

Colorado

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Licensure Term Assisted Living Residences

Definition ALRs are residential facilities that make available to three or more adults who are unrelated to the owner, either directly or indirectly through an agreement between the provider and the resident, room and board and at least the following services: personal services; protective oversight; social care due to impaired capacity to live independently; and regular supervision that must be available on a 24-hour basis, but not to the extent that regular 24-hour medical or nursing care is required.

Another type of assisted living is a residential treatment facility for the mentally ill, which has received program approval from the Department of Human Services and provides treatment for psychiatric needs for no more than 16 mentally ill individuals not related to the licensee and are provided treatment commensurate to the individuals' psychiatric needs which has received program approval from the Department of Human Services.

An assisted living residence can also mean a Supportive Living Program residence that is certified by the Colorado Department of Health Care Policy and Financing to also provide health maintenance activities, behavioral management and education, independent living skills training and other related services as set forth in the supportive living program regulations.

Regulatory and Legislative Update The Department of Public Health and Environment licenses assisted living residences (ALRs). ALRs must comply with additional requirements if they provide a secure environment, which is when the right of any resident to move outside the environment during any hours is limited.

Residences that are certified to receive Medicaid reimbursement, called alternative care facilities, must meet additional requirements. Facilities are eligible for reduced licensing fees if 35 percent or more of the licensed beds are occupied by Medicaid enrollees for at least nine months in a fiscal year.

In 2023, legislation was passed requiring the Colorado Department of Health Care Policy and Financing to seek federal authorization through an amendment to the state medical assistance plan (Medicaid) to implement the community first choice option. The act also makes conforming amendments to remove the services provided through the community first choice option from other Medicaid long-term care waiver programs; these updates will go into effect January 1, 2024.

Additionally, new requirements went into effect November 2023 that include changes to visitation rights, CPR training, and involuntary discharge.

Facility Scope of Care

The facility must make available, either directly or indirectly, through a resident agreement the following services sufficient to meet the needs of the residents: a physically safe and sanitary environment; room and board; personal services; protective oversight; and social care and resident engagement. Personal services include, but are not limited to, a system for identifying and reporting resident concerns that require either an immediate individualized approach or ongoing monitoring and possible re-assessment. Protective oversight includes, but is not limited to, taking appropriate measures when confronted with an unanticipated situation or event involving one or more residents and the identification of urgent issues or concerns that require an immediate individualized approach. Nurses may provide nursing services to support the personal care services provided to residents of the ALR, except that such services should not rise to the level that requires discharge as described below or becomes regular 24-hour medical or nursing care.

Limitations of Services

An ALR may not allow to move-in any person who:

- (1) needs regular 24-hour medical or nursing care;
- (2) is incapable of self administration of medication and the ALR does not have licensed or qualified staff;
- (3) has an acute physical illness that cannot be managed through medication or prescribed therapy;
- (4) has physical limitations that restrict mobility unless compensated for by available auxiliary aids or intermittent staff assistance;
- (5) has incontinence issues that cannot be managed by the resident or staff;
- (6) is profoundly disoriented to time, person and place with safety concerns that require a secure environment and the ALR does not provide a secure environment;
- (7) has a stage 3 or 4 pressure sore and does not meet other criteria;
- (8) has a history of conduct that has been disclosed to the ALR

that would pose a danger to the resident or others, unless the ALR reasonably believes that the conduct can be managed through therapeutic approaches; or

(9) needs restraints of any kind except in specified situations.

An ALR must arrange to discharge any resident who:

(1) has an acute physical illness that cannot be managed through medication or prescribed therapy;

(2) has physical limitations that restrict mobility unless compensated for by available auxiliary aids or intermittent staff assistance;

(3) has incontinence issues that cannot be managed by the resident or staff;

(4) has a stage 3 or 4 pressure sore and does not meet other specified criteria;

(5) is profoundly disoriented to time, person and place with safety concerns that require a secure environment and the ALR does not provide a secure environment;

(6) exhibits conduct that poses a danger to self or others and the ALR is unable to sufficiently address those issues through a therapeutic approach; or

(7) needs more services than can be routinely provided by the ALR or an external service provider.

The ALR may also discharge for nonpayment of basic services in accordance with the resident agreement or the resident's failure to comply with a valid, signed resident agreement.

Nursing services may be provided to support the personal services provided to residents of the ALR, except that such services shall not rise to the level that requires resident discharge or becomes regular 24-hour medical or nursing care.

The following occasionally required services may only be provided by an external service provider or the nurse of the ALR:

(1) Syringe or tube feeding,

(2) Intravenous medication,

(3) Catheter care that involves changing the catheter, irrigation of the catheter and/or total assistance with catheter,

(4) Ostomy care where the ostomy site is new or unstable, and

(5) Care for a stage 1 or stage 2 pressure sore if the condition is stable and resolving.

An ALR shall not admit or keep a resident with a stage 3 or stage 4 pressure sore unless the resident has a terminal condition and is receiving continuing care from an external service provider.

**Move-in Requirements
Including Required
Disclosures/Notifications**

The ALR must ensure that a new resident is provided with and acknowledges receipt of the following information: how to obtain access to the assisted living residence policies and procedures; the resident's right to receive CPR or have a written advance directive refusing CPR; minimum staffing levels, whether the ALR has awake staff 24 hours a day, and the extent to which certified or licensed health care professionals are available on-site; whether the ALR has an automatic fire sprinkler system; whether the ALR uses egress alert devices; whether the ALR has resident location monitoring devices, when and where they are used, and how the ALR determines that a resident requires monitoring; whether the ALR operates a secure environment and what that means; the resident's individualized care plan that addresses his or her functional capability and needs; smoking prohibitions and/or designated smoking areas; the readily available on-site location of the most recent inspection report; and upon request, a copy of the most recent version of the ALR licensing rules. The written agreement between the parties must also cover specified topics. Additional disclosures are required if a resident is entering a secure environment.

**Resident Assessment
Requirements and Frequency**

An ALR must complete a comprehensive pre-admission assessment that includes: a resident's physical, mental and social need; cultural, religious and activity needs; preferences; and capacity for self-care. At the time the resident moves in, the ALR shall complete a comprehensive assessment that includes: information from the comprehensive pre-admission assessment; information regarding the resident's overall health and physical functioning ability; information regarding the resident's advance directives; communication ability and specific needs to facilitate effective communication; current diagnoses and any known or anticipated need or impact related to the diagnoses; food and dining preferences, unique needs and restrictions; individual bathroom routines, sleep and awake patterns; reactions to the environment and others, including changes that may occur at certain times or in certain circumstances; routines and interests; history and circumstances of recent falls and any known approaches to prevent future falls; safety awareness; types of physical, mental and social support required; and personal background, including information regarding any other individuals who are supportive of the resident, cultural preferences and spiritual needs. The comprehensive assessment must be updated for each resident annually and whenever the resident's condition changes from baseline status.

There is no standard required assessment form.

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, unless an authorized practitioner has determined that the resident lacks the decisional capacity to possess or self-administer such medication safely. For residents who are unable to self-administer medications, medications must be given by a practitioner, nurse, qualified medication administration person, or certified nurse medication aide acting within the scope of practice. The regulations specify additional details regarding when staff may administer or assist with administering medication to a resident.

Staffing Requirements

Secured units for the purpose of serving residents with Alzheimer's disease are allowed and additional requirements are set forth in the regulations.

Staffing must be adequate, and staff must be trained 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. Before a staff member is allowed to work independently in a secure unit, the ALR must provide each staff member with a minimum of eight hours of training and education on the provision of care and services for residents with dementia/cognitive impairment. Each staff member assigned to the secure unit must complete eight hours of continuing education within each 12- month period beginning with the date of initial assignment.

An ALR must have an administrator who is responsible for the overall operation, and daily administration, management and maintenance of the facility. There are no staffing ratios in rule. Whenever one or more resident(s) are present in the ALR, there must be at least one staff member present who meets specified criteria and is capable of responding to an emergency, including at least one staff member onsite at all times who has first aid and CPR certifications. To determine appropriate routine staffing levels, the ALR must consider, at a minimum: the acuity and needs of the residents; the services outlined in the care plan; and the services set forth in the resident agreement. Staffing must be sufficient to help residents needing or potentially needing assistance, considering individual needs such as the risk of accident, hazards, or other challenging events.

**Administrator/Director
Education and Training
Requirements**

Each newly hired administrator must be at least 21 years of age, possess a high school diploma or equivalent, and have at least one year of experience supervising the delivery of personal care services that includes activities of daily living. There are exceptions to this requirement outlined in 6 CCR 1011-1 Chapter

7. They must also undergo a background check.

An administrator recognized by the Department as having been an ALR administrator prior to July 1, 2019, is not required to meet the new criteria. Prior requirements were that operators must be at least 21 years of age and must meet the minimum educational, training, and experience standards in one of the following ways: completing a Department of Public Health-approved program or having documented previous job-related experience or education equivalent to successful completion of such program.

Each administrator must have completed an administrator training program before assuming the position. An administrator training program must be conducted by an organization specified in the regulations and include at least 40 hours, 20 of which shall focus on applicable state regulation. The other 20 hours must provide an overview of topics such as business operations, daily business management, physical plant, resident care, and resident psychosocial needs.

Direct Care Staff Education and Training Requirements

Each staff member and volunteer who provide ALR services must complete an initial orientation before providing care and services to a resident. The orientation must include, at a minimum, all of the following:

- (1) the care and services provided by the ALR;
- (2) assignment of duties and responsibilities, specific to the staff member or volunteer;
- (3) hand hygiene and infection control;
- (4) emergency response policies and procedures (e.g., recognizing emergencies, fire response, basic first aid, serious illness injury);
- (5) reporting requirements, including occurrence reporting procedures within the facility;
- (6) resident rights;
- (7) house rules;
- (8) where to immediately locate a resident's advance directive; and
- (9) an overview of the assisted living residence's policies and procedures and how to access them for reference.

The ALR shall provide each staff member or volunteer with training relevant to their specific duties and responsibilities prior to working independently and includes the following topics:

1. Overview of state regulatory oversight applicable to the ALR;
2. Person-centered care;
3. The role of and communication with external service providers;

4. Recognizing behavioral expression and management techniques;
5. How to effectively communicate with residents that have hearing loss, limited English proficiency, Dementia, or other conditions that impair communication;
6. Training related to fall prevention;
7. How to safely provide lift assistance, accompaniment, and transport of residents;
8. Maintenance of a clean, safe, and healthy environment including appropriate cleaning techniques;
9. Food safety; and
10. Understanding the staff or volunteer's role in end of life care including hospice and palliative care.

Quality Requirements

There are no specific quality requirements detailed.

Infection Control Requirements

ALRs are required to have an infection control program that provides initial and annual staff training on infection prevention and control. At a minimum, the following items must be covered: modes of infection transmission; the importance of hand washing and proper techniques; use of personal protective equipment, including proper use of disposable gloves; and cleaning and disinfection techniques.

ALRs must also have and follow written policies and procedures that address the transmission of communicable diseases with a significant risk of transmission to other persons and for reporting diseases to the state and/or local health department, pursuant to 6 CCR 1009-1, Epidemic and Communicable Disease Control. The policies and procedures shall be based on nationally recognized guidelines, such as those promulgated by the Centers for Disease Control (CDC), World Health Organization (WHO), or the Association for Professionals in Infection Control and Epidemiology (APIC), and comply with guidance from the Colorado Department of Public Health and Environment, as applicable. The policies shall identify the nationally recognized guidelines and Department guidance upon which the policies are based. The policies and procedures shall include at a minimum, all of the following criteria:

- (1) The method for monitoring and encouraging employee wellness,
- (2) The method for tracking infection patterns and trends and initiating a response,
- (3) The method for determining when to seek assistance from a medical professional and/or the local health department,
- (4) Isolation techniques, and
- (5) Appropriate handling of linen and clothing of residents with communicable infections.

Any item containing blood, body fluid, or body waste from a resident with a contagious condition shall be presumed to be infectious waste and disposed of in the room where it is used into a sturdy plastic bag, then re-bagged outside the room and disposed of consistent with the State's medical waste disposal requirements.

Emergency Preparedness Requirements

State regulations include several emergency preparedness requirements related to policies and procedures. Specifically, the ALR:

(1) Must have readily available a roster of current residents, their room assignments and emergency contact information, along with a facility diagram showing room locations.

(2) Shall complete a risk assessment of all hazards and preparedness measures to address natural and human-caused crises including, but not limited to, fire(s), gas explosion, power outages, tornado, flooding and threatened or actual acts of violence.

(3) Shall develop and follow written policies and procedures to ensure the continuation of necessary care to all residents for at least 72 hours immediately following any emergency including, but not limited to, a long-term power failure.

(4) Shall tailor emergency policies and procedures to the geographic location of the ALR; types of residents served; and unique risks and circumstances identified by the ALR.

(5) Shall identify its highest potential risk and hold routine drills to facilitate staff and resident response to that risk. There shall be written documentation of such drills.

(6) Address at minimum via emergency policies all of the following items:

(A) Written instructions for each identified risk that includes persons to be notified and steps to be taken. The instructions shall be readily available 24 hours a day in more than one location with all staff aware of the locations;

(B) A schematic plan of the building or portions thereof placed visibly in a central location and throughout the building, as needed, showing evacuation routes, smoke stop and fire doors, exit doors, and the location of fire extinguishers and fire alarm boxes;

(C) When to evacuate the premises and the procedure for doing so;

(D) A pre-determined means of communicating with residents, families, staff and other providers;

(E) A plan that ensures the availability of, or access to, emergency power for essential functions and all resident-required medical devices or auxiliary aids;

- (F) Storage and preservation of medications;
- (G) Assignment of specific tasks and responsibilities to the staff members on each shift including use of a triage system to assess the needs of the most vulnerable residents first;
- (H) Protection and transfer of health information as needed to meet the care needs of residents; and
- (I) In the event relocation of residents becomes necessary, written agreements with other health facilities and/or community agencies.

Regulations also require ALRs to have specific emergency equipment, including the following requirements:

- (1) First aid equipment shall be maintained on the premises in a readily available location and staff shall be instructed in its use and location.
- (2) The ALR shall have enough first aid kits to enable staff to immediately respond to emergencies. Each first aid kit shall be checked regularly to ensure that it is fully stocked and that any expiration date is not exceeded.
- (3) Each kit shall include, at a minimum:
 - (A) Latex free disposable gloves,
 - (B) Scissors,
 - (C) Adhesive bandages,
 - (D) Bandage tape,
 - (E) Sterile gauze pads,
 - (F) Flexible roller gauze,
 - (G) Triangular bandages with safety pins,
 - (H) A note pad with a pen or pencil,
 - (I) A CPR barrier device or mask, and
 - (J) Soap or waterless hand sanitizer.
- (4) If the ALR has an automated external defibrillator (AED), staff shall be trained in its use and it shall be maintained in accordance with the manufacturer's specifications.
- (5) There shall be at least one telephone, not powered by household electrical current, in the ALR available for immediate emergency use by staff, residents, and visitors.
- (6) Contact information for police, fire, ambulance [911, if applicable] and poison control center shall be readily accessible to staff.
- (7) ALRs must have a battery or generator-powered alternative lighting system available in the event of a power failure.

Life Safety Requirements

An ALR must be constructed in conformity with the standards adopted by the Director of the Division of Fire Prevention and Control at the Colorado Department of Public Safety.

For any construction or renovations of a facility or agency

initiated on or after July 1, 2020, the following requirements of the 2018 Editions, Facilities Guidelines Institute (FGI) including any errata and guideline interpretations adopted as of November 1, 2019, are incorporated by reference, as applicable to facility or agency license type: for residential facilities: Guidelines for Design and Construction of Residential Health, Care, and Support Facilities.

An ALR applying for an initial license after June 1, 2019, must comply with specified parts of the Guidelines for Design and Construction of Residential Health, Care and Support Facilities, Facility Guidelines Institute (FGI) (2018 Edition), unless otherwise indicated. Renovations of an existing ALR that is initiated after December 1, 2019, must also comply. ALRs that are located in single-family residential neighborhoods and are operating in structures designed to be single-family homes are exempt from compliance with FGI guidelines that each resident has access to a bathroom without entering a corridor and that the building have an elevator that is sized to accommodate a gurney and/or medical carts.

Existing facilities are required to meet the 2012 Life Safety Code, or NFPA 101A Guide on Alternative Approaches to Life Safety (2013 edition). Requirements for sprinklers, fire alarm systems, and smoke detection systems are dependent upon a facility's level of evacuation capability.

Medicaid Policy and Reimbursement

A Medicaid Section 1915(c) home and community-based services waiver, the Elderly, Blind, and Disabled (EBD) Waiver, covers services in "alternative care facilities," which are ALRs certified by the Colorado Department of Health Care Policy and Financing to receive Medicaid reimbursement. The EBD Waiver covers people ages 65 and older who have a functional impairment or are blind as well as people ages 18-64 who are physically disabled or have a diagnosis of HIV or AIDS and require long-term supports and services in order to remain in a community setting. Facilities are reimbursed for services on a flat rate based on residents' income.

Citations

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