

TO: Local District Commissioners, Medicaid Directors

FROM: Mark Kissinger, Deputy Commissioner
Office of Long Term Care

SUBJECT: Initial Assisted Living Program Contract and District Responsibility

EFFECTIVE DATE: Immediately

CONTACT PERSON: Personal Care Service Program District Liaison at
(518)474-5888

The purpose of this GIS is to remind local districts of the processes that must be followed when establishing contracts with Assisted Living Programs (ALP) and when authorizing services for Medicaid consumers.

The ALP was established by Chapter 165 of the Laws of 1991 to serve individuals who were medically eligible for residential health care facility placement but whose needs could be met in a less restrictive environment. Since 2007, the Department has increased the number of ALP beds. The increase in available ALP beds will, of necessity, increase the need for districts to work with the ALPs to assure that the necessary contracts and enrollment requirements are met in a timely manner.

The Social Services Law and Department regulations (SSL § 461-1, 18 NYCRR § 505.35) require that a valid contract between the local district and the ALP, within the district, must be established prior to the issuance of an operating certificate and subsequent establishment of ALP rates. As indicated in GIS 10 OLTC/008, Assisted Living Program (ALP) Model Contract (for use outside of NYC), an ALP Model Contract and necessary attachments are available for district use.

The following Department directives, available on the Office of Temporary and Disability Assistance (OTDA) website at <http://www.otda.state.ny.us/main/>, delineate the policies and procedures districts must adhere to when prior authorizing Title XIX funded home care services for consumers participating in the ALP:

- 94 ADM-9, The Assisted Living Program (ALP)
- 95 INF-18, Assisted Living Program (ALP) Subsystem Entry
- 96 LCM-24, Assisted Living Program (ALP) Rates and Rate Codes

In order for the district to determine eligibility of a consumer to participate in the ALP and to complete the initial prior authorization of ALP services, the ALP must provide the district with a packet consisting of a completed DOH-694 Hospital/Community Patient Review Instrument (PRI); a DSS-4449C (4/97) Medical Evaluation; a DSS-4449D (4/97) ALP Nursing/Functional/Social Assessment; and a Plan of Care. The district must review these documents for accuracy, consistency of information and appropriateness of level of service requested. Districts are reminded that determination of eligibility for participation in the ALP is their responsibility. Any questions related to the district's responsibility in this process should be directed to the district's Personal Care Services Program liaison.