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MEMORANDUM

TO: Adult Care Facility and Assisted Living Members

FROM: Diane Darbyshire, Senior Policy Analyst

DATE: February 7, 2013

SUBJECT: Revised DOH ALR Forms

ROUTE TO: CEOs, CFOs, Administrators

ABSTRACT: DOH revises and streamlines form per workgroup recommendations.

Introduction

We are pleased to report that the Department of Health (DOH) has issued a Dear Administrator letter (DAL) announcing changes to the DOH-4397, a mandated form for Assisted Living Residences (ALRs). DOH worked with stakeholders, including LeadingAge New York staff and members, to review and update the various ALR paperwork processes. Some positive changes, such as the revised ALR Medical Evaluation, have come out of this group. We believe you will find that this revision will streamline the Resident Evaluation process and eliminate duplicative tasks. Provided as an attachment to this memo is the DAL, revised forms and new instructions on how the forms must be completed.

Changes of Note

It should be noted that the Resident Evaluation Form DOH 4397 Part B meets the requirements for the Adult Care Facility (ACF) Personal Data Sheet, the ACF Pre-Admission Interview and the Enriched Housing Program (EHP) Functional Assessment. Still under discussion, however are the annual case management assessment in the adult home and the EHP functional assessment. We are advocating that in ALRs, the Individualized Service Plan (ISP) process and ongoing case management replace both of these requirements. At this time, no decision has been made, however, and these requirements remain intact. We will keep members informed of our progress on this issue.

In light of the significant changes in the form and process, it is important to ensure that your ISP process and ongoing case management are comprehensive. DOH has updated its ISP Guidance to ensure that all the aspects that would otherwise be captured in the Resident Evaluation Process are hereby addressed during the ISP process. To this end, you will note additional instructions regarding customary routines and preferences. It is understood that not all resident routines and preferences can be met, however it is expected that they be considered in the ISP process. Be sure to reflect your efforts in ongoing case management notes as well. The customary routines of individuals change over time, particularly as they adjust to living in an ALR, so these routines and preferences should be revisited periodically.

Lastly, providers are encouraged to develop a system to ensure that the Resident Data form is always kept up to date. As a best practice, it is a good idea to review the information and update it at every ISP review, however the form should be updated whenever any resident information changes.

Conclusion

LeadingAge New York appreciates the input of members on these issues, which we brought to the table. In addition we are grateful for the time and efforts of Cabinet members, some of whom participated on this workgroup.

If you have any questions or comments about the contents of this memo, please contact Diane Darbyshire at ddarbyshire@leadingageny.org or 518-867-8828.