

District of Columbia

Agency Department of Health, Health Regulation and Licensing Administration
Contact Christian Offor
E-mail christian.offor@dc.gov
Phone (202) 724-8800 or (202) 821-9696
Website <https://dchealth.dc.gov/service/assisted-living-residences>

Licensure Term Community Residence Facilities (CRF) and Assisted Living Residences (ALR)

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

ALR: Entity, whether public or private, for profit or not for profit, that combines housing, health, and personalized assistance, in accordance to individually developed service plans, for the support of individuals who are unrelated to the owner or operator of the entity.

Regulatory and Legislative Update The Department of Health, Health Regulation and Licensing Administration, licenses community residence facilities (CRFs) and assisted living residences (ALRs). ALRs can provide a higher level of care than CRFs.

CRFs are health care facilities, except hospitals, covered under the District of Columbia Health Care and Community Residence Facility, Hospice and Home Care Licensure Act.

There have been no recent legislative or regulatory updates that affect Community Residence Facilities and Assisted Living Residences.

Facility Scope of Care CRF: A major goal of each community residence facility shall be to assist its residents in achieving an optimum level of function and self-care through education and retraining in ADLs.

ALR: In order to promote resident independence and aging in place in a residential setting, at a minimum, an ALR shall offer or coordinate payment for 24-hour supervision, assistance with scheduled and unscheduled ADLs, and instrumental ADLs living as needed, as well as provision or coordination of recreational and social activities and health services. Residents have the

right to have access to appropriate health and social services, including social work, home health, nursing, rehabilitative, hospice, medical, dental, dietary, counseling, and psychiatric services in order to attain or maintain the highest level of practicable physical, mental and psychosocial well-being.

Limitations of Services

CRF: Residents may not be admitted who are in need of professional nursing care, unable to perform ADLs with minimal assistance, incapable of proper judgment in taking action for self-preservation under emergency conditions and disoriented to person and place. Persons not generally oriented as to time and place or persons substantially ambulatory but needing limited personal assistance in case of an emergency may be admitted to a CRF with special permission of the Mayor. Such permission shall only be granted if the Mayor is satisfied that the CRF has sufficient staff to ensure the safety of those residents.

ALR: Residents may not be admitted who have been assessed as: being a danger to themselves or others or exhibit behavior that significantly and negatively impacts the lives of others; or are at high risk for health or safety complications which cannot be adequately managed by the ALR and require more than 35 hours per week of skilled nursing and home health aide services combined. Additionally, an ALR may not admit residents who are in need of more than intermittent skilled nursing care; or require treatment of stage III or IV skin ulcers, ventilator services, or treatment for an active, infectious, and reportable disease or a disease or condition that requires more than contact isolation.

Move-in Requirements Including Required Disclosures/Notifications

CRF: A written copy of the rights and privileges specified by the District of Columbia shall be given to each resident and his or her sponsor, if any, upon admission.

ALR: A resident shall have the right to full disclosure of contract terms and billing practices that are fair and reasonable.

Resident Assessment Requirements and Frequency

CRF: Each resident shall have a pre-admission medical examination by a physician not more than 30 days prior to his or her admission to a community residence facility. Each resident's personal physician must certify that the resident is free of communicable disease and shall provide the community residence facility with a written report, including sufficient information concerning the resident's health to assist the CRF in providing adequate care, including any treatment orders, drugs prescribed, special diets, and a rehabilitation program. Each resident must also have an annual examination by a physician.

ALR: A medical, rehabilitation, and psychosocial assessment of

the resident shall be completed within 30 days prior to admission. Additionally, a functional assessment must be completed within 30 days prior to admission, using a standardized form approved by the Mayor. An Individualized Service Plan must be developed prior to admission.

Medication Management

CRF: Residents may store medication in a safe and secure place.

ALR: Must ensure that an initial assessment identifies whether a resident: (1) is capable of self-administering his or her own medications; (2) is capable of self-administering his or her own medication, but requires a reminder to take medications or requires physical assistance with opening and removing medications from the container, or both; or (3) requires that medications be administered by a licensed nurse or a trained medication employee who has successfully completed the training program and is certified to administer medication. Licensed nurses, physicians, physician assistants, and trained medication employees may administer medications to residents or assist residents with taking their medications.

Staffing Requirements

CRF: None specified.

ALR: After the first year of employment, and at least annually thereafter, staff members shall complete a minimum of 12 hours of training on cognitive impairments approved by a nationally recognized and creditable organization with expertise in Alzheimer's disease and related disorders.

CRF: A residence director must be responsible for the daily overall management of the facility. There must be a sufficient number of qualified employees and other adults in each CRF to provide for the welfare, comfort, and safety of residents at all times of the day and night. There are no staffing ratios. All persons employed in a CRF shall have a pre-employment medical examination by a licensed physician and shall be certified annually by the examining physician to be in good health and free of communicable diseases.

ALR: An ALR shall be supervised by an Assisted Living Administrator who shall be responsible for personnel and services within the facility. The ALR shall employ staff and develop a staffing plan in accordance with the Assisted Living Residence Act to ensure the safety and proper care of residents. There are no staffing ratios.

**Administrator/Director
Education and Training
Requirements**

CRF: The residence director must be at least 21 years of age. If there are 30 or more residents in the facility, the director must have a bachelor's degree or at least three years full-time experience in a field directly related to the administration of the program or services of the facility.

ALR: The Assisted Living Administrator must be at least 21 years of age and possess at least a high school diploma or general equivalency diploma or have served as an operator or administrator of a licensed CRF in the District of Columbia for at least one of the past three years in addition to other requirements of the Act. An Assisted Living Administrator shall complete 12 hours annually of training on cognitive impairments.

**Direct Care Staff Education
and Training Requirements**

CRF: None specified.

ALR: All staff shall be properly trained and be able to demonstrate proficiency in the skills required to effectively meet the requirements of the Act. Prior to the date of hire, an employee must meet one of the specified criteria, such as being a certified nursing assistant or home health aide or be trained under a plan approved by the Mayor which covers specified topics for a minimum of 40 hours. Within seven days of employment, new staff must be training on specified topics, such as their specific duties, the philosophy of the ALR, services provided, and resident rights. After the first year of employment, staff members must complete 12 hours of in-service training in specified areas on an annual basis.

Quality Requirements

There are no current regulations specific to quality.

**Infection Control
Requirements**

Nothing is specified for CRFs. ALRs must develop and implement policies including for infection control, sanitation, and universal precautions.

**Emergency Preparedness
Requirements**

Nothing is specified for CRFs.

ALRs must develop and implement policies including for emergency preparedness, which shall meet the same standards for emergency preparedness as those set for long term care facilities by the Centers for Medicare and Medicaid Services, at 42 CFR § 483.73.

Life Safety Requirements

CRF: Each CRF that has residents in sleeping rooms above the second floor, or which has more than six residents in sleeping rooms above the street floor level, shall provide the following: (1) Access to two separate means of exit for all sleeping rooms above the street level, at least one of which shall consist of an enclosed interior stair, or a horizontal exit, or a fire escape, all

arranged to provide a safe path of travel to the outside of the building without traversing any corridor or space exposed to an unprotected vertical opening; or

(2) Alternative arrangements or methods which, according to reasonable equivalency criteria and in the opinion of the Mayor, secure safety to life from fire.

Each CRF shall comply with § 914 of the D.C. Building Code (DCMR Title 12).

ALR: An ALR shall comply with the Life Safety Code of the National Fire Protection Association, NFPA 101, 1997 edition as follows: (1) an ALR shall be in compliance with Chapter 22, New Residential Board and Care Occupancies, Life Safety Code of the National Fire Protection Association; and (2) an existing community residence facility that is converting to an ALR shall be in compliance with Chapter 23, Existing Residential Board and Care Occupancies, of the Life Safety Code of the National Fire Protection Association. The District of Columbia Building Code requires ALRs to have at least two means of escape from every sleeping room when more than six residents are housed above or below the street floor level. All facilities must be protected throughout by an approved supervised automatic sprinkler system in accordance with specified provisions regardless of the number or arrangements of floors or number of occupants. Approved portable fire extinguishers must be located on each level and an approved smoke detector system must be installed. Every facility must have in effect and available written copies of an approved plan for the protection and evacuation of all residents.

Medicaid Policy and Reimbursement

Medicaid funding for assisted living is available under the Section 1915(c) Elderly and Persons with Physical Disabilities Waiver Program.

Citations

Council of the District of Columbia. (2012). *Code of the District of Columbia, Title 44, Subtitle I, Chapter 1. Assisted Living Residence Regulation.*

<https://code.dccouncil.gov/us/dc/council/code/titles/44/chapters/1>

Council of the District of Columbia. (2012). *Code of the District of Columbia, Title 44, Subtitle I, Chapter 5. Health-Care and Community Residence Facility, Hospice and Home Care Licensure.*

<https://code.dccouncil.gov/us/dc/council/code/titles/44/chapters/5>

Office of the Secretary of the District of Columbia. (2020, April 3). *District of Columbia Municipal Regulations, Chapter: 22-B101 - Assisted Living Residences.*

<https://www.dcregs.dc.gov/Common/DCMR/RuleList.aspx?ChapterNum=22-B101&ChapterId=631>

Office of the Secretary of the District of Columbia. (2010, September 24). *District of Columbia Municipal Regulations, Chapter: 22-B31 - Licensing of Health Care and Community Residence Facilities.*

<https://www.dcregs.dc.gov/Common/DCMR/RuleList.aspx?ChapterNum=22-B31&ChapterId=610>

Office of the Secretary of the District of Columbia. (n.d.). *District of Columbia Municipal Regulations, Chapter: 22-B34 - Community Residence Facilities.*

<https://www.dcregs.dc.gov/Common/DCMR/RuleList.aspx?ChapterNum=22-B34&ChapterId=613>

Department of Aging and Community Living. (n.d.). *EPD Waiver.*

<https://dacl.dc.gov/service/epd-waiver#:~:text=The%20Elderly%20and%20Persons%20with,or%20in%20assisted%20living%20communities.>