

Residential Health Care Facility Bed Need – 2016

INTRODUCTION

In 1989, the Department of Health promulgated a new need methodology for residential health care facility beds, which was incorporated into section 709.3 of 10NYCRR. This methodology estimated nursing home bed need for 1993 and provided a more comprehensive approach to estimating the need than had been used in the past. Unlike acute care needs where there are few choices as to the best setting for care, long term care needs can often be met through a wide variety of programs and settings, many of which are non-institutional. The best option for a particular person is often less dependent on medical condition than on patient or family preference, the availability of a safe and suitable home and the services available in a particular area.

In addition, in Olmstead v. Zimring 527 U.S. 581 (1999), the United States Supreme Court held that the Americans with Disabilities Act requires States to place disabled patients in the most integrated settings (that is, in community settings) appropriate to their needs. In response to the Supreme Court's issuance of the Olmstead Decision, CMS directed states to take necessary measures to assure that beneficiaries are provided the opportunity to receive services in the least restrictive setting appropriate to their needs. Since that directive was issued, New York State has partnered with CMS on several grant initiatives to promote home and community-based care and delay/prevent unnecessary institutionalization of individuals with disabilities. This need methodology is predicated on the concept that New York's long term care service system must include community based long term care services and supportive housing facilities as viable settings in determining the need for future nursing home beds.

The same underlying factors in the methodology were used to estimate nursing home bed need for 2007 and the Department has also determined that this methodology remains valid for residential health care bed need for 2016. This paper describes the data and steps that were used.

BACKGROUND

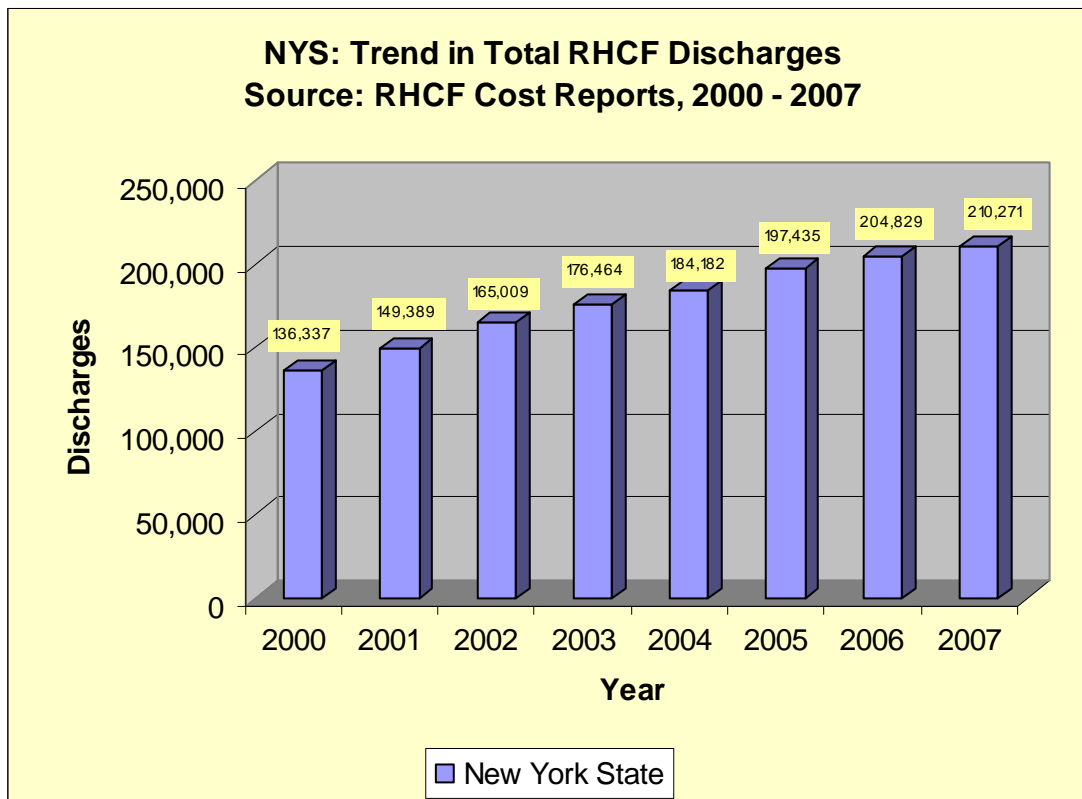
Long term care providers in New York State serve a large number of elderly dependents and younger persons in need in a variety of care settings. These settings range from the individual's home through the services of a Certified Home Health Agency, Long Term Home Health Care Program, Managed Long Term Care Plan or Personal Care program to the supportive environment of an adult care facility (including the Assisted Living Program) and the medically-oriented care provided in a Residential Health Care Facility (RHCF). On any given day in 2006 for example, approximately 267,000 people were served by one of these programs in New York State. These programs represent only the largest long term care programs and do not include those residents served by licensed home care agencies, Office for Aging programs, adult day health care programs or hospices. In addition, many state agencies have long term care services including programs under the Office of Mental Health, Office of Mental Retardation and Developmental Disabilities, Office of Alcoholism and Substance Abuse Services, or the Office of Children and Family Services.

New York State is a service-rich state that has sought to develop and encourage providers to render all types of long term care services that are needed in wide variety of settings. The long term care services that are provided to the largest numbers of people in the State are those that are under the regulatory responsibility of the Department of Health. These services include nursing homes, Certified Home Health Agencies (CHHA), the Long Term Home Health Care Program (LTHHCP), the Personal Care Program, Managed Long Term Care, Adult Homes and Enriched Housing programs.

Since the need methodology under consideration deals specifically with nursing home beds, it is important to convey some of the utilization experience for that sector of the long term care system. Between 2000 and 2007, New York has experienced three dramatic trends with regard to nursing home discharges and lengths of stay.

1. Nursing home discharges have increased by 54.2% statewide from 136,337 discharges in 2000 to 210,271 in 2007. Figure 1 shows the total RHCf discharges for each year. The RHCf bed supply remained almost static during the same period.

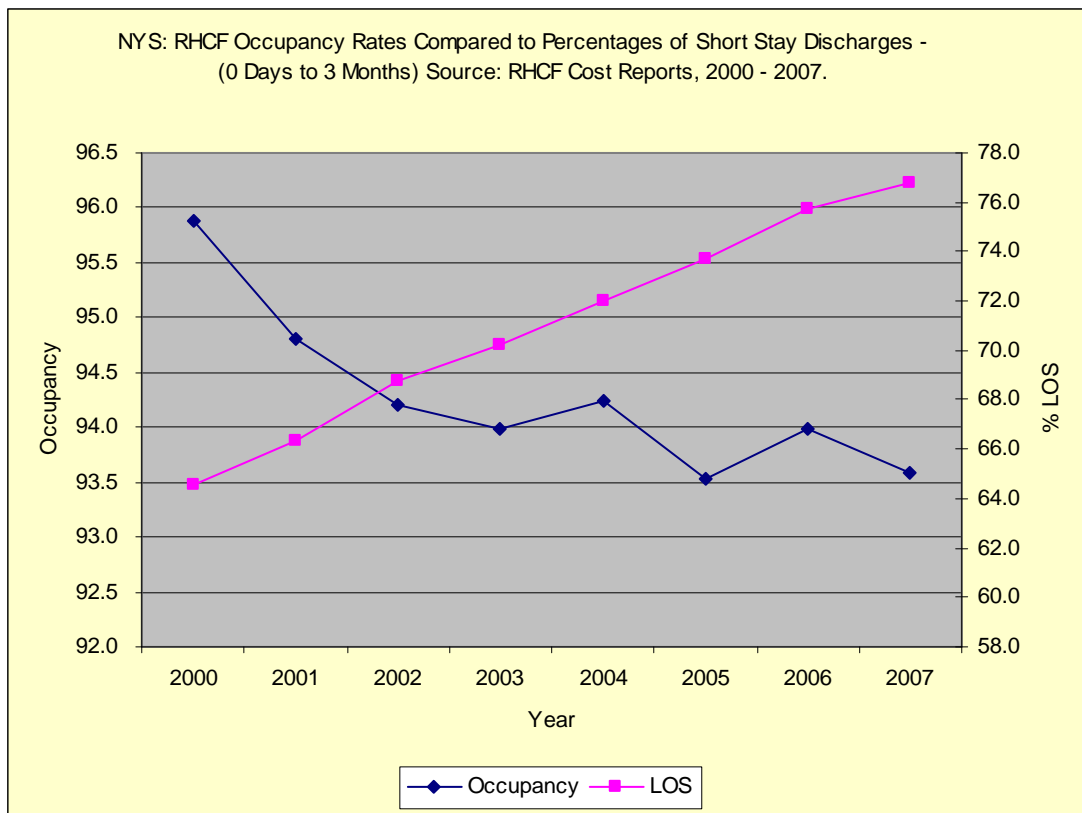
Figure 1



2. Nursing home occupancy rates decreased from 95.9% in 2000 to 93.6% in 2007
3. The percentage of short stay discharges (those with a length of stay of three months or less) increased from 64.6% in 2000 to 76.8% in 2007.

Figure 2 shows the trend in occupancy and the percentage of short stay discharges between 2000 and 2007.

Figure 2



In this paper, estimates of the long term care needs in New York State for the year 2016 are calculated in accordance with the long term care need methodology described below. Although it does not estimate the need for every type of long term care service, it is based on the concept that care of individuals should be available in the most appropriate, least restrictive environment possible. The methodology estimates the need for three general settings of care. These are:

1. Residential health care facilities which are usually referred to as nursing homes,
2. Long term community-based care, including the Long Term Home Health Care Program, Managed Long Term Care Plans, Personal Care Service recipients, and Certified Home Health Agency clients who are served for an extended period of time, and
3. Supportive housing includes adult care facilities – adult homes, assisted living residences or enriched housing programs serving the elderly population.

The methodology combines estimates of need derived from statewide use rates with existing local patterns of resource development to arrive at need estimates for each county in the State.

The methodology described in this paper is intended to estimate the needs of the general population in need of long term care services. It does not include estimates of need for special populations such as the TBI, ventilator dependent or AIDS patients.

This methodology provides estimates of need which will be used in making public need determinations within the Certificate of Need process but are not intended to be rigid quantifications of the needs in each planning area. In 1989, the methodology produced need estimates that were forwarded to the eight Health Systems Agencies (HSAs). The regulation then required the HSAs to develop long term care plans that described the steps that would be taken on a regional basis to develop and configure the long term care system to meet the needs identified by the methodology. They were developed in consultation with a variety of providers, consumers, county government and others with an interest in long term care. The HSA plans usually amended the need estimates to some extent to reflect the most current local conditions and data. The HSA plans were reviewed by the Department and were adopted by the State Hospital Review and Planning Council during the spring of 1990.

The HSAs are no longer operational in most areas of the State and therefore cannot provide the local input and validation of the methodologically-generated need estimates. Instead, the Department will examine local trends and conditions during its review of certificate of need applications for nursing home beds. Criteria and trends to be examined during the review process will include but not be limited to: occupancy rates of existing facilities; migration patterns that vary from those included in the methodology; the health status of county residents; the growth and availability of long term community-based services that were examined in the methodology and other programs and services that substitute or prevent the need for nursing home placement.

GENERAL APPROACH

The general methodological approach was originally developed by the Department of Health with the assistance of an advisory group comprised of representatives of long term care providers, consumer advocates, state agencies involved in long term care services, State Hospital Review and Planning Council members and others.

The methodology was guided by the principle that the long term care system should meet the needs of the dependent population through a mix of services including nursing facilities, adult care facilities, Long Term Home Health Care programs, personal care programs, certified home health agencies, other home care programs and informal supports. These principles continue to be valid for 2016.

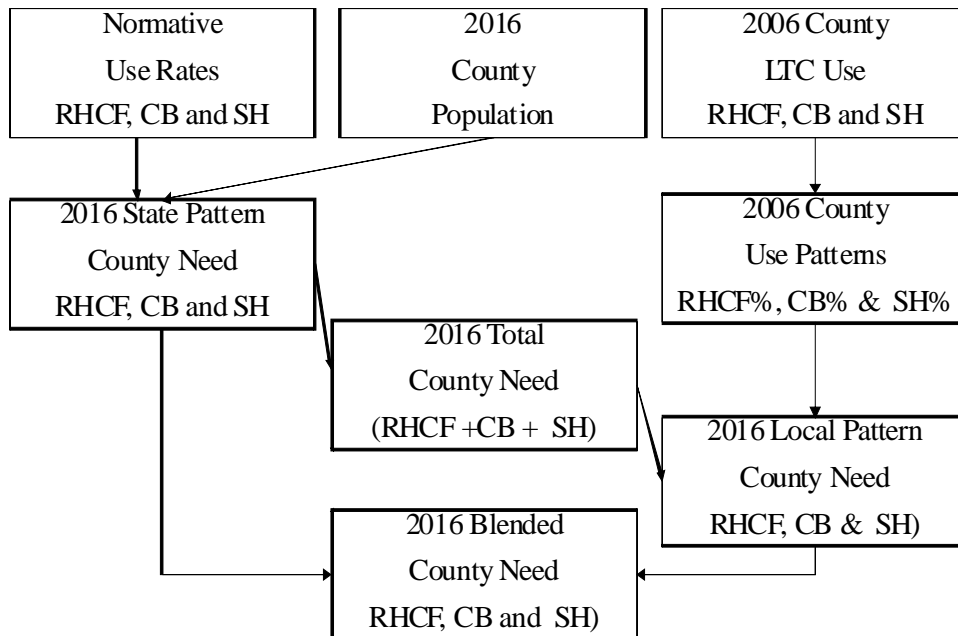
METHODOLOGICAL STEPS

OVERVIEW

Stated very generally, the methodology estimates the proportion of the population served in each of the three long term care settings: residential health care facilities, long term community-based home care programs and supportive housing. Use rates which reflect the proportion of the population served in each setting are based on an analysis of the long term care system as it existed in 2006, the base year for the methodology.

The need for service is then estimated in relation to the projected population in 2016. The need for the three service types is summed to derive the total number of people who need to be served across all three long term care settings. Need estimates for each type of long term care service are calculated for each county using both the statewide pattern use rates and existing local patterns for the distribution of long term care services found in that county in 2006. The need for each type of care is then estimated at the mid-point between the statewide pattern need estimate and that derived using the local pattern. Figure 3 shows these steps.

Figure 3
Blending State and Local Patterns to Produce
County-Level LTC Need Projections



DETAILED STEPS FOR ESTIMATING LONG TERM CARE NEED

The following describes, in detail, the steps used in estimating the need for long term care services in 2016.

1. Estimate the population 0-64 and the number of functionally dependent individuals age 65+ in 2006 and 2016.

Population Age 65+ The number of dependents in the community was estimated using data from the U.S. Census Bureau's American Community Survey which identified those with a self-care limitation. The definition for self care limitation was that the person had a condition that had lasted for 6 or more months and which made it difficult to take care of their own personal needs, such as dressing, bathing or getting around inside the home. These estimates are expressed as the percentage of the population age 65-74, and 75 and older who have limitations for self care.

The total number of people age 65+ who are functionally dependent is the sum of those who are nursing home residents and those in the community who have self care limitations. The number of dependents in residential health care facilities was derived from the actual census of people age 65 and older in New York State nursing homes on December 31, 2006.

The New York State Data Center (NYSDC) provided projections of the future population from the 2000 census for the years 2005, 2010, 2015 and 2020. The Department estimated the population age 65 and older in New York State for 2006 and 2016 by using linear interpolation of the NYSDC projections. The percentage of dependents by each age group was multiplied by the population projections to estimate the number of functional dependents for the years 2006 and 2016.

Age 0-64 The NYSDC projections were used to calculate the population age 0-64 using linear interpolation of the 2005, 2010, 2015 and 2020 estimates developed by Cornell University were used for the 2006 and 2016 populations.

2. Collect data on the use of long term care services by age group in 2006.

Data on the use of long term care services per day in 2006 was collected by age group from the following sources:

a. RESIDENTIAL HEALTH CARE FACILITIES

Census, Age and Patient Origin - Data on residential health care facility census and residents' age were taken from the December 31 data submitted by facilities in the statistical section of their annual cost report for 2006. Patient origin data for those in the facility on December 31, 2006 were used to derive the number of residential health care facility patients by county of origin.

Use of the Data - Age data were used to distribute residential health care facility residents into the 0-64 age group or the 65+ age group. The patient origin data were used to

"re-migrate" patients back to their county of origin so that the use of services by county of residence could be examined.

b. PERSONAL CARE

Census and Age – The number of personal care cases by age group for December, 2006 for each county was provided by the Department of Health’s Office of Health Insurance Programs.

c. ADULT CARE FACILITIES

Census and Age - Counts of adult care facility residents were taken from the June 2006 Adult Care Facility Statistical Report. Facilities included adult homes and enriched housing programs. Since adult homes and enriched housing programs provide the housing component for the Assisted Living Program (ALP), ALP residents are included as well. The frail elderly population was estimated by subtracting the count of residents who have received inpatient or outpatient care from the mental health system prior to admission. Patient origin data were not available, therefore all residents were attributed to the county in which the facility is located. Since age data were not available, all adult care facility residents were counted with the 65+ group.

d. CERTIFIED HOME HEALTH AGENCIES (CHHA)

Census, Age and Service County - The number of Certified Home Health Agency (CHHA) long term care clients was estimated using the Home Health Agency Service Report (DOH-519) and the Home Health Agency Statistical Report (DOH-155) for 2004. CHHA patients were considered “long term” if they had a length of stay of 3 months or more. An average daily census was calculated and was allocated between the 0-64 group and the 65+ group using the same proportion of cases reported by age group on the DOH-155. County of residence was derived using the number of nursing cases by county of service for the “disease and disability” category of service.

e. LONG TERM HOME HEALTH CARE PROGRAM (LTHHCP)

Census, Age and Service County – The actual census of Long Term Home Health Care Program patients by county of residence was taken from the Long Term Home Health Care Program Annual Census Report for December 31, 2006. Age group proportions were calculated from the DOH-155 using the number of nursing cases “for the disease and disability” category of service. All participants of the Long Term Home Health Care Program are nursing home eligible.

f. MANAGED LONG TERM CARE ENROLLEES (MLTCP)

Census, Age and Service County – Managed Long Term Care Program enrollees are all nursing home eligible. The Department of Health maintains monthly enrollment data by managed long term care plan and county of service. Age data are not available from this report. All enrollees were attributed to the age 65 and older category.

g. ALTERNATE LEVEL OF CARE PATIENTS

Patients on alternate level of care status (ALC) in hospitals represent a segment of the population in need of, or at least waiting for, long term care services. The average daily census of these patients should be included in the count of those receiving long term care services even though they were not in the formal system.

Census - ALC patients awaiting residential health care facility placement whose ALC stay was seven days or greater were included in the analysis. Seven days was used as the determining factor to examine those patients most closely resembling the residential health care facility patients. The average daily census of these patients was calculated using 2006 SPARCS data. Age data were available from SPARCS on these ALC patients.

Table 1 shows the average daily census of people statewide for 2006 who were in each of the service categories described above.

**TABLE 1
AVERAGE DAILY CENSUS OF LONG TERM CARE
RECIPIENTS – BY AGE GROUP – 2006**

Service Type	Age 65+	Age 0-64	Total
Nursing Home	92,867	12,840	105,707
Adult Care Facility	20,206	0	20,206
Personal Care	47,972	19,170	67,142
Long Term Home Health Care Program	17,076	7,191	24,267
Long Stay CHHA	20,166	11,069	31,235
Managed Long Term Care	18,069		18,069
Alternate Level of Care	56	40	96
Total	216,412	51,310	266,722

3. Calculate statewide use rates for each of the three service types and age groups.

Use rates indicate how many resources are available per unit of population. The number of people served for each of the three service types (RHCF, supportive housing and long term community based care) is divided by the total 2006 population age 0-64 and the number of dependents for the 65+ population to calculate the normative statewide use rates for each service type. To develop use rates, alternate level of care patients were redistributed to nursing homes (40%) and to community based service (60%). Table 2 shows the results of these calculations.

**TABLE 2
STATEWIDE NORMATIVE USE RATES
BASED ON DISTRIBUTION OF 2006 LONG TERM CARE CLIENTS**

	Residential Health Care Facility	Supportive Housing	Long Term Community Based Care	Total
Age 65+*				
2006 Resource Used	92,889	20,206	103,317	216,412
2006 Dependents	368,890	368,890	368,890	368,890
2006 Use Rate (Resources/Dependent)	0.252	0.055	0.280	0.587
2016 Dependents	399,594	399,594	399,594	399,594
2016 Resource Needed	100,620	21,888	111,916	234,425
Age 0-64*				
2006 Resource Used	12,856		37,454	50,310
2006 Population (000's)	16,805	16,805	16,805	16,805
2006 Use Rate (Resource/1,000)	0.765	0	2.229	2.994
2016 Population (000's)	16,829	16,829	16,829	16,829
2016 Resource Needed	12,874	0	37,507	50,382
Unadjusted Total 2016 Need	113,495	21,888	149,424	284,807

***Note that the use rates for the 65+ population are calculated on a “per dependent” basis while the 0-64 calculates the use “per 1,000 population”.**

For the 65+ dependents, there were .252 residential health care facility beds for each dependent 65+ statewide. There were also .055 supportive housing units per dependent and .280 long term community based services per dependent. For the 0-64 population, there were

.765 nursing home beds for every 1,000 people under 65, and 2.229 community based services being provided per 1,000 people.

4. Calculate county level need using the statewide pattern.

The use rates shown in Table 3 are multiplied by the projected 2016 county level population age 0-64 and the estimated dependents age 65+ to produce county level need by service type for 2016. The total long term care need for each county is calculated by summing the need for residential health care facility, long term community-based and supportive housing. This sum represents the total number of people in need of service for that county according to the statewide use pattern. Table 3 shows the results of the county level calculations using the statewide use rates.

Table 3: Long Term Care Need Based on the Statewide use Rates, 2016
Residential Health Care Facility (RHCF), Community Based (CB) and Supportive Housing (SH)

County	RHCF 0-64	RHCF 65+	Total RHCF	CB 0-64	CB 65+	Total CB	SH 0-64	SH 65+	Total SH	Total LTC Need
Albany	187	1,461	1,648	542	1,620	2,162	0	318	318	4,128
Allegany	36	307	343	104	341	445	0	67	67	855
Broome	130	935	1,065	375	1,038	1,413	0	203	203	2,681
Cattaraugus	53	326	379	153	361	514	0	71	71	964
Cayuga	49	386	435	141	428	569	0	84	84	1,088
Chautauqua	86	602	688	248	668	916	0	131	131	1,735
Chemung	52	429	481	149	475	624	0	93	93	1,198
Chenango	30	360	390	87	399	486	0	78	78	954
Clinton	57	514	571	166	570	736	0	112	112	1,419
Columbia	36	442	478	103	490	593	0	96	96	1,167
Cortland	31	273	304	90	302	392	0	59	59	755
Delaware	28	393	421	80	436	516	0	86	86	1,023
Dutchess	195	1,100	1,295	563	1,220	1,783	0	239	239	3,317
Erie	558	4,305	4,863	1,615	4,775	6,390	0	937	937	12,190
Essex	25	262	287	74	291	365	0	57	57	709
Franklin	38	286	324	111	317	428	0	62	62	814
Fulton	33	374	407	95	415	510	0	81	81	998
Genesee	36	380	416	105	421	526	0	83	83	1,025
Greene	32	345	377	92	383	475	0	75	75	927
Hamilton	3	41	44	9	46	55	0	9	9	108
Herkimer	36	471	507	105	522	627	0	102	102	1,236
Jefferson	76	486	562	220	539	759	0	106	106	1,427
Lewis	17	154	171	48	171	219	0	33	33	423
Livingston	45	318	363	129	352	481	0	69	69	913
Madison	45	265	310	131	294	425	0	58	58	793
Monroe	475	3,356	3,831	1,375	3,723	5,098	0	730	730	9,659
Montgomery	26	384	410	75	425	500	0	83	83	993
Nassau	836	5,345	6,181	2,419	5,928	8,347	0	1,163	1,163	15,691
Niagara	130	898	1,028	377	996	1,373	0	195	195	2,596
Oneida	146	1,453	1,599	422	1,612	2,034	0	316	316	3,949
Onondaga	276	1,765	2,041	798	1,958	2,756	0	384	384	5,181
Ontario	64	393	457	187	436	623	0	85	85	1,165
Orange	261	1,731	1,992	754	1,920	2,674	0	377	377	5,043
Orleans	31	273	304	89	303	392	0	59	59	755
Oswego	81	430	511	234	476	710	0	93	93	1,314
Otsego	41	392	433	120	435	555	0	85	85	1,073
Putnam	71	332	403	206	368	574	0	72	72	1,049
Rensselaer	92	647	739	267	717	984	0	141	141	1,864
Rockland	186	1,142	1,328	538	1,267	1,805	0	248	248	3,381
St.Lawrence	74	489	563	215	542	757	0	106	106	1,426
Saratoga	141	679	820	408	754	1,162	0	148	148	2,130
Schenectady	86	639	725	248	709	957	0	139	139	1,821
Schoharie	19	169	188	54	188	242	0	37	37	467
Schuyler	12	138	150	33	153	186	0	30	30	366
Seneca	19	221	240	55	245	300	0	48	48	588
Steuben	58	449	507	167	499	666	0	98	98	1,271
Suffolk	947	6,191	7,138	2,741	6,867	9,608	0	1,347	1,347	18,093
Sullivan	53	384	437	154	426	580	0	84	84	1,101
Tioga	30	264	294	86	292	378	0	57	57	729
Tompkins	68	335	403	196	371	567	0	73	73	1,043
Ulster	129	749	878	372	831	1,203	0	163	163	2,244
Warren	41	365	406	119	405	524	0	79	79	1,009
Washington	38	382	420	111	424	535	0	83	83	1,038
Wayne	64	376	440	184	418	602	0	82	82	1,124
Westchester	599	4,936	5,535	1,735	5,475	7,210	0	1,074	1,074	13,819
Wyoming	27	302	329	79	335	414	0	66	66	809
Yates	17	168	185	50	187	237	0	37	37	459
NYC	5,823	49,626	55,449	16,853	55,041	71,894	0	10,795	10,795	138,138
NYS	12,875	100,618	113,493	37,256	111,600	148,856	0	21,886	21,886	284,235

5. Calculate need based on existing local patterns.

The steps described above develop need estimates that are based on a statewide pattern of resource use. It assumes the same proportional distribution of services in each county. The statewide pattern need estimates indicate that approximately 39.9% of those in need of long term care services are served in residential health care facilities, 7.7% through supportive housing and 52.4% through long term community-based services.

In practice, the distribution of services existing in the counties does not necessarily reflect this pattern. For example, in Albany County 52.1% of the long term care resources were accounted for by residential health care facility beds, while in New York City only 32.9% of the long term care recipients were in RHCF beds.

To determine the quantity of long term care services suggested by the local pattern for each type of long term care service, the percentage distribution of resources found in each county in 2006 was calculated for residential health care facilities, supportive housing and long term community-based services. These percentages were then multiplied by the total number of persons in need of long term care services to determine the way the existing local pattern would distribute the resources for that same population in need. The total number of persons in need of service is identical to that used in the statewide pattern. Only the distribution of the services between the service types is examined in this step. Table 4 shows an example of the distribution of need estimates resulting from the use of the statewide pattern for distributing long term care services and that obtained using the existing local pattern need.

TABLE 4

**SAMPLE CALCULATION OF STATEWIDE AND LOCAL PATTERN
DISTRIBUTION OF LONG TERM CARE SERVICES – 2016**

Albany County Example

	Statewide Pattern		Local Pattern	
	%		%	
	Distribution	in Need	Distribution	in Need
RHCF	39.9%	1,648	52.1%	2,152
Community-Based	52.4%	2,162	31.8%	1,315
Supportive Housing	7.7%	318	16.1%	661
Total Persons to be Served	100%	4,128	100%	4,128

Using the statewide use rates for each of the service types, Albany County has a total need to serve 4,128. The statewide pattern need would distribute that need 40% in nursing homes, 52.2% in community based long term care services and 7.8% in supportive housing. The actual local distribution of services in 2006 found that Albany County resources were distributed much more heavily toward nursing homes and if those same patterns continued in 2016, 52.1% of the need would be met in nursing homes, 31.8% in community based long term care services and 16.1% in supportive housing.

Table 5 shows the 2006 resource distribution and the local pattern need for 2016 for each county in the State.

Table 5: Long Term Care Need Based on the Local Pattern, 2016
Residential Health Care Facility (RHCF), Community Based (CB) and
Supportive Housing (SH)

County	Distribution in 2006			2016 Local Pattern Need			Total
	RHCF	CB	SH	RHCF	CB	SH	
Albany	52.1%	31.9%	16.0%	2,152	1,315	661	4,128
Allegany	47.1%	40.4%	12.5%	403	345	107	855
Broome	54.8%	30.1%	15.1%	1,470	807	404	2,681
Cattaraugus	45.9%	42.1%	11.9%	443	406	115	964
Cayuga	54.7%	19.7%	25.5%	596	214	278	1,088
Chautauqua	49.3%	25.0%	25.7%	855	433	446	1,734
Chemung	45.6%	41.8%	12.7%	546	500	152	1,198
Chenango	45.0%	47.5%	7.6%	429	453	72	954
Clinton	46.0%	45.1%	8.9%	653	640	126	1,419
Columbia	61.1%	26.9%	11.9%	714	314	139	1,167
Cortland	43.3%	36.5%	20.2%	327	276	152	755
Delaware	59.3%	35.0%	5.7%	607	358	58	1,023
Dutchess	58.9%	34.1%	7.0%	1,953	1,131	233	3,317
Erie	47.0%	36.1%	16.9%	5,735	4,400	2,055	12,190
Essex	57.4%	29.2%	13.4%	407	207	95	709
Franklin	34.3%	60.8%	4.9%	279	495	40	814
Fulton	43.6%	46.8%	9.7%	435	467	96	998
Genesee	63.6%	23.2%	13.2%	652	238	135	1,025
Greene	56.3%	22.3%	21.4%	522	207	198	927
Hamilton	67.2%	32.8%	0.0%	73	35	0	108
Herkimer	62.3%	22.1%	15.6%	770	273	193	1,236
Jefferson	58.6%	36.2%	5.2%	836	516	74	1,426
Lewis	49.3%	43.4%	7.2%	209	184	31	424
Livingston	65.9%	13.7%	20.4%	602	125	186	913
Madison	70.7%	23.6%	5.8%	560	187	46	793
Monroe	41.9%	43.9%	14.2%	4,044	4,244	1,371	9,659
Montgomery	52.9%	28.4%	18.7%	525	282	186	993
Nassau	52.0%	31.9%	16.2%	8,154	5,001	2,536	15,691
Niagara	63.9%	22.6%	13.5%	1,660	586	350	2,596
Oneida	66.7%	23.6%	9.7%	2,634	933	382	3,949
Onondaga	53.1%	29.7%	17.2%	2,750	1,539	893	5,182
Ontario	47.9%	34.6%	17.5%	558	404	204	1,166
Orange	48.0%	40.0%	12.1%	2,419	2,016	609	5,044
Orleans	62.8%	22.9%	14.2%	474	173	107	754
Oswego	60.3%	33.0%	6.6%	793	434	87	1,314
Otsego	59.4%	24.5%	16.1%	637	263	173	1,073
Putnam	58.0%	42.0%	0.0%	609	440	0	1,049
Rensselaer	50.8%	36.9%	12.3%	948	687	229	1,864
Rockland	47.8%	34.2%	18.1%	1,615	1,156	610	3,381
St.Lawrence	42.4%	52.1%	5.5%	605	743	78	1,426
Saratoga	65.1%	21.1%	13.8%	1,387	449	294	2,130
Schenectady	47.9%	38.9%	13.2%	872	709	240	1,821
Schoharie	35.8%	50.7%	13.5%	167	237	63	467
Schuyler	39.0%	32.4%	28.6%	143	119	105	367
Seneca	91.8%	8.2%	0.0%	540	48	0	588
Steuben	68.6%	18.5%	12.9%	872	235	164	1,271
Suffolk	58.9%	27.0%	14.2%	10,653	4,876	2,564	18,093
Sullivan	52.0%	42.8%	5.2%	572	472	57	1,101
Tioga	56.3%	34.2%	9.5%	410	250	69	729
Tompkins	46.6%	36.2%	17.2%	486	377	180	1,043
Ulster	56.9%	38.2%	4.9%	1,277	856	111	2,244
Warren	54.1%	31.8%	14.1%	546	321	142	1,009
Washington	46.7%	38.4%	14.9%	485	399	154	1,038
Wayne	76.1%	23.3%	0.6%	856	262	7	1,125
Westchester	49.4%	43.2%	7.4%	6,821	5,976	1,022	13,819
Wyoming	64.1%	26.4%	9.5%	518	214	77	809
Yates	51.7%	32.1%	16.2%	237	147	74	458
NYC	32.9%	64.3%	2.8%	45,458	88,849	3,831	138,138
New York State	40.0%	52.2%	7.8%	122,953	138,223	23,061	284,237

6. Statewide pattern need and local pattern need estimates are blended.

The methodology recognizes that neither the statewide pattern of resource use nor continuing local pattern use is necessarily realistic or desirable. To reflect the existing locally developed long term care resource pattern and, at the same time, to reflect the need to move to the statewide pattern resource configuration which emphasizes community based services in the least restrictive settings, the long term care needs of each level of care were averaged to arrive at the blended need for each county.

To achieve the blending between the statewide pattern and the local historical pattern, the need estimates for each service type were averaged. Table 6 shows these calculations for Albany County as an example.

TABLE 6

**CALCULATION OF BLENDED LONG TERM CARE NEED
Albany County Example**

	Residential Health Care Facilities	Supportive Housing	Long Term Community Based
Statewide Pattern Need	1,648	318	2162
Local Pattern Need	2,152	661	1315
Blended Average	1,900	490	1,739

Table 7: Blended 2016 Need – Residential Health Care Facility, Long Term Community-Based Services and Supportive Housing

County	RHCF	CB	SH	Total
Albany	1,900	1,739	490	4,129
Allegany	373	395	87	855
Broome	1,268	1,110	304	2,682
Cattaraugus	411	460	93	964
Cayuga	516	392	181	1,089
Chautauqua	772	675	289	1,736
Chemung	514	562	123	1,199
Chenango	410	470	75	955
Clinton	612	688	119	1,419
Columbia	596	454	118	1,168
Cortland	316	334	106	756
Delaware	514	437	72	1,023
Dutchess	1,624	1,457	236	3,317
Erie	5,299	5,395	1,496	12,190
Essex	347	286	76	709
Franklin	302	462	51	815
Fulton	421	489	89	999
Genesee	534	382	109	1,025
Greene	450	341	137	928
Hamilton	59	45	5	109
Herkimer	639	450	148	1,237
Jefferson	699	638	90	1,427
Lewis	190	202	32	424
Livingston	483	303	128	914
Madison	435	306	52	793
Monroe	3,938	4,671	1,051	9,660
Montgomery	468	391	135	994
Nassau	7,168	6,674	1,850	15,692
Niagara	1,344	980	273	2,597
Oneida	2,117	1,484	349	3,950
Onondaga	2,396	2,148	639	5,183
Ontario	508	514	145	1,167
Orange	2,206	2,345	493	5,044
Orleans	389	283	83	755
Oswego	652	572	90	1,314
Otsego	535	409	129	1,073
Putnam	506	507	36	1,049
Renselaer	844	836	185	1,865
Rockland	1,472	1,481	429	3,382
St.Lawrence	584	750	92	1,426
Saratoga	1,104	806	221	2,131
Schenectady	799	833	190	1,822
Schoharie	178	240	50	468
Schuyler	147	153	68	368
Seneca	390	174	24	588
Steuben	690	451	131	1,272
Suffolk	8,896	7,242	1,956	18,094
Sullivan	505	526	71	1,102
Tioga	352	314	63	729
Tompkins	445	472	127	1,044
Ulster	1,078	1,030	137	2,245
Warren	476	423	111	1,010
Washington	453	467	119	1,039
Wayne	648	432	45	1,125
Westchester	6,178	6,593	1,048	13,819
Wyoming	424	314	72	810
Yates	211	192	56	459
NYC	50,454	80,372	7,313	138,139
New York State	118,239	143,551	22,487	284,277

7. Adjust the need estimates for occupancy.

The blended need estimates for residential health care facilities are then adjusted to reflect a 99% occupancy level.

8. Make migration adjustments for residential health care facility beds.

Migration adjustments reflect the flow of patients between counties, by patients from outside New York State and by New York State residents to out-of-state facilities. Some migration is voluntary reflecting the natural travel patterns and availability of long term care resources that are located in a nearby county. Other migration is involuntary, in that a patient may have to seek care outside the county of origin, or even out of state, because there were no beds available in that county. Several types of migration are reflected in the need methodology. The need estimates for residential health care facility beds is adjusted for the following types of migration:

a. Migration to New York State counties outside the county of origin. The methodology assumes that 50% of the migration between New York State counties is voluntary and 50% is involuntary (with the exception of migration to "special facilities" below). Therefore, based on the 2006 RHCF annual reports, 50% of the proportional residential health care facility beds used by out of county residents are "returned" to the county of use; 50% remain with the county of origin.

b. Migration to facilities outside of New York State. Some patients receive care in facilities outside of New York State. Data were obtained from the Office of Health Insurance Programs for the number of non-specialty (excluding traumatic brain injury, ventilator, etc.) Medicaid patients served in out-of- state facilities. Again, 50% of this migration is assumed to be voluntary and 50% involuntary. 50% of the out-of-state Medicaid patients are "returned" to their county of origin in the need estimates.

c. Out-of-state migration to New York State facilities. The number of beds for patients from other states or whose origin is unknown was added to the need in counties where these patients were served according to the 2006 nursing home reports.

9. Display Final Need Estimates, Additional Adjustments and Unmet Need

Table 8 shows the resulting blended need estimates for each of the three types of long term care by county including the occupancy factor and migration adjustments for residential health care facility beds.

The resulting statewide need number has also been adjusted to reflect the revision adopted in Chapter 58 of the Laws of 2009 to add approximately 6,000 Assisted Living Program (ALP) beds to the system to better meet the needs of New Yorkers who have less complex needs who end up in nursing homes because there are no other adequate alternatives. This adjustment was made using Minimum Data Set (MDS) data for 2006. We estimated that approximately half of the residents in the Physical A and Physical B RUG categories could be served in an ALP if that alternative were available. The final distribution of ALP beds will be dependent upon Department review and approval of ALP applications.

Current certified beds are shown by county which are then adjusted to reflect those pipeline projects that have received approval through the State Hospital Review and Planning Council, Public Health Council and/or Department but have not yet been completed as well as future adjustments that were designated through the Berger Commission process.

Current unmet need, either positive or negative is shown in the final column.

County Name	Migration Adjustment	Out of State in NYS	NYS Res.Out of State	2016 Total Need	Current RHCF Beds	Pipe Line RHCF Beds	Future Berger Adjustment	Total RHCF Resource	Un Met Need*
Albany	1,801	15	28	1,844	1,794	35		1,829	15
Allegany	385	0	1	386	361			361	25
Broome	1,340	19	21	1,380	1,705	(44)	(73)	1,588	(208)
Cattaraugus	431	1	20	452	552			552	(100)
Cayuga	502	0	0	502	589			589	(87)
Chautauqua	819	0	12	831	1,130			1,130	(299)
Chemung	535	5	11	551	736			736	(185)
Chenango	482	4	1	487	564			564	(77)
Clinton	614	0	2	616	423			423	193
Columbia	642	1	24	667	648	11		659	8
Cortland	338	0	0	338	400			400	(62)
Delaware	504	2	5	511	364			364	147
Dutchess	1,823	8	72	1,903	1,926			1,926	(23)
Erie	5,277	11	3	5,291	6,466	51	(220)	6,297	(1,006)
Essex	367	0	1	368	340			340	28
Franklin	260	0	1	261	215			215	46
Fulton	409	1	1	411	360			360	51
Genesee	543	2	0	545	488			488	57
Greene	400	2	6	408	256			256	152
Hamilton	30	0	0	30	0			0	30
Herkimer	598	0	1	599	557			557	42
Jefferson	692	0	0	692	643	(76)		567	125
Lewis	189	0	0	189	160			160	29
Livingston	471	4	0	475	354			354	121
Madison	398	0	1	399	389			389	10
Monroe	4,146	13	8	4,167	5,477	(4)		5,473	(1,306)
Montgomery	513	1	1	515	590			590	(75)
Niagara	1,371	5	1	1,377	1,524			1,524	(147)
Oneida	2,263	8	5	2,276	2,669	(17)		2,652	(376)
Onondaga	2,407	8	1	2,416	2,929	(20)		2,909	(493)
Ontario	526	7	0	533	615			615	(82)
Orange	2,078	12	32	2,122	1,578	(160)		1,418	704
Orleans	357	2	1	360	310			310	50
Oswego	650	2	1	653	729			729	(76)
Otsego	505	3	1	509	384			384	125
Putnam	434	9	3	446	320			320	126
Renselaer	994	3	28	1,025	1,243			1,243	(218)
Rockland	1,561	64	10	1,635	1,696	(13)		1,683	(48)
Saratoga	986	2	16	1,004	825	80		905	99
Schenectady	864	12	13	889	996		(20)	976	(87)
Schoharie	90	0	1	91	0			0	91
Schuyler	138	0	1	139	120			120	19
Seneca	385	4	0	389	280			280	109
St.Lawrence	611	2	0	613	791	(64)		727	(114)
Steuben	679	9	3	691	691			691	0
Sullivan	496	0	19	515	449		(40)	409	106
Tioga	324	22	6	352	277			277	75

Table 8. 2016 RHCF Bed Need, Resource and Unmet Need

County Name	Migration Adjustment	Out of State in NYS	NYS Res.Out of State	2016 Total Need	Current RHCF Beds	Pipe Line RHCF Beds	Future Berger Adjustment	Total RHCF Resource	Un Met Need*
Tompkins	471	5	2	478	520		(160)	360	118
Ulster	1,056	10	12	1,078	1,099			1,099	(21)
Warren	407	3	7	417	402			402	15
Washington	510	27	15	552	528			528	24
Wayne	632	2	1	635	549			549	86
Westchester	6,527	159	30	6,716	6,807	125	(247)	6,685	31
Wyoming	377	1	1	379	240			240	139
Yates	208	0	0	208	196			196	12
New York City	50,159	460	452	51,071	43,646	(619)		43,027	8,044
Nassau_Suffolk	16,857	82	23	16,962	15,818	(96)	(293)	15,429	1,533
New York State	119,433	1,012	905	121,350	115,718	(811)	(1,053)	113,854	7,496
Revisions per Chapter 58, Assisted Living Program:				(6,000)					
NYS Adjusted Need:				115,350					

*Does not reflect Assisted Living Program adjustment.