

Assisted Living Facility Regulation

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Issue

Describe how Connecticut regulates assisted living facilities. This report updates OLR Report [2020-R-0165](#).

Summary

Assisted living facilities primarily serve adults aged 55 and older who need some health or nursing care or assistance with activities of daily living, including dressing, eating, bathing, or transferring from a bed to a chair, but not the skilled care a nursing home provides.

Connecticut is the only state that does not comprehensively license “assisted living facilities,” according to the [state auditors’ 2023 report](#). Instead, it licenses and regulates the assisted living service agencies (ALSAs), which provide these nursing and daily living services within managed residential communities (MRCs). An MRC is generally a for-profit or not-for-profit facility providing older adults with housing and supportive services that enable them to maintain their independence. Residents may live in an MRC without receiving ALSA services. Generally, there is limited state oversight of MRC operations. (A new law requires the Department of Public Health (DPH) to establish a working group to consider whether licensing MRCs would improve residents’ health, safety, and overall well-being. The DPH commissioner must report to the legislature February 1, 2027 ([PA 26-13](#), § 2).)

MRCs must register with the state and meet DPH regulatory requirements, including providing certain “core services,” such as housekeeping and laundry services, to residents before engaging an ALSA to provide additional assistive services. An MRC can alternatively become licensed as an

ALSA and provide all the services itself. According to DPH, there are currently 123 licensed ALSAs in the state that serve 142 MRCs.

The Long-Term Care Ombudsman's guide "[Your Rights, Your Community](#)" provides additional information for individuals living in or considering moving to an MRC.

Managed Residential Communities

An MRC is a facility consisting of private residential units that provides a managed group living environment, including housing and services for clients primarily age 55 years or older.

Required Core Services

An MRC must meet DPH regulatory requirements, including providing certain "core services" to its residents before engaging 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.

MRCs must also provide 24-hour a day security, an emergency call system in each unit, on-site laundry, and common space for residents to use ([Conn. Agencies Regs., § 19-13-D105\(c\)\(3\)&\(4\)](#)).

Limitation on Providing Health Services

Unless it is licensed as an ALSA, an MRC cannot provide residents with health services like medication administration (including supervising residents self-administering medications), rehabilitation therapy, or nursing care. Instead, it must contract with an existing DPH-licensed ALSA ([CGS § 19a-564](#) and [Conn. Agencies Regs., § 19-13-D105\(c\)\(6\)](#)). At a resident's request, an MRC (along with an ALSA) may also arrange for the resident to receive ancillary medical services (like dental, physical therapy, pharmaceutical, or hospice care) ([CGS § 19a-694](#)).

On-Site Service Coordinator's Duties

An MRC must employ an on-site service coordinator who directly reports to the MRC's administrator. Among other responsibilities, the service coordinator must (1) help residents make arrangements to meet their personal needs; (2) ensure all core services are available to residents;

and (3) coordinate and collaborate with provider agencies (including ALSAs) and support services ([Conn. Agencies Regs., § 19-13-D105\(c\)\(5\)](#)).

Required Residency Agreements

An MRC must also enter into a written residency agreement with each resident that describes the parties' rights and responsibilities. With limited exceptions, residency agreements must cover, among other things, the:

1. assisted living and other services the MRC will provide (like transportation, meal, and recreation services);
2. charges, fees, and expenses the resident must pay, including any potential late fees and penalties;
3. grievance procedure and when either party may terminate the agreement;
4. MRC's and residents' rights and responsibilities if the resident's health seriously deteriorates or the individual dies; and
5. additional care and treatment provided in the dementia special care unit, if applicable.

Agreements entered on or after October 1, 2024, must also (1) describe how monthly or recurring fees may be adjusted, including any scheduled increases and (2) disclose all nonrefundable fees ([CGS § 19a-700](#)). By law, MRCs must also provide 90 days' advance notice before increasing monthly or recurring fees ([CGS § 19a-694](#)).

Assisted Living Services Agencies

Only a DPH-licensed ALSA can provide assisted living services in an MRC. ALSAs must comply with DPH regulations, which require them to have a governing authority, a designated office at the MRC, and written policies. These written policies must cover discharge and admission criteria, which cannot impose unreasonable restrictions that exclude clients whose needs can be met by the agency. Each ALSA must also have a written procedure to handle complaints about the care and services provided or alleging abuse or a lack of respect for the client's property ([CGS § 19a-693](#) and [Conn. Agencies Regs., § 19-13-D105\(e\)](#)).

Services Provided

An ALSA may provide services including nursing services and assistance with activities of daily living, generally only to MRC residents with chronic and stable conditions (however, the law allows an ALSA to serve those who are no longer chronic or stable if it meets certain conditions, like coordinating ancillary medical services for these residents) ([CGS §§ 19a-490 & -564\(g\)](#)). "Chronic

and stable conditions” include medical, physical, mental health, and cognitive conditions ([Conn. Agencies Regs., § 19-13-D105\(e\)](#)).

ALSAs must ensure that the MRCs where they are working have the core services described above and DPH may refuse to issue or renew a license to an ALSA that provides services at an MRC that does not ([Conn. Agencies Regs., § 19-13-D105\(b\)](#)). An ALSA can provide nursing and assisted living aide services directly, or it can contract with other organizations or individuals to provide these services. An ALSA nurse or a contracted nurse is responsible for, among other things:

1. client admissions;
2. developing the client service program;
3. assessing clients as often as necessary based on the client’s condition, but not less frequently than every 120 days, and acting promptly when a change in the client’s condition requires it;
4. coordinating services with the client, family, and other appropriate individuals involved in the client’s service program;
5. planning for clients who will no longer receive ALSA services;
6. referring clients to appropriate professionals or agencies when necessary;
7. implementing or delegating responsibility for nursing services on a 24-hour basis; and
8. medication administration ([Conn. Agencies Regs., § 19-13-D105\(h\)](#)).

Under the supervision of a licensed nurse, assisted living aides may help clients with personal care activities (like bathing, oral hygiene, and going to the bathroom), exercising and mobility, and routine household tasks (like shopping, meal preparation, and housecleaning). With certain limitations, they may also supervise clients self-administer medications ([Conn. Agencies Regs., § 19-13-D105\(i\)](#)).

Disclosing Fees

ALSAs must notify residents, or their representatives, at least 60 days’ before increasing fees (but immediate fee adjustments are sometimes permitted, such as when changes in a resident’s condition requires a change in services). Beginning October 1, 2026, if a fee will increase by more than 10%, the ALSA must hold an informational hearing at least 30 days before it goes into effect ([CGS § 19a-564](#), as amended by [PA 26-74](#), § 1).

Staffing Requirements

DPH regulations require each ALSA to appoint an assisted living supervisor who must be a registered nurse (RN), as well as an additional RN to provide relief for the supervisor. 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 ([Conn. Agencies Regs., § 19-13-D105\(j\)](#)). An ALSA providing dementia special care unit services must have adequate staff to meet clients' needs and submit their staffing plans to DPH ([CGS § 19a-564](#)).

Training Requirements

Among other requirements, all staff must complete a 10-hour orientation program and aides must pass a competency exam. Each aide must annually complete in-service continuing education on service procedures and techniques for the population being served ([Conn. Agencies Regs., § 19-13-D105\(f\) & \(i\)](#)). All licensed direct care staff in memory care units must complete dementia-specific training annually ([CGS § 19a-562a](#)).

Beginning October 1, 2026, ALSAs must also ensure all employees take annual, in-service training on residents' fears of retaliation by employees and others. The training must include examples of conduct that might be perceived as retaliation and residents' rights to file complaints and voice grievances ([CGS § 19a-564](#), as amended by [PA 26-44](#)).

General Rights of Residents in an MRC

Residents' Bill of Rights

By law, MRCs must post a resident's bill of rights and related information (including contact information to report suspected abuse) in a prominent place. The MRC must provide and explain the bill of rights to each resident upon entering the residency agreement, described above. These rights include the right to:

1. live in a clean, safe, and habitable private unit;
2. be treated with consideration, respect, and with due recognition for their personal dignity, individuality, and need for privacy;
3. keep one's own personal property within his or her unit (so long as it doesn't threaten other residents' health, safety, or welfare);

4. treat one's own unit as home, including purchasing technology allowing virtual visitation with family and engaging in private communications and associations;
5. participate in community services and activities;
6. directly engage or contract with licensed health care professionals and receive their services in one's unit;
7. manage one's own finances;
8. exercise civil and religious liberties;
9. present grievances and recommend changes in policies and services to the MRC or government officials without reprisal or discrimination;
10. access Office of the Long-Term Care Ombudsman representatives;
11. have reasonable requests promptly responded to by the MRC;
12. have the MRC's (a) relationship with an ALSA, health care facility, or educational institution explained, if it relates to medical treatment and (b) service coordinator's name;
13. receive a copy of MRC rules and regulations;
14. have privacy when receiving medical treatment or other services;
15. refuse care and treatment (however, this may mean the resident cannot continue to live in the MRC); and
16. tenant protections under state law ([CGS § 19a-697](#)), as amended by [PA 26-72](#), § 1).

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