annoyed (21.9%) when they used psychological mistreatment. When the caregiver neglected the recipient, 43.5% of caregivers reported the recipient refused to receive care and 30% reported prioritizing other care activities. In cases of neglect, caregivers were frustrated/angry (39.1%) and worried/anxious (30.4%). Findings indicate psychological mistreatment and neglect occur in unique contexts; prevention of these behaviors likely will require distinct intervention strategies.

SESSION 2470 (SYMPOSIUM)

INTEREST GROUP SESSION—ASSISTED LIVING: DEMENTIA IN ASSISTED LIVING: STATE VARIABILITY IN REGULATIONS, OVERSIGHT, AND RESIDENT OUTCOMES

Chair: Kali S. Thomas, *Providence VA Medical Center, Providence, Rhode Island, United States*
Discussant: Lindsay Schwartz, *American Health Care Association/National Center for Assisted Living, Washington, District of Columbia, United States*

Approximately one million individuals, an estimated 40% with a diagnosis of Alzheimer's disease-related dementias (ADRD), reside in assisted living (AL); yet, little is known about their experience or the quality of care provided in AL. Unlike other forms of long-term care (LTC), the licensing, operating, and enforcement requirements for AL falls to the states, which vary dramatically in their regulatory approaches. The overall objective of this symposium is to examine states' AL regulatory environments and understand if and how the health outcomes of AL residents with ADRD are impacted by states' regulatory decisions. Presenters will highlight the state variability in the regulation, oversight, resident composition, and outcomes of AL residents with ADRD. The first presentation will describe states' different regulatory requirements for staffing and admission/discharge criteria as it relates to residents with ADRD and how those have changed over the last decade. The second presentation will report results from a national survey of state agents regarding their oversight and enforcement activities in AL. The third presentation will characterize differences in the resident composition and healthcare utilization among residents with ADRD across states. The fourth presenter will report on the effect of residing in an AL licensed to provide specialized dementia care versus a standard-licensed AL on ADRD residents' outcomes. The discussant will contextualize findings as they relate to the current state of the AL industry. Results will ultimately inform policy-makers, organizational leaders, and clinicians as they seek the most effective ways to ensure optimal outcomes vulnerable residents with ADRD.

TWELVE YEARS OF CHANGES IN STATES' ASSISTED LIVING REQUIREMENTS FOR DEMENTIA-SPECIFIC STAFF TRAINING

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We describe two categories of dementia-specific AL requirements: staff training and admission/discharge criteria. We reviewed current requirements for all states and the District of Columbia, and amendments made over 12 years. Current and historic regulations were collected and analyzed using policy surveillance and qualitative coding. Twenty-three states currently require dementia-specific training, and 22 require continuing education. Nearly all states (49) require administrators to complete dementia-specific training. Of these, 13 states specified 7 to 120 hours of dementia care training. Some states added pre-admission screening for cognitive impairment; a few require a dementia diagnosis for admission. We describe state variation longitudinally in direct care staff training requirements, including: number of training hours, training content, and use of examinations or other tests of knowledge, skills and abilities. In addition, we categorize changes in admission/discharge criteria over time, including the use of medical versus behavioral health symptoms.

RESULTS FROM A 2019 SURVEY OF STATE AGENTS ON ASSISTED LIVING REGULATIONS AND TRENDS

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AL is regulated at the state level. Yet, little is known about the structure and function of state agencies that license and monitor AL. We fielded a 21-question survey among state agents with responsibility for AL in all 50 states. While licensure definitions of AL vary, state efforts appear uniform in regard to administrative alignment with departments of health as well as roles with facility licensing, renewal, and monitoring. However, we observed variability in the approaches used to monitor AL. While 80% of agents reported being able to issue fines for failures to meet regulatory standards, only 40% of states collected information concerning individual resident status. Only 20% issue separate licenses for providing care to persons with dementia, whereas 30% of state agents affirmed that non-licensed AL facilities were operating within their state. We consider how these varied regulatory approaches may shape facility operations and impact resident outcomes.

DOES MEMORY CARE MATTER? EXAMINING THE EFFECT OF DEMENTIA-LICENSED CARE ON RESIDENTS' OUTCOMES

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The objective of this study is to estimate the effect of receiving care in a dementia-care licensed (DCL) assisted living community, versus a standard AL, on outcomes of residents with ADRD. In four states that issue a license for specialized dementia care (AL, CO, MS, and NY), we identify a cohort of 5,720 Medicare fee-for-services beneficiaries with ADRD who moved to an AL in 2014. To control for unobserved factors that contribute to a patient's selection of AL type, we use the difference in the log-distances from an individual's home address to the nearest DCL and standard AL as an instrumental variable. We will report the effect of residence in a DCL AL on mortality, inpatient hospital days, emergency