

**REPORT OF THE
SECRETARY OF HEALTH AND HUMAN RESOURCES ON**

**THE STUDY OF UNLICENSED
ADULT CARE RESIDENCES**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



HOUSE DOCUMENT NO. 45

**COMMONWEALTH OF VIRGINIA
RICHMOND
1995**



COMMONWEALTH of VIRGINIA

Office of the Governor

George Allen
Governor

Kay Coles James
Secretary of Health and Human Resources

February 9, 1995

TO: The Honorable George Allen

and

The General Assembly of Virginia

The report contained herein is pursuant to House Joint Resolution 208, agreed to by the 1994 General Assembly.

This report constitutes the response of the Secretary of Health and Human Resources to study the exemptions to licensure as an adult care residence and to determine whether facilities that are not currently required to be licensed should be regulated.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Kay Coles James", written over a horizontal line.

Kay Coles James
Secretary of Health and Human Resources

EXECUTIVE SUMMARY

Current state law requires adult care residence licensure of facilities providing maintenance and care to four or more persons who are aged, infirm or disabled. Concerns about the risk to three or fewer individuals who reside in private unregulated adult care residences led the Virginia General Assembly to request the Secretary of Health and Human Resources to conduct a study to determine whether the current exemptions to licensure as an adult care residence should continue or whether facilities not currently subject to licensure should be regulated in order to ensure the same standards of care available in a licensed facility.

I METHODOLOGY

Several approaches and activities were used to respond to study objectives. These were:

- A. Surveys sent to local social service agencies;
- B. Surveys sent to area agencies on aging;
- C. Surveys sent to community services boards;
- D. Surveys sent to hospital social workers; and
- E. Telephone interviews with staff in 20 states.

II FINDINGS

- A. Data collection was hampered by the lack of available data. Findings from surveys and telephone interviews were inconclusive. Survey respondents stated that some unregulated adult care residences are good and some are bad. Respondents made similar statements about regulated adult care residences.
- B. Information received through telephone interviews with licensing staff in 20 states varied. Many persons interviewed were unaware of the rationale for the number of residents required before a facility is subject to licensure.
- C. Because of the lack of data and mixed findings, we are recommending the study be referred to the Joint Legislative Audit and Review Commission (JLARC) or the Virginia Department of Social Services (VDSS) through the Division of Management and Customer Services in collaboration with a public university for further study.

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I INTRODUCTION

A. Study Charge

House Joint Resolution 208 requests the Secretary of Health and Human Resources to conduct a study to determine whether the current exemptions to licensure as an adult care residence should continue for private adult care residences caring for fewer than four individuals or whether facilities not currently subject to licensure should be licensed in order to provide the same standards of care available in a licensed facility.

B. Background

The Code of Virginia, §63.1-172, requires licensure of adult care residences which are "any place, establishment, or institution, public or private, operated or maintained for the maintenance or care of four or more adults who are aged, infirm or disabled and who are cared for in a primarily residential setting"

The Department of Social Services has never regulated private adult care residences caring for fewer than four individuals. Therefore, the number of these adult care residences across the state and the risk to the individuals living in them is unknown.

House Joint Resolution 208 states that the regulation of facilities caring for fewer than four individuals may be desirable to secure the health, safety and welfare of residents; to ensure adequate living conditions, proper food to meet dietary needs, and qualified personnel; and to provide a method of evaluation to determine the need for professional medical and nursing care. The resolution further states that if a facility is unregulated there is the potential for the lives of innocent individuals to be in danger. Therefore, this study was requested.

C. Study Objectives

An assessment of the study request led to the following objectives:

1. To determine risk to the elderly in unregulated adult care residences;
2. To determine how other states address unregulated care;
3. To explore methods of regulation and determine the potential cost for each option; and

4. To review findings and make recommendations regarding the need for regulation of private homes caring for fewer than four adults.

D. Approach and Scope

The Department of Social Services conducted the study under the direction of the Secretary of Health and Human Resources. Several approaches were used to gather data to respond to the study objectives. These included:

1. Telephone interviews with licensing staff in 20 states;
2. Surveys sent to 124 social service agencies with 78 agencies responding;
3. Surveys sent to 40 community services boards with 22 responding;
4. Surveys sent to 24 area agencies on aging with five agencies responding; and
5. Surveys sent to 101 hospital social workers with 14 responding.

II RISKS TO ELDERLY IN UNLICENSED CARE

A summary of findings from completed surveys and telephone interviews is listed below. Survey responses from local social services, community services boards, area agencies on aging, and hospital social workers showed that reliable data concerning abuse and neglect were not available because records of unregulated facilities were not maintained. Survey findings were derived from questions regarding the adequacy of care of unregulated and regulated adult care residences. Possible ratings were excellent, good, fair, and poor.

A. Findings From Local Social Services Departments

1. Most ratings for the adequacy of care in both types of facilities were good or fair.
2. Analysis of the ratings concluded that there is no material difference between the regulated and unregulated.
3. Examples of comments received include:
 - "to regulate will discourage homes from caring for individuals."
 - "hope the state would not get into regulating homes that are currently exempt... because it is difficult as it is to find homes...."
 - "I am not in favor of licensing residences with fewer than four adults. We have so few places to place people as it is."
 - "We should be moving in the direction of regulation."
 - "Some regulated/licensed facilities/residences are excellent; some are poor."
 - "In reality, because the homes are unregulated; we only get to see the cases that have problems."

B. Findings From the Survey to Community Services Boards

1. As in the case of local social services directors, the ratings from community services board directors were mostly between fair and good with no material difference between the regulated and unregulated facilities.

2. Comments received include:

- "While quality of unlicensed homes varies, the family-like environment can be valuable and attractive to CSB clients."

- "HJR#208 has merit. However we do not track the information you requested."

- "Seems more appropriate for the local DSS's since they keep all information on these homes."

- "The overall care in regulated facilities is poor because of the following reasons:

(a) poor skill level and knowledge base of the adult home staff to deal with clients who have a low functional level and severe psychiatric disorders.

(b) poor staff to resident ratios.

(c) adult homes were not originally intended to house people with severe mental disorders. In general, our clients in adult homes are receiving inadequate care (residential) in order to address their severe psychiatric symptoms."

- "Unlicensed private residences = adult foster care. All residences in which someone is paid to care for another individual should be subject to some degree of regulation. Also people in any type of adult care should have more personal spending money and better access to medical/dental/eye care."

- "Regulation will not magically provide quality. Size of majority of regulated homes affects quality; smaller is better. HFA's not secure residence; discharges occur at the operator's discretion. Larger HFA's are not home-like settings. Many HFA's have poorly trained staff."

C. Findings From the Survey to Area Agencies on Aging

1. Responses from the area agencies on aging indicated that they were not familiar enough with unregulated facilities to give a rating. The ratings for regulated facilities were between fair and good.

2. Comments included:

- "We are not aware of these type homes in our area."

- "Regulations are good because it helps promote and gives the expectation that quality of care is a must and that gives more continuity among facilities. Doesn't allow for as much interpretation of what quality is."

- "Much of this information is not readily available for me. Much of this information could be obtained through Dept. of Social Services."

D. Findings From the Survey to Hospital Social Workers

1. As in the case of social services and community services boards, the ratings for adequacy of care were mostly between fair and good with no material difference between the ratings for regulated and unregulated facilities.

2. Comments received include:

- "Too many residents with medical needs in Auxiliary Grant facilities which are not provided sufficient supervision."

- "Each home is difficult to rate because each home and facility is different. On the average I feel the homes provide good care. I have found some very very poor licensed homes; whereas the private, unlicensed were far superior."

E. Findings From Other States

1. 20 states were randomly chosen for the telephone survey.

2. There was difficulty in comparison of various states.

a. Nomenclature varies as to what adult care residences are called within and among states, e.g., boarding homes, boarding care facilities, family homes, family care homes, personal care homes, adult homes, adult foster homes, group homes, group personal homes, adult residential care, and homes for the aged.

b. Regulations and enforcement of licensing standards vary among and within state regulatory agencies.

c. Populations vary according to age, impairments, income level and

payment source.

- d. Laws were being changed, had been changed or were to change within the upcoming year.
3. Thresholds for licensing or regulation among states surveyed range from one to six persons.
4. Rationales for numerical thresholds were not readily obtainable. Some respondents were unclear as to the rationale for the numeric thresholds.
5. Some states require all adult care residences to be licensed. Michigan and Minnesota stressed quality and protection for all; whereas, Alaska responded that it was "purely a business move" for the inclusion of all.
6. A review of results of the survey showed mixed results and a diversity of adult care residences; therefore, no conclusive findings were developed. See Appendix B (Survey of Other States) for more detailed information on other states' regulatory practices on adult care residences.

F. Conclusions

1. There is a lack of information concerning the number of unregulated adult care residences in the Commonwealth.
2. In the opinion of local social service departments, community services boards, area agencies on aging, and hospital social workers, the adequacy of care in known unregulated adult care residences is generally the same as in regulated.
3. There is no consistent rationale among other states for determining a numeric threshold for determining the requirement for regulation of adult care residences.

III DISCUSSION

Human care regulation is a preventive service based on the society's values and perceptions of potential as well as actual risk when vulnerable individuals are cared for outside the family. In the final analysis, decisions about human care regulation are not always made on purely factual information. In part, this is true because, as demonstrated in this study, statistically valid, hard data about incidents are relatively unavailable when non-regulation, itself, creates a lack of access to systematic information.

Sometimes, a decision to regulate is prompted by a publicized tragedy. More often, decisions about regulatory intervention are somewhat intuitive in nature and are based on balancing values, opinions and interests, especially in terms of weighing perceived risks, costs and privacy concerns.

A. Issues on Vulnerability and Potential Risks in the Event of Improper Care

1. Adults are dependent for reasons of mental illness, dementia, developmental disabilities or health impairments which may also be associated with the physical deteriorations of aging.
2. Caretakers may compound the risks if they lack training in managing the health care issues or if their lack of training causes them to resort to harsh control methods.
3. Additionally, dependent adults in 24-hour care are generally perceived at greater risk than those whose families are available at least part of the day.

B. Issues on Costs of Regulation

1. The costs to the state include development of appropriate regulations, inspections against those regulations, consultation and training for providers, and information to consumers. In FY 94, the average cost of regulation in the Division of Licensing Programs was about ten cents per care day for each regulated care slot for all programs combined. There are other overhead costs borne by the Department or other agencies that cannot be calculated.
2. Standards for regulation most heavily reflect what the industry itself considers acceptable. Therefore, the costs to providers vary in direct

proportion to how far they deviate from what the industry accepts as necessary for particular types of conditions/populations.

3. Often, meeting building code requirements constitutes a major cost, but this would not be a factor in adult care residences serving fewer than four persons since the building's use group classification would not change.
4. There are also potential cost savings for providers and consumers in regulation, although these cannot be quantified. For example, providers who gain access to training and other support services, may find that insurance is available or less costly under regulation, or may use being regulated as a marketing tool.
5. For consumers, some examples of advantages include being able to locate care and preventing or reducing costly treatment because the caretaker is more likely to prevent accidents and control the spread or seriousness of disease.
6. Experience also suggests that some small, home-based human care operations may not be accurately reporting revenues to local, state or federal tax authorities. When this is the case, regulation brings financial advantage to government and other taxpayers.

3. Balancing Interests

As in the past, American culture holds conflicting values that must be balanced in any decision on whether to regulate. These are:

1. The desire to intrude as little as possible on the freedom and autonomy of citizens.
2. The desire to protect vulnerable citizens from known risks.

IV OPTIONS AVAILABLE

The options are presented along a continuum of regulatory stringency, with pro-con analysis considering cost to the state, intrusiveness and protectiveness.

A. Non-Regulatory Options

1. Take No Action or Defer Action Pending Further Study

- a.** Despite the caveat that data will always be extremely limited in an unregulated cottage industry, the fact remains that the preliminary data do not present evidence of significant abuse or neglect. Neither did the respondents report any significant degree of concern about the welfare of residents in unregulated adult care residences.
- b.** This option is, therefore, defensible and is also the least costly and the least intrusive. The main disadvantage is that it is not consistent to conclude that these unregulated adult care residences are risk-free when licensed adult care residences do generate complaints. Of 465 complaints closed in licensed adult programs in FY '94, 37% were found to be valid.
- c.** Despite the stated difficulties of data collection using existing channels, more information could be assembled if a more comprehensive research project could be implemented.

2. Consumer Awareness Efforts

- a.** A sustained public education awareness campaign might help families to be more astute in selecting and monitoring care for their dependent adults.
- b.** The advantages are that the costs would be relatively small and elastic in the sense that the level of effort could be matched to the level of investment determined to be desirable. The approach would not be intrusive.
- c.** The disadvantage is that, if risk is a significant concern, consumer education alone does not address that issue. Experience suggests that many dependent adults will not have families who are able or available to act in their behalf. Families often must make their choices under crisis conditions or under

pressure to seek the least expensive care.

Regulatory Options

1. **Issues of Regulation - To initiate any form of regulation of a previously unregulated cottage industry poses some fundamental problems.**

- a. **The true size of the workload is not known and cannot be reliably estimated without employing fairly sophisticated and costly research techniques. As an unfunded, short-term study, this report could not employ such techniques. Consequently, policy makers cannot reliably predict costs.**
- b. **Second, regardless of the type of regulatory intervention chosen, there is a necessary start-up cost involved in informing providers and seeking out those who do not respond to the educational phase of start-up.**
- c. **Regardless of the type of regulatory intervention chosen, the intended level of consumer protection will not occur immediately. It would likely take several years to identify the bulk of newly subject providers.**
- d. **Moreover, there will always be some percentage of providers who will operate outside the law. For example, the Department investigated 39 reports of illegally operating adult care residences in FY '94, of which 12 were found subject to licensure. These violations occur for two basic reasons:**

(1) Deliberate violations

A combination of sustained public education and consistent enforcement are necessary to keep these situations under reasonable control.

(2) Unintentional violations

- a. **The unsophisticated operator may not understand the complexities of the current law and differing thresholds. For example, licensure as a nursing home is necessary if two or more persons requiring such care are in residence. Depending on services offered, licensure as an adult care residence or**

mental health facility is required when four or more residents are in care in one or more locations. An operator may also make a status change under law without recognizing that he has done so. This happens when the arrangement began as a simple boarding situation but drifted into a care-giving relationship requiring licensure as boarders become aged or infirm.

- (b) Unintended violations also require public education and assistance to providers once they are discovered. One potential advantage of adopting some form of universal oversight is that it simplifies the task of public education and increases the likelihood of finding the facilities sooner in order to bring them under the appropriate regulatory system according to services they offer.

2. Types of Regulation

a. Operator Credentialing

- (1) Occupational regulation establishes training and performance requirements for the practitioner but may not employ site-inspections except to investigate practice complaints. Credentialing assumes that a properly trained practitioner is less likely to harm the public and has sufficient investment not to risk the credential. Credentialing works better among the more highly trained and well-paid occupations expected to practice with a significant degree of professional autonomy.
- (2) While this approach is relatively less intrusive and less costly (recipients normally pay the cost of credentialing), it would not appear to be a good choice. The qualifications to operate a licensed adult care residence are so minimal that an appearance of injustice could be created if credentialing to operate a smaller home without site-inspection was set at a meaningful level for consumer protection. Moreover, there is no generally accepted curriculum on which to establish credentialing. The impact of restricting access to the occupation cannot be gauged without extensive study. There is no

information to confirm that earnings are sufficient to create a strong incentive to seek or to protect an operator credential.

b. Site-type Registration

Registration is a regulatory term with no precise meaning. It is crafted by choices in several variables. Registration can:

- (1) Be voluntary or mandatory.
 - (a) While mandatory registration is considered more protective, voluntary registration is less costly and less intrusive.
 - (b) Voluntary registration must be combined with more extensive provider and consumer awareness or incentive programs to be effective because the purpose is to create or satisfy a consumer demand for care that meets known standards.
- (2) Require an inspection prior to registration or merely a declaration by the provider that the facility is in compliance with the registration requirements.
 - (a) Registration without inspection, although less costly and intrusive than preregistration inspection, can create confusion and complacency among consumers.
 - (b) Consumers are likely to assume that the state has inspected the facility and may become less vigilant in their family member's behalf.
 - (c) One method for reducing this problem is to require registrants to give each consumer a fact sheet about the requirements, the state's level of oversight, and the means of reporting complaints.
- (3) Include a provision for complaint investigation.
 - (a) Most registration programs do so. Relying exclusively on complaint reception is a weak

consumer protection strategy, however.

- (b) Many dependent adults are unable to register complaints and lack family or friends to do so.
- (4) Include a provision for inspection to confirm or to monitor compliance.
- (a) In registration programs, monitoring inspections are most often confined to a random sample of facilities, usually not less than 5% nor more than 50% annually.
 - (b) The level of inspection is calibrated to balance the level of risk concern against the level of cost concern.

c. Site-type Licensure

- (1) Licensure confers permission to operate after an inspection to confirm compliance with requirements and includes periodic inspection of all licensed facilities, usually unannounced, in addition to complaint response inspections.
- (2) Licensure is considered the most protective and consistent form of intervention but is also more costly to the state and more intrusive for the industry.

V. RECOMMENDATION

It is recommended that the topic be referred to the Joint Legislative Audit and Review Commission (JLARC) or the Virginia Department of Social Services (VDSS) through the Division of Management and Customer Services in collaboration with a public university for further study.

- A. Too little is known about unregulated homes to make an informed choice as to whether to regulate these homes. It is recommended that JLARC or VDSS in collaboration with a public university conduct a study to determine whether the current exemptions to licensure as an adult care residence should continue or whether facilities not currently subject to licensure should be regulated in order to ensure the same standards of care as available in a licensed facility. Either JLARC or VDSS in collaboration with a public university have the resources and expertise that would provide more useful guidance to the General Assembly. The cost estimates of a study would have to be supplied by JLARC or VDSS after scoping.**

- B. Agencies equipped and staffed to conduct a survey on the issue of unregulated homes are depicted below.**
 - 1. The mission of JLARC is to study the operation and functions of state agencies to facilitate better services and economical programs. Reports of its findings and recommendations are submitted to the impacted agencies, the Governor and the General Assembly.**

 - 2. VDSS through the Division of Management and Customer Services has conducted numerous management and policy studies on issues related to social service programs. These studies have been conducted both independently and in collaboration with a public university. VDSS has experience with the program issues and can provide the leadership necessary to ensure that resources are available through a public university to complete the study and prepare a report of findings and recommendations for the Governor and the General Assembly.**

- C. It is further suggested that the study be designed to address at least the following questions and issues.**
 - 1. Approximately how many non-regulated adult care residences are in service?**

2. What is the background and training of the operators?
3. How do their charges compare with the quality of care provided?
4. Approximately how many persons are in care? Do most of these adult care residences actually serve the full three residents they are allowed under law?
5. What is the range and severity of care needs among residents? That is, what is the potential risk level? Does the service population include approximately the same mix of types found in licensed facilities or is there a concentration on a narrower range of needs?
6. How well are the adult care residences performing the services they offer to the public? That is, what is the demonstrated risk level if they remain unregulated? Are there residents who should be excluded?
7. If the study concludes that some form of regulation should be afforded consumers, what is the most reasonable response in terms of available regulatory options?
8. Should the existing regulatory framework be modified to accommodate the principles of fairness, simplicity, cost, or protection? For example, if mandatory registration were recommended for these adult care residences, should the threshold for licensure be adjusted to allow some/all adult care residences serving up to five residents to be registered as well?
9. What are the estimated costs and benefits of any proposed method of regulation, including cost of the recommended scope of public information efforts during start-up?

APPENDICES

GENERAL ASSEMBLY OF VIRGINIA -- 1994 SESSION

HOUSE JOINT RESOLUTION NO. 208

Requesting the Secretary of Health and Human Resources to study the need for regulation of unlicensed adult care residences.

Agreed to by the House of Delegates, February 14, 1994

Agreed to by the Senate, March 8, 1994

WHEREAS, adult care residences provide for the maintenance or care of adults who are aged, infirm, or disabled, including a diverse population of mentally and physically impaired adults; and

WHEREAS, if the residence offers care to four or more adults, it is required to be licensed by the State Department of Social Services, thus subjecting the facility to regulations promulgated by the State Board of Social Services and to monitoring by the Department; and

WHEREAS, the regulations are designed to protect the health, safety and welfare of residents of adult care residences and to assure that residents receive appropriate care, and licensing dictates the maximum number of individuals that may be cared for in the residence; and

WHEREAS, this license must be renewed annually by the Commissioner of Social Services; and

WHEREAS, there are currently 548 licensed adult care residences in the State of Virginia with a total capacity of 26,118 persons; and

WHEREAS, in addition to the number of licensed adult care residences in the state, there are a number of unlicensed facilities which are not regulated because they provide care to fewer than four individuals; and

WHEREAS, these facilities provide care for individuals who are also aged, infirm, or disabled, who have the same needs and the same right to protection as those persons residing in licensed facilities; and

WHEREAS, the regulation of facilities caring for fewer than four aged, infirm or disabled individuals may be desirable to secure the health, safety, and welfare of the residents; and

WHEREAS, if licensed, regulations for the facilities would require adequate living conditions, proper food to meet dietary needs, and qualified personnel; and

WHEREAS, in addition to oversight responsibilities, the Department of Social Services establishes the method of evaluation of residents in facilities to determine when any of the residents are in need of professional medical and nursing care; and

WHEREAS, this evaluation is required in a licensed residence, but not in an unlicensed residence; and

WHEREAS, the Commissioner may impose sanctions or take action in the event that a licensed residence does not adhere to the rules or regulations set forth by the State Board of Social Services; and

WHEREAS, if a facility is not regulated, there is the potential for the lives of innocent individuals to be in danger; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Secretary of Health and Human Resources be requested to conduct a study to determine whether the current exemptions to licensure as an adult care residence should continue or whether facilities not currently subject to licensure should be licensed in order to provide the same standards of care available in a licensed facility.

All agencies of the Commonwealth shall provide assistance to the Secretary of Health and Human Resources, upon request.

The Secretary of Health and Human Resources shall complete its work in time to submit the findings to the Governor and the 1995 Session of the General Assembly, as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

Appendix B: Survey of Other States
Regarding Licensure of Adult Care Residences

STATES	PERSON SURVEYED	LICENSING NUMERIC REQUIREMENT	FACILITY TYPE NAME	RATIONALE FOR DETERMINING THRESHOLD	LICENSING AGENCY	OTHER REQUIREMENTS
Alabama	Director of Certification	2 or more	Assisted Living Facilities	Unknown	Division of Licensure and Certification	Funding is private pay.
Alaska	APS worker	All, but state is loosening up	Adult Residential and Adult Foster Care will become Assisted Living	Unknown	Dept. of Health and Human Services, Family Services will be changed to DHHS Senior Services	All facilities are privately owned except 6 Pioneer Homes (reserved for the first persons in state.) Does not seek out unlicensed homes.
Arkansas	Administrator of Licensing & Residential Care	3 or more	Residential Care Facilities	Unknown	Dept. of Human Services, Office of Long Term Care	Attempts to identify unlicensed homes are through complaints. Very few do not comply.

STATES	PERSON SURVEYED	LICENSING NUMERIC REQUIREMENT	FACILITY TYPE NAME	RATIONALE FOR DETERMINING THRESHOLD	LICENSING AGENCY	OTHER REQUIREMENTS
Colorado	Program Assistant	3 or more	Personal Care Boarding Homes	Unknown	Health Facilities Division	Attempts to identify unlicensed homes primarily fall on the Ombudsman who has to rely on complaints and reports.
Florida	Program Specialist	3 or more	Adult Foster Homes or Adult Congregate Living	Unknown	Dept. of Health and Rehabilitation Services	Individuals who care for 1-3 persons must be registered. Laws and regulations were changed in January 1994 and they are in the process of changing further.
Georgia	Director of Regulatory Services	2 or more	Personal Care Homes	Unknown	Dept. of Human Resources, Office of Regulatory Services	Funding for many homes is private with limited Medicaid assistance.

STATES	PERSON SURVEYED	LICENSING NUMERIC REQUIREMENT	FACILITY TYPE NAME	RATIONALE FOR DETERMINING THRESHOLD	LICENSING AGENCY	OTHER REQUIREMENTS
Idaho	Unknown	3 or more	Residential Care Facilities	Unknown	Dept. of Health and Welfare, Bureau of Medical Assistance	Individuals caring for 1-2 persons must be certified. Makes no additional effort but investigates complaints on unlicensed homes.
Michigan	Director of Adult Foster Cares	All	Adult Foster Care	Quality Care and Protection	Dept. of Social Services, Bureau of Regulatory Services	The number of boarding homes has been steadily increasing.
Minnesota	Unknown	All	Board and Care Homes and Board and Lodge Facilities	All need protection	Dept. of Human Services and Dept. of Health	No comment.

STATES	PERSON SURVEYED	LICENSING NUMERIC REQUIREMENT	FACILITY TYPE NAME	RATIONALE FOR DETERMINING THRESHOLD	LICENSING AGENCY	OTHER REQUIREMENTS
Montana	Licensure Surveyor	6 or more. There are two types of Personal Care Facilities: Categories A & B.	Adult Foster Care (3) or Personal Retirement Care (4)	Unknown	Dept. of Health and Environmental Sciences, Health Facilities Division	Dept. of Family Services is in charge of homes that care for fewer than 6.
Nebraska	Division Director of Licensing & Training	4 or more.	There are 5 types of adult care facilities (boarding homes, domiciliary homes, residential care homes, mental health centers, and centers for developmentally disabled).	Unknown	Dept. of Health, Bureau of Health Facility Standards	No comment
New Hampshire	Licensing Coordinator	2 or more	Residential Care and Supported Residential Care	Unknown	Dept. of Public Health Services, Bureau of Health Facilities	No comment.

STATES	PERSON SURVEYED	LICENSING NUMERIC REQUIREMENT	FACILITY TYPE NAME	RATIONALE FOR DETERMINING THRESHOLD	LICENSING AGENCY	OTHER REQUIREMENTS
New Jersey	Unknown	2 or more	Boarding Homes	Unknown	Dept of Community Affairs	Dept. of Community Affairs oversees Boarding Homes. There are five types starting with individuals caring for 2 or more.
New York	Policy Analyst	5 or more / 4 or fewer	Adult Home / Family Type Adult Homes	Belief in need for protection, safety, and rights	Dept. of Social Services	Responsibility for monitoring is given to the local areas.
North Dakota	Reviewer	4 or more	Basic Care Facility	Unknown	Dept. of Health	1 - 4 individuals are placed in Adult Family Foster Care.

STATES	PERSON SURVEYED	LICENSING NUMERIC REQUIREMENT	FACILITY TYPE NAME	RATIONALE FOR DETERMINING THRESHOLD	LICENSING AGENCY	OTHER REQUIREMENTS
Oregon	Adult Foster Care Program Development Coordinator	All	Adult Foster Care Homes	State is mandated to require minimum standards for all.	Division of Human Resources, Division of Senior and Disabled Services	Room and Board Homes (with no type of care) require registration with one (1) individual. These homes are regulated through Community Protection.
Rhode Island	Principal Health Facility Surveyor	2 or more	Sheltered Care Homes	Unknown	Dept. of Health	Agency does not make an overt attempt to identify unlicensed homes.
South Carolina	Director Division of Health Licensing	2 or more	Community Residential Care Facility	Historical	Dept. of Health & Environmental Control, Division of Health Licensing	No comment.

STATES	PERSON SURVEYED	LICENSING NUMERIC REQUIREMENT	FACILITY TYPE NAME	RATIONALE FOR DETERMINING THRESHOLD	LICENSING AGENCY	OTHER REQUIREMENTS
Vermont	Residential Care Licensing Specialist	3 or more	Residential Care Facilities III and IV	Unknown	Dept. of Aging and Disabilities	Regulations were changed March 1994.
West Virginia	Program Manager	4 or more	Personal Care Homes	New fire code establishes numeric threshold	Dept. of Health	Laws have just changed.