



Office of Health Care Quality (OHCQ)

10.07.14 Assisted Living Regulations Update

NOTE: Multiple updates and enhancements are being made to this presentation during the new regulation roll out.

Please refer to most current date: August 6, 2025



Learning Objectives

- We will be going over the major changes from the *old* Assisted Living Regulations to the ***new*** 10.07.14 Assisted Living Regulations.
- We will not be going over definition changes or minor changes that are not substantial.
- We will also provide information on where you can get a copy of the new regulations.

OHCQ's Mission & Vision



***To protect the health and safety of Marylanders
and to ensure there is public confidence in the
health care and community service delivery systems***



Core Functions: OHCQ

- OHCQ is the agency within the MDH that determines compliance with State licensure and/or federal certification requirements in 47 types of providers and programs.
- **State Licensure:** Issues licenses, **authorizing** the applicant to operate a certain type of **business** in the State.
- **Federal Certification:** Recommends certifications to the Centers for Medicare & Medicaid Services (CMS), which allow a facility to participate in and **seek reimbursement** from the Medicare and Medicaid programs for services provided to beneficiaries.

OHCQ is Maryland's State Survey Agency

- Maryland Department of Health (MDH) has designated OHCQ as Maryland's state survey agency.
- On behalf of the Centers for Medicare & Medicaid Services (CMS), OHCQ conducts certification activities and makes recommendations to CMS regarding certification.

Assisted Living Regulations - History

- The process of promulgating regulations for ALP has been a complex undertaking that started in 2015.
- Public comment periods were held in 2016, 2021, 2023, and 2024.
- OHCQ involved hundreds of stakeholders, hosted multiple in-person and online public meetings to seek input from all stakeholders, and reviewed and responded to thousands of comments.

Assisted Living Regulations - History

- Marked up draft regulations were published on OHCQ's website with corresponding responses to formal comments throughout the multi-year process.
- In March of 2024, OHCQ received an additional 150+ formal comments and reviewed fourteen stakeholder letters and as a result, made additional changes to the final regulations.
- OHCQ re-proposed the package in January 2025.

New Assisted Living Regulations - COMAR 10.07.14

- The new regulations were published as final in the Maryland Register on April 18, 2025.
- The Division of State Document rules says that regulations are effective ten days later (April 28, 2025).

New Assisted Living Regulations - COMAR 10.07.14

- OHCQ understands that there are some major key changes included in the new regulations and that the provider community will need some time to conduct staff training and develop necessary policies and procedures.
- Over the next 6 months, OHCQ must continue its survey mandates, but will be using discretion with enforcement activities related to the new regulations.

New Assisted Living Regulations - Roll Out

- OHCQ's Assisted Living webpage will serve as the central information site for roll out information:
 - Instructions on how to get a copy of the new regulations
 - Stakeholder Communication
 - Training Materials and Training Sessions
 - How to submit questions - use OHCQ's AL Regs website or by email using ohcq.alregs@maryland.gov
- Starting in May 2025 thru August, OHCQ will be holding a series of free virtual trainings inclusive of all stakeholders and providers to deliver an overview of key changes.

New Assisted Living Regulations

- Our goal today - highlight what has changed from the previous requirements.
 - **If a requirement is not discussed, it remains AS IS**
- Be aware that some content has been moved or reorganized to a new section, but the requirement remains the same.
- We are starting with the Major Key Changes, then will cover a section-by-section review of changes made.
- All participants should get their own copy of the regulations
 - Instructions for getting copies provided at the end

Major Key Changes - *.15 Assisted Living Manager*

New Requirement: *.15 Assisted Living Manager*.

A. Qualifications.

(1) An individual shall be licensed as required by Health Occupations Article, §9-3A-01, Annotated Code of Maryland, before the individual may practice as an assisted living manager in Maryland.

NOTE: The State Board of Long-Term Care Administrators is responsible for the licensure of Assisted Living Managers. They are currently working on processes and procedures for licensure. This requirement is effective July 1, 2026.

Major Key Changes - *New Duties of the ALMs*

New Requirements:

- Review RAT with the Delegating Nurse (.22 Preadmission)
- Forward a copy of any report or citation of violation to the department within 7 calendar days of receipt of the report or citation (.08 Changes for ALP that Affect Operating License)
- Quality assurance plan shall include an annual facility risk assessment for TB (.13 Administration)
- Staffing schedule kept on file for 18 months (.15)
- Have basic CPR including hands-on-component (.15)
- Annual influenza and Covid- 19 vaccination was advised (.15)

Major Key Changes - *.14 Staffing Plan*

New Requirement:

E. Awake Overnight Staff.

(4) Awake overnight staff are required on an approved Alzheimer's Special Care Unit.

C. (3) The Department may not approve a waiver for awake overnight staff on an Alzheimer's Special Care Unit.

New: Staffing schedule is kept **on site, includes date/shift/name of staff, on file for 18 months**

Major Key Changes - *.30 Services*

New Requirement: *.30 Services*.

A. Meals

(2) The Assisted Living Program shall ensure that menus are nutritionally adequate by having a dietitian or nutritionist review the 4-week menu:

- (a) Prior to initial licensure;
- (b) If substantive changes beyond accepted food substitutions have been made; and
- (c) At least every 3 years.

Major Key Changes - *.36 Resident Rights*

New Requirement: *.36 Resident Rights*

A. Resident Bill of Rights

1. (h) added - financial exploitation
(i) added - Be free from involuntary seclusion
2. An Assisted Living Program shall:
 - (a) Provide the Resident Bill of Rights to all residents and resident representatives prior to or upon admission; and
 - (b) Post the Bill of Rights in a conspicuous place that is visible ...; or
 - (c) Post a notice where in the facility the Resident Bill of Rights is located.

Major Key Changes - *.35 Resident Representative*

New Requirement: *.35 Resident Representative*.

B. Representative Payee or Other Similar Fiduciary.

(1) An Assisted Living Program staff member who serves as a representative payee for a resident may not be considered the resident representative.

(2) An Assisted Living Program shall notify the Department if an Assisted Living Program staff member is designated as the representative payee for a resident.

Major Key Changes - *.13 Administration*

From the 2025 Legislative Session: *.13 Administration*

B. Family Councils

- (2)(b) An individual ... must have capacity in order to appoint ...
- (3) The ALP shall provide the council the right to privacy for meetings ...
- (4) Staff members may attend a meeting only if requested by the council
- (5) The ALP shall consider ... recommendations and grievances and attempt to accommodate ...
- (6) The ALP shall respond to grievances in writing within 30 calendar days

Major Key Changes - *.38 Restraints*

From the 2025 Legislative Session: *.38 Restraints*

- A new section H was added, clarifying that **hospice regulations, COMAR 10.07.21**, and federal regulations apply when an assisted living resident is under the care of a licensed general hospice program but is physically located in an assisted living facility.

New Assisted Living Regulations

- Section-by-Section Review

NOTE: For clarification purposes:

- **Calendar days used** instead of “days” or “business days”
- **Health Care Practitioner used** in most instances instead of “Physician” (incorporates NPs and PAs)
- “Licensee” replaced with **Assisted Living Program**

Section-by-Section Review - .02 Definitions

- This section is comprehensive and defines over eighty terms
- *Several existing definitions received clarifying terminology*
- *Several new definitions were added*
- Please pay close attention to this section
- You may need to look up terms when they are referenced later in the regulation sections

Section-by-Section Review - .02 Definitions

OLD:

Definition of ALP means a residential or facility-based program that provides housing and supportive services

NEW:

Definition of ALP means a residential or facility-based program for **two or more beds** that provides housing and supportive services ...

Section-by-Section Review - .04 License Required

OLD: Process and general licensing rules remain unchanged.

NEW: An ALP may not provide care to more residents that exceeds number of licensed beds or residents. **New inclusion in the count** are (1) short term residents receiving care, (2) family members receiving care, and (3) individuals transitioning to ALP.

NEW: A person who falsifies or alters an assisted living license shall be subject to referral for a criminal prosecution and imposition of civil fines.

Section-by-Section Review - .06 Restrictions

OLD: Existing restrictions on advertising and adult day care licensure remain unchanged.

NEW:

- OHCQ **shall report** misleading or false advertising to the Office of the Attorney General
- An ALP dually licensed as adult medical care or any other licensed program must meet all requirements for both programs

Section-by-Section Review - .07 Licensing Procedures

OLD: All renewal and fee language is deleted; but the procedures and rules to obtain a license remain unchanged.

NEW:

- An ALP cannot apply for a new ALP if there are uncorrected deficiencies within the past 3 years (extended from 2)
- Licensure can be denied based on ALM's **prior convictions and final actions of the Health Occupation Boards**, with considerations
- Incomplete applications may be administratively closed after 180 days from the date of initial receipt

Section-by-Section Review - .08 Operating License

OLD: Existing requirements for notification of an ALP's changes to name/location/ownership/voluntary closure are reorganized but remain unchanged.

NEW: Time requirements for notification

- To OHCQ as well as to affected residents/resident reps
 - 60 calendar days for 49 or less beds
 - 75 calendar days for 50 or more beds

Section-by-Section Review - .08 Operating License

NEW: (con't): For voluntary closures, ALPs must provide weekly updates to OHCQ, including:

- Number of residents remaining in the facility;
- Number of residents with plans for relocation;
- Number of residents with no plans for relocation; and
- Notification of date of closure and final disposition of residents

Section-by-Section Review - .08 Operating License

NEW: (con't): OHCQ can VOID a license for:

- Non compliance with Dept of Assessments & Taxation (SDAT)
- No services are provided for 180 consecutive days

NEW: OHCQ Surrender of License

- An ALP may not surrender a license while that ALP is under investigation or if charges are pending

Section-by-Section Review - .11 Investigation by Department

OLD: Open for inspection, records & reports content, posting of documents remains unchanged.

NEW:

- At all times, staff on duty shall know how to contact the ALM, the alternate ALM, the DN and the alternate DN
- Records & reports may be paper or electronic
- OHCQ no longer reimbursing for copying costs
- POC detail: how deficiency will be corrected, date, prevention of recurrence, responsible party

Section-by-Section Review - .11 Investigation by Department

OLD: ALP could delay submission of POC if requesting an informal dispute resolution (IDR). “No appeal of an IDR” remains unchanged.

NEW: For IDR

- POC required within 10 calendar days after citation issued, regardless if ALP is requesting an IDR or not
- Legal counsel of ALP or OHCQ does not attend IDR

Section-by-Section Review - .12 Compliance Monitoring

OLD: On site surveys were annual or up to 15 months.

NEW:

- An ALP's annual survey may be extended to 18 months if the ALP has:
 - No outstanding POCs or CMPs
 - No complaints or facility-reported incidents (known as "self-reports") pending investigations
 - No settlement agreement is in effect
 - No sanctions are in effect

Section-by-Section Review - .13 Administration

OLD: QA Plan requirements remain unchanged.

NEW:

- Adds an annual facility risk assessment for TB, in accordance with CDC guidelines
- Family Councils & Resident Councils - described earlier on slide 18 under Major Key Change

Section-by-Section Review - .14 Staffing Plan

OLD: Staffing, overnight staffing process, electronic monitors, on-site nursing requirements remain unchanged.

NEW:

- ALP shall have sufficient staff to comply with **the standards of care for the specific conditions of the residents**
- Staff must be on site when resident is **expected to return to ALP**
- Staffing schedule is kept **on site, includes date/shift/name of staff, on file for 18 months**
- Awake overnight staff required for Alzheimer's Units on slide 14 under Major Key Changes

Section-by-Section Review - .15 Assisted Living Manager

OLD: Existing age/education qualification requirements remain unchanged.

NEW:

- ALM must be licensed by LTC Board by July 1, 2026 as described on slide 13 under Major Key Changes
- CPR must be taught by a nationally recognized organization and have a hands-on component
- ALM responsible for advising on influenza and COVID 19 per CDC guidelines, when indicators are elevated

Section-by-Section Review - .15 Assisted Living Manager

NEW (con't):

The Assisted Living Manager shall at a minimum:

(c) For level 3 licensed programs, have:

(i) A 4-year, college-level degree; **or**

(ii) 2 years experience in a healthcare related field and 1 year of experience as an ALP manager or alternate assisted living manager; **or**

(iii) 2 years experience in a healthcare related field and successful completion of an 80-hour assisted living manager training course approved by the Department;

Section-by-Section Review - .16 Eighty-hour ALM Training Course

OLD: Only the ALM of a 5 (or more) bed ALP had to take the 80 hour course. Course was limited to a max of 25 hours virtual training.

NEW:

- ALMs must take the course regardless of size of facility
- ALMs who started after Jan 1, 2006 must take the 80-hour course
- This requirement must be completed by June 30, 2026
- Course can be virtual or in-person or a combination (hybrid)
- ALM must complete the course and cannot be endlessly enrolled

Section-by-Section Review - .17 Eighty-hour ALM Basic Training Course

OLD: Eighty hour existing class content remains the same.

NEW:

- Added bloodborne pathogens, safe injection practices, PPE and cleaning/disinfection equipment and environment
- Clarified CPR must be taught by a nationally recognized organization and have a hands-on component
- Added MOLST form added to the end-of-life section
- Added Trauma Informed Care to clinical management section

Section-by-Section Review - .19 Other Staff Qualifications

OLD: Training for cognitive impairment and mental illness was 5 hours and was to be completed within the first 90 days.

NEW:

- For direct care staff: behavioral health was added to training; time increased to six hours (from 5) and to be completed within the first 120 days (from 90)
- For non-direct care staff: behavioral health added to training and must be completed within 120 days (from 90)

Section-by-Section Review - .19 Other Staff Qualifications

NEW (con't):

- Non-direct care staff can be under 18 years of age
- Direct care staff may be 16 or 17 if enrolled in a CNA course and are supervised
- Direct care staff may be 16 or 17 if certified as a nursing assistant
- LPNs and RNs are exempt from basic 1st aid training
- CPR must be taught by a nationally recognized organization and have a hands-on component
- If training is non-interactive, a trainer must be available for questions

Section-by-Section Review - .20 Personnel Records

OLD: Staff required documentation was spread throughout the chapter.

NEW:

- New section added that lists all 14 required documents for staff members on file
- Full name, age, and gender;
- Address and telephone number;
- Educational background;
- Employment history;
- Notes on references;
- Performance evaluations;
- Attendance records; and
- Individual to be notified in case of emergency

Section-by-Section Review - .20 Personnel Records

OLD: Staff required documentation was spread throughout the chapter.

NEW:

- New section added that lists all 14 required documents for staff members on file
- Requires evidence that flu and COVID vaccine has been advised in accordance with CDC guidelines
- Requires documented surveillance of non-immune staff when flu and COVID indicators are elevated
- Requires documentation that a check of the HHS Exclusion Database was conducted prior to hiring

Section-by-Section Review - .21 Delegating Nurse

OLD: Alternate DN was not required

NEW:

- The DN shall be available on call *at all times* as required under this chapter or have a qualified alternate DN nurse available on call

Section-by-Section Review - .22 Pre Admission Requirements

OLD: Before the resident moved in, only the ALM was responsible for ensuring the resident's needs can be met by the ALP.

NEW:

- Pre move in assessment must be completed by the ALM **in corroboration with the DN**
- Under **C. Reassessment - The RAT is reviewed every 6 months and signed by DN and ALM**
- If the previous RAT did not indicate the need for awake overnight staff, each reassessment or review shall include documentation as to whether awake overnight staff is required due to a change in the resident's condition

Section-by-Section Review - .23 Admission Requirements

NEW:

- Added: Discrimination Prohibited. An Assisted Living Program licensed under this chapter may not discriminate in admitting or providing care to an individual because of the individual's:

Race; Color; National origin; Sexual orientation; Gender identity; Religion; Physical disability; or Mental disability

Section-by-Section - .24 Resident-Specific Level of Care Waiver

OLD: OHCQ had 20 day to decide on a waiver request. The other waiver processes and rules remain unchanged.

NEW:

- OHCQ will communicate the decision within 7 calendar days from receipt of the waiver request

Section-by-Section Review - .26 Resident Agreement

OLD: Only ALM could sign resident agreement.

NEW:

- The designee of the ALM can sign the resident agreement
- For short term residential care, resident agreement must be signed **before or at the time of admission**
- Must include policy on resident self-administration of medications
- If non-residents live on the premises, the ALP must disclose what parts of the licensed space they are permitted in and during what hours

Section-by-Section Review - .26 Resident Agreement

NEW: The resident agreement must include provisions on the resident's right to be readmitted to the facility immediately upon the first availability of a bed, except in the case where the needs of the resident exceed the licensed level of care of the ALP.

NEW: The resident agreement must include provisions on adult medical day care policies and availability.

Section-by-Section Review - .26 Resident Agreement

NEW: Under Admit and DC Policies, including Involuntary Discharge:

- Procedures which the ALP shall follow to verify that the receiving program or facility has the required license
- Procedures that the ALP shall follow when discharging a hospitalized resident without 30 calendar days notice, whose medical needs have advanced beyond the level of care for which the ALP is licensed to provide
- A statement that a transfer to the hospital is not grounds for discharge;

Section-by-Section Review - .27 Resident Agreement Financial Content

OLD: The Resident Agreement included procedures the ALP follows in the event the resident runs out of funds.

NEW:

- The Resident Agreement includes procedures the ALP follows in the event the resident runs out of funds **and the ALP is required to give 30 day notice of the resident's discharge to Ombudsman and APS.**

Section-by-Section Review - .28 Service Plan

OLD: A service plan for each resident shall be developed.

NEW:

- The **resident shall be invited** to participate in the development of the initial and subsequent plans
- At resident's request, a resident rep, family member or other individual **shall be invited to participate** in the meetings
- When the resident lacks capacity, the resident's rep shall be invited
- The ALP **shall accommodate the schedules** of participants in a service plan meeting, when possible
- The service plan shall reflect increased monitoring, intervention, and oversight, as clinically appropriate for special care needs

Section-by-Section Review - .29 Resident Record

OLD: Resident record included RAT, orders, rehab & service plans, care notes, emergency data sheets.

NEW:

- List 11 items that must be maintained for each resident. The new ones include:
 - MOLST, advanced directives (inclusive of mental health A.D.s)
 - Monthly weights if ordered, pharmacy reviews
- If the health care provider sees resident in the facility, a care note must be written
- Care notes must be dated and timed
- If CHOW, resident records must be transferred to new owner prior to issuance of license

Section-by-Section Review - .30 Services

OLD: Residents have access to snacks or food supplements in the evening;
menus on file for 2 mos

NEW:

- Snacks between meals and in the evening
- Portion sizes are in accordance with orders from health care practitioner
- Dietician reviews 4-week menus - see slide 15 - Major Key Change
- The ALP shall post a weekly menu in a conspicuous place that is visible to residents and other interested parties
- Menus on file for 6 months (was 2)

Section-by-Section Review - .30 Services

OLD: Ambulation devices and other necessary independent living aids are in proper working order

NEW:

- ALM shall facilitate the repair or replacement of adaptive equipment and assistive devices, as needed
- AL staff shall assist the resident, as needed, to utilize the adaptive equipment and assistive devices.

Section-by-Section Review - .31 Medication Mgmt

OLD: Staff must complete a medication administration course.

NEW:

- Unlicensed staff must be a certified medication technician **prior to** administering any medications
- Initial assessment **by DN** must document resident is capable of self administering meds
- **Frequency and route** (i.e. oral or inhalation) is added to medication documentation
- Only sealed, unopened medication packages or individual unit dose blisters may be returned to the inventory of the pharmacy.

Section-by-Section Review - .31 Medication Mgmt

Narcotics and Controlled Substances

OLD: Staff shall count.. term used “narcotics”

NEW: A **qualified staff member and a witness** shall count and record **Schedule II through Schedule V** ...

- ALP shall obtain a Controlled Dangerous Substances registration certificate from the Department’s Office of Controlled Substances Administration.
- ALM shall develop written policies and procedures to guard against theft and diversion of controlled substances

Section-by-Section Review - .31 Medication Mgmt

Narcotics and Controlled Substances (con't)

NEW:

- Controlled substances in need of disposal shall be destroyed on-site at the ALP and their destruction shall be:
 - Conducted by two members of the staff, one of whom must be a licensed practitioner, pharmacist, RN, LPN, CMT, or ALM, and
 - Recorded on a form supplied by the Division of Drug Control, a copy of which shall be forwarded to the Division within 10 calendar days of destruction.

Section-by-Section Review - .32 Alzheimer's S.C. Unit

OLD: Requirement for substantive changes to be submitted at renewal is deleted.

NEW:

- Substantive changes (i.e. bed increase, structural changes) must be approved; decision w/in 30 days
- As stated on slide 14, Major Key Change awake overnight staff required for Alzheimer's Special Care Units
- ALP shall have written approval prior to operations
- ALP shall have written approval prior to advertising or marketing

Section-by-Section Review - .32 Alzheimer's S.C. Unit

NEW (con't):

- ALP shall disclose a written description of unit to resident, as appropriate
- ALP shall disclose a written description of the minimum 6 hours of advanced cognitive impairment training for direct care staff
- ALP shall disclose a written description of the number of hours of dementia-specific training provided annually for all staff by job classification and a summary of training content

Section-by-Section Review - .33 Incident Reports

OLD: Notification of death not specified.

NEW:

- The ALP shall notify the OHCQ within 24 hours of a resident death resulting from: (1) Abuse; (2) Neglect; (3) Wandering; (4) Elopement; (5) A medication error; (6) Burns; or (7) Any injury incurred at the ALP.

Section-by-Section Review - .34 Relocation and Discharge

OLD: no deletions

NEW:

- The ALP must consider the resident's specific care needs and preferences in developing a safe and appropriate discharge plan.
- When the resident is discharged to home or to a non-facility setting, the Assisted Living Program **shall provide** the resident and resident representative any information related to the resident that is necessary to ensure continuity of care and services
- MOLST form and emergency data sheet included

Section-by-Section Review - .34 Relocation and Discharge

NEW: As stated in the .26 Resident Agreement:

- The ALP shall provide at licensure and at admission, the procedures that the ALP shall follow when discharging a hospitalized resident without 30 calendar days notice, whose medical needs have advanced beyond the level of care for which the ALP is licensed to provide
- The ALP shall provide at licensure and at admission a statement that a transfer to the hospital is not grounds for discharge;

Section-by-Section Review - .35 Resident Representative

OLD: no deletions

NEW:

- Added: An ALP staff member who serves as a representative payee for a resident shall not be considered the resident representative.
- An ALP shall notify the Department if an Assisted Living Program staff member is designated as the representative payee for a resident
- An ALP may not recognize the authority of a resident representative if the representative attempts to exceed the authority: Established by ***federal*** or State law.

Section-by-Section Review - .36 Resident's Rights

OLD: The 24 existing rights remain; adult day care attendance “**encouraged**” was deleted.

NEW:

- The ALP **shall develop a** Resident's Bill of Rights
- Adds “optimize autonomy, independence, and personal choice”
- Adds Financial exploitation & involuntary seclusion
- Adds access to and privacy regarding legal counsel
- ALP shall provide Rights to resident prior to, or upon admission
- ALP shall post in a conspicuous place

Section-by-Section Review - .36 Resident's Rights

NEW (con't):

- Resident record must describe work duties and resident's decline for compensation
- The resident may, at any time, discontinue the work duties without threat or fear of retaliation

Section-by-Section Review - .37 Abuse, Neglect, & Financial Exploitation

OLD: 24 hour existing reporting requirements remain unchanged.

NEW:

- The ALP or the employee of the ALP shall report abuse to the ALM **unless they are believed to be involved with the abuse, neglect, or financial exploitation.**
- A licensed or certified individual who has knowledge of, but does not report suspect abuse, neglect, or financial exploitation may be referred to their respective health occupation board.
- Adds APS to list of who gets investigation reports

Section-by-Section Review - .40 Misuse of Resident's Funds

OLD: Complaints within 24 hours made to ... the Department of Aging or the local area agency on aging.

NEW: Clarified to be complaints submitted within 24 hours to the ***Ombudsman*** within the Department of Aging or local area agency on aging

Section-by-Section Review - .42 General Physical Plant Requirements

OLD: ALP shall provide ..storage which is secure, fixed, and locked.

NEW: ALP shall provide .. storage which is secure, fixed, and locked ***in a manner that the resident can access without assistance or with that level of assistance normally required and readily available upon request.***

Section-by-Section Review - .47 Emergency Preparedness

OLD: Fire extinguisher locations remain unchanged. Fire extinguishers shall be installed and maintained.

NEW:

- Clarification: ALP shall ensure fire extinguishers **are serviced annually, as evidenced by** documentation maintained on-site, by an individual or company licensed by the Maryland State Fire Marshal;
- The Assisted Living Program **shall develop an Assisted Living Emergency Preparedness Packet in compliance with the requirements of §C(2)-(10), that shall be readily available to all staff.**

Section-by-Section Review - .47 Emergency Preparedness

NEW:

- The ALP **shall develop an Emergency Preparedness Packet, readily available to all staff**, in compliance with C 2-10 (existing requirements):
 - C (2) - Emergency and Disaster plan
 - C (3) - Resident Tracking System
 - C (4) - Resident Medical fact Sheet
 - C (5) - Annual Review and updates
 - C (6) - Alternate locations
 - C (7) - Transportation Plan
 - C (8) - Provide to local emergency mgmt organization
 - C (9) - Identify ALP liaison
 - C (10) - Evacuation Executive Summary

Section-by-Section Review - .47 Emergency Preparedness

NEW (con't):

- Added to C (3) **date** that the resident sent to alternative location **and contact person and phone number for the facility where the resident was sent.**
- The ALP **shall ensure that all staff have access to the entire emergency preparedness plan.**

Section-by-Section Review - .48 Smoking

OLD: Existing requirements for smoking remain unchanged.

NEW:

- The ALP shall assess each resident who smokes to determine if assistance or supervision is needed and document the assessment in the resident's service plan; and
- The ALP shall annually or after a change of condition, reassess a resident who smokes to determine if assistance or supervision is needed w/ documentation

Section-by-Section Review - .56 Telephones

OLD: The term “Landline” is deleted; 17+ beds have required wiring for private use phone is deleted.

NEW:

- Replaced “landline” with “common-use telephone”
- ALP with 17+ beds shall provide that **each resident’s room accommodates the use of the resident’s own private telephone**

Section-by-Section Review - .57 Sanctions

OLD: ALP can be required to use the services of a management firm approved by OHCQ.

NEW:

- The ALP must **cover the costs** of a management firm
- OHCQ can require the ALP to **use the services and cover the costs of a consultant .. r/t licensure requirements, standards of care or discharge planning.**

Section-by-Section Review - .59 Amount of CMPs

OLD: The \$10,000 CMP amount imposed on a person under this chapter is deleted.

NEW:

- A civil money penalty imposed on a person under this chapter may not exceed ***the amounts identified in Health General §19-1809***
 - For a first offense, a fine not exceeding \$10,000 or imprisonment not exceeding 5 years or both
 - For a subsequent offense, a fine not exceeding \$20,000 or imprisonment not exceeding 5 years or both

Section-by-Section Review - .61 Criminal Penalties

OLD: CMPs for operating without a license remain unchanged.

NEW:

- If OHCQ finds a credible allegation that an ALP is operating without a license, they shall investigate whether residents in the ALP have been subjected to neglect, abuse, or financial exploitation.
- If abuse found, the person operating the unlicensed program shall be subject to immediate prosecution.
- The OHCQ, the OAG, a State's Attorney, or a local health officer may petition a circuit court for injunctive relief against the operation of an ALP operating without a license.

Section-by-Section Review - .61 Criminal Penalties

OLD: Fines for operating without a license remain unchanged.

NEW:

- A person may not advertise an ALP for services with which it is not authorized to provide
- A person may not advertise an ALP in a misleading or fraudulent manner
- A person may not willfully refer another person to an ALP that is operating without a license (CMPs for 1st, 2nd, 3rd offense)

Section-by-Section Review - .63 Emergency Suspension

OLD: The ALM or Alternate shall assist in making other assisted living arrangements is deleted; the ALM or Alternate shall notify...

NEW:

- The ALM **or their designee** shall assist in **making safe an appropriate discharge plans, including to other ALPs**
- In addition to APS, **OHCQ shall notify the Ombudsman** within the Department of Aging or local area agency on aging

Section-by-Section Review - .64 Revocation of License

OLD: ALP shall notify APS and make every reasonable effort to assist them in making other assisted living arrangements; the ALM shall notify....

NEW:

- **The ALM or their designee shall** make every reasonable effort to assist residents and resident representatives **in making safe and appropriate discharge plans, including to other licensed Assisted Living Programs;** and
- In addition to APS, **OHCQ shall notify the Ombudsman** within MDOA or local area agency on aging

Section-by-Section Review - .64 Revocation of License

NEW (con't):

- The Department may assist in the relocation of residents ***or require the Assisted Living Program to use the services of and cover the costs of a consultant to arrange safe and appropriate discharges for residents.***

How to Get a Copy of the Regulations

- To order copies of COMAR 10.07.14 contact Tarshia Neal at the Maryland Division of State Documents at (410) 260-3874 or tarshia.neal@maryland.gov. Regulations are also available at public libraries.
- It is important to **Read the Regulations**
- OHCQ's website will serve as the centralized resource for information and has updates to an FAQ
- Questions on the regs can be submitted on the OHCQ webpage

Thank You

Contact Information

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