">www.state.nj.us.health/healthfacilities/rules.shtml</a>
New Mexico	Matthew Watson Department of Health/Division of Health Improvement/Health Facility Licensing and Certification 2040 South Pacheco, 2nd Floor, Santa Fe, New Mexico 87505 505-476-9031 Matthew.Watson@state.nm.us	<a href="http://dhi.state.nm.us">dhi.state.nm.us</a> (under elibrary, current regulations)
New York	Patricia Kennedy NYS Department of Health 875 Central Avenue, Albany, NY 12206 518-408-1133 alrquestions@health.ny.gov	<a href="http://www.health.ny.gov/regulations/v">http://www.health.ny.gov/regulations/v</a>
Oregon	Rebecca Mapes Department of Human Services - Office of Licensing and Regulatory Oversight 3406 Cherry Ave. NE PO Box 14530, Salem, Oregon 97303 503-373-2076 Rebecca.Mapes@state.or.us	<a href="http://www.oregon.gov/dhs/licensing/cbc/Pages/index.aspx">http://www.oregon.gov/dhs/licensing/cbc/Pages/index.aspx</a>
Pennsylvania	Sandi Wooters DPW/Bureau of Human Service Licensing 1001 Sterigere Street, Norristown, Pennsylvania 19401 610-757-1348 swooters@pa.gov	<a href="http://www.dpw.state.pa.us/provider/longtermcareservices/index.htm">http://www.dpw.state.pa.us/provider/longtermcareservices/index.htm</a>
Rhode Island	Andrew Powers Rhode Island Department of Health 3 Capitol Hill, Room 305, Providence, Rhode Island 02908 401-222-2566 andrew.powers@health.ri.gov	<a href="http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/7048.pdf">http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/7048.pdf</a>
South Carolina	Angie Smith Department of Health Environmental Control Bureau of Health Licensing 2600 Bull Street, Columbia, SC 29201 803-545-4252	<a href="http://www.scdhec.net/administration/regs/docs/61-84.pdf">http://www.scdhec.net/administration/regs/docs/61-84.pdf</a>

State	Survey Respondent	
	Name	Website for state regulations <sup>2</sup>
	smithag@dhec.sc.gov	
Tennessee	Ann R. Reed Tennessee Department of Health, Office of Health Care Facilities 665 Mainstream Drive, 2 <sup>nd</sup> Floor, Nashville, TN 37243 615-532-6595 ann.r.reed@tn.gov	<a href="http://www.state.tn.us/sos/rules/1200/1200-08/1200-08.htm">http://www.state.tn.us/sos/rules/1200/1200-08/1200-08.htm</a>
Texas	Lorraine Brady Department of Aging and Disability Services 701 West 51 <sup>st</sup> Street, Austin, TX 78751 512-438-2235 lorraine.brady@dads.state.tx.us	<a href="http://www.dads.state.tx.us">www.dads.state.tx.us</a>
Utah	Carmen Richins Utah Department of Health 288 N 1460 W., Salt Lake City, Utah 84116 801-538-9087 carmenrichins@utah.gov	<a href="http://health.utah.gov/hflcra">http://health.utah.gov/hflcra</a>
Virginia	Judith McGreal Virginia Department of Social Services Division of Licensing Programs 801 East Main Street, 9 <sup>th</sup> floor, Richmond, Virginia 23219 804-726-7157 judith.mcgregal@dss.virginia.gov	<a href="http://www.dss.virginia.gov">http://www.dss.virginia.gov</a>
Washington***		<a href="http://app.leg.wa.gov/wac/default.aspx?cite=388-78A">http://app.leg.wa.gov/wac/default.aspx?cite=388-78A</a>
West Virginia	Sharon Kirk Office of Health Facility Licensure and Certification 408 Leon Sullivan Way, Charleston, WV 25304 304 558-3151 sharon.r.kirk@wv.gov	<a href="http://OHFLAC.wv.gov">OHFLAC.wv.gov</a>

## Appendix 4: Survey Response Summary Tables

(\*\*\* indicates input from committee member & not from state representative)

State	How is Assisted Living defined in your State?
Alabama	
Alaska	An assisted living home provides a system of care in a homelike environment for elderly persons and persons with mental health, developmental or physical disabilities who need assistance with activities of daily living (ADLS).
Arizona	
Arkansas	
California***	Residential Care Facility for the Elderly. "Residential Care Facility for the Elderly" means a housing arrangement chosen voluntarily by the resident, the resident's guardian, conservator or other responsible person; where 75 percent of the residents are sixty years of age or older and where varying levels of care and supervision are provided, as agreed to at time of admission or as determined necessary at subsequent times of reappraisal. Any younger residents must have needs compatible with other residents.  California (Title 22 Div. 6 Chapter 8, Article 2. License 87105)
Colorado	
Connecticut	
Delaware	The essential nature of assisted living is to offer living arrangements to medically stable persons who do not require skilled nursing services and supervision. A special combination of housing, supportive services, supervision, personalized assistance and health care designed to respond to the individual needs of those who need help with

Is registration or licensing required to operate or provide Assisted Living?			
Registration only	Licensing only	Registration or Licensing depending on the type of services/care provided or number of residents	Neither Registration or Licensing is required
	X		
	X		
	X		

State	How is Assisted Living defined in your State?
	activities of daily living and/or instrumental activities of daily living.
District of Columbia	Assisted Living Residence or ALR means entity, whether public or private, for profit or not for profit that combines housing, health, and personalized assistance, in accordance to individually developed service plans, for the support of individuals who are unrelated to the owner or operator of the entity. The function of an assisted living residence is to provide or coordinate personalized assistance through activities of daily living, recreational activities, 24 hour supervision, and provision or coordination of health services and instrumental activities of daily living as needed.
Florida	
Georgia	<p>Assisted living Community means a personal care home serving 25 residents or more that is licensed by the department to provide assisted living care.</p> <p>Assisted living care is specialized care and services provided by an assisted living community which includes the provision of personal services, the administration of medications by a certified medication aide and the provision of assistance of assisted self-preservation.</p>
Hawaii***	<p>"Assisted living" means encouraging and supporting individuals to live independently and receive services and assistance to maintain independence. All individuals have a right to live independently with respect for their privacy and dignity, and to live in a setting free from restraints.</p> <p>Hawaii (Admin. Rules Title 11 Chapter 90)</p>

Is registration or licensing required to operate or provide Assisted Living?			
Registration only	Licensing only	Registration or Licensing depending on the type of services/care provided or number of residents	Neither Registration or Licensing is required
	X		
	X		
	X		



State	How is Assisted Living defined in your State?
Idaho	Idaho Administrative Rules: IDAPA 16.03.22.15. Residential Care or Assisted Living Facility. A facility or residence, however named, operated on either a profit or nonprofit basis for the purpose of providing necessary supervision, personal assistance, meals, and lodging to three (3) or more adults not related to the owner. In this chapter, Residential Care or Assisted Living Facilities are referred to as "facility." Distinct segments of a facility may be licensed separately, provided each segment functions independently and meets all applicable rules.
Illinois	Section 295.200 a home, building, residence or any other place where sleeping accommodations are provided for at least three unrelated adults, at least 80% of whom are 55 years of age or older and provide services consistent with a social model that is based on the premise that the residents unit is his or her own home; community-based residential care for persons who need assistance with ADL's, including personal, supportive and intermittent health-related services available 24 hours per day, if needed, to meet the scheduled and unscheduled needs of a resident; mandatory services provided directly by the establishment; or by another entity arranged by the establishment physical environment that is a homelike setting that includes individual living units which shall accommodate small kitchen appliances and contain private bathing, washing and toilet facilities.
Indiana	
Iowa	Assisted living" or "program" means provision of housing with services, which may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living, to three or more tenants in a physical structure which provides a homelike environment. "Assisted living" also

Is registration or licensing required to operate or provide Assisted Living?			
Registration only	Licensing only	Registration or Licensing depending on the type of services/care provided or number of residents	Neither Registration or Licensing is required
	X		
	X		
	X		

State	How is Assisted Living defined in your State?
	includes encouragement of family involvement, tenant self-direction, and tenant participation in decisions that emphasize choice, dignity, privacy, individuality, shared risk, and independence. "Assisted living" includes the provision of housing and assistance with instrumental activities of daily living only if personal care or health-related care is also included. "Assisted living" includes 24 hours per day response staff to meet scheduled and unscheduled or unpredictable needs in a manner that promotes maximum dignity and independence and provides supervision, safety, and security.
Kansas	Assisted living facility" means any place or facility caring for six or more individuals not related within the third degree of relationship to the administrator, operator or owner by blood or marriage and who, by choice or due to functional impairments, may need personal care and may need supervised nursing care to compensate for activities of daily living limitations and in which the place or facility includes apartments for residents and provides or coordinates a range of services including personal care or supervised nursing care available 24 hours a day, seven days a week for the support of resident independence. The provision of skilled nursing procedures to a resident in an assisted living facility is not prohibited by this act. Generally, the skilled services provided in an assisted living facility shall be provided on an intermittent or limited term basis, or if limited in scope, a regular basis.
Kentucky	
Louisiana	Adult Residential Care Provider "Adult residential care provider" means a facility, agency, institution, society, corporation, partnership, company, entity, residence, person or persons, or any other group that provides adult residential care for compensation to two or more adults who are unrelated to the

Is registration or licensing required to operate or provide Assisted Living?			
Registration only	Licensing only	Registration or Licensing depending on the type of services/care provided or number of residents	Neither Registration or Licensing is required
	X		
	X		

State	How is Assisted Living defined in your State?
	licensee or operator. Adult residential care includes but is not limited to the following services: lodging, meals, medication administration, intermittent nursing services, assistance with personal hygiene, assistance with transfers and ambulation, assistance with dressing, housekeeping, and laundry. - RS 40:2166.3
Maine	
Maryland	Assisted living program means a residential or facility based program that provides housing and supportive services, supervision, personalized assistance, health- related services, or a combination of these services to meet the needs of individuals who are unable to perform, or who need assistance in performing, the activities of daily living or instrumental activities of daily living, in a way that promotes optimum dignity and independence for the individuals.
Massachusetts	
Michigan	There is no legal definition for assisted living in the state of Michigan.
Minnesota	
Mississippi	
Missouri	
Montana	"Assisted living facility" means a congregate residential setting that provides or coordinates personal care, 24-hour supervision and assistance, both scheduled and unscheduled, and activities and health-related services.
Nebraska	A facility where shelter, food, and care are provided for remuneration for a period of more than 24 consecutive hours to four or more persons residing at such facility who require or

Is registration or licensing required to operate or provide Assisted Living?			
Registration only	Licensing only	Registration or Licensing depending on the type of services/care provided or number of residents	Neither Registration or Licensing is required
	X		
		X	
	X		
	X		

State	How is Assisted Living defined in your State?
	request such services due to age, illness, or physical disability.
Nevada	
New Hampshire	<p>The rules adopted under RSA 151:9, I for residential care facilities shall, in establishing licensure classifications, recognize the following licensure levels which correspond to a continuum of care requiring different programs and services to assure quality of life in the least restrictive environment possible:</p> <p>(1) Residential care, requiring a minimum of regulation and reflecting the availability of assistance in personal and social activities with a minimum of supervision or health care, which can be provided in a home or home-like setting.</p> <p>(2) Supported residential health care, reflecting the availability of social or health services, as needed, from appropriately trained or licensed individuals, who need not be employees of the facility, but shall not require nursing services complex enough to require 24-hour nursing supervision. Such facilities may also include short-term medical care for residents of the facility who may be convalescing from an illness and these residents shall be capable of self-evacuation.</p>
New Jersey	"Assisted Living" means a coordinated array of supportive and personal services, available 24 hours per day, to residents who have been assessed to need these services including persons who require nursing home level of care. Assisted living promotes resident self-direction and participation in decisions that emphasize independence, individuality, privacy, dignity, and homelike surroundings.
New Mexico	SCOPE: This rule applies to all assisted living facilities, any facility which is operated for the maintenance or care of two (2)

Is registration or licensing required to operate or provide Assisted Living?			
Registration only	Licensing only	Registration or Licensing depending on the type of services/care provided or number of residents	Neither Registration or Licensing is required
	X		
	X		
	X		

State	How is Assisted Living defined in your State?
	or more adults who need or desire assistance with one (1) or more activities of daily living. This rule does not apply to the residence of an individual who maintains or cares for a maximum of two (2) relatives. [7.8.2.2 NMAC - Rp, 7.8.2.2 NMAC, 01/15/2010]
New York	Assisted Living, Assisted Living Residence or ALR means an entity which provides or arranges for housing, on-site monitoring, and personal care services and/or home care services (either directly or indirectly), in a home-like setting to five or more adult residents unrelated to the assisted living provider. An applicant for licensure as assisted living that has been approved in accordance with the provisions of Article 46-B of the Public Health Law and this part must also provide daily food service, twenty-four hour on-site monitoring, case management services and the development of an individualized service plan for each resident. An operator of Assisted Living shall provide each resident with considerate and respectful care and promote the resident's dignity, autonomy, independence and privacy in the least restrictive and most home-like setting commensurate with the resident's preferences and physical and mental status. [10 NYCRR 1001.2(a)]
North Carolina	
North Dakota	
Ohio	
Oklahoma	
Oregon	"Assisted Living Facility (ALF)" means a building, complex, or distinct part thereof, consisting of fully, self-contained, individual living units where six or more seniors and adult individuals with disabilities may reside in homelike surroundings. The assisted

Is registration or licensing required to operate or provide Assisted Living?			
Registration only	Licensing only	Registration or Licensing depending on the type of services/care provided or number of residents	Neither Registration or Licensing is required
	X		
	X		

State	How is Assisted Living defined in your State?
	living facility offers and coordinates a range of supportive services available on a 24-hour basis to meet the activities of daily living, health, and social needs of the residents as described in these rules. A program approach is used to promote resident self-direction and participation in decisions that emphasize choice, dignity, privacy, individuality, and independence.
Pennsylvania	Assisted living residence or residence—Any premises in which food, shelter, assisted living services, assistance or supervision and supplemental health care services are provided for a period exceeding 24-hours for four or more adults who are not relatives of the operator, who require assistance or supervision in matters such as dressing, bathing, diet, financial management, evacuation from the residence in the event of an emergency or medication prescribed for self-administration.
Rhode Island	"Assisted living residence" means a publicly or privately operated residence that provides directly or indirectly by means of contracts or arrangements personal assistance and may include the delivery of limited health services, as defined under subdivision 23-17.4-2(12), to meet the resident's changing needs and preferences, lodging, and meals to six (6) or more adults who are unrelated to the licensee or administrator, excluding however, any privately operated establishment or facility licensed pursuant to chapter 17 of this title, and those facilities licensed by or under the jurisdiction of the department of behavioral healthcare developmental disabilities, and hospitals, the department of children, youth, and families, or any other state agency. The department shall develop levels of licensure for assisted living residences within this definition as provided in § 23-17.4-6. Assisted living residences include sheltered care homes, and board and care residences or any

Is registration or licensing required to operate or provide Assisted Living?			
Registration only	Licensing only	Registration or Licensing depending on the type of services/care provided or number of residents	Neither Registration or Licensing is required
	X		
	X		

State	How is Assisted Living defined in your State?
	other entity by any other name providing the services listed in this subdivision which meet the definition of assisted living residences.
South Carolina	Community Residential Care Facility (CRCF). A facility which offers room and board and which, unlike a boarding house, provide/coordinates a degree of personal care for a period of time in excess of 24 consecutive hours for two or more persons, 18 years old or older, not related to the licensee within the third degree of consanguinity. It is designed to accommodate residents' changing needs and preferences, maximize residents' dignity, autonomy, privacy, independence, and safety, and encourage family and community involvement. Included in this definition is any facility (other than a hospital), which offers or represents to the public that it offers a beneficial or protected environment specifically for individuals who have mental illness or disabilities. These facilities may be referred to as "assisted living" provided they meet the above definition of community residential care facility.
South Dakota	
Tennessee	<p>"Assisted-care living facility (ACLF)" means a building, establishment, complex or distinct part thereof that accepts primarily aged persons for domiciliary care and services.</p> <p>"Assisted-care living facility resident" or "resident" means primarily an aged person who requires domiciliary care, and who upon admission to the facility, if not ambulatory, is capable of self-transfer from the bed to a wheelchair or similar device and is capable of propelling such wheelchair or similar device independently. Such a resident may require one or more of the following services: room and board, assistance with non-medical</p>

Is registration or licensing required to operate or provide Assisted Living?			
Registration only	Licensing only	Registration or Licensing depending on the type of services/care provided or number of residents	Neither Registration or Licensing is required
	X		
	X		

State	How is Assisted Living defined in your State?
	activities of daily living, administration of typically self-administered medications, and medical services subject to the limitations of these rules.
Texas	An assisted living facility (ALF) furnishes, in one or more facilities, food and shelter to four or more persons who are unrelated to the proprietor of the establishment. An ALF provides personal care services and administration of medication by a person licensed or otherwise authorized in this state to administer the medication. An ALF may provide assistance with or supervision of the administration of medication.
Utah	R432-270-2. Purpose. This rule establishes the licensing and operational standards for assisted living facilities Type I and Type II. Assisted living is intended to enable persons experiencing functional impairments to receive 24-hour personal and health-related services in a place of residence with sufficient structure to meet the care needs in a safe manner.
Vermont	
Virginia	Any congregate residential setting that provides or coordinates personal and health care services, 24-hour supervision, and assistance (scheduled and unscheduled) for the maintenance or care of four or more adults who aged, infirm or disabled and who are cared for in a primarily residential setting, except (i) a facility or portion of a facility licensed by the State Board of Health or the Department of Behavioral Health and Developmental Services, but including any portion of such facility not so licensed; (ii) the home or residence of an individual who cares for or maintains only persons related to him by blood or marriage; (iii) a facility or portion of a facility serving

Is registration or licensing required to operate or provide Assisted Living?			
Registration only	Licensing only	Registration or Licensing depending on the type of services/care provided or number of residents	Neither Registration or Licensing is required
	X		
	X		
	X		



State	How is Assisted Living defined in your State?
	<p>infirm or disabled persons between the ages of 18 and 21, or 22 if enrolled in an educational program for the handicapped pursuant to Section 22.1-214, when such facility is licensed by the Department as a children's residential facility under Chapter 17 (Section 63.2-1700 et seq.), but including any portion of the facility not so licensed; and (iv) any housing project for persons 62 years of age or older or the disabled that provides no more than basic coordination of care services and is funded by the U.S. Department of Housing and Urban Development, by the U.S. Department of Agriculture, or by the Virginia Housing Development Authority. Included in this definition are any two or more places, establishments or institutions owned or operated by a single entity and providing maintenance or care to a combined total of four or more aged, infirm or disabled adults. Maintenance or care means the protection, general supervision and oversight of the physical and mental well-being of an aged, infirm or disabled individual.</p>
Washington***	<p>"Assisted living facility" means any home or other institution, however named, which is advertised, announced, or maintained for the express or implied purpose of providing housing, basic services, and assuming general responsibility for the safety and well-being of the residents, and may also provide domiciliary care, consistent with this chapter to seven or more residents after July 1, 2000. However, an assisted living facility that is licensed for three to six residents prior to or on July 1, 2000, may maintain its assisted living facility license as long as it is continually licensed as an assisted living facility. "Assisted living facility" does not include facilities certified as group training homes pursuant to RCW 71A.22.040, nor any home, institution or section thereof which is otherwise licensed and regulated under the provisions of state law providing specifically for the licensing and regulation of such home, institution or section</p>

Is registration or licensing required to operate or provide Assisted Living?			
Registration only	Licensing only	Registration or Licensing depending on the type of services/care provided or number of residents	Neither Registration or Licensing is required
	X		

State	How is Assisted Living defined in your State?
	<p>thereof. Nor shall it include any independent senior housing, independent living units in continuing care retirement communities, or other similar living situations including those subsidized by the Department of Housing and Urban Development. "Assisted living facility" may also include persons associated with the assisted living facility to carry out its duties under this chapter.</p> <p>Washington (Chapter 388-78A WAC ASSISTED LIVING FACILITY LICENSING RULES)</p>
West Virginia	<p>3.6. Any living facility or place of accommodation in the state, however named, available for four (4) or more residents, that is advertised, offered, maintained or operated by the ownership or management, for the express or implied purpose of providing personal assistance, supervision, or both, to any residents who are dependent upon the services of others by reason of physical or mental impairment, and who may also require nursing care at a level that is not greater than limited and intermittent nursing care. A small assisted living residence has a bed capacity of four (4) to sixteen (16). A large assisted living residence has a bed capacity of seventeen (17) or more.</p>
Wisconsin	
Wyoming	

Is registration or licensing required to operate or provide Assisted Living?			
Registration only	Licensing only	Registration or Licensing depending on the type of services/care provided or number of residents	Neither Registration or Licensing is required
	X		

(\*\*\* indicates input from committee member & not from state representative)

State	If licensure is required, what triggers when a license is required?				
	Type of services/care provided	Number of resident	Other	If Other, please explain	Licensure is never required
Alabama					
Alaska	X	X		3 or more require a license, as well as, what type of services are provided.	
Arizona					
Arkansas					
California***			X	Pursuant to Health and Safety Code, Section 1569.10, any individual or legal entity providing or intending to provide care and supervision to the elderly in a residential facility shall obtain a current valid license pursuant to the provisions of this chapter. This shall not require an adult residential facility to relocate a resident who becomes 60, nor to change licensing category, provided that the resident's needs remain compatible with those of other residents, and the licensing agency has approved an exception request.	
Colorado					
Connecticut					
Delaware	X				
District of Columbia	X			Providing or coordinating personalized assistance through activities of daily living, recreational activities, 24 hour supervision, and provision or coordination of health services and instrumental activities of daily living, as needed, within a residential setting.	
Florida					
Georgia		X		A facility must be 25 beds or more to apply for assisted living.	
Hawaii***			X	§11-90-3 Licensing. (a) The facility shall meet all requirements for licensure under state law. All assisted living facilities shall be licensed except those operated by the federal government. The licensee shall file an application with the director and the facility shall be licensed pursuant to this chapter prior to admitting residents.	
Idaho	X	X		Both the type of services as well as the number of residents.	
Illinois	X			An establishment must apply for a license at IDPH and can access that application on line. They must send all information required and that begins the process. Our architects and engineers will go out upon completion of the building to address any	

State	If licensure is required, what triggers when a license is required?				
	Type of services/care provided	Number of resident	Other	If Other, please explain	Licensure is never required
				Life Safety Code issues and will confirm that the building is safe and can occupy. When that process is complete we issue a 120 day Probationary One license once all application information has been obtained and the establishment passes the LSC survey.	
Indiana					
Iowa	X	X		Services, which may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living, to three or more tenants. Iowa Code section 231C.15 subjects "a person establishing, conducting, managing or operating any assisted living program without a certificate" to both criminal penalties and injunctive action.	
Kansas	X				
Kentucky					
Louisiana	X			A license is required for any facility, agency, institution, society, corporation, partnership, company, entity, residence, person or persons, or any other group which provides adult residential care for compensation to two or more adults who are unrelated to the licensee or operator. Adult residential care may include but is not limited to: lodging, meals, medication administration, intermittent nursing services, medication assistance, and assistance with hygiene, transfers, ambulating, and housekeeping.	
Maine					
Maryland	X			The above stated services are provided to an individual, who is unrelated to the Provider.	
Massachusetts					
Michigan	X	X		An operation needs to be licensed under Act 218 as an adult foster care (AFC) facility if it provides personal care, supervision and protection in addition to room and board to 20 or fewer unrelated persons who are aged, mentally ill, developmentally disabled, or physically disabled, for 24 hours a day, 5 or more days a week, for 2 or more consecutive weeks for compensation.  An operation needs to be licensed under Act 368 as a home for the aged (HFA) if it provides room and board and supervised personal care to 21 or more unrelated	

State	If licensure is required, what triggers when a license is required?				
	Type of services/care provided	Number of resident	Other	If Other, please explain	Licensure is never required
				<p>people who are 60 years of age or older; or if operated as a distinct part of a licensed nursing home, can be provided to fewer than 21 residents.</p> <p>AFC and HFA are statutorily defined in MCL 400.703(4), 400.704(6) and 333.20106(3) respectively.</p> <p>The elements of AFC and HFA are drawn from their statutory and administrative rule definitions.</p> <p>Personal care means personal assistance with dressing, personal hygiene, grooming, maintenance of a medication schedule, or the development of those personal and social skills required to live in the least restrictive environment.</p> <p>Supervision means guidance of a resident in the activities of daily living, including reminding a resident of important activities and appointments and to take medication, and being aware of a resident's general whereabouts even if the resident may travel independently in the community.</p> <p>Protection means actions taken to insure the health, safety, and well-being of a resident, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation.</p> <p>Supervised personal care means guidance (cuing, prompting, reminding) or assistance with eating, toileting, bathing, grooming, dressing, transferring, mobility, medication management, reminding resident of important activities to be carried out, assisting a resident to keep appointments, supporting a resident's personal and social needs, and being aware of a resident's general whereabouts even if the resident is capable of independent travel about the community.</p> <p>Room and board means the provision of housing and meals. Under this definition, a "room" could be a bedroom, an apartment, a suite, etc. Board means any involvement in the purchase or preparation of meals.</p>	

State	If licensure is required, what triggers when a license is required?				
	Type of services/care provided	Number of resident	Other	If Other, please explain	Licensure is never required
				<p>Personal care, supervised personal care, supervision, and protection are all defined in rule and statute: MCL 400.706(1)(4), 400.707(7) and 325.1901 (2)(16) (20)(22)(23).</p> <p>BCAL may conduct an investigation to determine if an operation requires licensure. The purpose of the investigation is to determine whether or not the above elements of AFC or HFA are being offered or provided by the same entity or entities under common ownership.</p> <p>When there is common ownership or a member of the board of directors or officer of the corporation is in common etc., the operation is functioning as a single business entity, and BCAL would require licensure or re-organization to achieve compliance with the law. However, if one business provides one or two elements, and another unrelated business provides the other element(s), then the operation does not require licensure. Additionally, for AFC only, these "elements" must be offered/provided 24 hours day, for 5 or more days a week, for 2 or more consecutive weeks, for compensation.</p>	
Minnesota					
Mississippi					
Missouri					
Montana	X			<p>50-5-201 (2) MCA</p> <p>A person may not operate a health care facility unless the facility is licensed by the department. Licenses may be issued for a period of 1 to 3 years in duration. A license is valid only for the person and premises for which it was issued. A license may not be sold, assigned, or transferred.</p>	
Nebraska	X	X			
Nevada					
New Hampshire	X			Services beyond room and board trigger licensure.	
New Jersey	X				
New Mexico	X				
New York	X	X		BOTH services provided and number of residents.	

State	If licensure is required, what triggers when a license is required?				
	Type of services/care provided	Number of resident	Other	If Other, please explain	Licensure is never required
				<p>In NYS, a provider facility must be certified as either an adult home (AH) or enriched housing program (EHP) before an additional assisted living residence license can be acquired. AH and EHP regulations are found at 18 NYCRR 487 and 488 respectively.</p> <p>There are 3 types of assisted living residences in NYS: assisted living residence (ALR), enhanced assisted living residence (EALR) and special needs assisted living residence (SNALR)</p>	
North Carolina					
North Dakota					
Ohio					
Oklahoma					
Oregon	X				
Pennsylvania		X		If four or more adults, who are not related to the operator require services a license is required.	
Rhode Island		X			
South Carolina					
South Dakota					
Tennessee					
Texas					
Utah		X		<p>R432-270-4. Licensing.</p> <p>(1) A person that offers or provides care to two or more unrelated individuals in a residential facility must be minimally licensed as an assisted living facility if:</p> <p>(a) the individuals stay in the facility for more than 24 hours; and</p> <p>(b) the facility provides or arranges for the provision of assistance with one or more activity of daily living for any of the individuals.</p>	
Vermont					
Virginia		X		Four or more adults. See definition above.[to Survey Q3]	

State	If licensure is required, what triggers when a license is required?				
	Type of services/care provided	Number of resident	Other	If Other, please explain	Licensure is never required
Washington***	X			<p>(1) An assisted living facility license is required to operate or maintain an assisted living facility as defined in chapter 18.20 RCW and this chapter.</p> <p>(2) An assisted living facility license is required when any person other than a family member provides housing, one or more basic services, and one or more of the following:</p> <p>(a) Assumes general responsibility for the safety and well-being of the residents except as provided in WAC 388-78A-2032;</p> <p>(b) Provides domiciliary care which includes:</p> <p>(i) Providing assistance with activities of daily living, either directly or indirectly as defined in this chapter and described in WAC 388-78A-2190;</p> <p>(ii) Providing health support services, either directly or indirectly as defined in this chapter and described in WAC 388-78A-2200; or</p> <p>(iii) Providing intermittent nursing services, either directly or indirectly as described in WAC 388-78A-2310.</p> <p>(3) An assisted living facility license is required if the provision of items and services to a nonresident individual requires ongoing evaluation or assessment, ongoing care and service planning, ongoing intervention or ongoing monitoring of a nonresident individual's well-being as specified in this chapter.</p> <p>(4) The assisted living facility may provide adult day services as defined in WAC 388-78A-2020 and as specified in WAC 388-78A-2360 to nonresident individuals, including independent living residents, on the assisted living facility premises.</p>	
West Virginia		X		If the facility provides care to more than three (3) residents.	
Wisconsin					
Wyoming					



(\*\*\* indicates input from committee member & not from state representative)

State	Are there regulations that specify the minimum staff-to-resident ratio:		
	During the "day"?	During the "night"?	If yes to either, please describe
Alabama			
Alaska	No	No	"...must have the must have a sufficient number of care providers and other employees with adequate training...to meet the needs of residents as defined in the resident's residential services contracts and assisted living plan."
Arizona			
Arkansas			
California***	No	Yes	87411 (a) Personnel Requirements (General) "...must be sufficient at all times..." "...awake staff for those serving 16 or more..."
Colorado			
Connecticut			
Delaware	No	No	A staff of persons sufficient in number and adequately trained, certified or licensed to meet the requirements of the residents shall be employed and shall comply with applicable state laws and regulations.
District of Columbia	No	No	
Florida			
Georgia	Yes	Yes	1 staff to 15 residents during the day 1 staff to 25 residents during the night The needs of the residents must always be met.
Hawaii***	No	No	Licensed staff shall be available seven days a week.
Idaho	No	No	There is no "minimum staff-to-resident ratio", however, Idaho Administrative rules address staffing patterns: IDAPA 16.03.22.06. Sufficient Personnel. The facility will employ and the administrator will schedule sufficient personnel to: (3-30-06) a. Provide care, during all hours, required in each resident's Negotiated Service Agreement, to assure residents' health, safety, comfort, and supervision, and to assure the interior and exterior of the facility is maintained in a safe and clean manner; and (3-30-06) b. To provide for at least one (1) direct care staff with certification in first aid and cardio-pulmonary resuscitation (CPR) in the facility at all times. Facilities with multiple buildings or units will have at least one (1) direct care staff with certification in first aid and CPR in each building or each unit at all times.

State	Are there regulations that specify the minimum staff-to-resident ratio:		
	During the "day"?	During the "night"?	If yes to either, please describe
Illinois	No	No	
Indiana			
Iowa	No	No	A dementia-specific assisted living program shall have one or more staff persons who monitor tenants as indicated in each tenant's service plan. The staff shall be awake and on duty 24 hours a day on site and in the proximate area. The staff shall check on tenants as indicated in the tenants' service plans.
Kansas	No	No	
Kentucky			
Louisiana	No	No	
Maine			
Maryland	No	No	
Massachusetts			
Michigan	Yes	Yes	<p>Adult Foster Care Family Homes: R 400.1410 Resident protection. Rule 10. A licensee or responsible person shall always be on the premises when a resident is in the home. History: 1984 MR 8, Eff. Sept. 15, 1984.</p> <p>Adult Foster Care Small Group Homes (12 or Less) R 400.14206 Staffing requirements. Rule 206. (1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 12 residents and children who are under the age of 12 years. (2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan. (3) Any individual, including a volunteer, shall not be considered in determining the ratio of direct care staff to residents unless the individual meets the qualifications of a direct care staff member. (4) Direct care staff need not be in the home during the day if all of the residents of the home are at out-of-home supervised activities and the home has provided the means by which a direct care staff member or administrator can be contacted in an</p>

State	Are there regulations that specify the minimum staff-to-resident ratio:		
	During the "day"?	During the "night"?	If yes to either, please describe
			<p>emergency situation.</p> <p>(5) A licensee or administrator shall designate, in writing, a person who shall be on-site or immediately available and who shall have the authority to carry out the licensee's or administrator's responsibilities in the absence of the licensee or administrator and shall ensure that the identity of the designated person is made known to all staff. History: 1994 MR 3, Eff. May 24, 1994.</p> <p>Adult Foster Care Large Group Homes (13-20) R 400.15206 Staffing requirements. Rule 206. (1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours.</p> <p>Homes for the Aged: R 325.1931 Employees; general provisions. Rule 31. (1) Personal care and services that are provided to a resident by the home shall be designed to encourage residents to function physically and intellectually with independence at the highest practical level. (2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan. (3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty. (4) The supervisor of resident care on each shift shall do all of the following:     (a) Assure that residents are treated with kindness and respect.     (b) Protect residents from accidents and injuries.     (c) Be responsible for safety of residents in case of emergency. (5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.</p>
Minnesota			
Mississippi			

State	Are there regulations that specify the minimum staff-to-resident ratio:		
	During the "day"?	During the "night"?	If yes to either, please describe
Missouri			
Montana	No	No	
Nebraska	No	No	
Nevada			
New Hampshire	No	No	
New Jersey	No	No	
New Mexico	Yes	Yes	<p>STAFFING RATIOS: The following staffing levels are the minimum requirements.</p> <p>A. The facility shall employ the sufficient number of staff to provide the basic care, resident assistance and the required supervision based on the assessment of the residents' needs.</p> <p>(1) During resident waking hours, facilities shall have at least one (1) direct care staff person on duty and awake at all times for each fifteen (15) residents.</p> <p>(2) During resident sleeping hours, facilities with fifteen (15) or fewer residents shall have at least one (1) direct care staff person on duty, awake and responsible for the care and supervision of the residents.</p> <p>(3) During resident sleeping hours, facilities with sixteen (16) to thirty (30) residents shall have at least one (1) direct care staff person on duty and awake at all times and at least one (1) additional staff person available on the premises.</p> <p>(4) During resident sleeping hours, facilities with thirty-one (31) to sixty (60) residents shall have at least two (2) direct care staff persons on duty and awake at all times and at least one (1) additional staff person immediately available on the premises.</p> <p>(5) During resident sleeping hours, facilities with more than sixty-one (61) residents shall have at least three (3) direct care staff persons on duty and awake at all times and one (1) additional staff person immediately available on the premises for each additional thirty (30) residents or fraction thereof in the facility.</p> <p>B. Upon request of the department, the facility shall provide the staffing ratios per each twenty-four (24) hour day for the past thirty (30) days.</p> <p>[7.8.2.19 NMAC - Rp, 7.8.2.18 NMAC, 01/15/2010]</p>
New York	Yes	Yes	<p>The minimum number of staff required for resident supervision shall be determined by resident census. The following number of staff shall be on duty and onsite 24 hours a day... [18 NYCRR 487.9(f)(6)]</p> <p>The department may require additional staff based on resident needs, physical layout</p>

State	Are there regulations that specify the minimum staff-to-resident ratio:		
	During the "day"?	During the "night"?	If yes to either, please describe
			and the location of the facility. [18 NYCRR 487.9(f)(8)]
North Carolina			
North Dakota			
Ohio			
Oklahoma			
Oregon	No	No	Facilities must have qualified awake caregivers, sufficient in number, to meet the 24-hour scheduled and unscheduled needs of each resident.
Pennsylvania	No	No	
Rhode Island	No	No	Must be a minimum of at least one staff member. Staffing is not based on a ratio but is based on need to ensure health and safety.
South Carolina	Yes	Yes	In each building, there shall be at least one staff member/volunteer for each eight residents or fraction thereof on duty during all periods of peak hours.  In each building, during night time (non-peak) hours, there shall be at least one staff member/volunteer on duty for each 30 residents or fraction thereof.
South Dakota			
Tennessee	No	No	
Texas	No	No	A facility must develop and implement policies that require staffing ratios based upon the needs of the residents as identified in their service plans.  Night shift staff in a small Type A facility must be immediately available. In a large facility, the staff must be immediately available and awake. Night shift staff in Type B facilities must be immediately available and awake, regardless of the number of licensed beds.
Utah	No	No	
Vermont			
Virginia	No	No	
Washington***	No	No	"Each assisted living facility must provide sufficient, trained staff persons to:"
West Virginia	Yes	Yes	5.4. b. The residence shall have one additional direct care staff on the day shift for each ten (10) residents identified on their functional needs assessment to have two

State	Are there regulations that specify the minimum staff-to-resident ratio:		
	During the "day"?	During the "night"?	If yes to either, please describe
			(2) or more of the following care needs: dependence on staff for eating, toileting, ambulating, bathing, dressing, repositioning, special skin care, or one or more inappropriate behaviors that reasonably requires additional staff to control, such as sexually acting out, stripping in public settings, refusing basic care, or destroying property; or injurious behavior to self or others; one additional direct care staff on the evening shift for each fifteen (15) residents identified on their functional needs assessment to have two (2) or more of these care needs; and one additional direct care staff on the night shift for each eighteen (18) residents identified with two (2) or more of these care needs.
Wisconsin			
Wyoming			

(\*\*\* indicates input from committee member & not from state representative)

State	Are there regulations that specify:	
	The minimum number of "direct care" staff hours per resident per day?	If yes to either, please describe
Alabama		
Alaska	No	"...must have the must have a sufficient number of care providers and other employees with adequate training...to meet the needs of residents as defined in the resident's residential services contracts and assisted living plan."
Arizona		
Arkansas		
California***	No	<p>Comment:</p> <p>87158 CAPACITY 87158</p> <p>(a) A license shall be issued for a specific capacity which shall be the maximum number of residents which can be provided care at any given time. The capacity shall be exclusive of any members of the licensee's own family who reside at the facility. However, the licensing agency shall consider the presence of other family members or other persons who reside in the facility in determining capacity in order to ensure and promote proper living arrangements for both the licensee's family and the residents and to ensure the provision of adequate care and supervision for the residents.</p> <p>(b) The number of persons that the facility is licensed to admit shall be determined on the basis of the application review by the licensing agency which shall consider:</p> <p>(1) Physical energy and skills of the licensee as it relates to their ability to meet the needs of the residents.</p> <p>(2) Any other household members who may reside at the facility and their individual needs.</p> <p>(3) Physical features of the facility, such as available living space, which are necessary in order to comply with regulations.</p> <p>(4) Number of available staff to meet the care needs of the residents.</p>
Colorado		
Connecticut		
Delaware	No	
District of Columbia	No	
Florida		

State	Are there regulations that specify:	
	The minimum number of "direct care" staff hours per resident per day?	If yes to either, please describe
Georgia	No	
Hawaii***	No	
Idaho	No	<p>There is no "minimum staff-to-resident ratio", however, Idaho Administrative rules address staffing patterns:</p> <p>IDAPA 16.03.22.06. Sufficient Personnel. The facility will employ and the administrator will schedule sufficient personnel to: (3-30-06) a. Provide care, during all hours, required in each resident's Negotiated Service Agreement, to assure residents' health, safety, comfort, and supervision, and to assure the interior and exterior of the facility is maintained in a safe and clean manner; and (3-30-06) b. To provide for at least one (1) direct care staff with certification in first aid and cardio-pulmonary resuscitation (CPR) in the facility at all times. Facilities with multiple buildings or units will have at least one (1) direct care staff with certification in first aid and CPR in each building or each unit at all times.</p>
Illinois	Yes – for a dementia unit	None in the AL setting defined but in Section 295.4060 h)7) it says for a dementia unit, at a minimum, provide 1.4 hours of services per resident per day. For purposes of this Section, services shall mean assistance with activities of daily living, activities-bases programming, and services delivered to the resident to meet the unique needs of residents with dementia.
Indiana		
Iowa	No	
Kansas	No	
Kentucky		
Louisiana	No	
Maine		
Maryland	No	
Massachusetts		
Michigan	Yes	<p>An operation needs to be licensed under Act 218 as an adult foster care (AFC) facility if it provides personal care, supervision and protection in addition to room and board to 20 or fewer unrelated persons who are aged, mentally ill, developmentally disabled, or physically disabled, for 24 hours a day, 5 or more days a week, for 2 or more consecutive weeks for compensation.</p> <p>Adult Foster Care Family Homes:</p>



State	Are there regulations that specify:	
	The minimum number of "direct care" staff hours per resident per day?	If yes to either, please describe
		<p>R 400.1410 Resident protection. Rule 10. A licensee or responsible person shall always be on the premises when a resident is in the home. History: 1984 MR 8, Eff. Sept. 15, 1984.</p> <p>Adult Foster Care Small Group Homes (12 or Less) R 400.14206 Staffing requirements. Rule 206. (1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 12 residents and children who are under the age of 12 years.</p> <p>Adult Foster Care Large Group Homes (13-20) R 400.15206 Staffing requirements. Rule 206. (1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours.</p>
Minnesota		
Mississippi		
Missouri		
Montana	No	
Nebraska	No	
Nevada		
New Hampshire	No	
New Jersey	No	
New Mexico	Yes	<p>STAFFING RATIOS: The following staffing levels are the minimum requirements.</p> <p>A. The facility shall employ the sufficient number of staff to provide the basic care, resident assistance and the required supervision based on the assessment of the residents' needs.</p> <p>(1) During resident waking hours, facilities shall have at least one (1) direct care staff person on duty and awake at all times for each fifteen (15) residents.</p> <p>(2) During resident sleeping hours, facilities with fifteen (15) or fewer residents shall have at least</p>

State	Are there regulations that specify:	
	The minimum number of "direct care" staff hours per resident per day?	If yes to either, please describe
		<p>one (1) direct care staff person on duty, awake and responsible for the care and supervision of the residents.</p> <p>(3) During resident sleeping hours, facilities with sixteen (16) to thirty (30) residents shall have at least one (1) direct care staff person on duty and awake at all times and at least one (1) additional staff person available on the premises.</p> <p>(4) During resident sleeping hours, facilities with thirty-one (31) to sixty (60) residents shall have at least two (2) direct care staff persons on duty and awake at all times and at least one (1) additional staff person immediately available on the premises.</p> <p>(5) During resident sleeping hours, facilities with more than sixty-one (61) residents shall have at least three (3) direct care staff persons on duty and awake at all times and one (1) additional staff person immediately available on the premises for each additional thirty (30) residents or fraction thereof in the facility.</p> <p>B. Upon request of the department, the facility shall provide the staffing ratios per each twenty-four (24) hour day for the past thirty (30) days.</p> <p>[7.8.2.19 NMAC - Rp, 7.8.2.18 NMAC, 01/15/2010]</p>
New York	No	
North Carolina		
North Dakota		
Ohio		
Oklahoma		
Oregon	No	
Pennsylvania	Yes	<p>b) Direct care staff persons shall be available to provide at least 1 hour per day of assisted living services to each mobile resident.</p> <p>c) Direct care staff persons shall be available to provide at least 2 hours per day of assisted living services to each resident who has mobility needs.</p> <p>*At least 75% of the assisted living service hours specified in subsections (b) and (c) shall be available during waking hours.</p>
Rhode Island	No	
South Carolina	Yes	<p>1 (one) to 8 (eight) per resident per day (peak hours)</p> <p>1 (one) to 30 (thirty) per resident per night (non-peak hours)</p>

State	Are there regulations that specify:	
	The minimum number of "direct care" staff hours per resident per day?	If yes to either, please describe
South Dakota		
Tennessee	No	
Texas	No	A facility is required to develop a policy to ensure direct care services are provided according the resident service plans.
Utah	No	
Vermont		
Virginia	No	
Washington***	No	
West Virginia	Yes	5.4. b. The residence shall have one additional direct care staff on the day shift for each ten (10) residents identified on their functional needs assessment to have two (2) or more of the following care needs: dependence on staff for eating, toileting, ambulating, bathing, dressing, repositioning, special skin care, or one or more inappropriate behaviors that reasonably requires additional staff to control, such as sexually acting out, stripping in public settings, refusing basic care, or destroying property; or injurious behavior to self or others; one additional direct care staff on the evening shift for each fifteen (15) residents identified on their functional needs assessment to have two (2) or more of these care needs; and one additional direct care staff on the night shift for each eighteen (18) residents identified with two (2) or more of these care needs.
Wisconsin		
Wyoming		

(\*\*\* indicates input from committee member & not from state representative)

State	Are there regulations that specify:	
	Having a licensed nurse available (or on-call) at all times?	Having to provide additional staff necessary to meet the needs of residents (e.g. for transportation, laundry, food service, housekeeping, facility maintenance)?
Alabama		
Alaska	Yes	Yes
Arizona		
Arkansas		
California***	Yes	Yes
Colorado		
Connecticut		
Delaware	No	No
District of Columbia	No	No
Florida		
Georgia	No	Yes
Hawaii***	Yes	No
Idaho	Yes	Yes
Illinois	No	No
Indiana		
Iowa	Yes	Yes
Kansas	Yes	No
Kentucky		
Louisiana	Yes	Yes
Maine		
Maryland	Yes	No
Massachusetts		
Michigan	No	Yes
Minnesota		
Mississippi		
Missouri		
Montana	Yes	Yes

State	Are there regulations that specify:	
	Having a licensed nurse available (or on-call) at all times?	Having to provide additional staff necessary to meet the needs of residents (e.g. for transportation, laundry, food service, housekeeping, facility maintenance)?
Nebraska	No	No
Nevada		
New Hampshire	Yes	No
New Jersey	Yes	Yes
New Mexico	No	Yes
New York	No	Yes
North Carolina		
North Dakota		
Ohio		
Oklahoma		
Oregon	Yes	Yes
Pennsylvania	Yes	Yes
Rhode Island	Yes	Yes
South Carolina	No	No
South Dakota		
Tennessee	Yes	Yes
Texas	No	No
Utah	Yes	Yes
Vermont		
Virginia	No	Yes
Washington***	Yes	Yes
West Virginia	Yes	Yes
Wisconsin		
Wyoming		

\*\*\* indicates input from committee member & not from state representative)

State	For an “Administrator” of an Assisted Living facility, are there regulations that specify the person’s:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
Alabama				
Alaska	Yes	Yes	Yes	Must be 21  Complete an approved management or admin. training course and have documented experience relevant to the population of residents in the home; or have sufficient documented experience in an out-of-home care facility and adequate education, training, or other similar experience to fulfill the duties of an administrator for the type and size of home where the individual is to be employed.
Arizona				
Arkansas				
California***	No	Yes	Yes	Must complete a 40-hour initial Certification Training Program and pass a written test. Complete 12-hours in the core areas of laws and regulations etc.  Administrators in facilities with 16 or more must also have specified levels of college education and experience providing care to the elderly.  40 hours of continued education every two years.
Colorado				
Connecticut				
Delaware	No	Yes	Yes	While there is no specific age requirement, other requirements (i.e. Bachelors degree, Associate degree) would limit the age of the person serving in this role. Every assisted living facility shall have a Director. Facilities licensed for 25 beds or more shall have a full-time Nursing Home Administrator. Facilities licensed for 5 through 24 beds shall have a part-time Nursing Home Administrator on-site and on-duty at least 20 hours a week. If the assisted living facility is part of a continuing care retirement community (CCRC) or part of a campus under the same ownership, the CCRC or campus may operate under one licensed Nursing Home Administrator.

State	For an “Administrator” of an Assisted Living facility, are there regulations that specify the person’s:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
				<p>16.5 The Nursing Home Administrator shall comply with the provisions of 24 Del.C. Ch. 52, and the Board’s Rules and Regulations.</p> <p>16.6 The Director/Nursing Home Administrator shall have overall responsibility for managing the assisted living facility such that all requirements of state law and regulations are met.</p> <p>16.7 The Director of a facility for 4 beds or fewer shall meet one of the following criteria:</p> <p>16.7.1 A baccalaureate degree in a health or social services field or business administration; or</p> <p>16.7.2 An associates degree in a health or social services field or business administration and at least 2 years of full-time equivalent work experience in these disciplines; or</p> <p>16.7.3 An RN with a combined total of 4 years full-time equivalent education and related work experience; or</p> <p>16.7.4 At least 4 years full-time equivalent work experience as an LPN, or 5 years full-time equivalent work experience in a health or social services field or business administration.</p>
District of Columbia	Yes	Yes	Yes	<p>Q(a) Minimum age? 21 years of age 44-107.01</p> <p>Q(b) Minimum level of education? High school diploma or general equivalence or have served as an operator or administrator or a license community residence facility.</p> <p>Q(c) Minimum level of training and/ or certification? 44-107.02 (a)(1) &amp; 44-107.02 (a)(2) Must be certified as a certified nursing assistant or home health aide.</p>
Florida				
Georgia	Yes	Yes	Yes	<p>21 years of age</p> <p>a bachelors decree plus one years’ experience or an associates degrees and 2 years’ experience, or a license as a nursing home administrator, or certification by a nationally recognized educational provider or license issued by another state as a nursing home administrator or an assisted living administrator or a GED or high school diploma and 4 years’ experience in a personal care home or other such setting and 2 years of supervisory service</p>
Hawaii***	No	No	Yes	<p>(1) Have at least two years experience, in a management capacity, in the housing or health care services or personal care industries, or any combination thereof;</p>

State	For an “Administrator” of an Assisted Living facility, are there regulations that specify the person’s:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
				(2) Show evidence of having completed an assisted living facility administrator's course or equivalent course acceptable to the department;
Idaho	Yes	Yes	Yes	IDAPA 16.03.22.010.05. Administrator. An individual, properly licensed by the Bureau of Occupational Licensing, who is responsible for day to day operation of a residential care or assisted living facility.
Illinois	Yes	Yes	Yes	Section 295.3010 of the 77 Illinois Administrative Code specifies the above information about Manager's Qualifications. Administrator language is not defined in our regulations.  Manager shall be at least 21yrs of age and have a high school diploma or equivalency.  Have at least one year of management experience in healthcare, housing or hospitality or providing similar services to the elderly or two years of experience in health care, housing or hospitality or providing similar services to the elderly. Section 295.4060 i) defines Manager qualifications and training in a Dementia Unit.
Indiana				
Iowa	No	No	Yes	All programs employing a new program manager after January 1, 2010, shall require the manager within six months of hire to complete an assisted living management class whose curriculum includes at least six hours of training specifically related to Iowa rules and laws on assisted living programs. Managers who have completed a similar training prior to January 1, 2010, shall not be required to complete additional training to meet this requirement.
Kansas	Yes	Yes	Yes	Must be a licensed nursing home administrator if facility licensed for over 60; if less than 60 may be an operator who meets the following registration requirements: Each applicant for initial registration as an operator shall meet the following requirements: (a) Submit an application and meet the requirements specified in K.A.R. 26-39-502; (b) pay the applicable fee specified in K.A.R. 26-39-505; (c) be at least 21 years of age; (d) (1) Have a high school diploma or equivalent, with one year of relevant experience; (2) have an associate's degree in a relevant field; or



State	For an “Administrator” of an Assisted Living facility, are there regulations that specify the person’s:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
				(3) have a bachelor's degree; and (e) have successfully completed an operator course as specified in K.A.R. 26-39-503.
Kentucky				
Louisiana	Yes	Yes	Yes	<p>Administrator qualifications depends on the licensed level:</p> <p>Level 1-</p> <ul style="list-style-type: none"> <li>a. have at least two (2) years of college training plus one (1) year of experience in the fields of health, social services, geriatrics, management or administration; or</li> <li>b. in lieu of two (2) years of college training, three (3) years of experience in health, social services, geriatrics, management, administration or a combination of undergraduate education and experience for a total of three (3) years; or</li> <li>c. a Bachelor's degree in geriatrics, social services, nursing, health care administration or related field.</li> </ul> <p>2. Documentation of Director qualifications shall be on file.</p> <p>Level 2-</p> <ul style="list-style-type: none"> <li>a. have at least two (2) years of college training plus two (2) years of experience in the field of health, social services, geriatrics, management or administration; or</li> <li>b. in lieu of two (2) years of college training, four (4) years' experience in health, social services, geriatrics, management, administration or a combination of undergraduate education and experience for a total of four (4) years; or</li> <li>c. a Bachelor's degree in geriatrics, social service, nursing, health care administration or related field or their equivalent.</li> </ul> <p>2. Documentation of Director qualifications shall be on file at the facility.</p> <p>Level 3-</p> <ul style="list-style-type: none"> <li>a. a Bachelor's degree plus two (2) years of experience in the fields of health, social services, geriatrics, management or administration; or</li> </ul>

State	For an “Administrator” of an Assisted Living facility, are there regulations that specify the person’s:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
				<p>b. in lieu of a degree, six (6) years of experience in health, social services, geriatrics, management, administration or a combination of undergraduate education and experience for a total of six (6) years; or</p> <p>c. a Master's degree in geriatrics, health care administration, or in a human service related field or their equivalent.</p> <p>2. Documentation of Director qualifications shall be on file at the facility.</p> <p>Level 4- Administrator Qualifications</p> <p>a. The administrator shall meet one of the following criteria upon date of hire:</p> <ul style="list-style-type: none"> <li>i. a bachelor's degree plus two years of administrative experience in the fields of health, social services, or geriatrics; or</li> <li>ii. in lieu of a degree, six years of administrative experience in health, social services, or geriatrics, or a combination of undergraduate education and experience for a total of six years; or</li> <li>iii. a master's degree in geriatrics, health care administration, or in a human service related field; or</li> <li>iv. be a licensed nursing facility administrator; and</li> </ul> <p>b. Additionally, the administrator shall have successfully completed an administrator certification program consisting of 40 hours of training that has been approved by any one of the following organizations:</p> <ul style="list-style-type: none"> <li>i. Louisiana Board of Examiners of Nursing Facility Administrators;</li> <li>ii. Louisiana Assisted Living Association (LALA);</li> <li>iii. Gulf States Association of Homes and Services for the Aging(GSASHA);</li> <li>iv. Louisiana Nursing Home Association (LNHA); or</li> <li>v. any of the national assisted living associations, including the: <ul style="list-style-type: none"> <li>(a). American Association of Homes and Services for the Aging (AAHSA);</li> <li>(b). National Center for Assisted Living (NCAL); or</li> <li>(c). Assisted Living Federation of America (ALFA).</li> </ul> </li> </ul>

State	For an “Administrator” of an Assisted Living facility, are there regulations that specify the person’s:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
				<p>c. Training must be started within six months and completed within 12 months of being appointed administrator.</p> <p>d. Two years of experience as an assisted living administrator may be substituted in lieu of the certification requirements.</p> <p>e. Documentation of the administrator's qualifications shall be maintained on file at the facility.</p>
Maine				
Maryland	No	No	No	
Massachusetts				
Michigan	Yes	Yes	Yes	<p>R 400.15201 Qualifications of administrator, direct care staff, licensee, and members of household; provision of names of employee, volunteer, or member of household on parole or probation or convicted of felony; food service staff.</p> <p>Rule 201.</p> <p>(1) An administrator and direct care staff shall be persons who are not residents.</p> <p>(2) A licensee shall have the financial and administrative capability to operate a home to provide the level of care and program stipulated in the application.</p> <p>(3) Before a temporary license is issued, an applicant and an administrator shall be competent in all of the following areas:</p> <ul style="list-style-type: none"> <li>(a) Nutrition.</li> <li>(b) First aid.</li> <li>(c) Cardiopulmonary resuscitation.</li> <li>(d) Foster care, as defined in the act.</li> <li>(e) Safety and fire prevention.</li> <li>(f) Financial and administrative management.</li> <li>(g) Knowledge of the needs of the population to be served.</li> <li>(h) Resident rights.</li> <li>(i) Prevention and containment of communicable diseases.</li> </ul> <p>(4) An applicant and an administrator shall be deemed competent to operate a home upon successfully completing 1 or more of the following:</p>

State	For an “Administrator” of an Assisted Living facility, are there regulations that specify the person’s:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
				<p>(a) Training that is developed, approved, or provided by the department.</p> <p>(b) A competency review that is developed by the department to be given to the applicant and administrator during the licensing process by the licensing agent.</p> <p>(c) A program of study at an accredited college or university in areas relevant to the applicant's admission policy and program statement.</p> <p>(d) Experience that is related to the direct care of residents in areas that are relevant to the populations which are identified in the home's admission policy and program statement.</p> <p>(5) An administrator who is designated by the licensee after the promulgation of these rules shall meet the requirements of subrule (4) of this rule.</p> <p>(6) A licensee and the administrator shall have a high school diploma or general education diploma or equivalent and not less than 1 year of experience working with the population identified in the home's program statement and admission policy.</p> <p>(7) The provisions of subrule (6) of this rule shall not apply to those adult foster care licensees or administrators who are licensed, or applying to be licensed, before the promulgation of these rules.</p> <p>(8) The provisions of subrule (6) of this rule shall not apply to an individual who is employed as an administrator of a home that was licensed before the promulgation of these rules.</p> <p>(9) A licensee and the administrator shall possess all of the following qualifications:</p> <p>(a) Be suitable to meet the physical, emotional, social, and intellectual needs of each resident.</p> <p>(b) Be capable of appropriately handling emergency situations.</p> <p>(c) Be capable of assuring program planning, development, and implementation of services to residents consistent with the home's program statement and in accordance with the resident's assessment plan and care agreement.</p> <p>R 400.15202 Administrator; qualifications.</p> <p>Rule 202.</p> <p>(1) A home shall have an administrator who shall not have less than 1 year of experience working with persons who are mentally ill, developmentally disabled, physically handicapped, or aged.</p>

State	For an “Administrator” of an Assisted Living facility, are there regulations that specify the person’s:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
				<p>(2) A licensee who meets the qualifications of an administrator may serve as an administrator. History: 1994 MR 3, Eff. May 24, 1994.</p> <p>R 400.15203 Licensee and administrator training requirements. Rule 203.</p> <p>(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:</p> <p>(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.</p> <p>(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.</p> <p>(2) The department may prescribe additional training if substantial noncompliance with the act or these rules is evident. History: 1994 MR 3, Eff. May 24, 1994.</p>
Minnesota				
Mississippi				
Missouri				
Montana	Yes	No	Yes	<p>Q(a) 18 years or older</p> <p>Q(c) Either be a licensed nursing home administrator or have completed all the modules of "The Management Library for Administrators and Executive Directors" published by the Senior Living University.</p>
Nebraska	Yes	No	Yes	An ALF administrator must be 21 years of age and complete a course of at least 30 hours with specified topics. The training course may be waived if the person is already licensed as a nursing home administrator or an current administrator of a hospital.
Nevada				

State	For an “Administrator” of an Assisted Living facility, are there regulations that specify the person’s:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
New Hampshire	Yes	Yes	Yes	The requirements vary depending upon whether the facility is a Residential Care Facility or a Supported Residential Health Care Facility. The requirements are set forth in the Personnel sections of He-P 804 and He-P 805.
New Jersey	Yes	Yes	Yes	Q(a)... 21 years of age NJAC 8:36-3.2(a) 1 Q(b)... high school diploma or equivalent NJAC 8:36-3.2(a) 2 Q(c)... Current certification as an AL administrator (CALA), or licensure as a nursing home administrator (LNHA)
New Mexico	Yes	Yes	Yes	STAFF QUALIFICATIONS: A facility shall employ staff with the following qualifications. A. Administrator, director, operator: an assisted living facility shall be supervised by a full-time administrator. Multiple facilities that are located within a forty (40) mile radius may have one full-time administrator. The administrator shall: (1) be at least twenty-one (21) years of age; (2) have a high school diploma or its equivalent; (3) comply with the requirements of the New Mexico Caregivers Criminal History Screening Act, 7.1.9 NMAC; (4) complete a state approved certification program for assisted living administrators; (5) be able to communicate with the residents in the language spoken by the majority of the residents; (6) not work while under the influence of alcohol or illegal drugs; (7) have evidence of education and experience to prove the ability to administer, direct and operate an assisted living facility; the evidence of education and experience shall be directly related to the services that are provided at the facility; (8) provide three (3) notarized letters of reference from persons unrelated to the applicant; and (9) comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC.
New York	Yes	Yes	Yes	Administrator (AH) or Program Coordinator (EHP) requirements are specified in 18 NYCRR 487.9(9) and 488.9(5) respectively. Minimum age 21; education and training and continuing education varies dependent on program size.

State	For an “Administrator” of an Assisted Living facility, are there regulations that specify the person’s:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon	Yes	Yes	Yes	<p>The Administrator must:</p> <p>(a) Be at least 21 years of age;</p> <p>(b) Possess a high school diploma or equivalent; and</p> <p>(A) Have at least two years professional or management experience that has occurred within the last five years, in a health or social service related field or program, or have a combination of experience and education; or</p> <p>(B) Possess an accredited Bachelors Degree in a health or social service related field.</p>
Pennsylvania	Yes	Yes	Yes	<p>A. The administrator shall be 21 years of age or older.</p> <p>B. (1) A license as an RN from the Department of State and 1 year, in the prior 10 years, of direct care or administrative experience in a health care or human services field.</p> <p>(2) An associate’s degree or 60 credit hours from an accredited college or university in a human services field and 1 year, in the prior 10 years, of direct care or administrative experience in a health care or human services field.</p> <p>(3) An associate’s degree or 60 credit hours from an accredited college or university in a field that is not related to human services and 2 years, in the prior 10 years, of direct care or administrative experience in a health care or human services field.</p> <p>(4) A license as an LPN from the Department of State and 1 year, in the prior 10 years, of direct care or administrative experience in a health care or human services field.</p> <p>(5) A license as a nursing home administrator from the Department of State and 1 year, in the prior 10 years, of direct care or administrative experience in a health care or human services field.</p> <p>(6) With the exception of administrators qualified under § 2600.53(a)(5) (relating to qualifications and responsibilities of administrators), experience as a personal care home administrator, if the following requirements are met:</p>

State	For an “Administrator” of an Assisted Living facility, are there regulations that specify the person’s:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
				<p>(i) Employed as a personal care home administrator for 2 years prior to January 18, 2011.</p> <p>(ii) Completed the administrator training requirements and pass the Department-approved competency-based training test in § 2800.64 (relating to administrator training and orientation) by January 18, 2012.</p>
Rhode Island	Yes	No	Yes	Currently at least 18 years of age. See <a href="http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/4861.pdf">http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/4861.pdf</a> for details.
South Carolina	No	Yes	No	<p>This is from our Regulation, "The facility administrator shall be licensed as a CRCF administrator in accordance with S.C. Code Ann. Section 40-*35-30 (1976, as amended). In addition, all other applicable provisions of Title 40, Chapter 35, S.C. Code of Laws 1976, as amended, shall be followed".</p> <p>The Department of Labor and Licensing regulates the licensing of the administrators, we regulate that the facility has an administrator.</p>
South Dakota				
Tennessee	Yes	Yes	Yes	<p>An applicant for certification as an ACLF administrator shall submit the following to the Board office:</p> <ol style="list-style-type: none"> <li>1. A completed application on a form approved by the Board;</li> <li>2. Nonrefundable application fee;</li> <li>3. Proof that the applicant is at least eighteen (18) years of age;</li> <li>4. Proof that the applicant is a high school graduate or the holder of a general equivalency diploma;</li> <li>5. Results of a criminal background check; and</li> <li>6. Proof that the applicant has not been convicted of a criminal offense involving the abuse or intentional neglect of an elderly or vulnerable individual.</li> </ol>
Texas	No	Yes	Yes	<p>Administrators manage assisted living facilities in Texas.</p> <ol style="list-style-type: none"> <li>a. Managers of Type B facilities must be 18.</li> <li>b. In small facilities, the manager must have proof of graduation from an accredited high school or certification of equivalency of graduation. In large facilities, a manager must</li> </ol>



State	For an “Administrator” of an Assisted Living facility, are there regulations that specify the person’s:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
				<p>have:</p> <ul style="list-style-type: none"> <li>- an associate's degree in nursing, health care management, or a related field;</li> <li>- a bachelor's degree; or</li> <li>- proof of graduation from an accredited high school or certification of equivalency of graduation and at least one year of experience working in management or in health care industry management.</li> </ul> <p>c. A manager must have completed at least one educational course on the management of assisted living facilities, which must include information on the assisted living standards; resident characteristics (including dementia); resident assessment and skills working with residents; basic principles of management; food and nutrition services; federal laws, with an emphasis on the Americans with Disabilities Act's accessibility requirements; community resources; ethics; and financial management.</p> <ul style="list-style-type: none"> <li>- The course must be at least 24 hours in length. <ul style="list-style-type: none"> <li>- Eight hours of training on the assisted living standards must be completed within the first three months of employment.</li> <li>- The 24-hour training requirement may not be met through in-services at the facility, but may be met through structured, formalized classes, correspondence courses, training videos, distance learning programs, or off-site training courses. All training must be provided or produced by academic institutions, assisted living corporations, or recognized state or national organizations or associations. Subject matter that deals with the internal affairs of an organization will not qualify for credit.</li> </ul> </li> <li>- All managers must show evidence of 12 hours of annual continuing education. This requirement will be met during the first year of employment by the 24-hour assisted living management course. The annual continuing education requirement must include at least two of the following areas: <ul style="list-style-type: none"> <li>- resident and provider rights and responsibilities, abuse/neglect, and confidentiality;</li> <li>- basic principles of management;</li> <li>- skills for working with residents, families, and other professional service providers;</li> <li>- resident characteristics and needs;</li> </ul> </li> </ul>

State	For an “Administrator” of an Assisted Living facility, are there regulations that specify the person’s:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
				<ul style="list-style-type: none"> <li>- community resources;</li> <li>- accounting and budgeting;</li> <li>- basic emergency first aid; or</li> <li>- federal laws, such as Americans with Disabilities Act, Civil Rights Act of 1991, the Rehabilitation Act of 1993, Family and Medical Leave Act of 1993, and the Fair Housing Act.</li> </ul>
Utah	Yes	Yes	Yes	<p>R432-270-6. Administrator Qualifications.</p> <p>(1) The administrator shall have the following qualifications:</p> <ul style="list-style-type: none"> <li>(a) be 21 years of age or older;</li> <li>(b) have knowledge of applicable laws and rules;</li> <li>(c) have the ability to deliver, or direct the delivery of, appropriate care to residents;</li> <li>(d) successfully complete the criminal background screening process defined in R432-35; and</li> <li>(e) for all Type II facilities, complete a Department approved national certification program within six months of hire.</li> </ul> <p>(2) In addition to R432-270-6(1) the administrator of a Type I facility shall have an associate degree or two years experience in a health care facility.</p> <p>(3) In addition to R432-270-6(1) the administrator of a Type II small or limited-capacity assisted living facility shall have one or more of the following:</p> <ul style="list-style-type: none"> <li>(a) an associate degree in a health care field;</li> <li>(b) two years or more management experience in a health care field; or</li> <li>(c) one year's experience in a health care field as a licensed health care professional.</li> </ul> <p>(4) In addition to R432-270-6(1) the administrator of a Type II large assisted living facility must have one or more of the following:</p> <ul style="list-style-type: none"> <li>(a) a State of Utah health facility administrator license;</li> <li>(b) a bachelor's degree in a health care field, to include management training or one or more years of management experience;</li> <li>(c) a bachelor's degree in any field, to include management training or one or more years of management experience and one year or more experience in a health care</li> </ul>

State	For an “Administrator” of an Assisted Living facility, are there regulations that specify the person’s:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
				field; or (d) an associates degree and four years or more management experience in a health care field.
Vermont				
Virginia	Yes	Yes	Yes	An administrator must be at least 21 years of age. For facilities licensed for residential living care only, an administrator must be a high school graduate or have a GED, and have at least 30 credit hours of postsecondary education or have completed a department-approved course specific to the administration of an assisted living facility and have at least one year of administrative or supervisor experience in caring for adults in a group care facility. For facilities licensed for both residential and assisted living care, an administrator must be licensed as an assisted living facility administrator or nursing home administrator by the Virginia Board of Long-Term Care Administrators.
Washington***	Yes	Yes	Yes	Administrator qualifications—General. (1) The licensee must appoint an administrator who is: (a) At least twenty-one years old; (b) Not a resident of the assisted living facility; and (c) Qualified to perform the administrator's duties specified in WAC 388-78A-2560. (2) The licensee must only appoint as an assisted living facility administrator an individual who meets the requirements of at least one of the following sections in WAC 388-78A-2522 through 388-78A-2527.
West Virginia	Yes	Yes	Yes	5.3.a. A large residence shall have an administrator who is at least twenty-one (21) years of age and has an associate degree or its equivalent in a related field, except an individual who was approved as an administrator prior to August 15, 1996, who shall have at least a high school education or its equivalent approved by the state department of education. A small residence shall have an administrator who is at least twenty-one (21) years of age and has completed high school or a general education development (GED) certificate.  5.3.c. The administrator shall participate in eight (8) hours of training related to the operation of a residence annually and a record of this training shall be available for review.

State	For an “Administrator” of an Assisted Living facility, are there regulations that specify the person’s:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
Wisconsin				
Wyoming				

\*\*\* indicates input from committee member & not from state representative)

State	Is a “Supervisor or Manager of Care staff” required?	For a “Supervisor/Manager of Care staff”, are there regulations that specify the person’s:			
		(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please describe
Alabama					
Alaska	No				
Arizona					
Arkansas					
California***	No				
Colorado					
Connecticut					
Delaware	Yes	No	Yes	Yes	<p>While there is no specific age requirement, the requirement of an RN would limit the age of the person serving in this role.</p> <p>16.11 Every assisted living facility shall have a Director of Nursing who is a registered nurse. Facilities licensed for 25 assisted living beds or more shall have a full-time Director of Nursing. Facilities licensed for 5 through 24 assisted living beds shall have a part-time Director of Nursing on-site and on-duty at least 20 hours a week. The nursing director of a facility for 4 assisted living beds or fewer shall be on-site at least 8 hours a week.</p> <p>16.12 The Director of Nursing shall comply with the provisions of 24 Del.C. Ch. 19 and the rules and regulations of the Board of Nursing.</p> <p>16.13 The Director of Nursing shall have overall responsibility for the coordination, supervision and provision of the nursing department /services.</p>

State	Is a “Supervisor or Manager of Care staff” required?
District of Columbia	No
Florida	
Georgia	No
Hawaii***	No
Idaho	Yes
Illinois	Yes

For a “Supervisor/Manager of Care staff”, are there regulations that specify the person’s:			
(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please describe
Yes	Yes	Yes	<p>IDAPA 16.03.22.010.05. Administrator. An individual, properly licensed by the Bureau of Occupational Licensing, who is responsible for day to day operation of a residential care or assisted living facility.</p> <p>IDAPA 16.03.22.215.REQUIREMENTS FOR A FACILITY ADMINISTRATOR.</p> <p>Each facility must be organized and administered under one (1) licensed administrator assigned as the person responsible for the operation of the facility.</p> <p>IDAPA 16.03.22.215.01. Administrator Responsibility. The administrator is responsible for assuring that policies and procedures required in Title 39, Chapter 33, Idaho Code and IDAPA 16.03.22, "Residential Care or Assisted Living Facilities in Idaho" are implemented.</p>
Yes	Yes	Yes	<p>Section 295.3010 of the 77 Illinois Administrative Code specifies the above information about Manager's Qualifications. Administrator language is not defined in our regulations.</p> <p>Manager shall be at least 21yrs of age and have a high school diploma or equivalency.</p>

State	Is a “Supervisor or Manager of Care staff” required?
Indiana	
Iowa	Yes
Kansas	No
Kentucky	
Louisiana	No
Maine	
Maryland	Yes
Massachusetts	
Michigan	Yes

For a “Supervisor/Manager of Care staff”, are there regulations that specify the person’s:			
(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please describe
			Have at least one year of management experience in healthcare, housing or hospitality or providing similar services to the elderly or two years of experience in health care, housing or hospitality or providing similar services to the elderly. Section 295.4060 i) defines Manager qualifications and training in a Dementia Unit.
No	No	Yes	The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants.
Yes	Yes	Yes	The Supervisor/Manager is often the Administrator. The age requirement is 21. High school diploma or equivalence. If the Provider wants to be licensed at a higher level (level 3), they must have a 4 year college degree or 2 yr with experience or complete the 80 hour manager's course. See assisted living regulation 10.07.14.15;16;19.
Yes	No	Yes	Homes for the Aged: R 325.1921 Governing bodies, administrators, and supervisors. (2) An administrator shall meet all of the following

State	Is a “Supervisor or Manager of Care staff” required?
Minnesota	
Mississippi	
Missouri	
Montana	No
Nebraska	No

For a “Supervisor/Manager of Care staff”, are there regulations that specify the person’s:			
(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please describe
			<p>requirements:</p> <p>(a) Be at least 18 years old.</p> <p>(b) Have education, training, and/or experience related to the population served by the home.</p> <p>(c) Be capable of assuring program planning, development, and implementation of services to residents consistent with the home’s program statement and in accordance with the residents’ service plan and agreements.</p> <p>R 325.1931 Employees; general provisions. Rule 31.</p> <p>(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises when on duty.</p> <p>(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.</p>



State	Is a “Supervisor or Manager of Care staff” required?
Nevada	
New Hampshire	No
New Jersey	Yes
New Mexico	No
New York	No
North Carolina	
North Dakota	
Ohio	
Oklahoma	
Oregon	No
Pennsylvania	No
Rhode Island	Yes
South Carolina	No
South Dakota	
Tennessee	No
Texas	No
Utah	No
Vermont	
Virginia	No

For a “Supervisor/Manager of Care staff”, are there regulations that specify the person’s:			
(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please describe
No	Yes	Yes	Registered professional nurse (RN) or licensed practical nurse (LPN) NJAC 8:36 -8.1 (a) (b)
No	Yes	Yes	There must be a Registered nurse on staff the visits at least every 30 days to assess residents appropriate level of care. For residences with a dementia program there must be a full time RN on staff.

State	Is a “Supervisor or Manager of Care staff” required?
Washington***	No
West Virginia	No
Wisconsin	
Wyoming	

For a “Supervisor/Manager of Care staff”, are there regulations that specify the person’s:			
(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please describe

(\*\*\* indicates input from committee member & not from state representative)

State	For an "Direct Care staff", are there regulations that specify the person's:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
Alabama				
Alaska	Yes	No	Yes	a. Care providers working without direct supervision must be 18 years old and care providers in non-supervisory roles must be at least 16 years old and be under direct supervision. b. Must complete 12 clock hours of related training and then maintain annually.
Arizona				
Arkansas				
California***	No	No	Yes	Must have on-the-job training; Those assisting w/ADLs must have 10 hours of initial training and specialized training in areas that are associated with resident needs.
Colorado				
Connecticut				
Delaware	Yes	No	Yes	16.14 Assisted living facility resident assistants shall, at a minimum: 16.14.1 Be at least 18 years old; 16.14.2 Participate in a facility-specific orientation program that covers the following topics: 16.14.2.1 Fire and life safety, and emergency disaster plans; 16.14.2.2 Infection control, including Standard Precautions; 16.14.2.3 Basic food safety; 16.14.2.4 Basic first aid and the Heimlich Maneuver; 16.14.2.5 Job responsibilities; 16.14.2.6 The health and psychosocial needs of the population being served; 16.14.2.7 The resident assessment process; and 16.14.2.8 The use of service agreements; 16.14.2.9 16 Del.C. Ch. 11, pertaining to residents' rights; reporting of abuse, neglect, mistreatment, and financial exploitation; and the Ombudsman Program; 16.14.2.10 Hospice services.

State	For an “Direct Care staff”, are there regulations that specify the person’s:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
				<p>16.14.3 Receive, at a minimum, 12 hours of regular in-service education annually which may include but not be limited to the topics listed in 16.14.2;</p> <p>16.14.4 Receive training to competently assist in activities of daily living or provide documentation of such training, and</p> <p>16.14.5 Complete a Delaware Board of Nursing-approved AWSAM training course if assisting with self-administration of medications.</p>
District of Columbia	Yes	Yes	Yes	The direct care staff must be 21 years of age and be certified as a home health aide (HHA) or certified as nurses’ assistant (CNA) . The HHA requires specialized training and is certified by the District of Columbia Board of Nursing.
Florida				
Georgia	Yes	No	Yes	No one under 18 unless completed a vocational technical training track as a nursing assistant through a Georgia high school and is direct line-of-sight supervision provided by the administrator or on-site manager.
Hawaii***	No	No	Yes	<p>There shall be a staff inservice education program for the entire staff that includes:</p> <p>(1) Orientation for all new employees to acquaint them with the philosophy, organization, practice, and goals of assisted living; and</p> <p>(2) Ongoing inservice training on a regularly scheduled basis (minimum of six hours annually).</p>
Idaho	Yes	No	Yes	<p>IDAPA 16.03.22.215 Requirements for Facility Administrator</p> <p>12. Minimum Age of Personnel. The administrator will assure that no personnel providing hands-on care or supervision services will be under eighteen (18) years of age unless they have completed a certified nursing assistant (CNA) certification course. (3-30-06)</p> <p>IDAPA 16.03.22.625.ORIENTATION TRAINING REQUIREMENTS.</p> <p>01. <u>Number of Hours of Training</u>. A minimum of sixteen (16) hours of job-related orientation training must be provided to all new personnel before they are allowed to provide unsupervised personal assistance to residents. The means and methods of training are at the facility's discretion. 02. <u>Timeline for Completion of Training</u>. All</p>

State	For an “Direct Care staff”, are there regulations that specify the person’s:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
				orientation training must be completed within one (1) month of hire. 03. <u>Content for Training</u> . Orientation training must include the following: a. The philosophy of residential care or assisted living and how it guides care giving; b. Resident Rights; c. Cultural awareness; d. Providing assistance with activities of daily living and instrumental activities of daily living; e. How to respond to emergencies; Documentation associated with resident care needs and the provision of care to meet those needs; g. Identifying and reporting changes in residents' health and mental condition or both; . Documenting and reporting adverse outcomes (such as resident falls, elopement, lost items); i. Advance Directives and do not resuscitate (DNR) orders; Relevant policies and procedures; k. The role of the Negotiated Service Agreement; and l. All staff employed by the facility, including housekeeping personnel, or contract personnel, or both, who may come into contact with potentially infectious material, must be trained in infection control procedures for universal precautions.
Illinois	Yes	No	No	See Section 295.3000 of the 77 Illinois Adm. Code 295  Question (a): shall be 16 yrs of age or older Questions (b) and (c): job requirements shall define the minimum education and experience requirements for staff  Section 295.3020 defines employee orientation and ongoing training upon hire in AL. Section 295.4060 defines employee orientation and ongoing training upon hire in a Dementia unit.
Indiana				
Iowa	No	No	Yes	The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: a. The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated.  All personnel employed by or contracting with a dementia-specific program shall receive

State	For an “Direct Care staff”, are there regulations that specify the person’s:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
				<p>a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable.</p> <p>69.30(2) The dementia-specific education or training shall include, at a minimum, the following:</p> <ul style="list-style-type: none"> <li>a. An explanation of Alzheimer's disease and related disorders;</li> <li>b. The program's specialized dementia care philosophy and program;</li> <li>c. Skills for communicating with persons with dementia;</li> <li>d. Skills for communicating with family and friends of persons with dementia;</li> <li>e. An explanation of family issues such as role reversal, grief and loss, guilt, relinquishing the care-giving role, and family dynamics;</li> <li>f. The importance of planned and spontaneous activities;</li> <li>g. Skills in providing assistance with instrumental activities of daily living;</li> <li>h. The importance of the service plan and social history information;</li> <li>i. Skills in working with challenging tenants;</li> </ul>
Kansas	No	Yes	Yes	Minimum qualification for Direct care staff is certified nursing assistant.
Kentucky				
Louisiana	No	No	Yes	<p>Direct Care Staff are required to have 5 days of supervised training and 12 hours of continuing education.</p> <p>First Aid certification is required within the first 30 days of employment.</p>
Maine				
Maryland	Yes	No	Yes	<p>Minimum age 18</p> <p>See comar regulations 10.07.14.19</p>
Massachusetts				
Michigan	Yes	No	Yes	<p>Adult Foster Care Family Homes:</p> <p>R 400.1404 Licensee, responsible person, and member of the household; qualifications.</p> <p>Rule 4. (1) A licensee and responsible person shall not be less than 18 years of age.</p> <p>(2) A responsible person shall be other than a resident.</p>

State	For an "Direct Care staff", are there regulations that specify the person's:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
				<p>(3) A licensee or responsible person shall possess all of the following qualifications:</p> <ul style="list-style-type: none"> <li>(a) Be of good moral character to provide for the care and welfare of the residents.</li> <li>(b) Be suitable to meet the physical, emotional, social, and intellectual needs of each resident.</li> <li>(c) Be capable of appropriately handling emergency situations.</li> </ul> <p>R 400.14204/ R 400.15204 Direct care staff; qualifications and training.</p> <p>Rule 204. (1) Direct care staff shall not be less than 18 years of age and shall be able to complete required reports and follow written and oral instructions that are related to the care and supervision of residents.</p> <p>(2) Direct care staff shall possess all of the following qualifications:</p> <ul style="list-style-type: none"> <li>(a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident.</li> <li>(b) Be capable of appropriately handling emergency situations.</li> </ul> <p>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</p> <ul style="list-style-type: none"> <li>(a) Reporting requirements.</li> <li>(b) First aid.</li> <li>(c) Cardiopulmonary resuscitation.</li> <li>(d) Personal care, supervision, and protection.</li> <li>(e) Resident rights.</li> <li>(f) Safety and fire prevention.</li> <li>(g) Prevention and containment of communicable diseases.</li> </ul> <p>History: 1994 MR 3, Eff. May 24, 1994. Homes for the Aged:</p>

State	For an “Direct Care staff”, are there regulations that specify the person’s:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
				<p>a. No b. No c. yes</p> <p>R 325.1931 Employees; general provisions. (5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.</p> <p>(6) The home shall establish and implement a staff training program based on the home’s program statement, the residents service plans, and the needs of employees, such as any of the following:  (a) Reporting requirements and documentation.  (b) First aid and/or medication, if any.  (c) Personal care.  (d) Resident rights and responsibilities.  (e) Safety and fire prevention.  (f) Containment of infectious disease and standard precautions.  (g) Medication administration, if applicable.</p> <p>(7) The home’s administrator or its designees are responsible for evaluating employee competencies.</p> <p>R 325.1932 Resident medications.  If a home or the home’s administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:  (a) Be trained in the proper handling and administration of medication.</p>
Minnesota				



State	For an “Direct Care staff”, are there regulations that specify the person’s:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
Mississippi				
Missouri				
Montana	No	No	No	
Nebraska	No	No	No	
Nevada				
New Hampshire	Yes	No	Yes	Personnel must be 18 years of age. Annual continuing education is required as set forth in the Personnel section of He-P 804 and He-P 805.
New Jersey	No	No	Yes	Must be a current NJ certified nurse aide, a current NJ certified homemaker home health aide or a current NJ certified personal care assistant NJAC 8:36-9.1(a)
New Mexico	Yes	No	No	<p>Direct care staff:</p> <p>(1) shall be at least eighteen (18) years of age;</p> <p>(2) shall have adequate education, relevant training, or experience to provide for the needs of the residents;</p> <p>(3) shall comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC; and</p> <p>(4) shall comply with the current requirements of reporting and investigating incidents pursuant to Incident Reporting, Intake Processing and Training Requirements, 7.1.13 NMAC;</p> <p>(5) if a facility provides transportation for residents, the employees of the facility who drive vehicles and transport residents shall have copies of the following documents on file at the facility: (a) a valid New Mexico driver’s license with the appropriate classification for the vehicle that is used to transport residents; (b) documentation of training in transportation safety for the elderly and disabled, including safe vehicle operation; (c) proof of insurance; and (d) documentation of a clean driving record;</p> <p>(6) any person who provides direct care who is not employed by an agency that is covered by the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC, shall provide current (within the last 6 months) proof of the caregivers criminal history screening to the facility; the facility shall maintain and have</p>

State	For an “Direct Care staff”, are there regulations that specify the person’s:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
				proof of such screening readily available; and (7) employers shall comply with the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC. [7.8.2.16 NMAC - Rp, 7.8.2.16 NMAC, 01/15/2010]
New York	Yes	No	Yes	Minimum age = 18; operator is responsible for provide staff qualified by training and experience to render, at a minimum, those services mandated by statute or regulation, including on-going in-service training.
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon	No	No	Yes	(2) TRAINING REQUIREMENTS. (a) EMPLOYEE PRE-SERVICE ORIENTATION. Prior to beginning their job responsibilities all employees must complete an orientation that includes: (A) Residents“ rights and the values of community-based care; (B) Abuse and reporting requirements; (C) Standard precautions for infection control; and (D) Fire safety and emergency procedures. (b) If the staff member's duties include preparing food, they must have a food handler“ certificate. (c) All staff must receive a written description of their job responsibilities. (3) CAREGIVER REQUIREMENTS AND TRAINING. (a) The facility must have a training program that has a method to determine performance capability through a demonstration and evaluation process. (b) The facility is responsible to assure that caregivers have demonstrated satisfactory performance in any duty they are assigned. Knowledge and performance must be demonstrated in all areas within the first 30 days of hire, including, but not limited to: (A) The role of service plans in providing individualized resident care; (B) Providing assistance with the activities of daily living;

State	For an “Direct Care staff”, are there regulations that specify the person’s:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
				<p>(C) Changes associated with normal aging;</p> <p>(D) Identification of changes in the resident's physical, emotional and mental functioning and documentation and reporting on the resident's changes of condition;</p> <p>(E) Conditions that require assessment, treatment, observation and reporting;</p> <p>(F) Understanding resident actions and behavior as a form of communication;</p> <p>(G) Understanding and providing support for a person with dementia or related condition;</p> <p>(H) General food safety, serving and sanitation; and</p> <p>(I) If the caregiver's duties include the administration of medication or treatments, appropriate facility staff, in accordance with OAR 411-054-0055 (Medications and Treatments) must document that they have observed and evaluated the individual's ability to perform safe medication and treatment administration unsupervised.</p> <p>(c) Prior to providing personal care services for resident, caregivers must receive an orientation to the resident, including the resident's service plan. Staff members must be directly supervised by a qualified person until they have successfully demonstrated satisfactory performance in any task assigned and the provision of individualized resident services, as applicable.</p> <p>(d) Documentation must be maintained regarding training and demonstrated ability.</p> <p>(e) All direct caregivers must complete and document a minimum of 12 hours of in-service training annually on topics related to the provision of care for persons in a community-based care setting, including training on chronic diseases in the facility population.</p> <p>(f) Staff under 18 years of age must not perform medication administration or delegated nursing tasks. Staff under the age of 18 must be directly supervised when providing bathing, toileting, incontinence care or transferring services.</p> <p>(g) Staff must be trained in the use of the abdominal thrust and First Aid. Cardiopulmonary resuscitation (CPR) training is recommended, but not required.</p> <p>(h) Staff must have sufficient communication and language skills to enable them to perform their duties and communicate with residents, other staff, family members, health care professionals, etc., as needed.</p>

State	For an “Direct Care staff”, are there regulations that specify the person’s:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
Pennsylvania	Yes	Yes	Yes	<p>a. Be 18 years of age or older, except as permitted in subsection (d).</p> <p>b. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.</p> <p>c. Direct care staff persons may not provide unsupervised assisted living services until completion of 18 hours of training</p>
Rhode Island	Yes	No	Yes	Must be 18 years of age and complete training as set in regulations.
South Carolina	Yes	No	No	An Adult , to include the administrator who is a compensated employee of the facility on either a full or part-time basis.
South Dakota				
Tennessee	Yes	No	No	at least 18 years of age
Texas	Yes	Yes	Yes	<p>a. Full-time direct care staff must be at least 18 years old or a high-school graduate.</p> <p>b. High-school graduate.</p> <p>c. All staff members must complete four hours of orientation before assuming any job responsibilities. Training must cover, at a minimum, the following topics:</p> <ul style="list-style-type: none"> <li>- reporting of abuse and neglect;</li> <li>- confidentiality of resident information;</li> <li>- universal precautions;</li> <li>- conditions about which they should notify the facility manager;</li> <li>- residents' rights; and</li> <li>- emergency and evacuation procedures.</li> </ul> <p>Direct care staff must complete six documented hours of education annually, based on each employee's hire date. Staff must complete one hour of annual training in fall prevention and one hour of training in behavior management, for example, prevention of aggressive behavior and de-escalation techniques, practices to decrease the frequency of the use of restraint, and alternatives to restraints. Training for these subjects must be competency-based. Subject matter must address the unique needs of the facility.</p>

State	For an “Direct Care staff”, are there regulations that specify the person’s:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
				<p>Suggested topics include:</p> <ul style="list-style-type: none"> <li>- promoting resident dignity, independence, individuality, privacy, and choice;</li> <li>- resident rights and principles of self-determination;</li> <li>- communication techniques for working with residents with hearing, visual, or cognitive impairment;</li> <li>- communicating with families and other persons interested in the resident;</li> <li>- common physical, psychological, social, and emotional conditions and how these conditions affect resident care;</li> <li>- essential facts about common physical and mental disorders, for example, arthritis, cancer, dementia, depression, heart and lung diseases, sensory problems, or stroke;</li> <li>- cardiopulmonary resuscitation;</li> <li>- common medications and side effects, including psychotropic medications, when appropriate;</li> <li>- understanding mental illness;</li> <li>- conflict resolution and de-escalation techniques; and</li> <li>- information regarding community resources.</li> </ul>
Utah	Yes	No	Yes	<p>R432-270-8. Personnel.</p> <p>(3) All personnel who provide personal care to residents in a Type I facility shall be at least 18 years of age or be a certified nurse aide and shall have related experience in the job assigned or receive on the job training.</p> <p>(4) Personnel who provide personal care to residents in a Type II facility must be certified nurse aides or complete a state certified nurse aide program within four months of the date of hire.</p>
Vermont				
Virginia	Yes	No	Yes	<p>Direct care staff must be at least 18 years of age unless certified in Virginia as a nurse aide. In facilities licensed for both residential and assisted living care, all direct care staff who care for residents who meet the criteria for assisted living care must have completed, or within 30 days of employment enroll in and complete with two months of employment, one of the following: (i) registration in Virginia as a certified nurse aide; (ii)</p>

State	For an “Direct Care staff”, are there regulations that specify the person’s:			
	(a) Minimum age?	(b) Minimum level of education?	(c) Minimum level of training and/or certification?	If yes, please explain
				graduation from a Virginia Board of Nursing-approved educational curriculum from a Virginia Board of Nursing accredited institution for nursing assistant, geriatric assistant or home health aide; (iii) graduation from a personal care aide training program approved by the Virginia Department of Medical Assistance Services; (iv) graduation from a department-approved educational curriculum for nursing assistant, geriatric assistant or home health aide, provided by a hospital, nursing facility, or educational institution not approved by the Virginia Board of Nursing, such as out-of-state curriculum; (v) completion of the department-approved 40-hour direct care staff training provided by a licensed health care professional. Staff hired prior to February 1, 1996, are not required to meet the above under certain circumstances, nor are licensed health care professionals.
Washington***	No	No	No	Verify prior to hiring that staff persons have the required licenses, certification, registrations, or other credentials for the position, and that such licenses, certifications, registrations, and credentials are current and in good standing;
West Virginia	No	No	No	5.4.a. Each assisted living residence shall have a minimum of one direct care staff person twenty-four (24) hours per day, who can read and write, and shall have a sufficient number of qualified employees on duty to provide the residents with all of the care and services they require.
Wisconsin				
Wyoming				

(\*\*\* indicates input from committee member & not from state representative)

State	For an “Direct Care staff”, are the following required by regulation as a condition of employment in an Assisted Living facility:							
	(a) Valid /current First Aid training certificate?	(b) Valid /current CPR training certificate?	(c) A medical evaluation prior to employment?	(d) An immunization history from their health care provider?	(e) A Tb status from their health care provider?	(f) Criminal history background checks required prior to employment?	(g) If yes, are criminal history background checks to be re-done at specific intervals of time? (e.g. annually, every 5 years, etc.)	Comments
Alabama								
Alaska	Yes	Yes	No	No	Yes	Yes	Yes	
Arizona								
Arkansas								
California***	Yes	No	Yes	No	Yes	Yes	No	
Colorado								
Connecticut								
Delaware	No	No	No	No	Yes	Yes	No	A criminal background check in Delaware has to be repeated after 3 years if an employee changes positions within a facility or starts employment in another facility. Otherwise, DE has a wrap-back feature for the criminal background check which will alert a current employer if an employee has an arrest or

State	For an “Direct Care staff”, are the following required by regulation as a condition of employment in an Assisted Living facility:							
	(a) Valid /current First Aid training certificate?	(b) Valid /current CPR training certificate?	(c) A medical evaluation prior to employment?	(d) An immunization history from their health care provider?	(e) A Tb status from their health care provider?	(f) Criminal history background checks required prior to employment?	(g) If yes, are criminal history background checks to be re-done at specific intervals of time? (e.g. annually, every 5 years, etc.)	Comments
								conviction.
District of Columbia	Yes	Yes	Yes	No	Yes	Yes	Yes	<p>The CNA and the HHA are trained in both first aid and CPR; mentally and physically capable of performing their duties; are required, on an annual basis to document freedom from TB; and background clearance.</p> <p>Each facility...shall cause each prospective employee or contract worker who will have, or foreseeably may have direct patient, resident, or client access, to undergo a criminal background check that shall reveal the criminal history, if any, in the District of Columbia and the fifty (50) states. Fingerprinting or live scan shall be performed in the District of Columbia</p>



State	For an “Direct Care staff”, are the following required by regulation as a condition of employment in an Assisted Living facility:							
	(a) Valid /current First Aid training certificate?	(b) Valid /current CPR training certificate?	(c) A medical evaluation prior to employment?	(d) An immunization history from their health care provider?	(e) A Tb status from their health care provider?	(f) Criminal history background checks required prior to employment?	(g) If yes, are criminal history background checks to be re-done at specific intervals of time? (e.g. annually, every 5 years, etc.)	Comments
								utilizing the Metropolitan Police Department (MPD) or a private agency. The criminal background check shall be performed, following fingerprinting or live scan, by the MPD and Federal Bureau of Investigation (FBI) in an FBI-approved environment. The results of the criminal background checks shall be forwarded to the Department of Health. If the CNA or HHA continues employment within the same facility, the fingerprinting should be redone every 4 years. However, the initial fingerprinting is only valid for six months if the DCS should seek employment at another facility.

State	For an “Direct Care staff”, are the following required by regulation as a condition of employment in an Assisted Living facility:							
	(a) Valid /current First Aid training certificate?	(b) Valid /current CPR training certificate?	(c) A medical evaluation prior to employment?	(d) An immunization history from their health care provider?	(e) A Tb status from their health care provider?	(f) Criminal history background checks required prior to employment?	(g) If yes, are criminal history background checks to be re-done at specific intervals of time? (e.g. annually, every 5 years, etc.)	Comments
Florida								
Georgia	Yes	Yes	Yes	No	Yes	Yes	No	
Hawaii***	Yes	Yes	No	No	Yes	No	No	No reference found for all staff to have a background check other than just for the administrator.
Idaho	No	No	No	No	No	Yes	No	IDAPA 16.03.22.06. Sufficient Personnel. The facility will employ and the administrator will schedule sufficient personnel to: (3-30-06) b. To provide for at least one (1) direct care staff with certification in first aid and cardio-pulmonary resuscitation (CPR) in the facility at all times. Facilities with multiple buildings or units will have at least one (1) direct care staff with certification in first aid and CPR in each building or each unit at all times.

State	For an “Direct Care staff”, are the following required by regulation as a condition of employment in an Assisted Living facility:							
	(a) Valid /current First Aid training certificate?	(b) Valid /current CPR training certificate?	(c) A medical evaluation prior to employment?	(d) An immunization history from their health care provider?	(e) A Tb status from their health care provider?	(f) Criminal history background checks required prior to employment?	(g) If yes, are criminal history background checks to be re-done at specific intervals of time? (e.g. annually, every 5 years, etc.)	Comments
Illinois	No	No	Yes	Yes	Yes	Yes	No	
Indiana								
Iowa	No	No	No	No	No	Yes	No	
Kansas	No	No	No	No	Yes	Yes	No	
Kentucky								
Louisiana	Yes	No	Yes	No	Yes	Yes	No	
Maine								
Maryland	Yes	Yes	Yes	Yes	Yes	Yes	No	
Massachusetts								
Michigan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	<p>a) Documentation shall be maintained by the licensee confirming that each direct care staff has completed basic first aid training.</p> <p>b) Competency in CPR is demonstrated by participating in and successful completion of a CPR training course.</p> <p>d.) An immunization</p>

State	For an “Direct Care staff”, are the following required by regulation as a condition of employment in an Assisted Living facility:							
	(a) Valid /current First Aid training certificate?	(b) Valid /current CPR training certificate?	(c) A medical evaluation prior to employment?	(d) An immunization history from their health care provider?	(e) A Tb status from their health care provider?	(f) Criminal history background checks required prior to employment?	(g) If yes, are criminal history background checks to be re-done at specific intervals of time? (e.g. annually, every 5 years, etc.)	Comments
								<p>record/history is not specifically required for direct care staff however per R. 400.14205:</p> <p>(1) A licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household shall be in such physical and mental health so as not to negatively affect either the health of the resident or the quality of his or her care.</p> <p>(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of</p>

State	For an “Direct Care staff”, are the following required by regulation as a condition of employment in an Assisted Living facility:							
	(a) Valid /current First Aid training certificate?	(b) Valid /current CPR training certificate?	(c) A medical evaluation prior to employment?	(d) An immunization history from their health care provider?	(e) A Tb status from their health care provider?	(f) Criminal history background checks required prior to employment?	(g) If yes, are criminal history background checks to be re-done at specific intervals of time? (e.g. annually, every 5 years, etc.)	Comments
								<p>direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.</p> <p>F &amp; G: All members of the household, employees, and those volunteers who are under the direction of the licensee shall be suitable to assure the welfare of residents. The licensee is responsible to assess the good moral character and suitability of each employee, household member, and volunteer.</p> <p>Employees are required to be fingerprinted through the Workforce Back Ground Check Program, within ten-</p>

State	For an “Direct Care staff”, are the following required by regulation as a condition of employment in an Assisted Living facility:							
	(a) Valid /current First Aid training certificate?	(b) Valid /current CPR training certificate?	(c) A medical evaluation prior to employment?	(d) An immunization history from their health care provider?	(e) A Tb status from their health care provider?	(f) Criminal history background checks required prior to employment?	(g) If yes, are criminal history background checks to be re-done at specific intervals of time? (e.g. annually, every 5 years, etc.)	Comments
								<p>days of conditional hire. Licensees are allowed to have employment applicants work in the facility prior to receipt of the fingerprint results. However, only those individuals who have lived in Michigan continuously for the immediately preceding 12 months can work unsupervised. (This means applicants living or who have just moved from out of state cannot work unsupervised prior to their fingerprint results coming back.) Further, if the licensee decides to have the applicant work unsupervised on a conditional basis, the licensee is responsible for conducting an ICHAT search to make sure there</p>

State	For an “Direct Care staff”, are the following required by regulation as a condition of employment in an Assisted Living facility:							
	(a) Valid /current First Aid training certificate?	(b) Valid /current CPR training certificate?	(c) A medical evaluation prior to employment?	(d) An immunization history from their health care provider?	(e) A Tb status from their health care provider?	(f) Criminal history background checks required prior to employment?	(g) If yes, are criminal history background checks to be re-done at specific intervals of time? (e.g. annually, every 5 years, etc.)	Comments
								are no exclusionary convictions on their record. If the licensee wants to have an applicant begin working on a conditional basis under the supervision of someone who has already been reviewed and approved through our background check process, no ICHAT search is required. Employees only need to complete the fingerprinting process once (unless there is a change in employment or state residency. BCAL will receive notice of an arrest or conviction. If the employee is arrested or arraigned for a felony offense, or it's determined that the employee is no longer eligible for employment, BCAL will

State	For an “Direct Care staff”, are the following required by regulation as a condition of employment in an Assisted Living facility:							
	(a) Valid /current First Aid training certificate?	(b) Valid /current CPR training certificate?	(c) A medical evaluation prior to employment?	(d) An immunization history from their health care provider?	(e) A Tb status from their health care provider?	(f) Criminal history background checks required prior to employment?	(g) If yes, are criminal history background checks to be re-done at specific intervals of time? (e.g. annually, every 5 years, etc.)	Comments
								notify the licensee of this information. BCAL will receive notice of subsequent arrests or convictions in Michigan.
Minnesota								
Mississippi								
Missouri								
Montana	Yes	No	No	No	No	No	No	
Nebraska	No	No	Yes	No	No	Yes	No	
Nevada								
New Hampshire	No	No	Yes	No	Yes	Yes	No	Each year personnel sign a attestation that they have not been convicted of a crime.
New Jersey	No	No	No	No	Yes	No	Yes	b... At least one employee trained in CPR and the Heimlich maneuver shall be available in the facility at all times NJAC 8:36-14.1 (c)



State	For an “Direct Care staff”, are the following required by regulation as a condition of employment in an Assisted Living facility:							
	(a) Valid /current First Aid training certificate?	(b) Valid /current CPR training certificate?	(c) A medical evaluation prior to employment?	(d) An immunization history from their health care provider?	(e) A Tb status from their health care provider?	(f) Criminal history background checks required prior to employment?	(g) If yes, are criminal history background checks to be re-done at specific intervals of time? (e.g. annually, every 5 years, etc.)	Comments
								<p>... The facility shall have an automatic external defibrillator (AED) on site. At least one employee trained in the use of the AED shall be available in the facility at all times NJAC 8:36-14.1 (d)</p> <p>c... regulations require a facility to have Ps &amp; Ps on employee health including records of employee physical exams.</p> <p>f... reasonable efforts to ensure that no employee has been convicted of a crime relating adversely to the person's ability to provide resident care, such as homicide, assault, kidnapping, sexual offenses, robbery, and</p>

State	For an “Direct Care staff”, are the following required by regulation as a condition of employment in an Assisted Living facility:							
	(a) Valid /current First Aid training certificate?	(b) Valid /current CPR training certificate?	(c) A medical evaluation prior to employment?	(d) An immunization history from their health care provider?	(e) A Tb status from their health care provider?	(f) Criminal history background checks required prior to employment?	(g) If yes, are criminal history background checks to be re-done at specific intervals of time? (e.g. annually, every 5 years, etc.)	Comments
								crimes against the family, children and incompetents.
New Mexico	Yes	No	No	No	No	Yes	No	The check is good as long as you work with the same facility. If you change facilities, you have to re-do your criminal background check.
New York	No	No	Yes	Yes	Yes	Yes	Yes	a. At least one individual currently qualified by a recognized organization to administer basic first aid shall be on duty and onsite at all times.  c, d, e. At time of employment and every 12 months thereafter, or more frequently if needed, an employee must provide the operator with a statement from a physician, or with physician oversight, a physician's assistant (PA)

State	For an “Direct Care staff”, are the following required by regulation as a condition of employment in an Assisted Living facility:							
	(a) Valid /current First Aid training certificate?	(b) Valid /current CPR training certificate?	(c) A medical evaluation prior to employment?	(d) An immunization history from their health care provider?	(e) A Tb status from their health care provider?	(f) Criminal history background checks required prior to employment?	(g) If yes, are criminal history background checks to be re-done at specific intervals of time? (e.g. annually, every 5 years, etc.)	Comments
								or registered professional nurse (RN) with special training in primary health care who has physically examined the individual that: (i) the individual is free from any health impairment which is of potential risk to residents of an adult home or which might interfere with the performance of the individual duties; and (ii) that the individual has had: (a) a ppd (Mantoux) skin test for tuberculosis within 30 days prior to employment and no less frequently than every two years after employment begins; positive findings require appropriate clinical follow-up but no repeat skin test; and (b) any test that may be required by the local board of health.

State	For an "Direct Care staff", are the following required by regulation as a condition of employment in an Assisted Living facility:							
	(a) Valid /current First Aid training certificate?	(b) Valid /current CPR training certificate?	(c) A medical evaluation prior to employment?	(d) An immunization history from their health care provider?	(e) A Tb status from their health care provider?	(f) Criminal history background checks required prior to employment?	(g) If yes, are criminal history background checks to be re-done at specific intervals of time? (e.g. annually, every 5 years, etc.)	Comments
								f-g. CHRC (criminal history record checks) will become mandatory for unlicensed direct care staff beginning January 2015; they are automatically updated.
North Carolina								
North Dakota								
Ohio								
Oklahoma								
Oregon	Yes	No	No	No	No	Yes	Yes	When there is a job/position change, i.e., promotion. Or when there is for just cause.
Pennsylvania	Yes	Yes	No	No	No	Yes	No	Direct care staff persons shall be certified in first aid and CPR before providing direct care to residents. Criminal history checks shall be in accordance with the Older Adult Protective

State	For an “Direct Care staff”, are the following required by regulation as a condition of employment in an Assisted Living facility:							
	(a) Valid /current First Aid training certificate?	(b) Valid /current CPR training certificate?	(c) A medical evaluation prior to employment?	(d) An immunization history from their health care provider?	(e) A Tb status from their health care provider?	(f) Criminal history background checks required prior to employment?	(g) If yes, are criminal history background checks to be re-done at specific intervals of time? (e.g. annually, every 5 years, etc.)	Comments
								Services Act (35 P. S. § 10225.101-10225.5102), and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Criminal history checks are done upon hire.
Rhode Island	Yes	Yes	No	No	No	Yes	No	
South Carolina	No	No	Yes	No	Yes	No	No	
South Dakota								
Tennessee	No	No	No	No	No	Yes	No	
Texas	No	No	No	No	No	Yes	No	<p>b. Direct care staff are required to complete six hours of education annually. CPR is an option.</p> <p>d. A facility must have a policy to protect a resident from vaccine-preventable diseases that requires an employee or a contractor providing direct care to a</p>

State	For an “Direct Care staff”, are the following required by regulation as a condition of employment in an Assisted Living facility:							
	(a) Valid /current First Aid training certificate?	(b) Valid /current CPR training certificate?	(c) A medical evaluation prior to employment?	(d) An immunization history from their health care provider?	(e) A Tb status from their health care provider?	(f) Criminal history background checks required prior to employment?	(g) If yes, are criminal history background checks to be re-done at specific intervals of time? (e.g. annually, every 5 years, etc.)	Comments
								<p>resident to receive vaccines for the diseases specified by the facility. Exemptions are available.</p> <p>e. A facility is required to have policies for the control of communicable disease in employees and residents, which includes TB screening.</p> <p>g. A facility is required to keep current and complete personnel records on staff, which includes documentation that the facility performed a criminal history check; an annual employee misconduct registry check; and an annual nurse aide registry check.</p>

State	For an “Direct Care staff”, are the following required by regulation as a condition of employment in an Assisted Living facility:							
	(a) Valid /current First Aid training certificate?	(b) Valid /current CPR training certificate?	(c) A medical evaluation prior to employment?	(d) An immunization history from their health care provider?	(e) A Tb status from their health care provider?	(f) Criminal history background checks required prior to employment?	(g) If yes, are criminal history background checks to be re-done at specific intervals of time? (e.g. annually, every 5 years, etc.)	Comments
Utah	Yes	Yes	Yes	Yes	Yes	Yes	No	Our current criminal background screening process includes a rap-back system that notifies us if a cleared person has new arrests, convictions or warrants. Therefore we no longer complete 2 years checks.
Vermont								
Virginia	Yes	No	No	No	Yes	No	No	Criminal history background checks must be obtained on or prior to the 30th day of employment. Until the check is received, a direct care staff person must work under the direct supervision of another employee for whom a background check has been completed. There are specified crimes that prohibit employment in an assisted living facility.

State	For an “Direct Care staff”, are the following required by regulation as a condition of employment in an Assisted Living facility:							
	(a) Valid /current First Aid training certificate?	(b) Valid /current CPR training certificate?	(c) A medical evaluation prior to employment?	(d) An immunization history from their health care provider?	(e) A Tb status from their health care provider?	(f) Criminal history background checks required prior to employment?	(g) If yes, are criminal history background checks to be re-done at specific intervals of time? (e.g. annually, every 5 years, etc.)	Comments
Washington***	No	No	No	No	Yes	Yes	Yes	<p>Ensure at least one caregiver, who is eighteen years of age or older and has current cardiopulmonary resuscitation and first-aid cards, is present and available to assist residents at all times:</p> <p>(i) When one or more residents are present on the assisted living facility premises; and</p> <p>(ii) During assisted living facility activities off of the assisted living facility premises.</p> <p>For name based checks-its two years and for fingerprint based- indefinitely.</p>



State	For an "Direct Care staff", are the following required by regulation as a condition of employment in an Assisted Living facility:							
	(a) Valid /current First Aid training certificate?	(b) Valid /current CPR training certificate?	(c) A medical evaluation prior to employment?	(d) An immunization history from their health care provider?	(e) A Tb status from their health care provider?	(f) Criminal history background checks required prior to employment?	(g) If yes, are criminal history background checks to be re-done at specific intervals of time? (e.g. annually, every 5 years, etc.)	Comments
West Virginia	No	No	No	No	Yes	Yes	No	<p>5.4.a. Each assisted living residence shall have a minimum of one direct care staff person twenty-four (24) hours per day, who can read and write, and shall have a sufficient number of qualified employees on duty to provide the residents with all of the care and services they require.</p> <p>5.4.c. One employee who has current first aid training and current cardiopulmonary resuscitation (CPR) training, as applicable, shall be on duty at all times. A record of this training shall be available for review.</p> <p>5.6.a.2. Documentation of</p>

State	For an “Direct Care staff”, are the following required by regulation as a condition of employment in an Assisted Living facility:							
	(a) Valid /current First Aid training certificate?	(b) Valid /current CPR training certificate?	(c) A medical evaluation prior to employment?	(d) An immunization history from their health care provider?	(e) A Tb status from their health care provider?	(f) Criminal history background checks required prior to employment?	(g) If yes, are criminal history background checks to be re-done at specific intervals of time? (e.g. annually, every 5 years, etc.)	Comments
								the results of screening through the West Virginia state police central abuse registry regarding previous convictions involving abuse, mistreatment or neglect of dependent populations, or theft of the property of those populations, and a check of the state nurse aide abuse registry.
Wisconsin								
Wyoming								

(\*\*\* indicates input from committee member & not from state representative)

State	Are there regulatory requirements that explicitly prohibit staff employed at an Assisted Living facility from:			
	"Neglecting" residents?	"Abusing" residents?	"Applying restraints" on residents?	Comments
Alabama				
Alaska	Yes	Yes	Yes	
Arizona				
Arkansas				
California***	Yes	Yes	No	
Colorado				
Connecticut				
Delaware	Yes	Yes	Yes	This is provided for in Statute and the statute is referred to in regulation.
District of Columbia	Yes	Yes	Yes	<p>a) "Neglecting" residents? 44-105.09 (b) (1)  An ALR, employee of an ALR, or other person who believes that a resident has been subjected to abuse, neglect, or exploitation immediately to the assisted living administrator who shall take appropriate action to protect the resident. The ALR shall report any allegation of abuse, neglect, or exploitation brought to its attention to the Mayor and the Adult Protective Services Program, administered by the Family Services Administration of the Department of Human Development.</p> <p>b) "Abusing resident? See above answer</p> <p>c) "Applying restraints" on residents? 44-105.05 (5) &amp; 44-105.05 (6)  Residents have the right to be free of physical restraints at all times; and to be free of chemical restraints.</p>
Florida				
Georgia	Yes	Yes	Yes	
Hawaii***	Yes	No	No	<p>No specific language speaking to "abuse".  No specific language speaking to "applying restraints" but regulations speaks to following the Plan of Care.</p>
Idaho	No	No	No	
Illinois	Yes	Yes	Yes	<p>Section 295.6010 Abuse and Neglect  Section 295.6000 Resident Rights</p>

State	Are there regulatory requirements that explicitly prohibit staff employed at an Assisted Living facility from:			
	"Neglecting" residents?	"Abusing" residents?	"Applying restraints" on residents?	Comments
Indiana				
Iowa	Yes	Yes	No	
Kansas	Yes	Yes	Yes	
Kentucky				
Louisiana	Yes	Yes	Yes	
Maine				
Maryland	Yes	Yes	Yes	
Massachusetts				
Michigan	Yes	Yes	Yes	<p>Adult Foster Care Family Homes:  R 400.1412 Resident behavior management; prohibitions.  Rule 12. (1) A licensee shall not mistreat or permit the mistreatment of a resident by responsible persons or other occupants of the home. Mistreatment includes any intentional action or omission which exposes a resident to a serious risk of physical or emotional harm.</p> <p>(2) A licensee, responsible person, or any person living in the home shall not use any of the following methods of handling a resident for discipline purposes:</p> <ul style="list-style-type: none"> <li>(a) Any form of severe punishment or physical force.</li> <li>(b) Restricting a resident's movement by binding or tying.</li> <li>(c) Confining a resident in an area such as a closet, locked room, box, or similar cubicle.</li> <li>(d) Withholding necessary food, rest, or toilet use.</li> <li>(e) Mental or emotional cruelty, including subjecting a resident to verbal abuse, making derogatory remarks about the resident or members of his or her family or making malicious threats.</li> <li>(f) Refusing the resident entrance to the home.</li> </ul> <p>History: 1984 MR 8, Eff. Sept. 15, 1984.</p> <p>Adult Foster Care Small Group Homes (12 or Less)  Adult Foster Care Large Group Homes (13-20)</p>

State	Are there regulatory requirements that explicitly prohibit staff employed at an Assisted Living facility from:			
	"Neglecting" residents?	"Abusing" residents?	"Applying restraints" on residents?	Comments
				<p>R 400.14304/ R 400.15304 Resident rights; licensee responsibilities.</p> <p>Rule 304. (1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights:</p> <p style="padding-left: 40px;">(o) The right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy.</p> <p>R 400.14305/ R 400.15305 Resident protection.</p> <p>Rule 305. (1) A resident shall be assured privacy and protection from moral, social, and financial exploitation.</p> <p>(2) All work that is performed by a resident shall be in accordance with the written assessment plan.</p> <p>(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.</p> <p>History: 1994 MR 3, Eff. May 24, 1994.</p> <p>R 400.14308 /R 400.15308 Resident behavior interventions prohibitions.</p> <p>Rule 308. (1) A licensee shall not mistreat a resident and shall not permit the administrator, direct care staff, employees, volunteers who are under the direction of the licensee, visitors, or other occupants of the home to mistreat a resident. Mistreatment includes any intentional action or omission which exposes a resident to a serious risk or physical or emotional harm or the deliberate infliction of pain by any means.</p> <p>(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following:</p> <p style="padding-left: 40px;">(a) Use any form of punishment.</p> <p style="padding-left: 40px;">(b) Use any form of physical force other than physical restraint as defined in these rules.</p> <p style="padding-left: 40px;">(c) Restrain a resident's movement by binding or tying or through the use of medication, paraphernalia, contraptions, material, or equipment for the purpose of</p>

State	Are there regulatory requirements that explicitly prohibit staff employed at an Assisted Living facility from:			
	"Neglecting" residents?	"Abusing" residents?	"Applying restraints" on residents?	Comments
				<p>immobilizing a resident.</p> <p>(d) Confine a resident in an area, such as a room, where egress is prevented, in a closet, or in a bed, box, or chair or restrict a resident in a similar manner.</p> <p>(e) Withhold food, water, clothing, rest, or toilet use.</p> <p>(f) Subject a resident to any of the following:</p> <ul style="list-style-type: none"> <li>(i) Mental or emotional cruelty.</li> <li>(ii) Verbal abuse.</li> <li>(iii) Derogatory remarks about the resident or members of his or her family.</li> <li>(iv) Threats.</li> </ul> <p>(g) Refuse the resident entrance to the home.</p> <p>(h) Isolation of a resident as defined in R 400.15102(1)(m).</p> <p>(i) Any electrical shock device.</p> <p>History: 1994 MR 3, Eff. May 24, 1994.</p> <p>Homes for the Aged:</p> <ul style="list-style-type: none"> <li>a. No</li> <li>b. Yes</li> <li>c. Yes</li> </ul> <p>333.20201 Policy describing rights and responsibilities of patients or residents; adoption; posting and distribution; contents; additional requirements; discharging, harassing, retaliating, or discriminating against patient exercising protected right; exercise of rights by patient's representative; informing patient or resident of policy; designation of person to exercise rights and responsibilities; additional patients' rights; definitions.</p> <p>(2) The policy describing the rights and responsibilities of patients or residents required under subsection (1) shall include, as a minimum, all of the following: A patient or resident is entitled to be free from mental and physical abuse and from physical and chemical restraints, except those restraints authorized in writing by the attending physician or a physician's assistant to whom the physician has delegated the performance of medical care services for a specified and limited time or as are necessitated by an emergency to protect the patient or resident from injury to self or others, in which case the restraint may only be applied by a qualified professional who</p>

State	Are there regulatory requirements that explicitly prohibit staff employed at an Assisted Living facility from:			
	"Neglecting" residents?	"Abusing" residents?	"Applying restraints" on residents?	Comments
				shall set forth in writing the circumstances requiring the use of restraints and who shall promptly report the action to the attending physician or physician's assistant. In case of a chemical restraint, a physician shall be consulted within 24 hours after the commencement of the chemical restraint.
Minnesota				
Mississippi				
Missouri				
Montana	Yes	Yes	Yes	
Nebraska	Yes	Yes	Yes	
Nevada				
New Hampshire	Yes	Yes	No	Certain types of restraints are allowed under specific circumstances.
New Jersey	Yes	Yes	Yes	
New Mexico	Yes	Yes	Yes	<p>REPORTING OF INCIDENTS:</p> <p>A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 7.1.13 NMAC.</p> <p>(1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday.</p> <p>(2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted.</p> <p>B. The facility is responsible for conducting and documenting the investigation of all incidents within five (5) business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following:</p> <p>(1) a narrative description of the incident;</p> <p>(2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 7.1.13 NMAC; and</p>

State	Are there regulatory requirements that explicitly prohibit staff employed at an Assisted Living facility from:			
	"Neglecting" residents?	"Abusing" residents?	"Applying restraints" on residents?	Comments
				(3) plans for further actions in response to the incident. [7.8.2.32 NMAC - Rp, 7.8.2.33 NMAC, 01/15/2010]
New York	Yes	Yes	Yes	Both "neglect" and "abuse" are specifically defined in regulation. Restraints are not allowed in assisted living residences in NYS.
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon	Yes	Yes	Yes	
Pennsylvania	Yes	Yes	Yes	A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. A resident must be free from mental, physical, and sexual abuse and exploitation, neglect, financial exploitation and involuntary seclusion.
Rhode Island	Yes	Yes	Yes	
South Carolina	Yes	No	No	
South Dakota				
Tennessee	Yes	Yes	No	
Texas	Yes	Yes	Yes	<p>A staff member who has cause to believe the physical or mental health or welfare of a resident has been or may be adversely affected by abuse, neglect, or exploitation or that the resident has died due to abuse or neglect, must report the abuse, neglect, or exploitation to DADS and the appropriate law enforcement agency. DADS investigates complaints of abuse, neglect, or exploitation when the alleged act occurs in the facility, when the licensed facility is responsible for the supervision of the resident at the time the act occurs, or when the alleged perpetrator is affiliated with the facility.</p> <p>Neglecting a resident is defined as the failure of a caregiver to provide for the goods or services, including medical services, that are necessary to avoid physical or emotional harm or pain.</p> <p>Abuse is defined as the negligent or willful infliction of injury, unreasonable confinement,</p>



State	Are there regulatory requirements that explicitly prohibit staff employed at an Assisted Living facility from:			
	"Neglecting" residents?	"Abusing" residents?	"Applying restraints" on residents?	Comments
				<p>intimidation, or cruel punishment with resulting physical or emotional harm or pain to a resident by the resident's caregiver, family member, or other individual who has an ongoing relationship with the resident; or sexual abuse of a resident, including any involuntary or nonconsensual sexual conduct committed by the resident's caregiver, family member, or other individual who has an ongoing relationship with the resident.</p> <p>Restraints for purposes of behavioral management, staff convenience, or resident discipline are prohibited. Seclusion is prohibited.</p>
Utah	Yes	Yes	Yes	<p>R432-270-9. Residents' Rights.</p> <p>(5) Resident rights include the following:</p> <p>(a) the right to be treated with respect, consideration, fairness, and full recognition of personal dignity and individuality;</p> <p>(c) the right to be free of mental and physical abuse, and chemical and physical restraints;</p>
Vermont				
Virginia	Yes	Yes	No	Direct care staff must be trained in caring for the health needs of residents in restraints, prior to being involved in their care. Refresher training must be provided at least annually. There are several other requirements regarding the use of restraints.
Washington***	Yes	Yes	Yes	
West Virginia	Yes	Yes	No	5.6.a.2. Documentation of the results of screening through the West Virginia state police central abuse registry regarding previous convictions involving abuse, mistreatment or neglect of dependent populations, or theft of the property of those populations, and a check of the state nurse aide abuse registry.
Wisconsin				
Wyoming				

(\*\*\* indicates input from committee member & not from state representative)

State	Are there regulatory requirements for Assisted Living facilities:				
	To have an annual training plan for staff?	To provide dementia-specific training for staff?	To conduct regular reviews of staff work performance?	To regularly measure or survey staff satisfaction?	Comments
Alabama					
Alaska	Yes	Yes	No	No	
Arizona					
Arkansas					
California***	Yes	Yes	No	No	
Colorado					
Connecticut					
Delaware	Yes	Yes	Yes	No	
District of Columbia	Yes	Yes	Yes	Yes	After the first year of employment, and at least annually thereafter, a staff member shall be complete a minimum total of 12 hours of in-service training following: Emergency procedures and disaster drills; Rights of residents; Four hours covering cognitive impairment in an in-service training approved by a nationally recognized and creditable expert such as Alzheimer's Disease and related Disorder Association; and on an annual basis, the ALA shall complete 12 additional hours of training on cognitive impairments approved by a nationally recognized organization with expertise in dementia such as the Alzheimer's Disease and Related Disorder Association.
Florida					
Georgia	Yes	Yes	Yes	No	
Hawaii***	Yes	No	No	No	

State	Are there regulatory requirements for Assisted Living facilities:				
	To have an annual training plan for staff?	To provide dementia-specific training for staff?	To conduct regular reviews of staff work performance?	To regularly measure or survey staff satisfaction?	Comments
Idaho	Yes	Yes	No	No	<p>IDAPA 16.03.22.620.REQUIREMENTS FOR TRAINING OF FACILITY PERSONNEL. The facility must follow structured written training programs designed to meet the training needs of personnel in relation to responsibilities, as specified in the written job description, to provide for quality of care and compliance with these rules. Signed evidence of personnel training, indicating hours and topic, must be retained at the facility.</p> <p>IDAPA 16.03.22.630. TRAINING REQUIREMENTS FOR FACILITIES ADMITTING RESIDENTS WITH DIAGNOSIS OF DEMENTIA, MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR TRAUMATIC BRAIN INJURY.</p> <p>A facility admitting and retaining residents with diagnosis of dementia, mental illness, developmental disability, or traumatic brain injury must train staff to meet the specialized needs of these residents. The means and methods of training are at the facility's discretion. The training should address the following areas: 01. Dementia: a. Overview of dementia; b. Symptoms and behaviors of people with memory impairment; c. Communication with people with memory impairment; d. Resident's adjustment to the new living environment; e. Behavior management; f. Activities of daily living; and g. Stress reduction for facility personnel and resident.</p>

State	Are there regulatory requirements for Assisted Living facilities:				
	To have an annual training plan for staff?	To provide dementia-specific training for staff?	To conduct regular reviews of staff work performance?	To regularly measure or survey staff satisfaction?	Comments
Illinois	Yes	Yes	No	No	
Indiana					
Iowa	No	Yes	No	No	
Kansas	Yes	Yes	No	No	
Kentucky					
Louisiana	Yes	Yes	No	No	
Maine					
Maryland	Yes	Yes	No	No	
Massachusetts					
Michigan	No	Yes	No	No	<p>R 325.1931 Employees; general provisions.</p> <p>(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:</p> <ul style="list-style-type: none"> <li>(a) Reporting requirements and documentation.</li> <li>(b) First aid and/or medication, if any.</li> <li>(c) Personal care.</li> <li>(d) Resident rights and responsibilities.</li> <li>(e) Safety and fire prevention.</li> <li>(f) Containment of infectious disease and standard precautions.</li> <li>(g) Medication administration, if applicable.</li> </ul> <p>(7) The home's administrator or its designees are responsible for evaluating employee competencies.</p> <p>Note: If the program statement includes</p>

State	Are there regulatory requirements for Assisted Living facilities:				
	To have an annual training plan for staff?	To provide dementia-specific training for staff?	To conduct regular reviews of staff work performance?	To regularly measure or survey staff satisfaction?	Comments
					dementia care.
Minnesota					
Mississippi					
Missouri					
Montana	Yes	Yes	No	No	
Nebraska	Yes	Yes	No	No	
Nevada					
New Hampshire	No	No	No	No	There are specific training requirements for staff, but not a requirement for a "plan" per se.
New Jersey	Yes	Yes	Yes	Yes	
New Mexico	No	No	No	No	
New York	Yes	Yes	Yes	No	10 NYCRR 1001.11(f), (g)
North Carolina					
North Dakota					
Ohio					
Oklahoma					
Oregon	Yes	Yes	No	No	It is an expectation that the facility would conduct regular reviews of staff work performance and to regularly measure or survey staff satisfaction, however, it is not addressed in our rules.
Pennsylvania	Yes	Yes	No	No	A staff training plan shall be developed annually. Each direct care staff person working in a special care unit for residents with Alzheimer's disease or dementia shall have 8 hours of initial training within the first 30 days of the date of hire and a

State	Are there regulatory requirements for Assisted Living facilities:				
	To have an annual training plan for staff?	To provide dementia-specific training for staff?	To conduct regular reviews of staff work performance?	To regularly measure or survey staff satisfaction?	Comments
					minimum of 8 hours of annual training related to dementia care and services, in addition to the 16 hours of annual training specified in § 2800.65 (relating to staff orientation and direct care staff person training and orientation).
Rhode Island	Yes	Yes	Yes	No	
South Carolina	Yes	Yes	No	No	
South Dakota					
Tennessee	No	Yes	No	No	
Texas	Yes	Yes	No	No	<p>a. Direct care staff must complete six documented hours of education annually, as noted in 12c above.</p> <p>b. All staff members who work in a certified Alzheimer's unit or facility must receive four hours of dementia-specific orientation prior to assuming any job responsibilities. Managers of those facilities or units must take six hours of continuing education regarding dementia care annually.</p>
Utah	Yes	Yes	No	No	
Vermont					
Virginia	Yes	Yes	Yes	No	When there are residents with dementia in the facility, staff are required to have specified number of hours of related training within specified time periods.
Washington***	Yes	Yes	No	No	
West Virginia	Yes	Yes	No	No	5.5.a. The licensee shall provide and maintain a record of training to new

State	Are there regulatory requirements for Assisted Living facilities:				
	To have an annual training plan for staff?	To provide dementia-specific training for staff?	To conduct regular reviews of staff work performance?	To regularly measure or survey staff satisfaction?	Comments
					<p>employees prior to scheduling them to work unsupervised, and no later than within the first fifteen (15) days of employment, in accordance with a written plan that includes at a minimum emergency procedures and disaster plans; the residence's policies and procedures; resident rights; confidentiality; abuse prevention and reporting requirements; the ombudsmen's role; complaint procedures; specialty care based on individualized resident needs and service plans; the provision of group and individual resident activities; and infection control.</p> <p>5.5.b. The licensee shall provide and maintain a record of in-service training annually to all staff on the topics of resident rights, confidentiality, abuse prevention and reporting requirements, the provision of resident activities, infection control, and fire safety and evacuation plans.</p> <p>5.5.c. The licensee shall provide training to all new employees within fifteen (15) days of employment and annually thereafter on Alzheimer's disease and related dementias. The licensee shall maintain an employee training record. The training shall be a minimum of two (2) hours in duration and shall include all the following: basic understanding of Alzheimer's disease and other dementias;</p>

State	Are there regulatory requirements for Assisted Living facilities:				
	To have an annual training plan for staff?	To provide dementia-specific training for staff?	To conduct regular reviews of staff work performance?	To regularly measure or survey staff satisfaction?	Comments
					communication approaches and techniques for use when interacting with persons with Alzheimer's disease or a related dementia; prevention and management of problem behaviors; and activities and programming appropriate for these individuals.
Wisconsin					
Wyoming					