

District of Columbia

Agency	Department of Health, Health Regulation and Licensing Administration
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Web Site	https://dchealth.dc.gov/service/assisted-living-residences

Opening Statement	<p>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.</p> <p>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.</p>
Licensure Term	Community Residence Facilities (CRF) and Assisted Living Residences (ALR)
Definition	<p>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.</p> <p>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.</p>
Regulatory and Legislative Update	No recent regulatory or legislative changes
Move-in Requirements Including Required Disclosures/Notifications	<p>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.</p> <p>ALR: A resident shall have the right to full disclosure of contract terms and billing practices that are fair and reasonable.</p>
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.

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.

Staff Scheduling 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

**Administrator/Director
Education and Training
Requirements**

safety and proper care of residents. There are no staffing ratios.

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**

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**

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.

**Medicaid Policy and
Reimbursement**

Medicaid funding for assisted living is available under the Section 1915(c) Elderly and Persons with Physical Disabilities Waiver Program.
<https://dds.dc.gov/page/home-and-community-based-services->

waiver-
program#:~:text=The%20Home%20and%20Community%20Based,in
%20the%20HCB%20waiver%20program.

Citations

<https://www.dchca.org/>
<https://dchealth.dc.gov/service/assisted-living-residences>
<https://dchealth.dc.gov/node/1415446>
<https://dchealth.dc.gov/node/52792>