Idaho

Agency	Department of Health and Welfare, Division of Licensing and Certification
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Web Site	https://healthandwelfare.idaho.gov/providers/residential-assisted-living/additional-resources

Opening Statement	The Idaho Department of Health and Welfare licenses residential assisted living facilities. The purpose of a residential assisted living facility is to provide choice, dignity, and independence to individuals needing assistance with daily activities and personal care. The licensing rules set standards for providing services that maintain a safe and healthy environment.
Licensure Term	Residential Assisted Living Facilities
Definition	A Residential Assisted Living Facility is a facility or residence, however named, operated on either a profit or nonprofit basis for the purpose of providing necessary supervision, personal assistance, meals, and lodging to three or more adults not related to the owner.
Regulatory and Legislative Update	Two bills were passed in 2025 that effect various parts of this report: https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2025/legislation/S1102.pdf https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2025/legislation/H0089.pdf
Move-in Requirements Including Required Disclosures/Notifications	A resident will be admitted or retained only when the facility has the capability, capacity, and services to provide appropriate care, or the resident does not require a type of service for which the facility is not licensed to provide or which the facility does not provide or arrange for, or if the facility does not have the personnel, appropriate in numbers and with appropriate knowledge and skills to provide such services. No resident will be admitted or retained who requires ongoing skilled nursing or care not within the legally licensed authority of the facility. (1) The purpose, quantity, and characteristics of available services; (2) Any restrictions or conditions imposed because of religious or philosophical reasons; (3) Limitations concerning delivery of routine personal care by persons of the opposite gender; (4) Notification of any residents who are on the sexual offender registry and who live in the facility. The registry may be accessed at:

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https://www.isp.idaho.gov/sor_id/search.html; and
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(5) Appropriateness of placement to meet the needs of the resident, when there are non-resident adults or children residing in the facility. In the admission agreement, the facility must identify services, supports, and applicable rates. The resident's monthly charges must be specific, and services included in the basic service rate and the charged rate must be described. Basic services must include: rent, utilities, food, activities of daily living (ADLs) services, supervision, first aid, assistance with and monitoring of medications, laundering of linens owned by the facility, emergency interventions, coordination of outside services, routine housekeeping, maintenance of common areas, and access to basic television in common areas. The facility must disclose all prices, formulas, and calculations used to determine the resident's basic services rate. The facility must describe additional services that are not contained in the basic services and the rates charged for the additional services or supplies. The facility may charge private pay residents for the use of personal supplies, equipment, and furnishings, but must disclose a detailed list of those charges. The facility must provide methods, including contacting the Ombudsman for the Elderly, by which a resident may contest charges or rate increases. The facility also must identify staffing patterns and qualifications of staff on duty during a normal day and disclose the conditions under which the resident can remain in the facility if payment for the resident shifts to a publicly funded program. The administrator of a residential assisted living facility must disclose in writing at or before the time of admission if the facility does not carry professional liability insurance. If the facility cancels professional liability insurance, all residents must be notified of the change in writing.

Facility Scope of Care

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

Limitations of Services

The facility must supervise residents, provide assistance with ADLs and instrumental activities of daily living, and deliver services to meet the needs of residents. A resident will be admitted or retained only when the facility has the capability, capacity, and services to provide appropriate care, or the resident does not require a type of service for which the facility is not licensed to provide or which the facility does not provide or arrange for, or if the facility does not have the personnel, appropriate in numbers and with appropriate knowledge and skills to provide such services.

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Resident Assessment Requirements and Frequency	Prior to admission the facility must assess all residents. In the case of private pay residents, the facility may develop an assessment form or use the uniform assessment tool developed by the Department of Health and Welfare. In the case of residents whose costs are paid by state funds, the uniform assessment developed by the Department must be used. The facility must develop an interim care plan to guide services until the assessment can be completed.
Medication Management	A licensed nurse is responsible for delegation of all nursing functions. Unlicensed staff that successfully complete an assistance-with-medications course and have been delegated to provide assistance with medications by a licensed nurse are permitted to assist residents with self-administration of medication. A licensed nurse is required to check the medication regimen for residents on at least a quarterly basis.
Staff Scheduling Requirements	There must be at least one or more qualified and trained staff up and awake and immediately available, in the facility during resident sleeping hours. For facilities with residents housed in detached buildings or units, there must be at least one qualified and trained staff present and available in each building or unit when residents are present in the building or unit. The facility also must ensure that each building or unit complies with the requirements for on-duty staff during resident sleeping hours in accordance with the facility's licensed bed capacity. A variance will be considered based on the facility's written submitted plan of operation. The facility will employ and the administrator will schedule sufficient personnel to provide care, during all hours, required in each resident's negotiated service agreement, to ensure residents' health, safety, comfort, and supervision, and to assure the interior and exterior of the facility is maintained in a safe and clean manner; and to provide for at least one direct care staff with certification in First Aid and CPR in the facility at all times. Facilities with multiple buildings or units will have at least one direct care staff with certification in first aid and CPR in each building or each unit at all times.
Administrator/Director Education and Training Requirements	Administrators must be licensed by the state. In addition to completing a course and passing an exam, applicants must obtain experience in an assisted living facility under the direction of a licensed administrator. Those with a high school diploma or equivalent must obtain 800 hours of experience. Those with an associate degree from an accredited college or university or equivalent must obtain 400 hours of experience and those with a Bachelor's degree must obtain 200 hours of experience. Those holding a valid Idaho nursing home administrator license who

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	wish to be licensed as a residential care facility administrator must pass the Board-approved residential care administrator examination and meet all requirements set forth in state law; however, the examination may be waived if the individual submits evidence of at least one year of leadership or management experience in a residential assisted living facility or nursing facility within the five years preceding his or her application. Licensed administrators are to receive 12 hours of continuing education every two years as approved by the Bureau of Occupational Licenses. Basic first aid, CPR, medication assistance, or fire safety courses shall not be considered for continuing education credit.
Direct Care Staff Education and Training	Staff must have a minimum of 16 hours of job-related orientation training before they are allowed to provide unsupervised personal assistance to residents. Staff who have not completed the orientation training requirements must work under the supervision of a staff member who has completed the orientation training. All orientation training must be completed within 30 days of hire. The state specifies which topics must be covered in the orientation training. A facility admitting and retaining residents with a diagnosis of dementia, mental illness, developmental disability, or traumatic brain injury must train staff to meet the specialized needs of these residents. Staff must receive specialized training within 30 days of hire or of admission of a resident with conditions requiring additional training. Each employee is to receive eight hours of job-related continuing training per year. When policies or procedures are added, modified, or deleted, staff are to receive additional training relating to the changes.
Quality Requirements	There are no specific quality requirements detailed.
Infection Control Requirements	The administrator is responsible for ensuring that policies and procedures consistent with recognized standards that control and prevent infections for both staff and residents are developed and implemented throughout the facility. At minimum, these must include: 1. Staff with an Infectious Disease. Staff with an infectious disease must not work until the infectious stage no longer exists or must be reassigned to a work area where contact with others is not expected and likelihood of transmission of infection is absent. 2. Standard Precautions. Standard precautions must be used in the

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	care of residents to prevent transmission of infectious disease according to the Centers for Disease Control and Prevention (CDC) guidelines. These guidelines may be accessed on the CDC website at http://www.cdc.gov/hai/. 3. Reporting of Individual with an Infectious Disease. The name of any resident or facility personnel with a reportable disease listed in IDAPA 16.02.10, "Idaho Reportable Diseases," must be reported immediately to the local health district authority with appropriate infection control procedures immediately implemented as directed by that local health authority.
Emergency Preparedness	Each facility must develop and implement an emergency preparedness plan to follow. Relocation Agreements. Each facility must have a written agreement developed between the facility and two (2) separate locations to which residents would be relocated in the event the building is evacuated and cannot be reoccupied. The facility will review the relocation agreements annually. Written Procedures. The facility must have written procedures outlining steps to be taken in the event of an emergency including: a. Each person's responsibilities; b. Where and how residents are to be evacuated; and c. Notification of emergency agencies. Emergency Generators. Facilities that elect to have an emergency generator must ensure that the system is designed to meet the applicable codes in NFPA, Standard 110.
Medicaid Policy and Reimbursement	1915 (c) Aged and Disabled Waiver https://healthandwelfare.idaho.gov/services-programs/medicaid-health/about-medicaid-elderly-or-adults-disabilities
Citations	http://www.idhca.org Idaho assisted living statute: https://legislature.idaho.gov/wpcontent/uploads/statutesrules/idstat/Title39/T39CH33.pdf Idaho assisted living rules https://adminrules.idaho.gov/rules/current/16/160322.pdf

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