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## **Frequently Asked Questions (FAQ) on the New Assisted Living Program Regulations [COMAR 10.07.14](#)**

Regulations Effective April 28, 2025

**NOTE:** This is the **October 21, 2025** version of the FAQ. The FAQ will be updated periodically during the rollout period. Please check the [OHCQ website](#) for updates made to this version.

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## **General Questions**

**Question: Can you clarify ALP notification requirements in the regulations, especially for the Maryland Department of Health (“the Department”), OHCQ, Ombudsman, Adult Protective Services, and law enforcement?**

**Answer:** Please refer to a quick reference guide for a summary of ALP notification required in [Appendix 1](#). The following is a narrative summary of ALP reporting requirements. It is important to note, OHCQ serves as the Department’s designated licensing authority.

**Question: Do ALPs have to apply for a CLIA waiver (Clinical Laboratory Improvement Amendments) if they admit residents that need glucose monitoring and or fingersticks? (as of Oct. 1, 2025)**

**Answer:** Yes. The ALP will need to obtain a CLIA waiver if the ALP is responsible for conducting or monitoring the results of blood sugar testing.

Further, if there is a home health agency nurse that comes to the ALP and uses a glucometer on patients and reports results to the provider, the home health agency would be required to hold a CLIA Certificate and a state license. If a resident independently performs their own glucometer testing on their personal glucometer and is self-monitoring their results, a CLIA waiver is not required. If an ALP determines they need to apply for a CLIA waiver: For initial applicants, please mail both the Maryland State Compliance and CLIA application with supporting documentation, outlined on the State application checklist page and original signatures, to the Columbia office address listed on the state application. The minimum qualification for a director performing waived tests in Maryland is a BS degree in a physical science, e.g. biology, nursing, medical technology.

<https://health.maryland.gov/ohcq/Documents/Providers/Clinical-Labs/Forms/State-Compliance-Application-2019.pdf>

<https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms116.pdf>

At this time, OHCQ will allow an additional 180 days for ALPs to come into compliance with this regulation. Although there is no change from the prior regulations, the CLIA waiver application has educational requirements in [COMAR10.10.03.02A](#). For some ALPs, the ordering provider meets the educational requirements and has signed the CLIA application.

**Question: I am a licensed Nursing Home Administrator and am seeking initial licensure as an ALM. Am I required to take the 80-hour course?**

**Answer:** No. Under HG § 19-1807(d)(1)(iii), a person who is licensed as a Nursing Home Administrator (NHA) in Maryland is not required to complete the initial 80-hour ALM training course.

**Question: I am a licensed Nursing Home Administrator. Can my 40 hours of CEUs count toward the ALM continuing education requirement of every 2-years 20-hours?**

**Answer:** Under HG § 19-1807(d)(1)(iii), a person who is licensed as a Nursing Home Administrator (NHA) in Maryland is not required to complete the initial 80 hour ALM training course. OHCQ has decided that licensed NHA **are not** required to complete the ALM 20-hours of continuing education as the NHA ongoing educational needs are covered by the required 40 hours of CEUs. Please also know that all ALMs are subject to the annual training requirements in [COMAR 10.07.14.15A\(2\)\(i\)](#) *The assisted living manager shall at a minimum: Receive initial and annual training in: Fire and life safety; (ii) Infection control, including standard precautions; (iii) Emergency disaster plans; and (iv) Basic food safety; and (j) Receive initial certification and recertification every 2 years for: (i) Basic first aid taught by a first aid instructor certified by a national organization; and (ii) Basic cardiopulmonary resuscitation (CPR), including a hands-on component, taught by a CPR instructor certified by a nationally recognized organization.*

**Question: Regarding changes that need to be made to documentation for existing residents, will current resident documentation be grandfathered? or given a delay for updating? For example, updating the Resident Contracts with the new requirements for all residents in large facilities will take substantial time.**

**Answer:** No. Current resident documentation will not be grandfathered. To support implementation of the new regulations effective April 28, 2025, OHCQ has created an informational compliance checklist that surveyors will provide during inspections. The checklist will identify areas where a facility is not yet in compliance but will not result in citations during the initial transition period. OHCQ will allow at least six months before enforcement begins, giving facilities time to update contracts, policies, procedures, training materials, and other documentation. The checklist will be issued separately from the Statement of Deficiencies, and only the Statement of Deficiencies must be posted during this period. Full enforcement will begin November 1, 2025, at which time the “New Assisted Living Regulations Compliance Checklist” will no longer be used.

**Question: During the Covid pandemic (State of Emergency) some Assisted Living Providers (ALPS) were using Infusion therapy companies to treat COVID positive residents. Are ALPs able to accommodate IV infusion therapy if an outside IV therapy company administers the medication under the supervision of their RN? For example, if the infusion is needed for short term antibiotics and/or IV hydration? (as of Oct. 1, 2025)**

**Answer:** Yes, infusion therapy performed by an outside agency is permissible in an Assisted Living Provider but a Health Care Practitioner must provide an order and the resident’s service plan must be updated. Further, the DN is ultimately responsible for the overall communication and coordination of care between DN and outside infusion agency.

## Reporting

### Reporting to OHCQ/the Department:

- [COMAR 10.07.14.08](#) Changes in an Assisted Living Program that Affect the Operating License: An ALP shall notify the Department of any change in the information the licensee had submitted with the most recent application, including request for change in licensed beds, request for increase in level of care, name change, change in location, change in ownership, sale, transfer, or lease of a facility. Relocations, CHOWs, and voluntary closures all require notification within a certain time frame (60 calendar days in advance of the effective date if licensed for 49 or fewer beds or 75 calendar days in advance of the effective date if licensed for 50 or more beds).
- [COMAR 10.07.14.08A\(4\)](#) requires that a licensee forward to the Department a copy of any report or citation of a violation of any applicable building codes, sanitary codes, fire safety codes, or other regulations affecting the health, safety, or welfare of residents within 7 calendar days of receipt of the report or citation. This should be included in the reporting requirements.
- [COMAR 10.07.14.08](#) Changes in an Assisted Living Program that Affect the Operating License: ALPs shall notify the Department of any intention to voluntarily close and provide weekly updates to OHCQ regarding resident relocation plans.
- [COMAR 10.07.14.14](#) Staffing Plan: If an ALM fails to implement a nursing or clinical order without identifying and providing alternatives to the care or service order, the DN shall notify the resident's health care practitioner, the OHCQ, and the resident or, if appropriate, the legal representative of the resident.
- [COMAR 10.07.14.15](#) Assisted Living Manager: The assisted living manager shall: (2) Have overall responsibility for: (k) Notifying the Department: (i) When the manager terminates the program's contract with or employment of a delegating nurse; and (ii) Of the reason why the contract or employment was terminated.
- [COMAR 10.07.14.33](#) Incident Reports: ALPs notify OHCQ within 24 hours of a resident death resulting from abuse, neglect, wandering, elopement, a medication error, burns, or any injury incurred at the ALP.
- [COMAR 10.07.14.35](#) Resident Representative: An ALP shall notify the Department if an ALP staff member is designated as the representative payee for a resident.
- [COMAR 10.07.14.37](#) Abuse, Neglect, and Financial Exploitation: ALPs or employee of an ALP who has witnessed, or otherwise has reason to believe, that a resident has been subjected to abuse, neglect, or financial exploitation shall report the alleged abuse, neglect, or financial exploitation within 24 hours to the: (b) Office of Health Care Quality of the Department.
- [COMAR 10.07.14.40](#) Misuse of Resident's Funds: An individual who witnessed, or otherwise has reason to believe, that there has been an abuse of a resident's funds shall make a complaint within 24 hours to the: (2) Office of Health Care Quality of the Department;

## **Reporting to the Ombudsman:**

- [COMAR 10.07.14.37](#) Abuse, Neglect & Financial Exploitation: An ALP or employee of an ALP who has witnessed, or otherwise has reason to believe, that a resident has been subjected to abuse, neglect, or financial exploitation shall report the alleged abuse, neglect, or financial exploitation within 24 hours to the:
  - (a) Appropriate law enforcement agency;
  - (b) OHCQ;
  - (c) Ombudsman within the Department of Aging or local area agency on aging;
  - (d) Local DHS or APS; and
  - (e) ALM unless they are believed to be involved with the abuse, neglect, or financial exploitation.
- [COMAR 10.07.14.37](#) Abuse, Neglect, & Financial Exploitation: E. Investigative Reports. The assisted living program or any government agency that investigates the abuse, neglect, or financial exploitation shall send a report to the:
  - (a) Appropriate law enforcement agency;
  - (b) Office of Health Care Quality of the Department;
  - (c) Ombudsman within the Department of Aging or local area agency on aging; and
  - (d) Local Department of Human Services or Adult Protective Services.
- [COMAR 10.07.14.40](#) Misuse of Resident Funds: An individual who witnessed, or otherwise has reason to believe, that there has been an abuse of a resident's funds shall make a complaint within 24 hours to the:
  - (1) Appropriate law enforcement agency;
  - (2) Office of Health Care Quality of the Department;
  - (3) Ombudsman within the Department of Aging or local area agency on aging; and
  - (4) Local Department of Human Services or Adult Protective Services.
- [COMAR 10.07.14.27](#) Resident Agreement - Financial Content. [27A\(2\)\(g\)](#) requires an ALP to include in the financial portion of their resident agreement the procedures the assisted living program will follow in the event the resident or resident agent can no longer pay for services provided for in the resident agreement or for services or care needed by the resident, including 30 calendar days notice of the resident's discharge to the:
  - (i) Ombudsman within the Department of Aging or local area agency on aging; and
  - (ii) Local Department of Human Services or Adult Protective Services.
- Of note: [COMAR 10.07.14.36](#) Resident Rights: The ALP shall develop a Resident Bill of Rights that includes that residents... have access to the procedures for making complaints to the Ombudsman, APS, OHCQ, and the designated protection and advocacy agency...

## **Reporting to Adult Protection Services (APS):**

- [COMAR 10.07.14.27](#) Resident Agreement - Financial Content: [.27A\(2\)\(g\)](#) requires an ALP to include in the financial portion of their resident agreement the procedures the assisted living program will follow in the event the resident or resident agent can no longer pay for services provided for in the resident agreement or for services or care needed by the resident, including 30 calendar days notice of the resident's discharge to the:
  - (i) Ombudsman within the Department of Aging or local area agency on aging; and
  - (ii) Local Department of Human Services or Adult Protective Services
- [COMAR 10.07.14.37](#) Abuse, Neglect & Financial Exploitation: An ALP or employee of an ALP who has witnessed, or otherwise has reason to believe, that a resident has been subjected to abuse, neglect, or financial exploitation shall report the alleged abuse, neglect, or financial exploitation within 24 hours to the:
  - (a) Appropriate law enforcement agency;
  - (b) OHCQ;
  - (c) Ombudsman within the Department of Aging or local area agency on aging;
  - (d) Local DHS or APS; and
  - (e) ALM unless they are believed to be involved with abuse, neglect, or financial exploitation.
- [COMAR 10.07.14.37](#) Abuse, Neglect, & Financial Exploitation: E. Investigative Reports. The assisted living program or any government agency that investigates the abuse, neglect, or financial exploitation shall send a report to the:
  - (a) Appropriate law enforcement agency;
  - (b) Office of Health Care Quality of the Department;
  - (c) Ombudsman within the Department of Aging or local area agency on aging; and
  - (d) Local Department of Human Services or Adult Protective Services.
- [COMAR 10.07.14.40](#) Misuse of Resident Funds: An individual who witnessed, or otherwise has reason to believe, that there has been an abuse of a resident's funds shall make a complaint within 24 hours to the:
  - (1) Appropriate law enforcement agency;
  - (2) Office of Health Care Quality of the Department;
  - (3) Ombudsman within the Department of Aging or local area agency on aging; and
  - (4) Local Department of Human Services or Adult Protective Services.
- Of note: [COMAR 10.07.14.36](#) Resident Rights: “ALP shall develop a Resident Bill of Rights that includes that residents... have access to the procedures for making complaints to the Ombudsman, APS, OHCQ, and the designated protection and advocacy agency...”

**Reporting to Law Enforcement (Maryland State Police or a police agency of a county or municipal corporation):**

- [COMAR 10.07.14.33](#) Incident Reports:
  - C. All incident reports shall include:
    - (5) Notification to the:
    - (d) Licensing or law enforcement authorities, when appropriate.
- [COMAR 10.07.14.37](#) Abuse, Neglect & Financial Exploitation: An ALP or employee of an ALP who has witnessed, or otherwise has reason to believe, that a resident has been subjected to abuse, neglect, or financial exploitation shall report the alleged abuse, neglect, or financial exploitation within 24 hours to the:
  - (a) Appropriate law enforcement agency;
  - (b) OHCQ;
  - (c) Ombudsman within the Department of Aging or local area agency on aging;
  - (d) Local DHS or APS; and
  - (e) ALM unless they are believed to be involved with the abuse, neglect, or financial exploitation.
- [COMAR 10.07.14.37](#) Abuse, Neglect, & Financial Exploitation:
  - E. Investigative Reports. The ALP...shall send a report to the appropriate law enforcement agency...
- [COMAR 10.07.14.40](#) Misuse of Resident Funds: An individual who witnessed, or otherwise has reason to believe, that there has been an abuse of a resident's funds shall make a complaint within 24 hours to the:
  - (1) Appropriate law enforcement agency;
  - (2) Office of Health Care Quality of the Department;
  - (3) Ombudsman within the Department of Aging or local area agency on aging; and
  - (4) Local Department of Human Services or Adult Protective Services



## **.02 Definitions**

**Question:** In the definition section for (15) “Chemical restraint” please clarify what is meant by *“is not otherwise required to treat medical symptoms”*. This is important to avoid subjectivity in surveyors' interpretations of meaning.

**Answer:** The definition of chemical restraint was modified from 42 CFR §482.13 which says (e)(1)(i)(B) *a restraint is a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.*

**Question:** In [COMAR 10.07.14.02](#), definition section (44), Involuntary Seclusion, please clarify that the need to isolate a sick resident is not included as “involuntary seclusion” and instead would be included under the “temporary and monitored exemption.”

**Answer:** [COMAR 10.07.14.02B\(44\)](#) says (44) *Involuntary Seclusion.*

(a) *“Involuntary seclusion” means the separation of a resident from others or from the resident's room or confinement to the resident's room with or without roommates, against the resident's will or the will of the resident representative.*

(b) *“Involuntary seclusion” does not mean separating a resident from other residents on a temporary and monitored basis.*

Isolation for infection control such as for COVID-19 or contact precautions should be temporary, closely monitored, and implemented in accordance with the provider's order to protect the health and safety of all residents and staff.

**Question:** In [COMAR 10.07.14.02](#), definition section (50), “Licensee” *means the person to whom a license is issued*. What if the license is issued to a corporation or LLC? In the Maryland drafting manual, a “person” is used to refer to an individual or an entity; however for the community at large, please clarify.

**Answer:** The term “Licensee” was replaced with the term “Assisted Living Program” more than eighty times in the new regulations; however there are still some instances where “licensee” is used in the new regulations. If the definition of “Licensee” remains a problem for the industry, OHCQ will consider a targeted regulation change in the future.

## **.03 Incorporation by Reference**

**Question:** This section refers to the CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Facilities. Their Guidelines appear to require a two-step PPD. Can OHCQ verify what is acceptable for a TB test?

**Answer:** The [Centers for Disease Control and Prevention \(CDC\) Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Facilities, 2005](#), is intended as a reference. OHCQ does not require the two-step TB test. OHCQ surveyors will look for evidence that is demonstrated by test results, lab results, vaccine records, or copy of a medical record, for example.

## .11 Investigation by Department (as of Oct. 1, 2025)

**Question:** Some of our assisted living staff documentation is stored off site. If a surveyor requests documentation, say for staff training, how long do I have to get that information back to the surveyor?

**Answer:** Documentation of staff training requested by a surveyor must be provided immediately to a surveyor while they are onsite. Staff training is inclusive of [COMAR 10.07.14.11B\(2\)\(iii\)](#). Providing documentation of staff training immediately to the surveyor should not be a problem for the ALP because documentation of staff training must be stored on site. Please refer to the bold text below in [COMAR 10.07.14.11B](#). *Records and Reports*.

*(1) Inspection.*

*(a) An assisted living program shall maintain records and reports.*

*(b) The records and reports may be paper or electronic documents.*

*(c) The records and reports shall be open to inspection by the Department or its designee.*

*(d) Except for the records permitted to be stored off-site, **an assisted living program shall immediately, upon request, provide copies of records and reports, including medical records of residents, to the Department or its designee.***

*(2) Maintenance.*

*(a) **The assisted living program shall maintain files on-site pertaining to:***

*(i) Current residents;*

*(ii) Residents who have been discharged within the last 6 months;*

***(iii) Staff; and***

*(iv) Quality assurance activities.*

***(b) The files listed in §B(2)(a) of this regulation shall be maintained on-site at the licensed assisted living program where residents receive assisted living services.***

*(c) All other records may be stored off-site but shall be available for inspection within 24 hours of a request from the Department or the Department's designee.*

### **.13 Administration**

**Question:** There are several instances regarding the ALM “or their designee” where clarification is needed as to whether it needs to be the ALM only, or if the ALM’s designee is allowable. For example, in [COMAR 10.07.14](#), definition section (13), Administration, if a designee can design and implement, can a designee meet with the Delegating Nurse (DN) and document the proceedings of a meeting?

**Answer:** [COMAR 10.07.14.13](#) states, A. *Quality Assurance*.

*(1) The assisted living program manager or their designee shall develop and implement a quality assurance plan.*

*(2) Quality Assurance Plan. (a) The quality assurance plan shall include an annual facility risk assessment for tuberculosis, in accordance with the CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005. (b) The assisted living manager and the delegating nurse shall meet at least every 6 months to review the: (i) Change in status of the assisted living program’s residents; (ii) Service plan requirements; and (iii) Written recommendations, findings, and outcomes of pharmacy reviews, as required by Regulation .31I of this chapter. (c) The assisted living manager shall document the proceedings of the meeting referred to in §A(2)(b) of this regulation.*

The regulations make an important distinction: developing and implementing a quality assurance plan is a separate function and may be assigned to a project manager, consultant, or similar role. However, the requirement for the Assisted Living Manager (ALM) to meet every six months with a Delegating Nurse (DN) to review changes in the status of the Assisted Living Program’s residents is specific to the ALM. This meeting may involve reviewing clinical data and developing an action plan, and it should not be delegated to another individual. Proper documentation of these meetings is essential for follow-up and remains the direct responsibility of the ALM.

## **.14 Staffing**

**Question:** The new language in [COMAR 10.07.14.14B](#) Staffing that mentions “Standards of care for the specific conditions of the residents the ALP serves;” Can you provide some examples of what this means for providers?

**Answer:** [COMAR 10.07.14.14B](#) states:

B. The assisted living program shall employ or contract with sufficient numbers of staff to comply with the:

- (1) Requirements of this chapter;
- (2) Standards of care for the specific conditions of the residents the assisted living program serves; and
- (3) All other applicable laws and regulations.

The Maryland Board of Nursing (MBON) regulations governing standards of practice for a registered nurse that is a delegating nurse, apply to individuals working in an assisted living program. The ALM with oversight of all ALP employees is ultimately accountable and must have working knowledge of the MBON’s standards of practice for registered nurses under [COMAR 10.27.09](#) and regulations regarding delegation of nursing functions under [COMAR 10.27.11](#). Further, ALMs should be knowledgeable of: 1) [COMAR 10.39.07](#) Board of Nursing - Certified Nursing Assistants, if they are overseeing the care provided in their ALP by CNAs; and 2) [COMAR 10.39.04](#) Medication Technicians, if they are overseeing the care provided in their ALP by CMTs.

## **.15 Assisted Living Manager (ALM)**

**Question:** Will the State Board of Long-Term Care Administrators be sending out instructions to ALMs on the licensing process? Will the ALMs need a 4-year college degree for licensure by the Board?

**Answer:** All licensing questions should be directed to the Board of LTC Administrators (BLTCA). The Board is developing a section on their webpage that will have new information including the regulations that will have education requirements as well as other important information like licensing fees.

**BLTCA Website:** <https://health.maryland.gov/bonha/Pages/index.aspx>

**BLTCA Email:** [mdh.BLTCA@maryland.gov](mailto:mdh.BLTCA@maryland.gov)

**BLTCA Main Tel. Number:** (410) 764-4750

**Question:** If the assisted living program (ALP) was already licensed prior to 2026 is the ALM exempt from the new mandatory license requirement by the State Board of Long-Term Care Administrators?

**Answer:** An ALM in an ALP already licensed prior to 2026 is not exempt from the new mandatory licensing requirement by the State Board of Long-Term Care Administrators (BLTCA). More information will be forthcoming on BLTCA’s website.

**BLTCA Website:** <https://health.maryland.gov/bonha/Pages/index.aspx>

**BLTCA Email:** [mdh.BLTCA@maryland.gov](mailto:mdh.BLTCA@maryland.gov)

**BLTCA Main Tel. Number:** (410) 764-4750

**Question: Will existing ALMs have to be licensed by the Board of LTC Administrators (BLTCA) if they are currently working as an ALM?**

**Answer:** Yes. Existing ALMs are required to be licensed by the Board of LTC Administrators if they are currently working as an ALM. This requirement is effective July 1, 2026 as per Health Occupations, § 9-3A-01(a) which states that "Except as otherwise provided in this subtitle, beginning July 1, 2026, an individual must be licensed by the Board before the individual may practice as an assisted living manager in the State."

**BLTCA Website:** <https://health.maryland.gov/bonha/Pages/index.aspx>

**BLTCA Email:** [mdh.BLTCA@maryland.gov](mailto:mdh.BLTCA@maryland.gov)

**BLTCA Main Tel. Number:** (410) 764-4750

**Question:** [Section .15 Assisted Living Manger](#) states, *The ALM shall at a minimum: (h) Have verifiable knowledge in: (j)(ii) Basic cardiopulmonary resuscitation (CPR), including a hands-on component, taught by a CPR instructor certified by a nationally recognized organization.* How will the ALM know that the course has a hands-on component?

**Answer:** This information "hands on component" will be described in the course curriculum and the ALM is responsible for showing this information to a surveyor upon request. A 100% virtual class will not have a hands-on component.

**Question: The CPR class that I took was all online and expires in two years. Can I use that certification until it expires in 2028?**

**Answer:** No. The new requirement under [COMAR 10.07.14.15A\(2\)\(j\)\(ii\)](#) requires "Basic cardiopulmonary resuscitation (CPR), including a hands-on component, taught by a CPR instructor certified by a nationally recognized organization." ALMs and staff that completed a virtual course that was all online and not offered by a national organization should register themselves for a new course that has a hands-on component and is offered by a national organization.

**Question: We have been looking at older transmittals and prior training grids released from OHCQ. What is the timeframe for completing the "initial training"? [\(as of Oct. 1, 2025\)](#)**

**Answer:** OHCQ is currently updating all transmittals and retiring outdated ones. Staff hired after April 28, 2025 must complete the six hours of training within 120 calendar days from their date of hire. Staff with initial training completed prior to April 28, 2025 are not required to retake the initial training or update the training.

**Question:** In [COMAR 10.07.14.15C\(2\)\(m\)](#), [COMAR 10.07.14.15C\(2\)\(n\)](#), [COMAR 10.07.14.20K](#) and [COMAR 10.07.14.20L](#), please clarify what is meant by “*evidence of documented surveillance of non-immune staff*” for flu and COVID? Is the expectation that we screen unvaccinated staff during times when flu and COVID numbers are elevated, is this daily, is this per shift?

**Answer:** The intent of this requirement is to ensure resident safety during outbreaks of communicable diseases, such as influenza or COVID-19. Assisted Living Programs (ALPs) must have infection control policies and procedures in place that address the proper management of outbreaks. These policies should align with guidance from authoritative sources, including the local health department and the Centers for Disease Control and Prevention (CDC).

NOTE: For answers to questions about evidence of immunity to measles, mumps, rubella, and varicella please refer to section .19 [Other Staff - Qualifications](#) and COMAR 10.07.14.19B(1)(b).

NOTE: For answers to questions about the time frame to complete initial training, please refer to section .19 [Other Staff - Qualifications](#).

### **.16 80-Hour Assisted Living Manager Training Course**

**Question:** In the old regs, if an ALP was licensed for 5 beds and under, the ALM did not have to take the 80 course. Has that changed?

**Answer:** Yes. In the revised regulations, ALMs are required to take the 80-hour ALM training course regardless of the size of the facility. The training can be provided through in-person courses, virtual training methods, or a combination of both. This requirement must be completed by June 30, 2026 as per HB874 from the 2024 MGA Legislative Session which says, “SECTION 4. AND BE IT FURTHER ENACTED, That an assisted living manager employed by an assisted living program that is licensed for four or fewer beds shall comply with § 19–1807 of the Health – General Article, as enacted by Section 1 of this Act, on or before June 30, 2026, and may not be found in violation of § 19–1807 of the Health – General Article, as enacted by Section 1 of this Act, before July 1, 2026.”

**Question:** [COMAR 10.07.14.16](#) 80-Hour ALM Training Course says that ALMs shall complete the 80-Hour course. I thought I was grandfathered in (exempt from taking the 80-hour course) since I worked as an ALM in 2005. Can you please clarify if that has changed?

**Answer:** Under Health-General § 19-1807(d)(1)(iii)(1), the requirement for the 80-hour ALM course does not apply to an individual who “[h]as been employed as an assisted living manager in the State for 1 year prior to January 1, 2006.” This means that the individual’s employment as an ALM would have had to start on or before January 1, 2005. This same language is reiterated in [COMAR 10.07.14.16E\(3\)](#). All ALMs who started work AFTER January 1, 2006 must take the ALM 80-hour course by June 30, 2026. Please know that OHCQ may require an individual exempt under paragraph Health-General § 19-1807(d)(1)(iii) to complete a manager training course and examination if OHCQ “finds that the Assisted Living Manager repeatedly has violated State law or regulations on assisted living and that those violations have caused actual physical or emotional harm to a resident.” See Health-General § 19-1807(d)(2).

### **.17 80-hour Assisted Living Manager Basic Training Course**

**Question:** I see that the Maryland MOLST form has been added to the required training content in [COMAR 10.07.14.17\(9\)\(c\)](#) includes “*End of life care, 4 hours, including: Maryland Medical Orders for Life-Sustaining Treatment (MOLST) order form.* [COMAR 10.07.14.17\(9\)\(a\)](#) requires “*Advance directives*”. Do you have any additional information on Maryland MOLST or Advance directives?

**Answer:** Please refer to the Maryland MOLST Medical Orders for Life-Sustaining Treatment webpage found [here](#). Further, there is a new program called the [Maryland Advanced Directives Program](#) that has resources for providers and individuals regarding advance directives.

### **.18 Alternate Assisted Living Manager (as of Oct. 1, 2025)**

**Question:** Does an appointed Alternate ALM (AALM) or an unlicensed individual acting on an interim basis as ALM need to get a license? What is the process?

**Answer:** The alternate ALM is required to get a provisional license. This can occur when a licensed ALM leaves, is removed from their position as ALM, or for any other unexpected cause such as serious injury or death. In this case, an ALP may appoint an AALM or nonlicensed individual to serve in the capacity of interim assisted living manager. *See Md. Code Ann., Health Occupations (“Health Occup.”) § 9-3A-01(b)(1).* That person may act as the interim ALM on filing an application with the Board of Long Term Care Administrators (“Board”) requesting a provisional license to practice as the interim ALM for a period not to exceed 90 days. The provisional period begins on the date that the licensed ALM leaves or is removed from their position as an ALM. On request and for good cause shown, the Board may extend the provisional license period for a further period of not more than 30 days. *See Health Occup. § 9-3A-01(b)(2).*

From the perspective of the Board of Long Term Care Administrators, the Alternate ALM's role is seen as being similar to a Director of Nursing (DoN) when the Nursing Home Administrator (NHA) is temporarily unavailable. In cases where an ALM's departure or removal is for an unexpected or unforeseen cause, the Board has a requirement in their regulations for a Provisional Assisted Living Manager license that can be issued to the alternate to act as an interim ALM, subject to specific requirements, for 90 days until a licensed ALM is hired.



## **.19 Other Staff - Qualifications**

**Question:** What is the total number of hours of training required for staff that work on the Alzheimer's Special Care Unit (SCU)? Do they need to meet both the 6 hour requirement of [.19H Other Staff - Qualifications](#) as well as the 6-hour requirement of [.32E\(a\) Alzheimer's Special Care Unit](#)?

**Answer:** Residents in an Alzheimer's Special Care Unit are vulnerable because of their disease process; therefore, staff that provide direct care services on an Alzheimer's SCU are held to a higher standard and must complete a total of 12 hours of training as part of their onboarding orientation and prior to providing care to residents. As specified in [COMAR 10.07.14.32 E\(3\)\(a\)](#), two hours is for effective communication, two hours is for behavioral intervention, and 2 hours is for meaningful activities. The other 6 hours of training, to bring the total to 12 hours, is specified in [COMAR 10.07.14.19H\(2\)\(a-g\)](#). The educational items listed in [COMAR 10.07.14.19H\(2\)\(a-g\)](#) are broad, and while there may be some overlap with effective communication, behavior intervention, and meaningful activities, the 6 hours in [COMAR 10.07.14.19H](#) cannot reduce the 6 hours needed to work and provide personal care services on the Alzheimer's SCU. Staff must complete the six hours of training within 120 calendar days from their date of hire. Staff working on the Alzheimer's Special Care Unit must complete the 12 hours of training within 120 calendar days from their date of hire.

**Question:** The new regulations, [COMAR 10.07.14's](#) effective date was April 28, 2025 and 120 calendar days later is August 26, 2025. Does that mean that all staff must complete the six hours of training by August 26, 2025? [\(as of Oct. 1, 2025\)](#)

**Answer:** Yes. New staff hired after April 28, 2025 must complete the six hours of training within 120 calendar days from their date of hire. Staff with initial training completed prior to April 28, 2025 are not required to retake the initial training or update the training.

**Question:** Is there an approved list of trainers for the required 6 hours of staff training?

**Answer:** No. There are no approved vendors for the initial and annual staff training. OHCQ surveyors will look for documentation of trainer qualification and required content to determine compliance with the regulations.



**Question:** In COMAR Section [.19 B\(2\)](#) the language “as evidenced by a physician’s statement” was stricken and the new language states “*B. The qualifications of other staff include: (1) Evidence that the staff is: (a) Free from tuberculosis in a communicable form in accordance with Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities; (b) Immune to measles, mumps, rubella, and varicella as evidenced by history of disease or vaccination; and (c) Any impairment which would hinder the performance of assigned responsibilities. Is a self-attestation sufficient evidence? (as of Oct. 21, 2025)*”

**Answer:** A self-attestation would not be considered evidence. Evidence of MMR immunity would be demonstrated by test results, lab results or vaccine record. To demonstrate varicella immunity, history of disease in a medical record would be acceptable, for example.

We recognize that this clarification substantially differs from older guidance issued in 2011, but it brings Maryland’s requirements into alignment with national standards for documentation of presumptive immunity to measles, mumps and rubella as written documentation of adequate vaccination, laboratory evidence of immunity or laboratory confirmation of disease.

OHCQ is seeking to pursue a targeted regulation change to revise the assisted living regulations to be more in line with nursing home regulations and allow for a medical or religious exemption.

OHCQ is committed to working with the ALP community to help mitigate challenges a staff member may face in order to comply with the updated guidance, including obtaining childhood records or the cost of immunizations or serology studies for staff without health insurance or for whom employer-provided vaccinations or serology is not available.

OHCQ is granting an additional 180-day extension for ALP staff that do not have documented evidence of immunity per [COMAR 10.07.14.20](#). For new hires, the 180-day extension is granted individually for staff actively scheduling the completion of a two-dose series or awaiting lab results.

From November 1, 2025 through May 1, 2026 surveyors will educate ALPs on acceptable documentation as evidence of immunity of MMR and varicella and will not issue citations for self-attestation.

Some local health departments provide low/no cost adult vaccine clinics such as the [Baltimore City Health Department - Immunization Program](#), the [Baltimore County Health Department](#) and the [Montgomery County Health Department](#).

**Question:** Do the LPNs need first aid training?

**Answer:** No. Under [COMAR 10.07.14.19B\(6\)\(a\)](#), “Licensed practical nurses and registered nurses are exempted from basic first aid training and retraining.”

**Question:** We have been looking at older transmittals and prior training grids released from OHCQ. What is the timeframe for completing the “initial training”?

**Answer:** OHCQ is currently updating all transmittals and retiring outdated ones. Staff hired after April 28, 2025 must complete the six hours of training within 120 calendar days from their date of hire. Staff with initial training completed prior to April 28, 2025 are not required to retake the initial training or update the training. Alzheimer’s SCU staff must complete training prior to providing personal care services to residents.

**Question:** The requirement between a criminal background check (private) and a criminal history records check (CJIS) needs to be clarified. Title 19, Subtitle 19 of the Health-General Article clearly states that a dependent care program, which is defined as an ALP, can conduct either a criminal background check by a private agency or a criminal history records check by the Department of Public Safety and Correctional Services (DPSCS). The regulations are consistent with Title 19, Subtitle 19 by referencing both modes of check (COMAR .02, .07, .15, and .37). However, Regulation .20, which refers to personnel records, relates only to the criminal history records check by DPSCS. Given the statutory authority of Title 19, Subtitle 19, we believe that consistency is needed throughout the regulation and that Regulation .20 needs to allow for the criminal background check more clearly.

**Answer:** OHCQ acknowledges that there is different wording between [COMAR 10.07.14.20I](#) which provides that: *Documentation that a criminal history records check was conducted in accordance with Health-General Article, §19-1901, Annotated Code of Maryland;* and Health General § 19-1902(a) which provides that: *Before an eligible employee may begin work for an adult dependent care program, each adult dependent care program shall, for each eligible employee: (1)(i) Apply for a State criminal history records check; or (ii) Request a private agency to conduct a background check; and (2) Request a reference from the potential employee's most recent employe.* ALPs should follow the statute and OHCQ will pursue a targeted regulation change in the future to clarify [COMAR 10.07.14.20](#).

## **.20 Personnel Records**

**Question:** Can you tell me more about the new requirement for ALPs to use the HHS Exclusion database?

**Answer:** The Office of the Inspector General under US Health and Human Services (HHS) maintains a list of all currently excluded individuals and entities called the [List of Excluded Individuals/Entities](#) (LEIE). Anyone who hires an individual or entity on the LEIE may be subject to civil monetary penalties (CMP). To avoid CMP liability, health care entities should routinely check the list to ensure that new hires and current employees are not on it. The database check takes seconds and is simple to use, simply enter the new hire's first and last name. The link for the for the HHS Exclusion Database: <https://exclusions.oig.hhs.gov/>

**Question:** References are now required for staff. How is the ALP to obtain references for older employees?

**Answer:** Under [COMAR 10.07.14.20E](#), ALPs are required to maintain notes on references. The ALP is responsible for maintaining personnel records and shall include references. The references do not have to date back to when the employee was originally hired, and maybe current references.

**Question:** In [COMAR 10.07.14.15C\(2\)\(m\)](#), [COMAR 10.07.14.15C\(2\)\(n\)](#), [COMAR 10.07.14.20K](#) and [COMAR 10.07.14.20L](#), please clarify what is meant by “*evidence of documented surveillance of non-immune staff*” for flu and COVID? Is the expectation that we screen unvaccinated staff during times when flu and COVID numbers are elevated, is this daily, is this per shift?

**Answer:** The intent of this requirement is to ensure resident safety during outbreaks of communicable diseases, such as influenza or COVID-19. Assisted Living Programs (ALPs) must have infection control policies and procedures in place that address the proper management of outbreaks. These policies should align with guidance from authoritative sources, including the local health department and the Centers for Disease Control and Prevention (CDC).

NOTE: For answers to questions about criminal background check and criminal history records check, please refer to section .19 [Other Staff - Qualifications](#).

## **.22 Preadmission Requirements**

**Question:** [COMAR Section .22](#) states that “*A new Resident Assessment Tool shall be completed: (a) At least annually; (b) Within 48 hours, but not later than required by the resident’s condition, after a significant change in a resident’s condition;* What if the resident needs to be assessed immediately and cannot wait 48 hours for the DN?

**Answer:** If the DN is not available to immediately assess the patient, the staff and/or the ALM should initiate the chain of command to get immediate help. If immediate help cannot be secured, staff should call 911. To wait 48 hours for a scheduled RAT when there is cause for concern, would be a violation of the Nurse Practice Act . Please refer to [COMAR 10.27.09](#) Standards of Practice for Registered Nurses and [COMAR 10.27.11](#) Delegation of Nursing Functions.

**Question:** [COMAR 10.07.14.22A](#) states, *Before Move In. (1) Before admission the assisted living manager or designee in collaboration with the delegating nurse shall determine whether... and in [COMAR 10.07.14.22C](#) states, (1) The Resident Assessment Tool shall be reviewed at least every 6 months and the review shall be documented by the delegating nurse and assisted living manager. Can a designee review and document the RAT under [COMAR 10.07.14.22C\(1\)](#)?*

**Answer:** No. Determining whether a potential resident meets admission criteria: [COMAR 10.07.14.22A](#) is different from conducting an ongoing clinical needs assessment of current residents. Under [COMAR 10.07.14.22C\(1\)](#), the review and documentation of the Resident Assessment Tool (RAT) every six months must be completed by the Delegating Nurse (DN) and the Assisted Living Manager (ALM) and may not be delegated to another individual.

**Question:** Will OHCQ make the needed changes to the Resident Assessment Tool (RAT) and incorporate the changes into its training?

**Answer:** The RAT has been updated and is available on the [OHCQ Assisted Living Programs](#) website under “[Provider Resources](#)”, “[Other Forms](#)”. A new signature line has been added and reference to the 6th pre-existing condition has been removed, consistent with the new regulations.

**Question:** [COMAR 10.07.14.22D](#) Functional Assessment states, “*Within 30 calendar days before admission, the assisted living manager, or designee, shall collect on the Resident Assessment Tool the following information regarding the current condition of each resident:*”

**This section states that the ALM or designee shall collect this information on the Resident Assessment Tool. However, the ALM is not allowed to complete the Resident Assessment Tool. The information being described is part of the service plan. Therefore, should this be referring to the “service plan”?**

**Answer:** There are two distinct pathways for completing a resident's assessment, both of which are accepted by the Office of Health Care Quality (OHCQ).

**Pathway 1: The Two-Part Assessment** This pathway consists of two components:

1. The Resident Assessment Tool (RAT)
2. The Service Plan

**Pathway 2: The Three-Part Assessment** This pathway involves three integrated assessments:

1. The Health Care Practitioner Physical Assessment Form (HCPPA)
2. The Assisted Living Manager (ALM) Assessment
3. The Level of Care Scoring Tool and Service Plan

Please note that the Assisted Living Manager Assessment (ALMA), which serves as the functional assessment, requires the ALM or their designee to gather and utilize information directly from the RAT/HCPPA.

## **.26 Resident Agreement - General Requirements and Nonfinancial Content**

**Question: Should ALPs have an addendum for their resident agreement if there are changes, or should they just create a new one?**

**Answer:** Making an addendum to the Resident Agreement or creating a new one is at the discretion of the ALP. The ALP must comply with all requirements of the Resident Agreement under [COMAR 10.07.14.26](#) and [COMAR 10.07.14.27](#).

**Question: Do the new regs change anything with the 30-day notice for involuntary discharge? What if an ALP has a policy that states that they can immediately discharge a resident and they do not have to wait 30 days, and the resident has signed it?**

**Answer:** An ALP's policy must comply with COMAR; resident consent or agreement cannot waive or override COMAR requirements. Under [COMAR 10.07.14.26D\(10\)\(d\)\(ii\)](#), the resident agreement must include, "The procedures which the assisted living program shall follow when discharging a resident without the resident's consent, except in the case of a health emergency or substantial risk to other residents, including...At least 30 calendar days written notice to the resident or resident representative before the effective date of the discharge." A policy which permits the ALP to discharge a resident without their consent without 30 calendar days of notice would be inconsistent with the regulation, even if agreed to by the resident.

Additionally, [COMAR 10.07.14.26D\(10\)\(e\)](#) requires that the resident agreement contain "Procedures that the assisted living program shall follow when discharging, without 30 calendar days notice, a hospitalized resident whose medical needs have advanced beyond the level of care for which the assisted living program is licensed to provide. The procedures shall include at a minimum: (i) A statement that a transfer to the hospital is not grounds for discharge; and (ii) A requirement that the delegating nurse shall perform and document a nursing assessment of the resident's condition at the hospital to determine if the resident can safely return to the facility."

Further, [COMAR 10.07.14.34B](#) provides: "Discharge of a resident or transfer to another facility or address without the consent of the resident or the resident representative shall be in accordance with the resident agreement. An assisted living program shall notify a resident or the resident representative within 30 calendar days before a non-emergency discharge."

## **.27 Resident Agreement - Financial Content**

**Question:** For a resident that runs out of funds and the facility gives them a 30 day notice to leave, does APS or the ombudsman now spearhead that process?

**Answer:** No. Notification to APS and the Ombudsman is required, but that does not mean APS and Ombudsman are responsible for the process of safe relocation. The ALP is responsible for working with the family and implementing a safe discharge plan. Under [COMAR 10.07.14.27A\(2\)\(g\)](#), “The Resident Agreement shall include financial provisions, which include at a minimum...the procedures the assisted living program will follow in the event the resident or resident agent can no longer pay for services provided for in the resident agreement or for services or care needed by the resident, including 30 calendar days notice of the resident’s discharge to the: (i) Ombudsman within the Department of Aging or local area agency on aging; and (ii) Local Department of Human Services or Adult Protective Services.”

**Question:** [COMAR 10.07.14.27C](#) states, “Charges that incur after the death of the resident may not include services provided to the resident after their death, but may include administrative charges.”

Most providers have a notice period at the end of a resident’s stay, including for death. The length of time varies from provider to provider, but it typically requires a resident to pay their full daily rate during this notice period. This is fully disclosed in the Resident Agreement. Given this new language, can the daily rate be considered an administrative charge, and is it acceptable to charge for a predesignated and pre-disclosed period? For example - charging an all-inclusive monthly rate and requiring the 30 day discharge notice. **(as of Oct. 1, 2025)**

**Answer:** Administrative charges include room and board and/or the base monthly rate. Under [COMAR 10.07.14.27C](#), an Assisted Living Program (ALP) may not charge for any services provided to the resident after their death. Charges for additional services cannot be incurred after a resident’s death. All applicable charges must be fully disclosed in the Resident Agreement. Please note that this regulation differs for Medicaid Waiver recipients.

## **.28 Service Plan**

**Question:** [COMAR 10.07.14.28A](#) states, “(3) *The resident shall be invited to participate in the development of the initial service plan and any subsequent service plans. (4) At the resident’s request, a resident representative, family member, or other individual shall be invited to participate in all service plan meetings. (5) When the resident lacks the capacity to participate, the resident representative, as applicable to their authority, shall be invited to participate in all service plan meetings.*

Can the resident representative participate by phone with the facility, signing them in as doing so, and indicating that the service plan review was conducted by phone?

**Answer:** Participation by telephone is acceptable as long as the facility can accommodate participation and participation is documented.

## **.29 Resident Record**

**Question: Most care notes are in the form of a checklist, would this be considered individualized?**

**Answer:** Checklists are acceptable for care notes; however, if there are certain details that should be documented, resident specific notes can be added to a checklist.

## **.30 Services**

**Question: Where can I get a list of a licensed nutritionist to approve my menu?**

**Answer:** OHCQ does not endorse any particular dietician or nutritionist. The [Maryland Board of Dietetic Practice](#) may be a resource. In addition, the [Maryland Academy of Nutrition and Dietetics](#) (MAND) website has a tab that consumers can access that says "find a dietician". The URL is [eatwellmd.org](http://eatwellmd.org)

## **.31 Medication Management and Administration**

**Question: Section .31 Medication Management has a new requirement for documentation of medication and adds “frequency and route”. What are examples of the routes of medication administration?**

**Answer:** Typical routes of medication administration include oral, transdermal, intramuscular injection, subcutaneous administration, inhalation, sublingual, and per rectum administration.

**Question: I am concerned about marijuana in the ALP. Is there any guidance?**

**Answer:** Cannabis remains a Schedule I controlled substance under Maryland and federal law. *See Md. Code Ann., Criminal Law § 5-402(a)(3); 21 C.F.R. § 1308.11(d)*. While possession of small amounts is now legal under Maryland law, it remains prohibited federally. *See Md. Code Ann., Criminal Law § 5-601*. If an ALP receives federal funds, such as Medicaid, the ALP must follow federal statutes and regulations regarding the use of cannabis.

**Question: Can a Certified Medication Technician (CMT) who has taken and passed the CMT class pass medications if the MBON has not processed their certification yet, as long as there is evidence they have completed and passed the class?**

**Answer:** Under Health Occupations Article § 8-6A-07(h), “A medication technician graduate may practice for no more than 90 days from the date of completion of a medication technician training program without certification by the Board.” Under Health Occupations Article § 8-6A-08(f), the Maryland Board of Nursing may grant a 30-day extension, beyond a certificate’s expiration date, to a certificate holder so that the certificate holder may renew the certificate before it expires.

Note: The provision that previously allowed a CMT who completed the refresher course to practice for up to 180 days while awaiting certificate renewal has been removed from this section.



**Question: If the individual is a Certified Medical Assistant (CMA), can they administer medications without needing to take the Certified Medication Technician (CMT) course, since the CMA is already trained at a higher level?**

**Answer:** No. While CMAs are licensed and trained to administer medications in nursing homes, CMT certification is required for administering medications in Assisted Living Facilities. Therefore, a CMA must complete the CMT course before administering medications in an Assisted Living setting.

**Question: Can an ALM designate the responsibilities in [COMAR 10.07.14.31F\(1\)](#) if it says the ALM or designee is allowable in G and H?**

*F. Medication Regimen Review Upon Admission.*

*(1) The assisted living manager shall consult within 14 calendar days of a resident's admission with the individuals set forth in §F(2) of this regulation to review a new resident's medication regime.*

*(2) The medication review may be conducted by a:*

*(a) Health care practitioner;*

*(b) Registered nurse, who may be the delegating nurse; or*

*(c) Licensed pharmacist.*

*G. The purpose of the medication regimen review required by §F of this regulation is to review with the assisted living manager or designee*

*H. The assisted living manager, or designee, shall ensure that the medication regimen review required by §F of this regulation is documented in the resident's records, including any recommendations given by the reviewer.*

**Answer:** [COMAR 10.07.14.31F\(1\)](#) is clear. *The ALM shall consult within 14 calendar days of a resident's admission with (a) Health care practitioner; (b) Registered nurse, who may be the delegating nurse; or (c) Licensed pharmacist to review a new resident's medication regime.* OHCQ will pursue a targeted regulation change to remove §G. An ALM's designee, as stated in §H, may ensure the medication regime is documented in the resident's records.

**Question: Please clarify what unlicensed staff member means in [COMAR 10.07.14.31B](#), it states; *The assisted living manager shall document completion of the medication technician training and certification as a medication technician by the Maryland Board of Nursing per [COMAR 10.39.04](#) in the personnel file or other readily available record of each unlicensed staff member who administers medications. (as of Oct. 1, 2025)***

**Answer:** According to [COMAR 10.27.11.02B\(24\)](#), "Unlicensed individual" means an individual who is not licensed or certified to provide nursing care under Health Occupations Article, Title 8, Annotated Code of Maryland. The Health Occupations Article, Title 8, Annotated Code of Maryland is attached in the appendices of this document, for your review. [COMAR 10.07.14.31A](#) states that "All unlicensed staff who will administer medications to residents shall have first completed the medication administration course that is taught by a registered nurse who is approved by the Maryland Board of Nursing to teach the certified medication technician course. Remember under Maryland Board of Nursing "Delegation" means the act of authorizing an unlicensed individual, a certified nursing assistant, or a medication technician to perform acts of registered nursing or licensed practical nursing. See [COMAR 10.27.11.02B\(6\)](#). Hence, in ALPs only properly trained and approved staff may administer medications.

**.32 Alzheimer's Special Care Unit (as of Oct. 6, 2025)**

**Question:** What is the total number of hours of training required for staff that work on the Alzheimer's Special Care Units (SCU)? Do they need to meet both the 6 hour requirement of [.19H Other Staff - Qualifications](#) as well as the 6-hour requirement of [.32E\(a\) Alzheimer's SpecialCare Unit](#) ?

**Answer:** Residents in an Alzheimer's Special Care Unit are vulnerable because of their disease process; therefore, staff that provide direct care services on an Alzheimer's SCU are held to a higher standard and must complete a total of 12 hours of training. As specified in [COMAR 10.07.14.32 E\(3\)\(a\)](#), two hours is for effective communication, two hours is for behavioral intervention, and 2 hours is for meaningful activities. The other 6 hours of training, to bring the total to 12 hours, is specified in [COMAR 10.07.14.19H\(2\)\(a-g\)](#). The educational items listed in [COMAR 10.07.14.19H\(2\)\(a-g\)](#) are broad, and while there may be some overlap with effective communication, behavior intervention, and meaningful activities, the 6 hours in [COMAR 10.07.14.19H](#) cannot reduce the 6 hours needed to work and provide personal care services on the Alzheimer's SCU. Staff working on the Alzheimer's Special Care Unit must complete the 12 hours of training within 120 calendar days from their date of hire.

### **.33 Incident Reports**

**Question: If an ALP calls 911, do they have to complete an incident report?**

**Answer:** Under [COMAR 10.07.14.33A](#), ALP staff “shall complete an incident report within 24 hours of having knowledge that an incident, as defined in Regulation [.02B\(39\)](#) of this chapter, occurred.” Incident is defined in [COMAR 10.07.14.02B\(39\)](#) as:

- (a) The death of a resident from other than natural causes;
- (b) The disappearance or elopement of a resident;
- (c) An assault on a resident resulting in injury;
- (d) An injury to a resident which may require treatment by a health care practitioner, or an event such as a fall which could subsequently require treatment;
- (e) Abuse, neglect, or financial exploitation of a resident;
- (f) An error or omission in medication or treatment which may result in harm to the resident;
- (g) An emergency situation or natural disaster; or
- (h) Any other event that results in death, permanent harm, or severe temporary harm.

If an ALP is calling 911 for any of the reasons listed above, including any “emergency situation” as listed in [COMAR 10.07.14.02B\(39\)\(g\)](#), then an incident report must be completed. In general, medical issues requiring a hospitalization or emergency department visit would qualify as an 'emergency situation' and thus would require an incident report.

**Question:** In [COMAR 10.07.14.33C\(5\)\(b\)](#) and [\(d\)](#) mentions “as appropriate”. What does that mean?

**Answer:** [COMAR 10.07.14.33](#) states:

- A. Staff of the assisted living program shall complete an incident report within 24 hours of having knowledge that an incident, as defined in Regulation [.02B\(39\)](#) of this chapter, occurred.
- B. The assisted living program shall make incident reports available on the premises to the Department and any government agency designated by the Department.
- C. All incident reports shall include:
  - (1) Time, date, and place;
  - (2) Individuals present;
  - (3) Complete description of the incident;
  - (4) Response of the staff at the time; and
  - (5) Notification to the:
    - (a) Resident or, if appropriate, the resident representative;
    - (b) Resident’s health care practitioner, if appropriate;
    - (c) Delegating nurse;
    - (d) Licensing or law enforcement authorities, when appropriate; and
    - (e) Follow-up activities, including investigation of the occurrence and steps to prevent its reoccurrence.

Incident reports shall include notification to a resident's health care practitioner and licensing or law enforcement authorities when appropriate, based on the type of incident which has occurred. If it is a criminal offense or a police matter, then referrals are made to law enforcement. If it is a health related matter that requires care, then the health care practitioner should be notified.

It is important to refer back to [COMAR 10.07.14.02B\(39\)](#) which defines “Incident” as:

- (a) The death of a resident from other than natural causes;
- (b) The disappearance or elopement of a resident;
- (c) An assault on a resident resulting in injury;
- (d) An injury to a resident which may require treatment by a health care practitioner, or an event such as a fall which could subsequently require treatment;
- (e) Abuse, neglect, or financial exploitation of a resident;
- (f) An error or omission in medication or treatment which may result in harm to the resident;
- (g) An emergency situation or natural disaster; or
- (h) Any other event that results in death, permanent harm, or severe temporary harm.”

**Question: In a recent slide presentation, it was noted that “death” was added to the regulation. Could you please clarify exactly where in the COMAR regulations it states that ALP are required to self-report all incidents resulting in death to OHCQ?**

**Answer:** ALPs do not have to report all deaths. Under [COMAR 10.07.14.33D](#), an 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.

**Question: What must be reported directly to OHCQ for an incident report, and what incidents are required to be reported to OHCQ by ALPs? The DN and ALM manuals do not cover this content.**

**Answer:** Under [COMAR 10.07.14.33A-B](#), ALP staff “shall complete an incident report within 24 hours of having knowledge that an incident, as defined in Regulation [.02B\(39\)](#) of this chapter, occurred” and must make incident reports available on-site to the Department and any government agency designated by the Department. Incident is defined in [COMAR 10.07.14.02B\(39\)](#) as:

- (a) The death of a resident from other than natural causes;
- (b) The disappearance or elopement of a resident;
- (c) An assault on a resident resulting in injury;
- (d) An injury to a resident which may require treatment by a health care practitioner, or an event such as a fall which could subsequently require treatment;
- (e) Abuse, neglect, or financial exploitation of a resident;
- (f) An error or omission in medication or treatment which may result in harm to the resident;
- (g) An emergency situation or natural disaster; or
- (h) Any other event that results in death, permanent harm, or severe temporary harm.

The requirements for incident reports are listed under [COMAR 10.07.14.33C](#), which provides that “All incident reports shall include:

- (1) Time, date, and place;
- (2) Individuals present;
- (3) Complete description of the incident;
- (4) Response of the staff at the time; and
- (5) Notification to the:
  - (a) Resident or, if appropriate, the resident representative;
  - (b) Resident’s health care practitioner, if appropriate;
  - (c) Delegating nurse;
  - (d) Licensing or law enforcement authorities, when appropriate; and
  - (e) Follow-up activities, including investigation of the occurrence and steps to prevent its reoccurrence.”

### **.35 Resident Representative**

**Question: What if the resident and staff are related in terms of representative payee?**

**Answer:** Maryland law requires that an assisted living program recognize the authority of a representative payee; [COMAR 10.07.14.35A\(6\)](#). Additionally, an assisted living program is required to notify the Department if a staff member is designated as the representative payee for a resident; [COMAR 10.07.14.35B\(2\)](#). That staff member may not be considered the resident representative; [COMAR 10.07.14.35B\(1\)](#).

### **.38 Restraints**

**Question: Would the new hospice restraints affect the DN role in regard to oversight for general restraints?**

**Answer:** The DN role in regards to restraints has not changed with the new regulations. If a hospice patient is physically located and being cared for by the ALP, but orders are being written by the general hospice program, the DN must remain in close communication with the hospice provider regarding all matters including restraints and medications.

**Question: Can you explain the new language that was added about general hospice patients admitted to an assisted living facility? What does it mean?**

**Answer:** The new language in [COMAR 10.07.14.38H](#) states: “When the resident is under the care of a general hospice care program licensed by the Department and is physically located in an assisted living program licensed by the Department, the general hospice program and the assisted living program shall comply with the requirements of this chapter, [COMAR 10.07.21](#), and federal regulations.”

A resident may be admitted to an ALP under the care of a licensed home hospice provider. When this happens, the general hospice program and the ALP must comply with the requirements of both [COMAR 10.07.14](#), and [COMAR 10.07.21](#) which pertain to hospice care programs, as well as federal regulation regarding restraints. In these scenarios, it is crucial that there is high quality communication between the hospice provider, the hospice nurse, and the ALP delegating nurse (DN). The hospice nurse does not provide 24/7 care to the hospice resident in the ALP and may only assess the resident 1-2 times a week. The ALP staff must follow orders written by the hospice provider even if they are orders not typically seen with ALP residents. If the ALP hospice resident is progressing to a level of care that may exceed what the ALP can provide, the ALP DN must communicate with the hospice provider so that transfer arrangements are discussed. If the hospice resident requires safety restraints, the ALP and the hospice provider are responsible for following all state and federal standards for restraints including assessment and documentation.

#### **.47 Emergency Preparedness**

**Question: Can ALPs combine an emergency binder with resident record binder or does it need to be separate? (as of Oct. 1, 2025)**

**Answer:** Assisted Living Programs (ALPs) may include emergency preparedness information in resident's records; however, they must maintain a separate emergency and disaster Plan. While some information may be duplicated between resident records and the emergency and disaster plan, the plan must independently satisfy all requirements of [COMAR 10.07.14.47](#). The emergency and disaster plan must fully comply with the requirements of [COMAR 10.07.14.47](#), including the Emergency Preparedness Packet. This packet must meet all provisions of C(2)–(11) of the regulation and be readily accessible to all staff. Facilities are required to maintain brief medical fact sheets for each resident. When residents are relocated, the ALP must send a brief medical fact sheet with each resident and keep these brief medical fact sheets in a central location that is easily accessible and ready to accompany residents in the event of an emergency evacuation [COMAR 10.07.14.47 C\(4\)–\(5\)](#).

#### **.49 Common Use Areas**

**Question: [COMAR 10.07.14.49F\(4\)](#) states, “(e) Shall maintain potentially hazardous food as defined in [COMAR 10.15.03.02B](#) at 45°F or below, or 140°F or above, until served to residents; and (i) Shall provide refrigeration operated at or below 45°F and equipped with an indicating thermometer graduated at 2°F intervals. Please clarify these temperatures. Maryland Food Safety Guidelines were changed to 41 and 135 degrees several years ago.**

**Answer:** Proper food storage is correctly listed in the [COMAR 10.15.03.06B\(7\)](#) which states, “Except as provided in §B(8)—(13) of this regulation, the internal temperature of a potentially hazardous food is kept at 41°F or less or 135°F or greater”. There are certain exceptions that are listed in the regulations. For example, shellfish/crabs can require an ice bag to maintain a lower temperature if kept in refrigerators. Please refer to [COMAR 10.15.03](#) which governs food service facilities in Maryland. OHCQ will pursue a targeted regulation change to [COMAR 10.07.14.49](#) to align with [COMAR 10.15.03.06](#).

#### **.56 Telephones**

**Question: [COMAR 10.07.14.56B](#) states, “ An assisted living program with a licensed capacity of nine to 16 beds shall provide at least one common-use telephone. If there are nine or more residents that do not have private telephones in their own rooms, the assisted living program shall provide a second common-use telephone.**

**We interpret this to mean that an ALP with 9-16 beds needs two common use telephones if private telephones are not available in residents' own rooms. If the facility serves residents who are primarily unable to use a phone, such as dementia or Alzheimer's, can the facility apply for a waiver from this requirement?**

**Answer:** Yes, the facility can apply for a waiver.

## Appendix 1

ALP Notification Requirements				
<u>COMAR</u>	<u>MDH / OHCO</u>	<u>Ombudsman</u>	<u>APS</u>	<u>Law Enforcement</u>
<a href="#">10.07.14.08</a>	✓			
<a href="#">10.07.14.08A(4)</a>	✓			
<a href="#">10.07.14.14</a>	✓			
<a href="#">10.07.14.15</a>	✓			
<a href="#">10.07.14.27</a>		✓	✓	
<a href="#">10.07.14.33</a>	✓			✓
<a href="#">10.07.14.35</a>	✓			
<a href="#">10.07.14.36</a>		✓	✓	
<a href="#">10.07.14.37</a>	✓	✓	✓	✓
<a href="#">10.07.14.40</a>	✓	✓	✓	✓