

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

THE UNITED STATES OF AMERICA,)	
)	
Plaintiff,)	
v.)	
)	
STATE OF NEW YORK,)	Civ. Action No. 13-CIV-4165 (NGG)
)	
)	
Defendant.)	
)	

RAYMOND O'TOOLE, ILONA SPIEGEL, and)		
STEVEN FARRELL, individually and on behalf)		
of all others similarly situated,)		
)	
Plaintiffs,)	
v.)	
)	
KATHY HOCHUL, in her official)	Civ. Action No. 13-CIV-4166 (NGG)	
capacity as Governor of the State of New)		
York, MARY T. BASSETT, in her official)		
capacity as Commissioner of the New York)		
State Department of Health, ANN MARIE)		
SULLIVAN, in her official capacity as)		
Commissioner of the New York)		
State Office of Mental Health, THE NEW)		
YORK STATE DEPARTMENT OF)		
HEALTH, and THE NEW YORK STATE)		
OFFICE OF MENTAL HEALTH,)		
)	
Defendants.)	
)	

TENTH ANNUAL REPORT

SUBMITTED BY

CLARENCE J. SUNDRAM
INDEPENDENT REVIEWER*

* The members of the Independent Review team, Mindy Becker, Thomas Harmon, Stephen Hirschhorn and Kathleen O'Hara, contributed substantially to the research and preparation of this Report.

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I. Introduction & Overview

The 10th Annual Report is an appropriate time to look back on the history of this case. The complaint was originally filed on June 30, 2003¹ and resulted in a Remedial Order and Judgment issued by United States District Court Judge Nicholas G. Garaufis on March 1, 2010.² That decision was vacated on appeal to the United States Court of Appeals for the Second Circuit on a narrow issue of the institutional Plaintiffs' standing.³ After a lengthy negotiation process, the complaint was refiled by the Plaintiffs, now joined by the U.S. Department of Justice which had previously filed briefs in the remedial phase of the earlier litigation, and a Stipulation and Order of Settlement was filed on the same day on July 23, 2013.⁴ The Settlement Agreement was the culmination of persistent advocacy by public interest advocates (Disability Rights, Inc. [Now Disability Rights New York], Bazelon Center for Mental Health Law, Mobilization for Justice, Inc., New York Lawyers for the Public Interest, New York Civil Liberties Union, Urban Justice Center [which withdrew as class counsel in 2018], and pro bono outside counsel, Paul Weiss) and the U.S. Department of Justice, advocacy which has continued through the implementation of the Agreement.

The Settlement Agreement gave a class of approximately 4,000 persons with Serious Mental Illness (SMI) residing in 23 Impacted Adult Homes⁵ in New York City the choice to move into supported housing or other appropriate community housing with the services and supports they need. In this respect, this initiative is very different than the waves of deinstitutionalization in the 1960s and 70s when thousands of patients of State mental hospitals were released into the community, often with inadequate preparation and post-discharge housing options and services.

¹ *Disability Advocates v. Pataki*, EDNY Doc. #1, 03-cv-03209.

² *Disability Advocates v. Patterson*, EDNY Doc. #405, 03-cv-03209.

³ *Disability Advocates, Inc. v. New York Coalition for Quality Assisted Living*, 675 F3d 149, [2d Cir 2012].

⁴ *United States of America v. State of New York*, EDNY Doc. #5, 13-cv-04165; a partial chronology of this litigation can be found at <https://clearinghouse.net/case/11668/>.

⁵ An Impacted Adult Home is an adult home in New York City with a certified capacity of 120 or more in which 25 percent or more of the residents or 25 residents, whichever is less, have serious mental illness. Second Amended Stipulation and Order of Settlement, Doc. #160, filed May 18, 2017 in 1:13-cv-04166-NGG-ST.

The Settlement Agreement required the State to individually assess at least 2,500 class members within four years of the execution of the settlement (July 23, 2013) and to transition those who were determined to be appropriate from the Impacted Adult Homes to community housing through a person-centered planning process. (¶ Section I) Within five years, all class members were required to have been assessed and, if determined to be appropriate through a person centered planning process, transitioned from the Impacted Adult Homes to community housing. The process of implementing the Settlement Agreement, originally envisioned to be completed in five years, has been challenging as the implementation enters its second decade.

As has been discussed in previous annual reports,⁶ the initial five-year deadline was extended to December 31, 2020⁷ and again to December 31, 2023,⁸ and most recently extended once again to June 30, 2025 unless either party seeks to terminate it earlier.⁹ As of the date of this report, the State has assessed 4,276 class members, and has transitioned 1,253 to community housing. During the same period, 2,013 class members have died and 2,009 have been non-transitionally discharged (NTD) from the Impacted Adult Homes outside the process created by the Settlement Agreement. (See, Fig. 4 and Section III below)

In April 2021, the State embarked upon a new strategy to focus the efforts of settlement providers more sharply on transitioning the remaining class members who were interested and

⁶ Annual reports have been filed previously as follows: Independent Reviewer's Annual Report, Doc. # 36, filed March 30, 2015, hereinafter "First Annual Report;" Independent Reviewer's Second Annual Report, Doc. # 63, filed April 1, 2016, hereinafter "Second Annual Report;" Independent Reviewer's Third Annual Report, Doc. # 102, filed April 3, 2017, hereinafter "Third Annual Report;" Independent Reviewer's Fourth Annual Report, Doc. # 145, filed April 2, 2018, hereinafter "Fourth Annual Report;" Independent Reviewer's Fifth Annual Report, Doc. # 229, filed April 3, 2019, hereinafter "Fifth Annual Report;" Independent Reviewer's Sixth Annual Report, Doc. # 185, filed April 1, 2020, in 1:13-cv-04165-NG-ST, hereinafter "Sixth Annual Report;" Independent Reviewer's Seventh Annual Report, Doc. # 298, filed April 1, 2021, in 1:13-cv-04166-NG-ST, hereinafter "Seventh Annual Report;" Independent Reviewer's Eighth Annual Report, Doc. # 243, filed April 1, 2022, in 1:13-cv-04166-NG-ST, hereinafter "Eighth Annual Report;" and Independent Reviewer's Ninth Annual Report, Doc. # 381, filed April 3, 2023, in 1:13-cv-04166-NG-ST, hereinafter "Ninth Annual Report."

⁷ Supplement to the Second Amended Stipulation and Order of Settlement, Doc. # 196-1, filed March 12, 2018 in 1:13-cv-04166-NG-ST, hereinafter "Supplemental Agreement."

⁸ Doc. # 306, filed May 12, 2021 in 1:13-cv-04166-NGG-ST.

⁹ Third Stipulation and Order of Settlement. Doc. # 304-1 filed December 19, 2023 in 1:13-cv-04165-NGG-ST. (hereinafter "Third Stipulation")

eligible. Called the “Full Court Press,”¹⁰ this strategy required concerted attention of the State and settlement provider staff on each adult home over a 90-day period with a focused effort on reminding class members of their choices under the Settlement Agreement and offering them an expedited transition experience centered on their choices, needs and preferences. It was also intended to create a sense of urgency by reminding them of a deadline for making the decision, after which their choices would be forfeited.¹¹

The FCP transition experience was to include enhanced efforts from providers of tasks required by the Settlement Agreement such as: providing class members with information about their choices under the Settlement Agreement, including being assessed to determine their eligibility for supported housing and to identify their needs for community services and supports; offering them expedited opportunities to visit available apartments and neighborhoods matching their needs and preferences; viewing pictures of apartments and video testimonials by class members who had previously moved; and meeting with such “ambassadors” to discuss their experiences. These efforts further included an expedited transition preparation timeline for members who expressed interest in moving, including preparation tasks supported by Adult Home Plus (AH+) care management, housing contractors, peer bridgers and, for enrolled members, Managed Long Term Care (MLTC) plans.

To ensure that class members were making an informed decision to pass up their opportunity to transition from the Impacted Adult Homes, the Independent Reviewer created an Informed Decision Making Template (DMT) to be utilized by settlement providers to document their efforts to provide information required by the Settlement Agreement¹² to class members, and

¹⁰ This strategy was more fully described in the Eighth Annual Report, pp. 24-33, and the Ninth Annual Report, pp. 25-44.

¹¹ Among other things, the Supplemental Agreement capped the class as of September 30, 2018. Thereafter, no persons with SMI who were admitted to the impacted adult homes would be members of the class. It was expected that there would not be many such persons since their admission was prohibited by State regulations as discussed below. The Supplemental Agreement also introduced a “Decision Date” by which class members had to declare their interest in being assessed for transition to community housing or forego this opportunity. (Supplemental Agreement, ¶ G (1) & (2))

¹² The Settlement Agreement required Housing Contractors to conduct in-reach to class members in the impacted adult homes and to provide them with information about the benefits of supported housing, provide opportunities for them to speak to persons living in supported housing, to view photographs and/or virtual tours of sample apartments and to facilitate visits to supported housing apartments. Doc. # 160, filed May 18, 2017 in Case 1:13-cv-04166-NGG-ST.

the class members' responses. Every case of a class member reported by the State as having declined the opportunity to transition from the adult home is to be reviewed by the Independent Reviewer team to ensure that they received the required information and made an informed decision. The most recent Settlement Agreement between the parties which extends the case until June 30, 2025 provides that the Independent Reviewer's determination is conclusive, and if a class member has been determined to have made an informed decision by the time of the Decision Date, the State will have no further obligation to that person under the Settlement Agreement.¹³

The Decision Date for all class members expired on November 8, 2023 and as of March 8, 2024, the end date for this report, cumulatively 1,253 class members have transitioned to community housing. In its Quarterly Report for the period ending December 31, 2023, the State reported that with the completion of the Full Court Press and the expiration of the Decision Date, it had determined that 1,308 class members have made an informed decision not to transition ("NO cases") and 171 class members desire to transition and are in the process. As of March 8, 2024, the Independent Reviewer has reviewed and agreed with 1,058 NO cases and is in the process of reviewing DMTs on others as received. (Section IV. C contains a fuller discussion of this process) It should be noted that these numbers are a snapshot in time and are constantly changing as work progresses, class members' status changes and additional DMTs are submitted to the Independent Reviewer.

A number of factors have affected the implementation of the Settlement Agreement over the past decade.

- The implementation of the Settlement Agreement occurred with the simultaneous rollout of the State's Medicaid reform initiatives in 2013-14 that authorized the creation of Health Homes, which were to play an essential role in evaluating class members' eligibility for supported housing and in providing support services to them in the community. The State also entrusted responsibility for evaluating class members' eligibility for supported housing to MLTCs, many of which had no prior experience working with a population of persons with SMI and histories of long-term institutionalization.

¹³ Third Stipulation and Order of Settlement. Doc. #304-1, filed 12/19/23 in 1:13-cv-04165-NGG-ST, ¶ C.1.

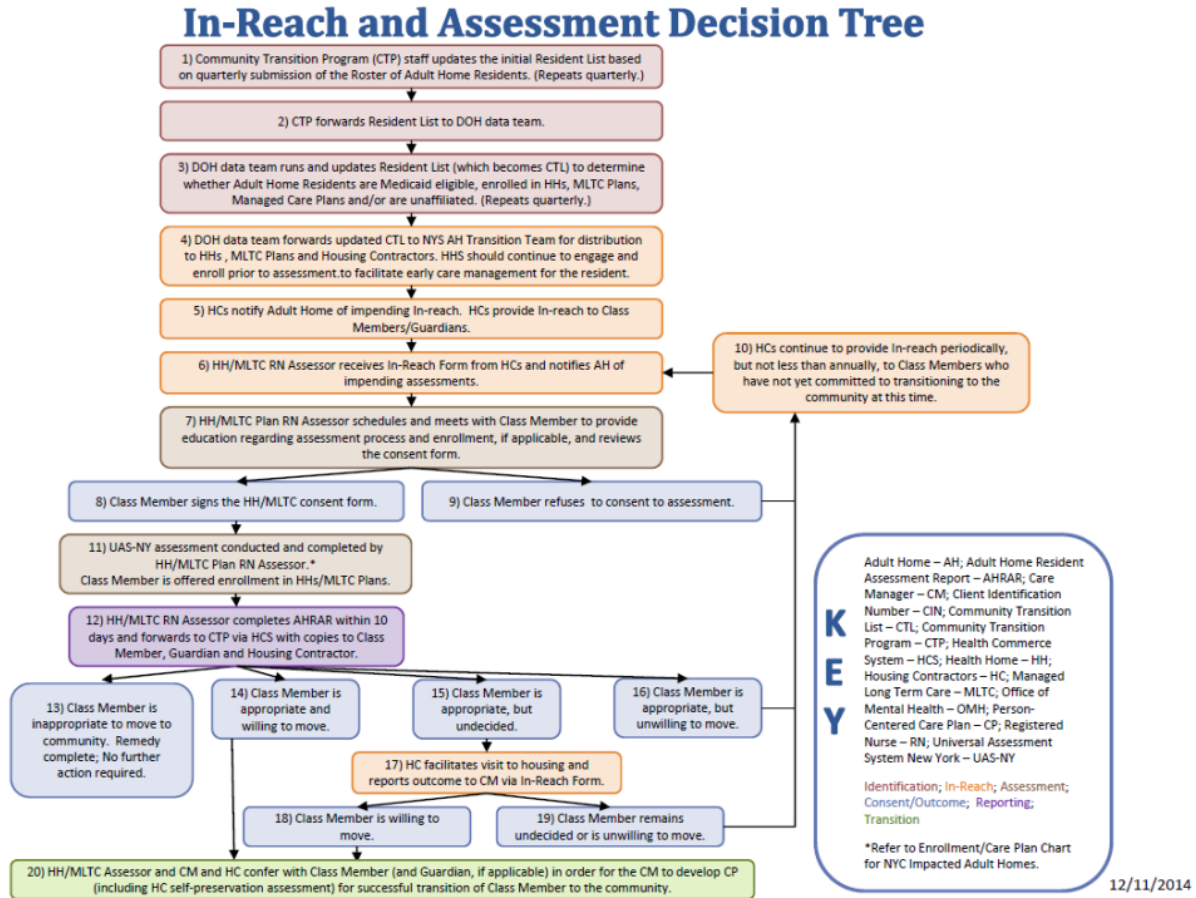
- Primary responsibility for the implementation of the Settlement Agreement was placed upon two separate State agencies, the Department of Health (DOH) and the Office of Mental Health (OMH), which were responsible for separate pieces of the implementation process, with the former being responsible for Medicaid-funded healthcare providers, including the Health Homes and MLTCs, while the latter was responsible for housing contractors (HCs) that were tasked with reaching out to class members in the adult homes, informing them of their choices and arranging for locating and leasing supported housing and other alternatives for them that matched their needs and preferences. Later, pursuant to the Supplemental Agreement, OMH was responsible for contracting with and overseeing two agencies providing peer bridger services to the class members and Pathway Homes, which was to provide comprehensive case management to a subset of the class members. In addition to the two State agencies, the New York City Human Resources Administration (HRA) was to play a critical role in reviewing and approving assessors' recommendations for the transition of adult home residents to supported housing or other community alternatives.
- The State got a jump start on implementing the Settlement Agreement by the promulgation of regulations on January 16, 2013 by DOH barring the admission of persons with SMI to adult homes with a certified capacity of 80 or more if such an admission would result in a mental health census of 25% or more of the resident population, and requiring the operators of such Transitional Adult Homes (TAH) to submit a compliance plan to DOH demonstrating how they would reduce the mental health census below 25%. At the same time, the OMH adopted regulations prohibiting psychiatric hospitals from discharging individuals with SMI to such TAHs.¹⁴
- The State also entered into contracts to fund the development of 1,050 supported housing units in Kings and Queens County over a three year period and committed to developing a

¹⁴ 14 NYCRR Part 580.6(c)(2); 14NYCRR Part 582.6(c)(2).

minimum of 2,000 supported housing units to help transition class members out of the Impacted Adult Homes. (Settlement Agreement, ¶ D.1)

- Although, in the fairness hearing process leading to the Court’s approval of the Settlement Agreement in 2014, over 200 class members had expressed an interest in leaving their adult homes and taking advantage of the opportunity to move into supported housing, the State decided to initially limit availability of this option to the residents of three of the 23 Impacted Adult Homes while they pilot tested a multi-step implementation process. (See Fig. 1 below) This decision had the unfortunate consequence of sidelining most of the settlement providers at the start of the implementation process, while also frustrating many of the class members who had been waiting more than a decade for this opportunity. The Independent Reviewer recommended a “fast track” process for *all* class members who had expressed an interest in leaving the adult home, arguing that this would expedite implementation of the Settlement Agreement while providing class members in all the Impacted Adult Homes visible evidence of progress; however, the State limited the “fast track” process to residents of the three pilot adult homes.

Fig. 1.



- When in-reach was extended to 14 additional adult homes in Brooklyn and Queens in July 2014, with an emphasis on the “fast track” population within these homes, the Health Homes and MLTCs experienced difficulty in the timely completion of assessments of the class members who were interested. The assessments served the two fold purpose of confirming the class members’ eligibility under the Settlement Agreement, and identifying the types of community housing and support services they would require. Although the State had set a target of 15 days for the completion of the assessments, actual performance fell far short, with a median of 127 days for the first 392 cases. The target date was abandoned. Assessors had so much difficulty keeping pace with the number of assessments being ordered that the State instructed the HCs to throttle back the number of in-reach sessions with class members to no more than ten residents per home per month, with the

actual performance at about half that rate, further frustrating the waiting class members. (First Annual Report, p. 17)

- The completion of assessments remained a bottleneck in the transition process for several years and significantly affected the pace of transitions out of adult homes. (Second Annual Report, p 54). The backlog of cases grew to 811, the median length of time to completion of assessments rose to 269 days, and the percentage of cases in the assessment process for more than six months was 58.5%. It was not until 2018, after the State implemented a recommendation of the Independent Reviewer to assign this responsibility to a single agency that progress was made, and the backlog of assessments was reduced by 59% to 336 cases, and the median length of time reduced to 69 days. (Fourth Annual Report, p. 51)
- Problems of communication between the multiple provider agencies responsible for essential interrelated pieces of the transition process have plagued this initiative from the beginning. The healthcare and housing agencies, supervised separately by DOH and OMH respectively, continually blamed one another for delays in completing assessments, and developing and implementing transition plans for the class members interested in moving. Class members experienced lengthy and frustrating delays as they ping-ponged between different provider agencies to complete the multiple steps of the transition process. Moreover, the sheer number of agencies and staff involved created confusion about their specific roles, compounded by sometimes overlapping responsibilities of provider staff. Class members often did not know the names or contact information for the provider staff who were supposed to be working with them, and regularly complained about a lack of information on the status of their cases. Figure 2 depicts the multitude of agencies and providers involved in the various steps in the transition process.

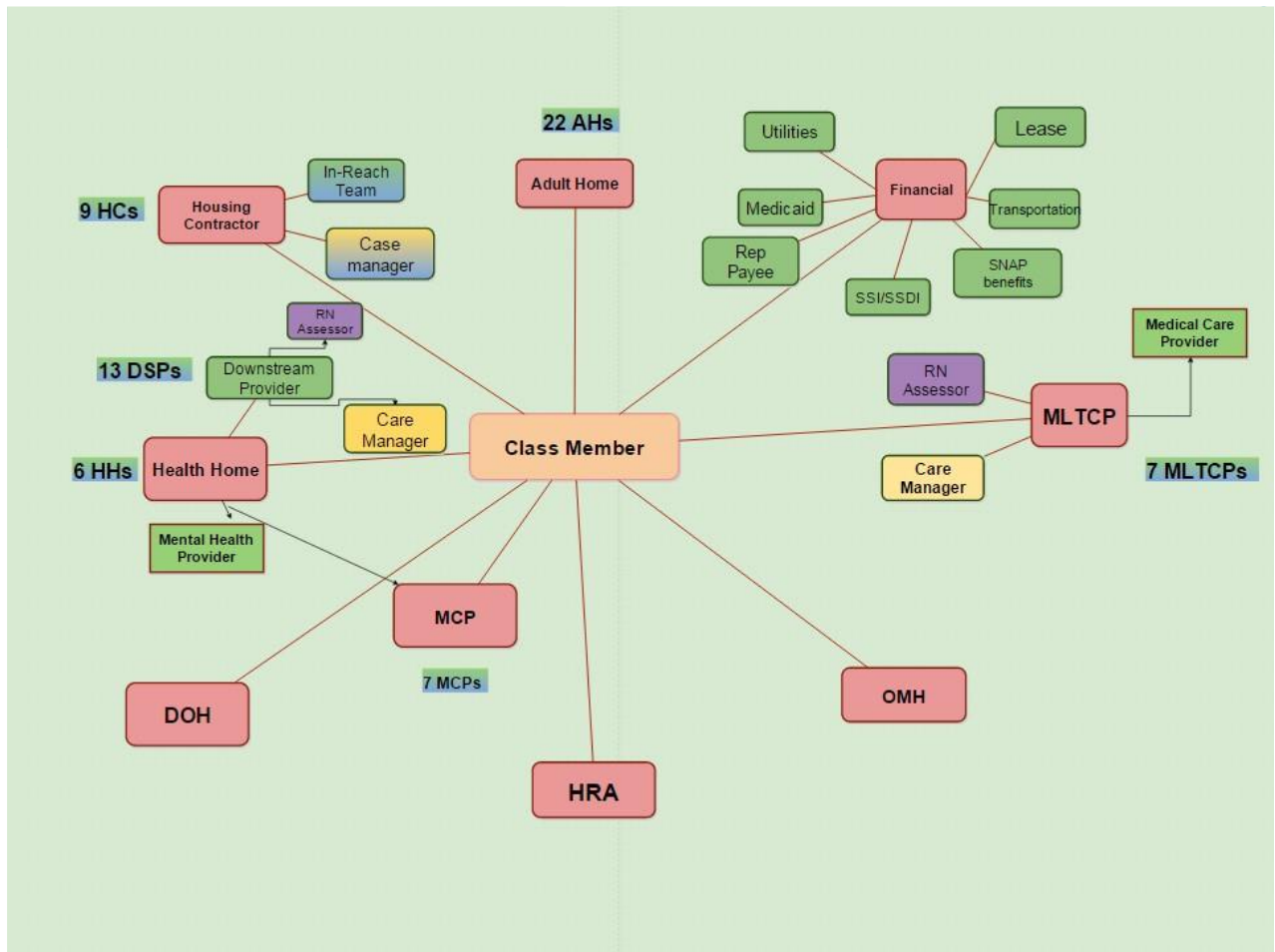


Fig. 2. Provider agencies interacting with class members.

- Initially, the State did not establish caseload standards for the case managers who were expected to assist in shepherding class members through this complicated process, leaving it to the provider agencies' professional judgment to determine what was needed, while expecting caseloads to range from 1 to 12 to 1 to 50 class members. In practice, the case managers reported being overwhelmed by large and unmanageable caseloads as high as 80 class members, which contributed to delays and lack of communication with the class members and other providers, with no single point of accountability for monitoring progress or keeping class members informed. (First Annual Report, p. 52) This problem was eventually addressed by the State's creation of the Adult Home Plus program (AH+) of care coordination which set a maximum caseload of 12 class members who had not said no to transitioning to a care manager and a requirement of at least four face-to-face contacts per month with each class member on the caseload. (Initiated in September 2015, but not

fully implemented until 2016, Second Annual Report, pp. 56, 73-77) In part, the problem of lack of communication among multiple service providers serving the same class member was caused by privacy and confidentiality requirements and the failure of provider agencies to execute Administrative Service Agreements or obtain consents to information sharing. (First Annual Report, p.66; Second Annual Report, pp.37-38)

- The State did not create a single integrated team to manage implementation, leaving it to separate groups of staff in DOH and OMH to perform discrete and sometimes overlapping tasks. This separation was compounded by the absence of a single database of pertinent information to permit tracking a class member's status. Instead, there were and still are multiple data systems in OMH, DOH, HRA, and the individual HCs, Health Homes, and MLTCs – none of which are able to easily share information. It was not until June 2021 that the State rolled out an online dashboard to track key milestones of critical events marking the class members' progress in the transition process.
- The Settlement Agreement anticipated a fixed number of class members by incorporating regulations of the State DOH barring the admission of persons with SMI to the Impacted Adult Homes covered by the agreement. At the same time, the OMH issued policies and regulations prohibiting the discharge of such persons from psychiatric facilities to the Impacted Adult Homes. However, the effectiveness of these regulations in limiting the class size was substantially undermined by the State agreeing to a Temporary Restraining Order on the enforcement of its own regulations, which opened the doors to the admission of persons with SMI to these Impacted Adult Homes. The Temporary Restraining Order (TRO) was in effect from February 16, 2017 until finally lifted on January 4, 2019, during which 1,780 additional persons were admitted.¹⁵ If the proportion of these admissions followed the same pattern as was seen later with the post-class cap population as analyzed by the independent evaluator, Kepro¹⁶ (*see*, Section IV. A below.), approximately 317 of

¹⁴ *Doe. v. Zucker*, Index. No. 07079/2016, Supreme Court, County of Albany. The TRO was lifted on January 4, 2019, and the regulations were once again in effect. *Doe v. Zucker*, Doc. # 81 filed January 4, 2019 in Case 1:17-cv-01005-GTS-CFH (N.D.N.Y.).

¹⁶ Kepro was acquired by Acentra in June 2023. For simplicity, this report continues to refer to the independent evaluator as Kepro.

these would have been persons with SMI.¹⁷ According to the State's Weekly Report for the week ending 3/8/24, there were 300 transitions between 2/17/17 and 12/28/18. Effectively, the slow process of transitioning class members out of adult homes was overtaken by the admission of new class members, keeping overall progress in implementation of the Settlement Agreement effectively at a standstill.

- A related problem was that even after the TRO was lifted and the State regulations barring the admission of persons with SMI to the TAH went back into effect, such persons continued to be admitted to these adult homes due to structural gaps in the screening of new admissions.¹⁸ As a result of the Independent Reviewer's report, the State tightened up the screening criteria and designated Kepro to conduct preadmission screenings and mental health evaluations of proposed new admissions when indicated, commencing on April 1, 2022. As discussed below in Section IV. A of this report, this preadmission screening process applies to a small and dwindling number of adult homes. For the rest, the State continues to rely upon self-reporting by the adult homes, a reliance that has not been consistently dependable.
- One of the key factors that has made implementation of this Settlement Agreement as difficult as it has been the reliance by the State upon a vast array of private providers to perform the functions required by the Court orders. Some of these private providers are under contract with the OMH (HCs, peer bridgers, Pathway Homes and Assertive Community Treatment (ACT) teams). Others are Medicaid-funded provider agencies authorized by the DOH (Health Homes, and their contracted Care Management Agencies, MLTCs, visiting nurses, home health aides, etc.). In both cases, there are limited accountability mechanisms addressing the key tasks required by the Settlement Agreement.

¹⁷ Kepro reviewed 640 admissions to impacted adult homes during the 30 month period following the enactment of a class cap. Reviewing the 199 individuals they could assess, after eliminating those who were not flagged by a pre-screening process, who died, were discharged, or refused, 114 were found to have SMI (17.8%). Applying that same percentage to the 1,780 admissions during the period the TRO was in effect would result in 317 persons with SMI having been admitted.

¹⁸ Independent Reviewer's Report on Review of the Preadmission Screening for Serious Mental Illness at Transitional Adult Homes, Doc. #215, filed 7/9/21 in Case 1:13-cv-0415-NGG-ST

Performance evaluations of staff of these agencies do not measure their compliance with tasks and deadlines embedded in the Court orders. As we noted in the first Annual Report:

The two State agencies that bear the oversight responsibility for these contractors do not have ready access to information about how the contractors have elected to staff their efforts, or caseloads or workloads of the staff upon whose efforts the success of this entire enterprise is dependent and are therefore ill-equipped to determine whether adequate resources are being committed to the implementation effort.

- Overshadowing all other factors, in the seventh year of implementation, an historic COVID-19 pandemic affected all of society and resulted in shutting down most services for approximately two years from March 2020 until 2022. The work of settlement providers was adversely affected by the ban on most visitation at adult care facilities imposed by the State DOH via a Health Advisory issued on March 13, 2020.¹⁹ Class members and other residents of adult homes were largely isolated and settlement provider staff attempted to maintain contact with them via telephone. Peer bridger agencies did a remarkable job in distributing cell phones to class members to enable them to maintain contact.²⁰ HCs, peer bridgers, and some AH+ care managers found creative means to maintain in-person contact with members who had transitioned, and by mid-2021 HCs and peer bridgers also re-established limited in-person contact with members still in adult homes. Nevertheless, with many government offices inaccessible, essential transition tasks were difficult to complete and assessments which required personal interactions could not be performed. Much of the work of implementing the Settlement Agreement could not continue and transitions of class members continued on a downward trajectory.²¹ (See, Fig. 3 below) It should be noted, however, that even with all of the unprecedented challenges encountered, some settlement service providers, including HCs, nevertheless managed to overcome them and restart

¹⁹ New York State Department of Health, HEALTH ADVISORY: COVID-19 CASES IN NURSING HOMES AND ADULT CARE FACILITIES, March 13, 2020. (DOH Health Advisory).

²⁰ Independent Reviewer's Report on the Impact of COVID-19 on Class Members, Doc. # 196, filed September 18, 2020, in 1:13-cv-04165-NGG-ST. ("COVID-19 Report").

²¹ See, Eighth Annual Report, pp. 40-41; Ninth Annual Report, pp. 56-58.

transitions in 2021 and 2022. For example, Pibly Brooklyn restarted transitions with one member in December 2020, then transitioned 25 members in 2021.²²

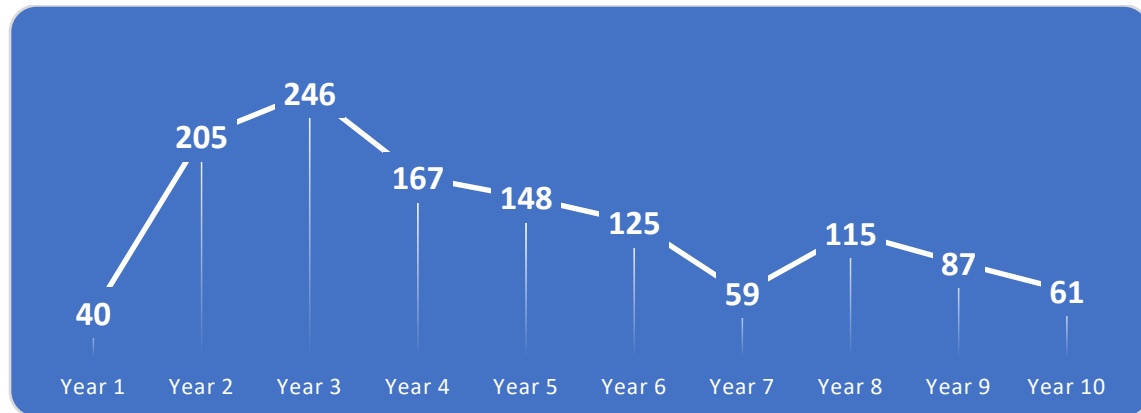


Fig. 3. Community Transitions by Year

- Despite the myriad challenges that have affected the implementation process and extended it far beyond what was initially envisioned, in the decade since the Settlement Agreement was first approved, 1,253 class members have moved out of adult homes to the community in their own apartments or OMH licensed housing. In previous annual reports, the Independent Reviewer team has visited with samples of class members and has generally found them to be happy with their choices.²³ This is not to say that their lives are trouble free. Some of them have experienced difficulties in navigating their more independent lives, which may be a result of their health and mental health conditions, the lingering effects of long-term institutionalization and the accompanying loss of skills, the strain of shared living spaces, and the effects of limited income. Some of their difficulties can also be attributed to gaps in service as provider agencies failed to act with a sense of urgency to address the known needs of class members.²⁴ Generally, however, provider staff have been available to assist them overcome these situations and remain in the community. Overall, less than 10% of the class members who left the adult home opted to return as of 3/8/24.

²² Some of the strategies and efforts Pibly Brooklyn made to reach members in person and support them in transitioning are described in the Independent Reviewer's June 21, 2021 memo #216 In person visits by care managers.

²³ See, e.g., Third Annual Report, pp. 21-24; Fourth Annual Report, pp. 19-21; Sixth Annual Report, pp. 24-31.

²⁴ Eighth Annual Report, pp. 42-44.

- The addition of a peer bridger program as a result of the Supplemental Agreement in 2018 has been a bright spot in the implementation process. The deployment of teams of peers to each of the Impacted Adult Homes has enabled them to maintain a consistent presence in such homes and develop relationships and familiarity with the residents of these homes. The flexibility of their roles has also empowered them to perform a variety of functions to compensate for the irregular presence of other settlement provider staff including accompanying class members to appointments and providing them with support to persist through moments of uncertainty. Peer agencies have also organized social events and outings to expose class members to life in the community and to help overcome loneliness and isolation.
- As noted earlier, as the 10th year ends, the number of class members who are interested in moving and still in the process is 171. With the Decision Date having elapsed for all adult homes, at the time of this report, 1,058 class members have been determined, upon review by the Independent Reviewer, to have made an informed decision not to move from the adult home. These decisions are not unexpected given the general advanced age and length of stay of the class as a whole. Many older class members face multiple health issues and are reluctant to disrupt their lives. Their friends are people who live in adult homes, and many have expressed fears of loneliness that might accompany a move to supported housing.

* * *

As it became evident during this report year that the transition of all interested class members would not be completed by December 31, 2023, the parties embarked upon a discussion about extending the Settlement Agreement. In the process, they agreed that with the number of class members actively engaged in the transition process substantially smaller than the initial class, it was time to streamline the implementation process, reduce the State's reporting requirements, and provide greater flexibility in deploying settlement provider staff to assist class members remaining in the transition process. A Third Stipulation and Order of Settlement was drafted which extends the Court's jurisdiction and oversight until June 30, 2025 unless the Court approves an

earlier termination, and also provides for the continued monitoring and oversight by the Independent Reviewer not only of the transition process but also of continued support of the class members who have already been moved to community housing. The Third Stipulation also assures that supported housing and other supports and services needed by the class members will continue to be available as will the State's own oversight systems. The Third Stipulation was approved by the Court on March 8, 2024 following a fairness hearing held on February 22, 2024.

In light of the work remaining to be done in this case, the Independent Reviewer determined that rather than reviewing granular data on the metrics of past performance of the various steps in the transition process, which have been abandoned in the Third Stipulation, it would be instructive and timely to conduct an in-depth review of a sample of class members who have been in the transition process for a long time without having moved to see if there are systemic obstacles that need to be addressed. At the same time, recognizing that the continued well-being of class members who have already transitioned depends on the effective and accessible services and supports they need, the Independent Reviewer also deemed it useful to review a sample of previously discharged class members currently in community housing to see how they were doing. That review is underway, and the Independent Reviewer anticipates submitting a report of the results shortly after the filing of this Annual Report.

II. Brief Summary of the Activities of the Independent Reviewer

This year, as in the past, the Independent Reviewer and his associates engaged in a variety of activities to monitor the implementation of the Settlement Agreement, as well as the March 2018 Supplemental Agreement, and to provide the State and Plaintiffs with information as early as possible to enable them to act as warranted to achieve successful implementation of the legal obligations. The Independent Reviewer worked with the parties in developing the Third Stipulation and Order of Settlement that was filed with Court on December 19, 2023 and approved on March 8, 2024.²⁵

During this year, as mentioned earlier, Independent Reviewer (IR) staff visited the adult homes and interviewed a sample of class members in the transition process, and also met with a sample of transitioned class members in their homes to obtain their perspective on how the process

²⁵ Memorandum Order, Doc. #416 filed on March 8, 2024 in 1:13-cv-04165-NGG_ST.

of transition and post transition has been going. Staff also monitored FCP activities at the seven remaining homes that had kickoff events between March 2023 and July 2023 and continued to participate in implementation calls with providers during which class members' statuses at FCP homes were discussed. As described more fully in Section IV. C below, the review of Decision Making Templates continued in order to confirm the State's determination that the class members at homes where the FCP had been completed had made an informed decision not to transition. IR staff continued to participate in Pre and Post Transition and Case Review Committee calls, including follow-up with the State and providers on outstanding issues identified during these calls, and also continued to take part in bi-weekly calls with OMH and the peer bridger agencies.

III. Class Size

In each Annual Report, we track progress in implementing the Court orders in this case and the work remaining to be done in part by identifying the number of class members who are still "active" and part of the current workload of the State and its settlement providers. Fig. 4 displays the progressive reduction of the number of active cases since the Settlement Agreement was originally entered.

As Fig. 4 displays, at the time of this report, there are 351 class members who are in some stage of the process. Some have indicated their interest in moving from the adult home and are in the transition process; some have changed their minds after initially expressing interest in moving and for them and others who recently said NO, the State is in the process of completing a DMT for submission to the Independent Reviewer; and for some DMTs have been submitted to the Independent Reviewer and are in the review process. The number of class members reported as moved is a net number. As mentioned earlier, 1,253 class members actually moved out of their adult homes but, for a variety of reasons, 112 of them returned, resulting in a net of 1,131. Another 2,009 class members were NTD (*i.e.*, they moved out on their own or were discharged to nursing homes or other facilities²¹). The breakdown between these categories is fluid and changing.

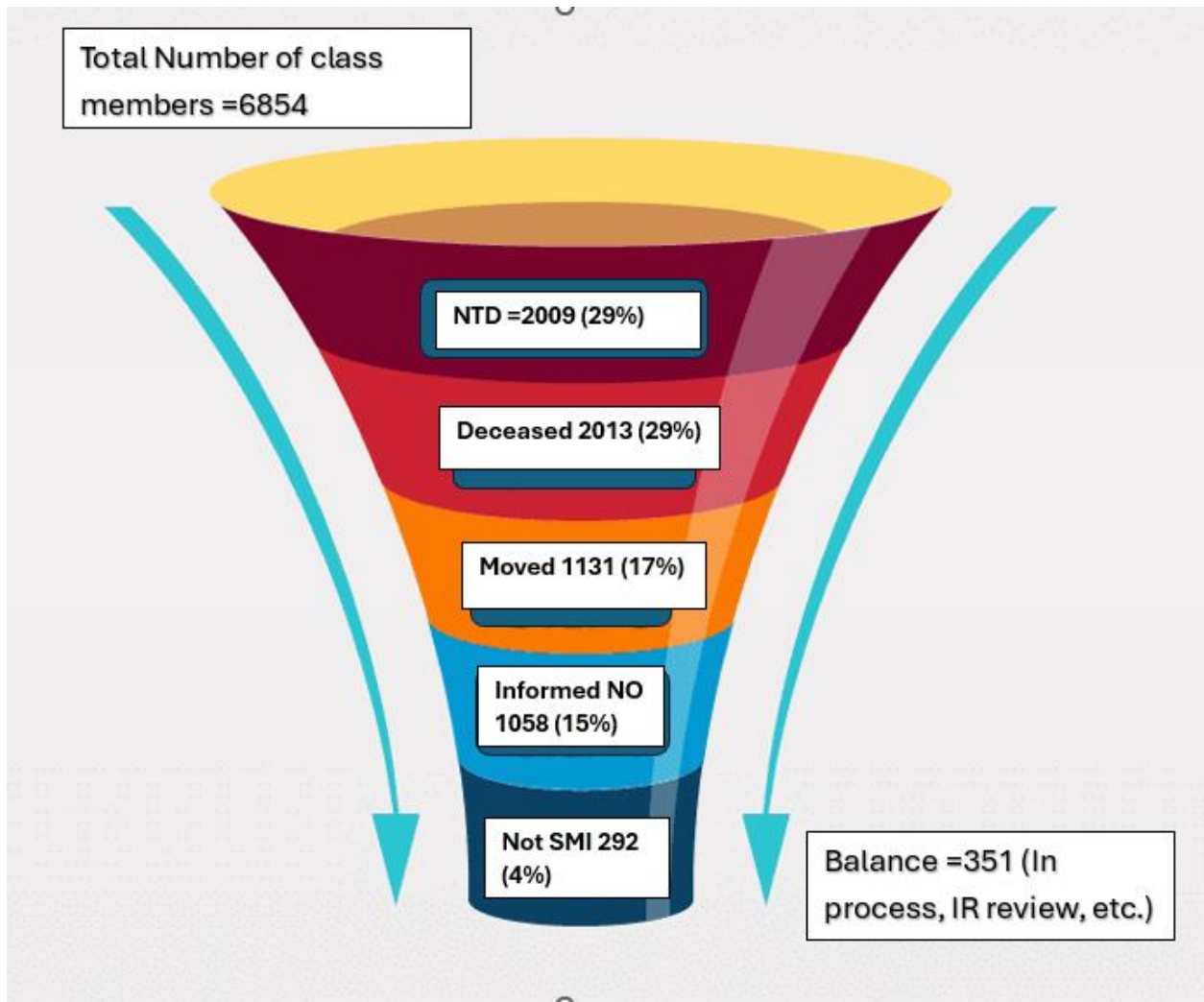


Fig. 4 Active cases

IV. Monitoring

A. Admissions of Persons with SMI

As discussed in the Eighth Annual Report, on July 9, 2021 the Independent Reviewer filed the Preadmission Screening Report with the Court, reporting on a study of the State's preadmission screening process for SMI at TAHs.²⁶ The report raised serious concerns about the ability of the

²⁶ "Transitional Adult Home" means an Adult Home with a certified capacity of 80 or more beds and a Mental Health Census of 25 percent or more of the resident population. Transitional Adult Homes include NYC Impacted Adult Homes. "NYC Impacted Adult Home" means an Adult Home located in New York City with a certified capacity of 120 or more beds and a Mental Health Census of 25 percent or more of the resident population or 25 persons, whichever is less.

process to screen for SMI.²⁷ In response, and as recommended in the report, the State mandated that all TAHs use a standardized mental health evaluation (“MHE”) form developed in conjunction with the OMH for all new admissions. The State also committed to contracting with an independent agency to conduct the mental health screenings and retained Kepro during January 2022. A Dear Administrator Letter (“DAL”) was distributed to all of the homes on March 14, 2022, and they were directed to start using the new screening process effective April 1, 2022. Since that time, both the preadmission screening and any mental health evaluations required as a result of a completed screen have been carried out by Kepro.

The Independent Reviewer also recommended in the report that the Kepro or the State undertake a review of a sample of the 181 individuals of 640 individuals who were admitted between March 2021 and January 2022 who had screened positive for SMI to determine if they in fact do have SMI, and if further review of all such admissions is warranted. In response, the State engaged with Kepro in the summer of 2022 to conduct an expanded review of all adult home residents admitted to impacted Adult Homes between October 2019 and March 2022 who were flagged as “yes for potential SMI” or “Not enough Medicaid history” based on internal pre-screen checks performed during that period (prior to Kepro taking over in April 2022). The review identified 332 individuals who fit these criteria. In an email of June 22, 2023, the State provided the following results of the Kepro study:

²⁷ Eighth Annual Report; pp. 11-12.

Findings	Cases	% of Total
Total Admissions Reviewed	332	
Assessed	199	59.9%
Found to have SMI	114	34.3%
Found NOT to have SMI	85	25.6%
Not Assessed	133	40.1%
Declined to be assessed	59	17.8%
Discharged	58	17.5%
Deceased	16	4.8%

Table 1. KEPRO Review of Admissions - October 2019-March 2022

For the 114 residents found to have SMI, the State directed settlement providers to begin in-reach consistent with the treatment of post-class cap residents. Outcome letters were mailed to residents that were assessed, and those found to have SMI received a copy of their evaluation and Frequently Asked Questions (FAQ) explaining what happens next. Lastly, the State communicated with each adult home regarding the conclusions of this review.

Based on information provided by the State, between March 11, 2023 and March 8, 2024, under the current system there were 1,595 preadmission screens completed by the Kepro for admission to Impacted Adult Homes. Of these, 876 could be admitted as not having SMI and 583 were found to meet SMI criteria and could not be admitted without an evaluation. Seventy six of the screens had insufficient Medicaid information; 57 were withdrawn, one was discharged elsewhere; and two had incomplete referrals. Of the 334 MHE that were completed during this period, 47 persons were found suitable for admission as their MH needs could be met in an Adult Care Facility (ACF) and 215 showed evidence of an SMI and could not be admitted unless they were returning to a TAH and had obtained a waiver. There were 44 incomplete referrals; 13 applications were withdrawn; 11 individuals were discharged elsewhere; and four had a recent MHE that was used rather than performing a new one. Between March 2023 and January 2024 there were 547 admissions to the impacted adult homes, including 34 class members, 14 post-class cap residents, and 499 Other. Twenty-four waivers were granted during this period, including 17 class members and seven post-cap members who were found to have SMI and were granted waivers as returning to a TAH.

During discussions with the State in preparation for this report, we were informed that, during this reporting period, six of the Impacted Adult Homes were no longer designated as transitional.²⁸ In addition, the State cannot require Impacted Adult Homes that are non-transitional to pre-screen for SMI or report on their monthly admissions. Of the admissions reported, no screen was needed for 111 of the 547 admissions, including 15 returning class members, six post-class cap residents, and 90 Others. When we questioned how the State would know if individuals with SMI were being admitted to the impacted adult homes, we were reminded that there is no regulation prohibiting non-TAHs from admitting people with SMI. Under the current regulations, if someone with SMI is admitted to an impacted home that is non-transitional, they would be identified by the adult home and then the AH would include them in their Quarterly Statistical Information Report (QSIR) and eventually that AH could hit 25% SMI and become a TAH again. Of note, of the six homes that identified themselves as no longer TAH, Garden of Eden and Mariners did not report any of their admissions during this period. In light of the findings of the IR's Preadmission Screening Report cited above that raised serious concerns about the ability of the adult homes to effectively screen and accurately report prospective admissions for SMI, relying upon these adult homes once again to do their own screening for SMI recreates the risk that was addressed by the designation of Kepro to conduct preadmission screenings and mental health evaluations. (*See*, Recommendation #5 below and the State's response)

With the Third Stipulation scheduled to end on June 30, 2025, it is essential that the State continues to enforce the regulations regarding the admission of individuals with SMI to TAHs. Without that protection, it is possible that there would be no limit to the number of SMI residents in the homes and conditions may return to what they were before the Settlement Agreement. Of particular concern is that the State continues to rely on the homes to self-report quarterly on the QSIR the number of residents that are designated as SMI, in effect giving them the ability to designate themselves as non-transitional. The most egregious example of this was the Garden of Eden HFA (GOE) which first reported a drop-in the number of SMI residents in the First Quarter of 2022 from 158 to 18, a decrease of 89% in one Quarter. The parties were previously informed

²⁸ The six adult homes are Mariners, Central Assisted Living, Oceanview Manor, Garden of Eden HFA, Wavecrest, and Brooklyn Adult Care Center (as of Q3 of 2023). Elliot Pearl (New Gloria's) has been off and is now back on the list as a TAH.

that enforcement actions were subsequently taken against the home and that they were again designated as a transitional home on June 27, 2023. However, we have been informed that GOE reported on November 3, 2023 that their SMI census was under the 25% threshold making it a non-TAH. An investigation by DOH's Division of Adult Care Facilities and Surveillance is currently ongoing.

B. Full Court Press

As described more fully in the Independent Reviewer's Eighth Annual Report, the FCP began in April 2021 to improve the rate of transitions for class members, by having a regular on-site presence of settlement providers at the adult home, including State staff, HCs including HC assessor teams, AH+ care managers and peer bridgers who work together with class members to determine their interest in transitioning and then to expedite the transition process. The FCP was designed to take place over a 90-day period at each adult home beginning with three days of kickoff meetings to introduce the settlement providers that will have a regular presence in the home, and to provide information to class members about the Settlement Agreement and what it offers. Class members are notified of the meetings in person and/or by a written invitation. Refreshments are provided during these kickoff meetings, and an "Ambassador" (a former adult home resident) is generally present to share their experience of moving from an adult home to the community. Members of the Independent Reviewer team attended and observed the kickoff meetings at each of the adult homes during the year.

Additionally, the State initially scheduled weekly calls with the Health Homes, and CMAs that cover the class members in that adult home. Later, these calls included peer bridgers and housing staff; in mid-2023, MLTC Riverspring was included on the Park Inn FCP calls. During these calls, the status of each of the class members is reviewed, including the steps being taken in preparing for transition (obtaining IDs; medication training; etc.) and documenting the necessary steps on the electronic Dashboard in the required timeframe. During the call, any change of heart by class members or other obstacles to transition are discussed. Housing options and the results of recent tours are also discussed. As discussed in Section IV. C below, for class members who communicate that they are not interested in moving out of the adult home, a DMT is completed by the settlement providers for each such class member documenting the efforts made to provide information to the person and the reasons for the decision, if known. Each DMT is reviewed by

the Independent Reviewer team to ensure that the class member has in fact made an informed decision.

As of October 9, 2023, all of the 21 homes have gone through the Full Court Press. (*See*, Table 2 below). There are nine homes that completed the process during this report period (3/11/23 to 3/8/24).

Commencing with the completion of the FCP at Belle Harbor on May 14, 2023, the State has been diligent in submitting to the IR and the Plaintiffs a summary memo for each of the last eight homes which provides an overview of the FCP at the home roughly 90 days after the FCP was completed. The memo specifies the outcomes of the FCP and includes the status of each member of the Yes group, for whom efforts to transition continue, as well as the status of the distribution of the Decision Date notices to class members. As noted above, for those class members who decide not to move, a DMT is completed and submitted to the Independent Reviewer for review.

There were 25 transitions that occurred since the start of the FCP at the nine homes that completed their increased engagement during this reporting period. There was a total of 117 transitions since the start of the FCP at each of the homes, as noted in table 2 above, with many of these transitions occurring long after the end of the FCP. Decision Date (DD) notices were to be delivered to class members at the start of the FCP; and at 45 and 90 days after that, with the goal that at least one of the notices would be delivered to the class member by hand. Based on information provided by the State, of the 1,756 class members in these nine adult homes, 85 did not receive a notice because they were deceased, discharged, or temporarily in another facility. Eighty two other class members did not receive a hand delivered notice despite staff efforts. In these cases, notices were left in their rooms.

Impacted Adult Home	FCP Start	FCP End	Decision Date Deadline	Transitions Since Start of the FCP
Wavecrest	4/26/21	7/5/21	1/31/23	11
Mariners	8/10/21	11/8/21	1/31/23	7
Queens ACC	10/5/21	1/3/21	1/31/23	10
Garden of Eden (GOE)	11/16/21	2/28/22	1/31/23	13
New Haven Manor	3/2/22	5/31/22	1/31/23	8
The W Assisted Living	4/5/22	7/4/22	1/31/23	8
Harbor Terrace	5/17/22	8/15/22	1/31/23	6
Sanford Home	6/13/22	9/11/22	1/31/23	6
Surfside Manor	7/25/22	10/23/22	1/31/23	5
Brooklyn ACC	8/16/22	11/14/22	1/31/23	3
Mermaid Manor	10/24/22	1/22/23	2/21/23	6
Elm York	11/14/22	2/12/23	3/14/23	9
Kings ACC	12/14/22	3/14/23	4/13/23	6
Belle Harbor	2/13/23	5/14/23	6/13/23	5
Seaview	3/7/23	6/5/23	7/5/23	2
Lakeside Manor	3/28/23	6/26/23	7/26/23	2
Parkview	4/18/23	7/17/23	8/16/23	1
Park Inn	5/9/23	8/7/23	9/6/23	2
Oceanview	5/31/23	8/29/23	9/28/23	2
Central Assisted Living	6/20/23	9/18/23	10/18/23	2
Elliot Pearl House	7/11/23	10/9/23	11/8/23	3
Total Transitions				117

Table 2. FCP Schedule

C. Review of NO cases

As noted earlier in this report, one of the critical provisions of the Supplemental Agreement entered into in 2018 was the establishment of a DD by which all class members had to communicate their interest in being assessed for transition or else forfeit the opportunity created by the Settlement Agreement. The initial DD was established as September 30, 2019 but was later extended due to delays in fully implementing other provisions of the Supplemental Agreement. Subsequently, the parties agreed to establish Decision Dates in relation to the implementation and completion of Full Court Press activities at each adult home. At the time of the parties' agreement, for the adult homes at which the Full Court Press had already commenced, the DD was established as January 31, 2023, with written notice of that deadline to be provided to class members by October 1, 2022.²⁹ For the adult homes at which the Full Court Press had not yet commenced as

²⁹ Report on the Recommendation of the Parties for the Assessment Decision Date, Doc. #345, filed on 7/18/22 in Case 1:13-cv-04166-NGG-ST.

of July 15, 2022, the DD would be either January 31, 2023 or 120 days after the start of the Full Court Press at the adult home, whichever is later.

To ensure that class members were making an informed decision to pass up their opportunity to transition from the Impacted Adult Homes, the Independent Reviewer created an Informed DMT to be utilized by settlement providers to document their efforts to provide information to class members, and the class members' responses. These efforts included providing class members with information about their choices under the Settlement Agreement, including being assessed to determine their eligibility for supported housing and to identify their needs for community services and supports, offering them expedited opportunities to visit available apartments and neighborhoods matching their needs and desires, viewing pictures of apartments and video testimonials by class members who had previously moved, and meeting with such "ambassadors" to discuss their experiences.

DMTs were to be completed by settlement providers proximate to the completion of the Full Court Press and the DD and class members were requested to sign a form attesting to their informed decision not to transition from the adult home. Each completed DMT was to be reviewed by the Independent Reviewer team to confirm that the evidence supported that the class member had made an informed decision. At several of the adult homes, the Full Court Press activities had begun or were completed several months prior to the parties' agreement on the DD, creating a substantial backlog of cases in which DMTs had not been completed. In these cases, with the parties' concurrence, the Independent Reviewer agreed to review alternate documentation of the efforts made by settlement providers to provide information and opportunities to class members as described above. Such documentation included housing contractor notes, peer bridger progress notes, State staff notes, and Opt-Out documentation from care coordinators.

As of March 8, 2024, the Independent Reviewer received DMTs and/or supporting documents that 1,150 class members had made an informed decision not to move. These were reviewed and discussed collectively by the Independent Reviewer's team. Of 1,150 records received, three members died or were NTD after the DMTs were completed, one case was put on hold pending further information, and in 28 cases the documents were returned to the State for corrective action as they could not be reviewed for technical reasons (*e.g.*, files were corrupted or were protected by security systems). Of the remaining 1,118 cases, the Independent Reviewer

agreed that the member had made an informed decision not to transition in 1,058 cases (95%); in 60 cases (5%), the Independent Reviewer determined there was insufficient evidence that the class member had made an informed decision not to move.

During the past year, the Independent Reviewer shared the results of the more than 1,100 “No Case” reviews with the Plaintiffs and Defendants. The reports highlighted best practices (*e.g.*, the use of interpreters and the provision of written materials in the members’ preferred language, and the involvement of guardians in the process). The reports, however, also spotlighted cases illustrating the need to redouble efforts to assure class members made informed decisions not to transition. For example, the Independent Reviewer found:

- Cases in which there was insufficient evidence that the class member could comprehend the information being presented due to communication difficulties (*e.g.*, language barriers or speech and/or hearing impairments).
- There were cases in which it appeared that the class member seemed to be operating under delusions or they questioned whether they had an SMI and were eligible for housing under the settlement which led us to question whether they were making an informed decision.
- In other cases, the notes in the DMTs were scant and/or repetitive of just several brief encounters; it appeared that there was very limited contact between settlement providers and the class member, despite the fact that the FCP promised an intensive period of education and encouragement. In these cases, there was frequently no discussion of the class members’ understanding of the DD’s significance, their reactions to it or their reasons for declining to sign the DMT’s declination to transition form.
- In a few cases, DMTs referenced the involvement of a guardian but without discussion of the guardian’s scope of decision-making authority or whether attempts were made to contact the guardian to discuss the settlement and the results of those contacts.

The Independent Reviewer understands that the recommendations from its DMT reviews have been shared with settlement providers as educational opportunities. Over time, we have noted that the caliber of DMTs and the quality and level of detail of the information provided to class members has improved, strengthening confidence that class members are making informed decisions.

V. Conclusions and Recommendations

As this case enters what is expected to be its terminal phase, it is an appropriate time to consider and apply the lessons learned over the course of implementation of the Court orders over the past decade.

While the State and settlement providers have gained valuable experience over the years, it is also important to recognize that the terminal phase presents its own challenges. The class members who are still in the process of transitioning out of the adult homes often have complex medical and mental health needs that must be met in the community. They are also generally several years older than when they entered the adult homes. A larger proportion of this group needs accessible housing and housing choices offering greater levels of on-site supervision and support. The approximately 1,200 class members who have already transitioned to the community also have ongoing needs for monitoring and support that must be readily available for their health and safety.

At the same time, with the reduction in the size of the class left to be transitioned, settlement providers are adjusting the levels of staffing committed to this effort. Vacancies are going unfilled. It is reasonably foreseeable that staff in these agencies will be thinking about and planning for their career options as the implementation effort continues to wind down and unplanned resignations are likely to occur. There is already evidence of this happening, as positions for nurse assessors and LCSW/LMHC assessors have had extended vacancies. It is essential that the State maintain vigilance to assure adequate staffing to meet the needs of the class members under the Settlement Agreement.

All of these factors make the next phase of implementation a particularly challenging time. To assist the parties during this period, the Independent Reviewer offers several recommendations for consideration.

1. With respect to accessible apartments, we are aware that the State has made efforts to enhance its ability to find such apartments by providing supplemental rental payments. However, the problems of scarce level II vacancies and an inadequate stock of accessible apartments and buildings persist. We recognize the State's recent efforts to address these delays, including creating a level II process with designated staff overseeing referrals and transition progress for members. The State's thorough January 2024 training on this new

process was also a promising step. We understand that the State is in the process of re-convening housing matching calls. We support these calls and, further, recommend the creation of a small team of empowered staff to conduct a case-by-case review of each class member who has been waiting more than six months for the identification of suitable housing matching their needs and preferences, with a view to identifying specific actions that can be implemented promptly. Such actions should include additional flexibility with rental payments, recognizing that prolonged delays in locating suitable housing have their own costs. Finally, we underscore that the success of such calls is influenced by the active availability of apartment stock, specifically more fully accessible apartments and buildings that can be brought to case-by-case reviews and accessed promptly.

In response, the State reported that it has started calls with the HCs every 2 weeks to showcase available apartments, their location, type of housing (# of bedrooms), amenities (for example closet size) and accessibility. All of the housing contractors are then able to identify possible matches and apartment tours/offers are discussed and tentatively scheduled to be confirmed after discussion with the class member.

2. The State needs to communicate more broadly the availability of the Clinically Complex Case Review committee as a resource to settlement provider staff who are struggling to support class members who need additional behavioral health support, dealing with substance abuse, refusal to follow medical or medication recommendations which are leading to psychosis, multiple hospitalizations or unsafe or unhygienic conditions in their apartments.

In response, the State reports:

The State has started a Special Case Committee consisting of Leadership Staff with the addition of specific staff involved in the case as needed, i.e. Level II oversight staff. This Committee is currently focusing on those class members “stuck in the process” and not making progress towards transition. This has included those, for example, who although tours have been offered have not been attending these tours, those who are not working on transition tasks to allow a safe discharge to the community or those who have not been accepted to housing. The goal is to determine the barriers, address the barriers including contracting for tasks that need to be completed by both implementation providers and the class members to effectuate a move. The State will confirm the availability of the Committee on Complex Concerns and ensure providers know of this resource. Many do, as a matter of fact, Pibly has routinely made referrals to this committee.

3. The State needs to consider the design and funding for a flexible role for peer bridgers as a long-term support for class members in the community, especially those who are socially isolated and experiencing loneliness, to assist them with social engagement and linking to community resources like clubhouses, drop-in centers, meet up groups, etc.

In response, the State reports that it has already discussed the need for Peer Bridger services post settlement with the Commissioner of OMH.

4. The State needs to instill in settlement providers a sense of urgency in completing pre-transition tasks and in responding to emerging crises that class members are experiencing in the community. We have made similar recommendations in the past, and they bear restating as we enter the terminal phase of this case.

5. With six of the adult homes claiming to be non-transitional and therefore exempt from the preadmission screening regulations, the State's reliance on self-reporting by the adult homes of SMI admissions creates a substantial risk that the problem this case was designed to solve may be re-created without anyone noticing. The State needs to implement a more assertive preadmission screening process for SMI, especially for the adult homes originally covered by this case, which does not rely entirely on self-reporting by the adult homes.

In response to this recommendation, the State submitted the following statement:

"The Annual Report notes that six adult homes covered by the Settlement no longer consider themselves to be Transitional Adult Homes (TAH) subject to the prescreening process because of their reduced census of SMI residents. There is reason to believe that at least one such adult home is taking the position that it is no longer a TAH by changing the characterization of residents from having SMI to not having SMI without the conclusion being supported by an appropriate reassessment. In addition, the existing regulatory structure makes it difficult for DOH to regulate this behavior because the regulations do not require the adult homes to provide a resident roster to DOH that can be used to identify residents whose SMI status has been changed by the adult home.

DOH is considering regulations that will enhance its regulatory visibility and prevent adult homes from changing the SMI status of its residents to circumvent the prescreening requirements that apply to TAH. The regulations being considered would state that for purposes of calculating whether the adult home is subject to the QSIR reporting requirement and for purposes of determining whether the adult home is a TAH subject to prescreening, the adult homes must continue to report an individual as having SMI until the department or its designee has conducted a mental health evaluation of that individual to confirm a change in status. In addition, the regulations would require that a roster of all residents be submitted to the department on a quarterly basis.

DOH is confident that the substance of these regulations if approved, would prevent adult homes from inappropriately changing their status as TAH."

Appendix A. Table of Acronyms and Abbreviations

Acronym/Abbreviation	Meaning
ACT	Assertive Community Treatment
AH	Adult Home
AH+ CM	Adult Home Plus Care Manager
ALP	Assisted Living Program
CAIRS	Child and Adult Integrated Reporting System
CC	Care Coordinator
CHHA	Certified Home Health Agency
CM	Care Manager
CMA	Care Management Agency
DAL	Dear Administrator Letter
DD	Decision Date
DMT	Decision-Making Template
DOH	New York State Department of Health
FCP	Full Court Press
GOE	Garden of Eden
HC	Housing Contractor
HH	Health Home
HHA	Home Health Aide
HRA	Human Resources Administration
MHE	Mental Health Evaluation
MLTCP	Managed Long-Term Care Plan
NTD	Non-transitional Discharge
OMH	New York State Office of Mental Health
PCP	Primary Care Physician
PNA	Personal Needs Allowance
PROS	Personalized Recovery Oriented Services
QSIR	Quality Statistical Information Report
SA	Settlement Agreement
SMI	Serious Mental Illness
SNAP	Supplemental Nutrition Assistance Program
SSA	Social Security Administration
SSI	Supplemental Security Income
TAH	Transitional Adult Home