Action Plan for  
*Dignity, Respect, Choice and Recovery*  
for People Living in  
Adult Homes

February 2007
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For more information about the NYS Coalition for Adult Home Reform, please contact Davin Robinson (drobinson@scaany.org) or Karen Schimke (kschimke@scaany.org) at the Schuyler Center for Analysis and Advocacy, (518) 463-1896.
Action Plan for
Dignity, Respect, Choice and Recovery
for People Living in Adult Homes

Introduction

More than 35,000 people live in over 500 adult homes throughout the state. The
state of New York spends over $80 million annually through the Supplemental
Social Security Income (SSI) program and hundreds of millions more in Medicaid
for medical and mental health services for low income individuals living in adult homes.
Originally designed for the elderly, almost 30% of the people living in adult homes have
psychiatric disabilities. Many people with psychiatric disabilities come to adult homes
after being discharged from state or community hospitals because an adult home was
the only housing option available at the time of discharge.

In 1977, Deputy Attorney General Charles J. Hynes published the first of many govern-
ment reports on adult homes that found serious deficiencies in the living conditions,
lack of connection to mental health services and over utilization of some Medicaid ser-
ices. Since publication of the report, the number of people with psychiatric disabili-
ties living in adult homes increased over 50%. Currently, more than 11,000 people with
psychiatric disabilities live in adult homes and almost all are SSI recipients. Modest im-
provements related to enforcement and physical conditions of homes have been made
over time but little has been to done to address the needs of people with psychiatric
disabilities living in adult homes.

Thirty years ago, adult homes were one of the few housing options available to
people with psychiatric disabilities and limited resources. Now there is a wider array
of housing options that are, unlike adult homes, designed and regulated with the
needs of people with psychiatric disabilities in mind. These community mental health
housing options are more cost-effective than adult homes because they are designed
to promote skill development, independence, and recovery. Thus, people living in
community mental health housing learn how to manage their illnesses, avoid costly
hospitalizations and become employed.

In contrast, adult homes do not work with people to build skills, move to more
independent, integrated settings, gain employment or manage their illnesses. The
difference in approach between these two housing options can result in lost lives and
increased state expenditures. For example, Medicaid expenditures are lower for people
with psychiatric disabilities living in supported apartments ($22,000/year) than for
people with psychiatric disabilities living in adult homes ($36,000/year).

New York has demonstrated the ability to redirect funds based on changing needs and
to develop effective community-based services for people. This same talent, energy
and political will are needed to help people living in adult homes. The attached “Action
Plan” is a guide to help New York develop policies, legislation and funding that will
guarantee dignity, respect, choice and recovery for everyone living in adult homes.

“Everybody is in danger of wind-
ing up here. In my
home, we have
had a newspaper
reporter, a pharma-
ceutical salesman,
an opera singer.
All you have to do
is get sick, lose
everything and
you’ll wind up in an
adult home.”
–Woody Wilson,
President of the Board of
Directors of the Coalition
of Institutionalized Aged &
Disabled
Action Plan for
*Dignity, Respect, Choice and Recovery* for People Living in Adult Homes

1. Give people living in adult homes the opportunity to move on:
   
   A. Develop and implement a plan to increase the availability of housing options for people with psychiatric disabilities living in adult homes.
   
   B. Help people move into existing alternative settings through the creation of housing assistance programs.
   
   C. Monitor housing supply and demand for people with psychiatric disabilities through the creation of a community housing waiting list.

2. Improve the health, safety and welfare of people living in adult homes:
   
   A. Create Supportive Congregate Housing (SCH) as an alternative to adult homes.
   
   B. Improve the adult home inspection process.
   
   C. Improve mental health services provided to people living in adult homes.
   
   D. Provide Air Conditioning in Resident Rooms.
   
   E. Improve food service in adult homes.
   
   F. Strengthen oversight of grant funds administered by the Department of Health.
   
   G. Improve Recreation Services.
   
   H. Enhance Medicare Part D prescription coverage for low-income people with disabilities.

3. Protect the rights of people living in adult homes:
   
   A. Pass Adult Home Reform Legislation.
   
   B. Expand the availability of legal and lay advocacy programs for people living in adult homes.
Action Plan for  
*Dignity, Respect, Choice and Recovery*  
for People Living in Adult Homes

1. Give people living in adult homes the opportunity to move on:

People living in adult homes are diverse and have a range of needs. Some are ready to live on their own, some need assistance re-gaining independent living skills and others face significant barriers to independence and would benefit by more appropriate and effective models of housing plus service delivery. A multi-year approach is needed to address these varied needs:

**A. Develop and implement a plan to increase the availability of housing options for people with psychiatric disabilities living in adult homes.**

The 2002 Adult Care Facilities Report, developed with input from New York State agencies, adult home operators, residents and other stakeholders, included a seven-year plan to move 6,000, or half of the people with psychiatric disabilities into scattered site apartments, service enriched SROs and other community mental health housing options. The state has failed to implement this plan. While funding for new community housing for adults with psychiatric disabilities has been increased in recent years, nothing was done to help people living in adult homes move into community housing until the 2006-07 budget was enacted. The 2006-07 budget included funds for only 60 supported apartments for people with psychiatric disabilities living in adult homes.

Since this plan was published in 2002, the state of New York has obtained more detailed information about the needs and desires of people living in adult homes. In 2003, the New York State Department of Health (DOH) assessed 2,602 people living in 19 different adult homes in New York City, Long Island and Westchester County. Based on this small sample, the New York State Office of Mental Health (OMH) has determined that over 260 people living in adult homes are able to live independently and would like to move if they had the opportunity. In addition, OMH funded independent case management programs have identified 300 people living in adult homes who want to and are able to live independently.

The OMH analysis of the assessment data should be considered as a very conservative estimate of need. OMH did not take into account the lack of housing information that people living in adult homes have or the impact that years of living in an institutional setting has on a person’s ability to

“We don’t want adult homes to be dumping grounds for anyone and everyone. We are all different—that’s why you need different types of housing. People must have the opportunity to move on.”

–Julie Loste, former English teacher and adult home resident since 2002
live independently. The Adult Care Facility Task Force, in contrast, took a more recovery-oriented view and determined that if alternative settings and appropriate supports were provided, more people would choose and be capable of living in independent settings.

The state should gather housing preference data from people living in adult homes and use this data to establish measurable goals to meet the demand for housing. The housing preferences of people living in adult homes must also be included as part of the Most Integrated Setting Coordinating Council (MISCC) data collection efforts. Collecting data on this often forgotten population will assure compliance with the Americans with Disabilities Act and the U.S. Supreme Court decision in *Olmstead v. L.C.* to provide people with disabilities an opportunity to live in:

”a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible” (28 CFR, pt. 35, App. A, p. 450 (1998)).

**B. Help people move into existing alternative settings through the creation of independent housing assistance programs.**

Presently, few residents of adult homes can get information about alternative housing that may be available to them or get the help they need to apply for different housing options. Housing assistance programs should be available in areas of the state with large numbers of adult home residents; New York City, Long Island and the Hudson Valley. These programs can help people with or without a psychiatric disability currently living in adult homes to move to more independent housing if appropriate and desired. DOH has funded a similar program at the Center for Urban Community Services (CUCS) for people with traumatic brain injuries in New York City.

**C. Monitor housing supply and demand for people with psychiatric disabilities through the creation of a Community Housing Waiting List.**

There is currently no mechanism in place for tracking available housing for people with psychiatric disabilities and matching it with people’s needs. OMH should work with counties to develop a housing waiting list that keeps track of the demand and supply of housing for people with psychiatric disabilities. This will help assure that the state is in compliance with the Americans with Disabilities Act, the U.S. Supreme Court decision in *Olmstead v. L.C.* and the requirements set forth in New York’s executive law creating the most integrated setting coordinating council (MISCC).
2. Improve the health, safety and welfare of people living in adult homes

A. Create Supportive Congregate Housing (SCH) as an alternative to adult homes.

A better housing option for the elderly and people with disabilities who are dependent on SSI as their sole source of income is desperately needed. People do not want to live in large facilities, some with more than 200 beds, where they share bedrooms and bathrooms with two or more people and where everyone has a psychiatric disability.

SCH would provide high quality, coordinated services in a smaller congregate setting (100 beds or less) for people who want and need this type of housing. They would have their own room or studio apartment in a setting that enables them to live with dignity, respect, choice and recovery.

Financing mechanisms are needed to encourage adult home operators to downsize large adult homes. In recent years, New York has supported a limited number of projects that blend funding streams to create quality affordable housing for people with low incomes and special needs. In order for this to become the typical practice, the Department of Housing and Community Renewal (DHCR), DOH, OMH and other related agencies must work together to blend funds when needed and communicate with all housing providers about the funding opportunities available in New York State.

B. Improve the adult home inspection process.

Regulatory standards and consistent oversight of adult homes are essential to providing people living in adult homes the quality of care they need and deserve. The inspection and oversight process should be "resident-centered" and people living in adult homes, the experts on the conditions of adult homes, should have a more prominent role in the process.

Current workload and practices should be carefully examined to determine whether there are sufficient numbers of inspectors to provide appropriate oversight. There are currently about 50 inspectors for over 500 homes. These inspectors will also be responsible for inspecting and approving assisted living residence applications. There are nearly 300 applications pending for assisted living.

Training programs for inspectors should also be strengthened. Inspectors must have thorough knowledge about the regulations to assure consistent interpretation of the regulations. Inspectors must also be familiar with a variety of other issues including medication, diet, least restrictive environment and the nature of psychiatric and other disabilities that people
in adult homes have. Residents of adult homes should be involved in training inspectors to assure that inspection and oversight is resident-centered.

Additional recommendations to improve the inspection process:

➢ Use a more resident-centered inspection protocol. Service plans should be replaced with treatment plans that track resident goals and progress and inspectors should review treatment plans;

➢ Allow individual residents and resident councils to meet with inspectors during exit interviews at the end of state inspections to find out the results of the inspection;

➢ Provide more education and information to residents about the inspection process and how they can provide information to inspectors;

➢ Set aside time during every inspection for residents to speak with inspectors privately;

➢ Move away from an adversarial process to a problem-oriented process that identifies strengths and weaknesses of facilities and provides direction in correcting problems;

➢ Establish an alternative to going to court to challenge inspections such as administrative reviews and/or mediation to solve problems between inspectors and operators;

➢ Certify adult homes through a combination of scheduled and unscheduled inspections. Full inspections for certification should be scheduled, not unscheduled events. Full inspections demand significant staff time and require that a variety of documents and files be accessible to inspectors. If full inspections are scheduled in advance, the facility can make plans so that resident care is not negatively impacted by the inspection process. Unscheduled visits should be done annually at different times of the day and night to get a better view of the day to day operations of a facility and whether or not procedures are followed at all times;

➢ Renew certification on a more frequent basis. Adult homes receive operating certificates for up to four years. DOH has proposed re-certification every two years for assisted living residences. Adult homes should also be re-certified every two years;

➢ Perform full inspections within three months of the appointment of a new operator and/or adult home administrator. The nature of an adult home can change dramatically with new management and DOH should be proactive to assure that the health, welfare and quality of life do not suffer when there is a change in leadership.

“We are all tired of newspaper stories and scandals. What will it take for the state to do something?”

–Gary Levin, age 55, community organizer, adult home resident from 2002-2006
C. Improve mental health services provided to people living in adult homes.

OMH has statutory authority to regulate care for people with psychiatric disabilities. As long as thousands of people with psychiatric disabilities are residing in adult homes, OMH should use its authority to ensure that people living in adult homes have an opportunity to “live, work and socialize in the most integrated setting.” OMH can do this by re-orienting mental health services provided to people living in adult homes to promote rehabilitation and recovery. Improving mental health services provided to people living in adult homes will lead to improved health status and, in the long run, a reduction in overall health care costs. People with psychiatric disabilities living in adult homes should have access to mental health services that:

➢ Assist people in making informed choices about services and housing and help people access housing and services to meet their needs;
➢ Support the maximum level of independence in the most appropriate and least restrictive environment;
➢ Help people develop their own individualized person-centered care plan;
➢ Provide supports necessary to transition to new housing;
➢ Ensure that pertinent information is forwarded and that the information is quickly and appropriately acted upon;
➢ Make certain that mental health records contain assessments that address a person’s preferences and that there is appropriate follow-up on those needs and preferences.

D. Provide Air Conditioning in Resident Rooms.

The Centers on Disease Control (CDC) states that those most at risk for heath-related illnesses include the elderly, people with psychiatric disabilities and people with chronic diseases. Virtually all adult home residents fall into at least one of these categories. The CDC also reports that the single most protective factor against heat illness is air-conditioning. A survey\(^2\) of 25 adult homes in New York City revealed that:

➢ More than half of the homes did not have air conditioning available in every resident room;
➢ 12% did not have air conditioning available in any resident room;

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\(^1\) Guiding principle from OMH’s 2004-08 Comprehensive Plan.
\(^2\) 2005 Survey conducted by the Coalition of Institutionalized Aged & Disabled.
➢ 36% of the homes charge residents additional fees for air conditioners;

➢ 24% charge each resident more than $50/month for air conditioning. Two homes charge over $100/resident/month.

The 2006-07 budget included a $2 million grant program to help adult home operators provide air conditioning in resident rooms. While not all adult homes need additional funding for air conditioning, more funding will be needed to help adult homes with limited resources afford this necessity.

Funding must be accompanied by regulatory change. Current regulations only require adult homes to "take measures to maintain a comfortable environment when the outside temperature exceeds 85 degrees." Regulations should be changed to require that:

➢ Homes make an air conditioned area available to residents when temperatures inside homes exceed 80 degrees;

➢ DOH establish a schedule of reasonable fees for the use of air conditioners in resident rooms.

E. Improve food service in adult homes.

The number one complaint of people living in adult homes is poor quality food. Maintaining a healthy diet is essential to health, especially for people with diabetes and heart disease, both of which are growing health problems for people with psychiatric disabilities.

Regulations should be updated to:

➢ Assure that dietary requirements are up to date and appropriate for people with a variety of health conditions;

➢ Mandate that appropriately trained personnel are responsible for food planning and preparation;

➢ Establish a resident food committee to work with the dietician and cook in meal planning.

In addition, existing and future grant programs for adult home operators should be directed toward improving food service.

F. Strengthen oversight of grant funds administered by the Department of Health.

For the past ten years, New York has developed grant programs to improve the quality of life in adult homes. The largest of these funding programs is the Quality Incentive Payment Program (QUIP). To date, QUIP has awarded
nearly $30 million to adult homes across the state. Less than $10 million dollars has been made available for smaller, competitive grant programs for adult homes. There are no regulations to implement these programs and DOH has never conducted an audit to assure that these funds have achieved their objective or been used for their stated purpose. DOH should establish regulations for grant fund expenditures and audit past and future expenditures.

G. Improve recreation services.

Adult homes are required to have activities available for residents but in many adult homes, the television is the only source of recreation. Further, most people in adult homes have no input into activities that will be made available and sometimes have no choice in whether or not to participate. Adult homes should be required to consult with a committee of residents in the development and planning of activities and people should be free to choose whether or not they will participate in these activities. Inspections, particularly unscheduled inspections, should determine whether or not homes are actually providing the recreation services they say they are and that residents have input and choice in the services available to them.

H. Enhance Medicare Part D prescription coverage for low-income people with disabilities.

People living in adult homes receive $164/month for their personal needs. If they are covered by Medicare Part D, they are required to make a co-payment for all prescriptions they receive. Many people living in adult homes have eight to ten prescriptions. New York should support federal legislation (HR 5907 Ramstad/S 2409 Smith) to cover the cost of co-pays for all medications for those who cannot afford to pay them.

3. Protect the rights of people living in adult homes

A. Pass Adult Home Reform Legislation.

New York State must assure that people living in adult homes are protected to the maximum extent possible from incompetent or unscrupulous operators. In 2004, some modest legislative reforms were enacted including a prohibition against referrals by hospitals and certain other entities to adult homes that have poor inspection records. Additional legislation is needed to:

➢ Require a thorough and public review of operators. All other providers of publicly funded health and mental health housing undergo character and competence review through either the Public Health Council, the State Hospital Review and Planning Council or the Mental Health Services Council;

“I wish they would do things with us. Maybe go bowling or take us to a movie once in awhile.”

–Dorothy Narard, Age 38, adult home resident since 2003
Establish mechanisms to verify that funds are spent appropriately;
Increase the powers of the Attorney General to investigate and prosecute operators of licensed and unlicensed adult homes;
Require employees and service providers to report abuse of people living in adult homes;
Improve medication management;
Ban all admissions to homes that are in enforcement and unlicensed adult homes that are found to be providing personal care and supervision to people without a license. Establish effective mechanisms to enforce this ban;
Prohibit excessive charges for air conditioning in resident rooms;
Support legal and lay advocacy programs;
Develop a plan to phase out admissions to adult homes for people under the age of 50. Some people come to live in adult homes when they are in their twenties or thirties. As stated previously, adult homes are not designed to promote recovery, independence or work and are thus not appropriate places for younger adults to live in.

B. Expand the availability of legal and lay advocacy programs for people living in adult homes.

Legal and lay advocacy programs provide residents with the information and skills they need to advocate for themselves, protect and promote resident rights, and improve quality of life. These services are available to a limited number of residents and funding should be increased for the following programs:

1. Adult Home Advocacy project. The Commission on Quality of Care and Advocacy for Persons with Disabilities has administered a grant program to not-for-profit organizations to provide legal and non-legal advocacy services as well as training on resident rights and self-advocacy since 1995. Current funding is less than $0.2 million and supports limited services in New York City and Long Island. There are five counties outside of New York City and Long Island that have large (150 beds or more) impacted homes and six upstate counties that have five or more impacted adult homes.

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“The advocacy program I’m involved in has changed my life. It’s shown me that help is available, and that I’m not just a spot on a chair.”

–Michael Cimino, age 55, retired father of 3, adult home resident

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3 “Enforcement” refers to homes that have been cited by DOH for endangerment of resident health or safety or have a pending action against their operating certificate.
4 Broome, Dutchess, Monroe, Rockland and Westchester
5 Monroe, Oneida, Onondaga, Rockland, Sullivan and Westchester
2. The Long Term Care Ombudsman Program (LTCOP). The LTCOP’s legally mandated functions - resident visitation, complaint handling, crisis response and advocacy, play an important role in assuring quality of life and care in nursing homes, adult homes and assisted living facilities. Last year state funding for the LTCOP was reduced. Funding should be restored and additional funds should be provided. In addition, the Assisted Living Reform Act of 2004 allocates $0.5 million for the LTCOP. That funding has yet to be provided to the LTCOP.
Appendices

1. Gary’s Road Home: One person’s odyssey into and out of an adult home

2. Timeline of thirty years of state actions on adult homes

3. Bibliography of reports on adult homes in New York State

4. New York State Coalition for Adult Home Reform 2007 Legislative Agenda

5. New York State Long Term Care Ombudsman Program information
Gary’s Road Home:
One person’s odyssey into and out of an adult home

In 2001, at the age of 47, Gary was facing homelessness. The house that he had rented for over 20 years in the far Rockaways was sold at auction to pay off his landlord’s debts. There were few alternative housing options available to Gary because SSI was his major source of income. After working in a variety of different jobs over the years, Gary had to stop working full time because of his asthma and depression. During this same time, Gary’s mother died. In Gary’s words, his depression got the better of him, and he attempted suicide twice. After the second attempt, the hospital said they would only discharge Gary to a state psychiatric center or to an adult home. Gary chose the adult home and moved into the first one that had an opening.

In 2004, Gary began asking his social worker at the mental health clinic located in his adult home about other places to live but never received any information. At the same time, Gary took a part-time job as an organizer with the Coalition of Institutionalized Aged & Disabled (CIAD).

In July 2006, Gary and other staff from CIAD met with Pathways to Housing in New York City to learn more about alternative community housing options. Shortly after that meeting, Pathways called Gary to say they had an opening for a residential manager in a house in Queens. Gary accepted the position. One month later, Gary’s adult home announced it would be closing. Gary moved into his new home at the end of October.

Gary likes his new neighborhood very much. It is close to good shopping and mass transportation. When he lived in the adult home he had to walk at least a mile to get to the nearest subway or bus stop. Now it is easier for Gary to work and visit his family and friends in the community. Gary also likes to cook and now that he has his own kitchen again, he is able to cook whenever he wants.

In January 2007, two people from another adult home contacted Gary and asked if he could help them find housing. The operator of their home had just given them 30 day eviction notices. Gary believes that his opportunity to live in his home “came out of nowhere” and is happy to pass along this opportunity to other people living in adult homes. His new housemates will move in at the end of January.

Gary’s experience of getting sick and losing his housing is typical of many people who end up in adult homes. Sadly, his experience of moving out and on with his life is unusual.
### Thirty Years of State Actions on Adult Homes

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| 1977 | - Deputy Attorney General Charles J. Hynes publishes *Private Proprietary Homes For Adults*. Report finds deplorable conditions, unscrupulous financial practices and mistreated residents in many adult homes. Highlights, for first time, the special needs of people with psychiatric disabilities living in adult homes.  
- Legislature enacts Chapter 669 of the Laws of 1977 requiring joint visitation and inspection by both the Department of Social Services (DSS) and Office of Mental Health (OMH) in homes with a significant number of people with psychiatric disabilities. OMH is authorized to propose supplementary standards for these homes. |
| 1978 | - DSS promulgates regulation (18 NYCRR, Section 495.5) authorizing OMH to carry out these responsibilities. |
| 1989 | - Legislature asks the Commission on Quality of Care for the Mentally Disabled (CQC) to review the effectiveness of the regulation and oversight of impacted homes. CQC finds seriously deficient conditions and lack of access to appropriate and effective outpatient mental health.  
- State increases state portion of SSI payments for people living in congregate settings, including adult homes. |
| 1991 | - OMH and DSS develop a joint Memorandum of Understanding on inspections, admission and retention and improving access to mental health services. |
| 1996 | - Quality Incentive Payment Program (QUIP) is created to improve the quality of care for residents receiving SSI. Over the course of the next ten years, nearly $28 million is awarded to adult homes through QUIP. |
| 1997 | - Legislature requests OMH to study the delivery of mental health services to people living in adult homes.  
- QUIP amended to tighten the standards for awarding QUIP funds. |
| 1999 | - OMH completes study and recommends enhancing the coordination and delivery of mental health services to residents of adult homes. |

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1 Homes where 25% or more of the people have a psychiatric disability
1999

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<td>U.S. Supreme Court issues <em>Olmstead</em> decision finding that states violate the Americans with Disabilities Act when people with psychiatric disabilities are placed in unjustified isolation and may sue the state for failing to place him or her in the most integrated setting appropriate to his or her needs.</td>
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2002

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<td>New York Times publishes Pulitzer Prize winning articles detailing squalid conditions and financial improprieties at some impacted adult homes in New York City.</td>
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<td>New York State Department of Health (DOH) forms an Adult Care Facilities Workgroup to make recommendations to address the issues raised in the New York Times articles. Report is issued in November 2002 and includes recommendations for improving quality of life and restructuring housing and services for people in adult homes. Report also recommends that the adult care facilities task force continue to meet to monitor implementation of recommendations.</td>
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<td>CQC publishes a report on the cost and quality of Medicaid-funded services provided to people living in adult homes in New York City. Report finds that services are costly, fragmented, and sometimes unnecessary.</td>
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<td>The Most Integrated Setting bill is signed into law. Legislation establishes the Most Integrated Setting Coordinating Council (MISCC) to develop a comprehensive, statewide plan for providing services to people of all ages with disabilities in the most integrated setting. Comprehensive plans has not yet been developed.</td>
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2003

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<td>Independent Case Management and Peer Specialist Program for people with psychiatric disabilities living in adult homes begins.</td>
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<td>QUIP amended to require adult home operators to consult with resident councils before submitting proposals for QUIP funds.</td>
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<td>Governor and New York State Assembly introduce different versions of adult home reform legislation. Assembly passes legislation. Senate does not act.</td>
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<td>Adult Care Facilities Workgroup meets two times and then stops meeting.</td>
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<td>Lawyers for thousands of people with psychiatric disabilities living in adult homes in New York City file a federal lawsuit alleging that New York State is violating federal laws, the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, by segregating individuals in large impacted adult homes.</td>
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| 2004 | ♦ DOH finishes assessment of over 2,000 residents. Never releases data.  
♦ Assembly passes adult home reform legislation. Senate fails to act. |
| 2005 | ♦ State increases state portion of SSI payments for people living in adult homes and includes an increase in the personal needs allowance for people living in adult homes. |
| 2006 | ♦ State funds 60 Supported Apartments for people with mental illness living in adult homes.  
♦ State budget allocates $2 million for air conditioning in resident rooms.  
♦ OMH briefs the New York State Coalition for Adult Home Reform on their analysis of assessments of residents. |
Bibliography of Reports on Adult Homes in New York State


Exploiting the Vulnerable: The Case of Hi-Li Manor Home for the Aged and Regulation by the NYS Department of Social Services. June 1992. New York State Commission on Quality of Care and Advocacy for Persons with Disabilities.


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An Analysis of The Quality Incentive Payment Program for Adult Homes. December 2006. MFY Legal Services, Inc.
New York State Coalition for Adult Home Reform

2007 Agenda
_Dignity, Respect, Choice and Recovery_
_for People Living in Adult Homes_

Budget:

1. Give people living in adult homes the opportunity to move into alternative settings:

   A. **Increase funding for supported apartments for people with mental illness living in adult homes.** The Office of Mental Health has determined that more than 500 people living in adult homes are ready, willing and able to live in supported apartments: $8.4 million.

   B. **Help people find out about alternative housing options and get ready to move.** Fund three housing assistance application offices in parts of the state where there are large concentrations of adult homes: $2 million.

2. Improve the health, safety, welfare and quality of life in adult homes:

   A. **Create Supportive Congregate Housing (SCH) as an alternative to adult homes.** Permit the piloting of new not-for-profit operated SCH models that will provide dignity, respect and choice for people needing this level of housing plus services: $2 million.

   B. **Fund air conditioning in resident rooms.** The elderly, people with psychiatric disabilities and/or chronic diseases are the most at risk for heat related illnesses. Few adult homes provide air conditioning in resident rooms and can’t do so without additional support: $7 million.

   C. **Use QUIP and EnAble funds for improving food service in adult homes.** Maintaining a healthy diet is essential to health. Grant programs for adult home operators should be targeted toward initiatives that will improve food service: $4 million.

   D. **Double the number of trained independent case managers and peer specialists to help people with psychiatric disabilities living in adult homes.** 70% of people with psychiatric disabilities living in adult homes do not have access to this new program designed to help people recover from psychiatric disabilities, regain independent living skills and move into more independent housing if desired by the individual: $5.3 million.

3. Protect the rights of people living in adult homes ($1.6 million):

   Legal and lay advocacy programs provide residents with the information and skills they need to advocate for themselves, protect and promote resident rights, and improve quality of life. These services are available to a limited number of residents and funding should be increased:

   A. **Expand the Adult Home Advocacy project.** Legal and lay advocacy services are available to a limited number of people living in adult homes in New York City and Long Island: $1 million.

   B. **Restore funding for the Long Term Care Ombudsman Program (LTCOP).** The LTCOP plays an important role in assuring quality of life and care in adult homes: $0.6 million.
**2007 Agenda**

*Dignity, Respect, Choice and Recovery*  
for People Living in Adult Homes

**Legislative Items:**

**State:**

1. Pass Adult Home Reform Legislation. New York State must assure that people living in adult homes are protected to the maximum extent possible from incompetent or unscrupulous operators. Legislation is needed to require a thorough and public review of operators, establish mechanisms to insure that public funds are spent appropriately and protect residents rights.

2. Mandatory Abuse Reporting. Adult homes should be held to the same standards as nursing homes when it comes to reporting and punishing abuse of residents. Mandatory abuse reporting will provide an important protection for people living in adult homes.

3. Mental Health Community Housing Waiting List Legislation. A community housing waiting list will provide the data necessary for the development and deployment of community housing for people with psychiatric disabilities.

**Federal:**

1. Improve Medicare Part D prescription coverage for poor people with disabilities. People living in adult homes receive $164/month for their personal needs and many take several different medications. If they receive prescription coverage through Medicare Part D, they are required to make co-payments for these prescriptions. Federal legislation must be passed to eliminate these unaffordable co-payments. Support HR5907 Ramstad/S 2409 Smith.
NEW YORK STATE
LONG TERM CARE OMBUDSMAN PROGRAM
(LTCOP)

ombudsman (om’ budz’ man) noun. A person who investigates complaints, reports findings, and mediates fair settlements, especially between an individual consumer and an institution or organization. [Swedish for ‘citizen advocate’]

What is LTCOP?

LTCOP protects the health, safety, welfare and rights of people living in New York’s long-term care facilities. In New York State, the Office for the Aging operates LTCOP through its Office of the State Long Term Care Ombudsman.

The Office of the State Long Term Care Ombudsman oversees 49 local ombudsman coordinators. Local Ombudsman Programs are sponsored by area agencies on aging or other qualified organizations. They support and train the more than 1,125 certified volunteer ombudsmen who are the first line of contact with residents and long-term care facilities.

The heart of the LTCOP is its corps of citizen-volunteer ombudsmen. Certified volunteer ombudsmen receive 36 hours of training in a nationally approved curriculum. Volunteers are former teachers, businessmen, health care workers, homemakers, attorneys, and others who care about the well being of people.

Federal and State Ombudsman Law

The Ombudsman Program was created in 1972 as a Public Health Service demonstration project to meet the needs of residents facing problems in nursing homes. In 1978, Congress amended the Older Americans Act to include a requirement that each state develop a Long Term Care Ombudsman Program. New York State Elder Law (formally known as Executive Law 544) contains additional requirements for New York’s Ombudsman Program.

LTCOP Funding

LTCOP receives a little over $1 million in federal and state funding.

1 Nursing homes, adult care facilities, enriched housing and assisted living residences.
The Schuyler Center for Analysis and Advocacy (SCAA) is a nonprofit organization that advocates for policies that improve the lives of disenfranchised New Yorkers. Since its founding in 1872, SCAA has worked with many partners, including civic, business, religious and human services organizations, to achieve policy reforms. SCAA achieves its reforms through creative and detail-conscious policy analysis, patient coalition-building and energetic advocacy to elected officials, agency executives and stakeholders.

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