

ADMINISTRATIVE DIRECTIVE

TRANSMITTAL: 90 ADM-025

DIVISION: Medical Assistance

TO: Commissioners of Social Services

DATE: August 24, 1990

SUBJECT: Family Type Home For Adults: Long Term Home Health Care Program Services Provided in Adult Care Facilities

SUGGESTED DISTRIBUTION:

Directors of Services
 Medical Services Staff
 Adult Services Staff
 Family-Type Home Coordinators
 Staff Development Coordinators

CONTACT PERSON:

Any questions concerning this release should be directed to Al Roberts, Division of Medical Assistance, and Frank Rose, Division of Adult Services, by telephoning 1-800-342-3715, extension 35539 and 432-2404 respectively. The contact person for Family Type Homes is Cheryl Flanigan, Division of Adult Services, at 432-2997.

ATTACHMENTS:

See Attachment 1 for listing of Attachments

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
83 ADM-74 85 ADM-27		360-6.6 505.21 and	Chapter 854 of the Laws of 1987		SSL 367-c.5
88 INF-20		485.17	Chapter 895 of the Laws of 1977		

I. **PURPOSE**

The purpose of this directive is to notify social services districts of the implementation of a revised Section 505.21 and a new Section 485.17 to the Department's regulations which incorporate the provisions of Chapter 854 of the Laws of 1987 expanding the availability of Long Term Home Health Care Program (LTHHCP) services to residents of all adult care facilities (ACFs) except shelters for adults.

II. **BACKGROUND**

Much has been written about the rate at which New York State's population is aging, and the dramatic growth of the age groups most apt to seek long term care. It is clear that the need for long term care services will continue unabated.

A general reduction in the rate at which residential health care facility beds are established, and the creation of incentives for intensifying the levels of care in skilled nursing and health related facilities, has shifted public interest to the home and community based long term care options.

For persons who have a suitable home and informal caregivers capable of supporting them, the shift is ideal. For someone without a home, the alternatives have become increasingly limited. Adult care facilities must be considered one of the primary alternatives. However, this requires that the adult care facility be considered not in relation to the skilled nursing/health related facility continuum, but in relation to the community-based home health care system. Historically, Social Services Regulations (360-6.6, formerly 360.21) have defined the adult care facility as being an individual's home, and have permitted Medical Assistance reimbursement for the provision of personal care and certified or licensed home health care agency services to its residents.

Chapter 854 of the Laws of 1987 deletes the statutory prohibitions against providing Long Term Home Health Care Program services in adult care facilities other than shelters for adults and offers yet another long term care option: the adult care facility and the Long Term Home Health Care Program. This statutory change is consistent with the generally held belief that social models of congregate care, i.e., adult care facilities, in combination with medical service components can provide appropriate long term care options.

Chapter 854 was effective on April 1, 1988. It was the subject of two previously released Departmental communications: 88 INF-20 and Adult Care Facility INF-22, both dated March 24, 1988.

III. **PROGRAM IMPLICATIONS**

Significant elements of existing policy and that necessitated by Chapter 854 of the Laws of 1987 are listed below.

(A) Where Services Can Be Provided

The statutory prohibition, Public Health Law, Section 3602(8), against providing LTHHCP service in private proprietary homes for adults, private proprietary convalescent homes, residences for adults and public homes is deleted, allowing service to be provided in the following types of adult care facilities defined in Department regulation 485.2:

(1) Adult Homes

An adult home is established and operated for the purpose of providing long term residential care, room, board, housekeeping, personal care and supervision to five or more adults unrelated to the operator.

(2) Enriched Housing Program

An enriched housing program is established and operated for the purpose of providing long term residential care to five or more adults, primarily persons age sixty-five years or older, in community-integrated settings resembling independent housing units. The program provides or arranges the provision of room, and provides board, housekeeping, personal care and supervision.

(3) Residence for Adults

A residence for adults is established and operated for the purposes of providing long term residential care, room, board, housekeeping and supervision to five or more adults unrelated to the operator.

(4) Family-type Home

A family-type home for adults is established and operated for the purpose of providing long term residential care, room, board, housekeeping, personal care and/or supervision to four or fewer adult persons unrelated to the operator.

(B) Where Services Can Not Be Provided

Chapter 854 retains a specific prohibition against providing LTHHCP services in shelters for adults.

(C) What Is A Long Term Home Health Care Program (LTHHCP)?

Long Term Home Health Care Programs are granted operating certificates by the New York State Department of Health under authority contained in Public Health Law, Section 3610 and Part 770 of New York State Department of Health Regulations.

A LTHHCP may be associated with a certified home health agency, a residential health care facility or hospital and is required to provide nursing, medical social services and home health aide services (e.g., physical therapy, speech therapy, respiratory therapy, nutritional counseling, and personal care services including homemaker and housekeeper). In addition, a LTHHCP may provide seven waived services (home maintenance tasks, home improvement services, respite care, social day care, social transportation, home delivered meals, and moving assistance).

A LTHHCP will be available only in social services districts where there are such programs authorized by New York State Department of Health.

(D) Who Can Be Served?

(1) By the Long Term Home Health Care Program

A Long Term Home Health Care Program is a coordinated plan of care and service provided at home to invalid, infirm or disabled persons who are medically eligible for placement in a skilled nursing facility or health related facility, as determined by the New York State Department of Health Form DMS-1 or its successor.

In addition to medical eligibility, the cost of the total expenditure for health and medical services called for in the comprehensive plan or care may not exceed an annual cap.

NOTE

See the Administrative Directive, 83 ADM-74, "Implementation of Chapter 895 of the Laws of 1977" and Chapter 636 of the "Laws of 1980: Long Term Home Health Care Program," dated December 30, 1983 for more details on the LTHHCP.

(2) In the Adult Care Facilities

As previously stated, an adult care facility resident served by the LTHHCP must be medically eligible for placement in a skilled nursing or health-related facility and require the services of a LTHHCP. The individual must also meet the admission and retention criteria established for the type of ACF in which the person is residing.

The criteria for admission and retention for each type of adult care facility, except shelters for adults, is attached. Although primarily concerned with the health and functional abilities of individuals, the criteria also reflect the different settings and services offered by each type of facility. Therefore, despite the similarity, the criteria for each type of facility is different from the others, a fact that districts and LTHHCP providers must consider when determining LTHHCP service eligibility.

It is important to note that the ACF operator has primary responsibility for determining the appropriateness of individuals for admission and retention, and for identifying individuals for whom community-based home care services may be appropriate. The ACF operator also retains responsibility for decisions about the ongoing ability of facility staff and services to meet resident needs.

Frequently, residents deemed appropriate for residential health care facility placement can only be retained in an ACF if the residents' care needs can adequately be met, or while the facility operator makes persistent efforts to secure appropriate alternative placement. A DMS-1 score of over 60, or any other indicator developed by the Department of Health, establishing medical eligibility for RHCF admission does not in itself preclude the retention of a resident in the ACF setting. We have included a case study as Attachment G as an example of the type of client who might be appropriate for this program.

Persistent effort on the part of the facility operator includes assisting the resident or resident's representative with filing five applications with appropriate facilities, telephone follow-up every two weeks and appeal of rejections. The operator must regularly inform the Department of and document both the undertaking and outcome of such efforts.

(E) Expenditure Limitations and Budgeting

Historically, the LTHHCP has been available only to clients whose expenditures for health and medical services called for in the plan of care do not exceed 75% of the cost of care in either a skilled nursing facility (SNF) or a Health Related Facility (HRF) in the district, whichever is the appropriate level of care for the individual. Chapter 854 recognizes that a significant portion of the service normally required in an individual's home is provided by ACF staff. Expenditures for LTHHCP services are, therefore, limited to 50% of the cost of care in an SNF/HRF to a resident of an ACF. The 50% cost cap applies only to those services provided by the LTHHCP. It must not include services determined to be the responsibility of the ACF.

In practice, it may be useful to develop a service plan which reflects the residents assessed service needs, as provided by both the LTHHCP and ACF. The assessors would then delete, from cap consideration, all services determined to be the responsibility of the ACF. The cost of the remaining services would then be compared to the 50% cap. Items which represent unusual expenditures, not normally included in RHCF rates, may be excluded from the budget. These items include such services as kidney dialysis, radiation therapy, chemotherapy, continuous oxygen and the cost of medical transportation to these services.

Annualization and "paper credit" provisions of the LTHHCP do apply to residents of Adult Care Facilities.

Annualization of the budget means that the cost of services can be spread out across a year to show that the yearly cost of services does not exceed the cap.

"Paper credits" are accrued on behalf of a client who uses services in an amount less than the monthly cap.

See 83 ADM-74 pp. 19-21 for a detailed discussion of paper credits and annualized budgets.

(F) Unique Aspects of Providing LTHHCP Services In Adult Care Facilities

In addition to the client meeting the admission and retention requirements, and being eligible for the LTHHCP using a 50% cap, the following requirements are unique to providing LTHHCP services in adult care facilities:

- (1) ACF residents are not eligible for LTHHCP services until they have been a resident of one or more Adult Care Facilities for a total of six continuous months (had an admission agreement in effect for at least six months).

- (2) Services provided by the LTHHCP must not duplicate or replace those which the ACF is required by law or regulation to provide. Therefore, some service which are available through the LTHHCP should not be authorized for ACF residents. Adult care facilities remain responsible for the provision of room, board, housekeeping' supervision and depending on the type of facility, a certain amount of personal care. Billings to responsible districts, of course, will be made separately for services provided by ACF staff, and for service provided by the LTHHCP. Attachment D provides guidelines for the service responsibility by type of provider.
- (3) LTHHCP services to ACF residents must not be initiated prior to the completion of the assessment and authorization of the services by the local social services official. The alternate entry provision, whereby a LTHHCP may accept a client based upon its own assessment, with the joint assessment completed within thirty days, does not apply to this population.

It should be noted that adult care facilities are ideal settings for the use of shared aides should an ACF have more than one resident who requires aide services.

(G) Assessment

(1) Elements of the Assessment

Once a resident has been identified as possibly needing LTHHCP services and the resident agrees, the social services district should be contacted to request an assessment of the appropriateness of the use of the LTHHCP.

An important LTHHCP feature is the use of a comprehensive and coordinated assessment process to formulate a summary of the required services and plan of care. Two distinct assessment processes are required: a medical assessment to determine SNF or HRF eligibility, and a home assessment to determine the residents' care needs and the appropriateness of utilizing the LTHHCP.

- (a) Medical Assessment - This is the initial assessment process and is accomplished by the completion and scoring of the DMS-1 or its successor. The DMS-1 is the tool that the LTHHCP uses as an indicator of the need for SNF or HRF placement. Once this determination has been made and the physician, resident and ACF operator approve of the use of LTHHCP services for an adult care facility resident, a second assessment process, the home assessment, is authorized by the social services district.

For adult care facility residents the DMS-1 may be completed by the LTHHCP nurse during the home assessment. The ACF operator or facility representative shall make available to the social services district or other authorized assessor pertinent information regarding the health and functional ability of the resident as well as any social and environmental information requested by the assessor related to the facility services being provided to the resident.

- (b) Home Assessment - This second assessment is seen as a collaborative effort among the LTHHCP which will be providing services to the resident, the facility operator and the social service district to determine how, and if, the resident's total health and social care needs can be met in the ACF. It is accomplished by the joint completion of the Home Assessment Abstract or its successor by the nurse representative of the LTHHCP and the professional caseworker from the district in consultation with the ACF operator. The operator or facility representative shall make available to the assessors any pertinent social and environmental information related to the facility services provided to the resident. The social services district will provide the operator of the adult care facility with a copy of the completed assessment, the monthly budget and the care plan. It is from the completed Home Agreement Abstract that a summary of services requirements and a plan of care is developed.

- (c) Plan of Care

The plan of care is a document developed by the LTHHCP describing the care to be given to the individual. This plan of care is based on the summary of service requirements and information obtained from the ACF operator and must be based on physicians' orders.

- (2) Work Flow (Process)

The following is a listing of the activities which will be associated with the provision of LTHHCP services to adult care facility residents in the order they should normally occur for potential and active Medical Assistance clients.

- (a) When a resident requests LTHHCP services, or when the possibility of needing LTHHCP services has been identified, and the resident agrees, the social services district should be contacted to request an assessment of the appropriateness of the LTHHCP.

- (b) Representatives of both the LTHHCP and district meet with the operator and then conduct the joint assessment, including the completion of the DMS-1 and Home Assessment Abstract, by talking to the resident or resident representative. A copy of the assessment will be shared with the facility operator.
- (c) The LTHHCP obtains physicians' orders for the residents' medical service needs.
- (d) A summary of service requirements, based on the joint assessment, the physicians' orders, and consultation with the facility operator is developed, the construction of which is the joint responsibility of the district, the LTHHCP, and when the individual is currently in a hospital or other facility, the discharge coordinator.
- (e) Following development of the final summary of service requirements, which list specific kinds and amounts of services to be provided, a budget review will be initiated by the district. Budget review, in this sense, means a review of the monthly cost of care to determine whether or not the total cost is within 50% of the appropriate monthly average cost for care in a skilled nursing facility, or health related facility, whichever is appropriate. If the district determines that the total yearly expenditures for providing care are not expected to exceed 50% of the yearly cost of care for a skilled nursing or health related facility, the district may authorize LTHHCP services.
- (f) Upon completion of the summary of service requirements, and the social services budget determination, the district authorizes services and notifies the LTHHCP to begin providing care. In the event that the district budget determination finds the costs of care exceeding the 50% ceiling on an annual basis, the district continues to be responsible for finding alternative care options.

NOTE: Upon approval or denial of LTHHCP services authorization, a Right to Fair Hearing Notice must be made to the client in accordance with existing regulation and procedures (See Section 0, p. 28 of 83 ADM-74).

- (g) District staff and the nurse representative from the LTHHCP retain responsibility for case management as outlined in Sections J and K of Administrative Directive 83 ADM-74. Case management should include the participation of the facility operator who retains responsibility for the care and services which the facility is required to provide.

(H) Case Management Responsibilities

It is important to note that the ACF operator has primary responsibility for determining the appropriateness of individuals for ACF admission and retention and for identifying individuals appropriate for community-based home care service referral. For those individuals judged appropriate for community based service referral, case management is an important factor in determining the roles of the parties involved in the provision of care. Within this context it is expected that ACFs and LTHHCPs will work closely to coordinate their respective services to individual residents. This effort is intended to supplement, not supplant, those case management services provided by the LTHHCP program and the district.

Coordination by the adult care facility operator should include participation in the assessment and reassessment as well as regular discussions between the resident and the LTHHCP representative. This coordination is important for many reasons. The adult care facility operator can provide information concerning facility operation and services such as meal and activity scheduling and important information on the residents' needs as well as the facility's ability to meet those needs which must be considered in developing the plan of care. On reassessment, the operator's input will be important in evaluating the effectiveness of the plan of care.

The case management responsibilities for the three parties (District, ACF, DrHHCP) involved in the process of determining the extent to which LTHHCP service can appropriately be delivered to ACF residents are best understood when examined against a functional definition of case management. The functions included in that definition: Intake and Screening; Assessment and Reassessment; Comprehensive Service Planning; Service Acquisition; and, Monitoring and Follow-up.

Case Management Responsibilities
Specific to the Provision of
LTHHCP Services
in Adult Care Facilities

	ACF	LTHHCP	District
1. Intake/Screening	Primary responsibility for identifying appropriate referrals.	Minor role	Minor role
2. Assessment and Reassessment	Minor role	Major responsibility shared by LTHHCP and LOSS.	
3. Comprehensive Services Planning	Responsibility shared by all three parties. This is where the plan of care is developed.		
4. Service Acquisition	Minor role in the acquisition of LTHHCP services.	Primary responsibility for the LTHHCP services provided.	Minor Role
5. Monitoring and Follow-up	Primary responsibility for 24 hr monitoring of client, and for discharge planning.	Primarily responsible for those services they deliver; and for health status.	Primarily responsible for ensuring timely reassessment, and for ensuring expenditures are within the caps.

IV. REQUIRED ACTION

- (A) Districts served by Long Term Home Health Care Programs are required to make this service action available.

- (B) The Commissioner of the Department of Social Services must submit an interim report to the Governor and the legislature on or before December 31, 1990. The report must include, but need not be limited to, an evaluation of the implementation of the provisions of this act containing the number and types of residents served, cost savings, estimate of future savings and recommendations for continued provisions of long term home health care program services to residents in adult care facilities, other than shelters for adults, subsequent to the expiration of the statute on March 31, 1993.

For this purpose we are asking that social services districts keep track of LTHHCP residents in adult care facilities and complete the attached form entitled "LTHHCP Clients in Adult Care Facilities" (Attachment F). The form should be completed when the resident begins receiving LTHHCP services and again when the resident stops receiving LTHHCP services in the ACF. The district need only complete the Name, MA I.D.#, Provider name, County, and date LTHHCP services ended when completing the form for residents whose services have been terminated. Copies of the form should be sent to both:

Mr. Al Roberts
New York State Department of Social Services
Division of Medical Assistance
Bureau of Long Term Care
40 North Pearl Street
Albany, NY 12243

Mr. Frank Rose
New York State Department of Social Services
Division of Adult Services
40 North Pearl Street
Albany, NY 12243

- (C) Since family type homes for adults (FDHA's) are directly supervised by the district, staff have specific roles in assessing and referring residents to the LTHHCP and maintaining required records. District staff must inform FTHA operators of the availability of the LTHHCP to assist residents of their homes who may need the services. Examples of residents who might require LTHHCP services include those returning to the FTHA from an acute care stay in a hospital who will need LTHHCP services while recuperating, those whose health deteriorates while in the FTHA who may need services while recuperating or while awaiting placement to a higher level of care, and those residents with chronic conditions who may need services to assure their continued appropriateness for family-type home care.

- (1) During the required semi-annual inspection visit to each FTHA, adult services casework staff through their observations and/or discussions with the operator may become aware of residents who need LTHHCP services, or operators may contact the district directly to request assistance. The procedures governing the work flow process outlined in Section III (G)(2) of this directive must then be initiated to assess the resident's eligibility for the LTHHCP.
 - (2) For residents in FTHA's who are receiving LTHHCP services, the district shall maintain individual case records containing the completed resident assessment, plan of care and monthly budget. The district must also maintain a log of all residents in FDHA's who are referred for LTHHCP services. The log shall contain the resident's name, social security and MA identification number, FTHA name and address, date of admission to the FTHA, date of application for health services, date and outcome of the assessment and, if services are being provided, the date services were begun and the date services terminated.
- (D) Since this is a program expansion there may be confusion or misunderstandings about its use. The social services district may become aware of instances where LTHHCP services appear to be used inappropriately in ACF settings.

Should a social services district question practices of a LTHHCP in serving ACF residents they should contact the LTHHCP and attempt to resolve the issue. If no resolution can be reached at the local level, Districts should contact their State Social Service's MA representative.

Should a social services district identify problems within the ACF regarding the use of LTHHCP services to duplicate or replace services required of the ACF; the provision of resident care; the presence of inappropriate residents; access to facilities or residents; lack of operator cooperation; an unusual number of referrals or a significant number of inappropriate/unfounded referrals, districts should contact the Regional Office Director of the appropriate Division of Adult Services Regional Office listed below:

Ms. Mary Hart
Eastern Regional Office
488 Broadway
Third Floor
Albany, NY 12243
Telephone: (518) 432-2873

Ms. Sylvia King
Western Regional Office
259 Monroe Avenue
Rochester, NY 14607
Telephone: (716) 238-8185
Toll Free: 1-800-462-6443

Mr. Carlton Reo
Long Island Regional Office
1 Old Country Road
Drawer #61, Suite #480
Carle Place, NY 11515
Telephone: (516) 294-2877

Ms. Erika Teutsch
Metropolitan Regional Office
80 Maiden Lane
New York, NY 10038
Telephone: (212) 804-1234

V. **EFFECTIVE DATE**

This Administrative Directive is effective upon release; however, the provisions are retroactive to April 1, 1988, the date noted in the Informational Letter (88 INF-20) on the same subject.

Jo-Ann A. Costantino
Deputy Commissioner
Division of Medical Assistance

Judith Berek
Deputy Commissioner
Division of Adult Services

LIST OF ATTACHMENTS

- (A) A copy of the regulations implementing Chapter 854 of the Laws of 1987. (Not available on-line)
- (B) A listing of the LTHHCP/ACF expenditure caps, for each district, set at 50% of the average skilled nursing and health facility rates. (Not available on-line)
- (C) A copy of the Facility Directive the Division of Adult Services has sent to adult care facility operators. (Not available on-line)
- (D) A chart delineating service responsibility by type of provider. (Not available on-line)
- (E) Admission and Retention criteria. (Not available on-line)
- (F) A copy of the reporting form "LTHHCP Client in Adult Care Facilities". (Available on-line)
- (G) Sample case. (Available on-line)

Admission and Retention Criteria

Adult Homes

487.4 (a) An operator shall admit, retain and care for only those individuals who do not require services beyond those the operator is permitted by law and regulation to provide.

(b) An operator shall not accept nor retain any person who:

(1) is in need of continual medical or nursing care or supervision as provided by facilities licensed pursuant to article 28 of the Public Health Law, or licensed or operated pursuant to articles 19, 23, 29 and 31 of the Mental Hygiene Law;

(2) suffers from a serious and persistent mental disability sufficient to warrant placement in a residential facility licensed pursuant to article 19, 23, 29 or 31 of the Mental Hygiene Law;

(3) requires health or mental health services which are not available or cannot be provided safely and effectively by local service agencies or providers;

(4) causes, or is likely to cause, danger to himself or others;

(5) repeatedly behaves in a manner which directly impairs the wellbeing, care or safety of the resident or other residents, or which substantially interferes with the orderly operation of the facility;

(6) has a medical condition which is unstable and which requires continual skilled observation of symptoms and reactions or accurate recording of such skilled observations for the purposes of reporting to the resident's physician;

(7) refuses or is unable to comply with a prescribed treatment program, including but not limited to a proscribed medications regimen when such failure causes, or is likely to cause, in the judgement of a physician, life-threatening danger to the resident or others;

(8) is chronically bedfast;

(9) is chronically chairfast and unable to transfer, or chronically requires the physical assistance of another person to transfer;

(10) chronically requires the physical assistance of another person in order to walk;

(11) chronically requires the physical assistance of another person to climb or descend stairs, unless assignment on a floor with ground-level egress can be made;

- (12) has chronic unmanaged urinary or bowel incontinence;
- (13) suffers from a communicable disease or health condition which constitutes a danger to other residents and staff;
- (14) is dependent on medical equipment, unless it has been demonstrated that:
 - (i) the equipment presents no safety hazard;
 - (ii) use of the equipment does not restrict the individual to his room, impede the individual in the event of evacuation, or inhibit participation in the routine activities of the home;
 - (iii) use of the equipment does not restrict or impede the activities of other residents;
 - (iv) the individual is able to use and maintain the equipment with only intermittent or occasional assistance from medical personnel;
 - (v) such assistance, if needed, is available from approved community resources; and
 - (vi) each required medical evaluation attests to the individual's ability to use and maintain the equipment;
- (15) engages in alcohol or drug use which results in aggressive or destructive behavior; or
- (16) is under 18 years of ages; or, in a public adult home, under 16 years of age.

Enriched Housing

- 488.4** (a) An operator shall admit, retain and care for only those individuals who require the services the operator is certified to provide.
- (b) An operator shall not accept nor retain any person who:
- (1) needs continual medical or nursing care or supervision as provided by facilities licensed pursuant to article 28 of the Public Health Law or licensed or operated pursuant to articles 19, 23, 29f and 31 of the Mental Hygiene Law;
 - (2) suffers from a serious and persistent mental disability sufficient to warrant placement in a residential facility licensed pursuant to article 19, 23, 29 or 31 of the Mental Hygiene Law;
 - (3) requires health or mental health services which are not available or cannot be provided safely and effectively by local service agencies or providers;

- (4) causes, or is likely to cause, danger to self or others;
- (5) repeatedly behaves in a manner which directly impairs the wellbeing, care, or safety of the resident or other residents or which substantially interferes with the orderly operation of the enriched housing program;
- (6) requires continual skilled observation of symptoms and reactions or accurate recording of such skilled observations for the purposes of reporting on a medical condition to the resident's physician;
- (7) refuses or is unable to comply with a prescribed treatment program, including but not limited to a prescribed medications regimen when such refusal or inability causes, or is likely to cause, in the judgement of a physician, life-threatening danger to the resident or others;
- (8) is chronically bedfast;
- (9) is chronically chairfast and unable to transfer or chronically requires the physical assistance of another person to transfer;
- (10) is chronically in need of the physical assistance of another person in order to walk;
- (11) is chronically in need of the physical assistance of another person to climb or descend stairs, unless assignment on a floor with ground-level egress can be made;
- (12) has chronic unmanaged urinary or bowel incontinence;
- (13) suffers from a communicable disease or health condition which constitutes a danger to other residents and staff;
- (14) is dependent on medical equipment, unless it has been demonstrated that:
 - (i) the equipment presents no safety hazard;
 - (ii) use of the equipment does not restrict the individual to his room, impede the individual in the event of evacuation, or inhibit participation in the routine activities of the home;
 - (iii) use of the equipment does not restrict or impede the activities of other residents;
 - (iv) the individual is able to use and maintain the equipment with only intermittent or occasional assistance from medical personnel;

- (v) such assistance, if needed, is available from approved community resources; and
 - (vi) each required medical evaluation attests to the individual's ability to use and maintain the equipment;
- (15) has chronic personal care needs which require the continual on site presence of personal care staff; or
- (16) cannot be left alone without supervision overnight or for a period of 12 hours or more at a time.

Family-Type Home For Adults

489.7 (a) An operator shall admit, retain and care for only those individuals who do not require services beyond those the operator is permitted by law and regulation to provide.

(b) An operator shall not accept nor retain any person who:

- (1) is in need of continual medical or nursing care or supervision as provided by facilities licensed pursuant to article 28 of the Public Health Law, or licensed or operated pursuant to articles 19, 23, 29 and 31 of the Mental Hygiene Law;
- (2) suffers from a serious and persistent mental disability sufficient to warrant placement in a residential facility licensed pursuant to article 19, 23, 29 or 31 of the Mental Hygiene Law;
- (3) requires health or mental health services which are not available or cannot be provided safely and effectively by local service agencies or providers;
- (4) causes, or is likely to cause, danger to himself or others;
- (5) repeatedly behaves in a manner which directly impairs the wellbeing, care or safety of the resident or other residents, or which substantially interferes with the orderly operation of the facility;
- (6) has a medical condition which is unstable and which requires continual skilled observation of symptoms and reactions or accurate recording of such skilled observations for the purposes of reporting to the resident's physician;
- (7) refuses or is unable to comply with a prescribed treatment program, including but not limited to a proscribed medications regimen when such failure causes, or is likely to cause, in the judgement of a physician, life-threatening danger to the resident or others;
- (8) is chronically bedfast;

- (9) is chronically chairfast and unable to transfer, or chronically requires the physical assistance of another person to transfer;
- (10) chronically requires the physical assistance of another person in order to walk;
- (11) chronically requires the physical assistance of another person to climb or descend stairs, unless assignment on a floor with ground-level egress can be made;
- (12) has chronic unmanaged urinary or bowel incontinence;
- (13) suffers from a communicable disease or health condition which constitutes a danger to other residents and staff;
- (14) is dependent on medical equipment, unless it has been demonstrated that:
 - (i) the equipment presents no safety hazard;
 - (ii) use of the equipment does not restrict the individual to his room, impede the individual in the event of evacuation, or inhibit participation in the routine activities of the home;
 - (iii) use of the equipment does not restrict or impede the activities of other residents;
 - (iv) the individual is able to use and maintain the equipment with only intermittent or occasional assistance from medical personnel;
 - (v) such assistance, if needed, is available from approved community resources; and
 - (vi) each required medical evaluation attests to the individual's ability to use and maintain the equipment;
- (15) is under 18 years of age;
- (16) does not provide the operator with the required medical evaluations;
- (17) refuses or fails to inform the operator on an on-going basis of changes in medications or other elements of the medical evaluation as they occur;
- (18) engages in alcohol or drug use which results in aggressive or destructive behavior; or
- (19) is unable to communicate with the operator in a common language.

Residence for Adults

490.4 (a) An operator may admit, retain and care for only those individuals who do not require services beyond those the operator is permitted by law and regulation to provide.

(b) An operator must not accept or retain any person who:

(1) is in need of continual medical or nursing care or supervision as provided by facilities licensed pursuant to article twenty-eight of the Public Health Law or licensed or operated pursuant to articles nineteen, twenty-three, twenty-nine and thirty-one of the Mental Hygiene Law;

(2) suffers from a serious and persistent mental disability sufficient to warrant placement in a residential treatment facility licensed or operated pursuant to articles nineteen, twenty-three, twenty-nine or thirty-one of the Mental Hygiene Law;

(3) requires health or mental health services which are not available or cannot be provided safely and effectively by local social services agencies or providers;

(4) causes, or is likely to cause, danger to himself/herself or others;

(5) repeatedly behaves in a manner which directly impairs the wellbeing, care or safety of the resident or other residents or which substantially interferes with the orderly operation of the facility;

(6) has a medical condition which requires continual skilled observation of symptoms or reactions to medications or accurate recording of such skilled observations for the purpose of reporting to the resident's physician;

(7) refuses or is unable to comply with a prescribed treatment program, including but not limited to a prescribed medications regimen, when such refusal or inability causes, or, in the judgement of a physician, is likely to cause life-threatening danger to the resident or others;

(8) requires more than supervision and assistance with self-administration of medications in order to maintain a prescribed medication regimen;

(9) chronically requires physical assistance with the personal activities of daily living, including grooming, bathing, dressing, toileting, or eating;

(10) is chronically chairfast and unable to transfer or chronically requires the physical assistance of another person to transfer;

- (11) is chronically bedfast;
- (12) chronically requires the physical assistance of another person in order to walk;
- (13) chronically requires the physical assistance of another person to climb or descend stairs, unless assignment on a floor with ground-level egress can be made;
- (14) has chronic unmanaged urinary or bowel incontinence;
- (15) suffers from a communicable disease or health condition which constitutes a danger to other residents and staff;
- (16) is dependent on medical equipment unless it has been demonstrated that:
 - (i) the equipment presents no safety hazard;
 - (ii) use of the equipment does not restrict the individual to his/her room, impede the individual in the event of evacuation, or inhibit participation in the routine activities of the facility;
 - (iii) use of the equipment does not restrict or impede the activities of other residents;
 - (iv) the individual is able to use and maintain the equipment with only intermittent or occasional assistance from medical personnel, and such assistance is available from local social service agencies or approved community resources; and
 - (v) each required medical evaluation attests to the individual's ability to use and maintain the equipment;
- (17) engages in alcohol or drug use which results in aggressive or destructive behavior;
- (18) is under 18 years of age; or under 16 years of age if such person is to admitted to a residence for adults operated by a social services district.

LTHHCP Clients in Adult Care Facilities

- (1) Name _____ (2) MA ID# _____
Last First
- (3) Social Security Number _____
- (4) DOB _____
- (5) Initial DMS-1 Score or Level of Care _____
- (6) Provider Name _____
- (7) County _____
- (8) Gender ____Male ____Female
- (9) Client location on Referral
- ____Adult Care Facility
 - a. ____ Adult Home
 - b. ____ Enriched Housing Program
 - c. ____ Residence for Adults
 - d. ____ Family-Type Home for Adults
 - ____ Hospital
 - ____ Other _____
- (10) Date of Initial LTHHCP Service _____
- (11) Initial Monthly Budget Amount _____
- (12) Date LTHHCP Services Ended _____

Patient Profile

VNS Home Care LTHHCP

Example II: Coordination of needed health care services

Mrs. W is a 64 year old female admitted to the LTHHCP on December 12, 1988. She has a history of ASHD, hypertension disc pathology and schizophrenia. The following services were provided to her: skilled nursing, personal care and physical therapy. The resident was admitted to the adult home from a psychiatric center in 1987. Upon admission to the LTHHCP the resident's condition was unstable and debilitated. Since then she has improved and done well without any episode of hospitalization. The Visiting Nurse visited her weekly to assess clinical status, response to medication and to supervise the personal care worker. The resident was evaluated by the physical therapist for a complaint of cervical neck pain, increased ataxic gait and occasional falls. She received physical therapy treatment once a week and is now able to ambulate with a steady gait. The resident received personal care and rehabilitation. Improvement in the resident's personal hygiene has been observed since the start of service. The resident's condition became stable since admission in the program and she has benefited from the coordinated services provided.