ADULT HOME

Description:
In New York State, an Adult Home is defined in law as an Adult Care Facility. Adult Homes are licensed and regulated by the New York State Department of Health and offer long-term, supportive residential care for five or more elderly people and non-elderly adults with disabilities. Models that are similar to New York's Adult Homes exist in many other states, where they are known by a variety of names (such as Personal Care Homes, Adult Congregate Care, Domiciliary Care, and others); and they provide the same types of housing and the same level of services. Like New York's model, they provide "hands-on" personal care assistance and, therefore, are licensed by a state government agency (Aging, Health, Social Services, or Human Services). Like New York, most states' models serve adults aged 18 and over.

New York—
Adult Homes provide a private or semi-private room, private or shared bath, all meals and snacks, housekeeping and laundry services, and 24-hour supervision. Supportive services provided are targeted to those residents who need personal care assistance with activities of daily living, such as bathing, dressing, grooming, eating, and assistance with the self-administration of medications, but who do not need continual nursing or medical care. Other supportive services include case management, scheduling doctors’ appointments, helping people obtain their financial entitlements, and offering meaningful on-site and community activities.

According to the most recent census data reported by Adult Home providers and summarized by the New York State Department of Health, as of December 31, 2007, there were 485 adult care facilities (Adult Homes, Enriched Housing, Assisted Living Program, and Assisted Living Residences), serving approximately 39,000 residents across the State. About one-third of residents living in Adult Homes rely on public assistance in the form of Supplemental Security Income (SSI) Level III to pay for room, board, and services.

Approximately 75 per cent of the residents living in New York's Adult Homes are frail elderly persons. The remaining 25 per cent are residents who have a severe and persistent psychiatric disability and who tend to be younger, many in their 40's and 50's. There is a mix of elderly and non-elderly psychiatric disability populations in some Adult Homes, particularly in small communities. However, for the most part, Adult Homes primarily serve either frail elderly persons, or people with psychiatric disabilities.

A Certificate of Need process, administered by the New York State Department of Health, is required to obtain a license to operate an Adult Home. Applicants must successfully demonstrate that there is a need for their proposed project in the community; and they must pass financial-feasibility, character and competence,
and legal reviews. An applicant must obtain letters of support for their project from the county Social Services District and the county Area Agency on Aging. To date, such approvals have been successfully obtained because, in general, localities recognize the growing consumer demand for this socially based congregate living option; and communities welcome the job-creation and increased tax revenues associated with an Adult Home’s development and operation.

Adult Homes have been successfully implemented in all geographic areas of New York—urban, suburban, and rural—and homes typically reflect the area in which they are located. For instance, in small and rural communities, an Adult Home may be a house integrated into a residential neighborhood. In urban areas, they are more likely to be larger and purpose-built. Regardless of their size or location, they are all subject to strict architectural/building standards, as outlined in New York State's Adult Home regulations.

Benefits:

For frail elderly residents and younger-aged residents with disabilities:

- For individuals who can no longer live independently in their own homes, Adult Homes provide a more flexible, community-based supportive living environment in place of relocation to more institutional nursing homes and other facilities.

- The functional abilities of residents in any one home can vary significantly, providing a more normalized living environment for residents than is possible in care facilities that cater to a homogeneous older frail resident group or where all residents have mental health disabilities.

- The goals of service-design and service-provision are person-centered, to:
  - Personalize the level of assistance provided based on each individual’s needs;
  - Provide services in a manner that maintains a resident’s dignity and promotes his/her independence to the greatest extent possible; and
  - Provide an environment in which the ability for residents to make choices about their own lives is paramount, regardless of a person’s level of need.

For the community:

- There are Adult Homes of all shapes and sizes throughout the State, providing a housing option that meets the unique profile of each community's population and level/type of need.

Impediments of barriers to development or implementation:

- Community-level problems – such as antiquated or unclear zoning laws, lack of municipality provided utilities, or poor community planning efforts can make it difficult for developers to construct new Adult Homes.

- Zoning – zoning requirements differ from one community to another—each municipality may consider an Adult Home in a different way. When considering a potential location, it is important to find out early if a potential site location is zoned appropriately, needs to be re-zoned, or if you can apply for a special use permit from the municipality to allow for a specific use.
• “Not In My Back Yard” (NIMBY) – Adult Homes can experience the same neighborhood resistance as other congregate or multiunit residential options for special-needs populations. Typically, neighborhood opposition stems from a fear of how such a development will change the character of the neighborhood, change traffic flow or density, lower land or housing values, increase noise, and alter community aesthetics. These issues can be mitigated, public sentiment influenced, and potential opposition disarmed by (1) having good communication with the municipality and the residents of the town/village/city, and providing community residents with ample opportunity to express concerns and ask questions via town or city meetings, and (2) educating residents about housing needs and Adult Home residents, and showing evidence from studies of existing Adult Homes about the impact on neighborhoods. Such efforts can convince local residents that a good-quality Adult Home can be a community asset and is an important part of any comprehensive community planning effort.

• Regulations - strict regulations in all areas of the operational aspects of an Adult Home can make operation unaffordable if indigent people are being served.

• Funding for operations - development and, ultimately, operation is much more challenging in economically depressed areas of the State because government funding for low-income Adult Home residents (SSI Level III), is inadequate. As of January 1, 2009, the monthly SSI reimbursement rate per eligible resident was $1,368, of which $178 goes to the individual as a personal needs allowance, leaving the remaining $1,190 for the Adult Home provider to cover the costs of mortgage payments, utility expenses, and repair costs, as well as the costs of residents' board and services. If an Adult Home has an inadequate pool of consumers who have private financial means to pay market-rate monthly rent and service charges, the development may not maintain financial feasibility.

Resources—examples:
• Case Study: Newark, New York
While attempting to develop a 58-bed, full-service Adult Home/assisted living community, a developer experienced problems regarding proper zoning and resistance from neighborhood residents. After many meetings with town officials, the developer was able to apply for a “special use permit,” which allowed for the construction of this type of housing project in an “agricultural” zone. The NIMBY issue was addressed through a series of “town hall” meetings that allowed for open conversation among the developer, town officials, and neighborhood residents. The project was conceived in August of 2006; it was finally approved for construction in June of 2008; and its opening was scheduled for June, 2009.

When considering where best to construct a new Adult Home, there are many considerations that play a part in determining where the facility should be built. Once a developer/provider finds a community that may benefit from the Adult
Home "housing and services" model, a suitable location must be identified. A first step is to talk with local officials and community leaders to determine how much, if any, resistance they may encounter regarding zoning, neighborhood residents, and/or infrastructure issues. Through persistence and patience, developers can help communities make "caring for all segments of their resident populations" a part of their strategic comprehensive community planning.

- For specific examples of successfully operating Adult Homes, contact the Empire State Association of Assisted Living: (518) 371-2573; lnewcomb1@aol.com.

- New York State Department of Health—for a list of Adult Care Facilities, by county, in New York State (including Adult Homes, Enriched Housing Programs, Assisted Living Programs, and three levels of Assisted Living Residences): http://www.health.ny.gov/facilities/adult_care/.

Resource—written and web:
  - Title 18 NYCRR Social Services regulations: Licensure: Part 485;
  - Regulatory Oversight: Part 486; Operations: Part 487


Resource—technical assistance contact name:
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