

EMAS General Guidelines

Analysis of Demand for Residential Care for the Elderly

Purpose of the Analysis:

The purpose of the market analysis is to determine the extent of sustainable demand for additional units that can be absorbed by the market, without adversely impacting the existing supply. As such, the scope of the analysis may differ from that of an analysis that is concerned solely with the marketability or "market share" of the proposed project.

The analysis must include an estimate of the number of elderly with sufficient incomes to afford the type of housing and services under analysis; the proportion of those income affordable elderly that are expected to demand or "need" such housing and services; and the number of units that the market could reasonably absorb over a 2 or 3 year period, taking into consideration the comparable and competitive units in the existing inventory and the pipeline.

Assumptions:

1. Demand - The demand for any type of specialized housing for the elderly, defined as those age 60 and older, whether independent living seniors apartments, congregate housing, or assisted living, is a function not only of income but of the physical, mental, and social conditions of the prospective residents and their support service and care requirements.
2. Activities of Daily Living - There is a direct relationship between the shelter and care needs of the elderly and limitations in activities of daily living imposed by the physiological, psychological, and social changes that occur as part of the aging process. Therefore demand for a particular type of housing and care will be directly related to the incidence of a person's limitations in activities of daily living that require assistance. Simply, demand for a particular type of housing and care is directly related to the incidence of persons with limitations in activities that require that type(s) of care, and are unable to provide such services on their own. Surveys of assisted living residents indicate that a majority of residents in assisted living and similar settings, typically have moderate to substantial limitations with instrumental activities of daily living (IADLs) such as housekeeping, taking medications, shopping, or laundry; and, minor to moderate limitations in basic activities of daily living (ADLs) such as eating and bathing.
3. Age Differences - Among the elderly, different age-cohorts have different incidences or rates of limitations in activities of daily living and therefore have different propensities to consume a particular type of product, as such age-cohorts should be taken into account in the analysis.
4. One-person Households - One-person households comprise the major segment of the demand for housing and supportive services. Approximately 80 percent of the residents in congregate housing come from single-person households and more than 65 percent of residents of assisted living facilities lived alone prior to entering an assisted living community.
5. Income, Assets and Net Worth - The elderly household will, if necessary, use some portion of its assets (net worth), in addition to their normal source of income (pensions, social security, retirement funds) to defray the cost of shelter and care. An elderly homeowner will sell the home and use part of the investment income from the net equity, and in some cases the principal, toward monthly housing and care expenses.

The minimum amount of regular income required and the amount of income required from other sources, in order to meet the annual income requirements, can be calculated by age-cohort. For example, assuming an 80 percent cost-to-income ratio a person would need to have an income of

\$30,000 annually to afford an assisted living unit costing \$2,000 a month. However, the person could have a retirement income of \$15,000 and make up the difference from invested net worth (home equity and other sources).

The minimum amount of "other" income needed as of the forecast date can be calculated by subtracting the product of an income as of 1989 multiplied by the change in elderly incomes from 1989 to the forecast, from the total annual income required. For example, assuming an increase in income of 4 percent annually from 1989 to 1999, or 1.4918 compounded, a person with an income of \$12,500 in 1989 would have a forecast income of \$18,648. Assuming a total annual required income of \$30,000, a prospective resident would need \$11,352 in additional income from other sources. Looking at it another way, a person with annual income from net worth (assets) of \$15,000 would require only \$15,000 in retirement income as of the forecast date, or \$10,055 in 1989 dollars.

6. Source of Payment - The elderly household (person) is the primary source of payment for housing and supportive services. Approximately 75 percent of residents in market-rate assisted living facilities are either the sole or the primary payment source.

7. Cost-to Resident Income - The proportion of income an elderly household or person is willing to pay for a particular housing product (cost-to-income ratio) will depend on the type and extent of services included in the total monthly cost, as well as the cost of such services in alternative arrangements. Generally, the more extensive the level of shelter and services the higher the ratio. In calculating a ratio, costs should include, at a minimum, shelter rent, utilities, and typical charges for supportive services. The costs used should reflect what is reasonable and customary for the particular type of housing in the market area, taking into account recent market experience of comparable and competitive product.

Delineation of the Market Area:

A market area is defined as an area in which units of similar characteristics are in equal competition. The size of the market area can vary significantly. When defining the market area, the analyst should consider the locations of existing comparable and competitive projects and developments in the pipeline; the locations of the previous residences of the current occupants in comparable and competitive existing projects; and concentrations of elderly population. According to data from surveys conducted by the Assisted Living Federation of America (ALFA), less than one-third of residents lived within 5 miles or less of the facility. Approximately 50 percent of assisted living residents lived 10 miles or less from the facility and more than 80 percent lived within 25 miles.

Delineation of Economic and Demographic Characteristics:

The market analysis needs to delineate the economic and demographic characteristics of the prospective residents that make up the market, to accurately estimate demand.

1. Age - The analysis should look at demand in each five year age-cohort of the elderly population age 60 and older. Focusing only on a single age-cohort can misstate demand by ignoring needs in other cohorts. For example, an analysis of assisted living that looks only at the elderly age 75 and older does not take into account elderly age 74 and under that can make up 10 percent or more of the total potential demand.

2. Household Size - The analysis should focus on demand from elderly one-person households or total non-institutional population age 60 and older, depending on the Census data source used. An analysis of all elderly households overstates potential demand. In 1990, 58 percent of households age of head 62 or older contained two or more persons; and 44 percent of households age 75 and older had two or more persons. Yet only 3 percent of assisted living residents are couples. Couples and elderly in other housing arrangements rely on spouses or other household members to be caregivers, mitigating limitations and reducing the "need" or demand for care from a formal source.

One-person households comprise the major segment of the demand for housing and supportive services. Approximately 80 percent of the residents in congregate housing come from single-person households. More than 65 percent of residents of assisted living communities, according to an ALFA survey, lived alone prior to entering the facility and another 10 percent resided in nursing homes. Relying on data on one-person households more accurately measures the extent of income affordability. In 1990, of the elderly households with incomes at or above \$25,000 annually, only 13 percent of the households, age of head 62 to 74, had one-person, and only 26 percent of households, age of head 75 or older, had one person.

3. Incomes and Costs - The analysis should consider the distribution of potential demand over a range of costs and subsequently a range of elderly incomes. Analyzing demand on a range of costs allows for a more complete analysis of supply/demand conditions in comparable and competitive product in the market. The analysis should at minimum estimate the demand potential at highest and the lowest cost level specified for the proposed project.

For normal "low acuity" assisted living accommodations a ratio of 75 to 80 percent is typical. In high acuity specialized care for cognitive impairments a ratio of 80 to 90 would be acceptable. Projects with low-income tax credits in combination with medicaid reimbursements and other subsidies to shelter and care should assume a minimum cost-to-income ratio of 30 percent and a maximum ratio of 40 percent for the shelter portion only.

4. Activities of Daily Living - The analysis should define the potential demand universe for the product by addressing the incidence of, and type of limitations in, activities of daily living in the elderly population relative to the care and supportive services provided by the project.

Basic Estimates:

The following economic and demographic estimates should be part of a market analysis for a residential care facility.

1. The change in the elderly population and one-person households, by age-cohort, from 1990 to the forecast date; and an estimate of the population and households by age-cohort, as of the forecast date.
2. The number of one-person households, or non-institutional population, with sufficient incomes to afford the type of housing under analysis as of the forecast date; and the total potential elderly, by age-cohort, of prospective residents with sufficient incomes to afford the type of housing.
3. The total monthly cost to a resident for such housing and care and the estimated total annual income from all sources, as of the forecast date, required to afford the type of housing and care

under analysis.

4. The number of total potential income qualified prospective residents that will need/demand the proposed product, based on limitations in activities of daily living.
5. The number of comparable and competitive units in all alternative housing arrangements in the inventory; including units in the pipeline and current occupancy in the existing inventory.

Basic Data and Sources:

1. Population by age-cohorts 40 to 44 through 85 and older, and the population age 62 and older: 1970, 1980, and 1990 Decennial Census of Population.
2. Income distributions of one-person households by age-cohort by tenure as of 1990: Tables HB59 and HB60: 1990 Census STF4 data series.
3. Income distributions of non-institutional population by age-cohort, as of 1990: Tables 200, 202, 204, and 206: 1990 Census AOA-Census STP-14 data series.
4. Persons living alone as of 1990, by age-cohort by sex, as of 1990: Table P-32, 1990 Census AOA-Census STP-14 data series.
5. One-person households age 60 and older by tenure as of 1990: Table H-190, 1990 Census AOA-Census STP-14 data series.
6. Non-institutional elderly population by age-cohort by limitation status as of 1990: Table P52, 1990 Census AOA-Census STP-14 data series.

Content and Format of a Market Analysis Review:

1. Project Description - A description of: the total number of units/beds by bedroom size or type of accommodation (i.e. private or semi-private); the estimated total monthly cost for shelter and mandatory services per resident by type unit or accommodation; the proportion of the project to be occupied by private pay or market-rate tenants and by public pay/assisted tenants, e.g., SSI, Medicaid-waiver, etc.; the amenities, services to be provided; the proximity to facilities and services such as hospitals, medical/health care facilities, social and community services, transportation, shopping and recreational activities; and any other findings relevant to the market or marketability.
2. Findings - Summary of the findings of the analysis, including a recommendation of approval or disapproval, and discussion supporting the recommendation.
3. Definition of the Market Area - Description of the geographic boundaries of the market area and an explanation for the definition, including a discussion of the primary and secondary geographic market areas.
4. Resident Characteristics - Description of economic and demographic characteristics of the target market and of the current residents in comparable and competitive projects in terms of age, income levels, sex, household composition, previous tenure, location of prior residence, and limitations in activities of daily living.

5. Current Inventory - Description of comparable and competitive residential care facilities that cater to seniors needing assistance, e.g., assisted living facilities, rest homes, board and care facilities, congregates, retirement service centers, nursing homes, independent living, including: a count of the total number of units/beds; total monthly costs; typical services and amenities offered; absorption experience of recently completed developments; pre-leasing experience; turnover and waiting lists; current occupancy; and discussion any vacancy or absorption problems.

6. Pipeline Activity - Description of the number of units/beds under construction by total monthly cost level, by size or type of accommodation, and the services or amenities planned; including a discussion of number of units/beds in planning stages, e.g., building permits or firm financial commitments.

7. Demand Estimate and Analysis - Description of the number of elderly with sufficient income and need for the type product, that could reasonably be expected to be absorbed in the market during the forecast period. The demand estimate should show the number of units/beds by total monthly charges. The discussion should include a basic explanation of the methodology, reconciling the proposed project with the demand estimate, taking into consideration the forecast household and population growth of the target group(s), the current vacancy situation, and the supply in the pipeline. The analysis may include an estimate of the absorption period needed for the project to reach sustaining occupancy.

The following categories are defined on pages 3 and 4.

ARKANSAS ■ CALIFORNIA ■ COLORADO

1. CLASSIFICATION	Residential Long Term Care Facilities	Residential Care Facilities for the Elderly	Alternative Care Facilities (Personal Care Boarding Homes)
2. STATUTORY/REGULATORY REFERENCES	Ark. Code Ann. §§20-10-213 <i>et seq.</i> Rules of Licensure §§100 <i>et seq.</i>	Health & Safety Code §§1569.2 <i>et seq.</i> Cal. Code of Regs., Title 22, §§57100 <i>et seq.</i>	Colo. Rev. Stat. §§25-27-101: 26-4-5-133 <i>et seq.</i> Regulations for Personal Care Boarding Homes (Chapter VII)
3. MINIMUM SIZE			3+
4. MANDATORY SERVICES			
a. ADL Care	Y	Y	Y
b. Transportation		Y (or arrange)	Y
c. Laundry	Y	Y	Y
d. Activities/Recreation	Y	Y	Y
e. Arranging Health Related Services	Y	Y	Y
f. Housekeeping			
g. Medications Management	Y	Y	Y
h. Monitoring	Ltd.	Y	Y
i. Other:	3 meals/day	3 - meals/day + snacks	3 - meals/day
5. PERMITTED SERVICES			
a. Assistance w/ Medications	Y	Y	Y
b. Administer Medications		Under Ltd. circumstances	By qualified staff
c. Intermittent Nursing	Y		
d. Other:	Home health	Hospice, Alzheimer's, home health by separate licensee	Home health by outside agency
6. REGULATED SUBJECTS			
a. Admission Agreements	Detailed	Y	Y
b. Resident Funds	Y	Y	Y
c. Care Plan		Y	Y
d. Medication Storage	Y	Y	Y
e. Dietary Requirements	Y	Y	Y
f. Other:			
7. ADMINISTRATOR			
a. Education/Exam	H.S. or GED and certification program	Certification Program (40+ hours + Exam)	Combination of education and experience
b. Continuing Education		40 hours/2 years	
c. Availability	40 hours/week	Or designee 24 hours/day	
d. Other (Qualifications, etc.)		More limited requirements for NHAs	
8. STAFFING LEVELS			
a. Staff/Resident Ratio	Variable	Variable	
b. Required Hours	1 - staff 24 hours/day	1 - staff 24 hours/day	1 - staff on site 24 hours/day
c. Licensed			
d. Other Qualifications	Direct Care: 4 hours per quarter in-service training or cont. education	10 hours initial in-service training, 4 hours/year (ADL caregivers)	Education and/or experience for those w/ direct care responsibilities
9. MANDATORY DISCHARGE			
a. Ongoing Nursing Care	Y	Y	Y
b. Danger to Self/Others	Y		Y
c. Unable to Evacuate	Y	Depends on unit clearance	
d. Restraints			Y
e. Beyond Capabilities	Y		Y
f. Other:	Various	Bedridden; several enumerated health conditions	Bedridden; other medical reasons
10. PHYSICAL PLANT			
a. Maximum Occupancy/Unit	2 (new)	2 (per bedroom)	2 (4 pre-1986)
b. Size of Unit (single occupancy)	100 sq. ft.		100 sq. ft.
c. Size of Unit (multiple occupancy)	80 sq. ft./resident		60 sq. ft./person
d. Toilet:	1.6 residents	1.6 persons*	1.6 residents
e. Bath or Shower	1-10 residents	1-10 persons**	1.6 residents
f. Other:			Window
11. CERTIFICATE OF NEED	Y	N	N
12. AGENCY (LICENSURE/AUTHORITY)	Dept. of Human Services Office of Long Term Care	Dept. of Social Services; Community Care Licensing Div.	Dept. of Health, Health Facilities Div.
13. MEDICAID WAIVER	Y		Y
14. NOTES	75% of residents 60+ years	Residents' Council *Persons = Residents, family and personnel **Persons = Residents, family and live-in personnel	must be established (17 - bed facilities)

The following categories are defined on pages 3 and 4.

CONNECTICUT ■ DELAWARE ■ FLORIDA

1. CLASSIFICATION	Managed Residential Communities* Assisted Living Services Agencies**	Residential (Rest) Homes Assisted Living Agencies	Assisted Living Facilities
2. STATUTORY/REGULATORY REFERENCES	Conn. Gen. Stat. §19a-490; Conn. State Agency Regs. §§19-13-D105	Delaware Code, Title 16, §§1101 <i>et seq.</i> Health & Social Services Regs. §§63.0 <i>et seq.</i>	Florida Stat. 400.401 <i>et seq.</i> Fla. Admin. Code Ch. 58A-5
3. MINIMUM SIZE			4 -
4. MANDATORY SERVICES			
a. ADL Care	Y	Y	Y
b. Transportation	Y	Y	Y
c. Laundry	Y	Y	
d. Activities/Recreation	Y	Y	Y
e. Arranging Health Related Services	Y		Y
f. Housekeeping	Y	Y	
g. Medications Management	Y		Y
h. Monitoring		Y	Y
i. Other	Security & call system, 3+ meals/day		
5. PERMITTED SERVICES			
a. Assistance w/ Medications	-Y-	By licensed persons	Y
b. Administer Medications	By licensed staff		By nurse
c. Intermittent Nursing	Y	Y	Limited
d. Other	Nursing services		
6. REGULATED SUBJECTS			
a. Admission Agreements		Y	Y
b. Resident Funds		Y	Y
c. Care Plan	Y	Service Agreement	Y
d. Medication Storage		Ltd.	Y
e. Dietary Requirements			Y
f. Other			
7. ADMINISTRATOR			
a. Education/Exam	R.N. & B.A. + 2 years exper.***		H.S. CED or equiv
b. Continuing Education			12 hrs. 2 years
c. Availability	Variable		
d. Other (Qualifications, etc.)			Core training program, exam
8. STAFFING LEVELS			
a. Staff: Resident Ratio			Varies w/ number of residents
b. Required Hours			Varies w/ number of residents
c. Licensed	R.N. on-call or on-site		Required to perform certain tasks
d. Other Qualifications			In service training (direct care)
9. MANDATORY DISCHARGE			
a. Ongoing Nursing Care		Y	24 hour nursing supervision
b. Danger to Self/Others		Y	Y
c. Unable to Evacuate			Y
d. Restraints			
e. Beyond Capabilities		Y	Y
f. Other		Bedridden ≥ 14 days; Special transfer assistance	Bedridden > 7 days; Stage 2, 3 or 4 pressure sores
10. PHYSICAL PLANT			
a. Maximum Occupancy/Unit	Shared if by choice	2	4
b. Size of Unit (single occupancy)			50 sq. ft.
c. Size of Unit (multiple occupancy)			60 sq. ft./bed
d. Toilet	1 per unit		1 to residents
e. Bath or Shower	1 per unit	1 per unit*	1 to residents
f. Other	Access to cooking facilities	Kitchen*	
11. CERTIFICATE OF NEED	N	N	N
12. AGENCY (LICENSURE/AUTHORITY)	Dept. of Public Health	Dept. of Health & Social Services; Div. of Long Term Care Residents Protection	Agency for Health Care Administration
13. MEDICAID WAIVER	Planned	Y	Y
14. NOTES	*Unlicensed **Licensed *** Or AA/Diploma + 4 years exper	*Or "readily accessible"	Resident association required. Certain licensed individuals have a duty to report observations to physicians

The following categories are defined on pages 3 and 4.

	GEORGIA	HAWAII	IDAHO
1. CLASSIFICATION	Personal Care Homes	Assisted Living Residences	Residential Care Facilities
2. STATUTORY/REGULATORY REFERENCES	Ga. Code Ann. §§31-2-4 <i>et seq.</i> ; Ga. Comp. R. & Regs. R. 290-5-35-.01 <i>et seq.</i>	Hi. Admin. Rules §§11-90-1 <i>et seq.</i> * (proposed rules)	Idaho Code §§39-3301 <i>et seq.</i> Idaho Admin. Rules Title 3, Ch. 21
3. MINIMUM SIZE	2 +		3 +
4. MANDATORY SERVICES			
a. ADL Care	Y	Y	Y
b. Transportation	Y	Y (or arrange access)	Y
c. Laundry		Y	Y
d. Activities/Recreation	Y	Y	Y
e. Arranging Health Related Services		Y	Y
f. Housekeeping		Y	Y
g. Medications Management	Y	Y	Y
h. Monitoring	Y	Y	Y
i. Other	3 + meals/day	3 meals/day	special diets
5. PERMITTED SERVICES			
a. Assistance w/ Medications	Y	Y	Y
b. Administer Medications	Y	Y	By trained staff
c. Intermittent Nursing		"routine nursing tasks"	Y
d. Other			
6. REGULATED SUBJECTS			
a. Admission Agreements	Y	Y	Y
b. Resident Funds	Y	Y	Y
c. Care Plan		Y	Service agreement
d. Medication Storage	Y	Y	Y
e. Dietary Requirements	Y	Y	Y
f. Other			
7. ADMINISTRATOR			
a. Education/Exam		ALF Admin. Course	Administrator's license
b. Continuing Education	16 hours/year	6 + hours/year	
c. Availability			Full time (≥ 20 hrs/week)
d. Other (Qualifications, etc.)		2 years experience in related field	
8. STAFFING LEVELS			
a. Staff: Resident Ratio	1:15 (waking hours), 1:25 (night)		Variable
b. Required Hours	1 + staff 24 hours/day	Awake 24 hours	1 + staff 24 hrs./day
c. Licensed		L.N.s, 7 days/week	
d. Other Qualifications	Direct care staff: 16 hours/year education	6 + hours/year in-service education	16 hours/year training (personal assistance staff)
9. MANDATORY DISCHARGE			
a. Ongoing Nursing Care	Y		Y
b. Danger to Self/Others	Y	Y	Y
c. Unable to Evacuate	Y		Y
d. Restraints	Y		Y
e. Beyond Capabilities		Y	Y
f. Other	Bedridden		Bedfast; unable to feed self
10. PHYSICAL PLANT			
a. Maximum Occupancy/Unit	4		2 (new)
b. Size of Unit (single occupancy)	80 sq. ft.	220 sq. ft.	100 sq. ft.
c. Size of Unit (multiple occupancy)	80 sq. ft./resident	220 sq. ft.	80 sq. ft./resident
d. Toilet	1:4 residents	1 per unit	1:6 persons*
e. Bath or Shower	1:8 residents	1 per unit	1:8 persons*
f. Other	Furnishings	Kitchen, call system, wiring for phone and television	
11. CERTIFICATE OF NEED	Y, if 25 + beds	N	N
12. AGENCY (LICENSURE/AUTHORITY)	Dept. of Human Resources: Long Term Care Section	Dept. of Health; Hosp. & Med. Facilities Branch	Dept. of Health & Welfare
13. MEDICAID WAIVER	Y	Planned	
14. NOTES	*Based upon December 1997 draft rules;	*Final rules anticipated in the near future Existing Classification is Adult Residential Care Home	*Includes employees

The following categories are defined on pages 3 and 4.

ILLINOIS ■ INDIANA ■ IOWA

	Sheltered Care Facilities	Residential Care Facilities	Assisted Living Facilities
1. CLASSIFICATION			
2. STATUTORY/REGULATORY REFERENCES	Ill. Rev. Stat. Ch. III 1/2, §4151-101 et seq.; Ill. Adm. Code Title 77 §§330.110 et seq.	Ind. Adm. Code Tit. 410, R. 16.2-1-36, 16.2-2-1 et seq., and 16.2-5-1 et seq.	Iowa Code §§135.C.1 et seq. 481 Iowa Admin. Code §§321.27.1 et seq.
3. MINIMUM SIZE	3+		6+
4. MANDATORY SERVICES			
a. ADL Care	Y	Y	Y
b. Transportation			
c. Laundry	Y	Y	Y
d. Activities/Recreation	Y	Y	Y
e. Arranging Health Related Services			Y
f. Housekeeping	Y		Y
g. Medications Management	Y		Y
h. Monitoring			
i. Other	Variable meal plans	3+ meals/day	1+ meals/day
5. PERMITTED SERVICES			
a. Assistance w/ Medications	Y	Y	Y
b. Administer Medications	By licensed M.D. or Nurse	Y	Y
c. Intermittent Nursing			
d. Other			
6. REGULATED SUBJECTS			
a. Admission Agreements	Detailed		Detailed
b. Resident Funds	Y	Y	Y
c. Care Plan			Y
d. Medication Storage	Y	Y	Y
e. Dietary Requirements	Y	Y	
f. Other	Residents' Council	Y	Managed risk statement
7. ADMINISTRATOR			
a. Education/Exam	H.S. or equivalent	H.S.	
b. Continuing Education			
c. Availability			
d. Other (Qualifications, etc.)			Training
8. STAFFING LEVELS			
a. Staff: Resident Ratio			
b. Required Hours	Full time Food Services Director	1+ staff 24 hours/day (more if > 100 residents)	1+ staff 24 hours/day
c. Licensed		L.N. on-site or on-call	
d. Other Qualifications		In-service training	Training
9. MANDATORY DISCHARGE			
a. Ongoing Nursing Care	Y		Y
b. Danger to Self/Others	Y	Y	Y
c. Unable to Evacuate			
d. Restraints			
e. Beyond Capabilities			Y
f. Other	Certain mental illnesses	Serious mental or emotional problems	Certain other conditions
10. PHYSICAL PLANT			
a. Maximum Occupancy/Unit	4	5	
b. Size of Unit (single occupancy)	100 sq. ft.	100 sq. ft.	190 sq. ft.
c. Size of Unit (multiple occupancy)	80 sq. ft./resident	60-80 sq. ft. per bed	290 sq. ft./bed
d. Toilet	1:10 residents*	variable formula	1 per unit
e. Bath or Shower	1:15 residents*	variable formula	1 per unit
f. Other	Furnishings	detailed	lockable doors, kitchen
11. CERTIFICATE OF NEED	Y	N	N (if certified)
12. AGENCY (LICENSURE/AUTHORITY)	Dept. of Public Health	Dept. of Health, Div. of Long Term Care	Dept. of Elder Affairs
13. MEDICAID WAIVER	Y		Y
14. NOTES	*Min. 1 for each sex on each floor housing residents		

The following categories are defined on pages 3 and 4

	KANSAS	KENTUCKY	LOUISIANA
1. CLASSIFICATION	Assisted Living Facility*	Personal Care Homes	Assisted Living (Adult Residential Care)
2. STATUTORY/REGULATORY REFERENCES	Kansas Stat. Ann. 39-923 <i>et seq.</i> Admin. Regs. §§28-39-300 <i>et seq.</i>	Kentucky Rev. Stat. Ann. §§216B.010 <i>et seq.</i> ; 902 KAR 20:036	La. Rev. Stat. 40:2151 <i>et seq.</i> 22 LAC §§8801 <i>et seq.</i>
3. MINIMUM SIZE	6 +		2 +
4. MANDATORY SERVICES			
a. ADL Care	Y	Y	Y
b. Transportation	Y		Y (or arrange)
c. Laundry	Y	Y	Y
d. Activities/Recreation	Y	Y	Y
e. Arranging Health Related Services	Y	Y	Y
f. Housekeeping	Y	Y	Y
g. Medications Management	Y	Y	Y
h. Monitoring		Y	Y
i. Other	Facilitate Residents' Council	3 meals/day	3 meals/day
5. PERMITTED SERVICES			
a. Assistance w/ Medications	By licensed staff	Y	Y
b. Administer Medications	By licensed staff	Y (On physician's orders)	Resident may contract w/ outside source*
c. Intermittent Nursing	Y		Y
d. Other			
6. REGULATED SUBJECTS			
a. Admission Agreements	Y**	Y	Y
b. Resident Funds	Y		Y
c. Care Plan	Y		Y
d. Medication Storage	Y	Y	Y
e. Dietary Requirements	Y	Y	Y
f. Other	Negotiated Service Agreement		Residents' Association
7. ADMINISTRATOR			
a. Education/Exam	B.A. or B.S. & practicum, exam	H.S. or GED or NHA	Various combinations of education & experience
b. Continuing Education	60 hours/2 years		12 - hours/year
c. Availability			24 hours/day (or designee)
d. Other (Qualifications, etc.)			
8. STAFFING LEVELS			
a. Staff: Resident: Ratio			
b. Required Hours		1 + awake per floor 24 hours/day	1 + awake 24 hours/day
c. Licensed			
d. Other Qualifications	Direct care: 40 hours training for providers	In-service training	Annual training (direct care)
9. MANDATORY DISCHARGE			
a. Ongoing Nursing Care	Y**		Y w/ some exceptions
b. Danger to Self/Others	Y**		Y
c. Unable to Evacuate	Y**		
d. Restraints	Y**		
e. Beyond Capabilities	Y**		
f. Other		Certain psychiatric conditions	Disruptive
10. PHYSICAL PLANT			
a. Maximum Occupancy/Unit		4	1, 2
b. Size of Unit (single occupancy)	200 sq. ft.		250 + sq. ft.
c. Size of Unit (multiple occupancy)	200 sq. ft.		250 + sq. ft.
d. Toilet	1 per unit	1.8 persons	1 per unit
e. Bath or Shower	1 per unit	1.12 persons	1 per unit
f. Other	Kitchen, lockable doors	*Prescribed area between beds and between bed and walls	Kitchenette, lockable doors
11. CERTIFICATE OF NEED	N	Y	
12. AGENCY (LICENSURE/AUTHORITY)	Dept. of Health & Environment	Cabinet for Human Resources, Div. of Licensing & Regulations	Dept. of Social Services, Bureau of Licensure
13. MEDICAID WAIVER	Y		Planned
14. NOTES	*Subset of Adult Care Homes **Unless negotiated service agreement provides for special 24 hr. services	Kentucky also has regulations for unlicensed Assisted Living Residences	*But provider may not

The following categories are defined on pages 3 and 4.

MAINE ■ MARYLAND ■ MASSACHUSETTS

1. CLASSIFICATION	Assisted Living Facilities/ Residential Care Facilities*	Assisted Living Program*	Assisted Living Residences
2. STATUTORY/REGULATORY REFERENCES	22 M.R.S. 7901-A et seq. 2nd 7902*	MD Code Ann. §§708.4 et seq.; Code of MD Reg. 10.07.14 et seq.	Mass. Ann. Laws Ch. 109, §1 et seq.; 651 CMR §§12.01 et seq.
3. MINIMUM SIZE	3+	5+	3-
4. MANDATORY SERVICES			
a. ADL Care	Y	Y	Y
b. Transportation	Y (or arrange)	Y (or arrange)	
c. Laundry	Y	Y	Y
d. Activities/Recreation	Y	Y	Socialization
e. Arranging Health Related Services	Y	Y	
f. Housekeeping	Y	Y	Y
g. Medications Management	Y	Y	Y
h. Monitoring	Periodic	Y	
i. Other		3 meals/24 hours	Up to 3 meals/day
5. PERMITTED SERVICES			
a. Assistance w/ Medications	Y	Y	Y
b. Administer Medications	Y	Moderate and high*	
c. Intermittent Nursing	Y	Y	Y
d. Other			Home health
6. REGULATED SUBJECTS			
a. Admission Agreements	Y	Detailed	Y
b. Resident Funds	Y	Y	
c. Care Plan	Y	Y	Y
d. Medication Storage	Y	Y	Y
e. Dietary Requirements	Y	Y	Y
f. Other			
7. ADMINISTRATOR			
a. Education/Exam	Training program	H.S. or equivalent Or other appropriate education/experience	B.A. or experience
b. Continuing Education	10 hours/year		8 - hours/year
c. Availability	40 hours/week if 50+ beds	24 hours (or alternate)	
d. Other (Qualifications, etc.)			
8. STAFFING LEVELS			
a. Staff/Resident Ratio	1:12 (7 a.m. - 3 p.m.) 1:18 (3 p.m. - 11 p.m.) 1:30 (11 p.m. - 7 a.m.)		
b. Required Hours	≥ 2 awake 24 hours/day	24 hours/day	1 - staff 24 hours/day
c. Licensed			
d. Other Qualifications	Direct care: certification course		6+ hours/year cont. ed., 54+ hours training (personal care service providers)
9. MANDATORY DISCHARGE			
a. Ongoing Nursing Care		Y	Y*
b. Danger to Self/Others		Y	
c. Unable to Evacuate			
d. Restraints			
e. Beyond Capabilities			
f. Other			
10. PHYSICAL PLANT			
a. Maximum Occupancy/Unit	2 (newer facilities)	2	2
b. Size of Unit (single occupancy)	100 sq. ft.	80 sq. ft.	
c. Size of Unit (multiple occupancy)	80 sq. ft. resident	120 sq. ft.	
d. Toilet	1-6 users	1-4 residents (same sex)	1 per unit (new)
e. Bath or Shower	1-15 users	1-8 beds	1 per unit (new)
f. Other			Lockable doors; access to cooking facilities
11. CERTIFICATE OF NEED	N	N	N
12. AGENCY (LICENSURE/AUTHORITY)	Dept. of Human Services Bureau of Med. Serv. Div. of Licensing & Certification	Health and Mental Hygiene Licensing & Certification Dept.	Executive Office of Elder Affairs
13. MEDICAID WAIVER	Y	Y	Y
14. NOTES	*Level II	*Three levels of care low, moderate and high	*Unless certain conditions are met

The following categories are defined on pages 3 and 4.

MICHIGAN ■ MINNESOTA ■ MISSISSIPPI

1. CLASSIFICATION	Homes for the Aged	Housing with Services Establishments/Assisted Living	Personal Care Homes
2. STATUTORY/REGULATORY REFERENCES	MSA 14.15.20301 <i>et seq.</i> Mich. Admin. Code R 325.1801	Minn. Stat §§144D.01 <i>et seq.</i> Minn. Rules §§4668.0002 <i>et seq.</i> *	Miss. Code Ann. 43-11-1 Miss. Regs §§1201.1 <i>et seq.</i>
3. MINIMUM SIZE	21 + *		
4. MANDATORY SERVICES			
a. ADL Care	Y	Y**	Y
b. Transportation			
c. Laundry	Y		Y
d. Activities/Recreation			Y
e. Arranging Health Related Services			
f. Housekeeping			
g. Medications Management		Y**	Limited
h. Monitoring			
i. Other	3 + meals/day	Professional or delegated nursing**	3 meals/day
5. PERMITTED SERVICES			
a. Assistance w/ Medications		Y	
b. Administer Medications		By trained staff	
c. Intermittent Nursing		Y	
d. Other			Administration of insulin by L.N
6. REGULATED SUBJECTS			
a. Admission Agreements		Detailed	Y
b. Resident Funds	Y		
c. Care Plan		Y	
d. Medication Storage		Y	Y
e. Dietary Requirements	Y		Y
f. Other			
7. ADMINISTRATOR			
a. Education/Exam			
b. Continuing Education			
c. Availability			Full time
d. Other (Qualifications, etc.)			
8. STAFFING LEVELS			
a. Staff: Resident Ratio			1:10 (7 a.m. - 6 p.m.)
b. Required Hours	1 + staff awake 24 hours/day		
c. Licensed			
d. Other Qualifications		In-service training	FT Dietary if 11 + residents
9. MANDATORY DISCHARGE			
a. Ongoing Nursing Care	Y		Y
b. Danger to Self/Others			Y
c. Unable to Evacuate			Y
d. Restraints			Y
e. Beyond Capabilities			Y
f. Other	Certain mental conditions		Non-ambulatory; certain health conditions
10. PHYSICAL PLANT			
a. Maximum Occupancy/Unit	4 (new construction)		4
b. Size of Unit (single occupancy)	80 sq. ft. (100 new)		80 sq. ft.
c. Size of Unit (multiple occupancy)	70 sq. ft. (80 new)		80 sq. ft./resident
d. Toilet	1:8 beds per floor		1:6
e. Bath or Shower	1:15 beds per floor		1:12
f. Other			
11. CERTIFICATE OF NEED	N	N	N, if freestanding
12. AGENCY (LICENSURE/AUTHORITY)	Dept. of Community Health, Office of Services to the Aging	Dept. of Health, Interagency Long-Term Care Planning Committee	Dept. of Health, Health Facil. Lic. and Cert. Div.
13. MEDICAID WAIVER		Y	
14. NOTES	Residents must be over 60 *Up to 21 if operated as distinct part of nursing home	*Based on draft rules. Over 80% of residents must be 55 or older. **At least one of the above	Assisted Living regulations in development

The following categories are defined on pages 3 and 4.

MISSOURI ■ MONTANA ■ NEBRASKA

1. CLASSIFICATION	Residential Care Facilities II	Personal Care Facilities	Assisted Living Facilities
2. STATUTORY/REGULATORY REFERENCES	Mo. Rev. Stat. §§198.003 et seq. Mo. Code of Regs. Tit. 13 §§15-10.010 et seq.	Mont. Code Ann. §§50-5-101; 50-5-225 et seq.; Mont. Admin. Rules 16.32.380; 16.32.388; 16.32.901-22	Neb. Rev. Stat. §§71-2017 Neb. Admin. Regs. Tit. 175, Ch. 4
3. MINIMUM SIZE	3+	18+	4+
4. MANDATORY SERVICES			
a. ADL Care	Y	Y	Y
b. Transportation		Y	
c. Laundry		Y	Y
d. Activities/Recreation	Y	Y	Y
e. Arranging Health Related Services		Y	
f. Housekeeping	Y	Y	
g. Medications Management	Y	Y	Y
h. Monitoring	Y	Y	
i. Other	3 meals/day	3+ meals/day	
5. PERMITTED SERVICES			
a. Assistance w/ Medications	Y	Y	Y
b. Administer Medications	Y	Category B only	Y
c. Intermittent Nursing		Category A: 20 days; Category B: nursing permitted for up to 5 residents	
d. Other	Dietary supervision		
6. REGULATED SUBJECTS			
a. Admission Agreements		Y	Y
b. Resident Funds	Y		
c. Care Plan		Y	Y
d. Medication Storage	Y	Y	Y
e. Dietary Requirements	Y	Y	Y
f. Other			
7. ADMINISTRATOR			
a. Education/Exam	Licensed nursing home administrator	H.S. or GED	
b. Continuing Education		6 hours/year	
c. Availability			
d. Other (Qualifications, etc.)	Medication Aide course		
8. STAFFING LEVELS			
a. Staff: Resident Ratio	1:15 (day), 1:20 (evening); 1:25 (night)		
b. Required Hours		1+ staff 24 hours/day	1+ staff 24 hours/day
c. Licensed	RN 8+ hours/week		
d. Other Qualifications		Pre-service training (direct care staff)	12 hours/year training (direct care); orientation
9. MANDATORY DISCHARGE			
a. Ongoing Nursing Care	Y	Over 20 days*	complex nursing*
b. Danger to Self/Others			
c. Unable to Evacuate	Implied		
d. Restraints		Y*	
e. Beyond Capabilities	Y		
f. Other	Hospitalization (45+ days)	Bedridden; * complete incontinence; unable to self-administer medications (category A)	unstable condition*
10. PHYSICAL PLANT			
a. Maximum Occupancy/Unit	4	4	2
b. Size of Unit (single occupancy)	70 sq. ft.*	100 sq. ft.	80-100 sq. ft.
c. Size of Unit (multiple occupancy)	70 sq. ft./resident*	80 sq. ft./bed	60-180 sq. ft./resident
d. Toilet	1:6 resident	1:4 residents	1 adjoining room (new)
e. Bath or Shower	1:20 residents	1:12 residents	1:5 residents (new)
f. Other	Detailed	Detailed	Detailed
11. CERTIFICATE OF NEED	Y	N	N
12. AGENCY (LICENSURE/AUTHORITY)	Dept. of Social Services, Div. of Aging	Dept. of Public Health & Human Services, Quality Assurance Div	Dept. of Health and Human Services Regulation and Licensure
13. MEDICAID WAIVER	Y	Y	Y
14. NOTES	*Licensed pre-1987, 60 sq. ft. in Category B facilities	*Exceptions for up to 5 residents larger bedrooms	*with some exceptions

The following categories are defined on pages 3 and 4.

NEVADA ■ NEW HAMPSHIRE ■ NEW JERSEY

	Residential Facilities for Groups	Residential Care Home Facilities	Assisted Living Residences
1. CLASSIFICATION			
2. STATUTORY/REGULATORY REFERENCES	Nev. Rev. Stat. 449.017 et seq., Nev. Administrative Code §§449.156 et seq.	New Hampshire Revised Stat Ann. §§151.1 et seq.	23 N.J. Reg. §§6037 et seq. N.J.A.C. 8.36-1.1 et seq.
3. MINIMUM SIZE	3+	2+	4+
4. MANDATORY SERVICES			
a. ADL Care	Y	Y	Y
b. Transportation			Y
c. Laundry	Y	Y	Y
d. Activities/Recreation	Y	Y	Y
e. Arranging Health Related Services		Y	Y
f. Housekeeping		Y	Y
g. Medications Management	Y	Y	Y
h. Monitoring	Y	Y	
i. Other	Meals	3 meals/day	3 meals/day
5. PERMITTED SERVICES			
a. Assistance w/ Medications	Y	Y	Y
b. Administer Medications		By licensed or qualified persons	By qualified staff
c. Intermittent Nursing		Y	Y
d. Other			
6. REGULATED SUBJECTS			
a. Admission Agreements	Y	Y	Y
b. Resident Funds	Y		Y
c. Care Plan		Y	Y
d. Medication Storage		Y	Y
e. Dietary Requirements	Y	Y	Y
f. Other	Advertising		Managed risk agreements
7. ADMINISTRATOR			
a. Education/Exam	H.S. or equivalent, examination	H.S. plus additional education and experience*	H.S. or equivalent
b. Continuing Education		12 hours/year	10 hours per year
c. Availability		Full time	2 - At all times (designee)
d. Other (Qualifications, etc.)	3 years experience		NHA, eligible to take NHA exam or course work
8. STAFFING LEVELS			
a. Staff/Resident Ratio			
b. Required Hours	1 - awake 24 hours/day if > 20 residents	1+ staff 24 hours/day (awake if 17+ residents)	2 - staff on-site 24 hours/day (1 - awake)
c. Licensed			R.N. on call at all times
d. Other Qualifications			
9. MANDATORY DISCHARGE			
a. Ongoing Nursing Care	Y	Y, or can contract for care	
b. Danger to Self/Others			
c. Unable to Evacuate			
d. Restraints	Y		
e. Beyond Capabilities	Y		
f. Other	Bedfast	Nonmobile, or can contract for care	Residents in need defined specialized care
10. PHYSICAL PLANT			
a. Maximum Occupancy/Unit		2	
b. Size of Unit (single occupancy)	80 sq. ft./bed	80 sq. ft./resident	150 sq. ft.
c. Size of Unit (multiple occupancy)	60 sq. ft./resident	140 sq. ft./resident	50 additional sq. ft. per resident
d. Toilet	1-4 residents	1-6 residents	1 per unit
e. Bath or Shower	1-6 residents	1-6 residents	1 per unit
f. Other	Sprinkler system		Kitchenette, lockable door
11. CERTIFICATE OF NEED	N	N	Y
12. AGENCY (LICENSURE/AUTHORITY)	Div. of Health, Bureau of Licensure & Certification	Dept. of Health & Human Services Bureau of Health Facilities	Dept. of Health, Div. of Health Facilities Evaluation & Licensing
13. MEDICAID WAIVER	Y	Y	Y
14. NOTES	"Financing plan" required by state rules are being developed	*Varies according to facility size	Proposed changes to current rules are being developed

The following categories are defined on pages 3 and 4.

NEW MEXICO ■ NEW YORK ■ N. CAROLINA

	Adult Residential Shelter Care Home	Adult Homes	Assisted Living Residences*
1. CLASSIFICATION			
2. STATUTORY/REGULATORY REFERENCES	N.M. Stat. Ann. §§24-1-1 <i>et seq.</i> N.M. Reg. HED 90-1	N.Y. Soc. Serv. Law §§461-1 <i>et seq.</i> N.Y. Comp. Codes R & Regs. Title 18, Ch. 2, Subpart D, §§485.1 <i>et seq.</i>	N.C. Gen. Stat. §§131D-2 <i>et seq.</i> N.C. Admin. Code Title 10, Ch. 42 §§1200 <i>et seq.</i>
3. MINIMUM SIZE	3+	5+	2+
4. MANDATORY SERVICES			
a. ADL Care	Y	Y	Y
b. Transportation	Assistance in using (public)		Y (or arrange)
c. Laundry	Y	Y	Y
d. Activities/Recreation	Y	Y	Y
e. Arranging Health Related Services	Y	Y	Y
f. Housekeeping	Y	Y	Y
g. Medications Management	Y	Y	Y
h. Monitoring	Y	Y	Y
i. Other	Money management; 3+ meals/day	Assist w/ formation of residents council	3 meals/day + snacks
5. PERMITTED SERVICES			
a. Assistance w/ Medications	Y	Y	Y
b. Administer Medications	By licensed staff	Injectables by lic'd staff	By authorized persons
c. Intermittent Nursing	Y	If or through licensed home care agency	Through licensed agencies
d. Other			
6. REGULATED SUBJECTS			
a. Admission Agreements	Y	Y (Detailed)	Y
b. Resident Funds	Y	Y	Y
c. Care Plan	Y		Y
d. Medication Storage	Y	Y	Y
e. Dietary Requirements	Y	Y	Y
f. Other			
7. ADMINISTRATOR			
a. Education/Exam	H.S. or GED	Varies w/size of home	H.S. or GED, Exam
b. Continuing Education		60 hours/two years	15 hours/year
c. Availability		40 hours/week (if 25+ beds)	Immediately available
d. Other (Qualifications, etc.)			Must reside on-site or within 500 feet
8. STAFFING LEVELS			
a. Staff: Resident Ratio	1:15*	Variable	Varies w/time of day
b. Required Hours	Variable		
c. Licensed			
d. Other Qualifications	In-service training	40 hour training (direct care); - 3 hours/year in-service	Variable training requirements for personal care aides
9. MANDATORY DISCHARGE			
a. Ongoing Nursing Care	Y	Y	Y
b. Danger to Self/Others		Y	Y
c. Unable to Evacuate			
d. Restraints			
e. Beyond Capabilities		Y	Y
f. Other	4+ nonmobile residents	Bedfast; chairfast; cognitive impairments; certain other conditions	Various physical conditions
10. PHYSICAL PLANT			
a. Maximum Occupancy/Unit	2	2	4
b. Size of Unit (single occupancy)	100 sq. ft.	100 sq. ft.	100 sq. ft.**
c. Size of Unit (multiple occupancy)	80 sq. ft.	160 sq. ft.	80 sq. ft.**
d. Toilet	1:3	1:6	1:5 residents**
e. Bath or Shower	1:8	1:10	1:10 residents**
f. Other		Call system, sprinkler (some)	Detailed
11. CERTIFICATE OF NEED	N	Y	N (but Moratorium currently in effect; Y if CCRC)
12. AGENCY (LICENSURE/AUTHORITY)	Dept. of Health, Health Facilities Lic. & Cert.	Dept. of Health, Office of Continuing Care	Dept. of Health & Human Services, Div. of Facility Services
13. MEDICAID WAIVER	Y	Limited (Program is at capacity)	Y
14. NOTES	*Fewer during sleeping hours		*Adult Care Homes **On self-contained apartments

The following categories are defined on pages 3 and 4.

NORTH DAKOTA ■ OHIO ■ OKLAHOMA

	Basic Care Facilities	Residential Care Facilities	Assisted Living Centers
1. CLASSIFICATION			
2. STATUTORY/REGULATORY REFERENCES	N.D. Cent. Code §§23-09.3-01 <i>et seq.</i> ; N.D. Administrative Code §§33-03-24.1-01 <i>et seq.</i>	Ohio Rev. Code Ann. §§3721.01 <i>et seq.</i> ; OAC Ann. §§5122.3-5-01 <i>et seq.</i>	65 Okla. Stat. §§1-819 <i>et seq.</i> ; Okla. Admin. Regs. §§310:663-1-1 <i>et seq.</i>
3. MINIMUM SIZE	5+	3+	2+
4. MANDATORY SERVICES			
a. ADL Care	Y	Y	.
b. Transportation	Y	Y	.
c. Laundry	Y	or transport to laundromat	.
d. Activities/Recreation	Y	Y	.
e. Arranging Health Related Services	Y	Y	.
f. Housekeeping	Y		.
g. Medications Management	Y	Y	.
h. Monitoring	General supervision	Y	
i. Other	3 meals/day	Shopping; correspondence	meals*
5. PERMITTED SERVICES			
a. Assistance w/ Medications	Y	Y	Y
b. Administer Medications	Y	By licensed staff	Y
c. Intermittent Nursing	Y	Y	Y
d. Other			
6. REGULATED SUBJECTS			
a. Admission Agreements		Risk Agreement	Y
b. Resident Funds		Y	Y
c. Care Plan	Y	Y	Y
d. Medication Storage	Y	Y	Y
e. Dietary Requirements	Y	Y	Y
f. Other			Residents' Advisory Council
7. ADMINISTRATOR			
a. Education/Exam	B.A. and NHA license or experience	NHA or B.A. or B.S. or 2000 hours experience or 100 hours post H.S. education in gerontology	NHA or Certificate of training
b. Continuing Education	12 hours/year		
c. Availability		≥ 16 hours/week	
d. Other (Qualifications, etc.)			
8. STAFFING LEVELS			
a. Staff: Resident: Ratio		1+ staff on site 24 hours/day	
b. Required Hours			
c. Licensed			
d. Other Qualifications	Continuing education for dietary and activities staff; in-service training	Training (personal care)	Training
9. MANDATORY DISCHARGE			
a. Ongoing Nursing Care		Unless authorized	
b. Danger to Self/Others			Y
c. Unable to Evacuate	Y		Y
d. Restraints			Y
e. Beyond Capabilities	Y	Unless risk agreement is signed	Y
f. Other			
10. PHYSICAL PLANT			
a. Maximum Occupancy/Unit			2
b. Size of Unit (single occupancy)	100 sq. ft.	100 sq. ft.	
c. Size of Unit (multiple occupancy)	80 sq. ft./bed (double occupancy) 70 sq. ft./bed (3+ beds)	80 sq. ft./person	
d. Toilet	1:4 residents	1:8 residents	1:4 residents
e. Bath or Shower	1:15 residents	1:8 residents	1:4 residents
f. Other	Window; furnishings	Sprinkler system	Lockable doors
11. CERTIFICATE OF NEED	N (but moratorium in effect)	N	N
12. AGENCY (LICENSURE/AUTHORITY)	Dept. of Health, Health Resources Section	Dept. of Health, Div. of Quality Assurance	Dept. of Health Div. of Special Health
13. MEDICAID WAIVER	Y		
14. NOTES	North Dakota law contains a definition of assisted living— it is not a licensure category	A statutory scheme for Assisted Living was enacted and then repealed	*Operator must provide some services but rules allow flexible services package

The following categories are defined on pages 3 and 4.

OREGON ■ PENNSYLVANIA ■ RHODE ISLAND

1. CLASSIFICATION

Assisted Living

Personal Care Homes

Residential Care and
Assisted Living Facilities

2. STATUTORY/REGULATORY REFERENCES

Oregon Rev. Stat. 443.400 *et seq.*
Oregon Admin. Rules §§411-56-000 *et seq.*

62 Pa. Stats. §§211 *et seq.*
55 Pa. Code §§2620.1 *et seq.*

R.I. Gen. Laws §§23-17.4-1 *et seq.*
Code of R.I. Rules 14-090-025

3. MINIMUM SIZE

4 +

2 +

4. MANDATORY SERVICES

a. ADL Care	Y	Y	Y
b. Transportation	Y (or arrange)	Securing transportation	Y
c. Laundry	Y	Y	Y
d. Activities/Recreation	Y	Y	Y
e. Arranging Health Related Services	Y	Y	"Supportive Services"
f. Housekeeping	Y	Y	Y
g. Medications Management	Y	Y	Y
h. Monitoring	Y	Y	Y
i. Other	Money management; 3+ meals/day	3+ meals/day	3+ meals/day

5. PERMITTED SERVICES

a. Assistance w/ Medications	Y	Y	Y
b. Administer Medications	Y		By licensed or specially trained staff*
c. Intermittent Nursing	Y		
d. Other			

6. REGULATED SUBJECTS

a. Admission Agreements		Y	
b. Resident Funds	Y	Y	Y
c. Care Plan	Y*		
d. Medication Storage	Y	Y	Y
e. Dietary Requirements	Y	Y	Y
f. Other	*includes managed risk plan		

7. ADMINISTRATOR

a. Education/Exam	H.S. or equivalent; 40 hour course	H.S. or GED and 40 hours training	40 hours course work or NHA
b. Continuing Education	20 hours/year	6 hours/year	16 hours/year
c. Availability		24 hours or designee	
d. Other (Qualifications, etc.)	2 yrs. experience or 2 yrs. health education (or combination)		May not administer more than 3 facilities with 120 aggregate beds

8. STAFFING LEVELS

a. Staff: Resident Ratio	Variable	Variable	
b. Required Hours	24 hr. availability		"Responsible Adult" 24 hours/day
c. Licensed	R.N. on staff or contract		R.N. visit once every 30 days
d. Other Qualifications	Pre-service training (direct care staff)		4 - hours training

9. MANDATORY DISCHARGE

a. Ongoing Nursing Care			
b. Danger to Self/Others		Y	
c. Unable to Evacuate			
d. Restraints			
e. Beyond Capabilities		Y	
f. Other		"Capable of self-preservation in emergency" unless facility meets stringent life safety code	

10. PHYSICAL PLANT

a. Maximum Occupancy/Unit	1	4	2
b. Size of Unit (single occupancy)	220 sq. ft. (new construction)	80 sq. ft.	100 sq. ft.
c. Size of Unit (multiple occupancy)	220 sq. ft. (new construction)	60 sq. ft./person	160 sq. ft. (double occupancy)
d. Toilet	1 per unit	1:6 users	1:8 beds
e. Bath or Shower	1 per unit	1:15 users	1:10 beds
f. Other	Kitchen; storage space; telephone jack; lockable doors	Window; furnishings	Locking doors with master key No portable cooking facilities

11. CERTIFICATE OF NEED

N

N

N

12. AGENCY (LICENSURE/AUTHORITY)

Dept. of Human Resources,
Senior and Disabled Services Div.

Dept. of Public Welfare
Dept. of Aging, Div. of
Personal Care Homes

Dept. of Health,
Facilities Regulation Div.

13. MEDICAID WAIVER

Y

Y

14. NOTES

Additional dementia
licensing category exists

*By licensed nurse,
physician or dentist

*In "M" level facilities

The following categories are defined on pages 3 and 4.

SOUTH CAROLINA ■ SOUTH DAKOTA ■ TENNESSEE

	Community Residential Care Facilities	Assisted Living Center	Assisted-Care Living Facilities
1. CLASSIFICATION			
2. STATUTORY/REGULATORY REFERENCES	S.C. Code Ann. §§40-35-10 <i>et seq.</i> , 44-7-150, 44-7-260 <i>et seq.</i> , S.C. Code Regs. 61-84	S.D. Cod. Laws Ann. §§34-12-1.1 <i>et seq.</i> ; S.D. Admin. R. 44:04:01.01.01 <i>et seq.</i>	Tenn. Code Ann. 68-11-201; Tenn. Rules §§1200-8-25-01 <i>et seq.</i>
3. MINIMUM SIZE	2+	5+	1+
4. MANDATORY SERVICES			
a. ADL Care	Y	Y	Y
b. Transportation	Make Arrangements		
c. Laundry	Linens	Y	Y
d. Activities/Recreation	Y	Y	Y
e. Arranging Health Related Services			
f. Housekeeping	Y		
g. Medications Management	Y	Y	Y
h. Monitoring	Y		Y
i. Other	Money management		5 meals/day
5. PERMITTED SERVICES			
a. Assistance w/ Medications	Y		Y*
b. Administer Medications	Y	Y*	By licensed professional
c. Intermittent Nursing			Y
d. Other			
6. REGULATED SUBJECTS			
a. Admission Agreements		Y	Y
b. Resident Funds	Y		Y
c. Care Plan	Y		
d. Medication Storage	Y	Y	Y
e. Dietary Requirements	Y	Y	Y
f. Other		Cleaning methods	
7. ADMINISTRATOR			
a. Education/Exam	H.S. or equivalent; 12 months experience; examination	H.S. or equivalent; training program	H.S. or GED
b. Continuing Education	12 hours/year		24 hours/2 years
c. Availability	Full time during "normal working hours" (if 10+ beds)		Certified or NHA
d. Other (Qualifications, etc.)			
8. STAFFING LEVELS			
a. Staff/Resident Ratio	1:10/building ("peak" hours); 1:44/building (night)		
b. Required Hours	1+ staff on active duty at all times	Detailed 1+ staff 24 hours/day	1+ staff 24 hours/day
c. Licensed			
d. Other Qualifications			
9. MANDATORY DISCHARGE			
a. Ongoing Nursing Care	Y	Y	
b. Danger to Self/Others	Y		Y
c. Unable to Evacuate	Y		Y
d. Restraints			Y
e. Beyond Capabilities			
f. Other		Non-ambulatory (unless call system is provided); "capable of self-preservation" (unless stringent life safety code is met); some cognitive impairments	Various health related conditions
10. PHYSICAL PLANT			
a. Maximum Occupancy/Unit	4	2	2
b. Size of Unit (single occupancy)	80 sq. ft.	120 sq. ft. (new)	80 sq. ft./resident
c. Size of Unit (multiple occupancy)	60 sq. ft./bed	200 sq. ft. (double occupancy) (new)	80 sq. ft./resident
d. Toilet	1:8 residents	1:2 rooms (up to 4 beds)	1:6 persons
e. Bath or Shower	1:10 beds		1:6 persons
f. Other	Detailed		Furnishings; detailed fire safety
11. CERTIFICATE OF NEED	N	N	N
12. AGENCY (LICENSURE/AUTHORITY)	Dept. of Health and Environmental Control	Dept. of Health, Div. of Health Facilities Licensure	Dept. of Health, Div. of Health & Environment
13. MEDICAID WAIVER		Y	
14. NOTES	Plan for Assisted Living being developed	*But facility must contract w/ RN for review and w/ RN or pharmacist for training	*By licensed home care organization

The following categories are defined on pages 3 and 4.

TEXAS UTAH VERMONT

1. CLASSIFICATION	Personal Care Facilities	Assisted Living Facilities, Type II	Residential Care Homes
2. STATUTORY/REGULATORY REFERENCES	Tex. Health & Safety Code §§247.001 et seq.; Tex. Admin. Code §§92.1 et seq.	Utah Code Ann. §§26-21-1 et seq.; Utah Admin Code R432-1-1	Vt. Stat. Ann. Tit. 33 §§710 et seq.; Vermont RCH Lic. Regulations
3. MINIMUM SIZE	4+	2+	3+
4. MANDATORY SERVICES			
a. ADL Care	Y	Y	Y
b. Transportation		Make Arrangements	Y
c. Laundry		Y	Y
d. Activities/Recreation	Y	Y	
e. Arranging Health Related Services		Y	
f. Housekeeping		Y	
g. Medications Management	Y	Y	Y
h. Monitoring	Y		Y
i. Other	3+ meals/day	3+ meals/day	3 meals/day
5. PERMITTED SERVICES			
a. Assistance w/ Medications	Y	Y	Y
b. Administer Medications	By licensed staff*	Supervised by LN	Y
c. Intermittent Nursing		Y (not skilled nursing but may arrange skilled nursing)	Level III facilities only
d. Other			Intermittent home health
6. REGULATED SUBJECTS			
a. Admission Agreements	Y	Y	Y
b. Resident Funds	Ltd	Y	Y
c. Care Plan	Y	Y	
d. Medication Storage	Y	Y	Y
e. Dietary Requirements	Y	Y	Y
f. Other			
7. ADMINISTRATOR			
a. Education/Exam	H.S. or equivalent	B.A. or license or A.A. + 4 years experience (large facility)	State-approved course work and additional experience
b. Continuing Education	12 hours/year		
c. Availability	40 hours/week		
d. Other (Qualifications, etc.)		In-service training	
8. STAFFING LEVELS			
a. Staff: Resident Ratio			
b. Required Hours	Night shift staff immediately available	24 hours/day (direct care personnel)	1 - staff 24 hours/day
c. Licensed		CNA (personal care)	
d. Other Qualifications	Orientation and ongoing training	In-service training	Direct Care 20 hours training/year
9. MANDATORY DISCHARGE			
a. Ongoing Nursing Care		Y	Y
b. Danger to Self/Others	Y	Y	
c. Unable to Evacuate	Type A Facilities		
d. Restraints			
e. Beyond Capabilities	Y		Y
f. Other		TB or other communicable diseases (under some circumstances)	
10. PHYSICAL PLANT			
a. Maximum Occupancy/Unit	4	2	2 (new)
b. Size of Unit (single occupancy)	Type A: 80 sq. ft.; Type B: 100 sq. ft.	120 sq. ft.*	100 sq. ft.
c. Size of Unit (multiple occupancy)	Type A: 60 sq. ft./bed; Type B: 80 sq. ft./bed	200 sq. ft.**	80 sq. ft./bed
d. Toilet	1:6 residents	1:4 residents	1:5 beds per floor
e. Bath or Shower	1:10 residents	1:10 residents	1:5 beds per floor
f. Other	Fire alarm system; other detailed requirements	Detailed requirements	Window furnishings
11. CERTIFICATE OF NEED	N	N	N
12. AGENCY	Dept. of Human Services	Dept. of Health, Health Facility Licensure	Agency of Human Services, Dept. of Aging & Disabilities
13. MEDICAID WAIVER	Y	Planned	Y
14. NOTES	Medicaid Waiver in place for services provided in apartment-type settings *Includes Medication Aides under nurse supervision	If unit has additional living space *100 sq. ft. **160 sq. ft.	Assisted Living regulations in development

The following categories are defined on pages 3 and 4

VIRGINIA ■ WASHINGTON ■ WEST VIRGINIA

1. CLASSIFICATION	Adult Care Residences*	Assisted Living/Boarding Homes*	Personal Care Homes
2. STATUTORY/REGULATORY REFERENCES	VA Code Ann. §§63.1-172 <i>et seq.</i> 22 VAC §§40-71-10 <i>et seq.</i>	Wash. Rev. Code §7.38 and 74.39A <i>et seq.</i> ; Wash. Admin. Code §§388-78a <i>et seq.</i>	West Va. Code §§16-5C-1 <i>et seq.</i> ; West Va. Admin. Rules §§64-14-1 <i>et seq.</i>
3. MINIMUM SIZE	4 +	3 +	4 +
4. MANDATORY SERVICES			
a. ADL Care	Y	Y	Y
b. Transportation	Assistance arranging	Assistance arranging	Y
c. Laundry	Y	Y	Y
d. Activities/Recreation	Y	Y	11 + hours/week
e. Arranging Health Related Services	Y	Y	Y
f. Housekeeping		Y	Y
g. Medications Management		Y	Y
h. Monitoring			Y
i. Other:	3 + meals/day	3 + meals/day; limited nursing	
5. PERMITTED SERVICES			
a. Assistance w/ Medications	Y	Y	Y
b. Administer Medications	By lic'd or trained staff	By lic'd staff	Y
c. Intermittent Nursing	Y	Y	Y
d. Other:	- Hospice		
6. REGULATED SUBJECTS			
a. Admission Agreements	Y	Y	Y
b. Resident Funds	Y	Y	Y
c. Care Plan	Y	Y	Y
d. Medication Storage	Y		Y
e. Dietary Requirements	Y	Y	Y
f. Other:			
7. ADMINISTRATOR			
a. Education/Exam	H.S. or GED and 1 year post-secondary Ed. (w/some exceptions)	40 hour training course	H.S. or equivalent, New: A.A. in related field
b. Continuing Education		10 hours/year	10 - hours/year
c. Availability	40 hours/week awake (or designee)	Full time	
d. Other: (Qualifications, etc.)	Training course w/in 30 days	Various combinations of education and experience	
8. STAFFING LEVELS			
a. Staff/Resident Ratio			Variable
b. Required Hours	1 + staff awake 24 hours/day		1 + staff 24 hours/day
c. Licensed	Employ or contract w/health health care professional	To provide some services	
d. Other Qualifications	8 + hours/year training (direct care)	10 + hours/year training	
9. MANDATORY DISCHARGE			
a. Ongoing Nursing Care	Y		
b. Danger to Self/Others	Y	Y	
c. Unable to Evacuate			
d. Restraints			
e. Beyond Capabilities	Y	Y	Y
f. Other:	Certain health-related conditions		
10. PHYSICAL PLANT			
a. Maximum Occupancy/Unit	4	2 (if by choice)	4 (existing); 2 (new)
b. Size of Unit (single occupancy)	100 sq. ft. (new) 80 sq. ft. (change in use)	220 sq. ft. (new) 180 sq. ft. (existing)	80 sq. ft.
c. Size of Unit (multiple occupancy)	80 sq. ft. (new) 60 sq. ft. (change in use)	220 sq. ft. (new) 180 sq. ft. (existing)	60 sq. ft. (existing); 80 sq. ft. (new)
d. Toilet	1:7 residents	1 per unit	1:5 residents
e. Bath or Shower	1:10 residents	1 per unit	1:10 residents
f. Other:	Window	Kitchen, lockable door	Windows, furnishings, sprinkler and fire alarm system
11. CERTIFICATE OF NEED	N, unless over \$1 million	N	N
12. AGENCY	Dept. of Social Services, Div. of Health & Human Resources	Dept. of Social & Health Services	Dept. of Health & Human Resources Office of Health Facility Lic. & Cert.
13. MEDICAID WAIVER	Y	Y	
14. NOTES	*2 classifications: "Assisted Living" (summarized here) and "Residential Living" (lower level of care)	*Residential Care (Boarding) Homes contract with the state to provide Assisted Living Services (Medicaid waiver)	

The following categories are defined on pages 3 and 4.

WISCONSIN ■ WYOMING ■ D.C.

1. CLASSIFICATION	Community Based Residential Facilities	Assisted Living Facilities	Community Residence Facilities
2. STATUTORY/REGULATORY REFERENCES	Wis. Admin. Code 61.01 <i>et seq.</i> and HFS 8301 <i>et seq.</i>	Wyo. Stat. §§35-2-901 <i>et seq.</i>	D.C. Code §§32-1301 <i>et seq.</i>
3. MINIMUM SIZE			
4. MANDATORY SERVICES			
a. ADL Care	Y	Y	By qualified persons
b. Transportation	Y (or arrange)	Y	Y (or arrange)
c. Laundry	Y	Y	Y
d. Activities/Recreation	Y	Y	Y
e. Arranging Health Related Services	Y	Y	Y
f. Housekeeping	Y	Y	Y
g. Medications Management	Y	Y	Y
h. Monitoring	Y	Y	
i. Other	3 + meals/day	Several other services	3 meals/day
5. PERMITTED SERVICES			
a. Assistance w/ Medications	Y	Y	By licensed/qualified persons in some circumstances
b. Administer Medications	Y (on physician's orders)	By licensed staff	By licensed person in some circumstances
c. Intermittent Nursing	Y	Y	Up to 72 hours*
d. Other			
6. REGULATED SUBJECTS			
a. Admission Agreements	Y	Y	
b. Resident Funds	Y		Y
c. Care Plan	Y	Y	
d. Medication Storage	Y		Y
e. Dietary Requirements	Y	Detailed	Y
f. Other			
7. ADMINISTRATOR			
a. Education/Exam	H.S. or equivalent	Exam	B.A. or B.S. + Exam
b. Continuing Education	12 hours/year		
c. Availability		24 hours or delegate	Present or on-call
d. Other (Qualifications, etc.)	Additional ed./experience: 45 hours training		
8. STAFFING LEVELS			
a. Staff/Resident Ratio	Variable for Class C		
b. Required Hours	1 + care staff when residents are present	1 + staff awake 24 hours (if 10 + beds) R.N., L.P.N. or C.N.A. every shift; must employ or contract with R.N.	
c. Licensed			
d. Other Qualifications	Initial training; cont. ed. for care staff		
9. MANDATORY DISCHARGE			
a. Ongoing Nursing Care	Y		Y
b. Danger to Self/Others	Y		Implied
c. Unable to Evacuate			Implied
d. Restraints	Y		
e. Beyond Capabilities	Y		Y
f. Other	Bedfast; certain other conditions	Care for certain health-related conditions is prohibited	
10. PHYSICAL PLANT			
a. Maximum Occupancy/Unit	2	2	4
b. Size of Unit (single occupancy)	100 sq. ft.	120 sq. ft.	See Housing Code
c. Size of Unit (multiple occupancy)	80 sq. ft.	80 sq. ft./bed	See Housing Code
d. Toilet	1:8	1:2 residents	See Housing Code
e. Bath or Shower	1:10	1:10 residents	See Housing Code
f. Other	Additional requirements for large facilities	Furnishings	Furnishings
11. CERTIFICATE OF NEED	N	N	N
12. AGENCY	Dept. of Health & Family Services	Wyoming Dept. of Health, Health Facilities	D.C. Office on Aging
13. MEDICAID WAIVER	Y		Planned
14. NOTES			*If 30 + residents or 3 years experience Assisted Living Legislation has been proposed



ALFA State Affiliates

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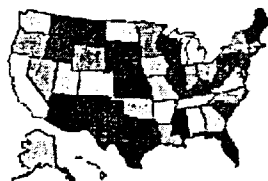
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State Affiliates of the American Health Care Association

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A, C, D, E, G, H, I, K, L, M, N, O, P, R, S, T, U, V, W

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Mississippi Health Care Association

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Montana Health Care Association

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Nevada Health Care Association

Michael Clark
Nevada Health Care Assn
PO Box 3226
310 S Carson St Suite 207
Carson City NV 89702
Tele: (702) 885-1006
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**New Jersey Association of Health
Care Facilities**

William Abrams
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NJ Assn of HC Facilities
2131 Rt 33
Hamilton NJ 08690
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**New York State Health Facilities
Association**

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NY St Hlth Facilities Assn
33 Elk St #300
Albany NY 12207

Ned Morse

President
MA Extended Care Federation
2310 Washington St #300
Newton Lower Falls MA 02462
Tele: (617) 558-0202
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Care Providers of Minnesota

Rick Carter
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Care Providers of Minnesota
2850 Metro Dr #200
Bloomington MN 55425
Tele: (612) 854-2844
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Missouri Health Care Association

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236 Metro Dr
Jefferson City MO 65109
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Nebraska Health Care Association

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421 S 9th St #137
Lincoln NE 68508
Tele: (402) 435-3551
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John Poirier
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125 Airport Rd
Concord NH 03301
Tele: (603) 226-4900
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New Mexico Health Care Associati

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6400 Uptown Blvd #520W
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**North Carolina Health Care Facilitie
Association**

J Craig Souza
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NC Health Care Facilities Assn
5109 Bur Oak Cir
Raleigh NC 27612

Tele: (518) 462-4800
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North Dakota Long Term Care Association

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120 W Thayer Ave
Bismarck ND 58501
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Oregon Health Care Association

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15895 SW 72nd Ave #250
Portland OR 97224
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South Dakota Health Care Association

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Texas Health Care Association

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Washington Health Care Association

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Ohio Health Care Association

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55 Green Meadows Dr S
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Pennsylvania Health Care Association

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South Carolina Health Care Association

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Tennessee Health Care Association

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Utah Health Care Association

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Virginia Health Care Association

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West Virginia Health Care Association

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Wisconsin Health Care Association

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Wyoming Health Care Association

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PO Box 2270
Cheyenne WY 82003
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American Association of Homes and Services for the Aging



*Caring hearts,
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AAHSA Affiliated State Associations

Here is a listing of AAHSA Affiliated State Associations-for more information about homes and services for the aging in a specific state, please use this contact list.

Please Note: The Northern New England Association of Homes and Services for the Aging represents the states of Maine, New Hampshire, and Vermont. If there is no State Association in your state please contact the closest State Association for more information.

Alabama

Alabama Assn. of Homes and Services for the Aging, Inc.
C/o Methodist Homes of Alabama and NW 1520 Cooper Hill Road
Birmingham AL, 35210-2303
Phone: 205-951-2442 Fax: 205-956-5001

- [Alabama Assn. of Homes and Services for the Aging, Inc.](#)

Arizona

Arizona Association of Homes and Housing for the Aging
3839 North 3rd Street, Suite 201
Phoenix AZ, 85012
Phone: 602-230-0026 Fax: 602-230-0563

California

California Association of Homes & Services for the Aging
7311 Greenhaven Drive Suite 175
Sacramento CA, 95831-3572
Phone: 916-392-5111 Fax: 916-428-4250

- [California Association of Homes & Services for the Aging](#)

Colorado

Colorado Association of Homes and Services for the Aging
1888 Sherman Street, Suite 610
Denver CO, 80203-1160
Phone: 303-837-8834 Fax: 303-837-8836

Connecticut

Connecticut Association of Not-for-Profit Providers for the Aging

300 Research Parkway
Meriden CT, 06450-7137
Phone: 203-237-4556 Fax: 203-237-4908

- Connecticut Association of Not-for-Profit Providers for the Aging

Delaware

Delaware Association of Homes & Services for the Aging
c/o Ingleside Homes 1010 North Broom Street
Wilmington DE, 19806-4514
Phone: 302-777-0130 Fax: 302-777-0131

Florida

Florida Association of Homes for the Aging
1812 Riggins Road
Tallahassee FL, 32308-4885
Phone: 850-671-3700 Fax: 850-671-3790

- Florida Association of Homes for the Aging

Georgia

Georgia Association of Homes and Services for the Aging
1655 Tullie Circle, NE Suite 108
Atlanta GA, 30329-2316
Phone: 404-728-0223 Fax: 404-636-6753

Iowa

Iowa Association of Homes and Services for the Aging
100 East Grand, Suite 140
Des Moines IA, 50309-1800
Phone: 515-283-9380 Fax: 515-283-9382

- Iowa Association of Homes and Services for the Aging

Illinois

Life Services Network of Illinois
911 North Elm Street Suite 228
Hinsdale IL, 60521-3634
Phone: 630-325-6170 Fax: 630-325-0749

- Life Services Network of Illinois

Life Services Network of Illinois - Springfield
2 Lawrence Square
Springfield IL, 62704-2523
Phone: 217-789-1677 Fax: 217-789-1778

- Life Services Network of Illinois - Springfield

Indiana

Indiana Association of Homes and Services for the Aging
P O Box 68829
Indianapolis IN, 46268-0829
Phone: 317-733-2380 Fax: 317-733-2385

- Indiana Association of Homes and Services for the Aging

Kansas

Kansas Association of Homes and Services for the Aging
217 SE Eighth Street
Topeka KS, 66603
Phone: 785-233-7443 Fax: 785-233-9471

- Kansas Association of Homes and Services for the Aging

Kentucky

Kentucky Association of Homes and Services for the Aging
2501 Nelson Miller Parkway
Louisville KY, 40223
Phone: 502-992-4380 Fax: 502-992-4390

Louisiana

Louisiana Association of Homes and Services for the Aging
P O Box 14615
Baton Rouge LA, 70815-4169
Phone: 225-201-9933 Fax: 225-201-9944

Massachusetts

Massachusetts Aging Services Association, Inc.
45 Bromfield Street, Suite 200
Boston MA, 02108-4106
Phone: 617-423-0718 Fax: 617-423-2109

- Massachusetts Aging Services Association, Inc.

Maryland

MANPHA - A Senior Service Alliance
10280 Old Columbia Road Suite 250
Columbia MD, 21046-1709
Phone: 410-381-1176 Fax: 410-381-0240

- MANPHA - A Senior Service Alliance

Michigan

Michigan Association of Homes and Services for the Aging
6215 West St. Joseph Highway
Lansing MI, 48917-4852
Phone: 517-886-1302 Fax: 517-886-1670

Minnesota

Minnesota Health & Housing Alliance
2550 University Avenue West Suite 350 South
St. Paul MN, 55114-1900
Phone: 651-645-4545 Fax: 651-645-0002

- Minnesota Health & Housing Alliance

Missouri

Missouri Association of Homes for the Aging
308A Monroe Street
Jefferson City MO, 65101-3106
Phone: 573-635-6244 Fax: 573-635-6618

Montana

MHA - An Association of Health Care Providers
P O Box 5119
Helena MT, 59601-4657
Phone: 406-442-1911 Fax: 406-443-3894

- MHA - An Association of Health Care Providers

North Carolina

North Carolina Association of Non-Profit Homes for the Aging, Inc.
3700 National Drive, Suite 218
Raleigh NC, 27612-4842
Phone: 919-571-8333 Fax: 919-571-1297

- North Carolina Association of Non-Profit Homes for the Aging, Inc.

Nebraska

Nebraska Association of Homes and Services for the Aging
1701 K Street, Suite B
Lincoln NE, 68508-2699
Phone: 402-436-2165 Fax: 402-436-2169

New Hampshire

Northern New England Assn. of Homes & Svcs for the Aging
345 Edward J. Roy Drive Suite 201
Manchester NH, 03104-4149
Phone: 603-626-3479 Fax: 603-626-3763

New Jersey

New Jersey Association of Non-Profit Homes for the Aging
13 Roszel Road, Suite B 113
Princeton NJ, 08540-6211
Phone: 609-452-1161 Fax: 609-452-2907

New York

New York Association of Homes & Services for the Aging

150 State Street, Suite 301
Albany NY, 12207-1698
Phone: 518-449-2707 Fax: 518-455-8908

- New York Association of Homes & Services for the Aging

Ohio

Assn of Ohio Philanthropic Homes, Hsng & Srvcs for Aging
855 South Wall Street
Columbus OH, 43206-1921
Phone: 614-444-2882 Fax: 614-444-2974

- Assn of Ohio Philanthropic Homes, Hsng & Srvcs for Aging

Oklahoma

Oklahoma Association of Homes and Services for the Aging
P O Box 1383
El Reno OK, 73036-5699
Phone: 405-640-8040 Fax: 405-262-5252

Oregon

Oregon Alliance of Senior and Health Services
7360 South West Hunziker St. Suite 207
Tigard OR, 97223-8288
Phone: 503-684-3788 Fax: 503-624-0870

- Oregon Alliance of Senior and Health Services

Pennsylvania

Pennsylvania Association of Non-Profit Homes for the Aging
Executive Park West, Suite 409 4720 Old Gettysburg Road
Mechanicsburg PA, 17055-8419
Phone: 717-763-5724 Fax: 717-763-1057

- Pennsylvania Association of Non-Profit Homes for the Aging

Rhode Island

Rhode Island Association of Facilities & Services for the Aging
210 Cahir Street
Providence RI, 02903-4039
Phone: 401-453-0040 Fax: 401-453-1160

- Rhode Island Association of Facilities & Services for the Aging

South Carolina

South Carolina Assn. of Non-Profit Homes for the Aging
223 East Benson Street, No. 1A P O Box 160
Anderson SC, 29622-0160
Phone: 864-231-7333 Fax: 864-231-9170

South Dakota

South Dakota Association of Healthcare Organizations
3708 Brook Place, Suite 1
Sioux Falls SD, 57106-4211
Phone: 605-361-2281 Fax: 605-361-5175

Tennessee

Tennessee Association of Homes and Services for the Aging
500 Interstate Boulevard South
Nashville TN, 37210-4634
Phone: 615-256-1800 Fax: 615-726-3082

Texas

Texas Association of Homes and Services for the Aging
2205 Hancock Drive
Austin TX, 78756-2508
Phone: 512-467-2242 Fax: 512-467-2275

- [Texas Association of Homes and Services for the Aging](#)

Virginia

Virginia Association of Non-Profit Homes for the Aging
Innslake Place Building 4401 Dominion Blvd., Suite 200
Glen Allen VA, 23060-3322
Phone: 804-965-5500 Fax: 804-965-9089

- [Virginia Association of Non-Profit Homes for the Aging](#)

Washington

Washington Assn. of Housing and Services for the Aging
16300 Christensen Road Suite 203
Seattle WA, 98188
Phone: 206-248-7434 Fax: 206-241-2595

- [Washington Assn. of Housing and Services for the Aging](#)

Wisconsin

Wisconsin Association of Homes & Services for the Aging, Inc.
204 South Hamilton Street
Madison WI, 53703-3212
Phone: 608-255-7060 Fax: 608-255-7064

- [Wisconsin Association of Homes & Services for the Aging, Inc.](#)

West Virginia

West Virginia Hospital Association
100 Association Drive
Charleston WV, 25311-1571
Phone: 304-344-9744 Fax: 304-344-9745

- West Virginia Hospital Association

Wyoming

Quality Health Care Foundation of Wyoming

520 Randall Avenue P O Box 3050

Cheyenne WY, 82003

Phone: 307-637-7575 Fax: 307-634-0804
