



## Connecticut's Assisted Living Facility Regulations

### Assisted Living in Connecticut

The first assisted living community opened in 1998 in Hamden.

In 2020, CT had 142 MRCs and 112 ALSAs serving nearly 8,000 assisted living units or apartments (some are spousal or shared units).

The average cost in 2020 for traditional assisted living was \$6,300 per month or \$75,000 annually. Memory care services cost 20-30% more.

60% of all MRCs and ALSAs in CT are part of national or regional chains, 18% are regionally owned, 13% are part of state chains, and 9% are publicly funded.

Nearly all ALSAs are under the same ownership as the MRC where they provide assisted living services.

Source: [2021 Assisted Living Performance Audit](#)

### Assisted Living Facilities Licensing and Regulation

Assisted living residences primarily serve adults aged 55 and older who need some health or nursing care or assistance with activities of daily living, but not the skilled care a nursing home provides. Connecticut does not license and regulate assisted living facilities; instead, the Department of Public Health (DPH) licenses and regulates the “assisted living service agencies” (ALSAs) that provide assisted living services. Licensed ALSAs can only provide these services at managed residential communities (MRCs). DPH regulations govern ALSA services and specify requirements for MRCs ([Conn. Agencies Reg. § 19-13-D105](#)). An MRC can become a licensed ALSA or can contract with an existing ALSA to provide services at the MRC.

### Core Services Required

An MRC must provide certain “core services” to its residents before it can engage or become an ALSA. These services include:

1. three regularly scheduled meals per day;
2. regularly scheduled housekeeping, laundry service, and transportation for certain needs;
3. maintenance service for the living units; and
4. social and recreational programs.

## Memory Care Units

Some MRCs have secure units for residents with dementia, and others serve only residents with dementia. According to the state's [2021 audit](#) of assisted living facilities, the facilities' resident population has become older and more acute over the past 20 years, and the differences between assisted living and nursing home populations have diminished, particularly in regard to memory care units, age of entry into care, and complexity of needs. Recent legislation prohibits an ALSA from providing services as a dementia special care unit or program unless they obtain DPH approval. An ALSA that provides services as a dementia special care unit or program must (1) ensure they have adequate staff to meet residents' needs and (2) submit a list of dementia special care units or locations and their staffing plans to DPH ([PA 21-121](#), §§ 45, 56, 91 & 92). All licensed direct care staff in memory care units must complete dementia-specific training annually.

## Staffing Requirements

In Connecticut, each MRC who engages an ALSA must employ an on-site service coordinator whose duties include ensuring that services are provided to all residents and helping residents make arrangements to meet their daily needs. Additionally, DPH regulations require an ALSA to appoint an assisted living supervisor who must be a registered nurse (RN). In facilities with fewer than 30 residents, a single individual may fill both roles. The number of hours that a supervisor must be on-site depends on the number of full-time or full-time equivalent (FTE) licensed nurses and assisted living aides. The supervisor must ensure that licensed nurse staffing is sufficient to meet client needs, though there are no required staff to resident ratios. However, the ALSA must provide at least 10 hours per week of licensed nurse staffing for each 10 or fewer full-time or FTE assisted living aides. An RN must also be on-call 24 hours per day.

## What are Other States' Regulations Regarding Staffing?

Assisted living facilities are not federally regulated, and a 2022 review of state regulations compiled by the National Center for Assisted Living (NCLA) suggests that states typically use two basic approaches to staffing levels: (1) flexible, or as-needed, staffing; or (2) minimum ratios based on either the number of staff to the number of residents, or a specified number of staff hours per resident. While most states use the first approach, 17 states specify a staffing ratio for all units of an assisting living facility, with three additional states specifying staffing only for memory care units, as shown on the adjacent map. In many states that specify a ratio, this ratio changes based on time of day or acuity of residents' needs and often differs for direct staff and nursing staff. Some states also have other staffing requirements specific to memory care units. For example, Kansas, South Dakota, and Utah require one staff member to be present on the unit at all times.



Learn  
More

[“Assisted Living State Regulatory Review”](#),  
NCLA 2022

“Assisted Living Facility Regulation,” OLR  
Report [2020-R-0165](#)

2021 Performance Audit [“Oversight of  
Connecticut’s Assisted Living Facilities”](#)

HHS 2015 [“Compendium of Residential  
Care and Assisted Living”](#)

