



Department of Health

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Executive Deputy Commissioner

June 18, 2015

DAL: 15-08

SUBJECT: ALP Eligibility

Dear Administrator:

The purpose of this memorandum is to clarify participant eligibility requirements for the Assisted Living Program (ALP).

Participant Eligibility

The physical capability of an individual as well as their capacity to act in the event of an emergency are factors in determining ALP appropriateness. Individuals by the ALP :

- require more care and services to meet their daily health or functional needs than can be provided by an adult care facility;
- are medically eligible for placement in a residential health care facility due to the lack of a home or a suitable home environment in which to live and safely receive services;
- exhibit a stable medical condition as categorized by the long term care patient classification system;
- are able, with direction, to take sufficient action to assure self- preservation in an emergency;
- voluntarily choose to participate in an assisted living program after being provided with sufficient information to make an informed choice;
- are chairfast (the ALP must notify the DOH central office of their intention to admit or retain a chairfast individual); and
- meet the program eligibility requirements.

The ALP cannot provide services to individuals who:

- require continual nursing or medical care;
- are chronically bedfast;
- are cognitively, physically or medically impaired to a degree that their safety or the safety of others would be endangered.

Participant Eligibility Determination

Prior to admission to the ALP, the assisted living program must determine that the ALP can support the physical, supervisory and psycho-social needs of the individual. This determination must be based on the following:

- a) a physician's order, based on a physical examination conducted within 30 days prior to the date of admission, indicating appropriateness for the program;

- b) a UAS-NY Community Assessment. Please refer to the July 16, 2013 memorandum “Use of the Uniform Assessment System for New York for Non-Medicaid Recipients” for additional information concerning this requirement.
- c) a mental health evaluation by a physician, psychiatrist, nurse, psychologist or social worker who has experience in the assessment and treatment of mental illness if the proposed resident has a known history of chronic mental illness or if the medical evaluation or resident interview or any assessment suggests such a disability exists; and
- d) an interview between the administrator or a designee responsible for admission and retention decisions and the resident and the resident's representative, if any.

If the individual is determined appropriate for the ALP, based on the review of the above completed assessments which includes the ALP making a Resource Utilization Group (RUG) category determination, the individual will be enrolled in the ALP. The ALP will notify the local department of social services (LDSS) of new ALP admissions. The LDSS may conduct, at its discretion, post-admission audits/reviews to ensure that the individual is both Medicaid eligible and appropriately placed in the ALP.

UAS-NY Assessment and Assessment Outcomes

The UAS-NY is a web-based application that includes the UAS-NY Community Assessment. Several assessment outcomes are generated upon completion of the UAS-NY Community Assessment. These outcomes include the Resource Utilization Group III Home Care Classification (RUG III/HC) and the Nursing Facility Level of Care (NFLOC). These outcomes are used, in part, to support ALP billing and eligibility decisions.

Possible Program Choices

One additional outcome is the identification of “Possible Program Choices”. The intent of this section is to provide an initial indication of the possible home- and community-based Medicaid long term care choices available to an individual and for that individual to express his/her interest in the available choices. Due to ongoing program changes that necessitate continued modifications to the underlying algorithm, this functionality will eventually be removed from the UAS-NY. Assessors are encouraged to follow the procedures included in the “Interim Steps” section (below) until this function is removed from the UAS-NY.

Interim Steps

Upon completion of the UAS-NY Community Assessment, assessors will continue to complete the Assessment Outcomes node. This will generate “Possible Program Choices” for the individual being assessed. This will result in one of the following scenarios:

- ALP is listed as a possible program choice – In this case, the assessor will indicate if the individual being assessed is interested in ALP and record the response (yes or no) as appropriate. The assessor will then record a recommendation for ALP, as appropriate. The individual may enroll in ALP if all other eligibility criteria are met.

- ALP is not listed as a possible program choice – This may be caused by one of the following reasons:
 - The individual is deemed to require two-person assist (other than chairfast individuals. See participant eligibility on page 1);
 - **The individual has a Nursing Facility Level of Care (NFLOC) below 5.** The Department of Health has identified this as an indicator for being medically eligible for placement in a residential health care facility.

New Enrollees: Individuals seeking to enroll in ALP, who have a NFLOC below 5, are not permitted to be served by ALP. These individuals should be counseled and directed to other appropriate home and community-based Medicaid long term care program options.

Existing Enrollees: Individuals currently enrolled in ALP, who have a NFLOC below 5, may continue to be enrolled in ALP if:

- there is a physician order, based on a physical examination that indicates appropriateness for continuation in the program.
- the individual has no home or residence to return to upon discharge from the ALP.
OR
- in the absence of continued coverage under the ALP the person would reasonably be expected to meet the NFLOC requirement within the next six months. This determination would be based on the presence of the following criteria:
 - History of numerous hospitalizations and/or trips to the emergency room, and the ability of ALP to avert hospitalization and/or emergency room use through medical management.
 - Complex medical conditions and care management needs requiring continuous clinical oversight by the multidisciplinary team for the participant to remain medically stable.
 - Psychiatric diagnoses and behaviors requiring constant intervention by ALP. In the absence of support and services, the participant would not likely be able to complete activities of daily living and comply with medical regimen for chronic disease.

The NYS Department of Health will periodically review and approve ALP enrollment, denial of enrollment and annual reassessment procedures to assure compliance with each process.

Additional Information

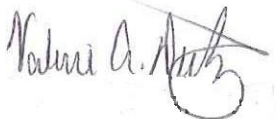
Future inquiries should be directed as follows:

- UAS-NY, please contact the UAS-NY Support Desk at 518-408-1021 or via email at uasny@health.ny.gov.

- ALP Program including policy questions, please send an email to acinfo@health.ny.gov.
- ALP Medicaid billing and reimbursement should be directed to the contact information provided in the eMedNY Provider Manual.

Thank you for your continued assistance.

Sincerely,



Valerie A. Deetz, Director
Division of ACF and Assisted Living Surveillance



Mark L. Kissinger, Director
Division of Long Term Care