

STATE OF NEW YORK

Department of Health

Department of Social Services

ASSISTED LIVING
PROGRAM INFORMATION

The Assisted Living Program (ALP) will provide supportive housing and home care services to individuals who are medically eligible for placement in a nursing facility. Home care services may be paid for through a capitated Medicaid or private pay rate. Payment for the residential services may be through Supplemental Security Income (Level II) or private pay. In order to be approved as an Assisted Living Program, an entity must hold licenses as:

1. An adult home or enriched housing program, AND
2. A licensed home care services agency (LHCSA), OR
A certified home health agency (CHHA), OR
A long term home health care program (LTHHCP).

The following table shows the need for the Assisted Living Program for 1992 by HSA region. A regional approach to allocating need has been used instead of a county based approach because the estimates resulting from the long term care bed need methodology are very small in some counties and would not result in financially feasible programs.

TABLE 1

Allocation of ALP Need by HSA Region - 1993

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| Western New York (HSA Region 1) (Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming) | 435 |
| Finger Lakes (HSA Region 2) (Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne and Yates) | 153 |
| Central New York (HSA Region 3) (Cayuga, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence and Tompkins) | 375 |
| NY-Penn (HSA Region 4) (Broome, Chenango and Tioga) | 94 |
| Northeastern (HSA Region 5) (Albany, Clinton, Columbia, Delaware, Essex, Fulton, Franklin, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington) | 340 |

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| Hudson Valley (HSA Region 6) (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester) | 502 |
| New York City (HSA Region 7) (Brooklyn, Bronx, Manhattan, Queens Richmond) | 1,641 |
| Nassau, Suffolk (HSA Region 8) | 660 |
| NEW YORK STATE | <u>4,200</u> |

Assisted Living Programs will receive payment from two sources for residents who are Medicaid and Supplemental Security Income eligible. The following reimbursement parameters may be used to assist potential sponsors in evaluating the feasibility of an ALP:

RESIDENTIAL SERVICES - The residential services for low income residents will be paid for through Supplemental Security Income (SSI), Level II benefits. The 1992 SSI monthly benefits are \$857 downstate (New York City and Nassau, Suffolk, and Westchester counties) and \$827 in the rest of the State. Of this amount the resident is permitted to retain at least \$94 as a "personal needs allowance."

HOME CARE SERVICES - The Department of Health is in the process of calculating the initial Medicaid rates for the Assisted Living Program. These rates will be established for each Resource Utilization Group (RUGs) category for each of the sixteen Wage Equalization Factor regions in the state. Medicaid rates have been estimated for 1992. For the Physical A RUGs Category (the anticipated primary category) the estimated Medicaid per diem rates range from approximately \$30 in the rural areas of the State to \$33 in the Albany region and \$47 in New York City. The estimated Medicaid rates are available upon request from the New York State Department of Health, Division of Alternative Long Term Care Systems, Room 2001, Corning Tower, Empire State Plaza, Albany, New York 12237.

The Department of Social Services will have responsibility for general oversight of the Assisted Living Program although each of the component parts will be reviewed at application, and regulated by the appropriate Department. The Department of Health will review and regulate the licensed home care agency. In the Department of Social Services, the Division of Medical Assistance will review and oversee the home care services contract. The Division of Adult Services will review and regulate the adult home or enriched housing program.

Each agency will have surveillance responsibilities for its respective components of the program. The Departments will coordinate their surveillance and enforcement efforts including activities related to on-site surveys of the Assisted Living Programs. Enforcement actions by either agency could result in revocation of approval for the Assisted Living Program.

Persons Eligible for the Assisted Living Program

1. Persons eligible for the Assisted Living Program include those people who:
 - a. are medically eligible for placement in a nursing facility but can be appropriately cared for in an Assisted Living Program. These people would require placement in a nursing facility if the Assisted Living Program was not available. Such individuals could include people who no longer have a home or for whom the home environment is not a suitable place in which to live and receive home care services safely. It is not the Department's intention to substitute the Assisted Living Program for existing and viable home care plans.
 - b. are categorized by the long term care patient classification system, (RUGs) as determined by the Patient Review Instrument and other assessment tools as a person who has a stable medical condition and is able to take sufficient action to assure self-preservation. Such action could be taken with the direction of others.
2. Appropriate persons would not include anyone in need of continual nursing or medical care, a person who is chronically bedfast or chairfast or anyone who is cognitively, physically or mentally impaired to a point where a resident's safety or the safety of others would be compromised. Residents in need of a wheelchair would not be precluded but should be able to transfer independently or with the help of one person.
3. It is anticipated that appropriate individuals would be classified primarily in the lower RUG categories particularly those categories that formerly would have been considered appropriate for placement in a health related facility (HRF).
4. The Commissioner of Health and Commissioner of Social Services will have the authority to develop rules and regulations regarding the establishment of additional criteria for determining the appropriateness of individuals for the ALP.

Resident Assessment Process

1. A patient in a hospital or in the community is determined by the patient's physician to require nursing facility services.
2. The patient is informed of the Assisted Living Program as a possible resource for the provision of needed services. The names of ALPs in the area are provided to the patient if referral is elected by the patient. Referral to the program is completely voluntary on the part of the individual as is the selection of a particular program to which the individual is referred.
3. The Assisted Living Program conducts a brief screening to determine if the potential resident is definitely inappropriate for the program. Such persons would include those, among others, who have unstable medical conditions requiring continual nursing or medical care.

4. Based on the physician's orders, the ALP and the designated CHHA or LIHHCP conduct a joint assessment of the patient to determine appropriateness for the ALP. A nursing assessment will be conducted by a nurse from the CHHA or LIHHCP and designated staff of the ALP will conduct a social assessment. The assessment will be conducted using the Patient Review Instrument (PRI) and other designated assessment documents. A RUG category is determined for reimbursement purposes.
5. If either the ALP or the CHHA/LIHHCP determines that the patient is not appropriate for the program, the patient is informed that ALP placement is not feasible and other discharge/placement activities begin or continue.
6. (For Medicaid eligible residents) If the patient is determined to be appropriate for the ALP, the results of the assessment are sent to the fiscally responsible local Department of Social Services. The Social Services district reviews the assessment package and may conduct its own assessment of the potential resident. The Social Services district makes a determination on the appropriateness of the program for the individual and on the appropriateness of the RUG category as indicated by the PRI scoring.
7. If the Social Services district is in agreement with the assessment, a 45 day authorization for payment under the ALP is made. If the Social Services district does not agree that the person is appropriate for the ALP, the assessment package is forwarded to the local Professional Director for review and final determination. The Social Services district would notify the client of all decisions made either by the social services district itself or by the local Professional Director. Potential ALP residents who are not satisfied with the decision are afforded Fair Hearing rights under the Social Services Law.
8. If the person is determined to be appropriate for the ALP, a plan of care is jointly developed by the ALP and the CHHA/LIHHCP. The plan of care will reflect the physicians orders and the results of the assessment process. The plan will clearly specify the services to be provided, the frequency for provision and who is responsible for providing them. Personal care services will be provided by the ALP. In instances where there is no CHHA/LIHHCP attached to the parent, skilled services such as nursing and therapies will be provided by the CHHA/LIHHCP with which the ALP contracts. Other services may be arranged for by the ALP with other outside entities.
9. A reassessment of the patient must be jointly conducted by the ALP and CHHA/LIHHCP within 45 days of the initial authorization by the Social Services district. The reassessment process follows the same steps as the initial entry into the program and requires the Social Services district to make a further determination on the appropriateness of the program and the RUG category. The length of the authorization given by the Social Services district is related to the needs of the individual resident for follow-up reassessments but under no circumstances, may be longer than six months.

10. Amendments are made to the plan of care, if necessary, based on the changing needs of the individual and upon reassessment. If the resident's condition changes during the period between assessments such that the resident's RUG category changes, a reassessment will be conducted and approval sought from the Social Services district.

Payment for Assisted Living Program Services

1. The residential component will be paid for by the resident to the ALP. The resident may use SSI Level II benefits or make private payments.
2. The individual may pay for the home care services privately or if eligible, through the Medicaid program. A capitated Medicaid payment rate will be established using Department of Health nursing facility rate setting data for each of the Wage Equalization Factor (WEF) regions in the state. The capitated payment rate for the ALP will be equal to 50% of the amount that would have been expended for RHC patients with the same RUG category in the same geographic area in which the ALP is located.
3. Services covered under the capitated payment will include:
 - a. Nursing
 - b. Personal Care
 - c. Home Health Aides
 - d. Therapies (PT,OT, Speech)
 - e. Medical supplies and equipment for which no prior approval is required
 - f. Personal Emergency Response Systems
 - g. Adult Day Health Care
4. The capitated rate is a daily price, not a cap and will be paid at the level determined by the appropriate RUG category for each day the resident is in the ALP. It is anticipated that the cost of care for some residents will be under the capitated payment and for others it will be over the capitated payment. The ALP will have the flexibility to balance its caseload and case mix.
5. The ALP may not discharge a resident because the cost of care, unrelated to a change in RUG category, exceeds the amount of the capitated payment.

Assisted Living Application Forms may be obtained by contacting:

Robert Kelliher
Certification and Finance Unit
Division of Adult Services
NYS Department of Social Services
40 North Pearl Street
Albany, New York 12243

