Attachment # 2

Adult Care Facility Quarterly Statistical Information Report
Definition of Terms

- **Admission Date** – Date admitted to Adult Home or Enriched Housing Program.
- **ALP** – Assisted Living Program, available in some Adult Homes or Enriched Housing Programs, combining residential and home care services. It is designed as an alternative to Nursing Home placement for individuals who historically have been admitted to nursing facilities for reasons that are primarily social, rather than medical in nature. The operator of the Assisted Living Program is responsible for providing or arranging for resident services that must include room, board, housekeeping, supervision, personal care, case management, and home health services. ALPs must accept the Medicaid rate for services.
- **ALR** – Assisted Living Residence.
- **Beginning Census** – Number of residents listed on the Daily Census Report at 12:00 AM on the first day of the reporting period.
- **CIN** – Medicaid Member Client Identification Number.
- **Discharge** – For the purposes of this survey, discharge refers to the permanent release of the resident from the Adult Care Facility following the death of the resident or issuance of a termination notice to the resident (thereby dissolving the Admission/Residency Agreement) and subsequent relocation to another Adult Care Facility, a psychiatric hospital (long term residency), OMH-funded housing (*i.e.,* congregate treatment, community residence/single room occupancy, supported/single room occupancy, apartment treatment, supported apartment or family care), Non-OMH-funded housing (*i.e.,* senior housing, enriched housing program), a private residence, a correctional facility, or a nursing home. It does not include temporary transfer to a hospital, psychiatric center, or rehabilitation facility.
- **EALR** – Enhanced Assisted Living Residence.
- **End Census** – Number of residents listed on the Daily Census Report at 11:59 PM on the last day of the reporting period.
- **Health Home** (HH) – A care coordination model for Medicaid adult enrollees with chronic medical and behavioral health conditions, but who are not in need of more than 120 days of long term care services. Designated Health Homes are community based organizations, hospital systems, and managed care plans.
- **Managed Care** – Health insurance plans that contract with health care providers and medical facilities to provide care for members. These providers make up the plan's network. Coverage depends on the network's rules. There are three types of managed care plans: Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), and Point of Service (POS).
- **MLTCP** – Managed Long Term Care Plan - Provides services to individuals, aged 21 and over, who are in need of community-based long term care services for more than 120 days.
- **OMH** – New York State Office of Mental Health.
- **OPWDD** – New York State Office for People with Developmental Disabilities (formerly OMRDD).

- **Operational Capacity** – This is the actual number of resident beds set up for use in the facility and may differ from the certified capacity.

- **Prior Residence** – Individual's residence prior to admission to the Adult Home. (*e.g.,* general hospital, private or State psychiatric hospital, shelter, OMH-funded housing, OPWDD facility, other Adult Care Facility, correctional facility, Nursing Home, or private personal residence prior to admission to Adult Home.)

- **Private Pay** – Room, board, and essentials are out-of-pocket expenses.

- **SSI** – Supplemental Security Income - Program pays benefits to disabled adults and children who have limited income and resources. SSI benefits also are payable to people 65 and older without disabilities who meet the financial limits.

- **Serious Mental Illness (SMI)** – A "Person with Serious Mental Illness" means an individual who meets criteria established by the Commissioner of Mental Health, which shall be persons who have a designated diagnosis of mental illness under the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (but not a primary diagnosis of alcohol or drug disorders, organic brain syndromes, developmental disabilities or social conditions) and whose severity and duration of mental illness results in substantial functional disability.

  An individual is presumed to have a substantial functional disability as a result of mental illness if the individual:

  - received treatment from a mental health services provider operated, licensed or funded by OMH since **July 8, 2011**, unless a Health Home or MLTCP determines, based on information which the Health Home or MLTCP shall document, that the individual's mental illness has not resulted in a substantial functional disability; or

  - is under the age of 65 and receives Supplemental Security Income ("SSI") or Social Security Disability Insurance ("SSDI") due to mental illness (but not a primary diagnosis of alcohol or drug disorders, organic brain syndromes, developmental disabilities or social conditions) and according to a written final administrative determination from the Social Security Administration specifying that the individual was awarded SSI or SSDI due to mental illness, unless a Health Home or MLTCP determines, based on information which the Health Home or MLTCP shall document, that the individual's mental illness has not resulted in a substantial functional disability.

- **SNALR** – Special Needs Assisted Living Residence.

- **Transitional Adult Home (TAH)** – An Adult Home with a certified capacity of 80 beds or more in which 25 percent or more of the resident population are persons with serious mental illness as defined in 18 NYCRR §487.2(c).