CLIENT ROADMAP · WASHINGTON, DC

Your roadmap to a Washington, DC assisted living residence license

How a new assisted living residence gets licensed by DC Health: what you do, what we do, and every fee you pay along the way.

License category: Assisted Living Residence (ALR)
Regulator: DC Health (Intermediate Care Facilities Division)
Updated: November 10, 2026

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At a glance

THIS LICENSE

Your Assisted Living Residence license

Issued by DC Health after it inspects your building and records. It covers housing plus personal care and health support for adults, under a written plan for each resident. No Certificate of Need is needed, and each location needs its own license.

OPTIONAL, LATER

Medicaid (EPD Waiver)

To be paid by Medicaid, a licensed residence signs up separately with DC's Medicaid agency (DHCF) under the EPD Waiver. It has its own application and site visits. Private-pay residences can skip it.

LICENSE FEE	CERTIFICATE OF NEED	APPLY AHEAD	FIRST LICENSE
$100 + $6/bed	**Not required**	**60+ days**	**12 months**
first license and every yearly renewal	not needed for assisted living in DC	before you need the license	after DC Health's inspection

Choose your manager early. In DC, the person who runs an assisted living residence needs their own personal license, called an assisted living administrator license. DC's rules require it, but DC has not yet clearly opened applications for it. Before you apply, we check that your chosen manager meets the requirements and ask DC Health in writing what it will accept in the meantime.

The detailed administrator rules are in the Rules table and the official sources at the end of this roadmap.

What we'll talk about at your first session

You don't need all of this to get started. Bring what you have, and anything you haven't decided yet, we'll work out together. Your answers set your fees, your building and staffing needs, and your target dates.

- ☐ Who owns the business, and how much each person owns
- ☐ Your building, if you have one yet: address, own or lease, and Certificate of Occupancy
- ☐ How many residents you plan for, and whether you'll care for people living with dementia
- ☐ Who you have in mind as administrator, if anyone yet

- ☐ How you plan to cover a registered nurse and medicines
- ☐ Whether you'll take private pay, Medicaid, or may add Medicaid later
- ☐ Anything in anyone's history we should know: earlier licenses, refusals, DC tax debts, convictions

Step by step: who does what

Four stages, from setting up to your license. Every step shows what you provide, what we do, and the milestone that tells us we're ready for the next one.

STAGE 1	STAGE 2	STAGE 3	STAGE 4
Business & building	**Your team**	**Policies & care plans**	**Apply & inspection**

1 Your business and your building

YOU PROVIDE	WE DO
• A DC company registered with DLCP ($99 for an LLC), an EIN, and a Certificate of Good Standing ($50) • A Certificate of Clean Hands from DC's Office of Tax and Revenue, showing you owe DC no more than $1,000 in taxes and have filed your returns • A building in DC that meets the assisted living building rules: enough bathrooms, shared space and bedroom space • A Certificate of Occupancy from the DC Department of Buildings, whatever the size of the residence • A floor plan showing room sizes, exits and how each room is used	• Send our set-up checklist and keep your company details the same on every document • Check your floor plan against DC's building rules before you sign a lease or start building work

✓ **MILESTONE** *Company in good standing, Clean Hands issued, building secured with its Certificate of Occupancy.*

2 Your administrator, nurse and staff

YOU PROVIDE	WE DO
• An assisted living administrator with a DC license, plus an acting administrator, so one of them is on site whenever residents are there • A registered nurse available around the clock, who also reviews residents' medicines on site every 45 days • Staff to give medicines: trained medication employees certified by the DC Board of Nursing, certified medication aides, or nurses • Care staff who are at least 21 and are a certified nurse aide, home health aide or licensed professional, or are trained under a 40-hour plan approved by DC Health • Fingerprint background checks for unlicensed staff before they start, and a health and TB check for every employee	• Check your administrator candidate against DC's rules and get DC Health's answer in writing • Write your staffing plan, job descriptions and organization chart • Build your training plan: orientation, yearly training and dementia training

✓ **MILESTONE** *Administrator confirmed, nurse cover agreed in writing, staffing and training plans ready.*

3 Your policies, resident agreement and care plans

YOU PROVIDE	WE DO
• Decide who you will serve: residents must be 18 or older, and DC assisted living cannot admit people who need more than intermittent skilled nursing, a ventilator, or treatment for stage 3 or 4 pressure sores	• Write your full policy and procedure manual to DC's assisted living rules, including medicines, falls, abuse prevention and emergency planning
• Set your prices and service packages for the resident agreement (residents get at least 45 days' notice of a price rise)	• Draft your resident agreement, fee disclosure, resident rights notice and shared responsibility agreement template
• A doctor or nurse practitioner to write each resident's care plan, called the Individualized Service Plan (ISP)	• Build your ISP forms and a calendar for every assessment and review
• A short statement of the services you offer, and proof your business can pay its way	• If you plan to take Medicaid later, build its setting rules into your manual and resident agreement
• Time to read the policy manual and adopt it	

✓ **MILESTONE** *Policy manual, resident agreement and ISP forms finished and adopted.*

4 Fire check, application and DC Health's inspection

YOU PROVIDE	WE DO
• A fire safety inspection by DC Fire and EMS, with written proof that you passed	• Prepare every answer and upload, and go through the submission with you on a screen-share
• Insurance at the minimums DC law sets, which depend on your number of beds	• Draft your response if DC Health lists any problems after the inspection
• Your application in DC Health's online portal at least 60 days before you need the license, paying $100 plus $6 per bed (the login stays with you)	
• Your uploads: Certificate of Occupancy, Clean Hands, insurance, company papers, and details of your owners and administrator	
• Your building, records and staff ready for DC Health's visit before it issues the license	

✓ **MILESTONE** *DC Health issues your license, valid for 12 months. This is where our work ends.*

Optional add-on: practice inspection by video. Before DC Health's visit, we can go through your building, records and staff files with you on a video call, the way an inspector would, so you can fix anything first. It is not part of the fixed fee: it costs extra, and we quote it separately.

After your license: running it yourself

Our work ends when DC Health issues your license. From then on, you run the residence and keep it licensed yourself. These are the main things to keep on top of.

- **First residents:** take no one in until your license is issued, and never more residents than your license allows
- **Each resident:** assessments before move-in, an ISP before they arrive, a check within 72 hours of moving in, and reviews at 30 days and at least every 6 months

- **Reporting:** report serious incidents to DC Health straight away, and abuse or neglect to DC Health, Adult Protective Services and the Long-Term Care Ombudsman
- **Second inspection:** be ready for DC Health to inspect again within 6 months
- **Yearly renewal:** file at least 90 days before your license expires and pay $100 plus $6 per bed; filing later adds $100
- **Staff:** keep TB checks, staff training and repeat background checks up to date (the Ongoing costs table shows how often)
- **Medicaid, if you want it:** a separate sign-up with DHCF (information session, letter of intent, online application and site visits)

What our fixed fee does not cover

- Fees paid to DC Health, other DC agencies, background-check vendors or your insurer (see the fee tables)
- A practice inspection by video before DC Health's visit (an optional add-on, quoted separately)
- Anything after DC Health issues your license, such as its second inspection, renewals and day-to-day running
- Holding your logins, entering your personal information, or signing anything on your behalf
- Recruitment, payroll, billing, or acting as your administrator or nurse
- Legal or tax advice, architecture, construction or building design
- Medicaid (EPD Waiver) enrollment and billing
- Decisions made by DC Health, the licensing board, DC Fire and EMS or other agencies, including inspection results

Your fees

Paid to government bodies and suppliers, not to us. DC Health's license fee depends on your number of beds. We confirm current figures during your project.

One-time fees, set-up through your first resident

ITEM	PAID TO	AMOUNT	WHEN
DC LLC registration	DLCP (CorpOnline)	**$99**	Set-up
Certificate of Good Standing	DLCP	**$50**	Before applying
EIN	IRS	**Free**	Set-up
Certificate of Occupancy	DC Department of Buildings	**varies**	Before applying
Fire safety inspection	DC Fire and EMS	**set by DC Fire and EMS**	Before applying
Administrator license, if needed	Board of Long-Term Care Administration	**$372 ($85 + $237 + $50 check)**	Before applying
Assisted living license	DC Health, in the portal	**$100 + $6 per bed**	With the application
Staff background checks	MPD / FBI or private agency	**set by vendor**	Before each hire
Medication employee certification	DC Board of Nursing	**$59 + $50 check, per person**	Before they give medicines

Ongoing costs

ITEM	WHERE IT GOES	AMOUNT	WHEN / HOW OFTEN
License renewal	DC Health	**$100 + $6 per bed (+$100 if late)**	Every 12 months
Insurance	Insurer	**by quote**	Ongoing
Biennial report	DLCP	**$300**	Every 2 years

ITEM	WHERE IT GOES	AMOUNT	WHEN / HOW OFTEN
Repeat background checks	MPD / FBI or private agency	**set by vendor**	Every 4 years, per worker
TB checks	Healthcare provider	**varies**	Every year, every employee
Medication employee recertification	DC Board of Nursing	**$59**	Every 2 years
Staff training	In-house or trainer	**12 hours per person**	Every year after year one

No Certificate of Need, and a fee that grows with your beds. Unlike a DC home care agency, assisted living needs no Certificate of Need, so there is no planning fee and no review cycle to wait for. DC Health charges $100 plus $6 for each bed when you first apply and again every year at renewal. Renew at least 90 days before your license expires, or the portal adds a $100 late fee.

Rules that protect your license

RULE	WHAT IT MEANS FOR YOU	REFERENCE
No Certificate of Need	Not needed for an assisted living residence in DC	DC Code 44-110.12
Apply 60 days ahead	Apply at least 60 days before you need the license; one license per location; a late application adds $100	DC Code 44-103.02; 22-B DCMR 10102.1, 10105.3
Licensed administrator	The application must show a DC assisted living administrator license. The license rules ask for a bachelor's degree, usually with practical hours, and a national exam; a DC-licensed nursing home administrator is deemed to meet them but must still apply. Every administrator must also be 21+, have a diploma or GED, and have spent 1 of the last 3 years as a direct care worker or administrator	22-B DCMR 10106.4; 17 DCMR Ch. 113; DC Code 44-107.01(c)
Someone in charge	The administrator or acting administrator is on site whenever residents are	22-B DCMR 10116.4
Registered nurse	Available 24/7, responds within 1 hour, and reviews medicines on site every 45 days	22-B DCMR 10116.13; DC Code 44-109.03
Staff	At least 21; a certified nurse aide, home health aide or licensed professional, or trained under a 40-hour approved plan; 12 hours of training a year after year one	DC Code 44-107.01(g), 44-107.02
Who you can admit	Adults 18+, but not people who need more than intermittent skilled nursing, a ventilator, stage 3 or 4 ulcer care, or more than contact isolation	DC Code 44-106.01
Care plans (ISP)	Written by a doctor or nurse practitioner; reviewed at 30 days and at least every 6 months	DC Code 44-106.04; 22-B DCMR 10113
Building and fire	One full bathroom per 6 residents, 35 sq ft of shared space per resident, minimum bedroom sizes (larger if built or renovated after June 2000), NFPA 101 fire rules and a passed DC Fire and EMS inspection	DC Code 44-110.01 to 44-110.11; 22-B DCMR 10106.5
Insurance	Premises and products liability of $100,000 to $500,000 per occurrence by bed count, plus hazard cover and $100,000 incidental malpractice	DC Code 44-111.01
Inspections	First license after an inspection, then another within 6 months; answer any notice of problems within 15 working days	DC Code 44-103.02, 44-103.06
Yearly renewal	Every 12 months; file 90 days early to avoid the portal's $100 late fee	DC Code 44-103.04; 22-B DCMR 10105.3

Common pitfalls we help you avoid

01 Calling your residence “assisted living” before you are licensed, or using a banned word such as “nursing” or “hospital” in its name

02 Assuming any experienced manager can run the residence: DC requires a licensed assisted living administrator

03 Assuming a small house needs no Certificate of Occupancy: the building rules apply at every size

04 Accepting residents who need more care than DC assisted living allows

05 Planning Medicaid residents with trained medication employees alone: Medicaid’s rule lists registered nurses or certified medication aides for giving medicines

06 Renewing late: file 90 days before expiry to avoid the $100 late fee

Terms explained

DC Health
The District’s health department. Its Intermediate Care Facilities Division licenses and inspects assisted living residences.

ALR
Assisted Living Residence: housing plus personal care and health support for adults, under a written plan for each resident.

Assisted living administrator
The person who runs the residence day to day. DC requires them to hold a DC license.

ISP
Individualized Service Plan: each resident’s written care plan.

TME
Trained Medication Employee: staff certified by the DC Board of Nursing to give medicines, supervised by a registered nurse.

Certified medication aide
A separate DC Board of Nursing credential for giving medicines, with a national exam.

Shared responsibility agreement
A written agreement for when a resident chooses something that goes against safety advice.

DHCF / EPD Waiver
DC’s Medicaid agency, and its program that pays for assisted living services for eligible older adults and people with physical disabilities.

Certificate of Occupancy
Department of Buildings approval to use the building as your residence.

Certificate of Clean Hands
Proof from DC’s Office of Tax and Revenue that you owe DC no more than $1,000 and have filed your returns.

Official sources

WASHINGTON, DC LAW & REGULATION

- DC Code § 44-101.01 et seq., Assisted Living Residence Regulatory Act of 2000
- DC Code § 44-110.12, no Certificate of Need for ALRs
- 22-B DCMR Chapter 101, Assisted Living Residences
- 17 DCMR Chapter 113, Assisted Living Administrators
- 22-B DCMR Chapter 47, Unlicensed Personnel Criminal Background Check
- 29 DCMR Chapter 42, EPD Waiver (assisted living: §§ 4216, 4237, 4238)

APPLICATION & GUIDANCE

- DC Health: Assisted Living Residences
- DC Health: Office of Health Facilities Licensing Portal and alerts
- DC Health: portal reference guide, Application for Assisted Living Residency
- DC Health: Board of Long-Term Care Administration
- DHCF: Becoming an EPD Waiver Provider (process effective March 1, 2026)
- DHCF: OSSP and EPD Waiver FAQ for assisted living facilities (February 9, 2026)

Every source above is a clickable link in the PDF.

Questions about your plan?

Book a free 30-minute discovery call and we'll go through your situation with you. You leave with a written plan and a fixed-fee quote.

Book your call → curacomplianceconsulting.com/contact-us

This roadmap reflects Washington, DC requirements as checked on November 10, 2026. Fees, timelines and the administrator licensing process can change; we confirm current requirements with DC Health during your project. It is a planning guide, not legal advice.