FACTS and TRENDS

The Assisted Living Sourcebook

ncal
NATIONAL CENTER
FOR ASSISTED LIVING

FACTS and TRENDS
The Assisted Living Sourcebook 2001

Facts and Trends is a product of the
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F o r e w o r d

Long term care is reinventing itself as providers strive to meet the diverse needs of the country's growing elderly population. As part of this effort, assisted living services have grown rapidly to meet the demand for care that maximizes individual choice and independence. With this fifth edition of *Facts and Trends: The Assisted Living Sourcebook*, the National Center for Assisted Living takes another step toward describing the residents and services that define assisted living. Assisted living providers are creating a dynamic profession that is rapidly responding to changes in America's demographics and lifestyles. We look forward to watching the growth of this evolving profession through the continued reporting and analysis provided in our *Facts and Trends* publication devoted specifically to assisted living.

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Introduction

The National Center for Assisted Living (NCAL) is the assisted living voice of the American Health Care Association (AHCA), the nation's largest federation of long term care providers. AHCA is a federation of affiliated associations representing 12,000 non-profit and for-profit assisted living, nursing facility, subacute care providers, and facilities for the mentally retarded and developmentally disabled nationally. AHCA was founded in 1949 to promote standards of professionalism in long term care delivery and quality care for residents.

Assisted living facilities represent an increasingly large portion of AHCA's membership. NCAL defines assisted living as a congregate residential setting that provides or coordinates personal care services, 24-hour supervision, assistance (scheduled and unscheduled), activities, and health-related services; is designed to minimize the need to move from the care setting; is designed to accommodate individual residents' changing needs and preferences; is designed to maximize residents' dignity, autonomy, privacy, independence, choice, and safety; and is designed to encourage family and community involvement. This evolving industry is experiencing rapid growth as consumers needing less medical assistance than that offered in traditional nursing facilities look for options along the long term care continuum.

Assisted living providers are eligible to join NCAL/AHCA if they are licensed, certified, or otherwise subject to regular government approval and meet state association membership requirements. Members may be licensed under a variety of terms other than assisted living.

A Note on Terminology

Assisted living, a Scandinavian model of care for the elderly that began to develop in the United States in the mid-1980s. It is known by dozens of different terms throughout the country. While assisted living is the most common licensure term, some states still use other terms to describe assisted living, such as residential care, personal care, basic care, domiciliary care, housing with services, and board and care. Regardless of which name is used, assisted living represents an option of care that is generally less than that provided by and required of skilled nursing facilities but more than is offered by independent living apartment complexes. This *Sourcebook* will use the term "assisted living" throughout.

There seems to be more of a consensus on the term used for "residents" in assisted living settings. Since "residents" is the term used in nursing facilities, some assisted living proponents have used other terms such as "clients" or "customers" to emphasize the hospitality nature of assisted living facilities as opposed to the more clinical environment in nursing facilities. However, "residents" is the term of choice for most of assisted living settings [Source: NCAL, Survey of Assisted Living Facilities, 1996].

Philosophy of Assisted Living

A combination of extended life expectancy and the aging of the U.S. population is resulting in unprecedented demand for a variety of long term care services. The growing phenomenon of assisted living has emerged on the long term care continuum between independent living for the elderly (where services are limited to housing and meals) and skilled nursing facilities (which offer complex medical care). Rapid growth in assisted living is expected to continue based on demographics, the need for personal care and nursing services, and a consumer preference for homelike settings when possible.

In general, assisted living combines housing, personal care services, and nursing and health care in an environment that promotes maximum independence, privacy, and choice for people too frail to live alone but too healthy to require 24-hour nursing care. Residents may receive help with one or more activities of daily living (ADLs) -- eating, dressing, bathing, transferring, and toileting -- along with meals, laundry, housekeeping, recreation, and transportation. Although assisted living residences usually do not provide 24-hour skilled nursing care, help with daily tasks may include the administration of medication by a qualified staff person. A growing number of states are also allowing the provision of skilled nursing care in an assisted living setting under limited conditions or for short periods of time. Some states allow the provision of skilled nursing by qualified facility staff; others require facilities or the residents themselves to contract with a home health agency when skilled nursing services are required.

The philosophy of assisted living also involves shared risk and responsibility. Residents agree to forfeit the continual clinical supervision found in a nursing facility in return for greater privacy and maximum independence. Residents may then be held responsible for accomplishing some basic personal chores and household management tasks and to some extent caring for their own well being. In some cases where residents prefer to take responsibility for a somewhat risky behavior rather than give up the right to that behavior, detailed responsibilities of the facility and the resident are specified in a negotiated risk agreement.

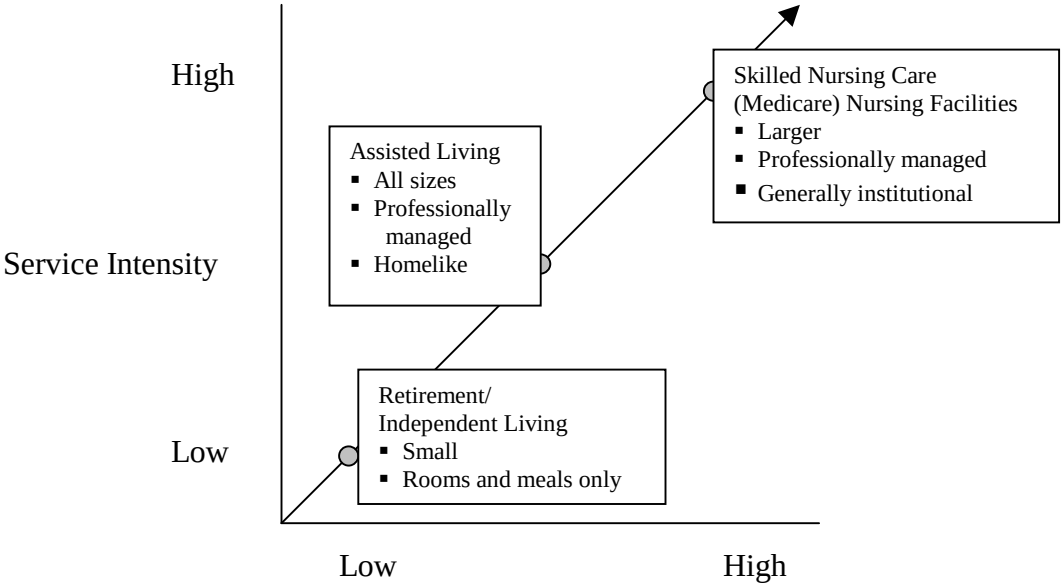
The original Scandinavian philosophy of assisted living included the concept of "aging in place." Any level of care needed by the resident as he or she aged was to be provided in the assisted living setting so that the resident would not have to leave what had become home. Many states are revising regulations in order to promote “aging in place.” However, there is currently disagreement among the provider community as to whether aging in place is a financially and operationally feasible concept. Several states have revised regulations in recent years to allow for the provision of skilled nursing care in assisted living to support the concept of aging in place, but only under limited conditions and only if the facility is able to supply appropriately trained staff and other resources[1].

Assisted living services can be provided in freestanding facilities, near or integrated with skilled nursing facilities, as components of continuing care retirement communities (CCRCs), or at independent housing complexes. Whether proprietary or nonprofit, assisted living residences

[1] To avoid confusion or misunderstanding, NCAL discourages the use of the phrase “aging in place” when communicating with consumers, unless accompanied by a detailed list of all health related conditions that would require a resident to move out of a facility.

serve mostly a private-pay clientele; therefore, consumer demand, not government mandate, drives the assisted living marketplace. This could change in future years as more and more states seek Medicaid funding for assisted living services.

Figure I-1: The Long Term Care Continuum



Survey Methodology

The National Center for Assisted Living's Health Services Research and Evaluation group mailed surveys to 12,000 randomly selected assisted living providers in October 2000. Three thousand surveys were mailed to each of four cohorts; each cohort received a different questionnaire covering a specific substantive area. Both members and nonmembers of NCAL/AHCA were included on the sampling frame. Lists of assisted living providers were obtained from 43 state agencies that license or otherwise regulate them; the mailing list for *Assisted Living Focus*, NCAL's monthly newsletter, was used in the 8 states and the District of Columbia where lists were not available. Results that appear on the following pages are based on a total of 1,252 responses from facilities in 44 states. The response rate for each survey is presented in table F-1. Information collected on these surveys were provided voluntarily, and may not be representative of the entire profession due to the large proportion of residences which elected not to respond; however, there are no indications of a significant response bias. The formula used for calculating the response rate was:

[# of Valid Responses / (# of Sampled Facilities – # of Facilities Found to be Ineligible)]

Table I-1: Response Rates

Questionnaire Topic	Number of Sampled Facilities	Number of Facilities Found to be Ineligible	Number of Valid Responses	Response Rate
Finances & Physical Plant	3000	94	318	10.9%
Resident Characteristics	3000	107	305	10.5%
Services Provided	3000	103	408	14.1%
Wages & Staffing	3000	111	221	7.6%

Eligibility requirements for inclusion in the analysis were that the facility:

- Provides help with activities of daily living
- Provides 24-hour supervision and assistance with scheduled and unscheduled needs
- Provides social and recreational activities
- Provides health-related services (e.g. assistance with medications)
- Is not a nursing home or independent living facility

Facilities for which surveys were returned as undeliverable were also deemed to be ineligible.

All averages were calculated as straight facility averages. National results were broken down by location of the facility in an urban, suburban, or rural area, facility size, and type of facility -- freestanding or integrated with a skilled nursing facility -- wherever those divisions were meaningful. Similarly, trends were only presented when substantial changes occurred from previous years. For selected topics, results of the survey were supplemented with related information from sources outside of NCAL/AHCA. Empirical results from the survey were also supplemented with NCAL's 2001Assisted Living Regulatory Review based on research of the actual laws, licensure regulations, and conversations with state agency experts.

Highlights of This Year's Edition

This fifth edition of the Sourcebook is based on NCAL's 2000 Survey of Assisted Living Facilities. Results of this survey show that resident profiles have changed somewhat since 1998. The percentage of residents needing assistance with at least one ADL increased from 1.7 to 2.3. For each of the activities of daily living and instrumental activities of daily living, the percentage of residents who needed no help decreased. The distribution of sources and destinations of residents moving in to and out of assisted living residences also changed from 1998, while the percent of residents with any form of dementia remained about the same.

There was a marked increase in the percent of facilities offering medication administration and assistance while the percent that offer nursing services and skilled nursing services decreased.

Section

I

Residents

Resident Profile

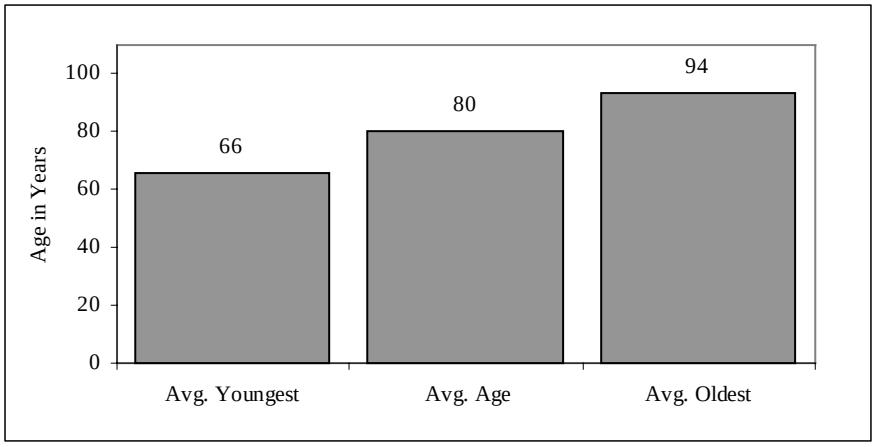
For some elderly, aging means an active time of independence. For others, it means a time of decreased functioning and increased dependence. Now, more than ever before, a wide array of long term care options is being offered by private and public organizations to help people live independently for as long as possible. Whatever the case may be, choosing the appropriate setting can make all the difference in an individual's mental, physical, and social well-being.

Assisted living is part of a continuum of long term care services that provides a combination of housing, personal care services, and health care designed to respond to individuals who need some help with standard ADLs. Assisted living services are delivered in a way that promotes maximum independence.

Some assisted living facilities provide long term care for non-elderly residents in need of assistance with ADLs due to various ongoing medical conditions. When these facilities are excluded from the calculations, the average assisted living resident is an 80-year-old female who is ambulatory but needs assistance with about two ADLs, most likely bathing and possibly dressing or using the toilet. She also probably needs or accepts some assistance with transportation, shopping, preparing meals, housework, taking medication, and managing money. She most likely moved to the assisted living facility directly from home and will move on to a nursing facility if her medical needs become too serious to be handled in the assisted living environment. She does not have Alzheimer's or other forms of dementia.

Assisted living facilities may accommodate a wide variety of resident needs. Some facilities specialize in caring for Alzheimer's residents in need of a safer environment than their previous homes. Some residents of assisted living are non-ambulatory or are in need of assistance with four or five ADLs, while others are in need of almost no personal care assistance. Some provide homelike environments for younger residents who need ongoing light nursing care and oversight due to a medical condition. On average, the oldest resident in an assisted living facility designed for the elderly is 94 years old, while the youngest is 66 years old (see Figure R-1). Although most elderly assisted living residents are women due to women's longer life expectancy, almost one-third (31 percent) are male.

Figure R-1: Age of Residents



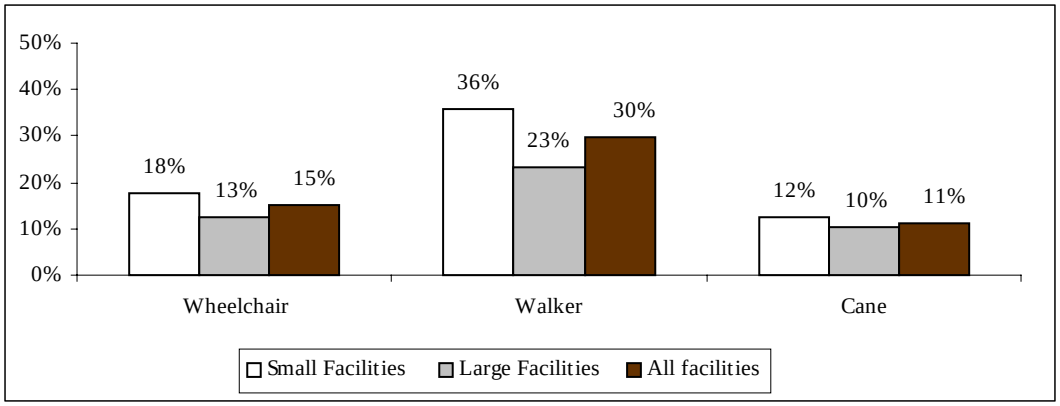
Source: NCAL, Survey of Assisted Living Facilities, 2000
Facilities designed to care primarily for the elderly: those with average age less than 60 excluded.

Health Needs

Assisted living facilities provide supervision or assistance with ADLs, coordinate services provided by outside agencies, and monitor the activities of the resident to ensure his or her health, safety, and well-being. In addition to assistance with ADLs, personal assistance with the administration or supervision of medication by a qualified staff person may be available. Additionally, it is the responsibility of facility management and staff to ensure that prompt and appropriate medical and dental care services are obtained when required. Private physicians are chosen or retained by the resident. Residents suffering from temporary periods of incapacity due to illness, injury, or recuperation from surgery may be allowed to remain in the facility depending on state regulations and whether appropriate services can be provided at the assisted living facility.

Results of a 1998 NCAL survey of assisted living facilities found that almost two-thirds of residents were ambulatory; that is, they can walk without any mobility aids or assistance. Another 32 percent required the use of mobility aids (generally wheelchairs, canes, or walkers) to transport themselves. Only four percent were non-ambulatory. The survey conducted in 2000 did not gather comparable information, but did find that 30 percent of residents used a walker to aid mobility, 15 percent used a wheelchair, and 11 percent used a cane. It is important to note that an individual resident may use more than one of these aids, and therefore, the overall percentage of assisted living residents who are dependent on mobility aids is less than the sum of these three percentages. The 2000 survey also found that residents in larger facilities (more than ten beds) were less likely to use any of these mobility aids. Figure R-2 depicts the proportion of assisted living residents in small facilities, large facilities, and facilities of all size who use these mobility aids.

Figure R-2: Use of Mobility Aids

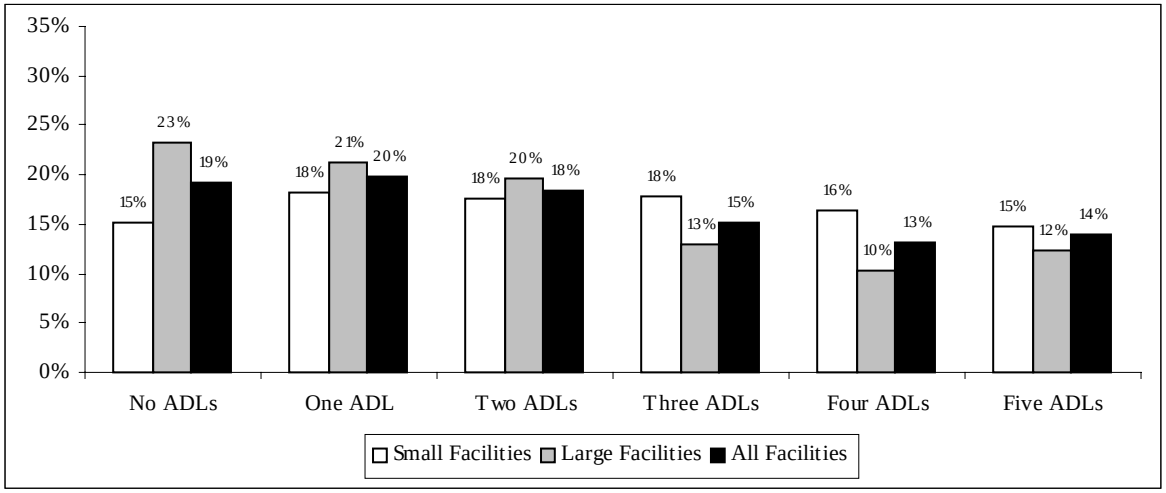


Source: NCAL, Survey of Assisted Living Facilities, 2000. Small facilities were defined as those with 10 or fewer beds; large facilities were defined as those with more than 10 beds. A total of 288 facilities reported data for the question concerning the use of mobility aids; 137 of these facilities were defined as small facilities, 144 were defined as large facilities, and 7 of these facilities did not report their number of beds.

Activities of Daily Living

The average assisted living resident needed assistance with 2.25 ADLs. Residents in large facilities (greater than 10 beds) needed help with only 2.0 ADLs while residents in small facilities (10 or fewer beds) needed help with 2.5 ADLs. Figure R-3 illustrates the percent of residents at small, large, and assisted living facilities of all sizes who require assistance with zero, one, two, three, four, or five ADLs. The five ADLs are bathing, dressing, transferring, toileting, and eating. Overall, 20 percent needed help with only one ADL, 18 percent needed help with two, and 15 percent needed help with three ADLs. Approximately a fifth (19 percent) needed no help with ADLs, while 27 percent of residents needed help with four or five ADLs.

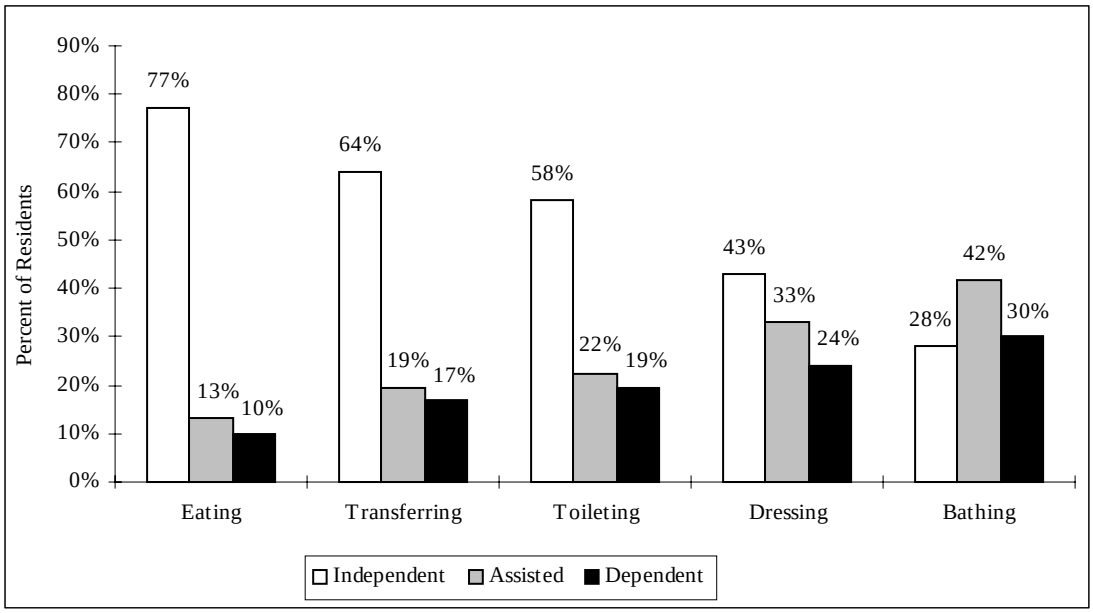
Figure R-3: Percent of Residents Needing Assistance With Activities of Daily Living



Source: NCAL, Survey of Assisted Living Facilities, 2000. Small facilities are defined as those with 10 or fewer beds; large facilities are defined as those with more than 10 beds. A total of 273 facilities reported data for the questions concerning the number of activities of daily living with which residents need assistance; 131 of these facilities were defined as small facilities, 133 were defined as large facilities, and 9 of these facilities did not report their number of beds.

In general, dependency in ADLs begins with dependency in bathing and is cumulative in nature; that is, many residents need help in bathing only, while residents who need assistance with eating generally need assistance with all or almost all ADLs. Most residents retain the ability to eat without assistance longer than they retain the ability to perform other ADLs.

Figure R-4: Level of Dependency in Activities of Daily Living

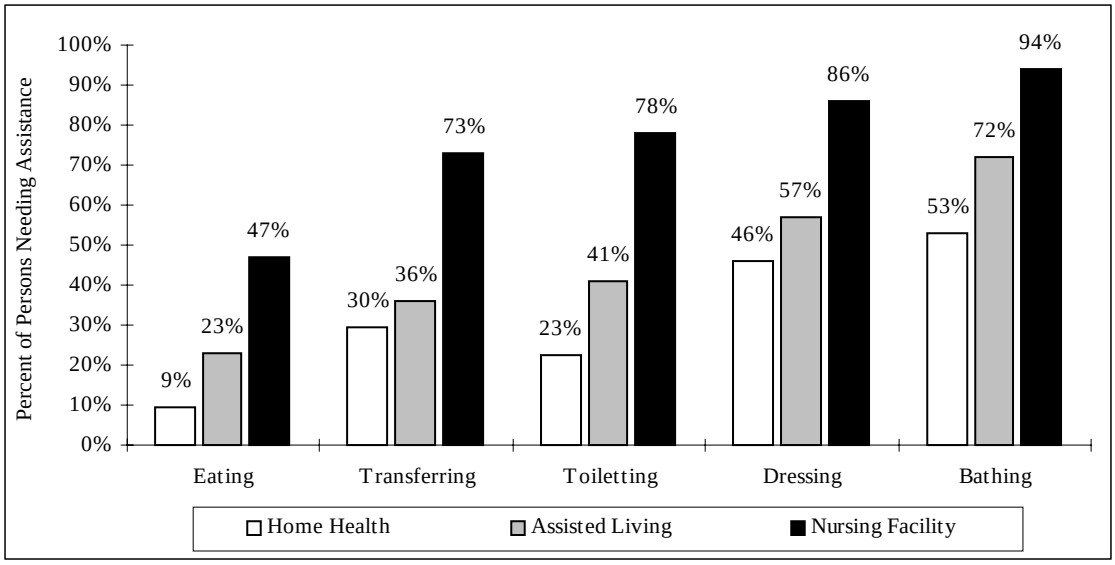


Source: NCAL, Survey of Assisted Living Facilities, 2000.

The vast majority of residents, 77 percent, require no assistance in eating. Most are also independent in transferring (64 percent) and toileting (58 percent). On the other hand, 72 percent of residents require at least some assistance with bathing and 57 percent require some assistance with dressing.

Figure R-5 is a comparison of the assistance needs of residents along the long term care continuum. Assisted living residents are substantially less frail than nursing facility residents but similar in many categories to residents in home and community-based (HCB) programs. The comparison supports the assertion that different settings on the long term care continuum serve different populations of consumers. Residents of assisted living need assistance with 2.3 ADLs on average, while the average HCB recipient needs assistance with only 1.6 ADLs (National Center for Health Statistics, 1999) and the average nursing facility resident needs assistance with 3.8 ADLs (HCFA, Online Survey, Certification and Reporting Database, September 2000). HCB recipients are less likely than assisted living residents to be dependent in each of the 5 ADLs, and nursing home residents are more likely to be dependent in each of the 5 ADLs.

Figure R-5: Assistance Needs of Residents along the Long Term Care Continuum



Source: NCAL, Survey of Assisted Living Facilities, 2000; National Center for Health Statistics, Advance Data #309 (December 22, 1999); and HCFA, Online Survey, Certification and Reporting Database (OSCAR), September 2000.

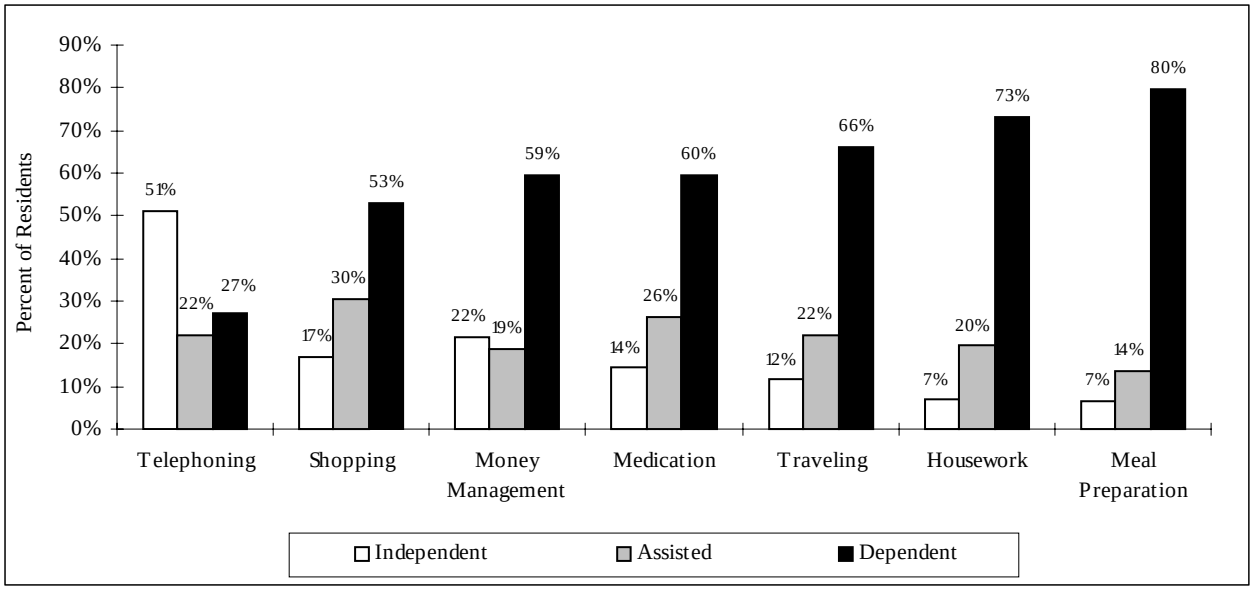
Instrumental Activities of Daily Living

In addition to ADLs, there are other activities that are used to measure the independence of residents in assisted living settings. Activities such as telephoning, traveling, shopping, money management, housekeeping, and food preparation are considered to be instrumental activities of daily living (IADLs). Medication management is also discussed in this section.

Figure R-6 illustrates the functional levels of assisted living residents in performing IADLs. Just over one-half of residents in assisted living settings (51 percent) do not need any assistance in using the telephone. Twenty-two percent and 27 percent respectively need some assistance or are dependent on direct care staff to assist them in placing or receiving a telephone call. Complete independence is much less common for other IADLs; more than three-fourths of residents need at least some assistance in traveling, shopping, taking medication, and managing money.

The high occurrence of resident dependence for meal preparation and housekeeping does not necessarily indicate the residents' inability to perform these activities. Congregate meals and housekeeping are among the basic services offered to residents of assisted living, so a high percentage of dependence may indicate that residents don't perform these functions even though they may be able to if necessary. Additionally, private kitchens or kitchenettes are provided in only a small percentage of assisted living units (19 and 25 percent respectively). For more information on these and other services, refer to the Operations section of this *Sourcebook*.

Figure R-6: Level of Dependency in Instrumental Activities of Daily Living



Source: NCAL, Survey of Assisted Living Facilities, 2000.

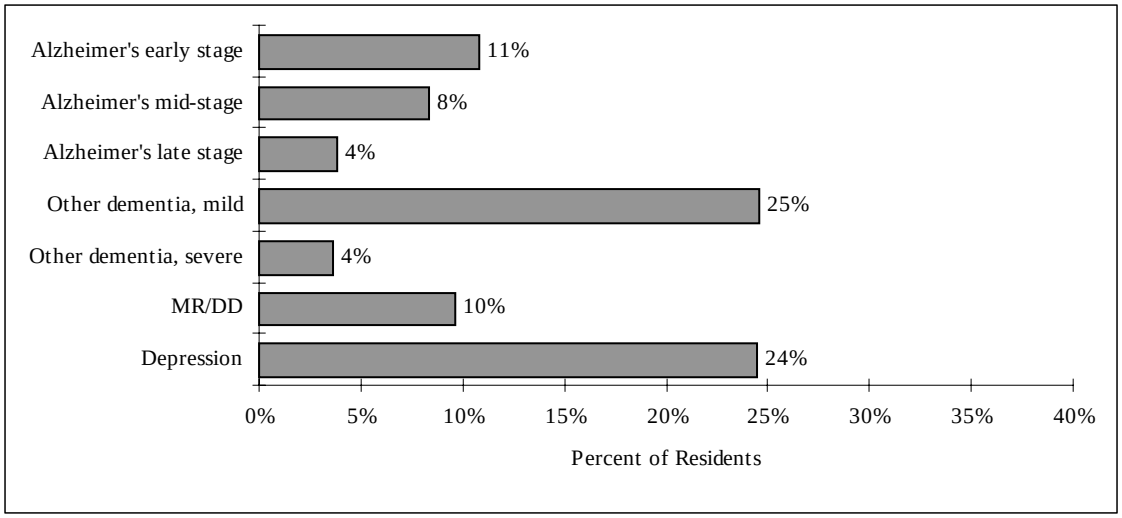
Medical Conditions and Special Needs Assistance

Supervision and oversight of persons with cognitive disabilities and other special needs is one of the many personal care services offered at assisted living residences. Such supervision is typically offered to those entering an assisted living setting, subject to severity of the physical and mental impairment of the resident. Many assisted living facilities adopt a philosophy of "aging in place" whereby residents are allowed to stay at the residence as long as their physical and mental impairments are able to be supervised and maintained by the direct care staff at the facility or through contracted services. Many states have regulations to allow for the temporary or ongoing provision of skilled nursing services in assisted living settings, usually under limited conditions, so that residents are not automatically forced to move when their conditions decline.

Residents of assisted living facilities often need assistance with physical or cognitive impairments other than those involved with ADLs. Some assisted living facilities specialize in one or more of these special needs, such as Alzheimer's disease or other dementia. Figure R-7 illustrates the average percent of residents needing assistance with various levels of Alzheimer's disease and other dementia, depression, and mental retardation/developmental disabilities (MR/DD).

Twenty-three percent of residents in facilities that responded to the survey need assistance with Alzheimer's disease, with about half in an early stage of the disease and the other half in later stages of the disease. Twenty-nine percent of residents suffer from other forms of dementia, mostly mild. About one fourth (24 percent) of the residents suffer from depression, and ten percent have mental retardation or some other developmental disability.

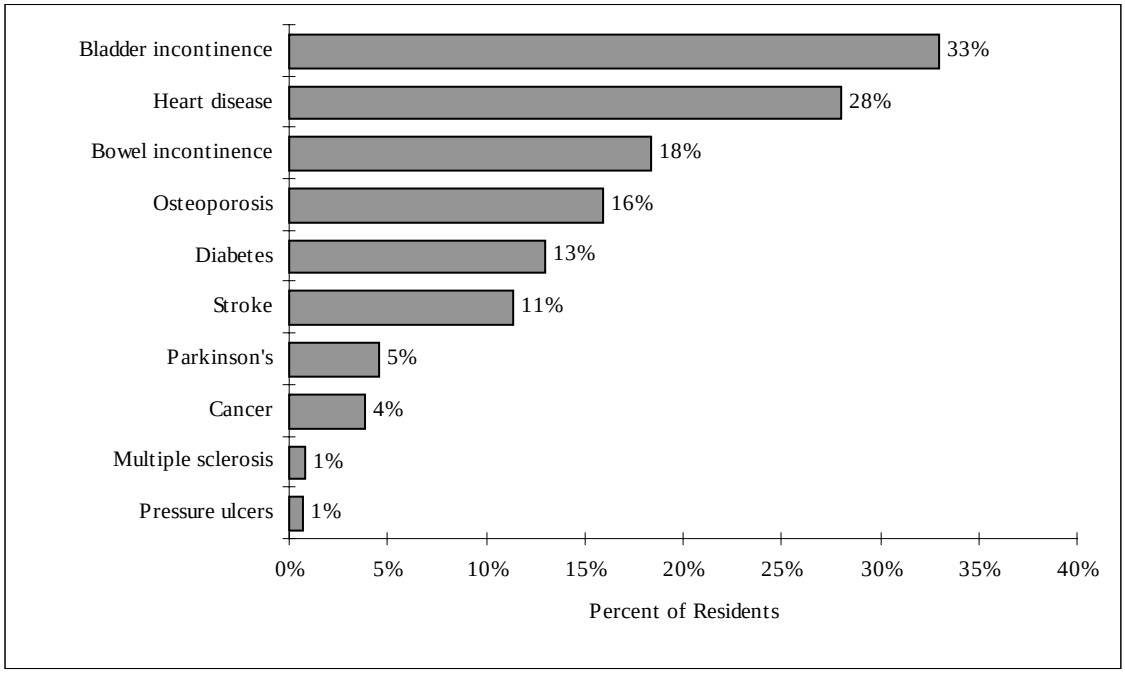
Figure R-7: Mental Health Conditions



Source: NCAL, Survey of Assisted Living Facilities, 2000

Assisted living residents may also need special assistance with a variety of other conditions. Figure R-8 depicts the percent of residents with incontinence, pressure ulcers, and several other medical conditions. One-third (33 percent) of the residents in facilities that responded to the survey have bladder incontinence, 28 percent have heart disease, and 18 percent have bowel incontinence. Only one percent suffers from pressure ulcers.

Figure R-8: Medical Conditions



Source: NCAL, Survey of Assisted Living Facilities, 2000

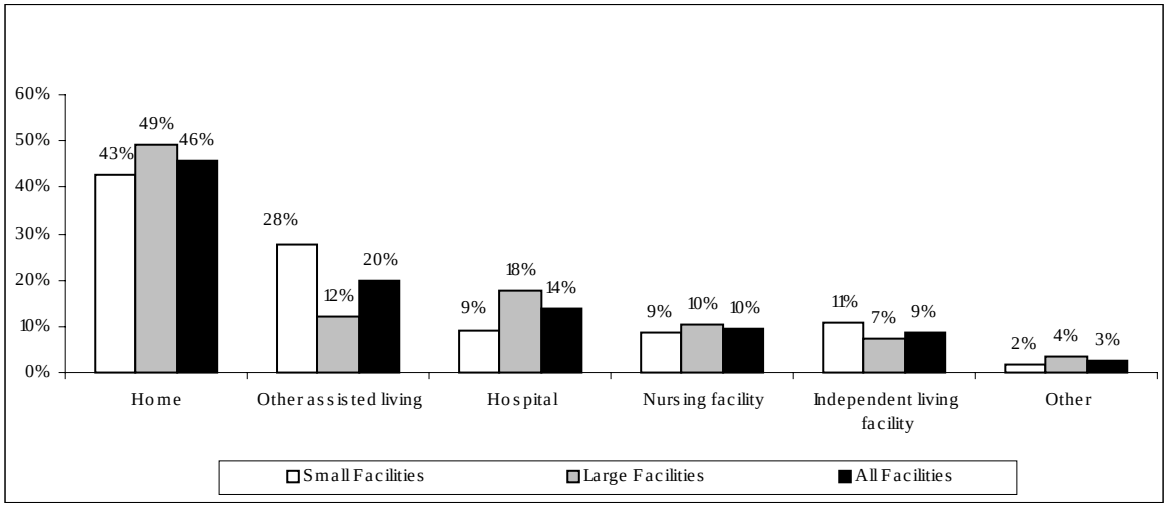
Moving In and Moving Out

Assisted living works hand-in-hand with other services provided along the continuum of long term care. People come to assisted living facilities from a variety of settings, including the community, home care, hospitals, and nursing facilities as payers and consumers seek the most cost-effective, least restrictive care environment. Conversely, as needs change, some residents leave assisted living facilities to go to nursing facilities, other long term care environments, hospitals, or home. According to data from a 1998 NCAL survey, the average length of stay in assisted living facilities was about three years.

Figures R-9 and R-10 depict the prior residences of assisted living residents and the destinations of those leaving assisted living facilities according to the 2000 NCAL survey. Forty-six percent of assisted living residents moved to the facility from home and 20 percent from other assisted living settings. Residents of small facilities (10 or fewer beds) were more likely to have come from another assisted living facility than were residents of large facilities (more than 10 beds), while residents of large facilities were more likely to have come from a hospital than were residents of small facilities.

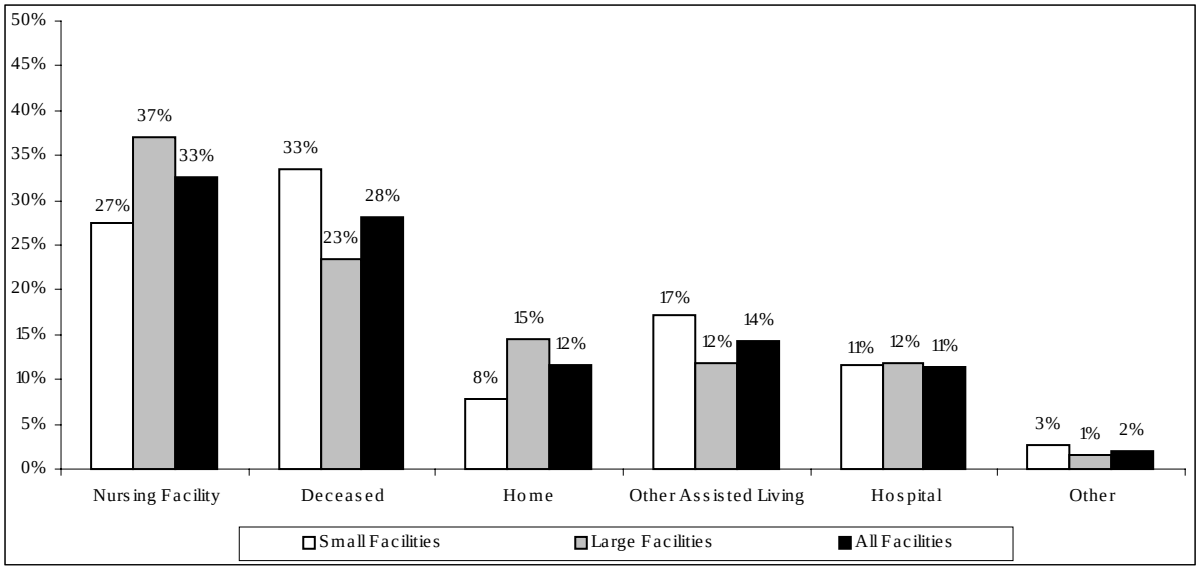
Of the residents leaving assisted living facilities, 28 percent were deceased and 44 percent went on to settings with more acute care: 33 percent to nursing facilities and 11 percent to hospitals. These proportions support the interaction and interdependence of types of settings along the long term care continuum as the needs of residents change.

Figure R-9: Residents Moving In



Source: NCAL, Survey of Assisted Living Facilities, 2000. A total of 275 facilities reported data for the question concerning the residents moving into the facility; 135 of these facilities were defined as small facilities (10 or fewer beds), 131 were defined as large facilities (more than 10 beds), and 9 of these facilities did not report their number of beds.

Figure R-10: Destination of Residents Moving Out



Source: NCAL, Survey of Assisted Living Facilities, 2000. A total of 179 facilities reported data for the question concerning the residents moving out of the facility; 70 of these facilities were defined as small facilities (10 or fewer beds), 101 were defined as large facilities (more than 10 beds), and 8 of these facilities did not report their number of beds.

Section

II

Operations

Operations

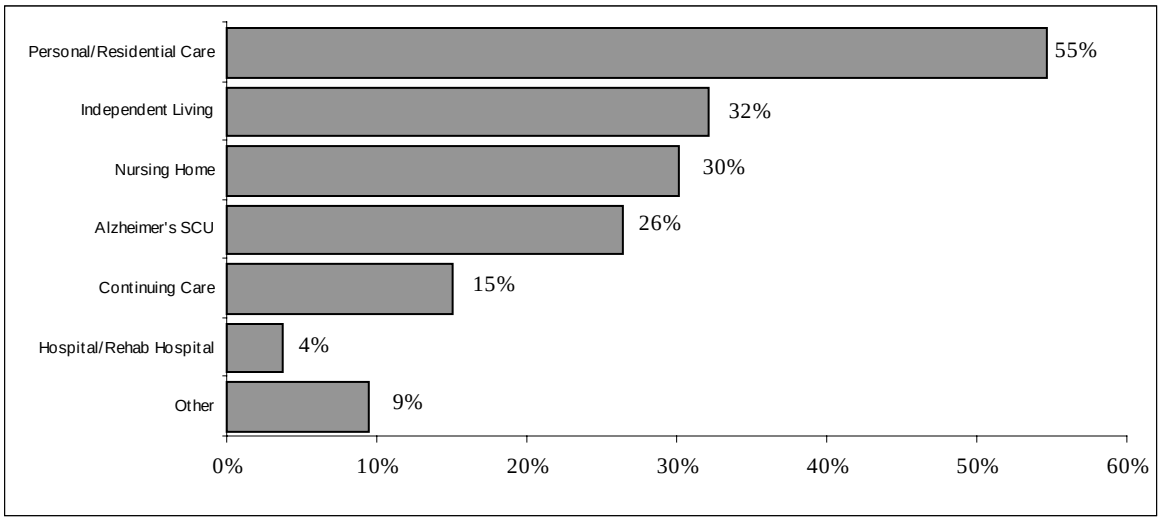
Assisted living settings are not defined by their capacity for residents, but rather by the scope of services they provide. Services to individuals with mental illness, developmental disabilities, Alzheimer's disease, or other forms of dementia or disabilities requiring specialized services must be delivered in an appropriate and safe setting in compliance with state and federal regulations. Assisted living services can be provided in freestanding residences, near or integrated with skilled nursing facilities, as components of continuing care retirement communities, or at independent housing complexes. Residents can choose from a variety of settings which may include studio, one-bedroom, or semiprivate units, while housing options can range from a high-rise apartment building to a residential home.

According to the survey, the typical assisted living residence has been in operation for eight years. Although many new facilities have been built as assisted living residences, many are also converted from other uses (e.g., hotels, nursing facilities).

The average size of the assisted living residences that responded to the survey is 23 units, with 30 beds and 24 residents. In a 1998 study sponsored by the US Department of Health and Human Services, only residences with a capacity of 11 or more beds were examined. Using the same criteria, NCAL's survey yields results that are similar to those of the government study. This restriction changes the average number of beds to 46 and the average number of residents to 36, whereas the government study found an average of 53 beds and 46 residents. Throughout this *Sourcebook*, results of the survey are broken down by size of facility wherever meaningful and appropriate, with small facilities being defined as those with 10 or fewer beds and large facilities as those with 11 or more beds.

About two-thirds (66 percent) of facilities that responded to the 2000 NCAL Assisted Living Survey are freestanding facilities. Of those facilities that are not freestanding, 30 percent are on the campus of a nursing home. Just over one-half of the campus-based facilities (54 percent) are on the campus of a board and care, personal care, or residential care facility, and about one-third share a campus with an independent living facility or congregate apartments. One-quarter (26%) have a special care unit (SCU) designated for Alzheimer’s residents, and four percent are on the campus of a hospital. Figure O-1 shows the types of facilities with which assisted living residences share a campus for those residences that are not freestanding.

Figure O-1: Levels of Care if Part of a Campus or Complex



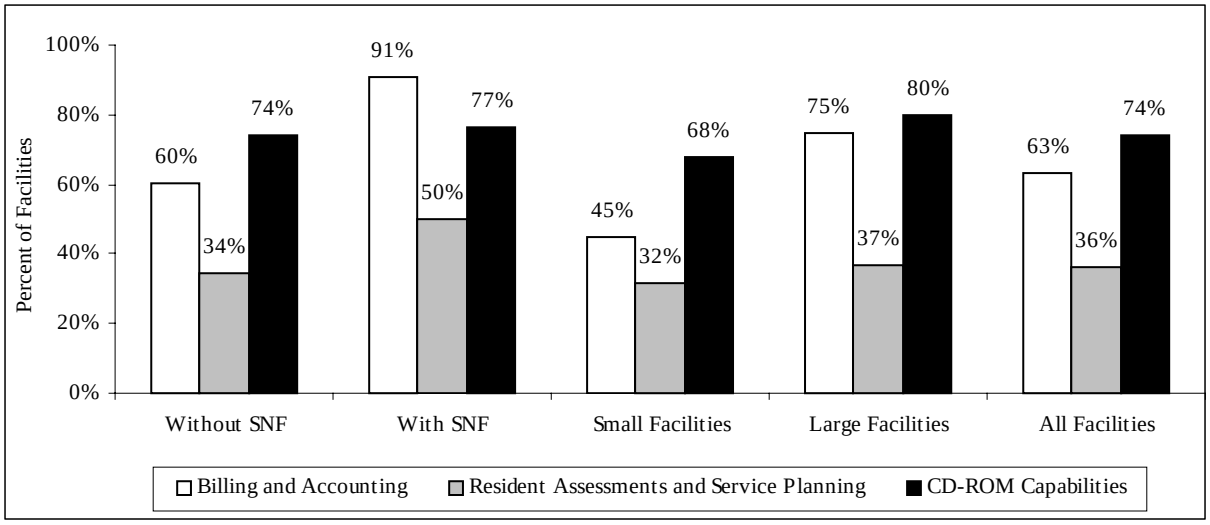
Source: NCAL, Survey of Assisted Living Facilities, 2000. Facilities fall into more than one category in some cases, so the percentages add to more than 100 percent.

Computerization

Assisted living managers and staff must in some way track characteristics of residents to provide adequate assessments and health monitoring. Additionally, recent innovations in performance measurement in health care have led to required use of computers for resident assessments in some settings. The degree to which a computerized system is used for this purpose varies widely among different types of facilities (see Figure O-2). On average, 63 percent of assisted living facilities reported using a computerized system to track billing and accounting information, but only 36 percent reported using a computerized system to track resident assessments and service planning.

Smaller facilities (those with 10 or fewer beds) are less likely than larger facilities to use computers for billing and accounting (45% compared with 75%), but they use computers for tracking resident assessments and service planning at about the same rate as larger facilities (32% compared with 37%). Assisted living facilities that are connected to a nursing facility are more likely to use computers: a large majority, 90 percent, use them for billing and accounting information, and 50 percent use them for resident assessments and service planning. This result is to be expected since nursing facilities are required by law to have a computerized system in place for tracking resident assessments.

Figure O-2: Percent of Facilities That Use Computerized Systems by Type of Facility



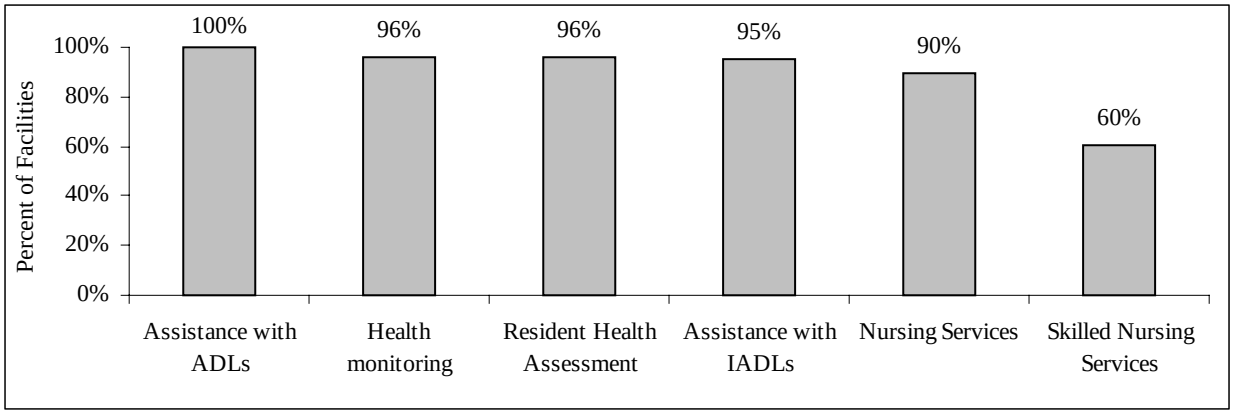
Source: NCAL, Survey of Assisted Living Facilities, 2000. Small Facilities are defined as those with 10 or fewer beds; Large Facilities are defined as those with more than 10 beds.

Services

Assisted living providers offer many choices to residents in order to promote wellness and to allow the selection of appropriate service levels. Offering choices to residents reinforces the assisted living philosophy and can support the concept of "aging in place." The range of services currently being offered at assisted living facilities is wide; however, some generalizations can be made. Assisted living residences generally offer: 24-hour assistance with scheduled and unscheduled needs, social and recreational activities, three congregate meals per day plus snacks, laundry service, housekeeping, transportation, assistance with ADLs and IADLs, and the provision and/or coordination of a range of other services that promote quality of life. Other services that are commonly offered include assistance with medication, an emergency response system, social services, physical therapy, occupational therapy, podiatry, and exercise classes. Popular amenities are often available on site, particularly in larger assisted living facilities. The most common amenities include cable television, beauty salons, recreation rooms, exercise equipment, libraries, small shops, and chapels.

Although assisted living was developed on a social model of the needs of the elderly, nursing and other health-related services are playing an increasingly large role in the profession. State regulations vary in the extent of nursing services they allow in assisted living facilities, but the trend nationwide seems to be toward accommodating higher-acuity residents in assisted living than ever before. Many states allow for the provision of skilled nursing care for an assisted living resident under limited conditions and for temporary periods of time. This allows the resident to remain in the facility instead of being transferred to a nursing facility or hospital, consistent with the concept of "aging in place". Often, however, the facility or the resident is required to contract for nursing or skilled nursing services with a licensed home health agency. Figure O-3 depicts the percent of respondents offering different levels of personal and nursing care, including care provided in the facility by a home health agency or hospice organization.

Figure O-3: Personal Care and Nursing Services in Assisted Living



Source: NCAL, Survey of Assisted Living Facilities, 1998

Skilled nursing care is available in 60 percent of assisted living facilities that responded to the survey; however, the majority of facilities offering skilled nursing care do so by contracting with a home health agency. Some states allow the provision of skilled nursing care by facility staff as long as there are sufficient staff qualified to provide such care, but relatively few facilities appear to choose this option. Of the facilities that do make skilled nursing services available to their residents, 81 percent contract with a home health agency and 24 percent offer skilled nursing through facility staff. These numbers sum to more than 100 percent because some facilities use both contract staff and facility staff.

Contracts and alliances with other organizations, including home health agencies, appear to be a popular option in long term care today as each segment carves out its own niche. Alliances with hospitals, nursing facilities, hospice organizations and home health agencies help assisted living facilities to uphold the philosophy of assisted living and allow residents to remain in their home-like setting as long as possible while getting the care they need. Such alliances can also contribute to placement of residents in appropriate settings.

Other services commonly provided in assisted living facilities include those that support the general well-being of the resident, such as 24-hour staffing (included as eligibility criteria for participating in the survey), emergency response systems, wander protection, and health services other than nursing, such as physical therapy, and podiatry. Some services that are needed only occasionally may be contracted out rather than performed by facility staff. Table O-1 gives the percent of responding facilities that offer selected services, and for those that do, whether the service is provided using facility staff or non-facility staff (e.g. contract staff, staffing agency, etc.). Percentages may add to more than 100 because some facilities use both employees and contract staff in the provision of these services.

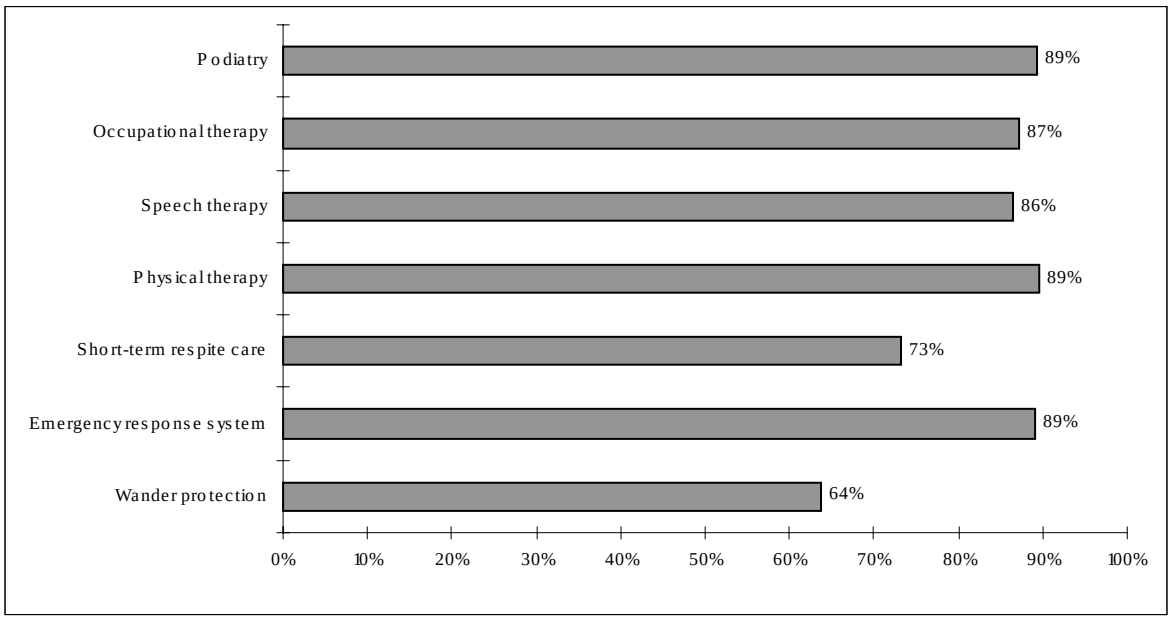
Table O-1: Percent of Facilities with Selected Services Offered, and Percent with those Services Offered Using Facility Staff and Contract Staff

Service	Percent of Facilities with Service Offered	Of Facilities with Service Offered	
		Service Offered with Facility Staff	Service Offered with Contract Staff
Nursing services	90%	51%	56%
Skilled nursing services	60%	24%	81%
Resident health assessment	96%	73%	32%
Health monitoring/wellness checkups	96%	64%	42%
Hospice services	75%	17%	88%
Assistance with ADLs	100%	100%	1%
Assistance with IADLs	95%	98%	4%
Special care unit for Alzheimer's/dementia	37%	88%	12%
Incontinence care	86%	97%	4%
Catheter care	63%	61%	47%
Colostomy/ileostomy care	57%	63%	44%
Pressure ulcer/wound care	71%	46%	65%
Tube feeding	21%	54%	52%
Dialysis	25%	2%	99%
One Congregate meal only	50%	100%	2%
Two Congregate meals only	51%	99%	3%
Three Congregate meals	98%	100%	1%
Snacks	99%	100%	0%
Administration of oxygen	78%	75%	30%
Exercise classes	93%	89%	12%
Social and recreational activities	100%	97%	6%
Group outings	92%	95%	8%
Housekeeping services	100%	100%	0%
Laundry service - facility linens	98%	100%	0%
Laundry service - resident items	99%	100%	1%
Pet therapy	69%	74%	29%
Family/individual counseling	82%	43%	62%
Social services/casework	85%	29%	72%
Transportation to medical care	96%	87%	19%
Special diets	94%	100%	1%
Transportation to stores	95%	89%	14%
Wander protection	64%	98%	4%
Emergency response system	89%	90%	14%
Short-term respite care	73%	94%	6%
Medication distribution	95%	95%	6%
Medication reminding/guiding	96%	100%	0%
Medication administration	90%	93%	9%
Injections (including insulin)	82%	64%	42%
Physical therapy	89%	15%	89%
Speech therapy	86%	9%	92%
Occupational therapy	87%	10%	91%
Podiatry	89%	13%	90%

Source: NCAL, Survey of Assisted Living Facilities, 2000

All services displayed in Figure O-4 are offered in the majority of facilities.

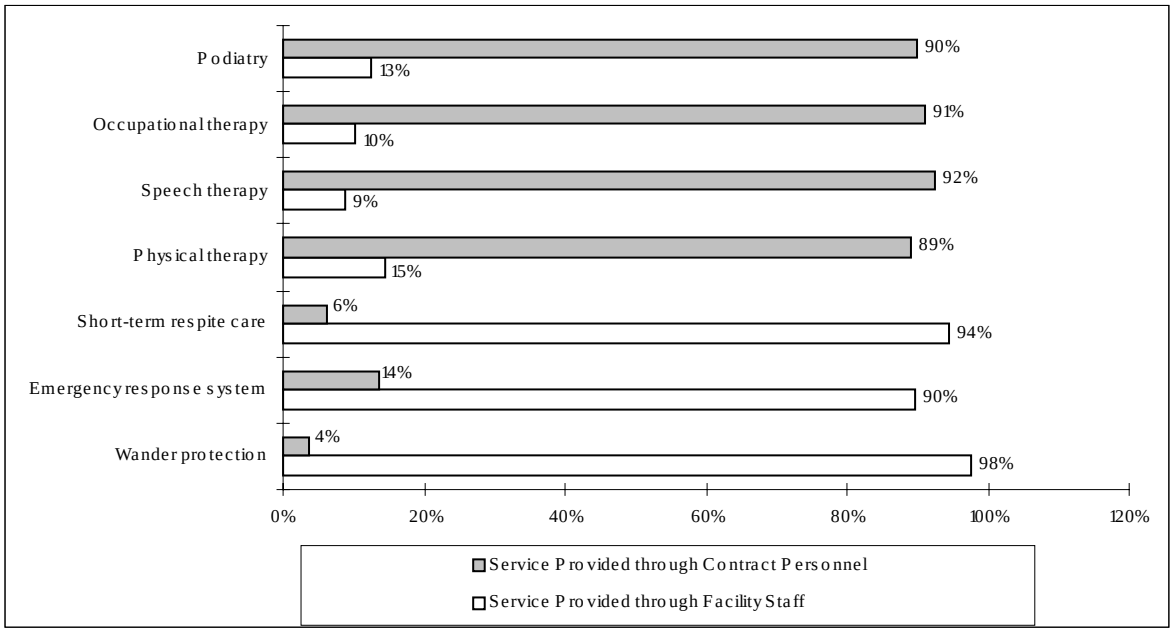
Figure O-4: Related Services



Source: NCAL, Survey of Assisted Living Facilities, 2000

Figure O-5 shows, for those assisted living facilities that provide these services, whether the services are provided with their own staff or with contract personnel. Percentages may add to more than 100 because some facilities use both employees and contract staff in the provision of these services.

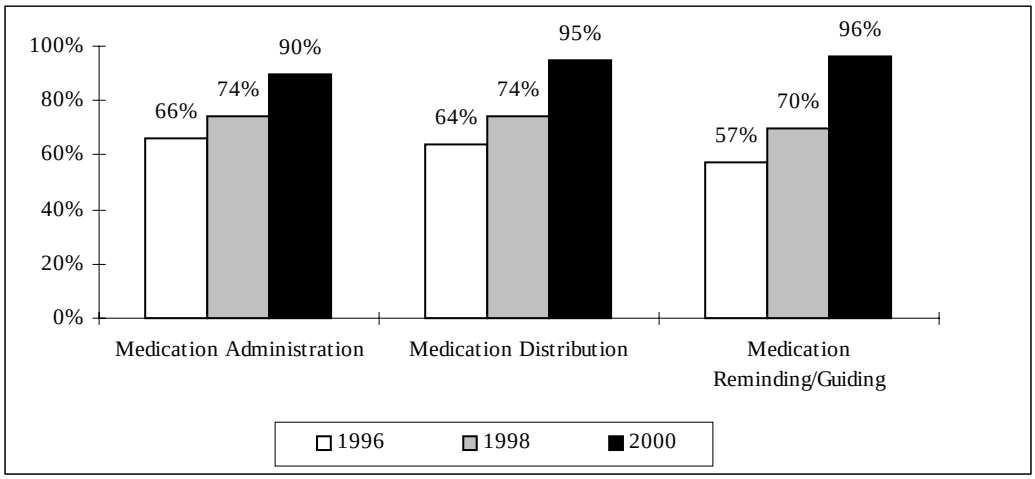
Figure O-5: Services Provided by Employed Staff or Contract Personnel



Source: NCAL, Survey of Assisted Living Facilities, 2000

Some states have specific regulations on the extent to which assisted living staff may assist residents with their medications. Figure O-6 shows that the vast majority of responding facilities administer, distribute, and/or remind residents to take medication (as prescribed by a health care provider) to at least some residents in the facility. The proportion of facilities offering these services increased substantially since 1996. The percentages add up to more than 100 percent because there may be different policies for different residents within the same facility depending on the needs and wishes of each resident. An increase in each of the categories since 1996 and 1998 signifies that more options are being provided within each facility; facilities that previously only offered medication reminders may now offer medication distribution and administration to more impaired residents. Less than one-half of one percent of facilities offer no medication assistance.

Figure O-6: Medication Assistance

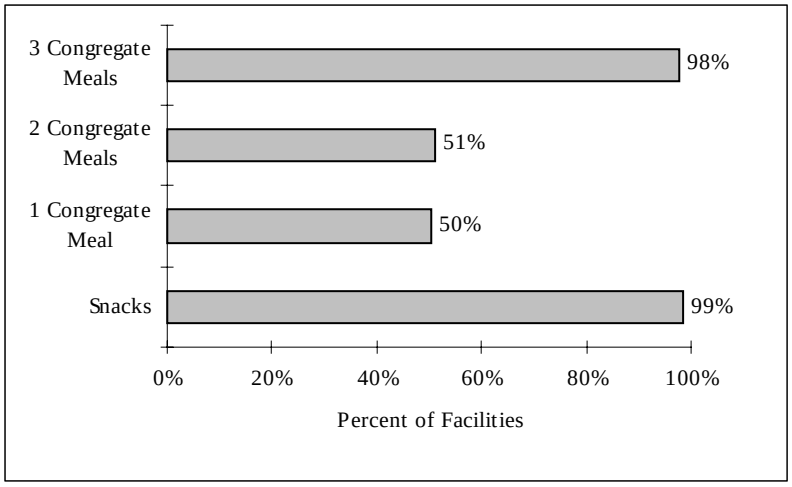


Source: NCAL, Survey of Assisted Living Facilities, 2000

State regulations generally prohibit assisted living facilities from admitting new residents who require a level or type of service the facility is not capable of providing. In some states, assisted living residences are prohibited from providing certain types of high acuity care. Beyond the regulations, facilities vary in the services provided due to management decisions, market conditions, and consumer preferences.

Almost all assisted living respondents (98 percent) offer three congregate meals per day (see Figure O-7). Many states mandate the provision of three meals per day. Some facilities in other states give the option of purchasing only two congregate meals per day (51 percent) if, for example, the resident prefers to skip breakfast, eat out, or prepare a meal in the resident's own kitchenette. Similarly, some residences (50 percent) are given the option of eating only one congregate meal per day. The percentages add up to more than 100 percent because, while some facilities provide the same number of meals for all residents, other facilities have several options from which residents can choose.

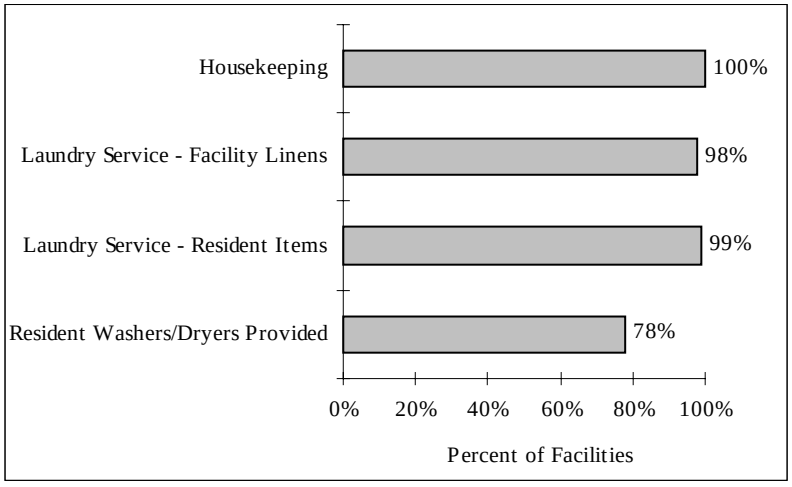
Figure O-7: Meals



Source: NCAL, Survey of Assisted Living Facilities, 2000

The vast majority of assisted living facilities offer housekeeping services and laundry services to residents, both for facility items and for resident clothing and belongings. Figure O-8 depicts the percent of respondents offering each of these services. Facilities may or may not provide linens and towels for resident use. Just over three-fourths of all facilities provide washers and dryers for resident use, typically in addition to the laundry services offered by the facility.

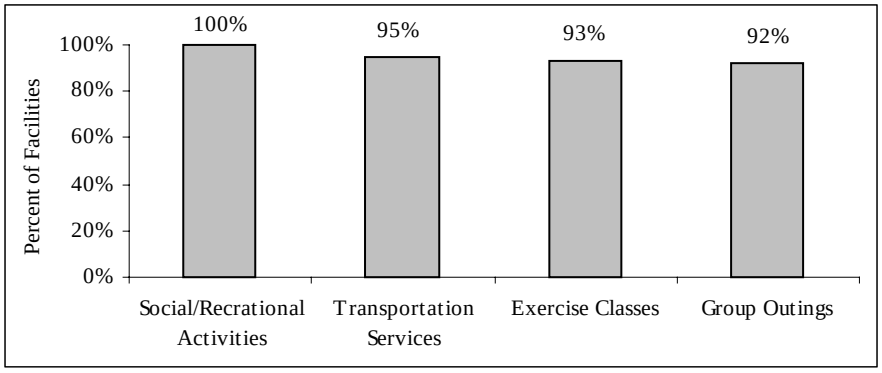
Figure O-8: Housekeeping and Laundry Services



Source: NCAL, Survey of Assisted Living Facilities, 2000

An important aspect of life in an assisted living facility is the ability to socialize with other residents and to remain a part of the community outside the facility. To encourage resident independence and mobility, most facilities that responded to the survey (95 percent) offer transportation services to residents who need or want to get somewhere outside the facility. A similar percent of facilities (92 percent) offer group field trips so residents can visit areas of interest with others from the facility. Consistent with the philosophy of assisted living, all facilities offer organized social and recreational activities for residents, and most offer exercise classes (93 percent).

Figure O-9: Activities



Source: NCAL, Survey of Assisted Living Facilities, 2000

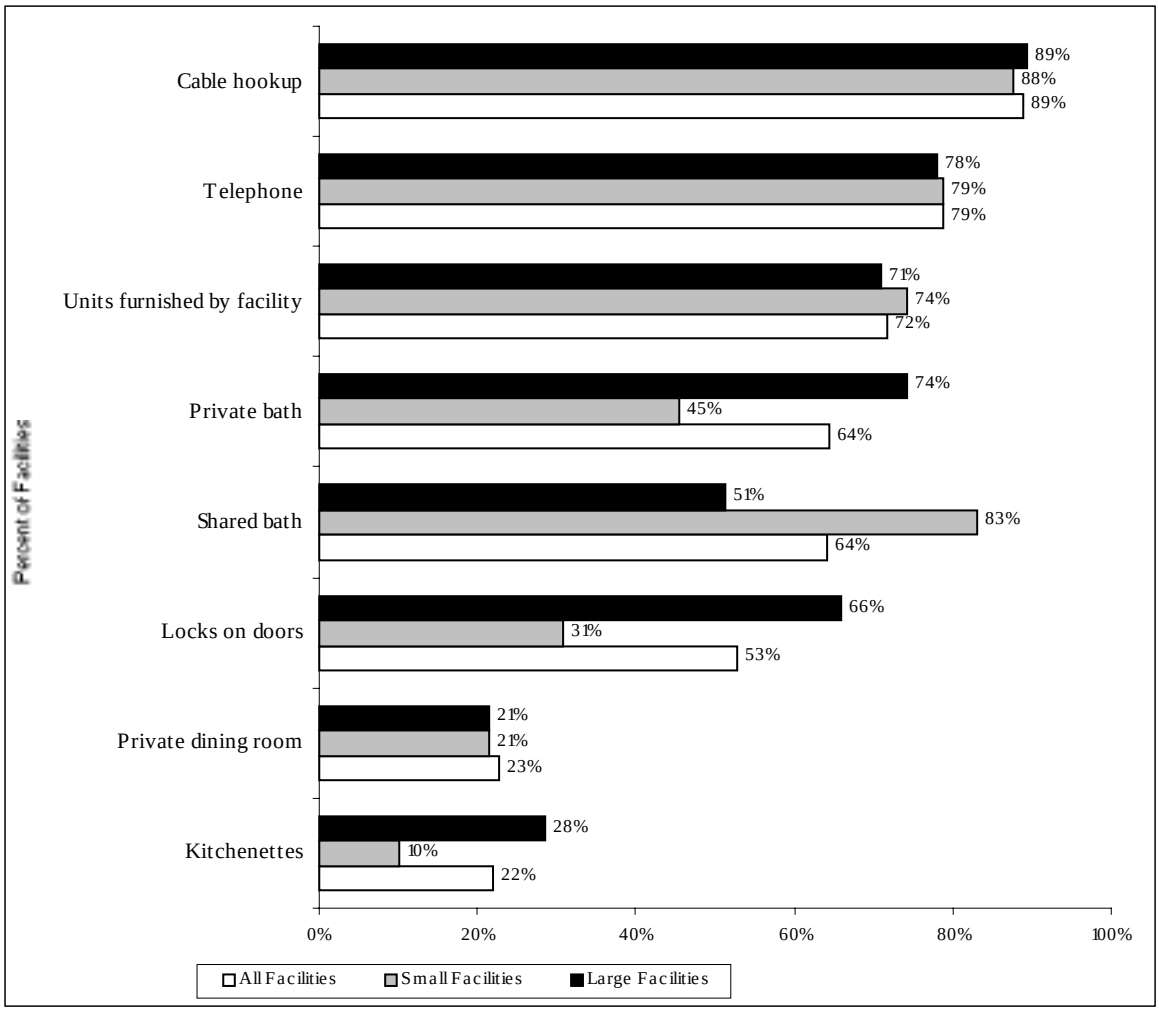
Options

Assisted living facilities vary in the options available to residents. The availability of particular options in assisted living residences is regulated by many states. Some require the availability of private or semiprivate rooms and baths, kitchenettes, or a minimum square footage per resident. Other states do not regulate options, allowing assisted living facilities to accommodate the demands of the market and builders.

Most facilities that responded to the survey (71 percent) offer at least some single occupancy rooms and 63 percent offer at least some semi-private rooms; 52 percent offer both single occupancy and semi-private rooms in the same facility. Likewise, 64 percent of facilities offer private baths and 64 percent offer shared baths; 33 percent offer both private and shared baths in the same facility. Slightly more than three-fourths (77 percent) offer furnished units, 25 percent offer kitchenettes, and 19 percent offer full kitchens, consistent with the fact that almost all facilities offer three congregate meals per day. The majority of facilities (59 percent) provide locks on individual unit doors for maximum privacy.

The unit options offered to residents can vary with the size of the facility. Larger facilities are more likely to offer kitchenettes, private baths, and locks on doors of individual units, and are also more likely to offer a choice in options, according to the survey.

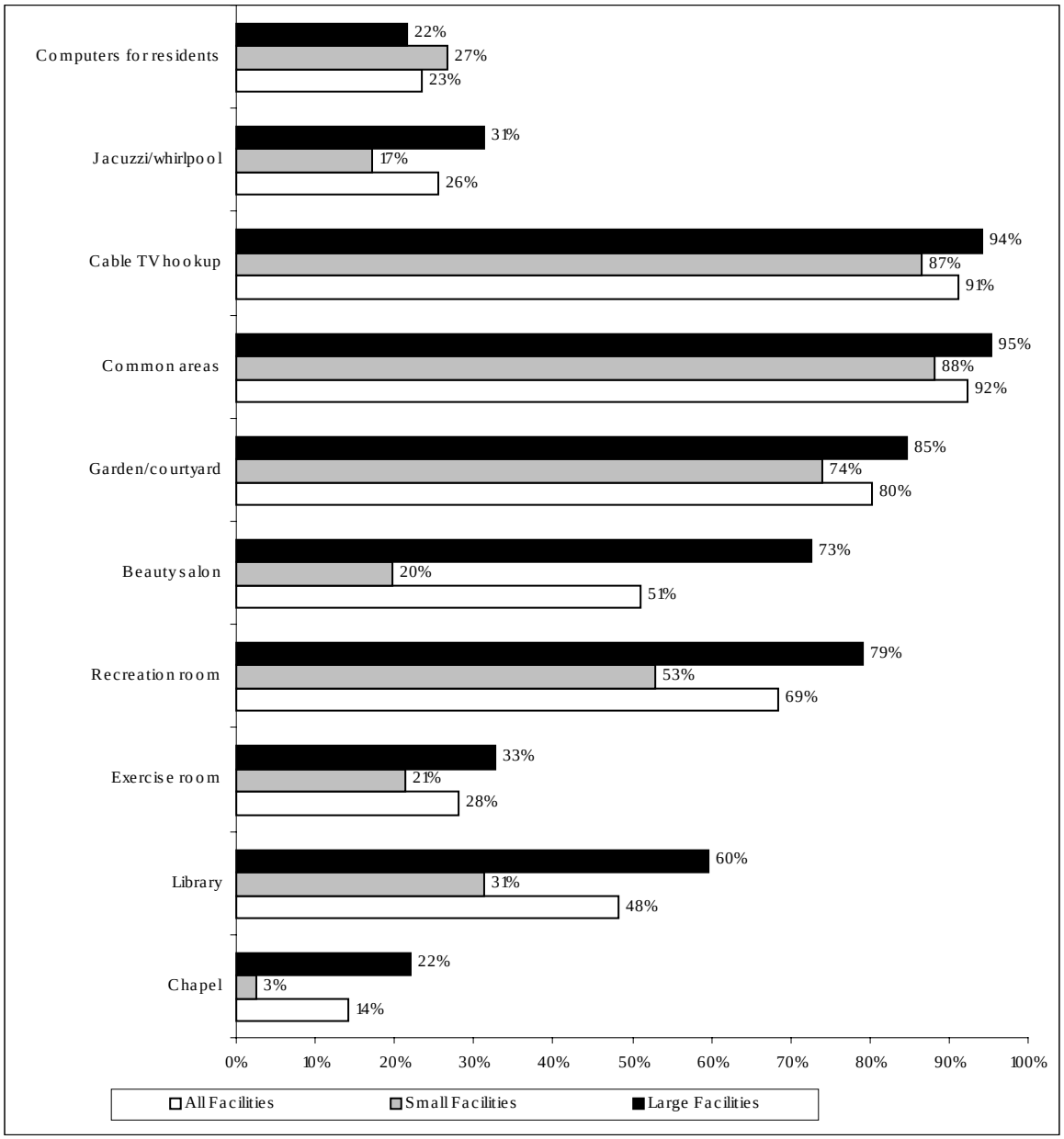
Figure O-10: Unit Options



Source: NCAL, Survey of Assisted Living Facilities, 2000

Many facilities provide amenities available to or shared by all residents in a facility. Almost all (92 percent) provide one or more common areas where residents can spend time with other residents. Other features common to a high proportion of facilities include a recreation room, a garden or courtyard, a beauty salon, and a library. A smaller proportion of facilities provides a chapel, a jacuzzi/whirlpool, or computers for residents to access email or the Internet.

Figure O-11: Facility Options and Amenities



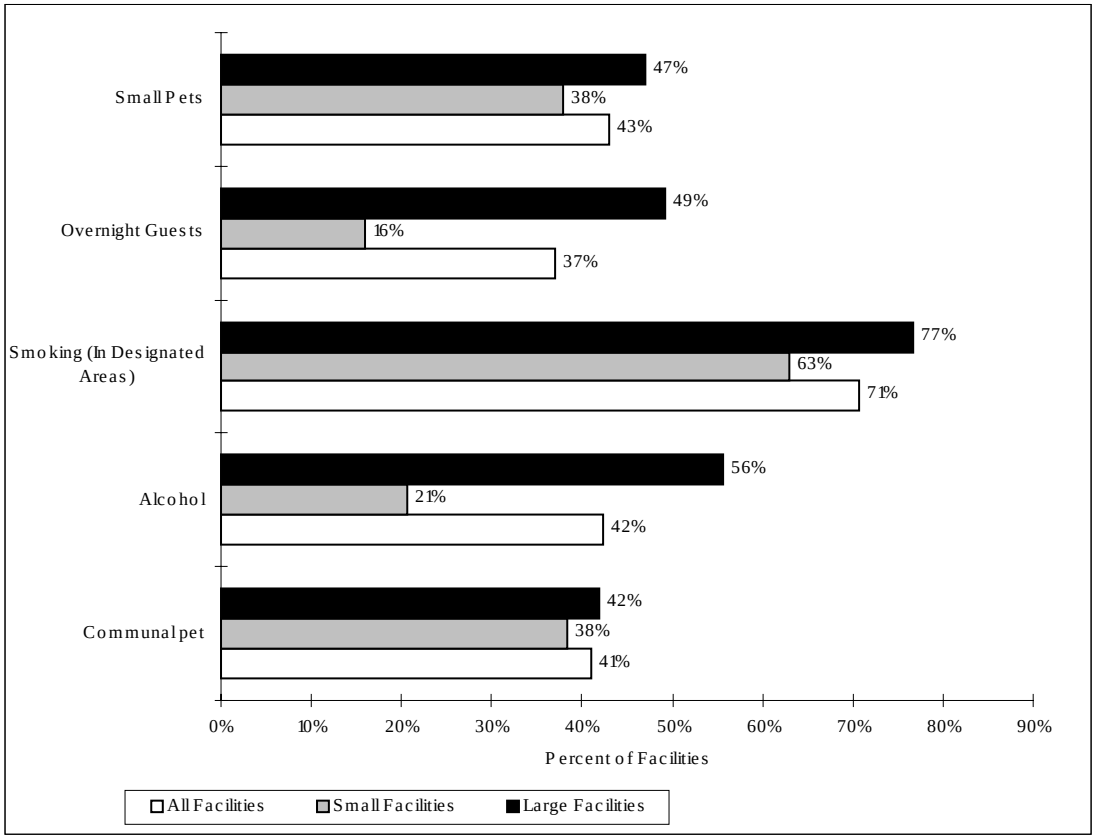
Source: NCAL, Survey of Assisted Living Facilities, 2000

Rules

As in apartment and condominium complexes, some rules are generally established in assisted living facilities to protect the safety, comfort, and general well being of all residents. The majority of respondents (71 percent) allow smoking in designated areas -- this may be a common area where staff can watch for fire hazards. Fewer than half of all respondents allow alcohol to be consumed on the premises, allow overnight guests, and allow residents to keep small pets. Forty percent provide at least one communal pet to be shared by all residents (see Figure O-12).

Smaller and larger facilities that responded to the survey differ in some of the rules mentioned above. Larger facilities are more likely to allow alcohol on the premises (56 percent compared to 21 percent) and to allow overnight guests (49 percent compared to 16 percent). Larger facilities are only slightly more likely to allow smoking and resident owned pets, and there is no substantial difference between large and small facilities in providing a communal pet.

Figure O-12: Rules Permitting Various Activities

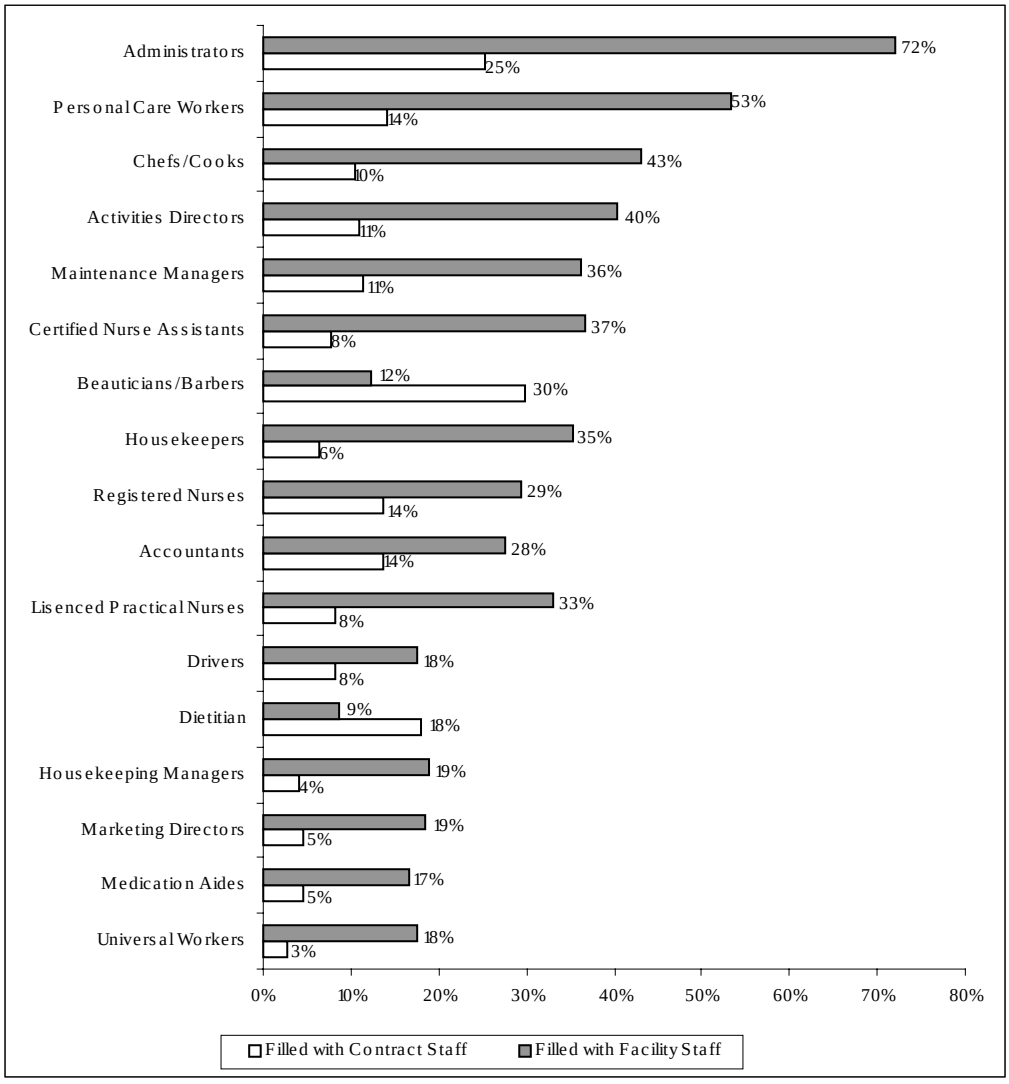


Source: NCAL, Survey of Assisted Living Facilities, 2000

Staffing

The number and type of staff employed by assisted living facilities varies greatly and depends on a number of factors, including state regulations, the number of residents, and residents' service requirements. Whether employed directly by the facility, contracted, or obtained through coordination with outside agencies, necessary staff may include administrators, nurses, nursing assistants, business and marketing managers, physical therapists, activity directors, food service managers, housekeeping staff, and maintenance personnel. Figure O-13 illustrates the percent of respondents that employ staff in selected positions and the percent that contract for those services. Most positions are generally filled with facility employees, however, some positions are more often filled with contracted staff. Positions that are needed on a daily basis, such as housekeeping and management positions, are more likely to be employed directly. A more comprehensive listing of positions, the percent of facilities in which these positions exist, the percentages contracted and employed, and the percent of facilities that use both contracted and employed staff to fill these positions can be found in Table O-2.

Figure O-13: Contracting vs. Employing Personnel in Selected Categories



Source: NCAL, Survey of Assisted Living Facilities, 2000

Table O-2: Existence of Selected Positions in Assisted Living Facilities and Whether the Positions Are Filled with Facility Staff, Non-facility Staff, or Combination

	A	B	C	D
Position	Position Exists and is Filled	Filled with Facility Employees	Filled with Non-facility Staff	Filled with Combination of the Two
Administrators	86%	72%	25%	11%
Marketing Directors	22%	19%	5%	1%
Accountants	39%	28%	14%	2%
RNs	40%	29%	14%	3%
LPNs	38%	33%	8%	3%
CNAs	42%	37%	8%	3%
Personal Care Workers	60%	53%	14%	7%
Universal Workers	19%	18%	3%	1%
Medication Aides	20%	17%	5%	1%
Dietitian	24%	9%	18%	3%
Dietary aides	23%	21%	2%	0%
Chefs/Cooks	50%	43%	10%	3%
Busboys/Dishwashers	18%	16%	3%	1%
Health/Wellness Directors	8%	6%	2%	0%
Activities Directors	48%	40%	11%	4%
Maintenance Managers	43%	36%	11%	4%
Maintenance Assistants	19%	16%	3%	0%
Beauticians/Barbers	41%	12%	30%	1%
Housekeeping Managers	22%	19%	4%	1%
Housekeepers	40%	35%	6%	2%
Laundry Managers	6%	5%	1%	0%
Laundry Aides	14%	13%	2%	1%
Drivers	24%	18%	8%	2%

Source: NCAL, Survey of Assisted Living Facilities, 2000.

Note: Facilities were asked to indicate the number of contract staff and the number of employed staff for each position. The lack of a response could indicate that the position does not exist within that facility, or that the position exists but it is not currently filled. Column A represents the percent of facilities that indicated that the position was filled with either facility employees or non-facility staff. Columns B and C represent the percent of facilities that filled the position with facility employees and non-facility staff, respectively. Some facilities indicated that positions were filled with both facility employees and non-facility staff, thus, for some positions, the sum of columns B and C is greater than the percentage given in column A. This overlap in the use of facility employees and non-facility staff is represented in column D.

Salaries

As in other fields of health care, salary and staffing issues and the effect they have on care in the facility are of primary importance to providers, residents, investors, and potential developers in assisted living. Administrators/managers of assisted living facilities receive an average of $18.15 per hour, and RNs receive an average of $19.54 per hour. The lowest-paid staff positions include laundry aides and food service aides (busboys and dishwashers), earning $6.89 and $6.71 per hour, respectively. Unlicensed personal care workers earn $7.26 per hour, while certified nurse aides (CNAs) earn $7.76 on average. Table O-3 lists the average hourly wage for some of the most common positions in assisted living facilities. This table also lists the average hourly wage for contract staff and employees. The number of facilities on which the wage data are based is also listed for each position. Wage rates based on fewer than 5 facilities have been omitted from the table.

Table O-3: Average Hourly Wages for Employees and Contract Staff

	All Staff		Contract Staff Only		Employees Only	
Description	# of Facilities	Average Wage	# of Facilities	Average Wage	# of Facilities	Average Wage
Administrators	108	$18.15	9	$16.61	86	$19.10
Marketing directors	33	$15.28	1	---	30	$15.58
Accountants	49	$14.56	5	$18.00	39	$13.83
RNs	55	$19.54	7	$28.29	42	$18.61
LPNs	66	$12.91	1	---	59	$12.83
CNAs	70	$7.76	2	---	63	$7.79
Personal care workers	99	$7.26	4	---	83	$7.38
Universal workers	29	$7.66	1	---	26	$7.75
Medication aides	30	$8.58	1	---	27	$8.45
Dietitian	22	$18.28	8	$27.75	8	$14.91
Dietary aides	37	$6.98	1	---	36	$6.97
Chefs/cooks	76	$9.23	5	$8.97	66	$9.29
Busboys/dishwashers	32	$6.71	2	---	28	$6.69
Health/wellness directors	11	$16.47	1	---	10	$16.42
Activities directors	81	$10.22	5	$13.45	69	$10.16
Maintenance managers	69	$11.39	5	$9.23	60	$11.63
Maintenance assistants	30	$8.87	2	---	28	$8.72
Beauticians/barbers	14	$9.99	4	---	7	$8.77
Housekeeping managers	33	$8.82	2	---	29	$8.77
Housekeepers	65	$6.95	1	---	63	$6.90
Laundry managers	9	$7.90	0	---	9	$7.90
Laundry aides	25	$6.89	0	---	24	$6.84
Drivers	23	$8.22	3	---	17	$8.18

Source: NCAL, Survey of Assisted Living Facilities, 2000.

Note: The number of facilities and average wage for "All Staff" include both "Contract Staff" and "Employees". For many positions, the total number of facilities in the "All Staff" column is greater than the sum of facilities in the "Contract Staff" and "Employees" columns because some facilities fill positions with both contract staff and employees. Rather than discard this data, we decided to report the results for each position for all respondents and by staff category. Data have been suppressed for categories with fewer than five observations.

Table O-4 lists salaries by the location of facilities in urban, suburban, and rural areas. Twenty-four percent of respondents to the wage component of NCAL's Survey of Assisted Living Facilities were located in urban areas, 38 percent were in suburban areas, and 38 percent were in rural areas. While urban and suburban salaries are higher than rural salaries for some positions (marketing directors, RNs, LPNs, universal workers, medication aides, and activities directors, for example) the trend does not hold for other positions. Due to the relatively small sample size within each location cohort, comparisons of wages by location should be made with caution.

Table O-4: Average Hourly Wages by Location of Facility

	Central City of Metro Area		Suburb of Metro Area		Outside Metro Area		All Locations	
Description	# of Facil-ities	Avg Wage	# of Facil-ities	Avg Wage	# of Facil-ities	Avg Wage	# of Facil-ities	Avg Wage
Administrators	27	$19.09	35	$18.11	39	$18.62	108	$18.15
Marketing directors	8	$15.75	12	$16.48	12	$13.95	33	$15.28
Accountants	14	$13.75	12	$16.64	22	$13.56	49	$14.56
RNs	11	$20.52	19	$21.97	25	$17.26	55	$19.54
LPNs	17	$13.39	21	$13.42	27	$12.28	66	$12.91
CNAs	17	$7.31	27	$8.10	23	$7.78	70	$7.76
Personal care workers	20	$7.13	36	$7.47	38	$7.15	99	$7.26
Universal workers	7	$8.89	9	$8.00	12	$6.63	29	$7.66
Medication aides	5	$7.64	13	$9.67	11	$7.85	30	$8.58
Dietitian	5	$10.30	5	$20.95	12	$20.50	22	$18.28
Dietary aides	8	$6.61	10	$7.55	18	$6.88	37	$6.98
Chefs/cooks	19	$8.71	23	$10.48	32	$8.62	76	$9.23
Busboys/dishwashers	7	$6.23	10	$7.10	15	$6.68	32	$6.71
Health/wellness directors	3	---	4	---	4	---	11	$16.47
Activities directors	20	$12.08	26	$10.42	32	$9.06	81	$10.22
Maintenance managers	18	$10.81	23	$11.64	26	$11.63	69	$11.39
Maintenance assistants	5	$8.30	11	$8.92	13	$8.97	30	$8.87
Beauticians/barbers	3	---	4	---	7	$10.05	14	$9.99
Housekeeping managers	11	$8.22	10	$9.44	12	$8.85	33	$8.82
Housekeepers	18	$6.67	20	$7.44	27	$6.77	65	$6.95
Laundry managers	1	---	4	---	4	---	9	$7.90
Laundry aides	6	$6.33	8	$7.09	11	$7.05	25	$6.89
Drivers	10	$8.11	13	$8.96	9	$8.09	33	$8.41

Source: NCAL, Survey of Assisted Living Facilities, 2000.

Note: For many positions, the number of facilities in the "All Locations" column is greater than the sum of facilities in each of the three location columns, because some facilities did not answer the question concerning the location of the facility. Data have been suppressed for categories with fewer than five observations.

Table O-5 lists average hourly wage by size of facility, with small facilities defined as those with 25 or fewer beds and large facilities defined as those with 26 or more beds[2]. While large facilities might be expected to pay higher wages than small facilities, rarely was this found to be the case. Administrators in large facilities did earn 42 percent more than their counterparts in small facilities, yet RNs, LPNs, and CNAs in small facilities all earned more, on average, than those in large facilities.

Table O-5: Average Hourly Wages by Size of Facility*

	Small Facilities		Large Facilities		All Facilities	
Description	#	Avg Wage	#	Avg Wage	#	Avg Wage
Administrators	32	$14.05	75	$19.98	108	$18.15
Marketing directors	1	---	32	$15.35	33	$15.28
Accountants	7	$16.41	42	$14.25	49	$14.56
RNs	12	$21.64	43	$18.95	55	$19.54
LPNs	12	$13.77	53	$12.75	66	$12.91
CNAs	27	$7.99	43	$7.61	70	$7.76
Personal care workers	41	$7.32	57	$7.24	99	$7.26
Universal workers	15	$7.51	14	$7.82	29	$7.66
Medication aides	5	$6.88	24	$9.00	30	$8.58
Dietitian	5	$17.90	17	$18.40	22	$18.28
Dietary aides	1	---	35	$7.02	37	$6.98
Chefs/cooks	9	$7.43	66	$9.50	76	$9.23
Busboys/dishwashers	2	---	30	$6.76	32	$6.71
Health/wellness directors	1	---	10	$16.42	11	$16.47
Activities directors	9	$11.35	72	$10.07	81	$10.22
Maintenance managers	10	$9.60	59	$11.69	69	$11.39
Maintenance assistants	2	---	27	$8.90	30	$8.87
Beauticians/barbers	1	---	13	$9.99	14	$9.99
Housekeeping managers	3	---	30	$8.85	33	$8.82
Housekeepers	10	$6.82	55	$6.97	65	$6.95
Laundry managers	2	---	7	$7.80	9	$7.90
Laundry aides	2	---	23	$6.95	25	$6.89
Drivers	4	---	29	$8.55	33	$8.41

Source: NCAL, Survey of Assisted Living Facilities, 2000.

*For this table only, small facilities were defined as those with 25 or fewer beds and large facilities were defined as those with 26 or more beds (see footnote below). Data have been suppressed for categories with fewer than five observations.

[2] Large facilities tend to have more employees and a wider range of positions than small facilities. Thus, in order to have a relatively balanced analysis for the majority of staff positions, a higher threshold for differentiating between large and small facilities was needed. Even with the higher threshold used in this analysis, the number of facilities with staff (employed or contract) is almost always greater for large facilities than for small facilities.

Turnover

As in other types of health care settings, turnover of staff and, in particular, of direct-care staff is a primary concern in assisted living facilities. In the booming economy of the past several years, many facilities have found it difficult to attract and retain sufficient numbers of qualified nurse aides and personal care workers. Table O-6 lists the average turnover rate for some of the most common positions in assisted living facilities. Most positions show turnover rates of between 20 and 40 percent.

Turnover in this case is defined as the number of staff terminated (voluntary or involuntary) during the past year divided by the number of current staff in that position. In cases where there were no current staff but at least one terminated staff, the turnover rate was set to 100% for that position in that facility. The number of facilities supplying turnover data for each position is also listed next to each turnover rate. Since not all facilities that responded to the survey were able to supply turnover data, the sample size is low for some positions and rates should be used with caution. Turnover rates were only computed on a national basis since any categorization would result in sample sizes too small to be meaningful.

Table O-6: Turnover Rates of Selected Positions in Assisted Living Facilities

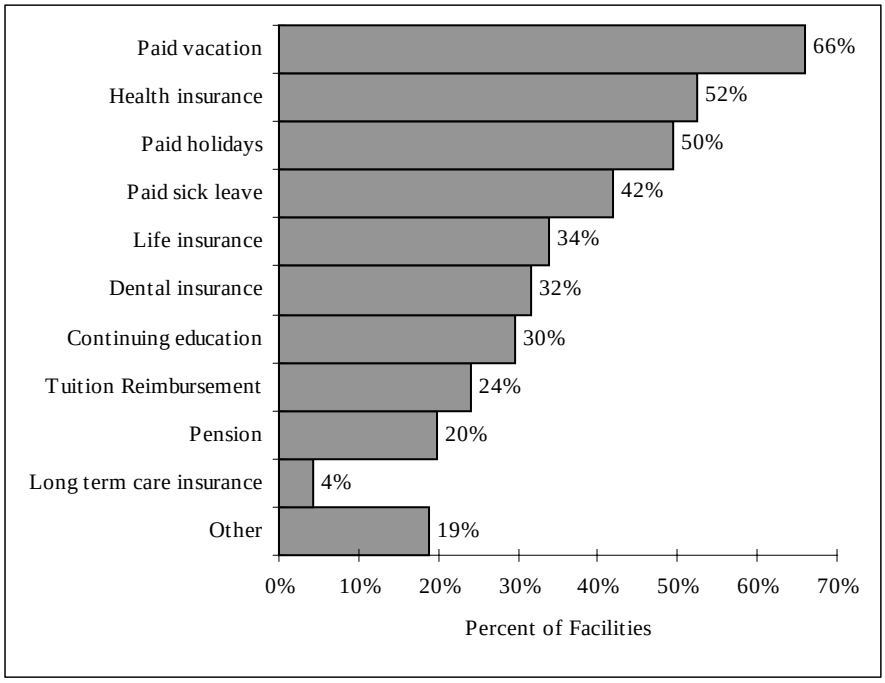
Position	Number of Facilities	Turnover Rate
Administrators	161	22%
Marketing directors	42	38%
Accountants	61	18%
RNs	67	30%
LPNs	73	18%
CNAs	82	39%
Personal care workers	119	40%
Universal workers	40	30%
Medication aides	37	38%
Dietitian	22	23%
Dietary aides	46	35%
Chefs/cooks	95	39%
Busboys/dishwashers	36	61%
Health/wellness directors	14	43%
Activities directors	89	16%
Maintenance managers	81	25%
Maintenance assistants	36	22%
Beauticians/barbers	30	32%
Housekeeping managers	42	14%
Housekeepers	63	11%
Laundry managers	12	0%
Laundry aides	29	22%
Drivers	39	54%

Source: NCAL, Survey of Assisted Living Facilities, 2000.

Benefits

Employee benefits play an important role in attracting and retaining qualified staff. Seventy-four percent of assisted living facilities report providing benefits for their full-time staff. The most frequent benefit is paid vacation leave, provided by 66 percent of facilities, followed by health insurance, provided by 52 percent of facilities. Figure O-14 shows the percent of facilities providing a variety of benefits to their full-time employees.

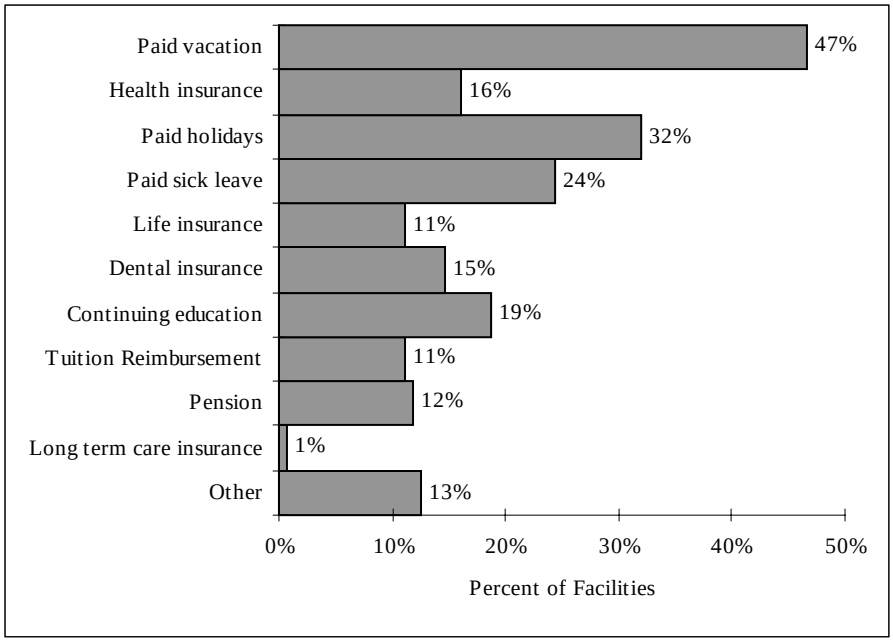
Figure O-14: Fringe Benefits for Full-time Employees



Source: NCAL, Survey of Assisted Living Facilities, 2000.

As is to be expected, benefits for part-time employees are much less common. Fifty-nine percent of assisted living facilities report providing at least some benefits for their part-time staff. Again, the most popular benefit for part-time employees is paid vacation leave, provided by 47 percent of facilities. Only 16 percent provide health insurance to part-time employees, and about one-third (32 percent) provide paid holiday leave. Figure O-15 shows the percent of facilities providing a variety of benefits to their part-time employees.

Figure O-15: Fringe Benefits for Part-time Employees



Source: NCAL, Assisted Living Staffing and Salary Survey, 2000

Section

III

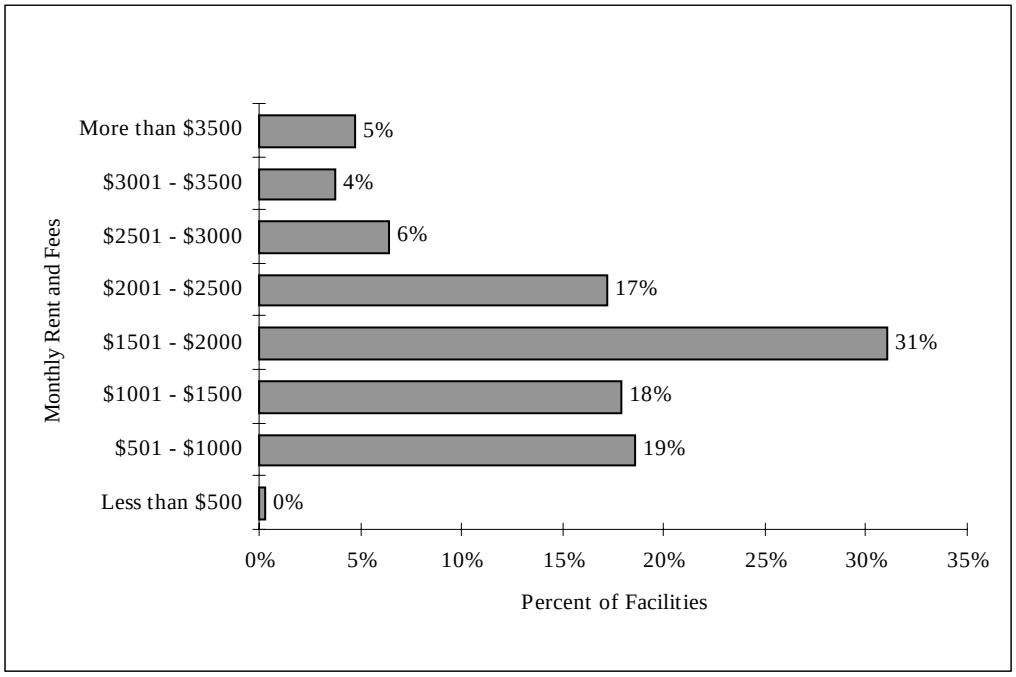
Financing

Monthly Rent and Cost of Services

Costs for assisted living vary widely and depend on the size of units, services provided, level and frequency of care needed, location of the facility, and fee structure (what is included in the basic rate and what requires additional payment). Most facilities (91 percent) use an all-inclusive basic rate or a tiered pricing system that covers room, board, and basic personal care services to accommodate different levels of need within the same facility. Nine percent of facilities use an "a la carte" pricing system wherein residents pay for the specific services that they use.

Including rent and most additional fees, assisted living facilities report charging an average monthly fee of $1,873 per month. The median monthly fee is $1,800. Some residents in the facility may pay significantly more if their care needs are higher. Two-thirds of facilities charge between $1,000 and $2,500 per month, with 31 percent in the $1,500 - $2,000 range. One-third charge over $2,000, with about 15 percent charging over $2,500 per month. Figure F-1 depicts the distribution of fees to assisted living residents across facilities.

Figure F-1: Monthly Rent and Fees in Assisted Living Facilities



Source: NCAL, Survey of Assisted Living Facilities, 2000

Who Pays for Assisted Living?

Assisted living is still a largely private-pay industry. Although an increased amount of government funding through a variety of programs is being made available for assisted living, the overall amount does not yet have a substantial impact on the industry. This is likely to change over the next decade as payers continue to search for lower-cost alternatives to traditional long term care for a rapidly growing elderly population.

Several government programs provide funds for qualifying individuals that may be used to pay for assisted living services. The most widespread of these programs is Supplemental Security

Income (SSI), a federal assistance program for the elderly and disabled. Individual states sometimes provide funding through Social Services Block Grants or other state-initiated programs. Historically, Medicaid has not been a factor in assisted living, but 36 states now have state plans, Home-and-Community-Based Service (HCBS) waivers, or Section 1115 waivers that allow at least some Medicaid funding for assisted living services. According to the National Academy for State Health Policy, 8 more states are planning to offer Medicaid funding for assisted living services, at least on a limited basis.

Table F-1: States with Some Medicaid Reimbursement for Assisted Living Services

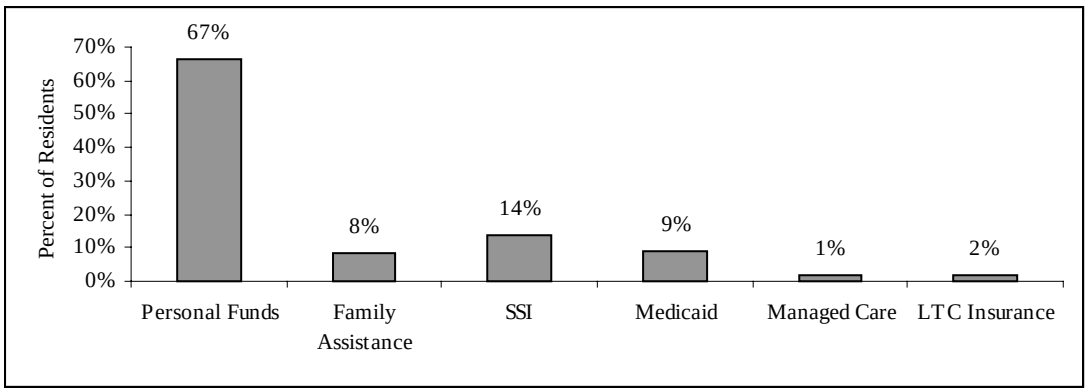
Alaska	Arizona	Arkansas	Colorado
Connecticut	Delaware	Florida	Georgia
Hawaii	Idaho	Illinois	Iowa
Kansas	Maine	Maryland	Massachusetts
Michigan	Minnesota	Missouri	Montana
Nebraska	Nevada	New Hampshire	New Jersey
New Mexico	New York	North Carolina	North Dakota
Oregon	Pennsylvania	Rhode Island	South Carolina
South Dakota	Texas	Utah	Vermont
Washington	Wisconsin		

Source: Mollica, Robert, State Assisted Living Policy: 2000, National Academy for State Health Policy.

For those states that include assisted living as a Medicaid service, approaches vary widely. Since Medicaid funds can only be used for services, residents are often required to pay for the cost of room and board through private funds or through SSI. Some states' plans provide funding for room and board as well. Rates may be uniform for all assisted living residents or adjusted for acuity of each resident. Many of the state plans are pilot programs that cover a limited number of beds and that may or may not be expanded in the future. For more information on individual state programs, see the National Academy for State Health Policy's State Assisted Living Policy: 2000.

According to the NCAL survey, about two-thirds (67 percent) of assisted living residents paid with their own funds, 8 percent of residents rely on family funding, 14 percent pay with SSI, and 9 percent pay with Medicaid. Managed care is not a significant factor in assisted living currently. Only 1 percent of assisted living residents pay for their care through a managed care program, and 2 percent pay with long term care insurance. However, the popularity of long term care insurance is increasing. With the passage of the Health Insurance Portability Act in 1996, long term care insurance is now given the same preferential tax treatment as expenditures on other types of health insurance. The new tax advantages, in conjunction with a growing awareness of the need for individuals to plan for long term care expenses, have led to an increased interest and growing market for long term care insurance.

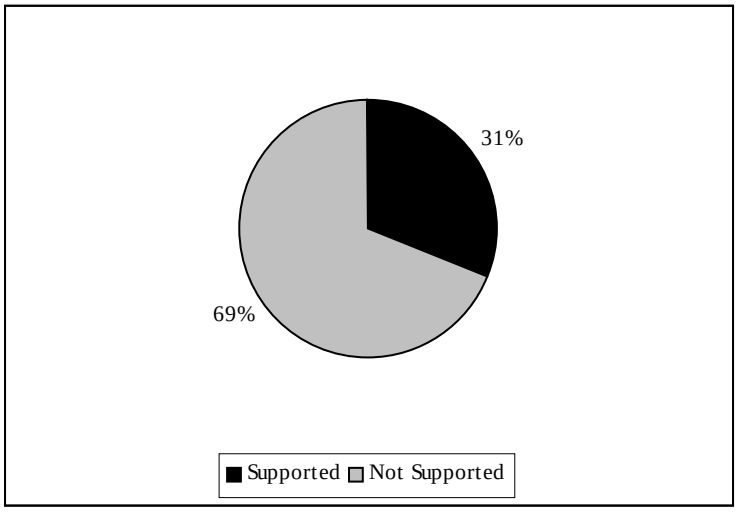
Figure F-2: Sources of Funding for Residents in Assisted Living Facilities



Source: NCAL, Survey of Assisted Living Facilities, 2000.

Although only about 23 percent of the residents in a typical assisted living facility receive SSI or Medicaid, roughly one-third (31 percent) of responding facilities have at least some residents whose care is supported by a government program (see Figure F-3). Within those facilities, 52 percent of the residents receive some government support.

Figure F-3: Facilities with Residents Whose Care is Supported by a Government Program



Source: NCAL, Survey of Assisted Living Facilities, 2000.

Section

IV

Supply and Demand

Due to the lack of a single universally accepted definition for assisted living and the various terms under which states license such facilities, producing precise estimates of the number of assisted living facilities, and the number of beds and residents in those facilities, is problematic. Projecting future demand for assisted living services is even more precarious. With time, it is hoped that more exact data will become available so that these estimates can be refined and adjusted.

Supply

The federal government does not regulate assisted living facilities, and therefore, there is no central database of all facilities in the nation. Some attempts have been made to compile mailing lists or databases of all assisted living facilities, but definitions and sources vary, resulting in little consistency. We do know, however, that the number of assisted living facilities in the United States has increased markedly in the past several years.

The National Academy for State Health Policy in its *State Assisted Living Policy: 2000* found the number of assisted living facilities to be 32,886 for all the states that reported data. This represents a 30 percent increase compared with their 1998 estimate.

According to the 2000 NCAL Survey of Assisted Living Facilities, the average number of beds per facility was 30 and the average number of residents was 24. Multiplying these numbers by the above estimate of 32,886 assisted living facilities in 2000, we arrive at the following estimates for assisted living beds and residents in the United States for the year 2000:

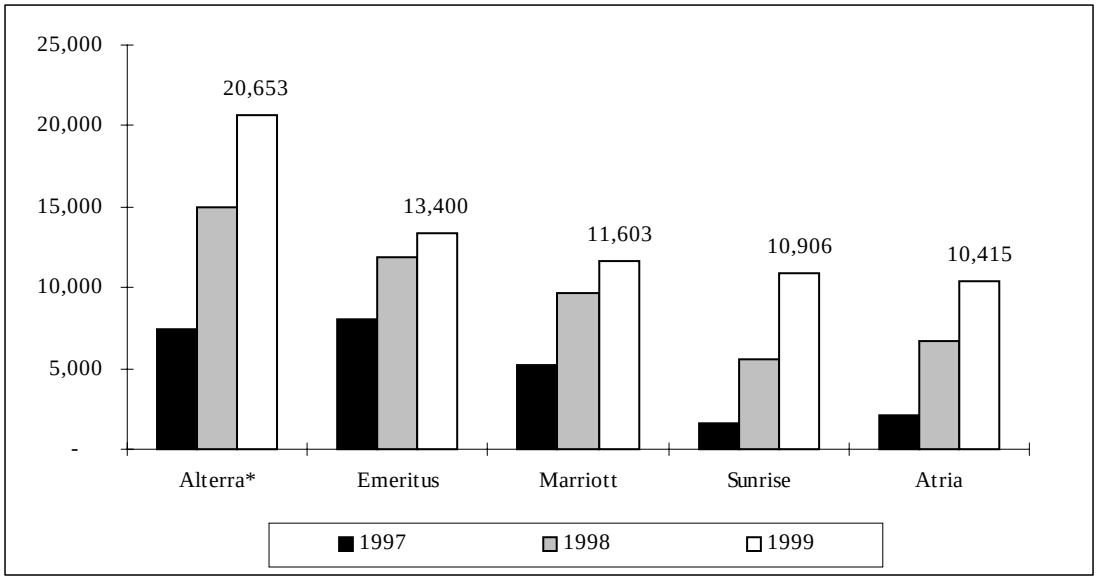
Table S-1: 2000 Estimates of Assisted Living Facilities, Beds, and Residents

Number of Facilities	32,886
Number of Beds	987,000
Number of Residents	789,000

Sources : Mollica, R, *State Assisted Living Policy: 2000*, The National Academy for State Health Policy, Portland, ME, 2000, and NCAL, Survey of Assisted Living Facilities, 2000.

By all accounts, the number of assisted living facilities has been growing rapidly in recent years. The largest assisted living chains have been growing at even higher rates, partly through new construction but also through acquisitions. See Appendix B for the number of assisted living facilities and beds in each of the largest 30 chains.

Figure S-1: Bed Growth in the Largest Assisted Living Chains, 1997-1999



Source: Provider, February 1996, February 1997, February 1998, July 1999, and July 2000.
*Alterra was formerly Alternative Living Services.

Figure S-1 shows that there has been rapid growth in the number of beds for each of the five largest assisted living companies. Yet not all assisted living companies have fared as well. Two of the companies that were among the top five in 1998 were no longer in the top five in 1999, and these two companies have experienced net decreases in the number of assisted living beds from 1998 to 1999.

Table S-2: Estimated Number of Assisted Living Facilities in US, 1995 - 2000

Year	Number of Assisted Living Facilities	Annual Percent Change
1995	16,021	
1996	19,642	23%
1997	24,470	25%
1998	28,750	18%
1999	30,748	7%
2000	32,886	7%

Sources and Methodology: 1998 and 2000 estimates taken directly from *State Assisted Living Policy: 1998* and *2000* respectively. (Mollica, R., National Academy for State Health Policy). 1995, 1996, and 1997 estimated using the distribution of years in which facilities were opened from the NCAL 2000 Survey of Assisted Living Facilities prior to 1998 to represent all facilities. This distribution was applied to the 1998 number (Mollica) to estimate opening dates for all facilities in existence prior to 1998. 1999 estimate was interpolated, assuming consistent growth rates from 1998 through 2000.

Table S-2 gives estimates of the number of assisted living facilities in the U.S. for each year from 1995 through 2000. The high growth rates experienced by the assisted living industry from 1995 through 1998 appears to have slowed. The current downturn in the economy is likely to tighten financing and slow growth even more in the near term. In future years, growth in supply may match more closely the growth in the elderly population that could benefit from assisted living services. There is fear among some providers and developers that the industry has been

"overbuilt"; while this may be true for particular locations, there is no evidence that this is the case nationwide. In general, investors and investment analysts seem to remain optimistic that the industry will continue to grow over the next several decades.

Demand

There is a consensus in the profession that demand for long term care services will continue to increase as the elderly population grows. Estimating the extent of that growth for assisted living, however, is an issue of debate. There are several important, broadly defined factors, which will impact the extent of growth: population growth among the elderly, health of the elderly, affluence of the elderly, and competition from other care settings. Population projections, although not infallible, are the least complicated of the factors; the others hold enough uncertainty that assuming no change, or discussing them only qualitatively, are often the most realistic options in projecting demand.

1. Population Growth

Through recent debates on the future of Social Security and Medicare, the aging of the US population has been well-documented in the media. Both in absolute numbers and as a percent of the total population, the number of people age 65 and older will increase steadily over the next decade and then more dramatically for about two decades thereafter. This provides a basis for growth for all types of services along the long term care continuum.

Table S-3: Projected Population of Elderly in the US by Age Group, 2000-2030 (1,000s)

Year	Total U.S. Population	65-74	75-84	85+	Total Elderly
2000	274,634	18,136	12,315	4,259	34,710
2005	285,981	18,369	12,898	4,899	36,166
2010	297,716	21,057	12,680	5,671	39,408
2015	310,134	26,243	13,130	6,193	45,566
2020	322,742	31,385	15,375	6,460	53,220
2025	335,050	35,425	19,481	7,046	61,952
2030	346,899	37,406	23,517	8,455	69,378

Source: US Bureau of the Census, 1999 Statistical Abstract of the United States, No. 17, Resident Populations by Age 1999 to 2050, page 17, middle series.

Table S-3 gives projections for the total U.S. population, for those 65 to 74 years of age, 75 to 84 years of age, 85 years of age and older, and for these three cohorts combined (total elderly) in five-year increments for the years 2000 through 2030. Large increases in the elderly population are expected for each of the three age cohorts. Most assisted living residents fall into the 75 to 84 and 85 and older age groups because those 65 to 74 years of age generally need less assistance and have more alternatives (e.g., from a spouse) when assistance is needed. Table S-4 depicts the percent change for each of these cohorts in five-year increments for the same time period. Growth rates are generally positive (with one exception) and vary by age cohort. Cumulatively, the total elderly population in the U.S. is expected to double between 2000 and 2030.

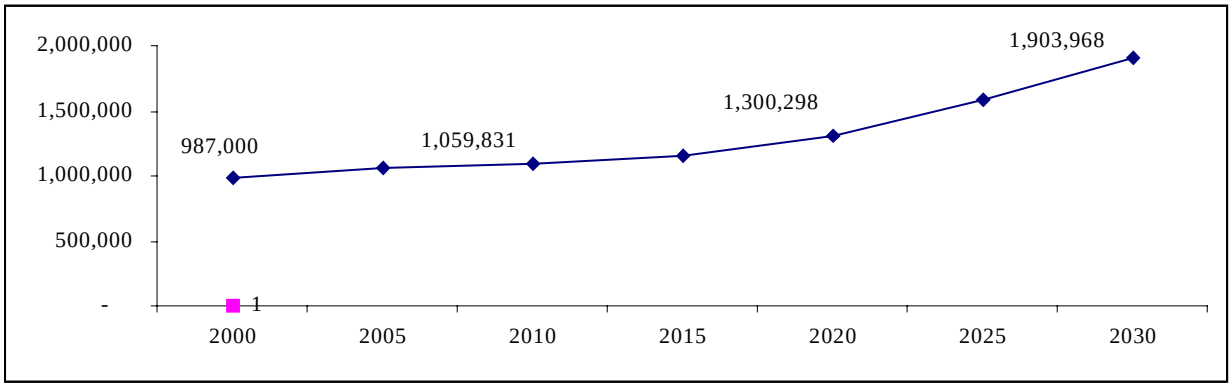
Table S-4: Projected Percent Change in Population of Elderly in the US by Age Group, 2000-2030

Years	Total U.S. Population	65-74 Years	75-84 Years	85 Years and Older	Total Elderly
2000-2005	4%	1%	5%	15%	4%
2005-2010	4%	15%	-2%	16%	9%
2010-2015	4%	25%	4%	9%	16%
2015-2020	4%	20%	17%	4%	17%
2020-2025	4%	13%	27%	9%	16%
2025-2030	4%	6%	21%	20%	12%

Source: US Bureau of the Census, 1999 Statistical Abstract of the United States, No. 17, Resident Populations by Age 1999 to 2050, page 17, middle series.

The cohort of individuals aged 75 years and older is the most relevant to assisted living. If current demand for assisted living were to increase solely according to the increase in the 75 and older population, ignoring all other market factors, the number of assisted living beds would increase from 987,000 in 2000 to more than 1,900,000 in 2030. Figure S-5 depicts a baseline projection based solely on the increase in the 75 and older population

Figure S-2: Projected Growth of Assisted Living Beds Based on Population Growth for Those 75 Years and Older



Source: NCAL analysis of data from US Bureau of the Census, 1999 Statistical Abstract of the United States, No. 17, Resident Populations by Age 1999 to 2050, page 17, middle series.

2. Health of the Elderly

Demand for assisted living services depends of course not only on the number of elderly, but on the number of elderly that need assistance. On one hand, medical advances and healthier lifestyles lead to increased life expectancies, and the average 75-year-old in 2030 may well be healthier than the average 75-year-old today. A significant medical breakthrough, for example, in the treatment or prevention of Alzheimer's, could have a dramatic impact on the overall health of the elderly. A study published in the Proceedings of the National Academy of Sciences of the USA, found that the age-standardized prevalence of chronic disability declined 14.5% from 1982 through 1994. On the other hand, increased life expectancies also means that the proportion of the elderly falling into the 85+ age group -- those that are more likely to experience decreased physical and cognitive functioning -- increases relative to the rest of the elderly, making the

elderly population as a whole more frail. There is too much uncertainty in this area to make meaningful predictions.

3. Affluence of the Elderly

Demand is determined not only by what people want, but also by what they can afford. Thus, affordability may be an important reason why there remains a large untapped market for assisted living. Although some elderly households in the US can afford assisted living, geographic limitations and preferences for a particular type of facility or service may make assisted living inaccessible or unaffordable for many.

There is no evidence that assisted living will become less expensive over the next few decades, but there are good indications that it may become more affordable as more sources for financing become available. With more states providing Medicaid funding for at least some assisted living services, greater managed care interest in the prefession, and more long term care insurance policies that include assisted living, it seems likely that assisted living services will become more accessible to the lower end of the income spectrum. Since the low-end market will not replace but rather complement the high-end market, increased affordability points to expanded growth in the assisted living profession. At the very least, it seems that assisted living will not become less affordable over the next few decades and that affordability will not invalidate growth projections based mainly on population growth.

4. Competition from Other Care Settings

Growth of any industry is limited partly on the availability of substitutes. One reason that assisted living was able to grow so rapidly over the past decade was that it filled a niche in the array of long term care settings that did not exist before, tapping a large surplus of unmet demand for that type of service. Continued growth will depend, among other things, on the availability, attractiveness, and affordability of alternatives to assisted living. Nursing facilities, home health services, adult day care, congregate care, and care from family members all overlap with the services found in an assisted living setting to some extent. In many communities, there is not a large enough population to support a nursing facility, an assisted living facility, and a home health agency within a reasonable distance, which limits availability. Some elderly may need to choose a care setting based on the funding sources available for each setting. An expansion of the home health industry could decrease demand for assisted living since it may enable more people to stay at home; on the other hand, it could increase demand for assisted living if it is provided to assisted living residents who need a higher level of care than the facility itself provides. The interplay among the different industries on the long term care continuum will impact demand for assisted living, but the direction and magnitude of that impact is indeterminate.

Government regulation may also impact the ability of the assisted living profession to grow. In many states, regulations determine the types of residents that may be served in each care setting; which can affect growth. In addition, more regulation could potentially slow the growth of assisted living by making it more costly to develop, operate, and manage facilities. Although there are trends in assisted living regulation today, it is still unclear how the regulatory climate will affect growth in assisted living over the next few decades.

Section

V

Appendices

Appendix A: Assisted Living State Regulatory Review 2001

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

- **Agency/Phone Number:** name and general phone number of the state assisted living regulatory agency.
- **Contact Name/Phone Number/E-mail:** name, direct phone number and E-mail address of the state agency representative who is knowledgeable about state regulatory classifications and whether new initiatives regarding assisted living are planned.
- **Licensure Term:** lists the term used by states that most closely fits the general definition of "assisted living."
- **Opening Statement:** includes comments about new assisted living legislation or regulation that is being discussed, drafted, or proposed by the state.
- **Definition:** summarizes the state's definition of the licensure term.
- **Facility Scope of Care:** summarizes the nursing and personal care services that may be provided.
- **Third Party Scope of Care:** indicates whether services may be provided by home health agencies, hospice providers, etc.
- **Admission/Discharge Requirements:** summarizes limitations on the types of residents who may be admitted and resident conditions or other criteria that mandate discharge.
- **Medication Management:** indicates whether administration of medication is permitted and the extent to which assistance with self-administration is permissible.
- **Physical Plant Requirements:** summarizes the square footage requirements for resident apartments and any other special physical plant requirements.
- **Residents Allowed Per Room:** summarizes the maximum number of residents allowed per resident unit.
- **Bathroom Requirements:** indicates whether bathrooms may be shared and how many toilets, lavatories, and/or bathing facilities are required per resident.
- **Alzheimer's Unit Requirements:** may either indicate whether facilities are permitted to care for residents with Alzheimer's or may summarize special requirements for facilities that care for such residents.
- **Staffing Requirements:** lists required staff and any staff-to-resident ratios.
- **Administrator Education/Training:** summarizes qualifications for administrators.
- **Staff Education/Training:** summarizes requirements for various staff positions.
- **Continuing Education (CE) Requirements:** summarizes the number of hours of continuing education that may be required annually of administrators and staff.
- **Entity Approving CE Program:** if applicable, lists the state entity or body that gives prior approval for continuing education courses.
- **Medicaid Policy and Reimbursement:** summarizes whether the state uses a Medicaid waiver to pay for services in assisted living.

Readers are encouraged to contact the identified state agencies for additional or updated information.

State: Alabama

Agency:	Department of Public Health, Division of Licensure and Certification
Phone Number:	334/206-5075
Contact Name:	Mia Sadler
Contact Phone Number:	334/206-5216
Contact E-mail:	msadler@adph.state.al.us
Licensure Term:	Assisted Living Facilities
Opening Statement:	The regulations were revised in November 2000 and include major changes to the areas of medication administration and special care units for residents with dementia.
Definition:	An Assisted Living Facility provides room, board, meals, laundry, assistance with personal care, and other services for not less than 24 hours per week. Assisted living is subclassified according to the number of residents.
Facility Scope of Care:	Assistance with activities of daily living such as bathing, oral hygiene, and grooming may be provided. A Registered Nurse (RN) must provide or supervise care during periods of temporary illness.
Third Party Scope of Care:	Home health services may be provided by a certified home health agency.
Admission/Discharge Requirements:	To be admitted, residents may not require restraints or confinement; have severe senility; or have chronic health conditions requiring extensive nursing care, daily professional observation, or the exercise of professional judgment from facility staff. Residents must be discharged when care "beyond the capabilities and facilities" of the facility is required.
Medication Management:	A resident not fully aware of the medications he or she is taking is not permitted to administer his or her own medications. A resident who is aware of the medications he or she is taking may either self-administer his or her own medications or receive assistance with the self-administration of medication by any staff member. Medication must be administered by a RN, LPN or an individual licensed to practice medicine or osteopathy by the Medical Licensure Commission of Alabama to residents for whom self-administration is not feasible, and to those who do not require acute, continuous, or extensive medical or nursing care.
Physical Plant Requirements:	Private resident units must be a minimum of 80 square feet and double occupancy resident units must be a minimum of 130 square feet.
Residents Allowed Per Room:	A maximum of two residents is allowed per resident unit.
Bathroom Requirements:	Bathrooms may be shared and resident rooms may have common toilets, lavatories, and bathing facilities.
Alzheimer's Unit Requirements:	Facilities may neither admit nor retain residents with severe cognitive impairments and may not advertise themselves as a "Dementia Care Facility," an "Alzheimer's Care Facility" or as specializing in or being competent for care for individuals with dementia or Alzheimer's disease.
Staffing Requirements:	There must be an administrator, RN consultants, and personal care staff as needed to provide adequate care and promote an orderly operation of the facility. Specifically, there must be at least one staff person for every six residents in the facility at all times.
Administrator Education/Training:	Administrators are required to be "well-trained."
Staff Education/Training:	Staff are required to take a 16-hour course within their first year.
Continuing Education (CE) Requirements:	Administrators must complete six hours of continuing education per year.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: No Medicaid waiver at this time; however, Medicaid waiver coverage is planned for persons with dementia.

State: Alaska

Agency: Department of Administration, Division of Senior Services

Phone Number: 907/269-3666

Contact Name: Gary Ward

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Licensure Term: Assisted Living Homes

Opening Statement: Alaska is unique due to its size and sparse population. Providers determine the level of care and services they will provide, but must provide the state with a list of these services. Revised regulations are being drafted and are expected to be published sometime in 2001.

Definition: Assisted Living Homes provide a system of care in a home-like environment for elderly persons and persons with mental or physical disabilities who need assistance with activities of daily living.

Facility Scope of Care: Facilities may provide nursing care, assistance with activities of daily living, intermittent nursing services, and skilled nursing care by arrangement. A licensed nurse may delegate certain tasks, including non-invasive routine tasks, to staff.

Third Party Scope of Care: Not specified.

Admission/Discharge Requirements: There are no limits on admission; however, facilities must have a residential services contract in place for each resident. Twenty four-hour skilled nursing care may not last for more than 45 consecutive days. Terminally ill residents may remain in the facility if a physician confirms that needs are being met. At least 30 days' notice is required before terminating a residential services contract.

Medication Management: If self-administration of medications is included in a resident's assisted living plan, the facility may supervise the resident's self-administration of medications.

Physical Plant Requirements: If a room is shared, the regulations require "reasonable privacy."

Residents Allowed Per Room: Not specified.

Bathroom Requirements: Not specified.

Alzheimer's Unit Requirements: The facility must provide a safe environment for residents with Alzheimer's.

Staffing Requirements: Not specified.

Administrator Education/Training: An administrator must be at least 21 years of age and have sufficient education and experience in an out-of-home care facility and is subject to a criminal background investigation.

Staff Education/Training: Care providers in non-supervisory roles must be at least 16 years of age.

Continuing Education (CE) Requirements: Not specified.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: A Medicaid Home and Community Based (HCBS) waiver covers services. A tiered payment system is used to reimburse for services.

State: Arizona

Agency:	Department of Health Services, Home and Community Based Licensure
Phone Number:	602/674-9775
Contact Name:	Laura Hartgroves
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Licensure Term:	Assisted Living Facilities
Opening Statement:	Regulations have been in effect since November 1998. The new licensure category consolidates the previous six licensure categories for residential care institutions (adult care homes, adult foster care homes, supportive residential living centers, supervisory care homes, and unclassified residential care institutions) into a universal assisted living license. This license is subclassified based on size and level of services provided. All facilities are required to comply with resident rights, food service, administration requirements, abuse reporting, and resident agreements. Training requirements will vary depending upon level of care and physical plant requirements will vary depending upon size.
Definition:	An Assisted Living Facility is a residential care institution that provides or contracts to provide supervisory care services, personal care services, or directed care services on a continuing basis.
Facility Scope of Care:	Facilities may provide personal care services, including assistance with activities of daily living, that can be performed by persons without professional skills or professional training. Facilities may also provide or coordinate intermittent nursing services and the administration of medications and treatment by a licensed nurse.
Third Party Scope of Care:	Not specified.
Admission/Discharge Requirements:	A facility must not accept or retain a resident who requires physical or chemical restraints; behavioral health residential services; or services that the assisted living facility is not licensed or able to provide.
Medication Management:	Medication administration is permitted by licensed nurses.
Physical Plant Requirements:	Facilities must comply with all local building codes, ordinances, fire codes, and zoning requirements. Private resident units must be a minimum of 80 square feet and shared resident units must provide a minimum of 60 square feet per resident.
Residents Allowed Per Room:	A maximum of two residents is allowed per resident unit.
Bathroom Requirements:	Shared bathrooms are permitted and there must be at least one full bathroom for every eight residents.
Alzheimer's Unit Requirements:	Not specified.
Staffing Requirements:	The regulations require that supervisory care services, personal care services, or directed care services consistent with the level of service for which the facility is licensed are to be provided.
Administrator Education/Training:	Managers must be at least 21 years of age and be certified as assisted living facility managers.
Staff Education/Training:	All staff must be trained in first aid specific to adults. Caregivers must be at least 18 years of age; be trained at the level of service the facility is licensed to provide; and have a minimum of three months of health-related experience. Assistant caregivers must be at least 16 years of age.
Continuing Education (CE) Requirements:	All staff must complete a minimum of 12 hours of continuing education per year in areas related to: promotion of resident dignity, independence, self-

determination, privacy, choice, and resident rights; fire, safety, and emergency procedures; infection control; and abuse, neglect, and exploitation prevention and reporting requirements.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: A Medicaid HCBS waiver covers services in assisted living.

State: Arkansas

Agency: Department of Human Services, Office of Long Term Care, State Licensure

Phone Number: 501/682-8468

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Licensure Term: Residential Long Term Care Facilities

Opening Statement: There have been no changes to these rules since October 1997. In 2001, the legislature may pass new regulations for "Assisted Living."

Definition: Residential Long Term Care Facilities serve individuals with impaired functioning who do not require hospital or nursing home care and who self-administer medication.

Facility Scope of Care: The facility may supervise and assist with activities of daily living.

Third Party Scope of Care: Home health services may be provided by a certified home health agency.

Admission/Discharge Requirements: The facility must not admit or retain residents whose needs are greater than the facility is licensed to provide. Residents must be independently mobile; be able to self-administer medications; be capable of understanding and responding to reminders and guidance from staff; not be totally incontinent of bowel and bladder; not have a feeding or intravenous tube; not have a communicable disease; not need nursing services which exceed those provided by a home health agency; not have a level of mental illness or dementia that requires a higher level of treatment than can be safely provided in the facility; not require religious, cultural, or dietary regimens that cannot be met without undue burden; not require physical restraints, lock-up, or confinement; and not display violent behavior.

Medication Management: Medication administration may not be performed by facility staff. The supervision of self-administered medication is limited to cueing and storage.

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

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

Bathroom Requirements: Shared bathrooms are permitted and there must be at least one toilet and lavatory for every six residents and one tub or shower for every 10 residents. Dormitory or communal type bathroom facilities are not permitted.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: A full-time administrator must be on the premises during normal business hours. The regulations list specific staffing ratios (e.g., one staff person for one to 16 residents during the day, evening, and night).

Administrator Education/Training: Administrators must be at least 21 years of age and are required to be certified as a residential care facility administrator through a department-approved certification program and hold a high school diploma or GED.

Staff Education/Training: Staff must be at least 18 years of age and are required to complete an

orientation program on resident rights.

Continuing Education (CE) Requirements: All direct care staff must complete 16 hours of continuing education per year (broken down into four hours of continuing education per quarter).

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: A Medicaid state plan service reimburses for personal care services. Arkansas has prepared a waiver and has developed a tiered payment system.

State: California

Agency: Department of Social Services, Community Care Licensing Division

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Licensure Term: Residential Care Facilities for the Elderly

Opening Statement: Over the next two years the regulations will be restructured and updated based on new legislative mandates and public policy forums. The areas targeting for scrutiny are medication management, staff education/training and unit requirements for residents with Alzheimer's disease and dementia.

Definition: A Residential Care Facility for the Elderly (RCFE) is a housing arrangement chosen voluntarily where 75 percent of the residents are 60 years of age or older and where varying levels of care and supervision are provided, as agreed to at the time of admission or as determined at subsequent times of reappraisal. Younger residents must have needs compatible with other residents.

Facility Scope of Care: The facility may provide assistance with activities of daily living, observation and reassessment, postural support that can be released by the resident, and other types of care. Recent revisions clarify "restricted health conditions" that may be cared for without prior department approval so long as the provider complies with the applicable RCFE regulations for that condition. These incidental medical services include administration of oxygen, catheter care, colostomy/ileostomy care, contractures, diabetes, enemas/suppositories, incontinence, injections, intermittent positive pressure breathing machine, stage one and two dermal ulcers and wound care..

Third Party Scope of Care: Terminally ill residents may remain in the facility and receive care from a hospice agency. A facility is only required to comply with the applicable regulations in caring for an individual with the restricted condition.

Admission/Discharge Requirements: Residents may not be admitted if they require 24-hour skilled nursing care, are permanently bedridden or unable to leave the building unassisted, or have a mental disorder resulting in the inability to benefit from programs offered by the facility.

Medication Management: Facility staff may assist residents with the self-administration of medication.

Physical Plant Requirements: The regulations allow for private or semi-private resident rooms. Resident rooms must be furnished and of sufficient size to allow for easy passage of wheelchairs and walkers.

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

Bathroom Requirements: Common toilets, bathing, and lavatory facilities are permitted.

Alzheimer's Unit Requirements: Secured perimeters are permitted for Alzheimer's or other dementia residents. Facilities may opt to install delayed egress doors or lock perimeters. Approval from the licensing authority is required for licensees serving this population. New regulations are expected to go into effect in 2001 that will require those

facilities which advertise that they specialize in Alzheimer's disease and dementia care to meet minimum training requirements on how to care for these residents. Initial RCFE administrator certification now dedicates four of the required 40 hours to the subject of dementia care. Administrators must also complete eight hours of the required 40 hours of continuing education units on the subject. Direct care staff in these types of facilities must receive six hours of dementia care orientation and eight hours of in-service training per year on the subject.

Staffing Requirements: Facility personnel must be sufficient to provide the services necessary to meet resident needs.

Administrator Education/Training: An administrator must complete a 40+ hour approved certification program (nursing home administrators are exempt from this requirement); 15 college or continuing education units; and have at least one year of experience or equivalent (in facilities with 16-49 residents) or two years of college and at least three years of experience (in facilities with 50 or more residents). Nursing home administrators are exempt from the certification requirement, but are required to take 12 continuing education courses in Residential Care Facilities for the Elderly administrator core curriculum subjects.

Staff Education/Training: Services requiring specialized skills are to be provided by qualified personnel in accordance with recognized professional standards.

Continuing Education (CE) Requirements: Administrators must complete 40 hours of continuing education every two years in areas related to aging and/or administration.

Entity Approving CE Program: Program Support Bureau

Medicaid Policy and Reimbursement: No Medicaid waiver at this time; however, recently passed legislation provides for a demonstration project to test the effectiveness of this type of reimbursement in RCFEs.

State: Colorado

Agency: Department of Public Health

Phone Number: 303/692-2800

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Licensure Term: Personal Care Boarding Homes

Opening Statement: The regulations have been in effect since 1993. Revisions to the regulations are expected to be made sometime in 2001.

Definition: Personal Care Boarding Homes are residential facilities that make available to three or more unrelated adults, either directly or indirectly through a provider agreement, room and board and personal services, protective oversight, and social care due to impaired capacity to live independently, but not to the extent that regular 24-hour medical nursing care is required.

Facility Scope of Care: The facility must make available, either directly or indirectly through a provider agreement, at least the following: a physically safe and sanitary environment; room and board; personal services; protective oversight; and social care, sufficient to meet the needs of the residents.

Third Party Scope of Care: Facilities may choose to contract with home health agencies for services beyond what they are able to provide.

Admission/Discharge Requirements: A facility may not admit or keep any resident requiring a level of care or type of service which the facility does not provide or is unable to provide, but in no event may admit or keep a resident who: is consistently, uncontrollably incontinent of bladder unless the resident or staff is capable of preventing such

	incontinence from becoming a health hazard; is consistently, uncontrollably incontinent of bowel unless the resident is totally capable of self care; is totally bedfast with limited potential for improvement; needs medical or nursing services on a 24-hour basis; needs restraints; and has a communicable disease or infection unless the resident is receiving medical or drug treatment for the condition.
Medication Management:	All personal medication is the property of the resident and no resident shall be required to surrender the right to possess or self-administer any personal medication, except as otherwise specified in the board and care plan of a resident of a facility which is licensed to provide services specifically for the mentally ill. For residents who are unable to self administer medications, medications must be given by a qualified medication aide.
Physical Plant Requirements:	Private resident units must be a minimum of 100 square feet and double occupancy resident units must provide a minimum of 60 square feet per resident.
Residents Allowed Per Room:	A maximum of two residents is allowed per resident unit. In facilities licensed prior to July 1, 1986, up to four residents are allowed per room, until either a substantial remodeling or a change of ownership occurs.
Bathroom Requirements:	Shared bathrooms are permitted and there must be at least one full bathroom for every six residents.
Alzheimer's Unit Requirements:	Secured units for the purposes of serving residents with early stage Alzheimer's disease are allowed.
Staffing Requirements:	Staffing must be adequate to meet residents' needs. For those facilities choosing to provide secured care, at least one trained staff member must be in the secured unit at all times.
Administrator Education/Training:	Operators must be at least 18 years of age and may meet the minimum educational, training, and experience standards in one of the following ways: completing a Department-approved program or having previous job related experience equivalent to successful completion of such program.
Staff Education/Training:	Staff shall be given on-the-job training or have related experience in the job assigned to them.
Continuing Education (CE) Requirements:	Not specified.
Entity Approving CE Program:	None
Medicaid Policy and Reimbursement:	A Medicaid waiver covers services in alternative care facilities. Facilities are reimbursed on a flat rate per diem basis.

State: Connecticut

Agency:	Department of Health, Health Facilities Division
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Licensure Term:	Assisted Living Services Agencies
Opening Statement:	The regulations have been in effect since November 29, 1994, and only cover nursing services and assistance with ADLs provided to residents living within a managed residential community having supportive services. Physical plant/setting requirements, etc. are regulated by the state and local building and fire codes.
Definition:	Assisted Living Services Agencies provide nursing services and assistance with

activities of daily living to clients living within a managed residential community having supportive services that encourage clients primarily age 55 or older to maintain a maximum level of independence.

Facility Scope of Care: Nursing services and assistance with activities of daily living may be provided to residents with chronic and stable conditions as determined by a physician or health care practitioner.

Third Party Scope of Care: For residents whose conditions are unstable, either a home health agency must provide services or "other appropriate arrangements" must be made.

Admission/Discharge Requirements: There are no set discharge or admission requirements; however, each facility must develop written policies for the discharge of clients from the agency. The policies must include, but are not limited to: change in a resident's condition (when a resident is no longer chronic and stable); and what constitutes routine, emergency, financial, and premature discharge.

Medication Management: Not specified.

Physical Plant Requirements: The managed residential community where services are offered must have private residential units that include a full bath, access to facilities, and equipment for the preparation and storage of food. A resident may choose to share a room. Common space in the facility must be sufficient enough to accommodate 50 percent of the residents at any given time.

Residents Allowed Per Room: Not specified.

Bathroom Requirements: Not specified.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: Staffing must be adequate to meet residents' needs.

Administrator Education/Training: The supervisor must be a RN with at least two years' experience in nursing, including one year in a home health agency; or a high school diploma with four years' experience, including two in a home health agency. Assisted living aides must have a CNA or CHHA certification.

Staff Education/Training: Assisted living aides must complete 12 hours of continuing education per year.

Continuing Education (CE) Requirements: Assisted living aides must complete 12 hours of continuing education per year.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: A Medicaid waiver covers services for eligible low-income residents.

State: Delaware

Agency: Department of Health & Social Services, Division of Long Term Care, Resident Protection

Phone Number: 302/577-6666

Contact Name: Pam Park

Contact Phone Number: 302/577-6661

Contact E-mail: unavailable

Licensure Term: Assisted Living Agencies

Opening Statement: Regulations have been in effect since January 1, 1998 and are to be interpreted in a manner consistent with a social philosophy of care, which is the promotion of the consumer's independence, privacy, dignity, and the provision of services in a home-like environment. Assisted Living Agency regulations are currently under review to make them more clear and are expected to be finalized sometime in 2001.

Definition: Assisted Living is a fee-based residential arrangement for dependent and elderly adults with disabilities that provides assistance with activities of daily living and other services that promote the consumer's quality of life.

Facility Scope of Care: The facility may provide residents with assistance with activities of daily living and other services that promote quality of life. Facilities are not intended for persons who require nursing home services that are beyond their capability.

Third Party Scope of Care: Not specified.

Admission/Discharge Requirements: Facilities are generally prohibited from providing services to individuals who need 24-hour nursing services and whose medical conditions are unstable to the point that they require frequent observation, assessment, and intervention by a licensed professional nurse, including unscheduled nursing services; being bedridden for 14 consecutive days; needing transfer assistance by more than one person and a mechanical device unless special staffing arrangements have been made to ensure safe care and evacuation; having conditions that exceed program capabilities; or presenting a danger to self or others or engage in illegal drug use.

Medication Management: Facilities must comply with the Nurse Practice Act. Residents may receive assistance with self-medication by designated care providers, while administration of medication may only be performed by RNs and Licensed Practical Nurses (LPNs).

Physical Plant Requirements: Individual living units without kitchens must have an appropriately designed central kitchen that is readily accessible to the resident. The central kitchen in the facility must meet "Public Eating Place Regulations."

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

Bathroom Requirements: Bathing facilities must be available either in an individual living unit or in an area readily accessible to each resident.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: Each facility must have a director who is responsible for operation of the program. Twenty four-hour on-site or on-call supervision must be provided. Overall staffing must be sufficient in number to meet the needs of the residents.

Administrator Education/Training: There are no specified training requirements for administrators; however, the Professional Nursing Home Board Regulations supercede this section of the Assisted Living Agency regulations requiring administrators to have a nursing home administrator license.

Staff Education/Training: Staff must be adequately trained to meet the needs of the resident and the facility must provide and document staff training.

Continuing Education (CE) Requirements: Not specified.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: A Medicaid waiver covers assisted living services.

State: District of Columbia

Agency: Health Regulation Administration

Phone Number: 202/442-4727

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Licensure Term: Community Residence Facilities

Opening Statement: The regulations have been in effect since 1995. A bill calling for new "Assisted Living Residence" regulations was introduced in 2000 and is expected to be passed in 2001.

Definition: Community Residence Facilities are defined as any facility that provides safe, hygienic sheltered living arrangements for one or more individuals age 18 years or older, who are ambulatory and able to perform the activities of daily living with minimal assistance. This definition includes facilities that provide a sheltered living arrangement for persons who desire or require supervision or assistance within a protective environment because of physical, mental, familial, or social circumstances.

Facility Scope of Care: Not specified.

Third Party Scope of Care: Under certain conditions, residents have the right to arrange directly for medical and personal care with an outside agency.

Admission/Discharge Requirements: Residents may not be admitted who are in need of professional nursing care, unable to perform ADLs with minimal assistance, incapable of proper judgement and disoriented to person and place.

Medication Management: Residents may store medication and facilities may assist residents with the self-administration of medication.

Physical Plant Requirements: The combined total of all community space provided by the community residence facility shall afford at least 25 square fee of space above the basement per resident.

Residents Allowed Per Room: A maximum of four residents is allowed per resident unit.

Bathroom Requirements: Toilets must be provided in the ratio of one to every 30 residents.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: An residence director must be responsible for the daily overall management of the facility. There must be sufficient staff to provide for the welfare, comfort and safety of residents at all times of the day and night. Facilities with 50 or more residents must employ a full-time activities specialist and facilities with 100 or more residents must employ a full-time social worker.

Administrator Education/Training: Not specified.

Staff Education/Training: The residence director must be at least 21 years of age and if there are 30 or more residents in the facility, must have a BA and three years experience in a related field.

Continuing Education (CE) Requirements: Not specified.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: No Medicaid waiver at this time; however a city task force is studying the possibility.

State: Florida

Agency: Agency for Health Care Administration

Phone Number: 850/487-2515

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Licensure Term: Assisted Living Facilities

Opening Statement: Regulations were last revised in October 1999.

Definition:	Assisted Living Facilities provide housing, food service, and one or more "personal services" (e.g., assistance with activities of daily living and self-administered medication).
Facility Scope of Care:	Facilities may provide assistance with personal services, including medications. Facilities may hold one of three special licenses: an extended congregate care license allows facilities to provide more extensive ADL assistance and nursing services to frail residents; a limited nursing services license allows certain nursing services defined in the regulations; and a limited mental health license allows facilities to serve low-income chronically mentally ill residents that must have additional staff training and linkages to mental health service providers.
Third Party Scope of Care:	Home health agencies may provide services under contract with residents.
Admission/Discharge Requirements:	To be admitted, a resident must be capable of performing activities of daily living with supervision or assistance; not require 24-hour nursing supervision; be free of Stage-two, - three or -four pressure sores; be able to participate in social and leisure activities; be ambulatory; and not display violent behavior. A resident must be discharged if he or she is no longer able to meet the admission criteria or is bedridden for more than seven days.
Medication Management:	Unlicensed staff may provide hands-on assistance with self-administered medications. Staff must have four hours of medication training by a RN or registered pharmacist.
Physical Plant Requirements:	Private resident units must provide a minimum of 80 square feet of usable floor space and multiple-occupancy resident rooms must provide a minimum of 60 square feet per resident. An additional minimum of 35 square feet of living and dining space per resident is required.
Residents Allowed Per Room:	A maximum of four residents is allowed per resident unit. In new or renovated facilities, a maximum of two residents is allowed per resident unit.
Bathroom Requirements:	Shared bathrooms are permitted and a facility must provide one toilet and sink per six residents and one bathing facility per eight residents.
Alzheimer's Unit Requirements:	Facilities that advertise special care for persons with Alzheimer's disease or related disorders must have a physical environment that provides for the safety and welfare of residents; offer activities specifically designed for these residents; have 24-hour staffing availability; and employ staff who have completed an eight-hour approved training course and must complete four hours of continuing education per year.
Staffing Requirements:	Staffing requirements vary depending upon the numbers of residents (e.g., a total of 375 staff hours would be required each week at a facility with 46-55 residents). At least one employee certified in first aid must be present at all times. Staffing must be sufficient to meet residents' needs.
Administrator Education/Training:	Administrators must have a high school diploma or GED and complete a core training program and competency test.
Staff Education/Training:	Direct-care staff must have six hours of initial training.
Continuing Education (CE) Requirements:	Administrators must complete 12 hours of continuing education every two years.
Entity Approving CE Program:	None
Medicaid Policy and Reimbursement:	A Medicaid HCBS waiver covers services for low-income residents.

State: Georgia

Agency:	Department of Human Resources, Personal Care Home Program
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Licensure Term:	Personal Care Homes
Opening Statement:	June 15, 1994 regulations for Personal Care Homes remain in effect.
Definition:	Personal Care Homes provide housing, food services, and one or more personal services, including supervision of self-administered medication; assistance with ambulation and transfers; and essential activities of daily living such as eating, bathing, grooming, dressing, and toileting.
Facility Scope of Care:	The personal services provided by the homes must include 24-hour responsibility for the well-being of the residents and protective care and watchful oversight.
Third Party Scope of Care:	Not specified.
Admission/Discharge Requirements:	Residents must be ambulatory and may not require the use of physical or chemical restraints, isolation, or confinement for behavioral control. Residents must not be bedridden or require continuous medical or nursing care and treatment.
Medication Management:	All medications must be self-administered by the resident except when the resident requires administration of oral or topical medication by or under supervision of a functionally literate staff person.
Physical Plant Requirements:	Private and shared resident units must provide a minimum of 80 square feet per resident.
Residents Allowed Per Room:	A maximum of four residents is allowed per resident unit.
Bathroom Requirements:	Common toilets, lavatories, and bathing facilities are permitted.
Alzheimer's Unit Requirements:	Not specified.
Staffing Requirements:	At least one administrator, on-site manager, or responsible staff person must be on the premises 24 hours per day. There should be a minimum of one on-site staff person per 15 residents during waking hours and one staff person per 25 residents during non-waking hours.
Administrator Education/Training:	Not specified.
Staff Education/Training:	The administrator, on-site manager and all other responsible staff must be at least 21 years of age. All persons working in the facility must receive work-related training acceptable to the Department within the first 60 days of employment.
Continuing Education (CE) Requirements:	All staff, including the administrator/on-site manager, who offer direct care to the residents, must satisfactorily complete at least 16 hours of continuing education per year.
Entity Approving CE Program:	None
Medicaid Policy and Reimbursement:	A Medicaid HCBS waiver reimburses two models of personal care homes.

State: Hawaii

Agency:	Department of Health, Office of Health Care Assurance
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Licensure Term: Assisted Living Facilities

Opening Statement: New Assisted Living Facility regulations went into effect in August 1999.

Definition: An Assisted Living Facility consists of a building complex offering dwelling units to individuals and services to allow residents to maintain an independent assisted living lifestyle.

Facility Scope of Care: The facility must provide 24-hour on-site direct staff to meet the needs of the residents; services to assist residents in performing all activities of daily living; and nursing assessment, health monitoring, and routine nursing tasks.

Third Party Scope of Care: The facility may arrange access to ancillary services for medically related care (e.g., physician, podiatrist) and social work services.

Admission/Discharge Requirements: There are no specific limitations on the admission of residents. A resident must receive a written 14-day notice of discharge if his or her behavior imposes an imminent danger to him/herself or others, or if the facility cannot meet the resident's needs for services.

Medication Management: The facility must have medication management policies related to self-medication and the administration of medication.

Physical Plant Requirements: Facilities must provide each resident an apartment unit with the following: a bathroom, refrigerator, and cooking capacity, including a sink; a unit that is a minimum of 220 square feet, not including the bathroom; a cooking capacity that may be removed or disconnected depending on the individual needs of the resident; a separate and complete bathroom with a sink, shower, and toilet; accommodations for the physically challenged and wheelchair-bound persons, as needed; a call system monitored 24 hours per day by staff; and wiring for telephones and televisions.

Residents Allowed Per Room: Not specified.

Bathroom Requirements: Each resident unit shall have a separate bathroom.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: Licensed staff shall be available seven days a week.

Administrator Education/Training: The administrator or director must have at least two years of experience in a management capacity in the housing, health care services, or personal care industries. The completion of an assisted living facility administrator's course or equivalent is required.

Staff Education/Training: All facility staff must complete orientation and a minimum of six hours annually of regularly scheduled in-service training.

Continuing Education (CE) Requirements: Not specified.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: A Medicaid waiver covers services in assisted living facilities.

State: Idaho

Agency: Department of Health and Welfare

Phone Number: 208/334-6626

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Licensure Term: Residential and Assisted Living Facilities

Opening Statement: New regulations went into effect in March 2000.

Definition: Residential and Assisted Living Facilities provide 24-hour care for three or more adults who need personal care or assistance and supervision essential for sustaining activities of daily living or for the protection of the individual.

Facility Scope of Care: The facility must supervise residents, provide assistance with activities of daily living and instrumental activities of daily living, and deliver services to meet the needs of residents.

Third Party Scope of Care: Residents are permitted to contract for services with third parties.

Admission/Discharge Requirements: Residents may not be admitted or retained if they require ongoing skilled nursing, intermediate care, or care not within the legally licensed authority of the facility. In addition, residents who are in need of restraints or have physical, emotional, or social needs not homogenous with the facility's population may not be admitted.

Medication Management: Staff who attend an assistance with medications course are permitted to assist residents with the self-administration of medication. A nurse is required to check the medication regimen for residents monthly. Staff who attend an extra medications course are permitted under the Nurse Delegation Rule to crush medications and administer peg feeding tubes.

Physical Plant Requirements: Private resident units must be a minimum of 100 square feet and shared resident units must provide a minimum of 80 square feet of floor space per resident.

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

Bathroom Requirements: The regulations have very specific ratios for numbers of toilets and bathing facilities per number of residents. One toilet must be provided for every six persons, residents or personnel.

Alzheimer's Unit Requirements: Idaho has fairly extensive requirements for the care of Alzheimer's residents such as the provision of an unrestrictive environment and a supervised life-style which is safe, secure, structured but flexible, stress free and encourages physical activity. Separate Alzheimer's units are permitted in facilities.

Staffing Requirements: A full-time licensed administrator must ensure that there is sufficient personnel to provide care during all hours as required in each resident's negotiated service plan. Staffing patterns shall be based on resident need rather than the number of residents. In addition, there must be one employee within the facility at all times who has a certification in CPR and an approved first aid course.

Administrator Education/Training: Administrators must be licensed by the state and must have sufficient physical, emotional and mental capacity.

Staff Education/Training: Staff providing unsupervised personal assistance to residents must complete a minimum of eight hours of job-related training.

Continuing Education (CE) Requirements: Administrators must complete 12 hours of continuing education per year. Staff who provide personal assistance to residents must complete eight hours of continuing education per year.

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

Medicaid Policy and Reimbursement: A Medicaid state plan service and a Medicaid HCBS waiver reimburses for personal care.

State: Illinois

Agency: Department of Public Health

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Licensure Term:	Assisted Living/Shared Housing Establishments
Opening Statement:	The Assisted Living and Shared Housing Establishment Act went into effect in January 2001. The Act created two committees, the Assisted Living and Shared Housing Advisory Board in the Department of Public Health and the Quality of Life Advisory Committee in the Department of Aging. The Act allows two levels of housing: assisted living (more than 12 residents) and shared housing (12 or fewer residents). In the Act, assisted living is recognized as a rightful place in the continuum of care, while also ensuring that those with complex medical needs move to a more appropriate setting where those needs can be met. Regulations are expected to be finalized in early 2001.
Definition:	An Assisted Living Establishment provides community-based residential care for at least three unrelated adults (at least 80 percent of whom are 55 years of age or older) who need assistance with activities of daily living, 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. A Shared Housing Establishment provides community-based residential care for 12 or fewer unrelated adults (at least 80 percent of whom are 55 years of age or older) who need assistance with activities of daily living, including housing and personal, supportive, and intermittent health-related services. This care must be available 24 hours per day, if needed, to meet the scheduled and unscheduled needs of a resident.
Facility Scope of Care:	Facilities may provide general watchfulness and appropriate action to meet the total needs of residents, exclusive of nursing care.
Third Party Scope of Care:	Home health agencies unrelated to the Assisted Living Establishment may provide services under contract with residents.
Admission/Discharge Requirements:	Residents with serious mental or emotional problems or in need of nursing care may not be admitted or retained.
Medication Management:	All medications must be self-administered or administered by licensed personnel. Facility staff may give medication reminders and monitor residents to make sure they follow the directions on the container.
Physical Plant Requirements:	Not finalized.
Residents Allowed Per Room:	Not specified.
Bathroom Requirements:	Not specified.
Alzheimer's Unit Requirements:	A facility must fill out an Alzheimer's Special Care Disclosure Form if they offer care to Alzheimer's residents in a special unit.
Staffing Requirements:	A full-time manager must be employed along with sufficient staff in numbers and qualifications. Staff must be on duty all hours of each day to provide services that meet the total needs of the residents. There must be a minimum of one staff member awake, dressed, and on duty at all times in Assisted Living Establishments.
Administrator Education/Training:	The administrator must be a high school graduate or equivalent and at least 18 years of age.
Staff Education/Training:	All personnel must have training and/or experience in the job assigned to them. An ongoing in-service training program is required to ensure staff have the necessary skills to perform job duties.
Continuing Education (CE) Requirements:	Not specified.
Entity Approving CE Program:	None
Medicaid Policy and Reimbursement:	No Medicaid waiver at this time.

State: Indiana

Agency: Department of Health, Division of Regulations and Information Services (ISDH) and Bureau of Aging and In-Home Services (BAIS)

Phone Number: 317/233-1325

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Licensure Term: Residential Care Facilities

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

Definition: A Residential Care Facility provides room, food, laundry, and occasional assistance in activities of daily living for residents who need less service than the degree of service provided by a Comprehensive Care Facility (a health facility that provides nursing care, room, food, laundry, administration of medications, special diets and treatments, and that may provide rehabilitative and restorative therapies under the order of an attending physician). There is an overall general supervision of health care, medications, and diets as defined in the written policies of the facility.

Facility Scope of Care: Personal care and supervision shall be provided as needed by residents.

Third Party Scope of Care: Not specified.

Admission/Discharge Requirements: Facilities must not retain residents who require nursing care.

Medication Management: Medication must be administered by licensed nursing personnel or qualified medication aides. Facilities that administer medication must provide a medicine station for 24-hour distribution. Bedside medications and treatments for self-administration shall be permitted with the approval of a physician, unless the facility does not permit self-administration of medication.

Physical Plant Requirements: Private resident units must be a minimum of 100 square feet and multiple-occupancy resident units must provide a minimum of 80 square feet per resident.

Residents Allowed Per Room: A maximum of five residents is allowed per resident unit.

Bathroom Requirements: The regulations have very specific ratios for numbers of toilets and bathing facilities per number of residents (e.g., one toilet must be provided for every eight residents).

Alzheimer's Unit Requirements: Recommended/voluntary guidelines ask that if a facility advertises to the public that it is offering a special care unit it must file a disclosure statement that includes information on ownership, management, number of beds in the unit, special staffing requirements, special education/training requirements for staff, and cost of care (e.g., base rate).

Staffing Requirements: At least one employee must be on duty at all times. The facility must provide the number of staff as required to carry out all the functions of the facility. An administrator must be on staff to organize and implement the day-to-day

operations of the facility.

Administrator Education/Training: Administrators must either have a baccalaureate or higher degree in any subject and complete a six-month training program; possess an associate degree in long term care, health care administration, or equivalent and complete a six-month training program; or complete a specialized course of study in long term health care administration and a six-month administrator training program.

Staff Education/Training: The facility must provide for organized, ongoing in-service education and training for administrators and staff that includes prevention and control of infection, fire prevention, safety and accident prevention, and the needs of specialized populations served.

Continuing Education (CE) Requirements: Administrators must complete 20 hours of continuing education per year.

Entity Approving CE Program: Health Facility Administrators Board

Medicaid Policy and Reimbursement: No Medicaid waiver at this time; however, legislation recently passed authorizing the preparation of a Medicaid waiver to cover services in assisted living in the future.

State: Iowa

Agency: Department of Elder Affairs

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Licensure Term: Assisted Living Programs

Opening Statement: Regulations were revised slightly in July 2000.

Definition: Assisted Living Programs provide 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 six or more tenants in a physical structure which provides a homelike environment. Assisted living also includes encouragement of family involvement, tenant self-direction, and tenant participation in decisions that emphasize choice, dignity, privacy, individuality, shared risk, and independence.

Facility Scope of Care: Facilities may provide assistance with activities of daily living and instrumental activities of daily living. Health-related care may be provided on an intermittent basis only.

Third Party Scope of Care: A facility may contract for personal care or health-related services from a certified home health agency.

Admission/Discharge Requirements: Facilities may not knowingly admit or retain a resident who requires more than part-time or intermittent health-related care; is dangerous to self or others; or is in an acute stage of alcoholism, drug addiction, or mental illness.

Medication Management: Residents are permitted to self-administer medications. The regulations defer to the Iowa Nurse Practice Act which allows nurses to delegate medication administration to unlicensed staff (intravenous or intramuscular injections are not included in allowable nurse delegation to unlicensed assistive personnel). Medication reminder boxes are permitted in resident rooms.

Physical Plant Requirements: Private resident units must be a minimum of 120 square feet and double occupancy resident units must be a minimum of 290 square feet.

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

Bathroom Requirements: Not specified.

Alzheimer's Unit Requirements: A facility must be designed to meet the needs of residents with Alzheimer's disease.

Staffing Requirements: A qualified manager must be employed by the facility and sufficiently trained staff must be available at all times to fully meet residents' identified needs.

Administrator Education/Training: The manager must be at least 21 years of age and be adequately trained to carry out duties.

Staff Education/Training: All personnel must be able to implement the programs' accident, fire safety, emergency procedures and assigned tasks.

Continuing Education (CE) Requirements: Not specified.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: A Medicaid HCBS waiver covers services through a consumer-directed attendant care agreement in assisted living programs. Although the facility applies to be a waiver provider, the actual agreement for services is established between the facility and the resident.

State: Kansas

Agency: Department of Health and Environment

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Licensure Term: Assisted Living Facilities/Residential Health Care Facilities

Opening Statement: New regulations for Adult Care Homes, in which Assisted Living Facilities are a subset, went into effect in October 1999.

Definition: An Assisted Living Facility is a place caring for six or more individuals who may need personal care and/or supervised nursing care to compensate for activities of daily living limitations.

Facility Scope of Care: Direct care staff may provide assistance with activities of daily living. Skilled nursing services are not prohibited; however, they must be limited, intermittent, or routine in scope. Wellness and health monitoring is required.

Third Party Scope of Care: The negotiated service agreement can include a provision for hospice services.

Admission/Discharge Requirements: Residents may be admitted if the facility can meet their needs. Residents will be discharged if their safety, health, or welfare is endangered. Residents with one or more of the following conditions shall not be admitted or retained, unless the negotiated service agreement includes 24-hour hospice or family support services: unmanageable incontinence; immobility; a condition requiring a two-person transfer; ongoing skilled nursing intervention needed 24 hours per day; unmanageable behavioral symptoms; and conditions requiring the use of physical restraints. Resident functional capacity screens are conducted before admission and after admission on an annual basis or upon significant change. The facility must give the resident a 30-day notice of transfer or discharge.

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

Physical Plant Requirements: Facilities consist of apartments which meet minimum dimensions as specified in the Uniform Building Code, section 1204. The apartments must contain a living area, storage area, full bath, kitchen, and lockable door. If the facility is a designated residential health care facility, the living area is not required to have a kitchen.

Residents Allowed Per Room: Not specified.

Bathroom Requirements: Not specified.

Alzheimer's Unit Requirements: In facilities that admit residents with dementia, inservice education on treatment of behavioral symptoms must be provided.

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

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

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

Continuing Education (CE) Requirements: Administrators must complete 50 hours of continuing education every two years.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: A Medicaid waiver covers services in assisted living only to residents who meet the nursing home level of care criteria. A "care plan" is used to pay for services.

State: Kentucky

Agency: Cabinet for Health Services, Office of Aging Services

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Licensure Term: Assisted Living Communities

Opening Statement: New Assisted Living Community regulations were finalized in November 2000.

Definition: Assisted Living Communities are a series of living units on the same site operated as one business entity to provide services for five or more adults.

Facility Scope of Care: Facilities may provide assistance with activities of daily living and instrumental activities of daily living, three meals a day, scheduled daily social activities and assistance with self-administration of medication.

Third Party Scope of Care: Residents may arrange for additional services under direct contract or arrangement with an outside agent, professional, provider or other individual designated by the client if permitted by the policies of the facility.

Admission/Discharge Requirements: Residents must be ambulatory or mobile nonambulatory, unless due to a temporary health condition for which health services are being provided and must not be a danger to themselves or others.

Medication Management: Medication administration is not permitted.

Physical Plant Requirements: Private and multiple-occupancy resident units in new facilities must be a minimum of 200 square feet.

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit and only by mutual agreement.

Bathroom Requirements: Each living unit in new facilities must provide a private bathroom equipped with a tub or shower. Shared bathing facilities in new facilities are also

permitted at a ratio of one bathing facility per every 5 users.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: A designated manager must be present to maintain the daily operations. One awake staff member shall be on site at all times and staffing shall be sufficient in number and qualification to meet the 24-hour scheduled and unscheduled needs of the residents.

Administrator Education/Training: Not specified.

Staff Education/Training: All staff and management must receive orientation and in-service education on topics applicable to their assigned duties.

Continuing Education (CE) Requirements: Not specified.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: No Medicaid waiver at this time.

State: Louisiana

Agency: Department of Social Services Licensing Bureau

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Licensure Term: Adult Residential Care Homes/Facilities

Opening Statement: New regulations for adult residential care homes/facilities went into effect on March 31, 1999.

Definition: Adult Residential Care Homes/Facilities are publicly or privately 24-hour operated residences that provide personal assistance, lodging, and meals for compensation to two or more adults who are unrelated to the residence licensee, owner, or director.

Facility Scope of Care: Facilities may provide personal assistance with activities of daily living and supervision of self-administered medication.

Third Party Scope of Care: Residents may provide or arrange for care in the facility. Health-related services above those allowed for by these regulations shall not be arranged for or contracted by a facility.

Admission/Discharge Requirements: Residents must be discharged if they are a danger to self or others or if the resident is transferred to another institution during which payment is not made to retain their bed at the facility. Facilities may accept or retain residents in need of additional care beyond routine personal care provided if the resident can provide or arrange for his/her own care and this care can be provided through appropriate private-duty personnel. Additionally, the level of care required in order to accommodate the resident's additional needs must not amount to continuous nursing care (e.g., does not exceed 90 days).

Medication Management: Staff may supervise the self-administration of prescription and non-prescription medication. This assistance shall be limited to reminders, cueing, opening containers, and pouring medication. Residents may contract with an outside source for medication administration; however, facilities may not contract for this service.

Physical Plant Requirements: Private resident units must be a minimum of 80 square feet and multiple-occupancy resident units must provide a minimum of 60 square feet per resident.

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

Bathroom Requirements: Common toilets, lavatories, and bathing facilities are permitted. Facilities must provide public restrooms of sufficient number and location to serve residents and visitors.

Alzheimer's Unit Requirements: If a facility accepts residents with dementia or other residents at risk of wandering, an enclosed area must be provided adjacent to the facility so that the residents may go outside safely.

Staffing Requirements: Facilities must be staffed to properly safeguard the health, safety, and welfare of the residents. At a minimum, a director, designated recreational/activity staff person, and a direct care staff person are required; however, one person may occupy more than one position.

Administrator Education/Training: Administrators must be at least 21 years of age.

Staff Education/Training: Direct-care workers must participate in in-service training each year in areas relating to: the facility's policies and procedures; emergency and evacuation procedures; residents' rights; procedures and legal requirements concerning the reporting of abuse and critical incidents; resident care services; infection control; and any specialized training to meet residents' needs.

Continuing Education (CE) Requirements: Administrators must complete 12 hours of continuing education per year in areas related to the field of geriatrics, assisted living concepts, specialized training in the population served, and/or supervisory/management techniques.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: No official Medicaid waiver at this time; however, legislation was recently passed to design a pilot project to cover adult residential care facilities for elderly Medicaid beneficiaries who no longer can live at home because they require assistance with ADLs.

State: Maine

Agency: Department of Human Services, Bureau of Medical Services, Division of Residential Care

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Licensure Term: Assisted Living Facilities/Residential Care Facilities

Opening Statement: Legislation was passed in 1996 to create a new licensure category for "assisted living." New regulations for assisted living facilities, replacing both Boarding and Adult Foster Homes, became effective May 29, 1998. Changes to these regulations are expected in 2001.

Definition: A Residential Care Facility I (6 or fewer residents) or Residential Care Facility II (7 or more residents) may provide Assisted Living Services, including housing and assistance with activities of daily living and instrumental activities of daily living.

Facility Scope of Care: Assisted living services may include, but are not limited to, personal supervision; protection from environmental hazards; assistance with activities of daily living and instrumental activities of daily living; administration of medications; and nursing services.

Third Party Scope of Care: Assisted living services may be provided indirectly through written or verbal contracts with persons, entities, or agencies.

Admission/Discharge Requirements: Residents may be discharged if the services required cannot be met by the

facility, the resident's intentional behavior results in substantial physical damage to the property, or the resident becomes a direct threat to the health or safety of others.

Medication Management: Administration of medication is permitted and includes reading labels for residents; observing residents taking their medications; checking dosage; removing the prescribed dosage; and the maintenance of a medication record for each resident. Injections may only be administered by licensed staff.

Physical Plant Requirements: Facilities must be designed to meet the special needs of the population served. Private resident units must be a minimum of 100 square feet and shared resident units must provide a minimum of 80 square feet per resident.

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

Bathroom Requirements: Shared bathrooms are permitted at a ratio of at least one toilet per six users. Shared bathing facilities are also permitted at a ratio of one bathing facility per every 15 users.

Alzheimer's Unit Requirements: All facilities with Alzheimer's/Dementia Care Units must offer special weekly activities such as gross motor, self-care, social, outdoor, spiritual, and sensory enhancement activities. The regulations require specific physical plant design for Alzheimer's units. If the facility has an Alzheimer's unit it is required to disclose certain information.

Staffing Requirements: An on-site administrator must be employed by the facility. Facilities with 10 or fewer beds are required to have, at a minimum, one responsible adult present at all times to perform resident care and provide supervision. Facilities with more than 10 beds are required to have at least two responsible adults at all times. The regulations also have specific staff-to-resident ratios, depending upon time of day.

Administrator Education/Training: Administrators must be at least 21 years of age. While providers in level I facilities need only to have sufficient education, experience, and training to meet residents' needs; level II administrators must either complete an approved training program or have a nursing home or residential facility administrator license.

Staff Education/Training: For Level II facilities, Maine requires that staff complete a six-day training course. If staff administers medications, they must complete a 24-hour medications course. Pre-service training is required for staff that work in Alzheimer's or dementia units.

Continuing Education (CE) Requirements: Administrators must complete 10 hours of continuing education per year in areas related to the care of the population served by the facility.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: A Medicaid HCBS waiver and a state plan option cover services in assisted living. A cost based reimbursement system is currently used, however, a case mix adjusted pricing system is being considered for residential care facility residents based on functional abilities and other data collected on residents.

State: Maryland

Agency: Department of Health and Mental Hygiene, Office of Health Care Quality

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Licensure Term: Assisted Living Programs

Opening Statement: The regulations for Assisted Living Programs have been in effect since January

1999. These regulations repealed all existing licensing requirements for domiciliary care homes and residential care homes.

Definition: An Assisted Living Program is a residential- or facility-based program that provides housing and supportive services, supervision, personalized assistance, health-related services, or a combination that meets the needs of residents who are unable to perform, or who need assistance in performing, the activities of daily living, or instrumental activities of daily living.

Facility Scope of Care: Facilities may provide one of three levels of care: low, moderate, or high. The levels of care are defined by varying service requirements pertaining to health and wellness, assistance with functioning, assistance with medication and treatment, management of behavioral issues, management of psychological or psychiatric conditions, and social and recreational concerns. If a facility wishes to continue to serve a resident requiring a higher level of care than that for which the facility is licensed, for more than 30 days, the facility must obtain a resident-specific waiver. A waiver requires a showing that the facility can meet the needs of the resident and not jeopardize other residents. Waivers to care for residents at the moderate and high levels are limited to 50 percent of licensed beds. Waivers to exceed the high level are limited to 20 percent of licensed beds up to 20 maximum.

Third Party Scope of Care: Home health agencies may provide services under contract with residents.

Admission/Discharge Requirements: Facilities may not admit individuals who require more than intermittent nursing care; treatment of stage three or four skin ulcers; ventilator services; skilled monitoring, testing, and aggressive adjustment of medications and treatments where there is the presence of, or risk for, a fluctuating acute condition; monitoring of a chronic medical condition that is not controllable through readily available medications and treatment; treatment for an active reportable communicable disease; or treatment for a disease or condition which requires more than contact isolation. In addition to these "seven conditions," individuals may not be admitted if they are dangerous to self or others and at high risk for health and safety complications which cannot be adequately managed. If two individuals, one requiring one of the above services in a long term or otherwise significant relationship, wish to be admitted to a program together, the Department may grant a waiver (known as the "Buddy Exception").

Medication Management: Medication may be administered by staff who complete a 16-hour medication administration course. Staff who cue, coach, and monitor residents who self-administer medications with or without assistance must watch a video produced by the Department and complete a test on the video.

Physical Plant Requirements: Private rooms must provide a minimum of 80 square feet of functional space and double occupancy rooms must provide a minimum of 120 square feet per resident.

Residents Allowed Per Room: A maximum of two residents is allowed per resident unit; however, this limit may be waived by the Department.

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

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: An assisted living manager must be on site or available on call. On-site staff must be sufficient in number and qualifications to meet the 24-hour scheduled and unscheduled needs of the residents. An alternate assisted living manager must be available when the assisted living manager is unavailable.

Administrator Education/Training: The assisted living manager must be at least 21 years of age and possess a high school diploma or equivalent.

Staff Education/Training: Staff must be at least 21 years of age (unless supervised on site at all times by another staff person who is at least 21 years of age) and must have the ability to

provide the services listed for each level of care. Staff providing delegated nursing functions (other than medication administration) must be Certified Nursing Assistants (CNAs).

Continuing Education (CE) Requirements: Not specified.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: An Medicaid HCBS waiver and a state funded program covers services in assisted living. Participants in the program must be nursing home eligible and must pass a medical rather than functional test (e.g., must need 24-hour-per-day nursing care), so it is expected that many assisted living residents may not be eligible.

State: Massachusetts

Agency: Executive Office of Elder Affairs

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Licensure Term: Assisted Living Residences

Opening Statement: Regulations have been in effect since January 1996. The Executive Office of Elder Affairs is in the process of revising the regulations. Final regulations are expected sometime in 2001.

Definition: An Assisted Living Residence is any entity that provides room and board and provides or arranges for personal care services and activities of daily living for three or more adults.

Facility Scope of Care: The facility must provide for the supervision of and assistance with activities of daily living and instrumental activities of daily living.

Third Party Scope of Care: The facility may arrange for nursing care by a certified provider of ancillary health services.

Admission/Discharge Requirements: No facility may provide, admit, or retain any resident in need of 24-hour skilled nursing care. Skilled nursing care can be provided for short-term illnesses and only by a certified provider of ancillary services or licensed hospice care provider.

Medication Management: Self-administration of medication is permitted.

Physical Plant Requirements: Facilities must provide either single- or double-occupancy resident units with lockable doors and either a kitchenette or access to cooking facilities. Units constructed after 1995 must also provide a private bathroom equipped with one lavatory, one toilet, and one bathtub or shower stall.

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

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

Alzheimer's Unit Requirements: Not specified.

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

Administrator Education/Training: The manager of a facility must be at least 21 years of age; hold a bachelors degree or have equivalent experience in human services, housing, or nursing

	home management; and have administrative experience, supervisory, and management skills.
Staff Education/Training:	Personal care staff must be licensed nurses, CNAs, certified home health aides, or qualified personal care homemakers or complete a 54-hour training course. The service coordinator must have at least two years' experience working with the elderly or disabled and must hold a bachelors degree or have equivalent experience and knowledge of aging and disability issues. All staff who have direct contact with residents must receive a six-hour orientation.
Continuing Education (CE) Requirements:	All staff must complete at least six hours of continuing education per year.
Entity Approving CE Program:	None
Medicaid Policy and Reimbursement:	A Medicaid State Plan covers personal care services.

State: Michigan

Agency:	Department of Consumer and Industry Services, Bureau of Regulatory Services
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Licensure Term:	Homes for the Aged; Adult Foster Care
Opening Statement:	CIS has gained approval to amend the current HFA adminstrative rules. Recommendations related to improvement of these rules must be submitted by March 30, 2001. Effective January 9, 2001, the governor signed into law PA 437 which contained language prohibiting MDCIS from ordering the removal of a HFA resident if the resident's family, physician, and the facility's owner, operator, and governing body consent to the resident's continued stay and agree to cooperate in providing the needed level of care. Effective January 31, 2001, all AFC interpretative guidelines have been rescinded, taking consultants back to reviewing and inspecting AFC's based purely on the letter of the rules. CIS determined that these guidelines in many cases changed the essence of the rule.
Definition:	A Home for the Aged is a supervised personal care facility, other than a hotel, adult foster care facility, hospital, nursing home, or county medical care facility that provides room, board, and supervised personal care to 21 or more unrelated, nontransient individuals who are 60 years of age or older. Adult Foster Care homes are residential settings that provide 24-hour personal care, protection, and supervisions for individuals who are developmentally disabled, mentally ill, physically handicapped or aged who cannot live alone but who do not need continous nursing care.
Facility Scope of Care:	HFA's may provide assistance with activities of daily living. AFC services include supervision, protection, personal care, medication administration, social activities, and assistance with instrumental activities of daily living.
Third Party Scope of Care:	If a hospice agency comes into the facility, it must be available to assess, plan, monitor, direct, and evaluate the resident's care in conjunction with the resident's physician and in cooperation with the facility. Adequate and appropriate care must be provided without jeopardizing other residents' care.
Admission/Discharge Requirements:	Facilities may not admit persons requiring nursing care beyond the services provided by a home health agency or persons with a mental condition that is disturbing to other residents or personnel. Residents with serious mental disturbances or who require intensive or 24-hour nursing care must be transferred from the facility. Effective 1/09/2001, Michigan's Governor singed into law PA 437 prohibiting MDCIS from ordering the removal of a HFA resident if the resident's family, physician and the facility's owner, operator, and

	governing body consent to the resident's continued stay and agree to cooperate in providing the needed level of care.
Medication Management:	HFA- Medication management is not addressed in the HFA rules. Common practice derived from the nurse practice act include- if the facility decides to administer medication, it must have a safe and sound medication administration system to protect residents from accidents or injuries from improper, inappropriate, or unsafe medication administration. Only licensed personnel can accept verbal medication orders from physicians. LPNs may administer injectible medication and RNs may delegate nursing function (e.g., insulin injections) to unlicensed personnel. Trained, unlicensed personnel may also assist residents who self-administer medication. AFC- A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other health care professional with regard to medications.
Physical Plant Requirements:	HFA- Private resident units must be a minimum of 80 square feet for existing buildings and 100 square feet for new construction. Multiple-occupancy resident units must provide a minimum of 70 square feet per resident for existing buildings and 80 square feet per resident for new construction. AFC- A single bedroom must have at least 80 square feet of usable floor space. A multi-bed room must have at least 65 square feet of usable floor space per bed. A maximum of 2 beds are allowed per bedroom unless the facility has been continously licensed since the effective date of the rules or unless the resident (or the responsible party) has agreed to reside in the multi-occupancy room, the home is in compliance with all state fire safety and environmetal standards, and the bedroom provides no less than 70 square feet (65 square feet from homes licensed on or before December 31, 1976) of usable floor space per bed.
Residents Allowed Per Room:	HFA- A resident room shall have not more than 4 beds. Certain square footage requirements exist based on the number of occupants. AFC- A maximum of 2 beds shall be allowed in any multi-occupancy bedroom except those licensees and homes that were licensed on the effective date of these rules and that have had licenses in continous effect in which case a maximum of 4 beds shall be allowed. Certain square footage requirements exist based on the number of occupants.
Bathroom Requirements:	HFA- One lavatory and water closet for every 8 resident beds per floor. A bathing facility shall be provided for every 15 residents. AFC- A home shall have a minimum of 1 toilet, 1 lavatory, and 1 bathing facility for every 8 occupants of the home. At least 1 toilet and 1 lavatory that are available for resident use shall be provided on each floor that has resident bedrooms.
Alzheimer's Unit Requirements:	HFA & AFC- Facilities that advertise or market themselves as providing specialized Alzheimer's care are to provide prospective resident families with a written description of the care and services provided.
Staffing Requirements:	HFA- A sufficient number of attendant personnel shall be on duty on each shift to assist residents with their personal care under the direction of the supervisor of resident care. AFC- There must be 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 care agreement and assessment plan. In homes with 13 to 20 residents there shall be no less than one staff to 15 resdients during waking hours and one staff to 20 residents during normal sleeping hours. For facilties with 12 or fewer residents there will be no less than one staff per 12 residents.
Administrator Education/Training:	HFA- Administrators must be competent and at least 21 years of age. AFC- Administrators must have at least one year of experience working with persons who are mentally ill, developmentally disabled, physically handicapped, or aged. Both the licensee of the home and the administrator must complete either 16 hours of training approved by MDCIS or 6 hours at an accredited college or university in an area approved by MDCIS.
Staff Education/Training:	HFA- All staff in supervisory positions must be at least 21 years of age. All staff must go through training to learn how to work with the population for which they are caring. AFC- The licensee or administrator must provide in-service trainaing or make training available through other sources for direct care staff in the following areas: reporting requirements, first aid, CPR,

	personal care, supervision, protection, resident rights, safety and fire prevention, prevention and containment of communicable diseases.
Continuing Education (CE) Requirements:	HFA- none. AFC- Both the licensee of the home and the administrator must complete either 16 hours of training approved by MDCIS or 6 hours at an accredited college or university in an area approved by MDCIS..
Entity Approving CE Program:	HFA- None; AFC- MDCIS
Medicaid Policy and Reimbursement:	A Medicaid waiver covers services in personal care through a state plan.

State: Minnesota

Agency:	Department of Health
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Licensure Term:	Housing with Services Establishments
Opening Statement:	In 1995, the legislature separated housing from services, requiring a facility to obtain a home care license in order to provide health-related services (e.g. medication administration). Minnesota then created a registration category called Housing with Services Establishments that applies to facilities that provide sleeping accommodations to residents ages 55 or older and one or more health-related services or two or more supportive services. Minnesota has a number of home health licensure categories, including the "Assisted Living Home Care Provider" category which is most appropriate for this setting.
Definition:	Housing with Services Establishments provide sleeping accommodations to one or more adult residents, at least 80 percent of whom are 55 years of age or older. These facilities offer or provide, for a fee, one or more regularly scheduled health-related services or two or more regularly scheduled supportive services.
Facility Scope of Care:	The facility may only provide housing and either food, social services, or transportation to non-medical appointments and arrangements for medical health-related services.
Third Party Scope of Care:	The establishment may contract with a fully licensed home care agency or use its own fully licensed home care agency to provide assistance with activities of daily living, arrange for health-related, supportive, and medical services (e.g., professional nursing services, home health aide and care tasks, central storage of medication).
Admission/Discharge Requirements:	Providers must reference federal and local laws such as the Fair Housing Act, Americans with Disabilities Act, and Local Vulnerable Adult Act.
Medication Management:	Home care licensure laws must be followed.
Physical Plant Requirements:	Facilities must comply with local building codes. There are no specific square footage requirements specified in the regulations.
Residents Allowed Per Room:	Not specified.
Bathroom Requirements:	Not specified.
Alzheimer's Unit Requirements:	Not specified.
Staffing Requirements:	Not specified.
Administrator Education/Training:	Not specified.

Staff Education/Training: Not specified.

Continuing Education (CE) Requirements: Not specified.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: A Medicaid HCBS waiver covers services in assisted living.

State: Mississippi

Agency: Department of Health, Health Facilities Licensure and Certification Division

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Licensure Term: Personal Care Homes

Opening Statement: New regulations for Personal Care Homes went into effect in March 2000.

Definition: Personal Care Homes are licensed facilities that provide assistance to residents in performing one or more of the activities of daily living, including but not limited to bathing, walking, excretory functions, feeding, personal grooming and dressing.

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

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

Admission/Discharge Requirements: Level II facilities may only admit persons who are ambulatory; on a regular diet; continent of bowel and bladder; non-violent to self and others; not in need of care beyond the capabilities of a licensed facility; and free from communicable disease. Residents may require oral medication assistance and/or medication monitoring. Level I facilities may admit persons who are ambulatory; on a therapeutic diet; continent of bowel and bladder (which may include a toilet training program); non-violent to self and others; not in need of care beyond the capabilities of a licensed facility; free from communicable disease; and in need of oral, subcutaneous, or intramuscular prescription medication administration.

Medication Management: Facilities may monitor the self-administration of medication. Only licensed personnel are allowed to administer medication.

Physical Plant Requirements: Private and shared resident units must provide a minimum of 80 square feet per resident.

Residents Allowed Per Room: A maximum of four residents is allowed per resident unit.

Bathroom Requirements: Separate toilet and bathing facilities must be provided on each floor for each sex in the following ratios as a minimum: one bathtub/shower for every 12 or fewer residents; and one lavatory and one toilet for every 6 or fewer residents.

Alzheimer's Unit Requirements: Only Level I facilities may establish a separate Alzheimer's/Dementia Care Units for no more than 24 residents (more than one unit per licensed facility is allowed). A RN or LPN must be present on all shifts and a minimum of two staff members must be on the unit at all times. Facilities are only permitted to house persons with up to stage II Alzheimer's disease.

Staffing Requirements: A full-time operator must be designated to manage the facility. Detailed staffing ratios apply (e.g., in a Level I facility there must be one attendant per

10 residents from 7:00 a.m. to 3:00 p.m.).

Administrator Education/Training: Operators must be at least 21 years of age and must be able to read and write.

Staff Education/Training: Direct care staff must be at least 18 years of age and shall receive training on a quarterly basis on topics and issues related to the population being served.

Continuing Education (CE) Requirements: Not specified.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: No Medicaid waiver at this time; however, the state has applied for a waiver to cover services in personal care homes.

State: Missouri

Agency: Department of Social Services

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Licensure Term: Residential Care Facilities

Opening Statement: Legislation was passed in May 1999 to revise the current Residential Care Facilities regulations. In January 2001, emergency regulations for Residential Care Facilities II went into effect, allowing this level of facility to keep residents who are mentally incapable of negotiating a path to safety due to Alzheimer's disease or dementia if they complied with extra requirements for staff training, physical plant, etc.

Definition: Residential Care Facilities I and II provide three or more residents with shelter, board, and protective oversight. In addition to these, level II facilities provide supervision and assistance with personal care.

Facility Scope of Care: Residential Care Facilities I and II may provide shelter, board, protective oversight, and care during short-term illness or recuperation. Residential Care Facilities II may provide additional services such as dietary supervision, personal care assistance, and supervision of health care under the direction of a licensed physician.

Third Party Scope of Care: Home health services may be provided in facilities.

Admission/Discharge Requirements: All residents must be physically and mentally capable of evacuation and must be discharged if their needs cannot be met by the facility. Residents may remain in the facility if they are temporarily incapacitated, for a period not to exceed 45 days. There is a movement in the legislature to allow mentally incapacitated residents to remain in facilities longer, under the condition that the facility have higher staff-to-resident ratios.

Medication Management: Administration of medication by licensed or certified personnel is permitted.

Physical Plant Requirements: Private and shared resident units must provide a minimum of 70 square feet per resident.

Residents Allowed Per Room: A maximum of four residents is allowed per resident unit.

Bathroom Requirements: Shared bathrooms are permitted. One tub or shower must be provided for every 20 residents and one toilet and lavatory must be provided for every six residents.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: An administrator must be employed by the facility and one staff member must be on duty at all times. At a minimum, one employee must be on duty for every

40 residents.

Administrator Education/Training: The administrator of a level II facility must be a licensed nursing home administrator. In a level I facility, the administrator must either be a licensed nursing home administrator or attend at least one continuing education workshop per year. All administrators must complete a course in medication administration.

Staff Education/Training: Staff who administer medication must be certified as a level I Medication Aide, which requires the completion of a 16-hour approved course.

Continuing Education (CE) Requirements: Not specified.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: A Medicaid state plan covers personal care and advanced personal care services in residential care facilities.

State: Montana

Agency: Department of Public Health and Human Services, Quality Assurance Division

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Licensure Term: Personal Care Facilities

Opening Statement: The regulations were last updated in June 1995.

Definition: A Personal Care Facility is a home or institution that is licensed to provide personal care to either six or more residents (category A) or fewer than six residents (category B). A limited provision of skilled nursing services is allowed in category A facilities while full services are allowed in category B facilities.

Facility Scope of Care: Category A facilities must provide assistance with activities of daily living and skilled nursing care by contract with a third-party provider. Category B facilities may provide skilled nursing care and assistance with activities of daily living.

Third Party Scope of Care: Third-party providers are permitted to provide skilled nursing care in category A facilities.

Admission/Discharge Requirements: Residents in category A facilities may obtain third-party provider skilled nursing services for no more than 20 consecutive days "at a time" and residents of category B facilities must have a signed statement from their physicians agreeing to their admission to the facility if the residents are in need of skilled nursing care, in need of restraints, non-ambulatory or bedridden, incontinent, or unable to self-administer medication. In category A facilities, an annual review of residents receiving skilled nursing care must be done by an independent licensed professional. A quarterly review of residents must be completed in category B facilities.

Medication Management: Residents who self-medicate must be supervised by facility staff.

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

Residents Allowed Per Room: A maximum of four residents is allowed per resident unit.

Bathroom Requirements: Common toilet, bathing, and lavatory facilities are permitted. In addition, each resident must have access to a toilet room without entering another resident's room or the kitchen, dining, or living areas.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: An administrator must be employed by the facility and at least one staff member must be present on a 24-hour basis. Adequate staff must be present to meet the needs of the residents.

Administrator Education/Training: Administrators must have a high school diploma or GED.

Staff Education/Training: Owners of facilities must make sure that uncertified aides receive proper on-the-job orientation and training.

Continuing Education (CE) Requirements: Administrators must complete at least six hours of continuing education per year. If aides are certified, they must receive 15 hours of continuing education per year.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: A Medicaid HCBS waiver covers services in personal care facilities.

State: Nebraska

Agency: Department of Health and Human Services, Division of Regulations and Licensure

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Licensure Term: Assisted Living Facilities

Opening Statement: Revisions to the regulations were made in January 2001.

Definition: Assisted Living Facilities provide shelter, food and care for remuneration for a period of more than 24 consecutive hours to four or more persons who require or request such services due to age, illness or physical disability.

Facility Scope of Care: The facility may provide personal care, health maintenance activities (i.e., non-complex nursing interventions which can safely be performed according to exact directions), transportation, laundry, housekeeping, financial assistance/management, behavioral management, case management, shopping, beauty/barber, and spiritual services.

Third Party Scope of Care: If residents assume responsibility, they may arrange for care through a licensed home health or hospice agency or appropriate private duty personnel.

Admission/Discharge Requirements: Residents requiring complex nursing interventions or whose conditions are not stable or predictable will not be admitted, readmitted, or retained by the facility unless the resident has sufficient mental ability to understand the situation; assumes responsibility for arranging for care from a third party; or has care needs that do not compromise the facility operations or create a danger to others in the facility.

Medication Management: Residents may self-administer medications. When medication administration is provided by the facility, it must be administered by licensed staff or medication assistants approved by the Department.

Physical Plant Requirements: In existing facilities, private resident units must be a minimum of 80 square feet and double-occupancy units must provide a minimum of 60 square feet per resident. In new facilities, private resident units must be a minimum of 100 square feet and double-occupancy units must be a minimum of 160 square feet.

Residents Allowed Per Room: In existing facilities, a maximum of four residents is allowed per resident unit. In new facilities, a maximum of two residents is allowed per resident unit.

Bathroom Requirements: Facilities must provide a bathing facility adjacent to each room or central bathing facilities. In existing facilities, at least one bathing facility must be provided for every 16 residents. In new facilities, one bathing facility must be provided for every eight residents.

Alzheimer's Unit Requirements: Facilities serving special populations must assess each resident to identify his/her abilities and needs, provide specially trained staff, prepare service agreements, and provide a physical environment that conforms to and accommodates the special needs.

Staffing Requirements: The facility must have an administrator who is responsible for the overall management of the facility and who shall ensure staffing appropriate to meet the needs of the residents.

Administrator Education/Training: Not specified.

Staff Education/Training: Direct-care staff must complete an initial orientation and ongoing training.

Continuing Education (CE) Requirements: All staff must complete at least 12 hours of continuing education per year on topics appropriate to the employee's job duties, including meeting the physical and mental special care needs of residents in the facility.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: A Medicaid waiver covers services in assisted living.

State: Nevada

Agency: Division of Health, Bureau of Licensure and Certification

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Licensure Term: Residential Facilities for Groups

Opening Statement: Regulations for Residential Facilities for Groups have been in effect since October 1997 and were revised in 1999 to meet new state statutes. The regulations establish care categories I and II. Care category I residents are ambulatory and can evacuate with minimal assistance in the event of a fire. Only one wheelchair-bound resident is permitted in unsprinklered facilities in this category. Care category II residents are physically or mentally incapable of evacuation and require the assistance of another person.

Definition: A Residential Facility for Groups furnishes food, shelter, assistance, and limited supervision to an aged, infirm, mentally retarded, or disabled person on a 24-hour basis.

Facility Scope of Care: Facilities must provide residents with assistance with activities of daily living and protective supervision as needed. Facilities must also provide nutritious meals and snacks, laundry, and housekeeping and must meet the needs of the residents. Facilities must provide 24-hour supervision.

Third Party Scope of Care: Home health and hospice agencies may provide services under contract with residents and medical treatment must be provided by medical professionals who are trained to provide that service.

Admission/Discharge Requirements: Facilities may not admit or retains persons who are bedfast; require chemical or physical restraints; require confinement in locked quarters; require skilled nursing or other medical supervision on a 24-hour basis; require gastrostomy care; or have complex medical needs or conditions (e.g., colostomy or ileostomy care, use of an indwelling catheter).

Medication Management: Direct care staff may administer medication (except injections) upon the completion of an approved training program and passing of an exam.

Physical Plant Requirements: Private resident units must be a minimum of 80 square feet and shared resident units must provide a minimum of 60 square feet of floor space per resident.

Residents Allowed Per Room: A maximum of three residents is allowed per resident unit.

Bathroom Requirements: A toilet and lavatory must be provided for every four residents and a tub or shower must be provided for every six residents.

Alzheimer's Unit Requirements: Eight hours of training is required for staff supervising residents with Alzheimer's. Locked quarters are allowed in Alzheimer's units. In addition, alarms, buzzers, horns, or other audible devices activated when a door is opened are to be installed on all exit doors. At least one member of the staff must be awake and on duty at all times.

Staffing Requirements: An administrator and a sufficient number of caregivers must be employed by the facility. Facilities with more than 20 residents shall ensure that at least one employee is awake and on duty at all times.

Administrator Education/Training: Administrators must be licensed by the Nevada state board of examiners for administrators of facilities for long term care. An administrator for an Alzheimer's facility must have three years experience in caring for residents with Alzheimer's disease or related dementia.

Staff Education/Training: Caregivers must be at least 18 years of age; have personal qualities enabling them to understand the problems of the aged and disabled; be able to read, write, speak, and understand English; and possess knowledge, skills, and abilities to meet residents' needs.

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

Entity Approving CE Program: Bureau of Licensure and Certification

Medicaid Policy and Reimbursement: A Medicaid HCBS waiver covers personal care services in group residential settings.

State: New Hampshire

Agency: Department of Health and Human Services, Office of Program Support, Health Facilities Administration

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Licensure Term: Residential Care Home Facilities

Opening Statement: New Assisted Living Facility regulations are being developed and are expected to be finalized by Fall 2001. The new regulations will reflect the fact that nursing home eligible residents may remain in Assisted Living Facilities if appropriate care and services are provided.

Definition: Residential Care Home Facilities are non-medical and non-institutional; public or privately owned and operated; or community-based living arrangements providing shelter, food, and protective oversight to a population of adult, elderly, disabled, special needs, and/or special care residents.

Facility Scope of Care: Facilities may provide protective services including supervision of activities of daily living, nutrition, and medication.

Third Party Scope of Care: If a resident's health status changes permanently to non-mobile or the resident requires ongoing medical or nursing care, a licensed home health care provider may enter a facility for a maximum of 14 days.

Admission/Discharge Requirements: Facilities may only admit persons who are mobile and can self-evacuate; able to initiate and accomplish most activities of daily living but who may require supervision and physical assistance; and are not in need of nursing care or monitoring except for temporary episodic illness.

Medication Management: Residents must be able to self-administer medications; however, staff may supervise.

Physical Plant Requirements: Private resident units must be a minimum of 80 square feet and shared resident units must be a minimum of 140 square feet.

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

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

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: All facilities must employ a full-time administrator who is responsible for its day-to-day operation. Personnel levels are determined by the administrator based on the services required by residents and the size of the facility (e.g., at least one staff member must be on duty at all times when there are more than four residents in the facility).

Administrator Education/Training: Administrators must be at least 21 years of age and have three letters of reference attesting to their knowledge, skills, and ability to run a facility. Administrators of facilities with four to 16 residents must also have a high school diploma or equivalent plus one year of work experience in a health or human services field, or an associates degree in a health field. Administrators of facilities with 17 or more residents must additionally have a high school diploma plus five years of direct care experience, an associate's degree plus three years experience in a health or human services field, or a bachelor's degree in a health field.

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

Continuing Education (CE) Requirements: Administrators must complete a minimum of 12 hours of continuing education per year relating to resident plan of care; characteristics of client disabilities; nutrition, basic hygiene, and dental care; first aid; medication management; dementia; resident assessment; aging; and resident rights.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: A Medicaid waiver covers services in assisted living.

State: New Jersey

Agency: Department of Health, Division of Long Term Care Systems, Development and Quality

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Licensure Term: Assisted Living Residences/Comprehensive Personal Care Homes and Assisted Living Programs

Opening Statement: New regulations (with no major revisions) went into effect November 1999.

Definition: An Assisted Living Residence provides apartment-style housing and congregate dining and assures that assisted living services are available when needed, for four or more adult persons. There are three categories of assisted living: Assisted Living Residences (new construction), Comprehensive Personal Care Homes (converted/residential boarding home which may not meet all building code requirements) and Assisted Living Programs (services provided).

Facility Scope of Care: Facilities provide a coordinated array of supportive personal and health services 24 hours per day, including assistance with personal care, nursing, pharmacy, dining, activities, recreational, and social work services to meet the individual needs of each resident.

Third Party Scope of Care: Facilities may contract with licensed home health agencies.

Admission/Discharge Requirements: New Jersey has no entry requirements or restrictions. Mandatory discharge is required if a resident requires specialized long term care, such as respirators, ventilators, or severe behavior management. Facilities may specify other discharge requirements, such as if the resident is: bedridden for more than 14 consecutive days; requires 24-hour nursing supervision; is totally dependent on assistance with four or more activities of daily living; or is a danger to self or others, etc.

Medication Management: Staff who have completed a medication aid course and passed a certifying exam are permitted to administer medication to residents under the delegation of an RN. The only injections allowed in this case are predrawn insulin injections.

Physical Plant Requirements: Private resident units must provide a minimum of 150 square feet of clear and usable floor area and semi-private resident units must provide a minimum of 80 square feet of clear floor area per resident.

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

Bathroom Requirements: Bathrooms may be shared but a bathroom with a toilet, bathtub/shower, and sink must be located in each resident unit. Additional toilet facilities must be provided to meet the needs of residents, staff, and visitors to the facility.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: Staffing must be sufficient to meet residents' needs. At least one awake personal care assistant and one additional employee must be on site 24 hours per day. An RN must be available 24 hours per day.

Administrator Education/Training: Administrators must be at least 21 years of age and possess a high school diploma or equivalent. Administrators must also either hold a current New Jersey license as a nursing home administrator, be eligible to take the exam to become a licensed nursing home administrator, or complete an approved training course and examination.

Staff Education/Training: Personal care assistants must either successfully complete an approved nurse aide training course, an approved homemaker/home health aide training program, or other equivalent approved training program.

Continuing Education (CE) Requirements: Administrators must complete a minimum of 20 hours of continuing education every two years relating to assisted living concepts and related topics. Personal care assistants must complete at least 20 hours every two years of continuing education in assisted living concepts and related topics including cognitive and physical impairment and dementia. Medication aides must complete an additional 10 hours of continuing education related to medication administration and elderly drug use every two years.

Entity Approving CE Program: The New Jersey Nursing Home Administrators Licensing Board approves courses.

Medicaid Policy and Reimbursement: A Medicaid HCBS waiver covers services in assisted living.

State: New Mexico

Agency: Department of Health, Health Facilities Licensing and Certification Bureau

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Licensure Term:	Adult Residential Care Facilities
Opening Statement:	The regulations became effective April 1997 and were last updated August 31, 2000.
Definition:	An Adult Residential Care Facility provides programmatic services, room, board, assistance with one or more activities of daily living, and/or general supervision to two or more adults who have difficulty living independently or managing their own affairs.
Facility Scope of Care:	The facility may provide assistance with activities of daily living and periodic professional nursing care for adults with physical or mental disabilities.
Third Party Scope of Care:	If a resident is determined to require nursing care, an Individual Service Plan is developed and reviewed by a licensed nurse at least every six months. Home health agencies may offer care as needed for periods of less than 24 hours per day.
Admission/Discharge Requirements:	Facilities may not retain residents requiring continuous nursing care, which may include, but is not limited to, the following conditions: ventilator dependency; stage three or four pressure sores; or any condition requiring either chemical or physical restraints, etc.
Medication Management:	Licensed health care professionals are responsible for the administration of medications. If a resident gives written consent, trained facility staff may assist a resident with medications.
Physical Plant Requirements:	Private resident units must be a minimum of 100 square feet and semi-private resident units must provide a minimum of 80 square feet of floor space per resident.
Residents Allowed Per Room:	A maximum of two residents is allowed per resident unit.
Bathroom Requirements:	A minimum of one toilet, sink, and bathing unit must be provided for every eight residents.
Alzheimer's Unit Requirements:	Not specified. However, in the facility's program description and outline of services, it must be specified that it provides care that meets the needs of the residents.
Staffing Requirements:	The minimum staff-to-resident ratio is one staff person to 15 or fewer awake residents. When residents are sleeping, there must be one direct care worker for 15 or fewer residents; one direct care worker and one staff person for 16-60 residents; two direct care workers and one staff person to every 61-120 residents; and at least three direct care workers and one staff person to every 120 or more residents.
Administrator Education/Training:	Administrators must be at least 21 years of age, possess management and administrative skills, and have a high school diploma or equivalent.
Staff Education/Training:	Direct care staff must be at least 18 years of age and have adequate education, training, or experience to provide for the needs of residents. Staff are required to complete ongoing training programs relating to fire safety; first aid; safe food handling practices; confidentiality of records and resident information; infection control; resident rights; reporting requirements for abuse, neglect, and exploitation; transportation safety for assisting residents and operating vehicles to transport residents; and providing quality resident care based on current resident needs.
Continuing Education (CE) Requirements:	Not specified.
Entity Approving CE Program:	None

Medicaid Policy and Reimbursement: A Medicaid HCBS waiver covers services in assisted living. The waiver payment for assisted living services is a flat rate.

State: New York

Agency: Department of Health

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Licensure Term: Assisted Living Programs

Opening Statement: A complete review of the multiple regulations and categories is still underway in New York. The Governor's Program Bill from the 2000 legislative session did not pass, but could be re-introduced in 2001.

Definition: Assisted Living Programs use existing licensure categories. In order to receive state payment under the assisted living program, a provider must be licensed as an adult home or enriched housing program and be licensed as or contract with a certified home health care agency or a long term home health care program. For the purposes of this summary, the definitions of these categories are as follows: 1) Assisted Living Programs combine residential and home care services. They are designed as an alternative to nursing home placement for individuals who have historically been admitted to nursing homes for social rather than medical reasons. Programs must provide or arrange for resident services, including room, board, housekeeping, supervision, personal care, case management, and home health services. 2) Enriched Housing Programs provide long term residential care to five or more adults (mostly age 65 years of age or older), in community integrated settings resembling independent housing units and must provide or arrange for room, board, housekeeping, personal care, and supervision. 3) Adult Care Homes provide long term residential care, room, board, housekeeping, personal care, and supervision to five or more adults.

Facility Scope of Care: Adult Care Homes and Enriched Housing Programs can provide supervision, personal care, housekeeping, case management, activities, food service, and assistance with medication.

Third Party Scope of Care: Facilities may contract with a home health agency or a long term home health care program.

Admission/Discharge Requirements: Residents who have stable medical conditions and are capable of self-preservation with assistance may be admitted. Persons may not be admitted who need continuous nursing care; are chronically bedfast or chairfast; or are cognitively, physically, or mentally impaired to the point that the resident's safety or safety of others is compromised.

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

Physical Plant Requirements: Assisted Living Programs must comply with the relevant requirements under which the contracting facility is licensed. Enriched Housing Programs must provide single occupancy units, unless residents want to share. Adult Care Homes may provide either single- or double-occupancy resident units.

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

Bathroom Requirements: Enriched Housing Programs must provide a toilet, lavatory, shower, or tub for every three residents. Adult Care Homes must provide one toilet and lavatory for every six residents and one tub/shower for every 10 residents.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: Adult Care Homes must have a case manager and have staffing that is sufficient to provide the care needed by residents. The regulations list specific staffing ratios (e.g., one staff person for one to 40 residents during the day, evening, and night).

Administrator Education/Training: Administrators generally must be at least 21 years of age, have a master's degree in social work and one year experience, or a bachelor's degree and three years of acceptable experience. Requirements for administrators varies further based on the number of residents in the facility.

Staff Education/Training: Personal care staff of a home health agency must complete a personal care aide or home health aide training course or other approved examination. Enriched housing programs and Adult Care Homes must provide an orientation and in-service training in the characteristics and needs of the population served, resident rights, program rules and regulations, duties and responsibilities of all staff, general and specific responsibilities of the individual being trained, and emergency procedures.

Continuing Education (CE) Requirements: Administrators not holding a current New York license as a nursing home administrator must complete a minimum of 60 hours of continuing education every two years.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: No Medicaid waiver at this time; however, legislation authorizing a Medicaid HCBS waiver is pending. Assisted Living Programs receive Medicaid from a state plan amendment.

State: North Carolina

Agency: Department of Health and Human Services, Division of Facility Services

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Licensure Term: Assisted Living Residences

Opening Statement: Legislation passed in July 1995 establishing an umbrella term of "assisted living" that includes "adult care homes" and "Multi-Unit Assisted Housing with Services" (MAHS).

Definition: Assisted Living Residences provide group housing with at least one meal per day and housekeeping. Personal care services are provided by agreement with a licensed home care or hospice agency or by facility staff if licensed as an Adult Care Home. There are two types of assisted living residences: MAHS and Adult Care Homes. Adult Care Homes are further categorized as Family Care (housing two to six residents), Group Homes for Developmentally Disabled Adults (housing two to nine developmentally disabled adult residents), and Adult Care Homes (housing seven or more residents). This summary briefly discusses the differences between the two types of Assisted Living Residences.

Facility Scope of Care: In a MAHS, housing and assistance with coordination of personal and health care services through licensed home care agencies is permitted. In Adult Care Homes, housing, personal care, and some specified health care services may be provided by staff or through licensed home care agencies. Adult Care Homes also have a requirement for 24-hour staff monitoring and supervision of residents.

Third Party Scope of Care: In a MAHS, personal care and nursing services are provided through agencies licensed by the Department of Health and Human Services. Hospice care and

home health care may be requested by the resident and provided in all assisted living residences. MAHS management must have an arrangement with at least one licensed agency to meet the scheduled needs of residents and residents may choose the agency.

Admission/Discharge Requirements: MAHS providers are not permitted to care for residents who require (on a consistent basis) 24-hour supervision, have one of a wide variety of specific conditions (e.g., nasogastric tubes), depend on assistance with four or more activities of daily living, or have stage three and four pressure ulcers. In Adult Care Homes, a more mentally or physically dependent population is housed and 24-hour supervision and assistance with scheduled and unscheduled personal needs is required. A 30-day discharge notice by the facility is required in Adult Care Homes and residents have the right to appeal.

Medication Management: In a MAHS, assistance with self-administration of medications may be provided by appropriately trained staff when delegated by a licensed nurse. Adult Care Homes require that medications be administered by staff whose competency is validated by a RN and who pass a written exam.

Physical Plant Requirements: In Adult Care Homes, private resident units must be a minimum of 100 square feet and shared resident units must provide a minimum of 80 square feet per resident.

Residents Allowed Per Room: In Adult Care Homes, a maximum of four residents is allowed per resident unit.

Bathroom Requirements: Shared bathroom and toilet facilities are permitted in Adult Care Homes as long as one toilet and hand lavatory is provided for every five residents and a tub or shower is provided for every 10 residents.

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

Staffing Requirements: Staffing requirements in Adult Care Homes vary depending upon the numbers of residents (e.g., facilities with 12 or fewer residents must ensure that an administrator or supervisor-in-charge is in the facility or within 500 feet of the facility and immediately available). Supervisors of aides are required for facilities with 31+ residents. Administrators must be on site five days a week for a minimum of 40 hours in facilities with 81+ residents.

Administrator Education/Training: Family Care Home administrators must complete an exam and an approved on the job training program or have appropriate education, training, and experience. Adult Care Home Administrators must be certified by the state which includes specific training.

Staff Education/Training: Staff in Adult Care Homes who perform or directly supervise staff who perform personal care tasks must complete either a 45-hour or 80-hour training program, depending upon the level of care tasks for which they are responsible.

Continuing Education (CE) Requirements: All administrators must complete 15 hours of continuing education per year and supervisors in charge must complete 12 hours of continuing education per year. Medical technicians and their supervisors must complete six hours of continuing education per year while special care unit staff must complete 12 hours of continuing education per year.

Entity Approving CE Program: There is an internal approval system for adult care facilities with an application process.

Medicaid Policy and Reimbursement: A state plan service through Medicaid covers personal care services in adult care homes.

State: North Dakota

Agency: Department of Health, Division of Health Facilities

Phone Number: 701/328-2352

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Licensure Term:	Basic Care Facilities
Opening Statement:	North Dakota is conducting pilot projects with the intent of reforming current policy. Because the legislature meets biannually, changes to the regulations are not expected to become effective until 2001.
Definition:	A Basic Care Facility provides room and board to five or more individuals who, because of impaired capacity for independent living, require health, social, or personal care services, but do not require regular 24-hour medical or nursing services.
Facility Scope of Care:	The facility may provide assistance with activities of daily living defined as prompting, encouragement, or minimal hands-on assistance. It must provide personal care services to assist residents to attain and maintain their highest level of functioning consistent with the resident assessments and care plans.
Third Party Scope of Care:	Home health agencies may provide services under contract with residents.
Admission/Discharge Requirements:	Residents must be physically and mentally capable of evacuating with minimal assistance, capable of independent transfer, may not require physical or chemical restraints, or be dependent in any activities of daily living.
Medication Management:	Unlicensed staff may administer medication except for "as needed" controlled prescription drugs. In Spring 1997, a medication administration bill was passed allowing for the administration of limited medications by unlicensed personnel. This provision requires training and monitoring for those personnel where care is provided by the supervision of a RN.
Physical Plant Requirements:	Private resident units must be a minimum of 100 square feet; semi-private resident units must provide a minimum of 80 square feet per resident; and multiple-occupancy resident units must provide a minimum of 70 square feet per resident.
Residents Allowed Per Room:	A maximum of four residents is allowed per resident unit.
Bathroom Requirements:	Common toilets, lavatories, and bathing facilities are permitted.
Alzheimer's Unit Requirements:	Not specified.
Staffing Requirements:	Staff must be available 24 hours per day to meet the needs of the residents.
Administrator Education/Training:	Not specified.
Staff Education/Training:	Personal care aides must have in-service training.
Continuing Education (CE) Requirements:	Administrators must complete at least 12 hours of continuing education per year relating to care and services for residents.
Entity Approving CE Program:	None
Medicaid Policy and Reimbursement:	A Medicaid HCBS waiver covers services for adult day care and respite care in basic care facilities.

State: Ohio

Agency:	Department of Job and Family Services
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Licensure Term:	Residential Care Facilities
Opening Statement:	Residential Care Facilities (formerly known as Rest Homes) regulations were amended in June 1997.
Definition:	Residential Care Facilities provide accommodations for 16 or more unrelated individuals; supervision and personal care services for three or more of those individuals who are dependent on the services of others by reason of age or physical or mental impairment; or accommodations for three or more individuals and skilled nursing care services for at least one individual.
Facility Scope of Care:	Facilities provide supervision, personal care services, administer medication, supervise special diets, and perform dressing changes. Facilities may also provide up to 120 days of nursing services on a part-time, intermittent basis.
Third Party Scope of Care:	Skilled nursing services may be provided by a licensed hospice agency or certified home health agency.
Admission/Discharge Requirements:	Facilities may admit or retain individuals who require skilled nursing care beyond the supervision of special diets, application of dressings, or administration of medication only if the care is on a part-time/intermittent basis for not more than a total of 120 days in any 12-month period.
Medication Management:	Residents must either be capable of self-administering medications or the facility must provide for medication administration by a home health agency, hospice, or qualified staff person (e.g., RN, LPN, and physician). Trained, unlicensed staff may assist with self-administration only if the resident is mentally alert and able to participate in the medication process. Assistance includes reminders, observing, handing medications to the resident, and verifying the resident's name on the label, etc. An RN, LPN, or physician must be on duty when medications are being administered.
Physical Plant Requirements:	Private resident units must be a minimum of 100 square feet and multiple-occupancy resident units must provide a minimum of 80 square feet per resident.
Residents Allowed Per Room:	A maximum of four residents is allowed per resident unit.
Bathroom Requirements:	One toilet, sink, tub/shower is required for every eight residents. Additionally, if there are more than four persons of one sex to be accommodated in one bathroom on a floor, a bathroom must be provided for each sex residing on that floor.
Alzheimer's Unit Requirements:	Not specified.
Staffing Requirements:	A facility must have an administrator who is responsible for its daily operation. At least one staff member must be on duty at all times and sufficient additional staff members must be present to meet the residents' total care needs. Sufficient nursing staff is required to provide needed skilled nursing care. At night, a staff member may be on call if the facility meets certain call signal requirements.
Administrator Education/Training:	Administrators must be 21 years of age and meet one of the following criteria: be licensed as a nursing home administrator; have 2000 hours of direct operational responsibility; complete 100 credit hours of post high school education in the field of gerontology or health care; be a licensed health care professional; or hold a college degree.
Staff Education/Training:	Staff members providing personal care services must be at least 16 years of age, have first-aid training and complete a specified training program. All staff must be able to understand and communicate job-related information in English and must be appropriately trained to implement residents' rights.
Continuing Education (CE) Requirements:	Administrators must complete nine hours of continuing education in gerontology, health care, business administration, or residential care administration per year.
Entity Approving CE Program:	None

Medicaid Policy and Reimbursement: No Medicaid waiver at this time; however, a pilot program is being developed.

State: Oklahoma

Agency: Department of Health, Special Health Services

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Licensure Term: Assisted Living Centers

Opening Statement: Regulations for assisted living were revised in June 1999.

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

Facility Scope of Care: Providers may define their scope of services, admission criteria, and the nature of the residents they serve. Facilities may provide assistance with personal care; nursing supervision; intermittent or unscheduled nursing care; medication administration; assistance with cognitive orientation and care or service for Alzheimer's disease and related dementias; and, assistance with transfer or ambulation.

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

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

Medication Management: Medication administration is permitted.

Physical Plant Requirements: Design shall be appropriate to the mental or physical disabilities of the residents served.

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

Bathroom Requirements: Shower and bathing facilities must not be occupied by more than one resident at a time and no more than four residents may share a bathing facility unless the Department has approved use by more than four residents based on documentation that the design of the bathing facility is appropriate to the special needs of each resident using it.

Alzheimer's Unit Requirements: The facility must disclose whether it has special care units. If it does, it must outline the scope of services provided within the unit and specific staffing to address the needs of the population.

Staffing Requirements: Each facility shall designate an administrator responsible for its operation. Facilities shall provide adequate staffing as necessary to meet the services described in the facility's contract with each resident. Dietary and nurse staffing shall be provided or arranged. CNA's must be under RN supervision.

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

Staff Education/Training: All staff shall be trained to meet the specialized needs of residents. Direct care staff shall be trained in first aid and CPR and be trained at a minimum as a Certified Nurse Aide.

Continuing Education (CE) Requirements: Administrators must complete 16 hours of continuing education per year.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: No Medicaid waiver at this time; however, proposals to provide Medicaid coverage have been studied.

State: Oregon

Agency: Department of Human Services, Senior and Disabled Services

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Licensure Term: Assisted Living

Opening Statement: Assisted Living regulations have been in effect since April 1999. Slightly revised regulations are expected in 2001.

Definition: Assisted Living is a program approach that provides or coordinates a range of supportive personal and health services on a 24-hour basis, for the support of resident independence in a residential setting.

Facility Scope of Care: To encourage aging in place, needed services are added, increased, or adjusted to compensate for a decline in a resident's condition.

Third Party Scope of Care: Not specified.

Admission/Discharge Requirements: While there are no entry requirements, residents may be asked to leave only if the resident has needs that exceed the level of ADL services the facility provides; exhibits behavior or actions that repeatedly and substantially interferes with the rights or well being of other residents; the resident is unable to respond to verbal instructions, recognize danger, make basic care decisions, express need, or summon assistance; has a medical condition that is complex, unstable or unpredictable and treatment cannot be appropriately developed and implemented in the facility; and, has not paid for the services.

Medication Management: Medication may be administered by specially trained unlicensed personnel over the age of 18. In addition, Oregon applies nurse delegation rules to these regulations.

Physical Plant Requirements: Newly constructed private resident units must be a minimum of 220 square feet (not including the bathroom) and must include a kitchen. Pre-existing facilities being remodeled must be a minimum of 160 square feet (not including the bathroom). Resident units may only be shared through waivers considered on a case-by-case basis. Other extensive physical plant requirements apply.

Residents Allowed Per Room: Not specified.

Bathroom Requirements: Private bathrooms are required.

Alzheimer's Unit Requirements: A facility that advertises that it provides care to residents with Alzheimer's must apply to the state for an Alzheimer's Special Care Unit Endorsement.

Staffing Requirements: The facility must have qualified staff sufficient in number, to meet the 24-hour scheduled and unscheduled needs of each resident, and respond in emergency situations. A staff member on each shift must be trained in the use of the Heimlick Maneuver, CPR, and First Aid.

Administrator Education/Training: The administrator is required to be at least 21 years of age; possess a high school diploma or equivalent; have two years successful experience providing care to persons in this type of setting or a minimum of two years education in a health-related field; and complete a 40-hour Division-approved training program.

Staff Education/Training: Direct-care staff must complete a training course and must demonstrate competency in: the principles of assisted living; changes associated with aging processes including dementia; resident's rights; how to perform direct ADL care; location of resident service plans and how to implement; fire safety/emergency procedures; responding to behavior issues; standard precautions for infection control; food preparation, service and storage; and observation/reporting skills.

Continuing Education (CE) Requirements: Administrators must complete 20 hours of continuing education per year.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: A Medicaid HCBS waiver covers services to nursing home level residents in assisted living. It is a tiered system of reimbursement depending upon the service.

State: Pennsylvania

Agency: Department of Public Welfare, Division of Personal Care Homes

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Licensure Term: Personal Care Homes

Opening Statement: While there is no Medicaid funding available for Personal Care Homes, Pennsylvania does provide a state supplement to Supplemental Security Income (SSI) for residents in these types of facilities. There is a movement within Pennsylvania to regulate "assisted living," and recommendations have been made to introduce some form of Medicaid funding (not a separate entitlement program) for "assisted living."

Definition: A Personal Care Home provides food, shelter, and personal assistance or supervision for four or more adults who do not need nursing home care. Residents may require assistance or supervision in matters such as dressing, bathing, diet, financial management, evacuation, and medication prescribed for self-medication.

Facility Scope of Care: The facility may provide assistance with activities of daily living and self-administered medications.

Third Party Scope of Care: Home health is permitted as per physician's orders.

Admission/Discharge Requirements: Admission of nonambulatory residents is allowed only if the facility complies with certain additional staffing and physical plant/fire safety requirements. Residents may be discharged if they require a higher level of care or if they become a danger to themselves or others.

Medication Management: Personnel can offer assistance with self-administered medications.

Physical Plant Requirements: Private resident units must be a minimum of 80 square feet and multiple-occupancy resident units must provide a minimum of 60 square feet per resident.

Residents Allowed Per Room: A maximum of four residents is allowed per resident unit.

Bathroom Requirements: Shared bathing and lavatory facilities are permitted.

Alzheimer's Unit Requirements: Secured Alzheimer's units require a waiver approval.

Staffing Requirements: An administrator or designee must be on the premises 24 hours per day. Sufficient staff must be present to provide one hour of personal care per day, 75 percent of which should be given during waking hours, for each resident requiring personal care. At least one CPR-certified staff member must be on the premises at all times.

Administrator Education/Training: An administrator must have a high school diploma or GED and have completed a 40-hour approved training course.

Staff Education/Training: Direct-care staff must complete facility training in specified areas.

Continuing Education (CE) Requirements: Administrators must complete six hours of continuing education through a recognized training source annually.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: No Medicaid waiver at this time; however, a pilot program is underway in the Philadelphia area where Medicaid waiver money, together with a grant from the Robert Wood Johnson Foundation, is paying for case management and services in personal care homes.

State: Rhode Island

Agency: Department of Health Facilities, Regulation Division

Phone Number: 401/222-2566

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Licensure Term: Residential Care and Assisted Living Facilities

Opening Statement: New regulations went into effect in November 1999.

Definition: A Residential Care and Assisted Living Facility is a residence that provides directly or indirectly personal assistance, lodging, and meals to two or more adults.

Facility Scope of Care: Facilities may provide assistance with activities of daily living; arrange for support services; and monitor residents' recreational, social, and personal activities. Residents requiring any more than temporary nursing services must move to a nursing facility.

Third Party Scope of Care: Not specified.

Admission/Discharge Requirements: Facilities are licensed based on the level of service they are providing. Level F1 facilities may admit residents who are not capable of self-preservation and level F2 facilities may only admit residents who are capable of self-preservation. Admission and residency is limited to persons possessing the physical mobility and judgmental ability to take appropriate action in emergency situations, except in special dementia care units.

Medication Management: Facilities are further classified by the degree to which they manage medications. Level M1 licensed facilities allow licensed staff or unlicensed persons who have completed a state-approved course to administer medications and monitor health indicators. Residents may receive assistance, limited to reminders, with the self-administration of medications in a level M2 facility. Nurse review is necessary under all levels of medication licensure.

Physical Plant Requirements: Private resident units must be a minimum of 100 square feet in area and eight feet wide and semi-private resident units must be a minimum of 160 square feet

in area and 10 feet wide.

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

Bathroom Requirements: The facility must provide a minimum of one bath per 10 residents and one toilet per eight residents.

Alzheimer's Unit Requirements: If facilities offer to provide or provide care for residents with Alzheimer's disease or other dementia, by means of a special care unit, they must disclose the form of care or treatment provided. The information disclosed must explain the additional care that is provided in philosophy; pre-admission, admission, and discharge; assessment, care planning, and implementation; staffing patterns and training ratios; physical environment; resident activities; family role in care; and, program costs.

Staffing Requirements: Each facility must have a certified administrator. A responsible adult must be on the premises at all times. All facilities must provide staffing which is sufficient to provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well being of the residents.

Administrator Education/Training: To be certified, administrators must either complete a 40-hour approved training course, hold an assisted living administrator certification by the American College of Healthcare Administrators, hold a degree in health care administration, or hold a current Rhode Island nursing home administrator's license.

Staff Education/Training: For each job specification, staff must have the appropriate orientation and training.

Continuing Education (CE) Requirements: Administrators must complete 16 hours of continuing education per year.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: Two Medicaid waivers cover services in assisted living, one for assisted living residents relocating from nursing homes and the other for the elderly and adults with physical disabilities.

State: South Carolina

Agency: Department of Health and Environmental Control, Division of Health Licensing

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Licensure Term: Community Residential Care Facilities

Opening Statement: Regulations have been in effect since 1991. In 1996, South Carolina began to study assisted living and continues to do so.

Definition: A Community Residential Care Facility offers room and board and a degree of personal assistance for a period of time in excess of 24 consecutive hours for two or more persons. Facilities offer a beneficial or protected environment specifically for the mentally ill or drug addicted or alcoholic, and provide specific procedure or process for the cure or improvement of that disease or condition.

Facility Scope of Care: Facilities may assist residents with activities of daily living, including making appointments and arranging transportation that is necessary in order for the resident to receive the supportive services required in the care plan. Facilities must also be aware of residents' general whereabouts and monitor activities of residents to ensure health, safety, and well-being.

Third Party Scope of Care: Not specified.

Admission/Discharge Requirements: Facilities may not admit or retain residents who are dangerous to themselves or others, in need of daily attention of a licensed nurse, or require hospital or nursing care.

Medication Management: Medication administration by unlicensed staff is permitted.

Physical Plant Requirements: Private resident units must be a minimum of 80 square feet and multiple-occupancy resident units must provide a minimum of 60 square feet per resident.

Residents Allowed Per Room: A maximum of four residents is allowed per resident unit.

Bathroom Requirements: One toilet is required for every eight residents and one tub/shower is required for every 10 residents.

Alzheimer's Unit Requirements: The rules have recently been amended to require certain facilities offering special care units or programs for residents with Alzheimer's disease to disclose the form of care or treatment provided that distinguishes it as being especially suitable for the resident requiring special care.

Staffing Requirements: An administrator must be in charge of all functions and activities of the facility and must be available and responsible within a reasonable time and distance. There must be at least one staff person for every 10 residents during all periods of peak resident activity. During nighttime hours, at least one staff member must be on duty for every 44 residents.

Administrator Education/Training: Administrators must have a high school education or equivalent.

Staff Education/Training: Staff must complete in-service training programs that include training in basic first aid; fire protection; medication administration and management; care of persons who may have contagious, communicable, or sexually transmitted diseases; and licensing regulations. In-service training must be provided on a continuing basis and not less than annually.

Continuing Education (CE) Requirements: Administrators must complete 12 hours of continuing education per year. Courses must meet domains of practice.

Entity Approving CE Program: The South Carolina Board of Long Term Care Administrators (803/896-4544) approves continuing education courses; however, NAB-approved courses are automatically approved.

Medicaid Policy and Reimbursement: No Medicaid waiver at this time; however, pending further review, a Medicaid HCBS waiver is set to be implemented.

State: South Dakota

Agency: Department of Health, Office of Health Care Facilities Licensure and Certification

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Licensure Term: Assisted Living Centers

Opening Statement: New regulations went into effect in December 2000.

Definition: Assisted Living Centers are defined as any institution, rest home, boarding home, place, building, or agency which is maintained and operated to provide personal care and services which meet some need beyond basic provision of food, shelter, and laundry to five or more persons in a free-standing, physically separated facility.

Facility Scope of Care: Facilities must provide supportive services, activities, and services to meet the spiritual needs of residents. Facilities must also provide for the availability of physician services.

Third Party Scope of Care: Outside services utilized by residents must comply with and complement facility care policies.

Admission/Discharge Requirements: Before admission, residents must be in reasonably good health and free from communicable disease, chronic illness, or disability which would require any services beyond supervision, cueing, or limited hands-on physical assistance to carry out normal activities of daily living and instrumental activities of daily living. Facilities may not admit or retain residents who require more than intermittent nursing care or rehabilitation services.

Medication Management: Facilities that admit or retain residents who require administration of medications must employ or contract with a licensed nurse. Unlicensed staff must receive annual training for medication administration.

Physical Plant Requirements: Private resident units must be a minimum of 120 square feet and shared resident units must provide a minimum of 100 square feet per resident.

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

Bathroom Requirements: Bathrooms must adjoin the resident rooms.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: An administrator must be responsible for the daily overall management of the facility. There must be a sufficient number of qualified, awake personnel to provide effective care (at least 0.8 hours per resident a day).

Administrator Education/Training: Administrators must hold a high school diploma or equivalent and complete a training program and competency evaluation.

Staff Education/Training: All staff must complete a formal orientation and ongoing education program covering such issues as emergency procedure, accident prevention, proper use of restraints, infection control, etc.

Continuing Education (CE) Requirements: Not specified.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: A broad Medicaid HCBS waiver coupled with state funds covers services in assisted living.

State: Tennessee

Agency: Department of Health, Division of Health and Environment

Phone Number: 615/741-7221

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Licensure Term: Assisted Care Living Facilities

Opening Statement: The regulations have been in effect since April 25, 1998.

Definition: An Assisted Care Living Facility is a building, establishment, complex, or distinct part which accepts residents for domiciliary care and non-medical assistance, and medical assistance as prescribed by the resident's treating physician, limited to the extent such orders can be provided by a home care organization.

Facility Scope of Care: The facility may provide protective care and supervision to residents, assistance with medications, and assistance with all activities of daily living.

Third Party Scope of Care: Skilled nursing services, including part-time or intermittent nursing care, physical, occupational and speech therapy, and medical social services, may be provided in the facility by a licensed home care organization.

Admission/Discharge Requirements: Residents may not be admitted or continue to reside in the facility (for more than 21 days) if they are in the latter stages of Alzheimer's disease; require physical or chemical restraints; pose a serious threat to self or others; require hypodermoclysis; require nasopharyngeal and tracheotomy suctioning; require initial phases of a regimen involving administration of medical gases; require a nasogastric tube; require arterial blood gas monitoring; or, are unable to communicate their own needs.

Medication Management: Medication must be self-administered or administered by a licensed professional. The facility may assist residents with medication, including reading labels, reminders, and observation.

Physical Plant Requirements: A minimum of 80 square feet of bedroom space must be provided to each resident.

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

Bathroom Requirements: Each toilet, lavatory, bath, or shower shall serve no more than six residents.

Alzheimer's Unit Requirements: Facilities are permitted to have secured Alzheimer's units and can retain residents up to the last stages of Alzheimer's disease.

Staffing Requirements: Facilities must employ an administrator, an identified responsible attendant, and a sufficient number of staff to meet the needs, including medical services as prescribed, of the residents. A licensed nurse must be available as needed.

Administrator Education/Training: Administrators must hold a high school diploma or equivalent.

Staff Education/Training: The responsible attendant and direct care staff must be at least 18 years of age.

Continuing Education (CE) Requirements: Administrators must complete 12 hours of continuing education per year in courses related to Tennessee rules and regulations, health care management, nutrition and food service, financial management, and healthy lifestyles.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: No Medicaid waiver at this time.

State: Texas

Agency: Department of Human Services

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Licensure Term: Assisted Living Facilities

Opening Statement: The Assisted Living Facilities regulations were revised in August 2000.

Definition: Assisted Living Facilities (ALFs) may provide assistance with activities of daily living. There are two types of ALFs. In a type A ALF, a resident must be mentally capable of evacuating the facility unassisted in the event of an emergency; may not require routine attendance during sleeping hours; and must be capable of following directions. In a type B ALF, a resident may require staff assistance to evacuate; be incapable of following directions under emergency conditions; require attendance during sleeping hours; or not be permanently bedfast, but may require assistance in transferring to and from a wheelchair.

Facility Scope of Care:	Facilities may provide assistance with activities of daily living, assist with the administration and management of medication, and occasional nursing care within the scope of practice of the licensed employee.
Third Party Scope of Care:	If additional services are necessary, residents may contract to have home health services delivered.
Admission/Discharge Requirements:	Facilities must not admit or retain persons whose needs cannot be met by the facility or by contracting with a home health agency.
Medication Management:	Residents who choose not to or cannot self-administer medication must have medication administered by a person who: holds a current license to administer medication; holds a current medication aide permit (this person must function under the direct supervision of a licensed nurse on duty or on call); or is an employee of the facility to whom the administration of medication has been delegated by a RN.
Physical Plant Requirements:	In type A ALFs, private resident units must be a minimum of 80 square feet and multiple-occupancy resident units must provide a minimum of 60 square feet per resident. In type B ALFs, private resident units must be a minimum of 100 square feet and multiple-occupancy resident units must provide a minimum of 80 square feet per resident. The regulations list extensive fire safety requirements under Chapter 21 of the NFPA Life Safety Code, "Residential Board and Care Occupancies." Type A ALFs are classified as "slow" evacuation and type B ALFs are classified as "impractical" evacuation capability.
Residents Allowed Per Room:	A maximum of four residents is allowed per resident unit.
Bathroom Requirements:	All bedrooms must be served by separate private, connecting, or general toilet rooms for each sex. A minimum of one water closet, lavatory, and bathing unit must be provided on each sleeping floor. One water closet and one lavatory for every six residents and one tub or shower for every ten residents is required.
Alzheimer's Unit Requirements:	Any facility that advertises that it provides specialized care for persons with Alzheimer's disease must provide a disclosure statement that describes the nature of its care or treatment of residents with Alzheimer's disease and must be certified as an Alzheimer's Assisted Living Facility by the State.
Staffing Requirements:	Each facility must designate a manager to have authority over its operation. A facility must have sufficient staff to maintain order, safety, and cleanliness; assist with medication regimens; prepare and service meals; assist with laundry; provide supervision and care to meet basic needs; and, ensure evacuation in case of an emergency. The new regulations do not create specific staff-to-resident ratios; however, facilities must post staffing patterns monthly.
Administrator Education/Training:	In small facilities, managers must have a high school diploma or certification of equivalency of graduation. In large facilities, a manager must have: an associate's degree in nursing, health care management, or a related field; a bachelor's degree; or, proof of graduation from an accredited high school or certification of equivalency of graduation and at least one year of experience working in management or in health care industry management.
Staff Education/Training:	Full-time facility attendants must be at least 18 years of age or hold a high school diploma. The regulations list specific training requirements for licensed nurses, nurse aides, and medication aides.
Continuing Education (CE) Requirements:	Managers must complete 12 hours of continuing education per year in courses related to at least two of the following areas: resident and provider rights and responsibilities, abuse/neglect, and confidentiality; basic principles of supervision; skills for working with residents, families, and other professional service providers; resident characteristics and needs; community resources; accounting and budgeting; first aid; and federal laws, such as the Americans With Disabilities Act and Fair Housing Act.
Entity Approving CE Program:	None
Medicaid Policy and Reimbursement:	A Medicaid HCBS waiver covers services in assisted living.

State: Utah

Agency:	Department of Health, Bureau of Health Facilities Licensure
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Licensure Term:	Assisted Living Facilities
Opening Statement:	Regulations have been in effect since 1998. Revised regulations are expected in 2001.
Definition:	Type I Assisted Living Facilities provide assistance with activities of daily living and social care to two or more residents who are capable of achieving mobility sufficient to exit the facility without the assistance of another person. Type II Assisted Living Facilities are home-like and provide an array of 24-hour coordinated supportive personal and health care services.
Facility Scope of Care:	Facilities must provide personal care, food service, housekeeping, laundry, maintenance, activity programs, administration, and assistance with self-administration of medication, and arrange for necessary medical and dental care. Facilities may provide intermittent nursing care.
Third Party Scope of Care:	Residents have the right to arrange directly for medical and personal care with an outside agency.
Admission/Discharge Requirements:	Residents in a Type I facility must meet the following criteria before being admitted: be ambulatory or mobile and be capable of taking life saving action in an emergency; have stable health; require no assistance or only limited assistance from staff in activities of daily living; and require and receive regular or intermittent care of treatment in the facility from a licensed health professional. Residents admitted to a Type II facility must not be "dependent." Both Type I and II facilities must not admit or retain persons who manifest inappropriate behavior (e.g.. suicidal); have tuberculosis or other communicable diseases; or, require inpatient hospital or nursing care. In addition, Type I facilities must not accept or retain persons who require significant assistance during the night; are unable to take life saving action in an emergency without assistance; and, require close supervision and a controlled environment. A resident may be discharged, transferred or evicted if the facility is no longer able to meet the needs of the resident; the resident fails to pay for services as required by the admission agreement; and/or, the resident fails to comply with policies or rules.
Medication Management:	Licensed staff may administer medication and unlicensed staff may assist with self-medication.
Physical Plant Requirements:	Private resident units (without living rooms, dining areas, or kitchens) must be a minimum of 120 square feet and double-occupancy resident units must be a minimum of 200 square feet.
Residents Allowed Per Room:	A maximum of two residents is allowed per resident unit.
Bathroom Requirements:	Common toilet, lavatory, and bathing facilities are permitted.
Alzheimer's Unit Requirements:	Not specified.
Staffing Requirements:	Facilities must employ an administrator and direct care staff are required on-site 24 hours per day to meet resident needs as determined by assessments and service plans.
Administrator Education/Training:	Administrators must complete a national certification program and must have either experience, an administrator's license, or a college degree.
Staff Education/Training:	All staff must complete orientation to include job descriptions; ethics,

confidentiality, and resident rights; fire and disaster plan; policies and procedures; and report responsibility for abuse, neglect, and exploitation. Staff must also complete extensive inservice training. Personal care staff must be CNAs or complete a CNA training program within four months of employment.

Continuing Education (CE) Requirements: Not specified.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: No Medicaid waiver at this time. A state-operated managed care program covers some personal care services and includes elderly beneficiaries in urban areas.

State: Vermont

Agency: Department of Aging and Disabilities, Division of Planning and Analysis

Phone Number: 802/241-1286

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Licensure Term: Assisted Living Residences

Opening Statement: Regulations for Assisted Living were drafted in 1998 are expected to be implemented soon.

Definition: An Assisted Living Residence is a program which combines housing, health, and supportive services for the support of resident independence and aging in place. Within a home-like setting, a minimum of a private bedroom, private bath, living space, kitchen capacity, and a lockable door are provided.

Facility Scope of Care: The facility must provide services such as, but not limited to 24-hour staff supervision to meet emergencies; scheduled and unscheduled needs; assistance with all personal care activities and instrumental activities of daily living; nursing assessment, health monitoring, routine nursing tasks, and intermittent skilled nursing services; appropriate supervision and services for residents with dementia or related issues requiring ongoing staff support and supervision; and medication management, administration, and assistance. A resident needing skilled nursing care may arrange for that care to be provided in the facility by a licensed nurse as long as it does not interfere with other residents.

Third Party Scope of Care: Facilities must provide access or coordinate access to ancillary services for medically related care, regular maintenance of assistive devices and equipment, barber/beauty services, social/recreational opportunities, hospice, home health, and other services necessary to support the resident.

Admission/Discharge Requirements: Assessment must be done by an RN within 14 days of move-in. Residents may be discharged if they pose an immediate threat to themselves or others or if their needs cannot be met with available support services and arranged supplemental services. However, if a facility is able to, it may retain residents who need 24-hour on-site nursing care; are bedridden for more than 14 consecutive days; are dependent in four or more activities of daily living; have severe cognitive decline; have stage three or four pressure sores; or, have a medically unstable condition.

Medication Management: If residents are unable to self-administer medications, they may receive assistance with administration of medications from trained facility staff. If staff are deemed competent by the RN, they may administer "as needed" medications.

Physical Plant Requirements: Private resident units must be a minimum of 225 (160 in pre-existing structures) square feet, excluding bathrooms and closet. Each resident unit shall include a private bedroom, private bathroom, living space, kitchen

capacity, adequate space for storage, and a lockable door. Units may be shared by resident choice only.

Residents Allowed Per Room: Not specified.

Bathroom Requirements: Not specified.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: Staff must have access to the director and/or designee at all times. At least one personal care assistant must be on site and available 24 hours per day to meet residents' scheduled and unscheduled needs. On-site trained staff must be available in sufficient number to meet the needs of each resident. A registered or licensed practical nurse must be on site as necessary to oversee service plans.

Administrator Education/Training: The director must be at least 21 years of age and have demonstrated experience in a gerontological field.

Staff Education/Training: All staff providing personal care must be at least 18 years of age. All staff must be oriented to the principles of assisted living and receive training on an annual basis regarding the provision of services in accordance with the resident-driven values of assisted living. All staff providing personal care must receive training in the provision of personal care activities (e.g., transferring, toileting, infection control, Alzheimer's, and medication assistance and administration).

Continuing Education (CE) Requirements: Directors/administrators must complete 20 hours of continuing education per year in courses related to assisted living principles and the philosophy and care of the elderly and disabled individuals. All personal care services staff must receive 24 hours of continuing education in courses related to Alzheimer's disease, medication management and administration, behavioral management, documentation, transfers, infection control, toileting, bathing, etc. A program for approving courses will be set up in 2001.

Entity Approving CE Program: To be determined in 2001.

Medicaid Policy and Reimbursement: A Medicaid HCBS waiver covers services in assisted living. A weighted system is used to reimburse for services.

State: Virginia

Agency: Department of Social Services, Division of Licensing Programs

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Licensure Term: Assisted Living Facilities

Opening Statement: The regulations were last updated in February 1996. New emergency regulations for "Assisted Living" have been drafted but not passed by the Board of Social Services. Once the emergency regulations are adopted, the review of the existing "Assisted Living" regulations will continue and is expected to be implemented in 2001.

Definition: An Assisted Living Facility is a place, establishment, or institution, public or private, providing care to four or more adults who are aged, infirm, or disabled and who are cared for in a primarily residential setting. Facilities are licensed to provide three levels of care: residential care, regular assisted living and intensive assisted living.

Facility Scope of Care: The facility may provide assistance with activities of daily living and may restrain residents if necessary to treat medical symptoms (not for discipline or convenience).

Third Party Scope of Care:	In facilities providing assisted living services, a licensed health care professional may be hired through a contractual agreement with a licensed nurse, home health agency, or private-duty licensed nurse.
Admission/Discharge Requirements:	The regulations list many specific criteria for residents who may not be admitted or retained, including ventilator dependency; stage three and four pressure ulcers; nasogastric tubes; imminent physical threat or danger to self or others; and continuous licensed nursing care.
Medication Management:	Medication may be administered by staff licensed to administer medications or by staff who have successfully completed a Board of Nursing approved medication training program.
Physical Plant Requirements:	Private resident units must be a minimum of 100 square feet and shared resident units must provide a minimum of 80 square feet per resident.
Residents Allowed Per Room:	A maximum of four residents is allowed per resident unit.
Bathroom Requirements:	Common toilets, lavatory, and bathing facilities are permitted.
Alzheimer's Unit Requirements:	The regulations cover facilities caring for adults with serious cognitive deficits. At least two direct care staff members must be in the building at all times and doors leading to the outside shall have a system of security monitoring. Free access to an indoor walking corridor or other areas used for walking must be provided.
Staffing Requirements:	The facility must employ an administrator and staff sufficient to provide services to maintain the physical, mental, and psychosocial well-being of each resident. If assisted living services are provided, a licensed health care professional must be on site at least quarterly to provide health care oversight. The facility must employ or contract with a licensed nurse or contract with a home health agency to meet residents' skilled nursing needs.
Administrator Education/Training:	Administrators in assisted living facilities must be at least 21 years of age and have a high school education or GED and two years post secondary education and one year experience in caring for adults with mental or physical impairments in a group care facility.
Staff Education/Training:	Direct-care staff in facilities with assisted living must complete a CNA or other specified training program.
Continuing Education (CE) Requirements:	Administrators must complete 20 hours of continuing education annually. Direct care staff must complete eight hours (for residential living settings) or 12 hours (for assisted living settings) of continuing education per year, depending upon the level of care at the facility. Courses should be related to the management or operation of an assisted living facility and should be related to the population residing in the facility (e.g., courses related to mental impairments if population is mentally impaired).
Entity Approving CE Program:	None
Medicaid Policy and Reimbursement:	No Medicaid waiver at this time.

State: Washington

Agency:	Aging and Adult Services Administration
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Licensure Term:	Boarding Homes/Assisted Living

Opening Statement:	Washington has experienced a shift in Boarding Home licensure from the Department of Health to the Department of Social and Health Services. Boarding homes receiving Medicaid reimbursement must also comply with WAC 388-110 (not summarized). Washington is currently embarking on a three-year project to revise their regulations and a final regulation is expected in 2003.
Definition:	A Boarding Home/Assisted Living Facility is any home or institution, however named, which is advertised, announced, or maintained for the express or implied purpose of providing board and domiciliary care to seven or more aged persons not related by blood or marriage to the operator.
Facility Scope of Care:	Facilities may provide basic domiciliary care, general health supervision, and assistance with: self-administration of medications; following prescribed diets and activity regimes; making and keeping appointments for health care services; maintaining personal hygiene; obtaining and maintaining functional aids; arranging for social, recreational and religious activities; resident mobility; and incontinence care. Facilities may provide or supervise limited nursing services, such as insertion of catheters; routine ostomy care; enemas; uncomplicated routine colostomy and urethral care; care of superficial wounds; and assistance with glucomoter testing.
Third Party Scope of Care:	Residents may arrange for on-site health care services when their needs cannot be met with limited nursing services.
Admission/Discharge Requirements:	Facilities shall evaluate the ability of staff to meet a prospective resident's housing, domiciliary, dementia, and nursing care needs, based on: space, equipment, and furniture requirements; general behavior, including the tendency to wander, fall, act verbally or physically abusive or socially inappropriate; current medication status and need for assistance or administering medications; functional abilities, including but not limited to ambulatory status and need for mobility aides, mental status, and behavioral problems; and, ability to perform activities of daily living independently or with assistance, etc.
Medication Management:	Residents are categorized based on the level of assistance needed with medication. Category A residents can self-administer medication or are capable of directing others to administer medication. Category B residents need reminding, guiding, or coaching. Category C residents cannot safely self-administer medication. Medication may be administered by a nurse or other individual authorized to administer medications in Washington state.
Physical Plant Requirements:	Private resident units must be a minimum of 80 square feet and shared resident units must provide a minimum of 70 square feet per resident. Facilities receiving Medicaid funding must provide a private room, with a kitchen and bathroom, and must be a minimum of 220 square feet.
Residents Allowed Per Room:	A maximum of four residents is allowed per resident unit. Only one resident per room is allowed in facilities receiving Medicaid funding.
Bathroom Requirements:	One toilet and sink is required for every eight residents and one bath/shower is required for every 12 residents. A private bathroom is required for all residents in Medicaid facilities.
Alzheimer's Unit Requirements:	If the facility accepts residents with dementia care needs, it must provide qualified staff who are present at all times. Staff must prevent residents from wandering from the facility and the regulations also specify special physical plant requirements, such as slip-resistant floors free of abrupt changes. Washington is conducting a two-year pilot project for Medicaid Alzheimer's/Dementia residents.
Staffing Requirements:	The facility must employ an administrator and designate an alternate administrator to be responsible for the overall 24-hour operation of the facility. Sufficient and trained staff must be hired to furnish care to residents, maintain the facility free of safety hazards, and implement fire and disaster plans.
Administrator Education/Training:	The administrator and designated alternate must be at least 21 years of age and must hold an associate or advanced degree in health, personal care, or business administration; be certified by a department-recognized national accreditation

health or personal care organization; have a high school diploma or equivalent and two years experience as a resident-care staff person, including one year of caring for residents representative of the population in the facility; or, have held the position of an administrator in a Washington state licensed boarding home or nursing home prior to August 1, 1994. If the facility has an assisted living contract with the state, the administrator must complete 40 hours of training within 6 months of hiring.

Staff Education/Training: Resident-care staff must be at least 18 years of age and have current CPR and first aid cards. Facilities must provide staff orientation and appropriate training for expected duties, including: organization of the facility; physical boarding home layout; specific duties and responsibilities; policies, procedures, and equipment necessary to perform duties; and HIV/AIDS education and training. Contracted Boarding Home staff who have direct contact with residents are required to attend and pass 22 hours of caregiver training and receive 10 hours of continuing education units each year.

Continuing Education (CE) Requirements: If the facility has an assisted living contract with the state, administrators must complete 10 hours of continuing education per year.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: A Medicaid HCBS waiver covers assisted living services. A tiered payment system is used.

State: West Virginia

Agency: Department of Health and Human Resources, Bureau for Public Health, Office of Health Facilities Licensure and Certification

Phone Number: 304/558-0050

Contact Name: Gloria Pauley

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Licensure Term: Personal Care Homes

Opening Statement: The regulations were last updated in August 1996.

Definition: A Personal Care Home provides accommodations and personal assistance and supervision for a period of more than 24 hours to four or more persons who may require limited and intermittent nursing care and hospice care. A Residential Board and Care Home (RCB) is similar to a personal care home; however, the primary difference is that RBCs must be part of an independent living community and the amount of nursing care provided is limited.

Facility Scope of Care: The facility may provide assistance with activities of daily living and has the option of providing intermittent nursing services and making arrangements for hospice care.

Third Party Scope of Care: If a resident has individual one-on-one needs that are not met by the allowable service provision in the facility, and the resident has medical coverage or financial means that permits accessing additional services, the facility shall seek to arrange for the provision of these services which may include intermittent nursing care or hospice care. The provision of services must not interfere with the provision of services to other residents.

Admission/Discharge Requirements: Residents in need of extensive or ongoing nursing care or with needs that cannot be met by the facility shall not be admitted or retained (they may be retained only if they are dying). Persons with mental or developmental disabilities may not be admitted to the facility for more than four weeks unless the facility can make appropriate arrangements for necessary services.

Medication Management: Licensed staff may administer medication and staff may supervise the self-

	administration of medication by residents. The use of as needed controlled or prescription drugs that require judgment capabilities beyond the expertise of unlicensed staff is prohibited.
Physical Plant Requirements:	Double-occupancy resident units must provide a minimum of 80 square feet per resident.
Residents Allowed Per Room:	A maximum of two residents is allowed per resident unit.
Bathroom Requirements:	Common toilet, lavatory, and bathing facilities are permitted.
Alzheimer's Unit Requirements:	Not specified.
Staffing Requirements:	An administrator must be on staff and at least one personal care staff member must be present on a 24-hour basis. If nursing services are provided, a RN supervisor and adequate nurse staff must be present. If nursing services are not provided, a RN supervisor must be provided on a weekly basis. Personal care staff-to-resident ratios are dependent on the needs of the residents.
Administrator Education/Training:	The administrator must be at least 21 years of age and have an associate degree or its equivalent in a related field. If nursing services are provided at the facility, the administrator must also have one year of experience.
Staff Education/Training:	Personal care staff must complete an orientation and annual in-service training sessions.
Continuing Education (CE) Requirements:	Administrators must complete at least 10 hours per year of continuing education related to the operation and administration of a personal care home.
Entity Approving CE Program:	None
Medicaid Policy and Reimbursement:	No Medicaid waiver at this time.

State: Wisconsin

Agency:	Department of Health and Family Services, Division of Supportive Living, Bureau of Quality Assurance
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Licensure Term:	Residential Care Apartment Complexes
Opening Statement:	The Wisconsin statutes were revised in July 1996 to authorize the operation of "assisted living facilities." In September 1997, the name was changed to "residential care apartment complexes" in order to clear up public confusion over certified assisted living facilities and other care facilities using that term in their advertising.
Definition:	Residential Care Apartment Complexes provide supportive services (e.g., meals, housekeeping, laundry, and access to medical services), personal services/assistance with activities of daily living, and nursing services (e.g., health monitoring, medication administration/management). Facilities may not provide all of these services to five or more adults for more than 28 hours per week.
Facility Scope of Care:	Facilities must provide services that are sufficient and qualified to meet the care needs identified in the tenant service agreements, to meet unscheduled care needs of its tenants and to make emergency assistance available 24 hours per day. At a minimum, facilities must provide: supportive services, including meals, housekeeping, access to medical services; personal services, including daily assistance with all activities of daily living; and, nursing services, including health monitoring, medication administration and management.

Third Party Scope of Care: A facility may contract for the services it is required to provide and residents may contract for additional services not included in the service agreement, as long as they comply with applicable facility policies and procedures.

Admission/Discharge Requirements: Unless residents are admitted to share an apartment with a competent spouse or other person who has legal responsibility, facilities may not admit persons who: have a court determination of incompetence and are subject to guardianship; have an activated power of attorney for health care; or have been found by a physician or psychologist to be incapable of recognizing danger, summoning assistance, expressing need, or making care decisions. Facilities may discharge residents for the following reasons: if their needs cannot be met at the facility's level of services; if the time required to provide supportive, personal, and nursing services to the tenant exceeds 28 hours per week; if their condition requires the immediate availability of a nurse 24 hours per day; if their behavior poses an immediate threat to the health or safety of self or others; if they refuse to cooperate in a physical examination; if fees have not been paid; or, if they refuse to enter into a negotiated risk agreement.

Medication Management: Medication administration and management must be performed by or as a delegated task to unlicensed staff, under the supervision of a nurse or pharmacist.

Physical Plant Requirements: All resident units must be independent and must provide a minimum of 250 square feet of interior floor space, excluding closets. Multiple occupancy of an independent apartment shall be limited to a spouse or a roommate chosen at the initiative of the resident. Each unit shall have at a minimum a lockable door, a kitchen, an individual bathroom, a sleeping area, and a living area.

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

Bathroom Requirements: Not specified.

Alzheimer's Unit Requirements: Not specified.

Staffing Requirements: Staffing must be adequate to provide all services identified in the residents' service agreements. A designated service manager must be awake and on duty and be able to be present on short notice.

Administrator Education/Training: Service managers must be capable of managing a multi-disciplinary staff.

Staff Education/Training: Tenant care staff must have documented training or experience in the needs and techniques for assistance with activities of daily living. All staff shall have training in fire safety, first aid, standard precautions and the facility's emergency plan, and in the facility's policies and procedures relating to tenant rights. Staff providing services to tenants shall have documented training or experience in the physical, functional and psychological characteristics associated with aging, and the purpose and philosophy of assisted living.

Continuing Education (CE) Requirements: Not specified.

Entity Approving CE Program: None

Medicaid Policy and Reimbursement: A Community Integration Program II covers assisted living services to nursing home level residents in residential care apartment complexes.

State: Wyoming

Agency: Department of Health, Office of Health Quality

Phone Number: 307/777-7121

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Licensure Term:	Assisted Living Facilities
Opening Statement:	Regulations have been in effect since October 1994 that renamed and modified the board and care licensure category. If a board and care facility wishes to provide limited skilled nursing services and medication administration, it may be licensed as an assisted living facility.
Definition:	Assisted Living Facilities provide limited nursing care, personal care, and boarding home care, but may not provide rehabilitative care.
Facility Scope of Care:	The facility shall provide assistance with transportation; assistance with obtaining medical, dental, and optometric care; assistance in adjusting to group activities; partial assistance with personal care; limited assistance with dressing; minor non-sterile dressing changes; stage I skin care; infrequent assistance with mobility; cueing; limited care to residents with incontinence and catheters (if the resident can care for his/her condition independently); and 24-hour supervision of each resident.
Third Party Scope of Care:	The facility may provide or arrange access for barber/beauty services, hospice care, Medicare/Medicaid home health care, and any other services necessary to support the resident.
Admission/Discharge Requirements:	Residents must be discharged if the facility cannot meet needs with available support services or such services are not available; if the resident fails to pay; or, if the resident has a history of engaging in behavior which imposes an imminent danger to self or others. Wyoming supports the philosophy of "aging in place."
Medication Management:	Residents are permitted to self-medicate or receive medication assistance including but not limited to reminders, assistance with removal of cap or medication, and observation.
Physical Plant Requirements:	Private resident units must be a minimum of 120 square feet and shared resident units must provide a minimum of 80 square feet per resident.
Residents Allowed Per Room:	A maximum of two residents is allowed per resident unit.
Bathroom Requirements:	At least one flush toilet and lavatory must be provided for every two residents and at least one tub or shower must be provided for every 10 residents.
Alzheimer's Unit Requirements:	Not specified.
Staffing Requirements:	Staffing must be sufficient to meet the needs of all residents. For facilities with 10 or more residents, there must be at least one staff person on duty and awake at all times. The facility must designate a manager who is responsible for the facility and the 24-hour supervision of residents. There must be personnel on duty to maintain order, safety, and cleanliness of the premises; prepare and serve meals; assist the residents in personal needs and recreational activities; and meet the other operational needs of the facility. If need dictates, there must be a RN, LPN or CNA on every shift.
Administrator Education/Training:	The manager must be at least 21 years of age; be familiar with and follow these regulations; be a certified nursing assistant or the equivalent, or otherwise be capable of making informed decisions regarding quality of care.
Staff Education/Training:	Not specified.
Continuing Education (CE) Requirements:	Not specified.
Entity Approving CE Program:	None
Medicaid Policy and Reimbursement:	No Medicaid waiver at this time.

Appendix B: 30 Largest Assisted Living Chains as of December 31, 1999

Company Name/ Chief Executive Officer	Address/ Telephone	Total Assisted Living Beds	Total Facilities With Assisted Living	Occupancy Rate %	States In Which Company Operates Assisted Living
Alterra Healthcare Corp. William Lasky	10000 Innovation Dr. Milwaukee, WI 53118 (414) 918-5000	20,653	450	80	27
Emeritus Assisted Living Dan Baty	3131 Elliott Ave., Ste. 500 Seattle, WA 98121 (206) 298-2909	13,400	130	86	29
Marriott Senior Living Services Paul Johnson Jr.	One Marriott Drive Washington, DC 20058 (301) 380-4940	11,603	144	N/A	29
Sunrise Assisted Living Paul Klaassen	7902 Westpark Dr. McLean, VA 22102 (703) 273-7500	10,906	140	96	23
Atria Retirement and Assisted Living Mark Ticotin	501 S. 4th Ave., Ste. 140 Louisville, KY 40202 (502) 719-1600	10,415	109	N/A	26
CareMatrix Corp.[1] Abraham Gosman	197 First Ave. Needham, MA 02494 (781) 433-1000	7,400	61	N/A	14
ARV Assisted Living Douglas Pasquale	245 Fischer Ave., Ste. D-1 Costa Mesa, CA 92626 (714) 751-7400	7,192	58	N/A	N/A
Assisted Living Concepts Keren Brown Wilson	11835 NE Glenn Widing Dr. Portland, OR 97220 (503) 252-6233	7,148	185	75	16
Capital Senior Living Corp. Lawrence Cohen	14160 Dallas Parkway. Ste. 300 Dallas, TX 75240 (972) 770-5600	6,100	36	N/A	18
Summerville Senior Living Granger Cobb	5285 Shawnee Rd., Ste. 401 Alexandria, VA 22312 (703) 813-2500	6,000	48	N/A	N/A
Advocat Charles Birkett	227 Mallory Station Rd., Ste. 130 Franklin, TN 37067 (615) 771-7575	5,215	54	N/A	N/A
Merrill Gardens Charles Wright	1938 Fairview Ave., E., Ste. 300 Seattle, WA 98102 (206) 676-5300	5,123	53	87	14
Manor Care Paul Ormond	333 N. Summit St. Toledo, OH 43604 (419) 252-5600	4,236	45	N/A	10
Senior Lifestyle Corp. William Kaplan	111 East Wacker Dr., Ste. 2400 Chicago, IL 60601 (312) 673-4333	4,127	46	92	16
Complete Care Services Peter Licari	120 Gibraltar Rd. Horsham, PA 19044 (215) 441-7700	3,506	28	95	4
EdenCare Senior Living Services Al Holbrook III	31 N. Main St. Alpharetta, GA 30004 (770) 569-0494	3,480	41	91	7

Source: "Top 30 Assisted Living Chains," *Provider*, Washington, DC, July 2000.

Appendix B: 30 Largest Assisted Living Chains as of December 31, 1999 (continued)

Company Name/ Chief Executive Officer	Address/ Telephone	Total Assisted Living Beds	Total Facilities With Assisted Living	Occupancy Rate %	States In Which Company Operates Assisted Living
Leisure Care Dan Madsen	325 118th Ave., SE, Ste. 300 Bellevue, WA 98005 (425) 455-5644	3,463	32	94	9
Regent Assisted Living Walter Bowen	121 SW Morrison St., Ste. 1000 Portland, OR 97204 (503) 227-4000	2,867	29	94	9
Encore Senior Living James Williams	305 NE 102nd Portland, OR 97220 (503) 261-6100	2,625	42	82	9
Sun Healthcare Group[2] Andrew Turner	101 Sun Ave. NE Albuquerque, NM 87109 (505) 821-3355	2,582	36	77	8
The Adult Care Group John Piazza Sr.	311 Park Pl. Blvd., Ste. 225 Clearwater, FL 33759 (727) 726-3310	2,462	18	90	2
Life Care Services Stan Thurston	800 2nd Ave. Des Moines, IA 50309 (515) 245-7650	2,433	53	93	19
Greenbriar Corp. James Gilley	4265 Kellway Circle Addison, TX 75001 (972) 407-8400	2,382	30	85	10
Genesis Health Ventures[3] Michael Walker	101 East State St. Kennett Square, PA 19348 (610) 444-6350	2,264	32	85	9
Extendicare Health Services Mel Rhinelander	111 West michigan St. Milwaukee, WI 53203 (414) 908-8000	1,912	45	79	11
Hallmark Senior Communities Daniel Hirschfeld	8422 Bellona Lane, Ste. 205 Towson, MD 21204 (410) 828-1876	1,750	16	88	2
Americare Properties Richard Montgomery	214 N. Scott Sikeston, MO 63801 (573) 471-1113	1,699	42	93	3
Life Care Centers of America Forrest Preston	3001 Keith St., NW Cleveland, TN 37312 (423) 472-9585	1,696	40	N/A	22
Prestige Care Phillip Fogg Sr.	501 SE Columbia Shores Blvd. Ste. 300 Vancouver, WA 98661 (360) 735-7155	1,428	22	75	7
Castle Senior Living Stanley Diamond	33 Union Pl., 2nd Fl. Summitt, NJ 07901 (908) 522-0808	1,182	10	80	2

1. As of October 31, 1999.
2. Sun Healthcare Group since divested itself of its assisted living operations. All Financial information is annualized based on third quarter 1999 results.
3. As of September 31, 1999.

Source: "Top 30 Assisted Living Chains," *Provider*, Washington, DC, July 2000. Note: not all companies that received surveys returned them, including American Retirement Corp. N/A = Not Available.

Appendix C: Sources

The National Academy for State Health Policy, *State Assisted Living Policy: 1998*, Portland, ME, 1998.

The National Academy for State Health Policy, *State Assisted Living Policy: 2000*, Portland, ME, 2000.

National Center for Health Statistics, US Department of Health and Human Services, *Advance Data Number 309: Characteristics of Elderly Home Health Care Users: Data From the 1996 National Home and Hospice Care Survey*, Hyattsville, MD, December 22, 1999.

US Bureau of the Census, Statistical Abstract of the United States, No. 17 Resident Populations, by Age 1999 to 2050, page 17, middle series.

Health Care Financing Administration Online Survey, Certification and Reporting Database (OSCAR), September 2000.

"Top 30 Assisted Living Chains," *Provider*, Washington, DC, February 1998.

"Top 30 Assisted Living Chains," *Provider*, Washington, DC, July 1999.

"Top 30 Assisted Living Chains," *Provider*, Washington, DC, July 2000.

Manton, K, Corder, L., Stallard, E., "Chronic Disability Trends in Elderly United States Populations: 1982-1994," in *Proceedings of the National Academy of Sciences of the USA* Vol. 94, Medical Sciences, March 1997

