

NEW JERSEY
**ASSISTED
LIVING
PROGRAM**
PROVIDER
COALITION



Breaking the Long-Term-Care Mold to Fill in the System's Gaps

A Primer on New Jersey's Assisted Living Program



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The **HENRY & MARILYN**
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A Primer on New Jersey's Assisted Living Program

“Flexible”

It isn't possible to describe New Jersey's Assisted Living Program in just one word, but there is one adjective that is used over and over again to describe its many benefits.

Flexible care.

Flexible times of day.

Flexible partnerships with housing managers.

Flexible agreements with other service providers.

Assisted Living Programs (ALPs) are an innovative model of long-term-care in New Jersey precisely because they do not all come from the same mold. As state-licensed programs that primarily serve Medicaid Managed Long-Term Services and Supports (MLTSS) clients, Assisted Living Programs do have guidelines to follow.

- They are permitted only to operate inside subsidized senior apartment buildings.
- They can only enroll MLTSS clients who are deemed to be “nursing-home eligible,” meaning those participants must need assistance with at least three “acts of daily living” (ADLs) such as bathing, dressing, walking and managing medications.
- They can enroll private pay clients who need assistance with ADLs but also may want support via a la carte services like laundry, housekeeping and meal assistance.
- They must all devise an individualized care plan for each client, overseen by a registered nurse that is informed by their primary physician.

The list of other licensing requirements is long, as should be the case with any program providing care to sick, disabled and vulnerable clients. But unlike other long-term-care models, ALPs offer clients and families (as well as building managers and managed-care companies) a flexible, person-centered plan of care that doesn't result in having to choose between “not enough” or “more than needed.”



NEW JERSEY ASSISTED LIVING PROGRAM PROVIDER COALITION **CLIENT STORY**



Thomas

Thomas's world changed at age 62 when he had a heart attack and stroke that left him in a coma for 28 days.

When he finally awakened, he had a 3-month stay in a nursing home, learning to walk and feed himself again. Thomas wasn't well enough to return to the home he had lived in with his aging mother and might have become a permanent resident of that nursing home if not for the Assisted Living Program his family found and enrolled him in.

The ALP staff makes his meals, does his laundry, tidies his apartment, and monitors the oxygen tank he needs to carry with him at all times. More importantly they've come to know him.

"They adjust to my mood and know when I'm having a bad day," he said. "It takes a special person to do the kind of work they do, and I'm lucky to have them."

Overview of the ALP Model

New Jersey's Assisted Living Program was created decades ago as a way to enable residents of low-income senior apartment buildings to continue living in their independent settings for longer periods of time. Most of these residents are priced out of market-rate assisted living residences (ALRs), so without in-home support, they would most likely end up having to prematurely move to nursing homes. Services offered by ALPs are similar to those provided in ALRs, but are instead are "portable." The 15 programs in New Jersey are licensed to serve a region consisting of two contiguous counties. ALP administrators make agreements with building managers to have office space and staff based on site. ALP administrators aren't tasked with managing the buildings, although some ALP programs are owned by the entities that also own the host buildings. ALPs are far more affordable than nursing homes. The annual savings to the state can add up to tens of thousands of dollars for clients enrolled in ALP who would otherwise be eligible for nursing home admission. ALPs can also be more cost-effective than other home-care programs because staff is based in each building throughout the day and often into the night - eliminating travel costs and the need to only provide care in limited blocks of time.

How do ALPs Work?

ALPs typically have staff on site for 12-16 hours a day, seven days a week. The advantage of such a schedule is that a client can get assistance throughout the day if needed, rather than being limited to having a nurse or aide visit only for a block of time in the morning, afternoon or evening. Services provided include housekeeping, laundry, bathing, grooming, meal preparation, dressing, medication administration, and care-plan management. ALPs can provide case-management services, arrange doctor visits and connect tenants to programs supplying home-delivered meals, transportation, or social supports. Many also sponsor and lead recreational, social engagement and wellness programs on-site. ALPs must have a nurse on call to respond to health concerns 24 hours a day, a benefit that often prevents clients from having to take unnecessary ambulance trips to the emergency room for a health problem that could be managed at home.



Who do ALPs Serve?

Residents of subsidized senior housing buildings who have disabilities or chronic illnesses that need close monitoring but not round-the-clock care. Examples of people who are good candidates for ALP care are building tenants whose care needs stretch into the evenings or weekends, those with a health condition that needs to be continually managed and assessed, or those with mild cognitive impairment that lead them to neglect routine health care or miss doctor appointments. A 2019 state survey of ALP clients showed a range of needs being met:

- **59%** required assistance with 4 or more ADLs, while 23 percent needed help with 3 ADLs
- **69%** required total assistance with medication administration, while 37 percent required limited assistance
- **48%** required limited assistance related to cognition, while 5 percent were totally dependent in terms of cognition

How do ALPs Organize and Operate?

Existing ALPs in New Jersey don't all have the same business model, ownership structure or partnership agreements with housing managers. For example, an ALP in Trenton is run as a program of a hospital network. Another in Camden is part of a public housing agency. Most of the programs operate as nonprofits, and some ALPs have grown out of a partnership of multiple providers who identified a need for the services. In some examples (such as programs in Ewing and Sparta), the same managers who

operate the low-income housing sites also run the ALP programs. There is no one organizational mold for a successful ALP – but a partnership of some type is essential. ALPs would struggle to operate without being provided with space to operate and without securing support and buy-in from housing managers who are aware of the care needs of their aging residents.

Things to Consider Before Starting an ALP

- Research the health, mobility and acuity status of building tenants to ensure enough demand for services exists to build a sustainable program
- Gauge the level of support from building management as well as managers' willingness to partner with an ALP by identifying/referring potential clients
- Determine minimum staffing level/client census needed to launch program
- Identify grant opportunities/outside funding streams to support a program at its initial launch and for a period of time afterward as a number of ALPs don't break even/ recoup costs for many years because Medicaid reimbursements lag behind actual cost of care.
- Assess the possibility of launching complementary care services in the same location, such as an adult day program or a PACE (Program of All-Inclusive Care) program.
- Several ALPs operate those parallel programs or extend other a la carte services to building tenants as a way to bolster their bottom lines and serve tenants' varied needs.
- Establish a connection with local case-management agencies, managed care companies and other entities that assist older adults in finding appropriate care.

Identifying Market Need and Opportunity

There are many resources available to pinpoint the market need for an innovative home-health-care model like ALPs. This research should start with a review of health-needs assessment findings for the community where the ALP services are needed. Institutions across the state that collect useful data and assessment of market need include:

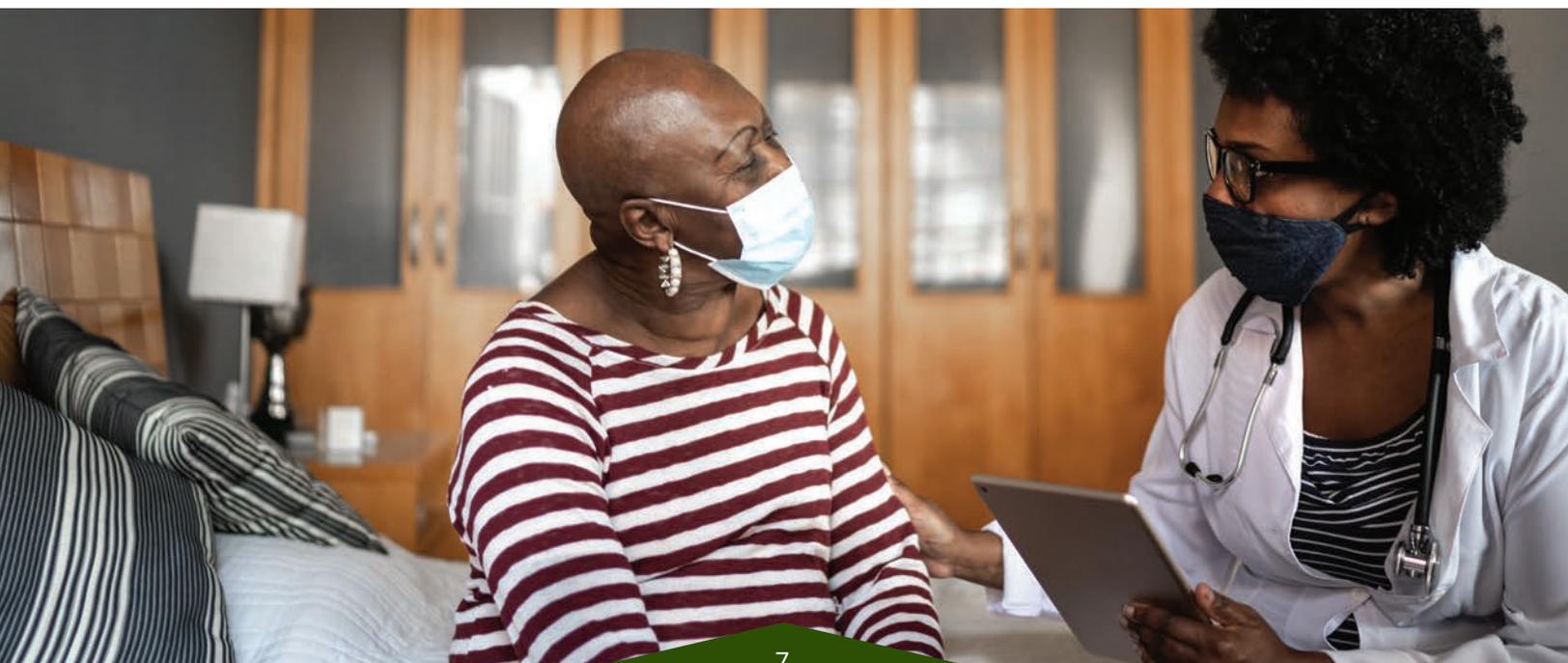
- NJ Division of Aging Services
- County Human Services Agencies and Agency on Aging
- Regional Health Systems
- Community Based Health Care Organizations
- Foundations and Philanthropic Entities

In New Jersey, the [Department of Human Services, Division of Aging Services](#) (DoAS) provides resources for aging and all programs available to support older adults to age in the community. The [New Jersey Blueprint for Healthy Aging](#) provides valuable insight on market information for older adults, including:

- County-level demographics on older adults and their health status
- Public policy recommendations and strategies for containing health care costs
- Examples of cost-effective New Jersey-based model programs that can be implemented locally to support older adults

Each of the 21 counties in New Jersey houses an [Area Agency on Aging \(AAA\)](#). This agency provides valuable insight on the needs of older adults who might be potential candidates for an Assisted Living Program and existing services available to them. The AAA may be able to assist in identifying affordable senior housing communities where ALP services are needed. These agencies are key market informers because they:

- Coordinate all programs on aging regardless of funding source, and serve as the central source for information and referral for services and programs;
- Prepare an Area Plan on Aging, which includes an analysis of the needs and existing services within the county and a comprehensive plan for the delivery of services to older adults, individuals with disabilities and their caregivers;
- Serve as an advocate whose mission is to increase the public's understanding of the aging population; and
- Advise local governments and the Division of Aging Services on unmet needs, and recommend legislation where appropriate, according to the [state's Aging & Disability Resource Connection web page](#) .



NEW JERSEY ASSISTED LIVING PROGRAM PROVIDER COALITION **CLIENT STORY**



Larry

At age 66, Larry can't live alone because a hearing deficit causes him to suffer debilitating dizzy spells – so bad some mornings that he struggles to get out of bed or walk the hallways of his apartment building, without someone next to him to keep a close eye.

His temporary stays at relatives' homes were a strain on him and his family because his care needs were so great. His roaming finally ended when his family found him an affordable apartment in a building with an Assisted Living Program on site.

Larry appreciates having his own space again – and the help from nurses and aides who make sure he's safe in it by checking in on him at intervals throughout the day and evening.

Both literally and figuratively, they offer him a steadying hand.

Community Health Needs Assessments

The State of New Jersey has established Governmental Public Health Partnerships (GPHP), which are regional forums composed of local health officials tasked with identifying, planning, and organizing local and regional health resources. These partnerships of local and regional health officials first conduct strategic assessments and then engage hospitals, community service providers, local businesses and other partners in designing community-focused health plans.

The end product of these efforts described above are Community Health Assessments (CHAs), Community Health Needs Assessments (CHNAs), and Community Health Improvement Plans (CHIPs), all of which help identify high-priority public health needs and outline implementation plans for key communities across the state. As such, these assessments can provide useful market information for ALP Providers on the critical service gaps among older adult populations. These detailed documents can be found on the Healthy New Jersey 2030 initiative's [Community Plans webpage](#)

A potential ALP Provider should review the [population demographics](#) for targeted communities and compare that to the senior population in need of ALP-like home-based health care models and then pose this two-part question: Are there any other ALPs and/or home care based models in the area that are meeting the needs of the elderly in that region? If not, how might an ALP satisfy this unmet need?

There are a variety of state-based associations of providers that collect and make available research on the needs of the older adult population. These associations also offer an opportunity to connect with other partners in the community to support the development and implementation of the ALP.

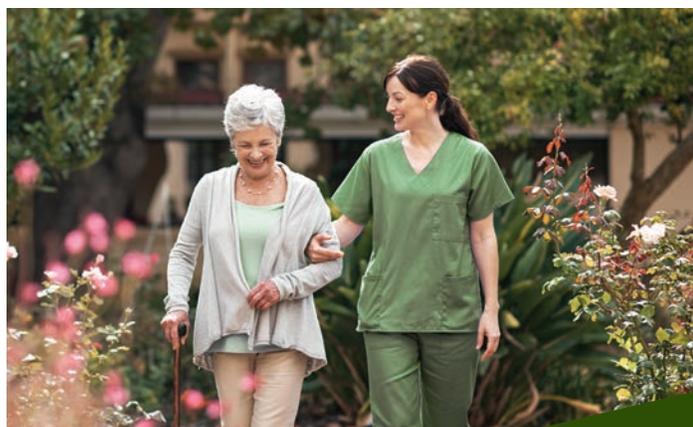
- [Leading Age of New Jersey and Delaware](#)
- [Health Care Association of New Jersey](#)
- [Housing and Community Development Network of New Jersey](#)
- [Supportive Housing Association of New Jersey](#)
- [Corporation for Supportive Housing](#)
- [The Henry and Marilyn Taub Foundation-Aging in Place Initiatives](#)

Housing Providers

A partnership between the ALP provider and the housing provider is critical to the success of the program model. As an agency that administers housing finance programs, [New Jersey Housing and Mortgage Finance Agency \(NJ HMFA\)](#) is a source of good information for potential ALPs seeking to find a list of state-financed affordable senior housing providers. Keep in mind that these are lists of housing developers who were awarded financing to build or renovate senior housing buildings to meet growing demand. Depending on the date of the award, the housing units may still be in development at the time of outreach. NJ HMFA also administers the Senior Independent Living (SIL) program that provides training for onsite service coordinators in affordable senior housing communities financed by the state. SIL is currently in over 110 buildings and serves approximately 11,000 NJ residents annually. These housing communities may need additional care support to respond to the growing needs of their residents and therefore also could be good partners for ALP Providers to engage in the initial stage of identifying market needs.

NJ HMFA maintains a list of project approvals dating back eight years, which can be reviewed [here](#). Bear in mind that this awardee list has a built-in two-year project timeline. That means if a project is approved in 2021, it won't be completed until 2023. Reviewing this list could be helpful to potential ALP providers seeking partners because these newer awardees are housing providers that need to have a plan for providing services to their aging tenants.

Of course, it is important to not only identify future projects to partner with, but also existing senior housing providers. [New Jersey Department of Housing and Urban Development \(NJ HUD\)](#) operates a [mapping tool](#) that ALP Providers can use to identify HUD subsidized senior developments that might serve as potential locations to start an ALP. In addition, the NJ Department of Health maintains a [Housing Options for Seniors](#) database that provides information on the location of publicly subsidized housing serving older adults.



Partners in Care

It is important to note Assisted Living Programs are just one of many innovative home and community based services models being implemented across the continuum of care. Through healthcare reform efforts and lessons learned from battling the pandemic, there is an increased emphasis on increasing options for delivering care in community based settings. The following models may provide opportunity for partners and referrals to the ALP:

The [Program for All Inclusive Care \(PACE\)](#) provides comprehensive medical and social services to certain frail, older adults still living in the community. PACE programs serve older adults 55+, however, most of the participants enrolled are dually eligible for both Medicare and Medicaid. The PACE model relies upon a coordinated, interdisciplinary team to provide comprehensive, person-centered care. PACE programs operate in medical adult day care settings and, in some instances, contract with other community-based service providers to address the holistic needs of their clients. The PACE program has the ability to contract with ALP to extend the delivery of care to address care needs after hours.

[I Choose Home](#) (also known as Money Follows the Person) is a Federal program that is operated by the State of New Jersey. Managed through the Division of Medical Assistance and Health Services, the program assists those currently living in institutional settings to transition into a community-based setting. The state is able to achieve cost savings through this program, which coordinates with affordable housing providers to identify and find accessible, affordable and integrated housing units for its clients. Some of these clients will need support with activities of daily living, so wrap-around care services (such as the type provided by an ALP) will need to be provided as well - presenting another opportunity for a potential partnership.

Permanent supportive housing (PSH) is an intervention that combines affordable housing assistance with voluntary support services to address the needs of chronically homeless people. The services are designed to build independent living and tenancy skills and connect people with community-based health care, treatment and employment services. Organizations like the [Corporation for Supportive Housing \(CSH\)](#) and the [Supportive Housing Association of New Jersey \(SHA-NJ\)](#) assist in supporting the PSH providers by coordinating efforts with a variety of key stakeholders (nonprofit and for profit developers, service providers, allied statewide advocacy organizations and medical/health care providers) in order to strengthen the safety net for those most vulnerable populations (the elderly, differently abled and health compromised).

Effective Partnerships for ALP Delivery

Research shows that integration and coordination of care leads to better health outcomes and quality of life for older adults¹. Cross-sector coordinated partnerships expand the capacity of individual organizations to provide a wider, comprehensive menu of services to support older adults to remain independent in the community. The ALP Model relies on a strong partnership to ensure successful implementation of care services for older adult residents. Eliminating silos and working collaboratively across partners is essential in the successful implementation of the ALP program in publicly subsidized housing.

Cross-sector partnerships are critical to support older adult residents because:

- They help empower residents to better manage their own medical care and improve their self-care.
- They allow for coordination with key partners like hospitals, managed long-term care plans, occupational and physical therapists, pharmacies, and housing managers.
- Studies have shown that older adults living in housing with on-site service coordinators had significantly lower hospitalizations and emergency room visits.

Who are the Partners?

The New Jersey ALP model is a three-way partnership between housing providers, the ALP provider and the older adult residents. The independent housing provider owns and manages the safety and maintenance of the building and residential community. Through a formal partnership, the ALP provider is one of many partners affordable independent senior housing managers can coordinate with to bring services into the building. Other partners may include exercise and activity classes, congregate meals, mobile farmer's markets, and intermittent health screenings.

Through an ALP, residents living in publicly subsidized senior housing and public housing can access fully licensed, affordable care - the type of assisted living services traditionally delivered in stand-alone facilities. The ALP model links existing affordable independent senior housing with comprehensive assisted living services in an effort to improve health outcomes of high-cost, high-need residents. In essence, the model separates the building from the traditional assisted living model so services can be delivered in an efficient way to an often hard to serve population.

NEW JERSEY ASSISTED LIVING PROGRAM PROVIDER COALITION



ALP Services include: 12-16 hours, seven days a week of on-site staff, overnight access to RN, housekeeping, laundry, bathing, grooming, meal preparation, dressing, medication administration, care plan management and other needs identified in individual care plan.

¹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5890872/>

“

We recognized that housing providers had real challenges, and they were finding themselves in a business they were not prepared to be in at all,” **Elizabeth Davis** Executive Director at **Bright Side Family** said, “With the COVID-19 pandemic, housing providers and family members, in particular, are more aware than ever of the vulnerabilities of their tenant populations. They are realizing the benefit of having an ALP on site.

”

Role of Partners

Housing Provider

- Own and Manage apartment building
- Make sure the building remains up to code; handle inspections for Municipality, State, mortgage holders, tax credit investors, DCA, elevators, etc.
- Maintain affordability of independent housing units
 - Publicly subsidized (e.g. HUD 202, HUD 236, Low Income Housing Tax Credit)
 - Public Housing Authority
- Have a written agreement with the Assisted Living Program Provider detailing responsibilities
- Provide space for ALP staff, files, desk, and sink access for maintaining infection control, and activity space whenever possible to keep residents active and socializing
- Refer residents when necessary to ALP to maintain apartment census/safety - monthly meetings
- Keep all areas of the apartment building and outside safe and easy to access

ALP Provider

- Direct care staff on-site for 12-16 hours a day, seven days a week. On-call nurse for emergencies available 24 hours a day, including evenings and weekends.
- Management of residents daily living needs including housekeeping, laundry and meal assistance.
- Provide case management services, arrange doctor visits and connect tenants to programs supplying home-delivered meals, transportation, or social support.
- Sponsor and lead recreational, social engagement and wellness programs on-site open to all residents.
- Maintain regulatory compliance for quality care delivery.

Why are Partners Important and Critical for the ALP Program to Exist?

The tenant population of publicly subsidized housing communities often need supportive services due to high rates of chronic illness, functional dependence and medical complexity, resulting from a lifetime of access issues. Many tenants' care needs exceed the support capabilities of the onsite property manager and service coordinator (if applicable) and additional help is needed to support the aging-in-place needs of those residents.

ALP providers are licensed by the state to deliver a range of supportive care and light housekeeping services in publicly subsidized housing communities. As part of the regulatory procedures to set up an ALP in a housing community, ALP providers must gain approval and be invited into these communities by the housing developer and/or property owner. A formal agreement must be executed to detail the roles and responsibilities of each partner, and afterward, this agreement is submitted as part of the ALP provider application for state approval to bring ALP services into the building.

While a formal agreement is required, there is minimal to no additional cost to the housing partner to bring an ALP program into the building. However, there is an incalculable benefit to the housing provider and property manager for including an ALP program. ALP providers have the expertise to support older residents through a health transition, enabling those tenants to live in their apartments with dignity as they age. The program includes housekeeping, laundry and assistance with transportation and food access, which can ensure the residential unit is kept clean. Supporting the intermittent care needs and daily activities of older residents can keep the residents in their homes longer, reducing the cost of turnover for housing managers.

Help management keep residents healthier longer

Fewer falls, less liability

Identify community resources for residents for free or low cost

Collaboration with onsite service coordinator

Infection control and education on self-care to prevent COVID

Healthier and safer for all residents in building

Keep apartments clean

Fall risk prevention and clean, healthy environment

Identify small maintenance issues prior to becoming a complex problem

Saves money





An ALP program joined up with building managers to co-sponsor a socially distant “Group Music and Chat” program to help residents safely gather together after the pandemic

Making the Connection with Partners – Where to Start

Identifying the potential number of partners in your community and region is essential. ALP providers are licensed to provide services in up to two contiguous counties. For existing ALP providers, it will be easier and cheaper to expand services to a new building if it’s located relatively close to the first site where the program was launched. This would allow for economies of scale and administrative cost-sharing across sites. In addition, operating within a small geographical footprint also allows for the added benefit of staff sharing across sites.

Resources for mapping

- Affordable independent senior housing communities - NJ HMFA
- Local [Area Agency on Aging/Aging & Disability Resource Connection \(ADRC\)](#)
- [Local housing authority](#)
- Department of Community Affairs’ [Guide to Affordable Housing in New Jersey](#).
- ALP Provider Coalition - [List of ALP providers](#)

Part of building a mutually beneficial partnership is creating an open line of communication and ensuring transparency among partners. At minimum, ALP providers and the housing property’s managers should be able to work together on identifying residents who are eligible and in need of assistance and ensuring that those tenants are aware of the program option. A good strategy is for ALP providers to meet with resident community boards to provide information on how ALP works and to prevent misconceptions about the benefits, costs and enrollment requirements. Hosting informational sessions and offering health screenings are also good ways for ALP staff to begin to build a relationship with potential clients.

Partnership Scenarios

Senior housing to connect with an ALP to start services

Senior housing provider starting their own ALP - expand on existing services

ALP provider to connect with senior housing providers

Starting a New Program

Before starting down the path of licensure, providers seeking to establish an Assisted Living Program should draft and then finalize a partnership agreement that clearly delineates the roles of the partners and plans for how the ALP services will be delivered in the publicly subsidized housing community. Even if an existing ALP Provider is expanding into an adjacent building or new community, it is important to have built a relationship of mutual trust with onsite property management and with residents who are likely to need ALP services. Key questions to be answered at this point:

- What is the potential number of residents that will be served by the ALP? Do you have a critical mass of ALP clients in building? Average number of residents with >2ADL needs?
- What percentage of the residents in need of ALP services are enrolled in MLTSS? What percentage of residents will pay privately?
- Will the ALP Provider have a dedicated space in the building where client files and medications can be locked and secured?

Getting Licensed as an ALP

The New Jersey Health and Human Services departments both support the establishment of new ALP providers and expansion of these services to new locations across the state. The Assisted Living Program is governed by the New Jersey Administrative Code (N.J.A.C.) Title 8, Chapter 36 Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Program and specifically subchapter twenty-three. Application to establish a new ALP program starts with the Certificate of Need process. This is not challenging but does require a fair amount of paperwork to be filed with the state along with a filing fee. The purpose of this process is to ensure there is not an oversaturation of providers in one market. Note the review timeline can take anywhere from four to six months and applicants are strongly encouraged to have a business plan in place.

While the CON application is being reviewed, providers should take this time to develop the required materials and documents that will be needed to file an application for ALP license. The procedure for applying for an ALP license can be found in [Title 8, Chapter 33 Certificate of Need](#) in the New Jersey Administrative Code. Key documents include but are not limited

to a policy and procedures manual that will govern operations and management of ALP services. This manual should include all aspects of the delivery of services. Applicants for ALP license are encouraged to engage with a licensed administrator either a Certified Assisted Living Administrator (CALA) or licensed nursing home administrator (LNHA) who will oversee hiring of staff, regulatory compliance and develop the policy and procedure manual and required forms. The manual should include information such as:

- Infection controls – outbreak response plan to cover any infectious disease outbreak e.g. COVID, influenza
- Staff - staffing plan, screening process for both staff, job descriptions and qualifications etc.
- Clients – rights and responsibilities, screening, care planning and management,
- Medications – management, storage and security
- Required forms – resident admissions, service plan, health and physical assessment forms, client’s rights and responsibilities.

Each applicant for a license to operate a facility or program may make an appointment for a preliminary conference at the Department with the Long-Term Care Licensing Program. The regulations provide a roadmap for the development of operating procedure, including:

- Resident care policies
- Resident assessment, care plans and eligibility
- Resident rights and responsibilities
- Staffing – Nursing services and personal care assistants, certified medication aides and other direct caregivers
- Meals – coordination and preparation assistance
- Resident transportation
- Pharmaceutical services
- Resident activities
- Social work services
- Emergency services and procedures
- Resident records
- Infection prevention and disease control

“All applicants shall demonstrate that they have the capacity to operate an assisted living residence or program or a comprehensive personal care home in accordance with the rules in this chapter. An application for a license or change in service shall be denied if the applicant cannot demonstrate that the premises, equipment, personnel, including principals and management, finances, rules and bylaws, and standards of health care are fit and adequate and that there is reasonable assurance that the health care facility will be operated in accordance with the standards required by these rules. The Department shall consider an applicant’s prior history in operating a health care facility either in New Jersey or in other states in making this determination.” —**N.J. Admin. Code § 8:36-2.2**

Enrolling as a Medicaid Provider

ALP providers can choose to accept Medicaid as a source of payment for ALP services. The State establishes the daily reimbursement rate and all providers must be approved by the state to bill Medicaid for services provided to an eligible Medicaid client. ALP Providers will need to start with an application for a Medicaid Provider Number. This application process and documentation can be found at the New Jersey Medicaid Management Information System enrollment portal. Providers must negotiate a contract with each Managed Care Organization.

Staffing

A word about staffing. When starting a new ALP and entering in a new market, there is a small challenge aligning staffing with the client census, especially when just starting out. ALP regulations dictate the level of staff capacity needed to effectively run the program. ALPs have found that having an administrator with an RN or LPN that is also a certified assisted living administrator (CALA) can support efficiency in meeting staffing requirements.

ALPs must have a staff member who can administer medication - this can be a RN, LPN or certified medication technician (CMT). The CMTs require nursing supervision so providers will want to take this into consideration when designing the staffing plan. Home-health aides or nurse aids provide the most direct support to clients. Due to the unique nature of the ALP model, the role of the direct-care aide is slightly more engaged and universal than it would be if that aide worked for a traditional home care agency or in a facility setting. Care delivery is provided over the span of 12-16 hours on an intermittent schedule based upon the client's care plan. HHAs are often going in and out of resident apartments, creating a flexible and dynamic work environment. This can be challenging for HHAs who are used to working in traditional facility settings.

Coordinating Services in the Community

In addition to the onsite staff, ALP Providers can engage with local service partners in the community to extend their capacity to meet the regulatory requirements. Additionally, partners in the community can also be a good source of referral to increase ALP census.

Managed Care Organizations

The State of New Jersey utilizes a Managed Long Term Services and Supports (MLTSS) system to approve and pay for the delivery of long-term services and supports through New Jersey Medicaid's NJ FamilyCare program. The goal of MLTSS is "to expand home and community-based services, promote community inclusion and ensure quality and efficiency". MLTSS uses NJ FamilyCare managed care organizations (MCOs) to coordinate ALL services including the Assisted Living Program. Building a strong relationship with the MCO care managers in the community can be helpful to identify where there is an unmet need for ALP services. More information on the MLTSS program including eligibility process and a list of MCO contacts can be found on the [NJ Division of Medical Assistance and Health Services site](#).



Pharmacy

ALPs must have a pharmacy provider that dispenses the medications, packages them in unit doses and delivers to the site. In addition, ALPs must contract with an independent pharmacy consultant who conducts quarterly audits that involve reviewing medication records, observing the administration of medications, monitoring potential drug interactions, recommending appropriate time of day for taking the medication, and other medication management activities. Some of the larger pharmacies can provide a locked medicine cart and other supplies as part of their services. ALPs also need to provide a locked refrigerator for meds that need refrigeration.

Meal Assistance and Preparation

While ALPs are not required to provide meal services, support for the preparation of meals and assistance arranging food delivery or grocery service is part of the ALP package. In order to meet state regulations, ALPs contract with a dietician or nutritionist to conduct a quarterly review of the specific dietary needs of the ALP clients. Clients who have MLTSS can be provided home-delivered meals through their MCOs.

Social Activities

Connecting with activities and social supports help to ensure ALP clients are not isolated and are able age with dignity and purpose. Strong relationships and partnerships with the housing property manager may present opportunities to coordinate health, education and wellness activities for the residents of the building, including the ALP clients. Some ALP providers have a senior center co-located in the senior apartment building and they are able to refer their clients to on-site activities and exercise classes.

Social Worker

Social workers can provide an integral bridge between the residents and the services that support their ability to age in the community. Because they have knowledge of local service organizations, social workers can work with the ALP clinical team to develop individualized care plans for each resident and help communicate changes with family members. They also connect older adults with community resources that help them to safely maintain their best quality of life. Whether a senior needs medical, emotional, spiritual, or physical support, a social worker can often be the link between the older adult and the providers who can help. While not required by state assisted living regulations, some ALP providers have a social worker on staff, while others rely on their connection with the social worker hired by the housing management. In short, social workers are often the unsung heroes of senior care, and therefore are good to have as part of the ALP model.

Conclusion

There are many steps to establishing a successful and quality Assisted Living Program, and this primer couldn't possibly detail all of them, but the goal in compiling it was to demystify a program that is too often labeled a "well-kept secret." As stated in the introduction, ALPs are extolled for their flexibility. That same characteristic, however, is what can make ALPs difficult to market to consumers, housing managers, and managed care organizations. They are not all made in one mold, and thus they can't all be summarized by one umbrella marketing slogan – even if most of the current providers had a budget to market, which most, by nature of being small nonprofits, do not.

This guide was informed by many sources, but chief among them are the directors and staff of the 15 ALPs operating in New Jersey, and the lessons they've learned in building and sustaining their programs. These providers in recent years have come together to form the New Jersey Assisted Living Program Provider Coalition. The chief mission of that organization is to create smoother and more effective partnerships with state regulators, managed care organizations, housing managers, as well as clients and their families. The hope is that the ALP model can grow in both client numbers and geographic reach – thus filling some of the achingly wide gaps in our state's long-term-care system. Achieving that mission and that hope requires

first raising the profile of Assisted Living Programs. And then creating a process to encourage more providers to launch new programs or expand existing ones.

Despite the fact that the ALP program has existed in New Jersey for decades, the model is still not well understood by many – including by veterans in the long-term-care industry. Larger audiences need to hear the many stories that ALP clients gladly share of how these programs let them live their final years in the comfort and security of their familiar homes, or the anecdotes from housing managers relieved to have on-site care teams to respond to their tenant welfare concerns, or the ones from case managers happy to have care partners who can flexibly adjust the level of provided services when clients' needs change. Many providers also have accumulated testimonials from family caregivers grateful for the comprehensive and well-supervised care their loved ones are receiving, and from the nurses, social workers and direct-care staff members themselves – all invigorated and empowered by this team approach to care. For anyone seeking to become an Assisted Living Program provider, the best advice from those who have gone before you is this: **Always remember that the first and foremost mission is to fit the care model to the needs of the individual clients and the residential community where they live - not the other way around.**

