15 YEAR REVIEW

THE ASSISTED LIVING WORKGROUP REPORT

Assuring Quality in Assisted Living:
Guidelines for Federal and State Policy, State Regulation, and Operations

Prepared by
Paula Carder, PhD
Sarah Dys, MPA
Jaclyn Winfree, MS

INSTITUTE ON AGING
PORTLAND STATE UNIVERSITY
PORTLAND, OREGON

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CENTER FOR EXCELLENCE IN ASSISTED LIVING (*CEAL*)

VISION:

CEAL envisions a society that supports quality of life for all individuals and their right to age with respect and dignity.

MISSION:

CEAL is a national coalition of diverse stakeholder organizations dedicated to advancing excellence in assisted living.

GUIDING PRINCIPLES:

CEAL supports assisted living communities that:

- Are licensed and operate in accordance with all applicable laws and regulations.
- Are person-centered, consumer driven and actively engaged with the community at large.
- Foster the professionalism of their work force through education, training and sharing of best practices, as well as providing competitive wages and benefits that reflect the local market area.
- Advance programs, policies and research to ensure high-quality person-centered care for all residents.
- Provide access to high-quality assisted living for all individuals, regardless of income.
- Operate in a responsible, ethical and professional manner.

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PREAMBLE

As the participating organizations of the Assisted Living Workgroup (ALW) were in the final stages of completing the *ALW Report*, it became clear that the release of this landmark report was not the final product, but the beginning of a continued national dialogue on quality in assisted living.

To stress the importance of this work, the members voted the following as the first recommendation in the report.

AO.01 CENTER FOR EXCELLENCE IN ASSISTED LIVING

RECOMMENDATION

A national Center for Excellence in Assisted Living (CEAL) should be formed and funded to continue the work of the Assisted Living Workgroup and serve as an ongoing information clearinghouse, and shall include a governing board comprised of key stakeholders.

Fifteen years later, the current Board of Directors is proud to report that CEAL is a strong and thriving organization that has continued the ALW tradition of being the only national organization that brings together a diverse group of organizations dedicated to advancing excellence in assisted living.

We continue to hear from national, state and local leaders who use the ALW Report as a leading source of information for guidelines for operations. It became obvious that to honor this significant anniversary milestone CEAL should research the current state of assisted living regulations in comparison to the recommendations in 2003. While reviewing the ALW Report, we noted that the overwhelming majority of the 131 recommendations are as relevant today as they were in 2003. In addition, as assisted living has seen continued growth and become an even more important part of the continuum of long-term services and supports, new areas have also emerged. With health care shifting and becoming more integrated, assisted living has become more of a blended model, embracing the importance of holistic care for our residents which includes both social and medical elements. With this shift, in addition to the detailed analysis of the ALW recommendations, this report also highlights new topics such as person-centered care, dementia care, non-pharmacological approaches for meeting the needs of persons living with dementia, quality indicators/outcome measures, medical oversight and care coordination, emergency preparedness plans, diversity and inclusion, cannabis use by residents, and managed long-term services and supports (LTSS).

We continue to hear from national, state and local leaders who use the ALW Report as a leading source of information for guidelines for operations.

As the CEAL Board of Directors, we will use this report to guide us as we continue to advocate for the highest achievable levels of quality of care and quality of life for those who reside in assisted living communities across the country.

EXECUTIVE SUMMARY

This report reviews states' assisted living regulations between 2003 and 2018 to assess which of the Assisted Living Workgroup (ALW; 2003) recommendations states have put in place. In early 2019, Minnesota passed landmark legislation. The impact of this legislation warranted inclusion in this review. The *ALW Report*, titled ***Assuring Quality in Assisted Living: Guidelines for Federal and State Policy, State Regulations and Operations***, described 131 recommendations that represented the best practices and expertise of the many professionals and advocates who took part in an 18-month planning process. The topics addressed by the ALW include: state accountability and oversight, direct care services, medication management, operations, resident rights, staffing and affordability. The affordability recommendations are addressed separately because state assisted living regulations do not typically address in detail public subsidies for affordable assisted living development, operations and services.

Following the presentation of the *ALW Report* to the U.S. Senate Special Committee on Aging, widespread efforts were made to disseminate the recommendations. Press releases were sent to media outlets as well as various organizations. Each of the 48 participating organizations publicized the report to their membership, as well as presenting the report recommendations at other meetings and conferences. The 48 participating organizations represent accrediting and aging/long-term care organizations; consumer advocate organizations; the disability community; health care professionals, provider and regulator associations; and state/local governments. Across-the-board awareness was achieved initially and continuing efforts were made over the years through additional presentations. CEAL also developed a website that provides resources for professionals and consumers. The original report remains accessible to the public.

States began implementing assisted living policies in the late 1980s. Based on this review of 90 of the 131 ALW recommendations, states had 1,591 ALW recommendations in place prior to 2003, with the number per state ranging from 3 to 61. By early 2019, states added 660 ALW recommendations, for a total of 2,251 currently in place nationwide. **The ALW set a high benchmark for states to follow; thus, the lack of an ALW recommendation does not mean a state lacks an associated policy.** For example, all states have policies for assisted living administrators but, of these, 32 met the ALW recommendations prior to 2003, and 41 now do (*see Table A1-1 in the Appendix for an example*).

After the 2003 *ALW Report* was published, 32 states added at least 10 of the report recommendations, primarily in the categories of direct care services, building operations, and medication management. As of the publication of this report, 22 states had between 41 and 50 in place, and 15 states had 51 or more of the 90 reviewed recommendations in place.

In addition to the ALW recommendations, the following 9 topics that were addressed but not emphasized in the report, as well as emerging topics, were identified:

1. **Person-centered care**
2. **Dementia care**
3. **Non-pharmacological approaches for meeting the needs of persons living with dementia**
4. **Quality indicators and outcome measures**
5. **Medical oversight and care coordination**
6. **Emergency preparedness plans**
7. **Diversity and inclusion**
8. **Cannabis use by residents**
9. **Managed long-term services and supports (LTSS)**

Based on this regulatory review, future policy considerations for assisted living might include: person-centered care, dementia care, medication management, end-of-life services and policies, staffing and workforce, quality indicators/outcome measures and affordability. The results of this regulatory review can inform CEAL, its various stakeholders, regulatory agencies, policy makers and assisted living professionals about the progress that has been made and suggest areas for focused attention in the coming years.

INTRODUCTION

In 2003, the Assisted Living Workgroup (ALW), comprised of 48 national organizations *(see Appendix 2. Assisted Living Workgroup Participating Organizations)* representing providers, consumers, long-term care and health care professionals, and regulators published a report titled ***Assuring Quality in Assisted Living: Guidelines for Federal and State Policy, State Regulations, and Operations*** (hereafter referred to as the *ALW Report*). The U.S. Senate Special Committee on Aging formed the ALW in 2001 to recommend policies that states could use to promote quality in assisted living nationwide. The Committee directed the newly formed ALW to be inclusive and permit any interested national organization to participate in developing recommendations. Thus, the 2003 ALW recommendations represented the best practices and expertise of the many professionals and advocates who took part in a two-year process.

Among the 131 recommendations in the *ALW Report* was the creation of the Center for Excellence in Assisted Living (CEAL), originally comprised of 11 national organizations *(see Appendix 3. 2003 CEAL Founding Member Organizations)* tasked with advancing excellence in assisted living through practice, policy and research. As an entity, CEAL represents an ongoing effort at the national level to review, research, evaluate and validate methods that promote quality in assisted living.

In recognition of the 15th anniversary of the *ALW Report*, CEAL commissioned a study to identify which of the recommendations states codified in statute and administrative rules (e.g., regulations), before and after the *ALW Report* was published. This report addresses the following 5 questions:

1. **WHICH ALW RECOMMENDATIONS DID STATES HAVE IN PLACE PRIOR TO 2003?**
2. **WHICH ALW RECOMMENDATIONS DID STATES PUT IN PLACE AFTER 2003?**
3. **WHICH ALW RECOMMENDATIONS DO MOST STATES HAVE IN PLACE AS OF 2018?**
4. **WHICH ALW RECOMMENDATIONS DO FEW STATES HAVE IN PLACE AS OF 2018?**
5. **WHAT ARE THE EMERGING POLICY TOPICS IN STATES' AL REGULATIONS?**

In addition to making recommendations, the *ALW Report* addressed the definition and core principles of assisted living and several overarching principles. The group created a multi-faceted definition of assisted living to respond to diverse consumer expectations, and included core services such as access to health-related, social and recreational services, as well as access to staff 24 hours daily. The core principles included resident-centered services and policies that promoted "each resident's quality of life, right to privacy, choice, dignity and independence as defined by that resident."

The workgroup developed rules and processes under which the ALW would operate, including a four-stage approval process for recommendations. ALW members agreed that a two-thirds majority vote of the participating organizations present at a full ALW meeting was necessary to move a recommendation forward to the next stage of the four-stage process. Many recommendations were significantly modified as they moved through the development stages. Each approved recommendation was voted on at least 3 times by the organizational representatives present at the full ALW meetings. Of the 131 recommendations in the *ALW Report*, 110 received a two-thirds majority approval and 21 did not receive a two-thirds majority. The failure of a recommendation to receive majority approval might have been due to participants' differences of opinion over whether the recommendation was too restrictive or permissive, or not restrictive or permissive enough. For example, a recommendation that medication assistive personnel be supervised by a registered nurse failed because some organizations argued that this policy did not provide enough oversight, some argued that the policy would conflict with existing statutory requirements, and others supported the use of trained and supervised unlicensed staff to administer medications. This report includes recommendations that did and did not achieve a majority vote.

The following categories of ALW recommendations are addressed in this report:

ACCOUNTABILITY AND OVERSIGHT

DIRECT CARE SERVICES

MEDICATION MANAGEMENT

OPERATIONS

RESIDENT RIGHTS

STAFFING

AFFORDABILITY

REGULATORY REVIEW METHODS

The methods used include regulatory sourcing and review. Using legal databases (i.e., *Westlaw, Nexis Uni*), we located each state's current and historic assisted living administrative code or statute. In addition, we relied on prior reviews published by the National Center for Assisted Living (NCAL), the U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation (ASPE), as well as a seminal review by Robert L. Mollica[1].

We reviewed each state's regulations in effect as of late 2002 or early 2003, and those in effect as of early 2019. We compared the past and current regulations for requirements that reflected the ALW recommendations. Because few states include detailed information about public subsidies for assisted living development or services in assisted living regulations, we used the Mollica report, NCAL reports and the ASPE report referenced above to review the affordability recommendations.

This report focuses on 90 of the 131 recommendations in the *ALW Report* for all 50 states and the District of Columbia (hereafter, "states"). A few states did not make changes to their assisted living regulations since 2003 *(see Appendix 1 for additional details about the study methods).*

STUDY LIMITATIONS

It is possible that states have policies, including statutes, provider alerts or directives (e.g., "administrator letters"), related regulations (e.g., administrator training and certification, nurse delegation) in addition to the ones reviewed here. These may include content relevant to the ALW recommendations. If so, the report undercounts these states. In addition, a state might use words to describe staffing or other topics that we missed in our keyword search.

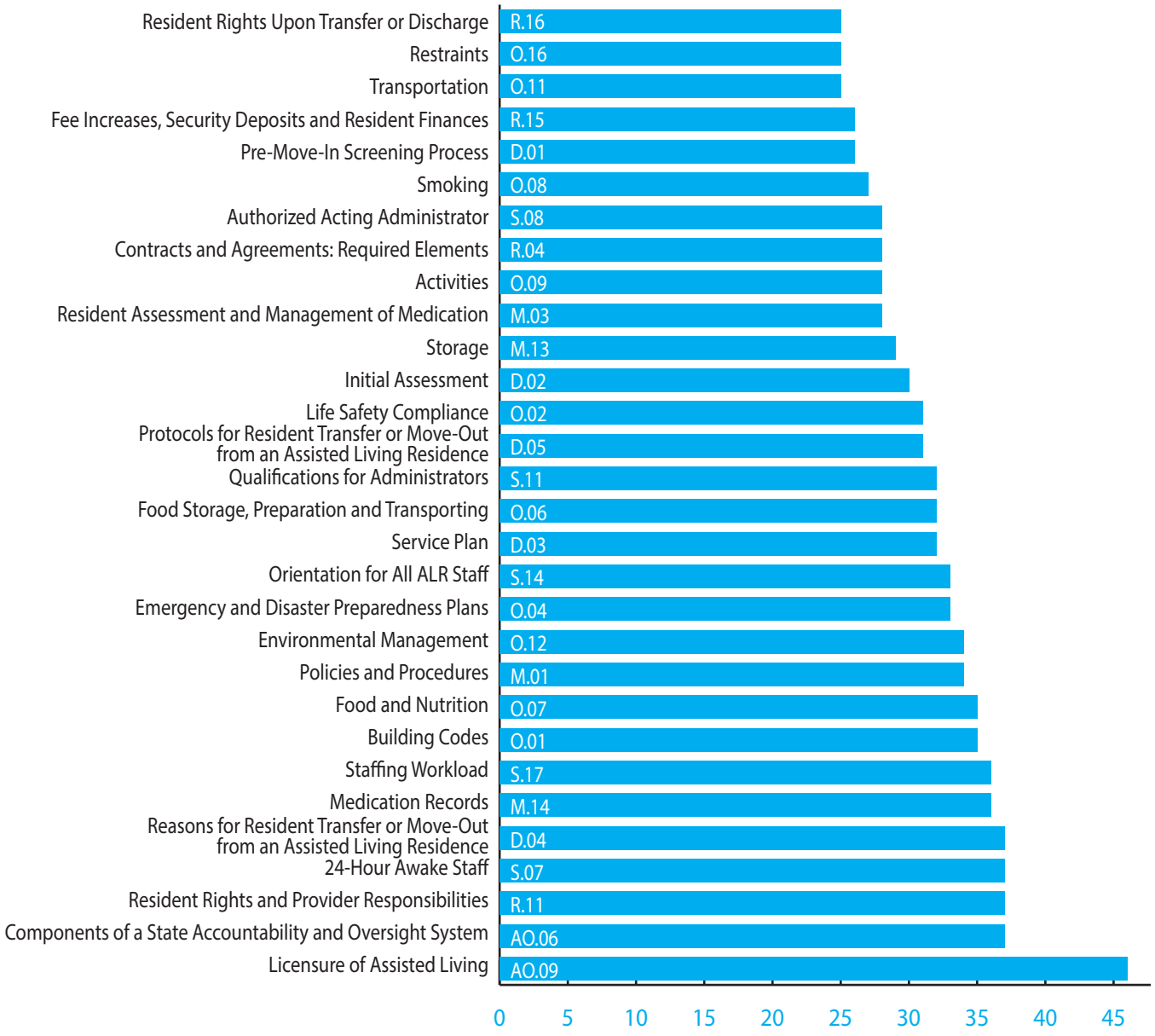
Not all recommendations in the *Affordability* category could be identified by reviewing state assisted living regulations because many of the ALW *Affordability Recommendations* refer to federal policies (e.g., set by Housing and Urban Development or Centers for Medicare and Medicaid Services) or were not addressed in assisted living regulations. Affordability is an important topic because access to quality assisted living services is beyond the reach of many individuals with moderate and low incomes. Future regulatory reviews should examine both state and federal policies that support or hinder the development and operation of affordable assisted living.

1 Mollica, R.L. (2002). *State Assisted Living Policy.* National Academy of State Health Policy, Portland, ME.

1. WHICH ALW RECOMMENDATIONS DID STATES HAVE IN PLACE PRIOR TO 2003?

States began implementing assisted living regulations in the 1980s, and before then many states had regulations for residential settings that predate assisted living, such as board and care, personal care homes, residential care and others. Based on this review, states had 1,591 recommendations in place prior to

FIGURE 1. RECOMMENDATIONS MOST STATES HAD IN PLACE PRIOR TO 2003 (number of states)



Note: The following recommendations did not receive a two-thirds majority approval by ALW participating organizations (listed by IDs): O.16 and S.17.

2003, and the number per state ranged from 3 to 61 *(see Figure 1 below and Table A4-2 in Appendix)*. Among the 90 recommendations reviewed, 30 had been implemented by at least half of states prior to 2003.

Of the 30 recommendations that at least half of states had in place before 2003, most related to the following categories *(see Figure 1)*:

OPERATIONS (10 recommendations): building codes (35 states); food and nutrition (35 states); life safety compliance, emergency and disaster preparedness plans (33 states); food storage, preparation and transporting (32 states); activities (28 states); smoking (27 states); transportation, environmental management (25 states); and restraints (25 states, this recommendation did not receive two-thirds majority approval).

DIRECT CARE SERVICES (5 recommendations): reasons for resident transfer or move-out (37 states); service plan (32 states); protocols for resident transfer or move-out (31 states); initial assessment (30 states); and pre-move-in screening process (26 states).

STAFFING (5 recommendations): 24-hour awake staff (37 states); staffing workload (36 states, this recommendation did not receive two-thirds majority approval); orientation for all ALR staff (33 states); authorized acting administrator (32 states); and qualifications for administrators (32 states).

MEDICATION MANAGEMENT (4 recommendations): medication records (36 states); policies and procedures (34 states); medication storage (29 states); and resident assessment and management of medication (28 states).

RESIDENT RIGHTS (4 recommendations): resident rights and provider responsibilities (37 states); contracts and agreements: required elements (28 states), fee increases, security deposits and resident finances (26 states); and resident rights upon transfer or discharge (25 states).

ACCOUNTABILITY AND OVERSIGHT (2 recommendations): licensure of assisted living (46 states); and components of a state accountability and oversight system (37 states).

Before 2003, 37 states described requirements for resident discharge or transfer, and 31 states specified the level of detail in the ALW-recommended protocols for resident moves (see box below for example). After 2003, 9 states modified their discharge and transfer requirements and now reflect the ALW-recommended protocols.

Thirty-three of the ALW recommendations were adopted by relatively few states prior to 2003 *(see Figure 2)*, as detailed below. Eleven recommendations with low adoption rates concerned medication management. Of these, 5 did not receive two-thirds majority approval by ALW members because, for example, some participants either did not approve the use of "medication assistive personnel" (MAP) or did not approve of MAP performing specific tasks (e.g., administration of medications by injection or on a *pro re nata* or PRN basis). Additional recommendations adopted by few states prior to 2003 include:

RESIDENT RIGHTS (6 recommendations): room/unit hold during a resident's absence (10 states); policies about lost or stolen property (this recommendation did not get a two-thirds majority approval; 9 states); contractual arrangements for third-party responsibilities (7 states); pre-admission disclosure regarding end-of life services (4 states); prohibitions of residents' right to sue (3 states); and availability of an ethics committee (1 state).

DIRECT CARE SERVICES (5 recommendations): hospice care (8 states); shared responsibility agreements (this recommendation did not receive two-thirds majority approval; 8 states); policies on do not resuscitate orders (DNR) (6 states); palliative care services (2 states); and senior wellness programs (2 states).

STAFFING (5 recommendations): compliance with federal employment laws (8 states); staff performance evaluations (8 states); staff ability to communicate in English (7 states); human resources practices for staff retention (2 states); and management practices that support staff retention (no states).

OPERATIONS (3 recommendations): activities for residents in special-care programs (10 states); communication of life safety standards to prospective residents (8 states); and availability of resident or family councils (7 states).

Of the remaining recommendations that only a small number of states had in place prior to 2003, one was supply constraints such as moratoria on licensing new assisted living units. However, it is possible that states address supply constraints in policies other than assisted living regulations. Only 7 states had in place strategies for tracking and assessing "resident outcomes," such as satisfaction or quality of life. This recommendation did not receive a two-thirds majority vote.

ALW RECOMMENDATION D.05:

PROTOCOLS FOR RESIDENT TRANSFER OR MOVE-OUT FROM AN ASSISTED LIVING RESIDENCE

After the criteria to initiate a move-out of a resident have been met, subject to any appeal rights held by the resident the ALR transfers or moves a resident only after providing the resident with:

❶ A meeting will be coordinated with the resident and ALR staff to review the conditions for transfer or move-out. The ALR will assist the resident in identifying other appropriate alternative settings.

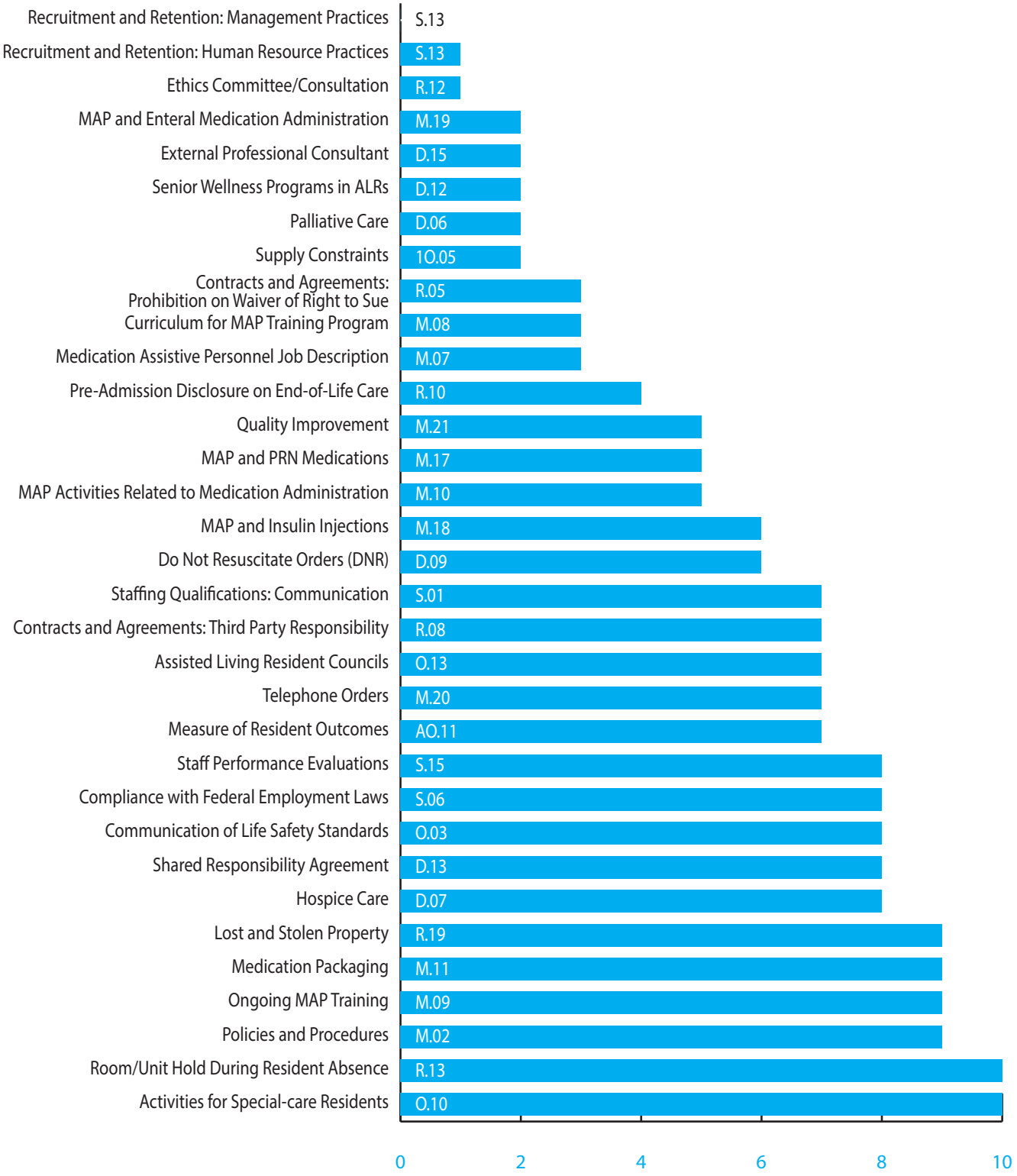
❷ Except in an emergency, advance written notice that includes the reason for the transfer or move-out, and the approximate date when the transfer or move-out will occur. A simple and expeditious appeals process should be available to allow the resident and family the opportunity to dispute the transfer/move-out, but does not unduly prolong or exacerbate the situation that led to the ALR's or state's decision.

❸ Information on the availability of assistance and support services to help the resident make the transfer or move-out to a setting which is adequate and appropriate for the resident.

❹ The ALR shall prepare a move-out summary, which includes pertinent information regarding the resident's physical and mental and cognitive status, and a list of current medications.

❺ A copy of all pertinent resident records, including when an emergency transfer occurs.

FIGURE 2. RECOMMENDATIONS LEAST OFTEN ADOPTED BY STATES PRIOR TO 2003 (number of states)



Note: The following recommendations did not receive a two-thirds majority approval by ALW participating organizations (listed by IDs): AO.11, D.13, D.15, M.17, M.18, M.19, M.20, M.21and R.19.

2. WHICH ALW RECOMMENDATIONS DID STATES PUT IN PLACE AFTER 2003?

States added 660 ALW recommendations after 2003 *(see Table A4-2 in the Appendix)*. No ALW-specific changes were found in 3 states' regulations (HI, ME and NC), although each of these states had several recommendations in place prior to 2003, ranging from 20 (HI) to 61 (NC).

Most states (32) added 10 or more recommendations after 2003, and of these, 6 (CO, GA, NH, OH, OR, WA) added more than 25 recommendations *(see Figure 3 below)*. Notably, 5 of these states already had in place 21 or more recommendations prior to 2003.

Sixteen states (AL, AR, AZ, CA, CT, DE, DC, IL, IN, MO, MT, SC, UT, VT, WI, WY) added between 1 and 9 recommendations after 2003. Each of these 16 states had at least 25 recommendations in place before 2003 with the exception of WY (10) *(see Table A4-2 in the Appendix)*.

FIGURE 3. RECOMMENDATIONS MOST OFTEN ADOPTED BY STATES AFTER 2003 (number of states)

Note: The following recommendation did not receive a two-thirds majority approval by ALW participating organizations (listed by ID): O.16.

Focusing on the recommendations put in place by 11 or more states after 2003, most addressed direct care services, building operations and medication management, as summarized below.

DIRECT CARE SERVICES (7 recommendations): hospice care (23 states); identification of cognitive impairment/dementia (21 states); dementia care units (20 states); initial assessment (16 states); service planning (13 states); advance directives (12 states); and pre-move-in screening (11 states).

OPERATIONS (7 recommendations): activities for special-care residents (20 states); social/recreational activities (16 states); transportation services (14 states); security for residents who might wander (12 states); no restraints unless for extreme emergency (12 states; this recommendation did not receive two-thirds majority approval); emergency and disaster preparedness plans (11 states); and food and nutrition services including 3 daily meals that meet USDA standards (11 states).

MEDICATION MANAGEMENT (4 recommendations): medication storage (16 states); medication policies for storage and use (13 states); resident assessment of medication management (11 states); and medication records (11 states).

3. WHICH ALW RECOMMENDATIONS DO MOST STATES HAVE IN PLACE AS OF 2018?

To understand the breadth of ALW recommendations for policies that support high-quality assisted living services and building operations, it is useful to look at the total number of recommendations that states put in place, both before and after 2003. As indicated in *Table 1* below, all states license assisted living. Of the 90 recommendations reviewed, half (45 recommendations) are present in at least 25 states' assisted living regulations.

TABLE 1. RECOMMENDATIONS THAT STATES PUT IN PLACE AFTER 2003

ID	RECOMMENDATION	NUMBER OF STATES		
		PRIOR TO 2003	AFTER 2003	TOTAL
AO.09	Licensure of Assisted Living	46	5	51
M.01	Policies and Procedures	34	13	47
M.14	Medication Records	36	11	47
R.11	Resident Rights and Provider Responsibilities	37	10	47
D.02	Initial Assessment	30	16	46
D.04	Reasons for Resident Transfer or Move-out from an Assisted Living Residence	37	9	46
O.07	Food and Nutrition	35	11	46
M.13	Storage	29	16	45
S.07	24-Hour Awake Staff	37	8	45
D.03	Service Plan	32	13	45
O.04	Emergency and Disaster Preparedness Plans	33	11	44
O.09	Activities	28	16	44
O.01	Building Codes	35	7	42
O.06	Food Storage, Preparation and Transporting	32	10	42
O.12	Environmental Management	34	8	42
S.17	Staffing Workload	36	6	42
AO.06	Components of a State Accountability and Oversight System	37	4	41
S.14	Orientation for All ALR Staff	33	8	41

TABLE 1. RECOMMENDATIONS THAT STATES PUT IN PLACE AFTER 2003 (CONTINUED)

ID	RECOMMENDATION	NUMBER OF STATES		
		PRIOR TO 2003	AFTER 2003	TOTAL
D.05	Protocols for Resident Transfer or Move-out from an Assisted Living Residence	31	10	41
S.11	Qualifications for Administrators	32	9	41
M.03	Resident Assessment and Management of Medication	28	11	39
O.11	Transportation	25	14	39
D.11	Care for People with Cognitive Impairment/Dementia and Dementia Special Care Units and Facilities	18	20	38
R.04	Contracts and Agreements: Required Elements	28	10	38
D.01	Pre-Move-In Screening Process	26	11	37
D.10	Identification of Cognitive Impairment/Dementia	16	21	37
O.16	Restraints	25	12	37
S.08	Authorized Acting Administrator	28	9	37
O.02	Life Safety Compliance	31	5	36
D.08	Advance Directives	23	12	35
R.16	Resident Rights Upon Transfer or Discharge	25	10	35
O.08	Smoking Policy	27	7	34
R.06	Posting Contact Information	24	9	33
R.17	Access to State Survey/Inspection Reports	24	9	33
D.07	Hospice Care Services	8	23	31
O.15	Security for Wandering Residents	19	12	31
R.15	Fee Increases, Security Deposits and Resident Finances	26	5	31
R.18	Disclosure of Staffing Levels	20	10	30
O.10	Activities for Special Care Residents	10	20	30
R.07	Pre-Admission Disclosure for Specialized Programs of Care	15	15	30
R.09	Pre-Admission Disclosure on Advance Directives	16	12	28
S.09	Vaccinations	19	7	26
M.05	Resident Assessment and Management of Medication	19	7	26

TABLE 1. RECOMMENDATIONS THAT STATES PUT IN PLACE AFTER 2003 (CONTINUED)

ID	RECOMMENDATION	NUMBER OF STATES		
		PRIOR TO 2003	AFTER 2003	TOTAL
O.14	Community Environment and Standards	20	5	25
AO.04	Pre-licensure Review	21	3	24
S.05	Verification of Employment History	19	5	24
M.06	Medication Administration by Medication Assistive Personnel	15	8	23
M.15	Definitions	16	7	23
S.10	Discussion of Job Descriptions With Potential Employees	17	5	22
S.16	Personal Care Assistant (PCA) Training	15	7	22
R.01	Consistency in Contracts and Marketing	14	7	21
M.04	Resident Assessment and Management of Medication	16	4	20
M.22	Consultant Pharmacist Role	17	3	20
S.03	Staff Qualifications: Use of Information from Criminal Background Checks	11	9	20
D.14	Access to ALRs for Individuals with Personal Healthcare Needs	16	4	20
O.05	Contingency Plan	13	6	19
R.03	Contracts and Agreements: Readability and Pre-Signing Review	14	5	19
R.02	Contracts and Agreements: Consistency with Applicable Law	15	4	19
M.16	Supervision of Medication Assistive Personnel	11	5	16
R.19	Lost and Stolen Property	9	6	15
M.09	Ongoing MAP Training	9	5	14
O.13	Assisted Living Residence Councils	7	7	14
AO.11	Measure of Resident Outcomes	7	7	14
S.15	Staff Performance Evaluations	8	6	14
M.11	Medication Packaging	9	4	13
O.03	Communication of Life Safety Standards	8	5	13
R.13	Room/Unit Hold During Resident Absence	10	3	13
D.09	Do Not Resuscitate Orders (DNR)	6	7	13
M.02	Policies and Procedures	9	4	13

TABLE 1. RECOMMENDATIONS THAT STATES PUT IN PLACE AFTER 2003 (CONTINUED)

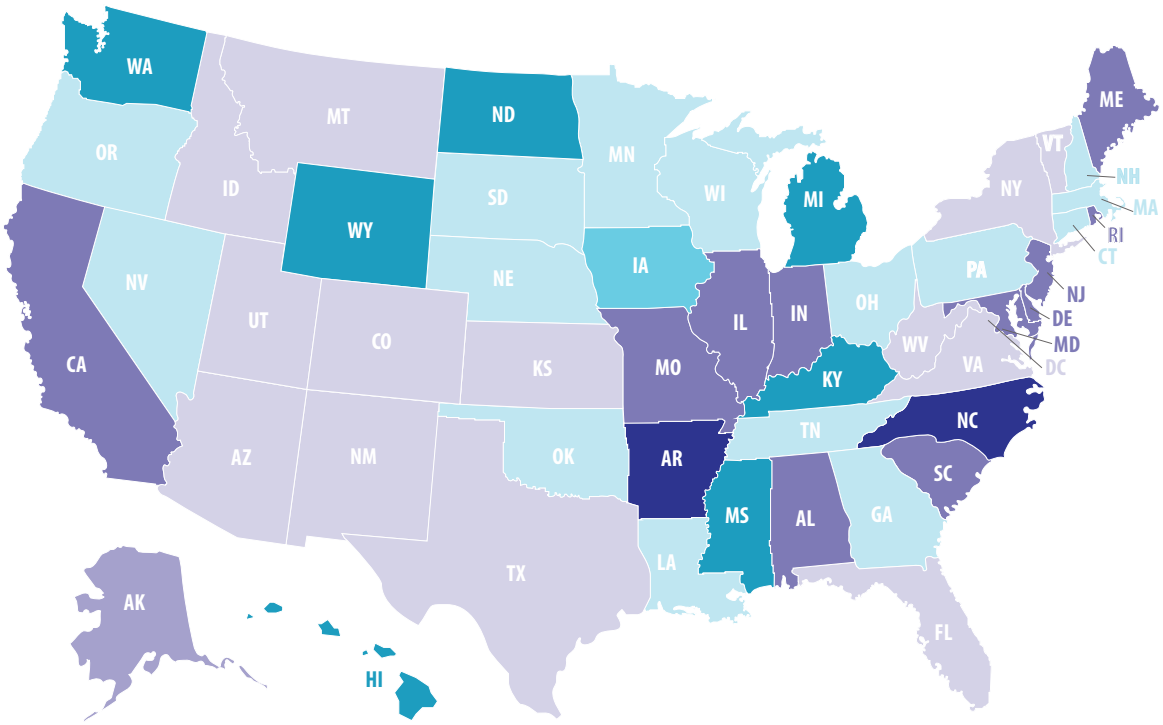
ID	RECOMMENDATION	NUMBER OF STATES		
		PRIOR TO 2003	AFTER 2003	TOTAL
M.21	Quality Improvement	5	7	12
M.18	MAP and Insulin Injections	6	5	11
M.20	Telephone Orders	7	4	11
M.10	MAP Activities Related to Medication Administration	5	5	10
M.17	MAP and PRN Medications	5	5	10
D.13	Shared Responsibility Agreement	8	1	9
S.01	Staffing Qualifications: Communication	7	2	9
S.06	Compliance With Federal Employment Laws	8	1	9
R.08	Contracts and Agreements: Third Party Responsibility	7	1	8
D.06	Palliative Care	2	5	7
R.10	Pre-Admission Disclosure on End-of-Life Care	4	3	7
M.08	Curriculum for MAP Training Program	3	3	6
D.12	Senior Wellness Programs in ALRs	2	3	5
R.05	Contracts and Agreements: Prohibition on Waiver of Right to Sue	3	2	5
D.15	External Professional Consultant	2	3	5
M.19	MAP and Enteral Medication Administration	2	3	5
AO.05	Supply Constraints	2	2	4
M.07	Medication Assistive Personnel Job Description	3	1	4
R.12	Ethics Committee/Consultation	1	0	1
S.13	Recruitment and Retention: Human Resource Practices	1	0	1
S.12	Recruitment and Retention: Management Practices	0	0	0

Note: Gray highlighted rows represent those that did not receive a two-thirds majority approval by ALW participating organizations. A two-thirds majority vote was needed to move a recommendation forward in the four-stage process. Each approved recommendation was voted on at least three times. The failure of a recommendation to receive majority approval might have been due to difference of opinion over whether or not the recommendation was too restrictive or permissive, or not restrictive or permissive enough.

The maps below provide a visual representation of states' adoption of ALW recommendations over time. In the 15 years since the *ALW Report* was published, 17 states put in place at least 50 of 90 recommendations, and 20 added between 41 and 50 (represented by darker colors).

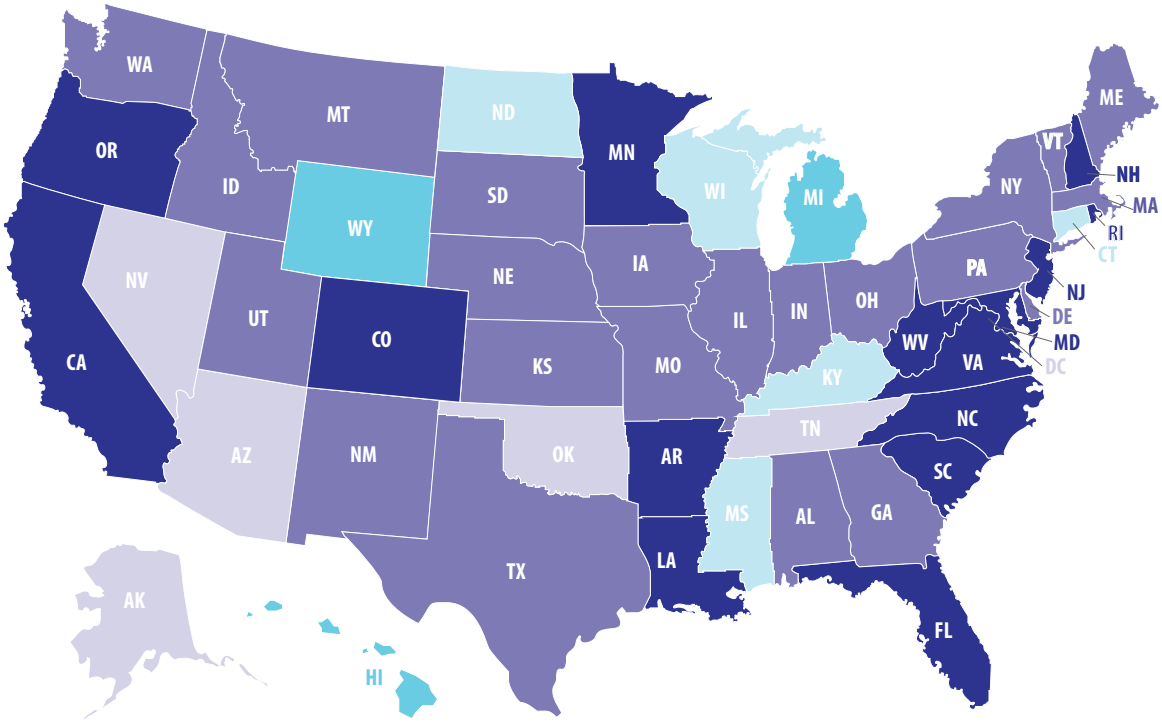
FIGURE 4. GEOGRAPHIC DISTRIBUTION OF ALW RECOMMENDATIONS BEFORE AND AFTER 2003

Prior to 2003



As of 2018

(includes MN, early 2019)



4. WHICH ALW RECOMMENDATIONS DO FEW STATES HAVE IN PLACE AS OF 2018?

This section reviews recommendations that fewer than half of states put in place either before or after 2003.

TABLE 2. RECOMMENDATIONS APPROVED BY TWO-THIRDS MAJORITY, LEAST OFTEN ADOPTED BY STATES

	ALW RECOMMENDATION	# STATES
Accountability and Oversight	AO.04 - Pre-licensure Review	24
	AO.05 - Supply Constraints	4
Operations	O.03 - Communication of Life Safety Standards	13
	O.05 - Contingency Plan	19
	O.13 - Assisted Living Residence Councils	14
Medication	M.02 - Policies and Procedures	13
	M.04 - Resident Assessment and Management of Medication	20
	M.06 - Medication Administration by Medication Assistive Personnel	23
	M.07 - Medication Assistive Personnel Job Description	4
	M.08 - Curriculum for MAP Training Program	6
	M.09 - Ongoing MAP Training	14
	M.10 - MAP Activities Related to Medication Administration	10
	M.11 - Medication Packaging	13
Staffing	S.01 - Staffing Qualifications: Communication	9
	S.03 - Staff Qualifications: Use of Information From Criminal Background Checks	20
	S.05 - Verification of Employment History	24
	S.06 - Compliance With Federal Employment Laws	9
	S.10 - Discussion of Job Descriptions With Potential Employees	22
	S.12 - Recruitment and Retention: Management Practices	0
	S.13 - Recruitment and Retention: Human Resource Practices	1
	S.15 - Staff Performance Evaluations	14
Direct Care Services	D.06 - Palliative Care	7
	D.09 - Do Not Resuscitate Orders (DNR)	13
	D.12 - Senior Wellness Programs in ALRs	5
Resident Rights	R.01 - Consistency in Contracts and Marketing	21
	R.02 - Contracts and Agreements: Consistency with Applicable Law	19
	R.03 - Contracts and Agreements: Readability and Pre-signing Review	19
	R.05 - Contracts and Agreements: Prohibition on Waiver of Right to Sue	5
	R.08 - Contracts and Agreements: Third-Party Responsibility	8
	R.10 - Pre-Admission Disclosure on End-of-Life Care	7
	R.12 - Ethics Committee/Consultation	1
	R.13 - Room/Unit Hold During Resident Absence	13

Forty-six recommendations were put in place by 24 or fewer states and, of these, 14 did not receive a two-thirds majority vote by the ALW. *Table 2* lists the 32 ALW recommendations that 24 or fewer states currently have in place. As noted above, this does not suggest that states lack policies for these topics, but rather that the policy could not be identified or did not match the intent of the *ALW Report*.

Of the passing recommendations least often adopted by states, 8 addressed medication management, resident rights and staffing, 3 concerned operations and direct care services, and 2 were related to oversight.

Among the 46 recommendations adopted by less than half of the states, 14 failed to receive a two-thirds majority approval by the ALW; 8 of these concerned medication management, 3 addressed direct care services, and 1 each concerned staffing, resident rights, and accountability and oversight activities *(see Table 3 below)*.

TABLE 3. RECOMMENDATIONS THAT DID NOT RECEIVE TWO-THIRDS MAJORITY APPROVAL AND WERE LEAST OFTEN ADOPTED BY STATES

	ALW RECOMMENDATION	# STATES
Accountability and Oversight	AO.11- Measure of Resident Outcomes	14
Medication	M.15 - Definitions	23
	M.16 - Supervision of Medication Assistive Personnel	16
	M.17 - MAP and PRN Medications	10
	M.18 - MAP and Insulin Injections	11
	M.19 - MAP and Enteral Medication Administration	5
	M.20 - Telephone Orders	11
	M.21 - Quality Improvement	12
	M.22 - Consultant Pharmacist Role	20
Staffing	S.16 - Personal Care Assistant (PCA) Training	21
Direct Care Services	D.13 - Shared Responsibility Agreement	9
	D.14 - Access to ALRs for Individuals with Personal Healthcare Needs	20
	D.15 - External Professional Consultant	5
Resident Rights	R.19 - Lost and Stolen Property	15

Note: Gray highlighted rows represent those that did not receive a two-thirds majority approval by ALW participating organizations. A two-thirds majority vote was needed to move a recommendation forward in the four-stage process. Each approved recommendation was voted on at least three times. The failure of a recommendation to receive majority approval might have been due to differences of opinion over whether or not the recommendation was too restrictive or permissive, or not restrictive or permissive enough.

AFFORDABILITY RECOMMENDATIONS

As noted, affordability was reviewed separately from the other categories of recommendations because few states include details about public financing of assisted living development, operations or services in their assisted living regulations. The *ALW Report* included 29 recommendations for creating affordable assisted living. Most (26) received a two-thirds majority vote and 3 did not *(see Appendix 4, Table A4-1, ALW Recommendations)*.

This report summarizes states' use of Medicaid Home and Community-Based Service (HCBS) waivers, Supplemental Security Income (SSI) payments, family contributions and personal needs allowances *(see Table 4 on next page)*. In addition, the adoption of Medicaid managed care programs to pay for assisted living services is addressed.

PUBLIC SUBSIDY SOURCES FOR ASSISTED LIVING SERVICES

States have several Medicaid authorities to pay for assisted living services. The Medicaid HCBS waiver (§1915c) remains the primary government source for subsidizing the cost of assisted living, though some states use sate plans or general funds to pay for services. Medicaid waivers require that beneficiaries meet the state's nursing home level of care, while state plans and funds might not have this requirement. However, the HCBS waiver permits states to set the financial eligibility threshold at up to 300% of the federal SSI benefit, which is more generous than states' general Medicaid eligibility criteria[2]. States may choose to use general funds to pay the costs of residents who do not meet Medicaid financial or medical eligibility criteria.

In 2002, 9 states lacked a public subsidy for assisted living services (AL, CA, KY, LA, NM, OH, OK, TN, WV), and currently, 6 states lack public subsidies (AL, KY, LA, PA, VA, WV). Based on a national survey, in 2013–14, 47% of assisted living communities accepted Medicaid payments, but only 15% of residents used Medicaid as a payer source[3]. Sixteen states have a state plan or use designated state funds to pay for assisted living services and, in some cases, room and board costs.

Most states use Medicaid funding to pay for assisted living services *(see Table 4 on next page)*. Of these, 33 use a Medicaid waiver (e.g., §1915c, §1115), and an additional 14 states use a Medicaid managed care authority (§1115 Medicaid waiver, §1915-b or –c) to pay for assisted living services. At least 24 states have a managed care waiver to pay for long-term services and supports[4], but they vary in terms of the services and populations covered.[5]

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2 Carder, P.C., O'Keeffe, & O'Keefe (2015). *Compendium of Residential Care and Assisted Living Regulations and Policy.* Retrieved from https://aspe.hhs.gov/basic-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition

3 Harris-Kojetin L, Sengupta M, Lendon JP, Rome V, Valverde R, Caffrey C. (2019). Long-term care providers and services users in the United States, 2015–2016. National Center for Health Statistics. Vital Health Stat 3(43). Retrieved from https://www.cdc.gov/nchs/data/series/sr_03/sr03_43-508.pdf

4 LePore, M., Knowles, M., Porter, K., O'Keeffe, J. (2017). Medicaid beneficiaries access to residential care settings. *Journal of Housing for the Elderly*, 31:4, 351-366. DOI: 10.1080/02763893.2017.1335669

5 Lewis, E., Eiken, S., Amos, A., Saucier, P. (2018). *The Growth of Managed Long-Term Services and Supports Programs: 2017 Update*. Retrieved from https://www.medicaid.gov/medicaid/managed-care/downloads/ltss/mltssp-inventory-update-2017.pdf

Under most Medicaid waivers, states negotiate rates with the Centers for Medicare and Medicaid Services, and these rates may not exceed the amount spent for nursing home services. However, under Medicaid managed care programs, the plan may negotiate rates with assisted living providers. States using public resources may limit the type of services, the number of subsidy "slots" and the population served. For example, California limits the program to a few counties.

Among the states with a state plan to pay for assisted living services, Oregon is unique for applying the §1915(k) state plan option, also known as a Community First Choice (CFC) option. The CFC is linked to the state's Medicaid plan rather than a waiver and can expand resources to individuals who might not qualify for a Medicaid waiver. Eligibility criteria include both financial need and the state's institutional level of care threshold.

TABLE 4. ASSISTED LIVING PUBLIC SUBSIDY SOURCES BY STATE

STATE	MEDICAID WAIVER	MANAGED CARE	STATE PLAN	STATE FUNDS	STATE	MEDICAID WAIVER	MANAGED CARE	STATE PLAN	STATE FUNDS
AL					**MT**	X			
AK	X				**NE**	X			
AZ		X			**NV**	X			
AR	X		X		**NH**	X			
CA	X				**NJ**		X		
CO	X				**NM**		X		
CT	X			X	**NY**	X	X	X	
DE		X			**NC**			X	
DC	X				**ND**	X			
FL	X	X			**OH**		X		X
GA	X				**OK**	X			
HI	X	X			**OR**			X	
ID	X				**PA**				
IL	X	X			**RI**	X			
IN	X			X	**SC**	X			
IA		X			**SD**	X			
KS	X	X			**TN**	X	X		
KY					**TX**	X			
LA					**UT**	X			
ME	X		X	X	**VT**	X		X	
MD	X			X	**VA**				
MA			X		**WA**	X			
MI			X		**WV**				
MN	X	X			**WI**		X	X	X
MS	X				**WY**	X			
MO			X						
				TOTAL, ALL COLUMNS		**33**	**14**	**10**	**6**

The *ALW Report* included recommendations for the Medicaid program rules regarding room and board rates, personal needs allowance and family contributions. Specifically, the ALW recommended that states establish maintenance allowances that permit residents to retain sufficient income to pay for room and board and personal expenses (e.g., personal needs allowance, or PNA) and that states provide optional subsidies for Medicaid-eligible residents whose income is less than the state's established room and board payment amount.

States may elect to supplement the room and board rate paid by residents whose services are paid by Medicaid. As of 2014, 29 states provided an optional supplement for room and board, and the amounts ranged from 94 dollars to 759 dollars. Another 7 states set monthly rental rates at the federal SSI rate minus the PNA rate.

Assisted living residents who are Medicaid recipients may receive a PNA, which refers to the money they may retain from their personal income. Income above the PNA may be applied toward service costs charged by the assisted living residence. Information was identified for 35 states, and of these, the 2014 PNA amount ranged from 30 dollars to 193 dollars per month.[6]

States may permit residents receiving Medicaid to receive financial support from a family member. Examples include an upgrade to a private unit or certain services or resources that are not included under Medicaid (e.g., clothing). As of 2014, 25 states permitted some form of family supplementation, 12 prohibited it, and the others did not have a policy.

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6 Carder, P.C., O'Keeffe, & O'Keefe (2015). *Compendium of Residential Care and Assisted Living Regulations and Policy.* Retrieved from https://aspe.hhs.gov/basic-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition

5. WHAT ARE THE EMERGING POLICY TOPICS IN STATES' AL REGULATIONS?

Several emerging policy topics that either were not addressed or were minimally addressed in the *ALW Report* were identified during this review. These topics include:

1. **Person-centered care**
2. **Dementia care**
3. **Non-pharmacological approaches for meeting the needs of persons living with dementia**
4. **Quality indicators and outcome measures**
5. **Medical oversight and care coordination**
6. **Emergency preparedness plans**
7. **Diversity and inclusion**
8. **Cannabis use by residents**
9. **Managed long-term services and supports (LTSS)**

1. Person-centered care

A few states (CO, IA, LA, MO, ND, PA) described person-centered care, though Oregon's regulations were the most detailed. The requirements include a person-centered care coordinator, defined as a person the resident chooses, or a case manager if the resident receives Medicaid. Elements of the service plan include efforts to identify and respond to resident preferences that support his/her dignity, privacy, choice, individuality and independence. Provisions include pre-admission screening, when and how to update the service plan, and elements of a risk agreement. (OAR 411-54-0036, 10/28/17).

Initially released for use in June 2014, the *Toolkit for Person-Centeredness in Assisted Living* was developed through a close partnership between the University of North Carolina at Chapel Hill and the Center for Excellence in Assisted Living (CEAL), along with assisted living providers, residents, family members and organizational representatives. Available for free download, the *Toolkit* includes questionnaires to be completed by assisted living residents and staff, and simple, easy-to-follow instructions for scoring and interpreting the results. The questionnaires measure person-centered practices in assisted living, and are called the PC-PAL. The PC-PAL questionnaires are based on research evidence, and have been rigorously tested for ease of use and statistical validity.

2. Dementia care

States have been implementing dementia-specific regulatory requirements since the 1990s. In 2000, 28 states had at least 1 dementia-specific requirement, and, in 2014, all but 2 states did. Now all states have 1 or more provisions for the care of people with Alzheimer's disease and related dementias (ADRD). Increasingly, states are certifying or licensing dementia care as a distinct setting. Some states combine the dementia care certificate or license with other settings. For example, Oregon certifies nursing homes, as well as assisted living/residential care, as "memory care communities" (OAR-411-057). Based on a 2015 review, all but two states had at least one provision regarding care of persons with ADRD in assisted living, such as staff training, 16 states licensed or certified dementia care units, and 17 required additional agency review for dementia care services[7]. Based on an updated analysis, at least 34 states currently have regulations that require agency review, certification or licensure of dementia care units: AK, AL, AR, CA, CT, IL, IN, IA, KY, MD, ME, MA, MN, MS, MO, MT, NE, NV, NJ, NY, NM, NC, OK, OR, PA, RI, SC, TX, UT, VA, VT, WA, WV and WY.

7 Carder, P.C. (2017). State Regulatory Approaches for Dementia Care in Residential Care and Assisted Living. *The Gerontologist.*

3. Non-pharmacological approaches for meeting the needs of persons living with dementia

One of the ALW recommendations that did not pass, quality improvement in medication management (M.21), included a statement regarding the use of non-pharmacological approaches to manage pain or conditions such as behavioral expressions of need or distress associated with dementia. A few states now have requirements that address this topic. Colorado requires staff members employed in secure environments to be trained on non-pharmacological techniques and approaches used to guide and support residents with dementia/cognitive impairment, and who "present wandering and socially challenging behavioral expressions of need or distress." (6-CCR-1011-7; 25.14).

4. Quality indicators and outcome measures

Rhode Island is 1 of 12 states to specify procedures for ALRs to assess quality. The rules require ALRs to establish a quality assurance committee comprised of the administrator, a registered nurse and a dietary staff member; to develop a quality assurance (QA) plan that is reviewed and updated at least annually; and to develop criteria for monitoring resident/family satisfaction, medication administration, incidents, resident falls and plans of correction. Residences that specialize in dementia care have additional quality assurance requirements. (216-RICR-40-10-2; 2.4.3). In addition, Oregon and Wisconsin have systems in place to collect, track and report information about quality measures, and New Jersey has a voluntary program for providers who meet defined benchmarks based on six quality measures.[8]

Researchers from the University of North Carolina's Cecil G. Sheps Center for Health Services Research and School of Social Work, with funding from CEAL, completed a review of measures and instruments useful to maintain and improve quality in assisted living, and which may help assisted living providers become an even more valuable service choice for aging Americans as health care options change. After consulting other experts and conducting extensive literature reviews, the team rated the quality and applicability of more than 250 tools. The final report, *Measures and Instruments for Quality Improvement in Assisted Living*, summarizes the highest scoring tools and provides a description and resources for each one, by domain. This way, an organization looking to assess their practices in any of the five domains can select tools to evaluate and improve their efforts.

5. Medical oversight and care coordination

States have required assisted living communities to obtain a physician assessment at resident move-in, including a list of medical diagnoses and prescription medications. Provisions for medical oversight and coordination with external care providers are increasingly common, possibly due to the increasing acuity level of residents and federal incentives for care coordination throughout the health care system. States often limit the admission or retention of individuals with medical conditions, though some states allow waivers and exceptions to such requirements. For example, New Jersey requires assisted living residences to provide or coordinate services and permits residences to retain residents who need 24-hour daily nursing supervision, are bedridden for more than 14 days or have a medically unstable condition (8:36-5.1).

6. Emergency preparedness plans

Nearly every state had in place requirements for disaster response; most of these dealt with fire emergencies. Since 2003, 19 states added contingency plans to address evacuation in the event of a large-scale disaster or emergency, including fire or natural disaster. For example, California's rules for residential

8 NCAL. *Assisted Living Communities: States Embrace Unique Collaborative Quality Efforts*. Retrieved from https://www.ahcancal.org/ncal/advocacy/regs/Documents/NCAL%20AL%20Case%20Studies.pdf

disaster. For example, California's rules for residential care facilities for the elderly (RCFE) require facilities to have a plan of action that designates administrative and staff assignments, a safety plan, means of exiting the structure, a predetermined evaluation site, transportation arrangements, relocation sites with temporary accommodations, resident supervision, emergency contacts, and methods for notifying residents' hospice provider, if relevant. (22-6-8).

7. Diversity and inclusion

California recently adopted regulations requiring administrators and direct care staff to receive "LGBT training," referring to lesbian, gay, bisexual and transgender persons.[9] In 2014, Oregon's Department of Human Services, which licenses assisted living and residential care, addressed diversity and equity in a state-wide planning process that included community input. Among the topics identified as important for all aging services providers to address were "culturally and linguistically responsive" services[10] and the "unique needs of LGBT elders".[11] In 2018, Massachusetts passed a law requiring "LGBT awareness training" for all aging service providers.[12]

8. Cannabis use by residents

New Hampshire has detailed provisions for the therapeutic use of cannabis by residents who are qualifying patients possessing a registry identification card. Use is permitted at an assisted living–residential care (ALR-RC) if it is designated as a "facility caregiver" as allowed by RSA 126-X:2, XVI or if the ALR-RC permits a resident to possess and use cannabis at the licensed premises, the resident is able to self-administer medication without assistance, and the cannabis remains in the possession of the resident. ALR-RCs must have policies in place regarding storage and administration, and may prohibit smoking of cannabis if smoking is not permitted on the premises. (He-P 804.17 (as-av). Medication Services).

9. Managed long-term services and supports (LTSS)

States have implemented Medicaid managed LTSS in an effort to manage the costs of Medicaid-funded services.[13] Fourteen states have a program that pays for assisted living services. Some states have retained their HCBS §1915c waivers while adding a managed care waiver, and others converted entirely to a managed care plan. There is ongoing debate as to whether this financial model saves states money or improves access to or quality of LTSS, but it is a trend to watch.[14]

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9 California Assisted Living Association. (2019). *Recent Assisted Living Legislation*. Retrieved from https://caassistedliving.org/pdf/public_policy/2017_leg_overview.pdf

10 Oregon Department of Human Services. (2014). *Service Equity Subcommittee Recommendations*. Retrieved from https://www.oregon.gov/DHS/SENIORS-DISABILITIES/LTC/LTC30/LTC30ServiceSubDocs/Recommendations.pdf

11 Oregon Department of Human Services. (2014). *Unique Needs of LGBT Elders*. Retrieved from https://www.oregon.gov/DHS/SENIORS-DISABILITIES/LTC/LTC30/LTC30ServiceSubDocs/Unique%20Needs%20LGBT%20Elders%20-%20February%2018,%202014.pdf

12 Commonwealth of Massachusetts, S. 346. (2018). Retrieved from https://malegislature.gov/Bills/190/SD1272

13 National Association of State Units on Aging. (2019). *Managed Long-Term Services and Supports*. Retrieved from http://www.nasuad.org/initiatives/managed-long-term-services-and-supports

14 Kaiser Family Foundation. (2015). *Medicaid and Long-Term Services and Supports: A Primer*. Retrieved from https://www.kff.org/medicaid/report/medicaid-and-long-term-services-and-supports-a-primer/

DISCUSSION

This study assessed whether states have regulations that reflect the ALW recommendations that aging and disability service and housing professionals and advocates identified as critical for the provision of quality assisted living. The results of this regulatory review can inform CEAL, its stakeholders, regulatory agencies and policy makers about the progress that states have made and suggest areas for focused attention in the coming years.

The number of ALW-specific recommendations that states had in place prior to 2003 was 1,591 and this number increased to 2,251 based on this review of 90 recommendations. It is important to note that states lacking these recommendations do not necessarily lack regulatory requirements for the relevant topics. For the purpose of this review, it means that the state's assisted living regulations do not adequately reflect the intent of the ALW recommendations. Here we briefly highlight several topics that deserve additional attention based on this regulatory review of states' assisted living administrative codes and statutes. These topics include some of the original ALR recommendations, as well as those identified in this report as emerging topics: affordability, dementia care certification and licensure, end-of-life services and policies, medication management, person-centered care, quality indicators and outcome measures, and staffing and workforce.

AFFORDABILITY. The affordability of assisted living determines whether low- and moderate-income individuals have access to this setting. Most states have in place policies to subsidize the cost of assisted living services and room and board payments. Medicaid is the primary payer of these services, though some states use other funds. Despite this, far fewer assisted living communities (48%) are Medicaid certified compared to nursing homes (95%) and adult day health programs (77%).[15] And, far fewer assisted living residents have Medicaid as a payer source (16.5%) when compared to nursing home (62%) and adult day health (66%) clients.

DEMENTIA CARE CERTIFICATION AND LICENSURE. States' regulatory requirements related to policies and services for people with ADRD increased between 2003 and 2018. These include: identification of cognitive impairment/dementia, dementia care units or neighborhoods, activities for special-care residents, pre-admission disclosure for specialized programs, and security for residents with ADRD who might exit the premises by themselves. States have increasingly chosen to certify or license dementia care units or neighborhoods in addition to or in combination with assisted living.

END-OF-LIFE SERVICES AND POLICIES. The ALW recommendations addressed 6 end-of-life services and policies, including do not resuscitate orders (DNR), use of hospice and palliative care services, and end-of-life planning documents, including advance directives and living wills. The number of states addressing these recommendations increased, especially concerning hospice care provisions, from 8 states to 31 between 2003 and 2018. However, DNR orders, palliative care and pre-admission disclosure on end-of-life services and policies remain uncommon, addressed by fewer than 12 states. More states will need to address end-of-life care if the population of assisted living residents continues to age in place.

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15 Harris-Kojetin L, Sengupta M, Lendon JP, Rome V, Valverde R, Caffrey C. (2019). Long-term care providers and services users in the United States, 2015–2016. National Center for Health Statistics. Vital Health Stat 3(43). Retrieved from https://www.cdc.gov/nchs/data/series/sr_03/sr03_43-508.pdf

MEDICATION MANAGEMENT. Twenty-one of the 90 recommendations reviewed for this report addressed medication management. However, the topics addressed by the ALW, especially whether unlicensed medication assistive personnel (MAP) may administer medications, or limits on the use of MAP, was and remains controversial. For example, 8 of the 21 medication management policies reviewed failed to achieve a two-thirds majority vote by the ALW. The recommendations concerning medication management that most states put in place after 2003 included policies for storage and use, resident assessment of medication management, and medication records rather than use of MAPs to administer medications. It is possible that states that implemented recommendations for MAPs have expanded on these policies while only a small number added regulations permitting MAP to administer medications. However, additional analysis is needed.

PERSON-CENTERED CARE. This topic (also referred to as resident- and consumer-centered) was described in the *ALW Report* as a core principle. CEAL sponsored white papers on person-centered care principles as well as the development of the *Toolkit for Person-Centeredness in Assisted Living*. How best to promote and assess person-centered care is also a topic within several partner organizations, including those represented on the CEAL Board of Directors *(see page i)*. This topic, for many, is the heart of assisted living and should be incorporated throughout each community, including direct care services, end-of-life and dementia care, medication management, operations, building design and staffing. As with quality indicators, this topic is one that providers can adopt regardless of states' regulatory requirements.

QUALITY INDICATORS AND OUTCOME MEASURES. The primary goal of the ALW was to improve quality in assisted living, and this was an underlying theme of all recommendations. Two of the recommendations that specifically addressed quality did not receive a two-thirds majority approval: measurement of resident outcomes (AO.11) and quality improvement of medication services (M.21). However, these recommendations have been put in place by 14 and 12 states, respectively. There are many reasons for assisted living providers to track and report quality: to identify and correct potential problems, to inform consumers, and to provide detailed information that regulators and insurers might request. With CEAL's report, *Measures and Instruments for Quality Improvement in Assisted Living*, providers are able to identify appropriate tools and measures which they can implement in their communities to track their progress on their quality journey.

STAFFING AND WORKFORCE. Of the 15 ALW staffing recommendations reviewed, over half of states had provisions for 6, while the remaining 9 recommendations had been put in place by fewer than 24 states. Staffing requirements account for the 2 recommendations adopted by the fewest states — human resources and management strategies for improving staff retention. Yet staff retention is a topic that assisted living operators face on a daily basis. Other staffing provisions that few states have in place include performance evaluations, personal care assistant training, discussion of job descriptions with employees, and use of findings from criminal background checks to determine hiring and retention eligibility. Addressing a gap in knowledge and a hot topic around workforce, in 2017 CEAL and RTI International released a study on the *Impacts of Potential Minimum Wage Increases on Assisted Living and Continuing Care Retirement Communities*. These and other workforce topics are and will remain critically important to the success and quality of assisted living and, thus, deserve focused attention.

CONCLUSIONS & IMPLICATIONS

This report identifies areas of success and directions for future improvements in states' assisted living policies. Although this regulatory review cannot attribute state regulatory actions to the *ALW Report*, by publishing recommendations for states as well as assisted living professionals to adopt, it is likely the ALW has had an impact given the prevalence of recommendations evident among the states.

Regulations reflect minimum requirements that state agencies use for the purpose of licensing and oversight of regulatory compliance. Assisted living owners and operators may choose to exceed these minimums, and there is limited evidence that some do; for example, a recent review found that only 14 states required pre-admission assessment of cognitive impairment or dementia, but a national survey found that the majority of assisted living communities with 50 or more units used a cognitive screening tool[16]. Thus, the topics emphasized in the **Discussion** section are ones that many assisted living providers can and do address in their policies, services and operations.

By promoting recommendations based on professional experience, consensus and research on best practices, the *ALW Report* can continue to shape state and national policies, professional practice, as well as research on best practices, quality improvement and interventions.

This report provides information about the prevalence of ALW recommendations in states' assisted living regulations, but not the effect on resident outcomes. To date, little is known about the impact of state regulatory requirements on resident outcomes such as satisfaction, well-being and aging-in-place, as well as hospital use, adverse events and nursing home transfers. Additional research is needed to understand the relationship between regulations and resident outcomes. Also needed is consumer input on assisted living quality and research on what works in terms of regulatory oversight and enforcement. Finally, the *ALW Report* made numerous recommendations for state and federal action that could promote the development and operation of affordable assisted living. An in-depth analysis of these recommendations is needed to assess whether they have been adopted, and to analyze state expenditures and cost savings associated with assisted living compared to nursing homes and other types of LTSS.

Much has changed in the assisted living arena since 2003. An analysis of resident acuity levels was beyond the scope of this study, but changes in the profile of assisted living residents might have influenced some states' regulatory approaches described here. Possible reasons for increased acuity include: consumer preference for assisted living over nursing homes; state policies that promote the development of community-based options and aging in place in assisted living, nursing home closures, state nursing home level of care requirements, and disability rates among recent cohorts of older adults, including the increasing incidence of Alzheimer's disease and related dementias (ADRD). For these and other reasons, states will need guidance on the adoption and implementation of regulations that meet the current and future needs and preferences of assisted living residents.

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16 Carder, P.C., O'Keeffe, & O'Keefe (2015). *Compendium of Residential Care and Assisted Living Regulations and Policy.* Retrieved from https://aspe.hhs.gov/basic-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition

APPENDICES

APPENDIX 1. REGULATORY REVIEW METHODS

The primary method used was regulatory review. Using two legal databases, *Westlaw* and *Nexis Uni*, we located each state's current and 2002 (or earlier) regulations. Some state's regulations were not available using this method and, for those, we used an Internet archive called the *Wayback Machine* to access 2003 versions of the National Academy for State Health Policy's map of assisted living regulations. To locate relevant regulations, we used license terms (e.g., assisted living, residential care, personal care home) published by the National Center for Assisted Living (NCAL), the U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation (ASPE) and Mollica[17].

After locating the regulatory text, we compared the historic and current regulations for language that reflected the ALW recommendations. For each recommendation, we read the historic document and then the current document and compared the texts. In addition, we used key word searches for relevant phrases such as "disclosure," "advance directive" and "hospice." For terms that could have multiple usages, we searched for synonyms such as "administrator," "manager" and "director."

We developed a coding plan for tracking differences between the historic and current regulations. If no text for a specific recommendation was found, it was scored as 0 (zero). If the recommendation was in place in 2003 and, in the currently effective regulations, it was scored as 1. Finally, if the regulations had been amended between 2003 and current, we compared to see if the new requirement reflected the ALW recommendations. If so, it was scored as 2. For example, *Table A1-1* on the following page compares Michigan's administrator qualifications and training to the *ALW Report*. In this example, the score would be 0.

17 Mollica, R.L. (2002). *State Assisted Living Policy*. National Academy of State Health Policy, Portland, ME.

TABLE A1–1. COMPARISON OF MICHIGAN AND *ALW REPORT* ADMINISTRATOR QUALIFICATIONS AND TRAINING

MI Admin. Code R. 325.1831, 2002	***ALW REPORT* MINIMUM QUALIFICATIONS OF A LICENSURE COURSE AND EXAM**
"The governing body shall appoint a competent administrator and shall delegate to him [sic] the responsibility for operating the home in accordance with policies established by the governing body. An administrator and all other persons in supervisory positions shall at least be 21 years of age."	To qualify as an assisted living (AL) administrator, individuals who are not qualified nursing home administrators shall complete a state-approved ALR licensure course and pass a state-approved exam. The licensure course and exam shall cover the following areas: (1) Philosophy of assisted living; (2) Organizational management and governance; (3) Resident services; (4) Clinical services; (5) Environmental management; (6) Financial management; (7) Personnel management; (8) Applicable regulations. **CONTINUING EDUCATION** To maintain licensure, an AL administrator shall complete 18 hours of state-approved continuing education per year on subjects relevant to assisted living operations, management and philosophy. **CURRENT ASSISTED LIVING ADMINISTRATORS AND INTERIM ADMINISTRATORS** Current assisted living administrators who have worked for a period of at least one (1) year should not be required to take an ALR licensure course, but still shall take and pass the state approved ALR administrator exam within six (6) months. Interim administrators shall be licensed within 6 months. Minimum Education and Experience. An individual shall have 1 of the following combinations of education and experience, in order to take the AL administrator licensure exam: 1. A high school diploma or equivalent plus 4 years' experience working in assisted living or health or aging-related setting, including 2 years in a leadership or management position; 2. An associate's degree plus 2 years' experience working in assisted living or health or aging related setting, including 1 year in a leadership or management position; 3. A bachelor's degree plus 1 year experience in a health or aging related setting.

APPENDIX 2. ASSISTED LIVING WORKGROUP PARTICIPATING ORGANIZATIONS

ACCREDITING ORGANIZATIONS

- CARF-CCAC
- Joint Commission on Accreditation of Healthcare Organizations

AGING/LONG-TERM CARE ORGANIZATIONS

- American Geriatrics Society
- National Academy of Elder Law Attorneys
- National Adult Family Care Organization
- National Association of Professional Geriatric Care Managers
- National Council on Aging
- Pioneer Network

CONSUMER ADVOCATES

- AARP
- American Bar Association Commission on Law and Aging
- Alzheimer's Association
- Consumer Consortium on Assisted Living
- Center for Medicare Advocacy
- National Association of Local Long Term Care Ombudsman
- National Association of State Ombudsman Programs
- National Association for Continence
- National Citizens' Coalition for Nursing Home Reform
- National Committee for the Prevention of Elder Abuse
- National Committee to Preserve Social Security and Medicare
- National Senior Citizens Law Center
- NCB Development Corporation, The Coming Home Program

DISABILITY COMMUNITY

- National Multiple Sclerosis Society
- Paralyzed Veterans of America
- United Cerebral Palsy

HEALTH CARE PROFESSIONALS

- American Academy of Home Care Physicians
- American Assisted Living Nurses Association
- American College of Health Care Administrators
- American Medical Directors Association (AMDA–The Society for Post-Acute and Long-Term Care Medicine)
- American Occupational Therapy Association
- American Physical Therapy Association
- American Society of Consultant Pharmacists
- Consultant Dietitians in Health Care Facilities
- National Association of Activity Professionals
- National Association of Social Workers
- National Network of Career Nursing Assistants
- National Conference of Gerontological Nurse Practitioners
- National Hospice and Palliative Care Organization

PROVIDER ASSOCIATIONS

- American Association of Homes and Services for the Aging (LeadingAge)
- American Association of Service Coordinators
- American Seniors Housing Association
- Assisted Living Federation of America (Argentum)
- Catholic Health Association of the United States
- National Association for Home Care
- National Center for Assisted Living

REGULATOR ASSOCIATIONS

- Association of Health Facility Survey Agencies
- National Association for Regulatory Administration

STATE/LOCAL GOVERNMENT

- National Association of State Units on Aging

OTHER

- American Institute of Architects

APPENDIX 3. 2003 CEAL FOUNDING MEMBER ORGANIZATIONS

AARP

Alzheimer's Association

American Assisted Living Nurses Association

American Association of Homes and Services for the Aging (LeadingAge)

American Seniors Housing Association

Assisted Living Federation of America (Argentum)

Consumer Consortium for Advancing Person-Centered Living

National Center for Assisted Living

NCB Capital Impact

Paralyzed Veterans of America

Pioneer Network

APPENDIX 4. TABLES

TABLE A4–1. ALW RECOMMENDATIONS

ID	RECOMMENDATIONS REVIEWED FOR REPORT	VOTE RESULT
AO.04	Pre-licensure Review	Pass
AO.05	Supply Constraints	Pass
AO.06	Components of a State Accountability and Oversight System	Pass
AO.09	Licensure of Assisted Living	Pass
AO.11	Measure of Resident Outcomes	Fail
D.01	Pre-Move-In Screening Process	Pass
D.02	Initial Assessment	Pass
D.03	Service Plan	Pass
D.04	Reasons for Resident Transfer or Move-out from an Assisted Living Residence	Pass
D.05	Protocols for Resident Transfer or Move-out from an Assisted Living Residence	Pass
D.06	Palliative Care	Pass
D.07	Hospice Care	Pass
D.08	Advance Directives	Pass
D.09	Do Not Resuscitate Orders (DNR)	Pass
D.10	Identification of Cognitive Impairment/Dementia	Pass
D.11	Care for People with Cognitive Impairment/Dementia and Dementia Special Care Units and Facilities	Pass
D.12	Senior Wellness Programs in ALRs	Pass
D.13	Shared Responsibility Agreement	Fail
D.14	Access to ALR's for Individuals with Personal Healthcare Needs	Fail
D.15	External Professional Consultant	Fail
M.01	Policies and Procedures	Pass

TABLE A4–1. ALW RECOMMENDATIONS (CONTINUED)

ID	RECOMMENDATIONS REVIEWED FOR REPORT	VOTE RESULT
M.02	Policies and Procedures	Pass
M.03	Resident Assessment and Management of Medication	Pass
M.04	Resident Assessment and Management of Medication	Pass
M.05	Resident Assessment and Management of Medication	Pass
M.06	Medication Administration by Medication Assistive Personnel	Pass
M.07	Medication Assistive Personnel Job Description	Pass
M.08	Curriculum for MAP Training Program	Pass
M.09	Ongoing MAP Training	Pass
M.10	MAP Activities Related to Medication Administration	Pass
M.11	Medication Packaging	Pass
M.13	Storage	Pass
M.14	Medication Records	Pass
M.15	Definitions	Fail
M.16	Supervision of Medication Assistive Personnel	Fail
M.17	MAP and PRN Medications	Fail
M.18	MAP and Insulin Injections	Fail
M.19	MAP and Enteral Medication Administration	Fail
M.20	Telephone Orders	Fail
M.21	Quality Improvement	Fail
M.22	Consultant Pharmacist Role	Fail
O.01	Building Codes	Pass
O.02	Life Safety Compliance	Pass
O.03	Communication of Life Safety Standards	Pass

TABLE A4–1. ALW RECOMMENDATIONS (CONTINUED)

ID	RECOMMENDATIONS REVIEWED FOR REPORT	VOTE RESULT
O.04	Emergency and Disaster Preparedness Plans	Pass
O.05	Contingency Plan	Pass
O.06	Food Storage, Preparation and Transporting	Pass
O.07	Food & Nutrition	Pass
O.08	Smoking	Pass
O.09	Activities	Pass
O.10	Activities for Special Care Residents	Pass
O.11	Transportation	Pass
O.12	Environmental Management	Pass
O.13	Assisted Living Residence Councils	Pass
O.14	Community Environment & Standards	Pass
O.15	Security for Wandering Residents	Pass
O.16	Restraints	Fail
R.01	Consistency in Contracts and Marketing	Pass
R.02	Contracts and Agreements: Consistency with Applicable Law	Pass
R.03	Contracts and Agreements: Readability and Pre-Signing Review	Pass
R.04	Contracts and Agreements: Required Elements	Pass
R.05	Contracts and Agreements: Prohibition on Waiver of Right to Sue	Pass
R.06	Posting Contact Information	Pass
R.07	Pre-Admission Disclosure for Specialized Programs of Care	Pass
R.08	Contracts and Agreements: Third Party Responsibility	Pass
R.09	Pre-Admission Disclosure on Advance Directives	Pass
R.10	Pre-Admission Disclosure on End-of-Life Care	Pass
R.11	Resident Rights and Provider Responsibilities	Pass

TABLE A4–1. ALW RECOMMENDATIONS (CONTINUED)

ID	RECOMMENDATIONS REVIEWED FOR REPORT	VOTE RESULT
R.12	Ethics Committee/Consultation	Pass
R.13	Room/Unit Hold During Resident Absence	Pass
R.15	Fee Increases, Security Deposits and Resident Finances	Pass
R.16	Resident Rights Upon Transfer or Discharge	Pass
R.17	Access to State Survey/Inspection Reports	Pass
R.18	Disclosure of Staffing Levels	Pass
R.19	Lost and Stolen Property	Fail
S.01	Staffing Qualifications: Communication	Pass
S.03	Staff Qualifications: Use of Information from Criminal Background Checks	Pass
S.05	Verification of Employment History	Pass
S.06	Compliance with Federal Employment Laws	Pass
S.07	24-Hour Awake Staff	Pass
S.08	Authorized Acting Administrator	Pass
S.09	Vaccinations	Pass
S.10	Discussion of Job Descriptions with Potential Employees	Pass
S.11	Qualifications for Administrators	Pass
S.12	Recruitment and Retention: Management Practices	Pass
S.13	Recruitment and Retention: Human Resource Practices	Pass
S.14	Orientation for All ALR Staff	Pass
S.15	Staff Performance Evaluations	Pass
S.16	Personal Care Assistant (PCA) Training	Fail
S.17	Staffing Workload	Fail

Note: A two-thirds majority vote was needed to move a recommendation forward in the four-stage process. Each approved recommendation was voted on at least three times. The failure of a recommendation to receive majority approval might have been due to differences of opinion over whether or not the recommendation was too restrictive or permissive, or not restrictive or permissive enough.

TABLE A4–1. ALW RECOMMENDATIONS (CONTINUED)

ID	**RECOMMENDATIONS NOT REVIEWED FOR REPORT** (not within states' control or jurisdiction)	VOTE RESULT
A.01	Consumer Directed Long-Term Care Benefit	Pass
A.02	Home and Community Based Waiver	Pass
A.03	Additional Federal and State Funding for Affordable Assisted Living	Pass
A.04	SSI Payment for Assisted Living	Pass
A.05	Government Reimbursement for Services and the Cost of Care	Pass
A.06	Medicaid Assisted Living Rate Setting Tool	Pass
A.07	Retroactive Medicaid Payments in Assisted Living	Pass
A.08	Governmental Subsidies and Resident Income Calculation	Pass
A.09	Tenant Service Payment and Housing Subsidy Income Calculations	Pass
A.10	Medicaid Program Rules: Family Contributions and Room and Board Maximums	Pass
A.11	Third-Party Service Payments and Housing Subsidy Income Calculations	Pass
A.12	Medicare & Medicaid Physician House Call Payments in Assisted Living	Pass
A.13	Transportation	Pass
A.14	HUD and HHS Collaboration to Deliver Affordable Assisted Living	Pass
A.15	Federal Housing Subsidy Programs and Assisted Living	Pass
A.16	Federal Housing Subsidies and the Cost of Common Facilities in Assisted Living	Pass
A.17	HUD Assisted Living Conversion Program	Pass
A.18	Assisted Living Conversion Program for Public Housing	Pass
A.19	Affordable Assisted Living Demonstrations in Subsidized Housing	Pass
A.20	HUD Housing Choice Voucher Rules in Assisted Living	Pass
A.21	LIHTC QAP & Set Aside for Affordable Assisted Living	Pass

TABLE A4–1. ALW RECOMMENDATIONS (CONTINUED)

ID	**RECOMMENDATIONS NOT REVIEWED FOR REPORT** (not within states' control or jurisdiction)	VOTE RESULT
A.22	Assisted Living Tax Credit	Pass
A.23	Advisory Boards for Government Initiative in Affordable Assisted Living	Pass
A.24	Aging Network Funding for Training	Pass
A.25	Paper Work Burden of Governmental Programs in Assisted Living	Pass
A.26	Food Stamps Usage in Assisted Living	Pass
A.27	Federal Development Subsidies and Private Units	Fail
A.28	Affordable Assisted Living Liability Insurance	Fail
A.29	Unit Hold	Fail
AO.01	Center for Excellence in Assisted Living	Pass
AO.02	Increased Funding for Long Term Care Ombudsmen	Pass
AO.03	State-level Public Meetings to Review ALW Recommendations	Pass
AO.07	Public Access to Statutes, Regulations, Survey and Inspection Reports	Pass
AO.08	Federal Jurisdiction Over Assisted Living	Pass
AO.10	Stakeholder Involvement in Federal Actions	Pass
AO.12	Consumer Reports	Fail
M.12	Medication Packaging	Pass
R.14	Acceptance of Public Funds: ALR Policy and Information for Residents	Pass
R.20	Medicaid Reimbursement	Fail
S.02	Federal Criminal Background Checks	Pass
S.04	Federal Abuse Registry	Pass

TABLE A4–2. COUNT OF RECOMMENDATIONS IN PLACE BEFORE AND AFTER 2003, BY STATE

STATE	BEFORE 2003	AFTER 2003	TOTAL	STATE	BEFORE 2003	AFTER 2003	TOTAL
AL	43	6	49	**MT**	40	5	45
AK	23	11	34	**NE**	28	13	41
AR	54	1	55	**NH**	29	26	55
AZ	32	8	40	**NJ**	44	14	58
CA	50	5	55	**NM**	37	10	47
CO	34	28	62	**NY**	38	12	50
CT	26	4	30	**NC**	60	0	60
DC	39	1	40	**ND**	7	23	30
DE	48	1	49	**NV**	28	10	38
FL	38	22	60	**OH**	22	26	48
GA	23	25	48	**OK**	24	11	35
HI	20	0	20	**OR**	21	30	51
ID	33	10	43	**PA**	26	22	48
IL	41	3	44	**RI**	45	11	56
IN	42	5	47	**SC**	42	9	51
IA	20	23	43	**SD**	28	13	41
KS	31	19	50	**TN**	29	10	39
KY	7	17	24	**TX**	33	14	47
LA	28	23	51	**UT**	37	5	42
ME	47	0	47	**VA**	34	21	55
MD	43	13	56	**VT**	37	5	42
MA	26	21	47	**WA**	4	37	41
MI	8	11	19	**WV**	33	18	51
MN	27	28	55	**WI**	28	2	30
MO	41	6	47	**WY**	10	4	14
MS	3	18	21				
			TOTAL, ALL COLUMNS		**1,591**	**660**	**2,251**

TABLE A4–3. RECOMMENDATIONS THAT 25 OR MORE STATES HAD IN PLACE PRIOR TO 2003, SORTED BY FREQUENCY

ID	RECOMMENDATION	NUMBER OF STATES
AO.09	Licensure of Assisted Living	46
AO.06	Components of a State Accountability and Oversight System	37
R.11	Resident Rights and Provider Responsibilities	37
S.07	24-Hour Awake Staff	37
D.04	Reasons for Resident Transfer or Move-out from an Assisted Living Residence	36
M.14	Medication Records	36
S.17	Staffing Workload	36
O.01	Building Codes	35
O.07	Food and Nutrition	35
M.01	Policies and Procedures	34
O.12	Environmental Management	34
O.04	Emergency and Disaster Preparedness Plans	33
S.14	Orientation for All ALR Staff	33
D.03	Service Plan	32
O.06	Food Storage, Preparation and Transporting	32
S.11	Qualifications for Administrators	32
D.05	Protocols for Resident Transfer or Move-out from an Assisted Living Residence	31
O.02	Life Safety Compliance	31
D.02	Initial Assessment	30
M.13	Storage	29
M.03	Resident Assessment and Management of Medication	28
O.09	Activities	28
R.04	Contracts and Agreements: Required Elements	28
S.08	Authorized Acting Administrator	28
O.08	Smoking	27
D.01	Pre-Move-In Screening Process	26
R.15	Fee Increases, Security Deposits and Resident Finances	26
O.11	Transportation	25
O.16	Restraints	25
R.16	Resident Rights Upon Transfer or Discharge	25

Note: Gray highlighted rows represent those that did not receive a two-thirds majority approval by ALW participating organizations. A two-thirds majority vote was needed to move a recommendation forward in the four-stage process. Each approved recommendation was voted on at least three times. The failure of a recommendation to receive majority approval might have been due to differences of opinion over whether or not the recommendation was too restrictive or permissive, or not restrictive or permissive enough.

TABLE A4–4. STATE LICENSURE TERMS AND REGULATORY REFERENCES, 2003 AND 2018

STATE	2003 LICENSE TERM(S)	2018 LICENSE TERM(S)
AL	Assisted Living, 420-5-4 Specialty Care ALF, 420-5-20	Assisted Living, 420-5-4 Specialty Care ALF, 420-5-20
AK	Assisted living homes, 2 AAC 42	Assisted living home, 7 AAC 75
AZ	Assisted living facilities, 9-10-8	Assisted living facilities, 9-10-8
AR	Assisted living facilities L2, 016 06 CARR 002	Assisted living facilities L2, 016 06 CARR 002
CA	Residential care facilities for the elderly, 22-6-8	Residential care facilities for the elderly, 22-6-8
CO	Assisted living residence, 6 CCR 1011-1	Assisted living residence, 6 CCR 1011-1
CT	Assisted living services agency, 19-13-D105 Residential care home, 19-13-D6	Assisted living services agency, 19-13-D105 Residential care home, 19-13-D6
DE	Assisted living: 16-3006	Assisted living facility, 3225
DC	Assisted Living Residence, 44-101-01	Community residence facility, 22-3100 Assisted living residence, 44-101-01
FL	Assisted Living Facilities Act, 29-400	Assisted living facility, 58A-5
GA	Personal care home, 290-5-35	Personal care home, 111-8-62 Assisted living community, 111-8-63
HI	Assisted living facility, 11-90	Assisted living facility, 11-90
ID	Assisted living facility, 16-03-22	Assisted living facility, 16-03-22
IL	Assisted living and shared housing establishments, 77-295	Assisted living and shared housing establishments, 77-295
IN	Residential care facilities, 410-16.2-5	Residential care facilities, 410-16.2-5
IA	Residential care facilities, 481 IAC 57	Assisted living facility, 231C
LA	Adult residential care facility, 48-88	Adult residential care facility, 48-68
KS	Adult care homes, 28-39-144	Adult care homes, 39-9
KY	Personal care home, 902-20	Personal care home, 902-20
ME	Facilities for Children and Adults, including assisted living and residential care, 22-7800	Assisted living home, 10-144-113 Level 4 Residential care facility, 10-144-113
MD	Assisted living program, 10.07.14	Assisted living program, 10.07.14
MA	Assisted living facility, 651-12	Assisted living facility, 651-12
MI	Homes for the aged, 325-1801 Adult foster care: Large group homes, 400.1501	Homes for the aged, 213-333 Adult foster care: Large group homes, 400.1501
MN	Assisted living home care, 4668 Boarding care homes, 4655	Housing with services establishment, 144D Assisted living, 144, 122 Assisted living services, 144G
MS	Personal care homes, 43-11-13	Personal care home, assisted living, 15-16-1-47 Personal care home, residential, 15-16-1-48
MO	Residential care facilities, 19-30.86012	Residential care & assisted living, 30-86
MT	Personal care facilities, 37-106	Assisted living facility, 37.106.28

TABLE A4–4. STATE LICENSURE TERMS AND REGULATORY REFERENCES, 2003 AND 2018 (CONTINUED)

STATE	2003 LICENSE TERM(S)	2018 LICENSE TERM(S)
NE	Assisted living facilities, 175-4	Assisted living facilities, 175-14
NV	Residential facilities for groups, 449.017	Residential facilities for groups, 449-156
NH	Residential care, He-W 648	Assisted living-residential care, HeP-804
NJ	Assisted living facilities, 8-36	Assisted living residences and programs, 8-36
NM	Residential care facility, 7-8-2	Assisted living facility, 7-8-2
NY	Adult care homes, 18-486, 18-486, 18-487 Enriched housing programs, 18-488	Adult care homes, 18-486, 18-486, 18-487 Enriched housing programs, 18-488
NC	Adult care home/assisted living and multiunit assisted housing, 10A-13F & NCGSA 131D-2	Adult care home/assisted living and multiunit assisted housing, 10A-13F & NCGSA 131D-2
ND	Assisted living facility, 75-03-34 Basic care facility, 33-03-24	Assisted living, 75-03-04 and 50-32-01 Basic care facility, 23-09-3 and 33-03-24
OH	Adult care facility, 3701-20	Residential care, 3701-16
OK	Residential care home, 310-680	Assisted living, 310-663 Residential care home, 310-680
OR	Assisted living facility, 411-056 Residential care facility, 56-411-55-000 I	Assisted living & residential care, 411-054
PA	Personal care homes, 55-2620 and 55-20	Assisted living program, 55-2800 Personal care home, 55-2600
RI	Assisted living residence, 23-17	Assisted living residence, 216-RICR-40-10-2
SC	Community Residential Care Facility, 61-84	Community Residential Care Facility, 61-84
SD	Assisted living center, 44-04	Assisted living center, 44-70
TN	Assisted Care Living Facility, 1200-8-25 Residential Homes for the Aged, 1200-08-11	Assisted Care Living Facility, 1200- 8-25
TX	Assisted living facility, 40-92	Assisted living facility, 40-92
UT	Assisted living facility, 432-270	Assisted living facility, 432-270
VA	Assisted living residence Residential care home	Assisted living residence Residential care home
VT	Assisted living facility, 22-40-71	Assisted living facility, 22-40-73
WA	Boarding homes, 388-78A Assisted living (Medicaid), 388-110	Boarding homes, 388-78A Assisted living facility, 388-78A
WV	Personal care homes, 64-14 Residential care home facility, 64-75	Assisted living residence, 16-5D Residential care, 16-5N
WI	Residential care apartment complex HFS 89 Community based residential facilities HFS 83-1	Residential care apartment complex, HFS 89 Community based residential facilities, HFS 83-1
WY	Assisted living, Chapter 4 Assisted living program, Chapter 12	Assisted living, Chapter 4 Assisted living program, Chapter 12

Center for Excellence in Assisted Living

www.theceal.org