Home and Community Living Administration (HCLA)

Assisted Living Facility (ALF)
Certified Memory Care Application

In 2025, Washington state lawmakers enacted a certification requirement prohibiting assisted living providers to operate or maintain a memory care facility or memory care unit within this state without a certification for memory care services.

This requirement takes effect July 1, 2026.

Who should apply?

- An assisted living facility with any part that has restricted egress that prevents residents with cognitive impairment from leaving the facility or secure area of the facility without accompaniment by staff or another individual.
- Any assisted living provider which markets, or otherwise represents, itself as providing memory care or specialized dementia care services, whether as a facility dedicated solely to serving residents with dementia or within a dedicated unit or wing within a larger facility. This includes using public facing communication with terminology such as “memory care facility” or “dementia care facility.”
- Any ALF with a certified memory care facility or memory care unit that goes through an ownership change must submit a certification application as a memory care facility at the same time that the ALF is applying for an ALF license through an ownership change proceeding.

The applicant is responsible for submitting a complete certification application.

The Initial Memory Care Certification fee is $**331.00**.

Currently Licensed Assisted Living Facilities Applicants:

Assisted Living Facilities with a current, valid license issued on or before July 1, 2026, applying for certification must complete **Sections 1, 2, 3, 5, 6, and 7**.

Please enclose a check, money order, or cashier’s check made payable to Washington State Treasurer:

HCLA Budget and Finance Unit
PO Box 45600
Olympia, WA 98504-5600

Initial Certification Applicants (Not a currently licensed Assisted Living Facility)

Complete **Sections 3, 4, 6, and 7, sign** and submit the certification application and fee with Assisted Living Facility Application.

Change of Ownership Applicants

Complete **all sections** of the application. Sign and submit certification application and fee with Assisted Living Facility Application.

DSHS WASHINGTON STATE Department of Social and Health Services

Home and Community Living Administration (HCLA)

Assisted Living Facility (ALF)
Certified Memory Care Application

☐ **Initial Certification** (not a currently licensed ALF)

☐ **Change of Ownership** (ALF with a Pre-existing Certification)

☐ **Currently Licensed Assisted Living Facility applying for Certification**

1. Current ALF Name	2. Current ALF License Number

3. Contact Person Information	
Contact Person's Name	
Telephone Number (with Area Code)	Email Address

4. Assisted Living Facility Information			
Facility Name			
Telephone Number (with Area Code)	Fax Number (with Area Code)		
Physical Address	City	State **WA**	Zip Code
Mailing Address (if different from above)	City	State **WA**	Zip Code

5. Compliance History

Has the Assisted Living Facility applying for certification in the last **two** years:

	Yes	No
1. Had uncorrected or recurring significant enforcement prior to the date of application for certification as evidence by:		
a. Citations issued in areas related to resident harm or serious risk of harm, or actions or inactions, resulting in serious disregard for resident health, safety, or deterioration of quality of care	☐	☐
b. Civil fines based on moderate ($500 per citation) to severe ($2000 per citation) violations as defined by WAC 388-78A-3183	☐	☐
2. Had conditions, stop placement related to resident care, or a summary suspension or revocation action prior to application for certification	☐	☐

6. Assisted Living Facility Certified Memory Care Attestation

_____ declares and states the following:
Print Name

1. I am the administrator or designee of _____ and
   Assisted Living Facility
   make this declaration based on personal knowledge and certify I have been duly authorized by the Assisted Living Facility to make the representation stated herein.

2. I hereby attest that _____ has the following necessary
   Assisted Living Facility
   to meet memory care certification in Chapter 388-78A WAC and 18.20 RCW:
   a. Policies and Procedures in WAC 388-78A-2600 on how the memory care facility or memory care unit will:
      i. Respond to and manage residents who wander;
      ii. Respond when a resident is missing; and
      iii. Identify how consultative resources for residents with behavioral challenges will be obtained, the professional who will provide the consultation and how the consultation will be utilized.
   b. Permanent infrastructure considering the specific needs of residents with dementia in the memory care facility or memory care unit including elements to restrict egress in WAC 388-78A-2381 and have a physical environment sufficient to meet residents' activity requirements in WAC 388-78A-2180.
   c. A staffing plan with staffing levels for the memory care facility or memory care unit or cottage in WAC 388-78A-2450 that:
      i. Maintains 24-hour awake caregiving staff to respond to residents' assessed needs, waking and sleeping patterns;
      ii. Maintains in separate cottages or buildings at least one awake and physical present caregiver 24-hours per day; and
      iii. Allows for cueing to eat, physical assistance with eating or feeding assistance as required by residents.
   d. A Memory Care Disclosure based on WAC 388-78A-2385.

I certify and declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct to the best of my knowledge.

Dated _____ in _____
City State

Signature	Date

Title	Printed Name

7. Certification

I/we certify under the penalty of perjury and under the laws of the State of Washington and by my signature, that the information provided on the certification application is true, complete and accurate. I/we understand that the department may obtain additional information, verification, and/or documentation related to the foregoing answers and attestation.

I/we understand any certification granted pursuant to this application is nontransferable.

I/we understand that failure to accurately answer or fully complete the questions on this application may result in a denial of a certification.

I/we understand the information supplied on this application will be used by the department to verify the representations made on this application. Any information on this application I/we give on the application may be used by the department for this purpose.

I/we certify that I/we have read, understood and agree to comply with Chapter 18.20 and 70.129 RCW and the Rule and Regulations, and Standards adopted there under including Chapters 388-78A and 388-112A.

Residents receiving care and services in an Assisted Living Facility certified as a Memory Care Facility or Memory Care Unit must not be subject to discrimination because of race, color, national origin, gender, age, religion, creed, marital status, disabled or Vietnam veteran's status, or the presence of any physical, mental or sensory disability.

Signature of Officer, Director, Applicant	Title
Legal Name of Individual or Entity	Telephone Number (with Area Code)
Date	City and State where Signed
Email Address	