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COMAR 10.07.14 Assisted Living Programs Executive Summary

The Maryland Department of Health's (MDH) Office of Health Care Quality (OHCQ) is pleased to announce the revision of COMAR 10.07.14 Assisted Living Programs (ALPs) that became effective April 28, 2025. OHCQ extends its sincere appreciation to providers and advocacy groups for their input and collaboration during the complex and lengthy regulatory process.

Unlike nursing homes, ALPs do not operate under a federal regulatory framework. They are primarily private pay arrangements governed by contracts between the provider and resident. As of May 1, 2025, there are 1,625 licensed ALPs, with 82 percent classified as small businesses (licensed for 15 or fewer beds).

Assisted Living Providers (ALPs) are essential to the continuum of care. They provide direct care services to individuals who need assistance with activities of daily living, such as feeding, bathing, and ambulation. These services are vital to ensuring the safety and well-being of some of Maryland's most vulnerable residents.

Highlights of Changes and Enhancements

- **.15 Assisted Living Manager.** Aligns regulation with the law (Health Occupations Article 9-3A-01) that requires ALMs to be licensed by the State Board of LTC Administrators by July 1, 2026. The ALM is responsible for advising on influenza and COVID-19 per CDC guidelines, when indicators are elevated.
- **.14 Staffing Plan.** Awake overnight staff are required on an approved Alzheimer's Special Care Unit. ALP staffing schedules are kept on site, and include date, shift, name of staff, and are kept on file for 18 months.
- **.30 Services.** Menus shall be nutritionally adequate and are reviewed by a dietitian or nutritionist prior to initial licensure, with changes, and at least every three years. Menus are posted weekly, kept on file for 6 months, and snacks are offered between meals.
- **.36 Resident Rights.** Adds the right to be free from financial exploitation and involuntary seclusion. Requires the ALP to develop and provide the Resident Bill of Rights prior to admission, be conspicuously posted, and include rights at relocation and discharge.
- **.35 Resident Representative.** Adds resident financial protection by prohibiting an ALP from being both a resident representative AND the representative payee. The ALP must notify OHCQ if an ALP staff member is designated as a resident's representative payee.

- **.13 Administration.** Strengthens Family and Resident Councils by requiring the ALP to provide for private meetings, attend only if by request, and respond to grievances in writing within 30 days. Adds an annual facility risk assessment for tuberculosis (per CDC guidelines).
- **.38 Restraints.** Clarifies that the hospice (COMAR 10.07.21) and federal regulations apply when a resident is under the care of a licensed general hospice program, but is physically located in an ALP.
- **.61 Criminal Penalties.** Stronger penalties, including immediate prosecution and injunctive relief, have been added if an ALP is found to be operating without a license, and allegations of neglect, abuse, or financial exploitation are substantiated.
- **.06 Restrictions.** OHCQ shall report any misleading or false advertising to the Office of the Attorney General. An ALP dually licensed as Adult Medical Day Care (AMDC) must meet all requirements for both programs.
- **.07 Licensing Procedures.** The length of time an ALP cannot apply for a new license if there are uncorrected deficiencies is extended to three years.
- **.08 Operating License.** Adds a time requirement for ALPs to notify residents, residents' representatives, and OHCQ if there is a change in name, location, ownership, or voluntary closure (based on size of facility). Voluntary closures require the ALP to provide weekly updates to OHCQ on the status of moving residents.
- **.11 Investigation by Department.** Plan of Correction required within 10 calendar days, even if the ALP is requesting an Informal Dispute Resolution (IDR).
- **.16 & .17 Eighty-hour Course.** All ALMs must complete the course and not be endlessly enrolled. Trauma Informed Care, infection prevention, CPR enhancements, and MOLST form added to course curriculum.
- **.20 Personnel Records.** ALMs are required to provide CDC guidance on flu and COVID vaccines; have documented staff surveillance in the event of a flu or COVID outbreak; ALP must document that the federal HHS Exclusion Database was checked prior to hiring a new staff member.
- **.22 Preadmission.** The Resident Assessment Tool (RAT) is reviewed every 6 months and signed by the DN and the ALM.
- **.26 Resident Agreement.** For short-term residential care, the Resident Agreement must be signed before or at the time of admission. The Resident Agreement must include (1) provisions on AMDC, (2) policy on self-administration of medications, (3) procedures for discharging a hospitalized resident without 30 days' notice if a resident's care needs have changed and (4) a statement that transfer to a hospital is not grounds for discharge.
- **.27 Resident Agreement Financial Content.** The ALP is required to give 30 days' notice to the Ombudsman and APS if the resident runs out of funds.

- **.29 Resident Record.** If there is a change in ownership, the resident records must be transferred to the new owner prior to licensure.
- **.31 Medication Management.** To protect against diversion, a qualified staff member and witness shall count and record narcotics; special protections for disposal are added.
- **.33 Incident Reports.** 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.
- **.37 Abuse, Neglect & Financial Exploitation.** ALP staff that have knowledge of, but do not report suspected abuse, neglect, or financial exploitation may be referred to their respective licensing Board.
- **.47 Emergency Preparedness.** ALPs must develop an Emergency Preparedness Packet that is readily available to all staff and includes resident relocation information.

Your input is valuable. If you have questions **about the regulations**, please submit your questions [here](#).

OHCQ will provide intermittent updates via the Frequently Asked Questions (FAQ) on the [OHCQ website](#).

If you have questions about the educational roll out, please contact OHCQ.ALRegs@maryland.gov