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Sent: Wednesday, November 13, 2024 11:50 AM
To: DSS_LICENSING@LISTSERV.COV.VIRGINIA.GOV <DSS_LICENSING@LISTSERV.COV.VIRGINIA.GOV>
Subject: Updated Memo - ALF Liability Insurance Requirements Reminder

The attached file is being sent to assisted living facilities from the Virginia Department of Social Services Email Distribution Service.

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COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

DATE: November 13, 2024

TO: Assisted Living Facilities

FROM: Tara Ragland, Director
Division of Licensing Programs

SUBJECT: **Updated:** New liability insurance requirements, exemption period ends January 23, 2025

Update 11-13-2024: A typo was found in the revised Disclosure Statement and has been corrected. The corrected form is attached to this updated memo.

The Liability Insurance Statement was updated to ensure facilities are able to make the appropriate selection for the minimum amount of liability insurance coverage based on the facility's licensed capacity within the document. The corrected form is attached to this updated memo.

These forms are also posted to the VDSS [website](#) on the ALF program page under the "Current ALF Providers" section.

This memo is to remind all assisted living facilities (ALF) that the 180-day exemption period for ALF to comply with the new liability insurance coverage requirements will end on January 23, 2025.

The *Standards for Licensed Assisted Living Facilities* (22VAC40-73) were revised effective July 26, 2024, requiring ALF to maintain a minimum amount of liability insurance based on licensed capacity and to provide notice of such insurance, upon request, to any resident or prospective resident using the department provided liability insurance statement form in accordance with Chapter [580](#) of the 2023 Acts of the General Assembly.

As of January 23, 2025, all ALF are expected to comply with all regulatory requirements and maintain liability insurance coverage according to the following licensed capacity tiers:

Tier I: A minimum of \$250,000 for facilities licensed for 25 residents or fewer;

Tier II: A minimum of \$400,000 for facilities licensed for more than 25 but no more than 75 residents;

Tier III: A minimum of \$500,000 for facilities licensed for more than 75 but no more than 150 residents; or

Tier IV: A minimum of \$1,000,000 for facilities licensed for 151 or more residents.

The Liability Insurance Statement, revised Disclosure Statement, and revised model Resident Agreement forms are posted to the VDSS [website](#) on the ALF program page under the “Current ALF Providers” section. The Liability Insurance Statement and revised Disclosure Statement forms are required DSS forms and must be used beginning January 23, 2025. ALF can begin using them earlier than that date once the ALF obtains liability insurance.

The resident agreement or acknowledgement must be updated whenever there are changes to any of the policies or information referenced or identified in the agreement or acknowledgement and dated and signed by the licensee or administrator and the resident or the resident’s legal representative. The updated resident agreement or acknowledgement must include the new requirement listed in 22VAC40-73-390.A.4.m.

Please contact your licensing inspector if you have any questions.

**Instructions for Completing the
Assisted Living Facility Disclosure Statement
Required by the Virginia Department of Social Services**

The Assisted Living Facility Disclosure Statement is required by the *Standards for Licensed Assisted Living Facilities (22VAC40-73)*. The statement discloses information about the facility and must be on the attached form developed by the Virginia Department of Social Services (VDSS). Please refer to 22VAC40-73-50 for all requirements relating to the disclosure statement.

The disclosure statement form starts on the page after these instructions. There are two versions of the form on the VDSS website. To complete the form electronically or adjust the spacing, use the Microsoft Word (Doc) version. If you would like to print the document for completion manually, use the PDF version.

- All items on the disclosure form are required to be completed by the facility in the exact order as presented.
- No additional topics or items may be added to the form, other than letterhead information at the top (before the title), such as facility address, phone number, fax number, website, or logo.
- Information must be fully and accurately disclosed in plain language, easily read, and typewritten in at least 12-point type.
- The prospective resident or the prospective resident's legal representative must initial or sign at the bottom of Section VI. Onsite Emergency Electrical Power Source Disclosure.
- Information must be kept current.

The pages in the Microsoft Word (Doc) version have numbers that will automatically increase as the document lengthens.

Please contact your Licensing Inspector if you have any questions about the disclosure statement form.

**DO NOT ATTACH THESE INSTRUCTIONS TO THE
DISCLOSURE STATEMENT**

Assisted Living Facility Disclosure Statement Required by the Virginia Department of Social Services

The *Standards for Licensed Assisted Living Facilities* requires each assisted living facility provide a statement to prospective residents and the prospective resident's legal representative, if any, that discloses information about the facility. Upon request, the disclosure statement must also be provided to residents or their legal representatives and the general public.

I. General Information About the Facility

- **Name of the facility:**
- **Name of the licensee:**
- **Ownership structure, e.g., individual, partnership, corporation, limited liability company, unincorporated association or public agency:**

II. Accommodations, Services and Fees

- **Accommodations, services, and care included in the base fee:**
- **Amount of the base fee: (If there is more than one base fee, list each separately and specify the accommodations, services and care provided for each fee.)**
- **Additional accommodations, services, and care not included in the base fee and the fee for each:**

III. Admission, Transfer and Discharge Criteria

- **Criteria for admission to the facility and restrictions on admission:**
- **Criteria for transfer of a resident to a different living area within the same facility, including transfer to another level or type of care within the same facility or complex:**
- **Criteria for discharge from the facility:**

IV. Activities Provided for Residents

- **Categories of activities: (Specify types of activities.)**

- Frequency of activities:
- Number of activities:

V. General Number, Position Types, and Qualifications of Staff on Each Shift

Shift (list times of shift)	Total Number of Staff Per Shift	Number of Staff Providing Direct Care Per Shift	Position Types of Staff Per Shift (for example, personal care, activities, housekeeping)	Qualifications of Staff Per Shift (for example, RN, LPN, CNA, dietitian)

VI. Onsite Emergency Electrical Power Source Disclosure

(Facility must indicate yes or no below and provide the required details)

_____ Yes, this facility has an onsite emergency electrical power source for the provision of electricity during an interruption of the normal power supply.

- The source will supply power to: _____
- Staff at the facility _____ have / _____ have not been trained to maintain and operate the power source.

_____ No, this facility does not have an onsite emergency electrical power source.

I am in receipt of the onsite emergency electrical power source information provided in this section as indicated by my initials or signature.

_____ (Resident or Legal Representative)

VII. Additional Information

- Additional information about the facility that is included in the resident agreement is available upon request.
- Additional information about the facility may be obtained from the Virginia Department of Social Services' website, <http://www.dss.virginia.gov>.

**Assisted Living Facility Liability Insurance Statement
Required by the Virginia Department of Social Services**

Name of Facility: _____

Name of Licensee: _____

Facility Address: _____

Telephone Number: _____

Select the amount from the table below to indicate this facility maintains at least the minimum amount of liability insurance coverage to compensate residents or other individuals for injuries or losses from negligent acts of the facility in accordance with this facility's licensed capacity as required under Virginia Code § 63.2-1805 and 22VAC40-73-45.

Tiers Per Licensed Capacity	Minimum Amount of Liability Insurance
Tier I (1-25 residents):	\$250,000
Tier II (26-75 residents):	\$400,000
Tier III (76-150 residents):	\$500,000
Tier IV (151 or more residents):	\$1,000,000