

**A SURVEY OF ASSISTED LIVING IN
NEW YORK STATE:
A SUMMARY OF FINDINGS**

April 2000

*Nursing Home Community Coalition of New York State,
The HealthCare Management Program, School of Business and
Management - Temple University
and the Coalition of Institutionalized Aged and Disabled*

*Part of The Assisted Living Project, a three-year project funded by the
Fan Fox and Leslie R. Samuels Foundation*

The Assisted Living Project
Nursing Home Community Coalition of New York State &
Healthcare Management Program, School of Business & Management -
Temple University
11 John Street - Suite 601
New York, NY 10038
212-385-0355

Project Team: Cynthia Rudder, Ph.D.; David Barton Smith, Ph.D.; and Geoff
Lieberman

**ASSISTED LIVING IN
NEW YORK STATE:**

**A SUMMARY OF SURVEY
FINDINGS:**

¹ We gratefully acknowledge the support of the Fan Fox and Leslie R. Samuels Foundation, the assistance of the Professional Research Consultants Inc (PRC) of Omaha, Nebraska in conducting the telephone interviews and the help of the Empire State Home and Assisted Living Association and the New York Association of Homes and Services for the Aging for writing letters to their members urging them to complete the surveys.

Assisted Living in New York State: A Summary of Survey Findings

enriched housing.² In addition, about 100 residential developments catering to those with assisted living needs now exist in New York State that are "look-a-likes." These are facilities that "look like" licensed models but are not licensed.³

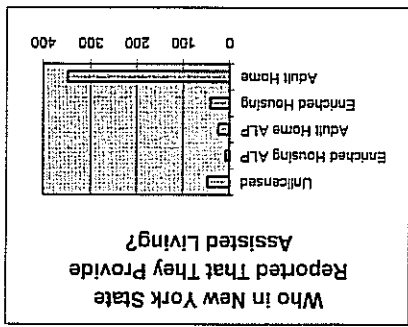


Table 1 describes the characteristics of these different types of facilities that responded to our survey. The "unlicensed" facilities tend to be concentrated in New York City and its suburbs while the enriched housing assisted living programs are concentrated upstate with the bulk in

² "Adult Homes" are defined as: adult care facilities that provide long-term residential care to 5 or more adults; "Enriched Housing" is a facility that provides long-term residential care to 5 or more adults, primarily persons 65 or older, in community-integrated settings resembling independent housing units; and Assisted Living Programs (ALPs) are entities which provide supportive housing and home care services to 5 or more individuals who would otherwise require placement in a nursing facility. Developers of such "unlicensed" facilities indicate that these are designed to meet or exceed the standards for licensed as adult homes but since they cater exclusively to residents who are paying their own way, they have chosen to avoid the delays in obtaining zoning approval for the construction of an adult home and simply construct them as private housing. Some consumer advocates, however, are concerned about the lack of state oversight and the ability of consumers to compare services should these facilities continue to remain outside the licensure umbrella.

Introduction

A telephone survey of assisted living facilities was conducted between June and September 1999. Assisted living facilities were defined as those that reported that they "provide or arrange for assisted living services such as personal care services or help with activities of daily living, such as bathing, dressing, and toileting." The survey achieved an 84% response rate among those facilities that met this definition. Administrators representing a total of 470 facilities completed the 163-item interview. (A more detailed description of the survey's methodology and analysis of the response rate is presented in Appendix II.) This report and the more detailed tables presented in Appendix I describe the characteristics of such facilities, their residents and the factors that influence these characteristics. It provides additional information supplementing the legislatively requested study completed last year that served as the basis of the Governor's proposal for regulatory changes now being reviewed at hearings across the state.

I. Assisted Living Facilities

Who provides assisted living?

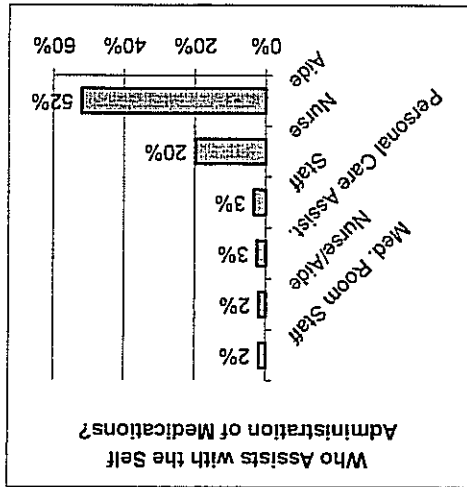
New York State offers a diverse array of residential arrangements that meet the broad definition of assisted living used in this survey. Assisted living facilities that are licensed by the state include: (1) adult homes, (2) enriched housing and (3) assisted living programs (ALPs) that may be located either in adult homes or

¹ Office of Continuing Care, New York State Department of Health. *Assisted Living in New York: Preparing for the Future. Report to the Governor and Legislature.* May 1999.

on their residents while only .5% of the licensed report this.

How are medications administered?

One of the more complex and controversial issues surrounding assuring resident safety in assisted living arrangements involves the administration of medications. Table 3 provides a summary of the arrangements currently being reported in assisted living facilities in New York State.



Over one-half of respondents, who said they assisted residents with self-administration, said that an aide assists or supervises the self-administration of medication (52%). Of those unlicensed who said they administered medication (25), 40% stated that an aide administers the medication.

Facilities were also asked if they have a policy that prohibits all self-administration of medication without staff assistance even for those who could take the medication themselves. In all, 19.4% of assisted living facilities have a policy prohibiting the self-administration of medication. Comparing responses by status of facility, 20.1% of licensed facilities have such a policy, compared to 7.7% of unlicensed facilities.

upstate urban areas. The facilities can accommodate on the average 47.5 persons. A sizeable minority (26.8%) are part of a campus that provides a continuum of care that includes assisted living as a component and almost half (44%) are a part of entities that provide services at more than one site. Most of these operations are for profit, private companies (59.9%). About half (51.7%) report waiting lists for entry.

What services are offered?

Table 2 summarizes the services offered by the facilities surveyed. Licensed facilities are required by regulation to provide many of these services but unlicensed facilities can offer whatever in marketing.⁴ Most facilities provide laundry, transportation, medication assistance and medical dietary services. The bulk of licensed facilities (83.2%), directly provide personal care services. In the unlicensed facilities, however, 48.9% arrange for such services to be provided by outside vendors such as home care agencies. In addition, 8.9% of the residents in unlicensed facilities purchased such services directly. 60.9% of the unlicensed facilities provide case management services, and the bulk of those unlicensed facilities providing such services, provide them directly. The licensed facilities were more likely to report more frequent checks on residents than at meals. While a small difference in overall oversight, 6.4% of the unlicensed report that they do not check

⁴ The required services in licensed facilities include the following categories: room, board, housekeeping, supervision, personal care, case management and activities. See Part 487: Standards for Adult Homes, Part 488: Standards for Enriched Housing and Part 494: Assisted Living Program of Chapter II, Department of Social Services Regulations for a more detailed description.

daily living and other characteristics (cognitive impairment, incontinence) requiring additional care. The unlicensed facilities reported the lowest levels of resident needs. Staffing ratios generally appear to reflect these differences in resident needs with the AH/ALPs reporting on average 6.6 residents per nurse aide, the EH/ALPs reporting 4.2 and the unlicensed facilities reporting 13.3 residents per nurse aide. In addition, AH/ALPs report on average 3.2 residents per full-time staff, the EH/ALPs report 2.2 and the unlicensed facilities report 9 per full-time staff.

Who gets admitted and who gets discharged?

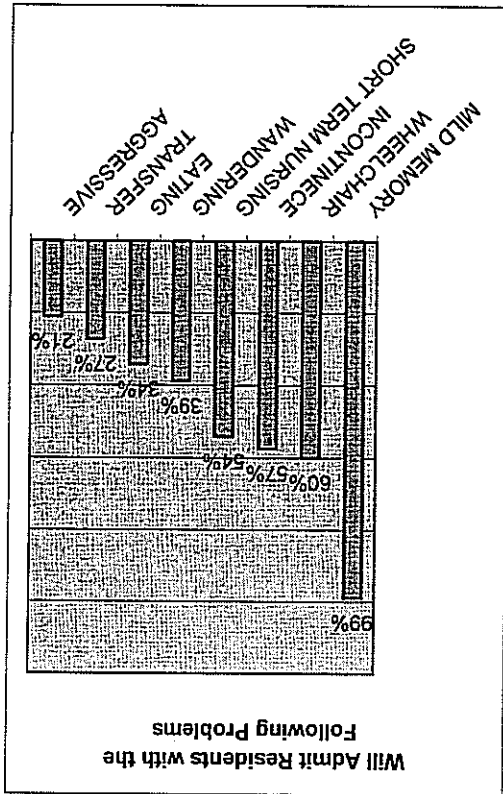


Table 6 describes the admission and discharge characteristics of the different kinds of assisted living facilities. Although reporting the lowest level of current resident needs, unlicensed facilities tended to report a greater

What specialized services are offered to Alzheimer patients?

Specialized Alzheimer care is the most rapidly growing new component of long term care. Table 4 describes the characteristics of specialized Alzheimer units. Altogether, only 39 facilities or 8% reported having such units. The unlicensed facilities (15%) were more likely to report having separate Alzheimer units. However, units in licensed facilities were more likely to report having specialized staffing, training and services as features of these units.

II. Assisted Living Residents

What's the typical resident like?

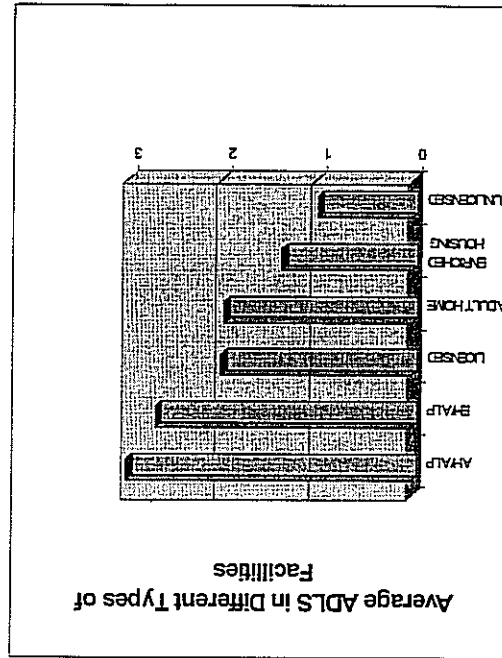
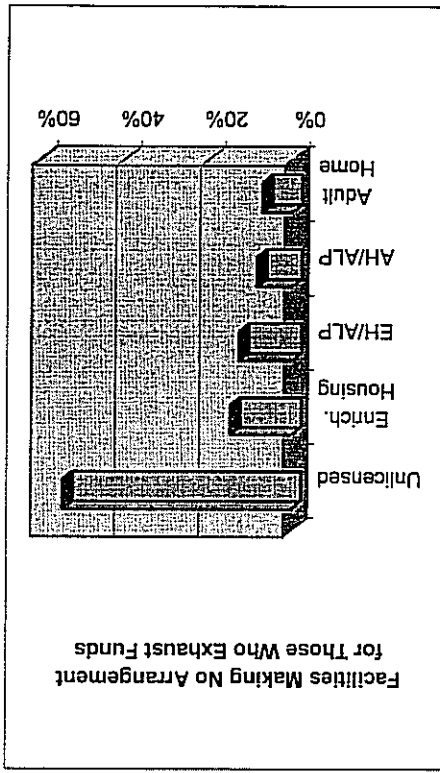


Table 5 summarizes the characteristics of residents reported in the facilities surveyed. The average age was 77.1 and 67% were female. The assisted living programs (ALPs) are designed to provide care for those residents who are nursing home eligible. Not surprisingly, they had the highest percent of residents in need of assistance with activities of

Medicaid. There is, however, much overlap in sources of payment between the licensed and unlicensed facilities and surprisingly little difference in estimated income levels of residents. At least among those administrators who were able to make and estimate the income levels of their residents, about 75% of both residents in licensed and unlicensed facilities had incomes of less than \$25,000. In other words, perhaps as many as three quarters of the residents in assisted living facilities are spending more for care in these facilities than their income.



While overall 12.5% of the facilities report making no accommodation for those who exhaust their funds, 54% of the unlicensed facilities report making no accommodation.

Is it really like a home?

Part of the philosophy of assisted living is to provide the resident with as much as possible the same amenities and

flexibility in admission practices and said they were less likely to discharge residents because they needed a higher level of care. While reported as a rare event in all facilities, unlicensed facilities were more likely than the licensed (2.9% versus 1.2%) to discharge residents because of financial difficulties.

Admission and retention criteria for licensed facilities are currently determined by state regulations. At this time, licensed facilities are not permitted to admit or retain individuals with certain conditions without getting a waiver from the state. Licensed facilities were asked if they would admit or retain such residents if a waiver was not required. Even if given this opportunity, many licensed facilities say they would not change their policies. If facilities did not need waivers, 61.0% would admit residents who require on-going nursing care, 40.0% would admit residents who require assistance with transfers, 30.5% residents who use wheelchairs and only 24.7% residents who were not self-directing (i.e., have severe memory and judgment problems.)

How is their care paid for?

Table 7 summarizes the payment issues described in the interviews with the facility administrator. The reported average private unit monthly rate, ranged from \$2,846 for the adult home ALP to \$1,432 for enriched housing, with licensed facilities charging private pay residents on average \$1,796 and unlicensed \$1,844. In general, the licensed facilities included more services in their basic rate than the unlicensed. The sources of payments differ between the licensed and unlicensed, with residents in the unlicensed facilities relying more on their own resources and that of family members and less on public sources such as SSI and

autonomy that they would have in their own home.

Table 8 summarizes the ability of New York assisted living facilities to meet such a standard. The bulk of facilities report providing amenities that assure the privacy and at least some of the autonomy of a private home (kitchens, stoves, private baths, locked drawers, etc.). Most do not require permission to leave the grounds, do provide arrangements for guests to join residents for meals and do have some form of residence governance and formal grievance process. 60.7% of residents choose a physician provider not affiliated with the facility and 34.1% choose a home care agency not affiliated with the facility. 85.6% of the facilities allow residents to refuse services they believe are necessary, in keeping with the notion of residents being permitted to assume risks, just as they would in their own home. However, formal procedures that assure fully informed consent related to these risks, which involves family members and outside caregivers as well as the residents themselves, appear to be lacking in as much of half these facilities.

How easy is it for prospective residents and their families to get the information they need to make decisions?

As the General Accounting Office's (GAO) national study on assisted living recognized, what information and when they receive it is crucial for families and prospective residents in making informed choices between different assisted living options.⁵ 107 of the facilities responded to a request to supply the information they send to all prospective residents and residents in-

⁵ General Accounting Office (GAO), *Long-Term Care, Consumer Protection and Quality of Care Issues in Assisted Living*, May 1997.

house. Based on this material, summarized in Table 9⁶, most potential residents of licensed and unlicensed facilities are given information describing the services included in the basic rate. However, fewer potential residents are given information on the cost of the basic package, services available beyond those included in the basic package, services not available at all, discharge criteria, rights and responsibilities of residents, policies on medication, practice for assessing health care and staff training and qualifications.

Since most of the licensed facilities that sent copies of material use the state's model contract, much important information is given in this agreement. However, those things not on the model contract are rarely described, e.g., (1) costs of additional services; (2) facility practices for assessing health care needs and for giving medication assistance or administration; (3) descriptions of services not covered or available; and (4) the complaint or grievance procedure. Some residents, but not the majority, are informed of some of these things in other material once they are in residence. In the few unlicensed facilities that shared this material, little information is given in the contract or in other material. Most residents in these facilities were informed in the agreement of the services included in the basic rate and the cost of the basic package. However, less information was included on the other issues. Similar to the results found in the GAO's study, our results indicate

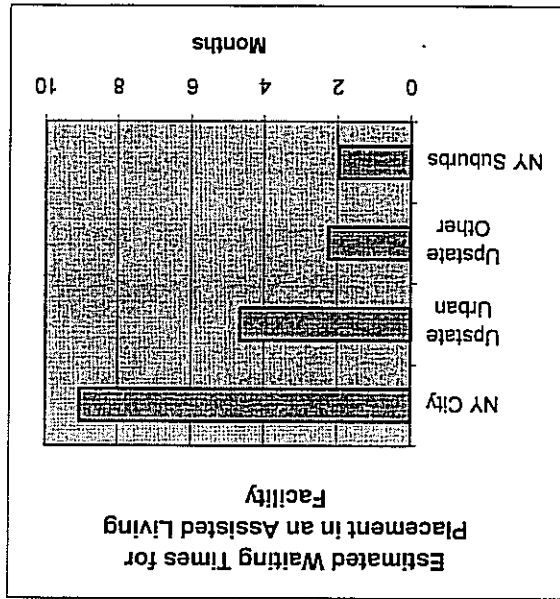
⁶ Each facility was asked in the telephone interview if they were willing to send information: (1) given to prospective residents; (2) agreements and/or contracts; and (3) other material given to residents once they were admitted. If they agreed, they were sent a postage-paid envelope based upon the estimated weight of their material. Facilities were included in the analysis only for the categories of information they sent.

that consumers may not be getting the information they need to make an informed choice and may not be given the information they need on the contracts they sign or other material they receive.

III What factors shape the characteristics of facilities and residents?

Geography

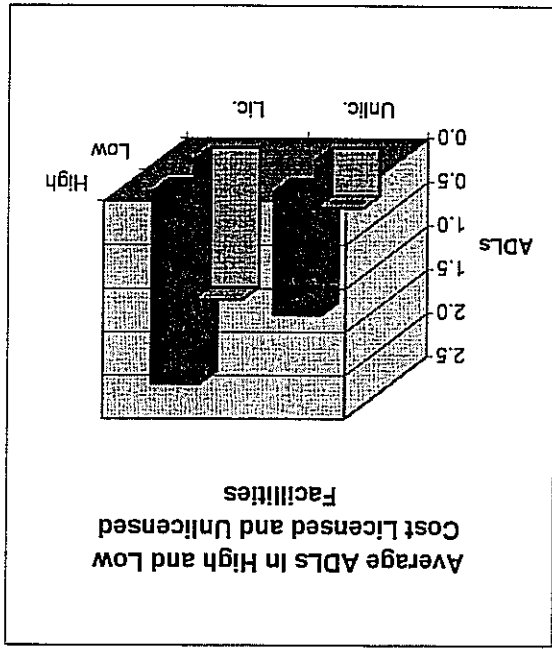
As indicated in Table 10, the characteristics of assisted living differ significantly by region of the state, making interpretation of the findings of this survey and generalizations to the state as a whole difficult. New York City has the highest proportion of facilities that report waiting lists and the longest waiting times in months, perhaps reflecting a tighter supply.



Upstate facilities are more likely to report a willingness to admit residents that require wheel chairs, perhaps reflecting differences in physical layout. New York City facilities tend to rely less on the personal resources of residents and their families in financing care and more on public sources.

Resident Needs and Facility Costs

As indicated in Table 11, both unlicensed and licensed facilities above the median cost in their category had residents with higher needs. Facilities with costs higher than the median had a higher proportion of residents requiring assistance with activities of daily living and who were more likely to use assistive devices, be cognitively impaired, be incontinent and use home care. The average number of ADLs per resident was substantially higher in facilities that reported higher monthly costs.



Size and Ownership

As indicated in Table 12, facilities differ in operating characteristics by size and ownership. Larger facilities are more likely to be part of a campus that provides a continuum of care and are more likely to be part of an organization that operates at multiple sites. Not-for-profits are more likely to report waiting lists than for profits (62.1% compared to 45.1%) but there are no appreciable differences in occupancy levels by sponsorship (i.e., for-profit, not-for-profit or public). Among those with

and national surveys.⁷ The average age of residents and the proportion of for-profit assisted living facilities in New York is similar to that found in national surveys of assisted living, home care agencies and nursing homes. A somewhat higher proportion of residents in New York State facilities were reported to have incomes below \$25,000 than was found in a national survey of residents in assisted living facilities, but this may simply reflect a systematic bias. About 40% of the respondents could not estimate this percentage and probably the income of residents is more likely to come to the attention of administrators when it becomes a problem in terms of payment. The average ADLs, for licensed and unlicensed assisted living residents computed from the New York State Health Department's assessment of residents is remarkably similar to those calculated in our survey from the estimates of the facility administrators. In contrast to national surveys, New York State assisted living facilities range in ADLs from a level that is low (the unlicensed facilities) relative to the national survey of assisted living

⁷ As a part of their legislatively mandated study of assisted living, the New York State Department of Health completed a resident assessment using a two-stage random sampling strategy by nurse assessors for both "certified" (licensed) and "look-alike" (unlicensed) assisted living facilities see: New York State Department of Health. *Assisted Living in New York: Preparing for the Future*. Office of Continuing Care, Bureau of Program Coordination and Development; Delmar, NY. May 1999. National comparative data was available from: National Investment Conference. *National Survey of Assisted Living Residents: Who is the Customer*, 1998. NIC: Annapolis MD and from the National Center for Health Statistics from the 1995 national survey of nursing homes and the 1996 national survey of home health agencies (See: *Advance Data* Number 280 (January 23, 1997), Number 289 (July 2, 1997), Number 297 (April 16, 1998) and Number 303 (December 22, 1999).

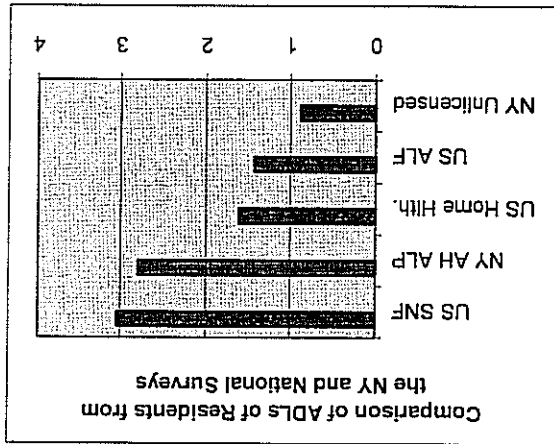
waiting lists, the longest waiting times were reported for the unlicensed facilities and the enriched housing. Not-for-profits in general also tended to report longer waiting times. Small licensed and unlicensed facilities were more likely to provide personal care directly rather than through outside contracts with a home care provider (90.4%, compared to 76.3% for large licensed facilities and 50% compared to 39.4% for large unlicensed facilities). The larger facilities (12.6%) were also more likely to report having separate Alzheimer units.

Average monthly charges also varied by sponsorship and size. The average monthly basic charge reported by for-profit unlicensed facilities was \$2,237.79 and by not-for-profit unlicensed facilities was \$1,318. Larger facilities tended to charge more than smaller ones. The average charge for large unlicensed facilities was \$2,139.96 while the small-licensed facilities charged \$1,182.46. Large licensed facilities charge \$2,149.29 while the small charge \$1,433.85. Not-for-profit facilities had more residents relying on their own resources and their families (54.2 v. 45.5%), fewer residents who relied on Medicaid (37.9 v. 45.8%) and had fewer residents with incomes under \$25,000 than did the for-profits (68.1 v. 77.7%).

IV. How Do the Results of this Survey Compare to Other Sources of Information?

Comparing the survey results with other sources of information helps assess the confidence one can feel in its results. More generally, it also helps in understanding the differences between assisted living, home care programs and nursing homes. Table 13 presents some comparisons between our survey, the New York State Health Department's assessment of assisted living residents

residents to a level (Adult Home Assisted Living Programs) that comes within one ADL of matching the level found in the U.S. national survey of skilled nursing home residents.



Discussion

The results of this survey need to be interpreted with some caution. While we were able to obtain a remarkably high response rate for a survey of this type (84%), only 66% of the unlicensed facilities responded. In addition, new unlicensed facilities are opening every day. Also, there remains considerable ambiguity about what constitutes an assisted living facility. As a result, facilities may have been excluded that might technically meet the broad definition we used and others may have been included that some would conclude do not. In addition, information included in the tables in this report came from a telephone interview of an administrator or other manager and their informal estimates of resident characteristics and facility operations that may not be entirely accurate. Given these precautions and the need for further validation from other sources, the survey results raise five important concerns for New York State, particularly in light of the Governor's proposal on assisted

living in New York State that is being discussed in hearings around the state. First, the relatively low average occupancy levels and lack of waiting lists in about half the facilities suggest some softness in overall demand. This contrasts substantially from purely demographic projections and industry expectations of a few years ago but is certainly supported by the anecdotal evidence currently reported in the press. Some may view this excess capacity as a benefit to the prospective resident who will have more and more attractive choices in a more competitive market. Others may view this as a potential quality of care time bomb that may encourage some facilities to admit and keep residents that they lack the resources to adequately care for.

Second, case mix and cost per resident vary significantly by facility and tend to be closely related. Staffing needs and the resulting cost per resident rise as needs of residents increase. This suggests the need to figure out equitable ways to adjust payment to case mix and, in the process, raises precautions about the potential cost savings that are in the long run possible.

Third, the considerable variability indicated in the survey concerning admission and discharge criteria suggest that the debate over the right and the ability to "age in place" is far from over. The unlicensed and, thus less regulated facilities, report far more flexible criteria for admissions and discharge. However, they also report, as a whole, a less dependent resident population. Licensed facilities reported in the survey that, if

⁸Foderaro, L.W., "Issue of Elderly Housing Separates Suburban Generations," *The New York Times*, 10, February, 2000 and Pristin, T., "Costly New Residences for the Elderly Open, But Many Rooms Are Empty," *The New York Times*, 13, February, 2000.

they no longer needed waivers to admit residents with certain conditions they could be more flexible. Most, however, would not admit residents who require assistance with transfers, use wheelchairs or who are not self-directing and only about 60% would admit or retain residents who require on-going nursing care. Unlike the unlicensed facilities, many of the licensed facilities are limited, at least in terms of those whose care is covered by public dollars, in their ability to charge for the cost of additional services needed by more infirm residents. The reluctance of many of them to change their admissions and discharge criteria may reflect this reality. The ability to pay for additional care in all types of settings, including one's home, will continue to determine one's ability to age in place.

Fourth, the lack of formal procedures that assure fully informed consent related to risk taking by residents, suggests that much has to be done before "negotiated risk contracts" can become a reality in New York State's assisted living facilities.

Fifth, the amount of information routinely provided to potential residents and their families appears too limited to assure informed choices. Disclosure requirements suggested in the Governor's proposal will go a long way towards dealing with this issue.

Finally, although responses to this survey provide information related to a number of issues proposed by the Governor (e.g., medication administration and retention issues, taking of risks and disclosure of information), much of the information needed to fully assess the Governor's proposal are not directly addressed in this survey. In summary, this report argues the need for far more information so that both the longer-term public

Appendix I. Detailed Survey Tables

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

CHARACTERISTICS OF ASSISTED LIVING FACILITIES IN NEW YORK STATE

TABLE 1

UNLICENSED TOTAL	LICENSED					TOTAL	UNLICENSED TOTAL
	ADULT HOMES	ENRICHED HOUSING	AHALP	EHALP	LICENSED		
470	349	41	25	8	423	47	470

LOCATION	NYC	METRO SUB	UPST URB	OTHER	PART OF CAMPUS	PART OF CORP	MEAN # OF BEDS	OWNERSHIP	FPPPT	NFP	PUB	FPPPT	WAITING LISTS	LENGTH OF WAIT (Months)	OCCUPANCY LEVELS	HAS A FORMALIZED QUALITY IMPROV SYSTEM	CONDUCT EVACUATION FIRE DRILLS
	11%	24%	6%	60%	19.80%	39.80%	48.1	67.70%	0	30.50%	1.70%	0	48.10%	5.1	81.60%	67.80%	NA**
	22%	7%	17%	53%	72%	52%	37	15.40%	0	84.60%	0	0	53.70%	11.6	71.80%	55%	NA
	24%	8%	12%	56%	100%	87.50%	79.5	72%	0	100%	0	0	87.50%	2.3	89.70%	100%	NA
	0%	0%	62%	38%	26.20%	42.30%	49	62.10%	0	36.50%	1.40%	0	51.10%	3.4	81%	100%	NA
	13%	21%	9%	58%	31.90%	59.60%	46.3	40.40%	0	46.80%	0	0	57.40%	5.4	72.80%	68%	NA
	47%	23%	6%	24%	26.80%	44.00%	60.6	59.90%	12.80%	37.50%	1.30%	0	57.40%	18	72.80%	68%	NA
	16%	21%	8%	55%	26.80%	44.00%	47.5	40.40%	12.80%	37.50%	1.30%	0	57.40%	6.9	72.80%	68%	NA

*Ownership classification: FPPPT (For profit, not publicly traded), NFP (Not for profit), PUB:(Public), and FPPPT (For profit, publicly traded).

**NA (Not applicable), the question was not asked of licensed facilities because they are required as a condition of licensure to conduct evacuation and fire drills.

SERVICES OFFERED IN ASSISTED LIVING FACILITIES IN NEW YORK STATE

TABLE 2

LICENSED FACILITIES
UNLICENSED TOTAL
SAMPLE

SERVICES	LICENSED FACILITIES					UNLICENSED TOTAL				
	ADULT HOMES	ENRICHED HOUSING	AH/ALP	EH/ALP	TOTAL LICENSED	ADULT HOMES	ENRICHED HOUSING	AH/ALP	EH/ALP	TOTAL UNLICENSED
NUMBER OF FACILITIES	349	41	25	8	423	47	470			
LAUNDRY*	NA	NA	NA	NA	NA	83.30%	NA	NA	NA	NA
TRANSPORT:	NA	NA	NA	NA	NA	72.30%	NA	NA	NA	NA
MED APPT:	NA	NA	NA	NA	NA	72.30%	NA	NA	NA	NA
SHOPPING	77.70%	85.40%	80%	87.50%	78.7	66.00%	77.40%	NA	NA	NA
ASSIST MED*	NA	NA	NA	NA	NA	59.60%	NA	NA	NA	NA
ADMINIST MED*	NA	NA	NA	NA	NA	55.30%	NA	NA	NA	NA
MED DIETS	94%	95.10%	100%	100%	91.3	61.70%	91.30%			
PROVIDE	84.20%	87.80%	68%	62.50%	63.2	42.20%	83.2			
ARRANGE	2.60%	4.90%	4%	0	2.8	48.90%	2.8			
OTHER*	13.20%	7.30%	28%	37.50%	13.9	8.90%	13.9			
MEDICAL										
NURSING OR THERAPIES*	NA	NA	NA	NA	NA	78.70%	NA			
ON-GOING ASS*	NA	NA	NA	NA	NA	59.60%	NA			
PROVIDE	NA	NA	NA	NA	NA	16.20%	NA			
ARRANGE	NA	NA	NA	NA	NA	67.60%	NA			
SOME RESIDENTS PURCHASE DIRECT	NA	NA	NA	NA	NA	16.20%	NA			
CASE MANAGEMENT										
CASE MANAGE SERV*	NA	NA	NA	NA	NA	60.90%	NA			
ARRANGE	NA	NA	NA	NA	NA	84.00%	NA			
FREQUENCY OF SUPERVISION										
MORE FREQ THAN MEALS	62.50%	46.30%	56%	75%	72.3	34.00%	68.40%			
AT MEALS	15.80%	12.20%	20%	12.50%	15.6	21.30%	16.20%			
DAILY	6.90%	34.10%	16%	0	9.9	34.00%	12.20%			
HOURLY	5.40%	0.00%	8%	0%	5	0.00%	4.50%			
CONSTANT	2.90%	0	0	0	2.4	2.10%	2.30%			
2 HOURS	2.60%	0	0	12.50%	2.4	0	2.10%			
DO NOT CHECK	0.6	0	0	0	0.5	6.4	1.1			

* NA (Not applicable). Licensed facilities are required by a condition of licensure to provide such services and thus the question was omitted for licensed facilities. ** Other** means that facilities both provide or arrange for that some residents purchase directly.

**CHARACTERISTICS OF ALZHEIMER'S UNITS
IN ASSISTED LIVING FACILITIES IN NEW YORK STATE**

LICENSED IN LICENSED TOTAL SAMPLE

NUMBER OF FACILITIES WITH ALZHEIMER'S UNITS	32	7	39
SPECIAL STAFF TRAINING	84.60%	57.10%	84.60%
SPECIAL ACTIVITIES	87.50%	71.40%	84.60%
INDIVIDUALIZED CARE PLANS	87.50%	57.10%	82.10%
SPECIAL SAFETY MEASURES	87.50%	57.10%	82.10%
SPECIAL STAFF ORIENTATION	87.50%	43%	80%
SPECIAL ADMISSION CRITERIA	81.30%	71.40%	79.50%
SPECIAL STAFFING RATIOS	81.30%	57.10%	76.90%
SPECIAL FAMILY INVOLVEMENT	78.10%	71.40%	77%
SPECIAL ENVIRONMENTAL FEATU	71.90%	57%	69.20%

TABLE 4

TABLE 5

CHARACTERISTICS OF RESIDENTS IN ASSISTED LIVING FACILITIES

IN NEW YORK STATE

	LICENSED FACILITIES		UNLICENSED TOTAL		TOTAL	
	ADULT ENRICHED HOMES HOUSING	AH/ALP	EH/ALP	LICENSED	UNLICENSED TOTAL	SAMPLE
NUMBER OF FACILITIES	349	41	25	8	423	470
AVERAGE AGE	76.5	80.9	81.5	81.8	77.3	77.1
GENDER						
MALE	33.20%	21.70%	27.55	23.30%	31.60%	32.30%
FEMALE	66.40%	77.20%	72.70%	78%	68%	67.40%
NEED ASSIST WITH ADLSS						
MED ADMIN	79.20%	37.40%	75.80%	79.10%	75%	70.60%
BATHING	55.40%	42%	75.60%	67.40%	55.60%	52.50%
DRESSING	30.80%	24.40%	59.10%	52.50%	32.20%	30.90%
TOILET/CONT	15.20%	11%	40.20%	37.60%	16.60%	16.20%
TRANSFER 1	8%	8.90%	21.50%	25.30%	11.70%	11.50%
TRANSFER 2*	5.40%	9.30%	18.10%	4.90%	6.50%	6.60%
TRANSFER 2*	NA	NA	NA	NA	NA	NA
EATING	3.40%	1.50%	11.30%	3%	3.70%	3.60%
AVERAGE RES NEEDS HELP WITH THIS # OF ADLSS**	1.97	1.35	3	2.69	2	1.9
VARIOUS CONDITIONS						
ASSIT DEVICES	39.60%	50.20%	57%	57.30%	42%	40.30%
COG IMPAIR	28.90%	15.80%	45.20%	31.60%	28.60%	27.40%
INCONT	14.70%	11%	39.30%	32.10%	16.10%	15.30%
HOME CARE	7.20%	23.10%	25.40%	44.30%	10.40%	11.80%
STAFFING RATIOS: RESIDENTS TO STAFF						
ALL STAFF	3.5	4.4	3.2	2.2	3.5	4
NURSE AIDES	8.3	7.6	6.6	4.2	8.1	13.3
NURSES	38.9	38.4	36.8	28.6	38.2	46.7

NA (Not applicable), question was omitted for licensed facilities who are prohibited from admitting such residents. ** Average ADLs exclude transfer 2, because question was not asked of licensed facilities.

PAYMENT ISSUES IN ASSISTED LIVING FACILITIES IN NEW YORK STATE

TABLE 7

SAMPLE TOTAL	LICENSED FACILITIES		UNLICENSED		TOTAL	NUMBER OF FACILITIES	AVERAGE RATE FOR PRIVATE UNIT	WHAT SERVICES ARE INCLUDED IN THE BASIC RATE**
	AH ENRICHED AH/ALP	EH/ALP LICENSED	AH/ALP LICENSED	UNLICENSED				
470	349	41	25	8	423	47	\$1,774	\$1,844
98.40%	99.10%	100%	98%	100%	99.10%	75%	\$1,774	\$1,844
97.70%	97.70%	100%	92%	100%	97.70%	98.40%	\$1,774	\$1,844
97.10%	97.10%	92%	96%	96%	97.10%	95.90%	\$1,774	\$1,844
95.70%	95.70%	92%	92%	87.52%	95.70%	93.80%	\$1,774	\$1,844
95.40%	95.40%	92%	92%	100%	95.40%	93.30%	\$1,774	\$1,844
93.70%	93.70%	88%	88%	100%	93.70%	92%	\$1,774	\$1,844
93.30%	93.30%	80%	80%	100%	93.30%	91%	\$1,774	\$1,844
88.40%	88.40%	40%	40%	75%	88.40%	63.70%	\$1,774	\$1,844
73.20%	73.20%	32%	32%	37.50%	73.20%	35.20%	\$1,774	\$1,844
4.90%	4.90%	4%	4%	25%	4.90%	16.70%	\$1,774	\$1,844
10.30%	10.30%	4%	4%	25%	10.30%	9%	\$1,774	\$1,844
SOURCES OF RESIDENT PAYMENT								
MEALS	99.10%	100%	98%	100%	99.10%	75%	75.30%	70.20%
HOUSEKEEPING	97.70%	100%	92%	100%	97.70%	48.40%	45.30%	42.90%
PERSONAL LAUNDRY	97.10%	92.70%	96%	100%	97.10%	64.50%	48.40%	45.30%
ACTIVITIES	95.70%	87.80%	92%	87.52%	95.70%	64.50%	48.40%	45.30%
PERSONAL CARE	95.40%	92.70%	92%	100%	95.40%	64.50%	48.40%	45.30%
SPECIAL DIET	93.70%	95.10%	80%	100%	93.70%	30.10%	42.90%	42.90%
ASSIST W/SELF MED	93.70%	88%	88%	100%	93.70%	22.50%	21.70%	21.70%
TRANSPORTATION	63.90%	73.20%	40%	75%	63.90%	16.90%	16.90%	16.90%
HEALTH CARE	36.10%	29.30%	32%	37.50%	36.10%	11.30%	7%	7%
SPECIAL CARE UNITS	10.30%	4.90%	4%	25%	10.30%	3.40%	1.50%	1.50%
PERCENT OF RESIDENTS WITH INCOMES LESS THAN \$25,000	73.70%	78.30%	71.50%	82.80%	74.40%	75.20%	40.40%	40.40%
RESPONDENTS WHO DID NOT KNOW ANS.	41.90%	34.10%	29.20%	0	39.60%	47.80%	40.40%	40.40%
ACCOMMODATIONS MADE TO THOSE WHO EXHAUST FUNDS								
HELP APPLY FOR SSI	58%	46.30%	58.30%	62.50%	56.90%	52.80%	52.80%	52.80%
APPLY FOR ENTITLEMENTS	9.60%	19.50%	25%	25%	11.70%	6.50%	11.20%	11.20%
LET STAY	2.90%	0	4.20%	0	2.60%	2.60%	2.60%	2.60%
FIND ANOTHER FACILITY	2.00%	4.90%	0	0	2.20%	4.30%	2.40%	2.40%
NO ACCOMMODATIONS	7%	14.60%	8.73%	12.50%	7.90%	54.30%	12.50%	12.50%

**26.7 percent of unlicensed facilities reported differing charges based upon the differing care needs of their residents. For the total sample.

Not applicable (NA) means that this question was asked separately for licensed and unlicensed facilities. Thus, we do not have an average number

**QUALITY OF LIFE ISSUES IN ASSISTED LIVING FACILITIES IN
NEW YORK STATE: HOW CLOSE ARE THEY TO ONE'S OWN HOME?**

TABLE 8

LICENSED UNLICENSED TOTAL SAMPLE

FEATURES OFFERED IN UNITS*	LICENSED	UNLICENSED	TOTAL SAMPLE
CALL BUTTONS	95%	66.00%	92.00%
LOCKED DRAWERS/ CLOSETS	91.10%	33.30%	89.90%
ABILITY TO LOCK ROOM KITCHENS	67.50%	93.60%	70.10%
BATHS/SHOWERS	10.60%	55.30%	74.50%
STOVES	9.70%	42.60%	64.90%
MICROWAVES	5.40%	35.60%	43.30%
REFRIGERATORS	25.50%	74.50%	30.40%
OTHER FEATURES			
BRING IN OWN FURN	98.10%	97.8	98.1
FORMAL GRIEVANCE	96.70%	60.90%	93.10%
GUESTS JOIN MEALS	91.70%	100%	92.60%
HAS RES/FAM COUNCIL	92.40%	63.00%	89.50%
DO NOT NEED PERMISSION TO LEAVE	75.70%	87.20%	76.90%
HAVE PETS	21.70%	17%	21.30%
SOME RESTRICTIONS	18.60%	45.70%	21.30%
RESIDENTS CHOOSE PROVIDERS NOT AFFILIATED WITH FACILITY			
PHYSICIAN	58.90%	77.20%	60.70%
HOME CARE AGENCY	32.90%	45.50%	34.10%
ALLOW RESIDENTS TO REFUSE SERVICES BELIEVED NECESSARY			
85.70%	84.20%	85.60%	
PROCEDURE FOR ALLOWING REFUSAL DOCUMENT			
59%	62.50%	59.30%	
INFORM CONSEQUENCE	51.60%	50%	51.40%
UNCERTAIN OR NONE	61.20%	56.30%	60.80%
INFORM PHYSICIAN	14.10%	0.00%	12.90%
NOTIFY DOC/FAMILY	6.90%	3.10%	6.60%

*Regulations prohibit adult homes and ALPs in adult homes from having microwaves, stoves and kitchens. Thus, the percentages in the licensed columns only count those in enriched housing and ALPs in enriched housing.

INFORMATION GIVEN TO PROSPECTIVE RESIDENTS AND IN-HOUSE RESIDENTS BY ASSISTED LIVING FACILITIES IN NEW YORK STATE

TABLE 9

	LICENSED				UNLICENSED			
	USUALLY PROVIDED TO POTENTIAL RESIDENTS	RESIDENT AGREEMENT OR CONTRACT	OTHER WRITTEN MATERIAL FOR IN-HOUSE RESIDENTS	USUALLY PROVIDED TO POTENTIAL RESIDENTS	RESIDENT AGREEMENT OR CONTRACT	OTHER WRITTEN MATERIAL FOR IN-HOUSE RESIDENTS	USUALLY PROVIDED TO POTENTIAL RESIDENTS	RESIDENT AGREEMENT OR CONTRACT
	94	80	53	13	7	2	13	7
INFORMATION								
Description of services included in facility rate	85%	98%	51%	92%	71%			
Description of services available beyond those included in rate	53%	0.05%	43%	23%	43%	14%		14%
Cost of basic package	47%	98%	23%	69%	57%			
Cost of additional services	14%	0.03%	11%	15%	14%			
Description of services not covered or avall from the facility	21%	0.04%	11%	15%	14%			
Circumstances under which the cost of services may change	30%	98%	0	0	29%			
Discharge criteria	18%	98%	0.04%	8%	57%			
Statement of residents' rights and responsib	23%	98%	64%	0	43%			
Description of complaint or grievance proced	12%	0.05%	40%	0	29%			
Description of staff training and qualifications	0.02%	0	0.02%	15%	0			14%
Facility policy on medication assist or administration	16%	0.01%	53%	8%	0			0
Facility practice for assessing or monitoring health care needs	0.06%	0	23%	0	0			14%

*NY's model contract includes a description of services available beyond those included in the basic rate, the cost of the basic package, discharge criteria, a statement of residents' rights and responsibilities and circumstances under which the cost of services may change. 98% of those facilities that supplied contracts used the model contract.

GEOGRAPHICAL DIFFERENCES IN ASSISTED LIVING FACILITIES IN NEW YORK STATE

TABLE 10

	NYC	SUBURB	OTHER
UPSTATE UPSTATE TOTAL	75	98	39
SUBURB URBAN OTHER SAMPLE		470	258

SUPPLY AND DEMAND

Report waiting lists	74.7%	41.8%	50.0%	49.0%	51.7%
Length of wait in months	12.1	4.7	9.3	4.6	6.9
Estimated average wait in months**	9.0	2.0	4.7	2.3	3.6
Average reported occupancy	78.40%	79%	80.70%	80.40%	80%

WILL ADMIT RESIDENTS THAT:

Require a wheelchair	34.7%	46.9%	76.3%	69.8%	59.9%
Have severe memory problems	33.3%	57.0%	44.7%	38.6%	42.0%
Physically or verbally aggressive	25.3%	26.3%	8.1%	19.9%	21.2%
Require on-going nursing***	75.0%	45.5%	33.3%	50.0%	59.1%

FINANCING OF CARE:

Residents that rely on own and family resources	36.5%	49.6%	58.0%	50.0%	48.4%
Rely on SSI	60.0%	39.2%	37.9%	40.3%	42.9%
Rely on Medicaid to help pay for health care	59.6%	44.2%	35.4%	43.0%	45.4%

*Metro suburban: Long Island, Westchester, Rockland and Putnam Counties; Upstate: Urban: Syracuse, Buffalo and Rochester; and Other Upstate: all other areas except NYC.

** Length of wait in months times proportion with waiting list. For example, in NYC the average waiting time for facilities with waiting lists was 12.1. 74.7% reported a waiting list. Therefore, the average estimated waiting time would be 74.7 times 12.1 equals 9.

***This question was asked only of the unlicensed facilities because regulations prohibit licensed facilities from admitting such residents.

**TABLE 11
RESIDENT ASSISTANCE NEEDS IN ASSISTED
LIVING FACILITIES IN NEW YORK STATE**

HIGH VS LOW COST FACILITIES*

	Unlicensed (N=42)	Licensed (N=374)	Total (N=416)
High Cost			
Low Cost			
All			

**PERCENT OF RESIDENTS
REQUIRING ASSISTANCE IN:**

	High Cost	Low Cost	All
Medication Administration	39.2%	76.8%	75.7%
Bathing	38.0%	12.6%	64.8%
Dressing	30.2%	10.6%	43.7%
Toilet/Continence Care	19.3%	5.8%	25.2%
Eating	4.3%	1.5%	4.6%
Ambulation	10.0%	3.9%	9.0%
1-Person Transfer	16.3%	3.8%	12.9%
2-Person Transfer**	5.2%	5.0%	NA

PERCENT OF RESIDENTS THAT:

	High Cost	Low Cost	All
Use Assistive Devices	34.1%	20.4%	52.7%
Are Cognitively Impaired	26.3%	7.9%	35.5%
Are Incontinent	13.2%	2.4%	22.9%
Use Home Care Services	39.0%	11.4%	9.7%

*Facilities falling below the median monthly cost for a private room were classified as "low cost" and those falling above the median as "high cost." (The median was \$1,662 for the licensed and \$1,412.50 for the unlicensed.)

** Regulations do not permit residents requiring 2-person transfer in licensed facilities. This question was not asked of such facilities and thus, not applicable (NA) means the question was not asked.

TABLE 12

DIFFERENCES BY FACILITY SIZE AND OWNERSHIP IN ASSISTED LIVING FACILITIES IN NEW YORK STATE

A. SIZE		B. OWNERSHIP	
SMALL*	LARGE	NOT-FOR-PROFIT	FOR-PROFIT
221	224		
15.80%	35.60%		
PART OF CAMPUS			
PART OF			
CORP.			
32.10%	54.70%		
WAITING LISTS			
PROVIDE PERSONAL			
CARE WITH OWN STAFF			
Licensed	76.30%		
90.40%	39.40%		
Unlicensed			
4.10%	12.60%		
WING			
CHARGE FOR PRIVATE ROOM			
Licensed \$1,433.85	\$2,149.29		
Unlicensed \$1,182.46	\$2,139.96		

NOT-FOR-PROFIT	FOR-PROFIT	PUBLIC	TOTAL
174	284	6	470
Assist			
with incont	61.20%	80%	57.40%
ADMIT:			
Severe mem			
problems	48.60%	33.30%	42.10%
FOR DISCHARGE			
IF DID NOT			
Financial			
Difficulties	1.69%	0	1.24%
NEED WAIVER			
ARRANGEMENT Transfer	48.80%	25%	40%
PLACEMENT			
MADE:			
70.40%	56.40%	66.70%	61.80%
WAITING LISTS			
(months)	45.30%	33.30%	51.80%
SOURCES OF INCOME			
10.5	3.9	2	6.9
Own resources			
or children	45.48	15.33	48.42%
Medicaid	37.89	76.17	45.27
SSI	45.83	0	42.93
PERCENT OF RES			
WITH INCOMES LESS			
THAN \$25,000	68.1	100	74.42

*Small and large were defined as above and below the median of 43.

**TABLE 13
COMPARISON OF RESIDENT AND FACILITY
CHARACTERISTICS**

A. Facility Characteristics

Monthly Residents Occupancy Rate to Staff Levels
 Average For Profit . Age Female Income <\$25,000

	Unlicensed	Enrich. Hous.	Adult Home	AH ALP	EH/ALP
Unlicensed	\$1,844	\$1,432	\$1,774	\$2,846	\$1,606
Enrich. Hous.	9	4.4	3.5	3.2	2.2
Adult Home	73%	72%	82%	77%	90%
AH ALP	60.6	37	46.1	79.5	49
EH/ALP	53%	15%	68%	72%	0%
Average For Profit	75.4	80.9	76.5	81.5	81.8
Age	62%	77%	66%	73%	78%
Female	75%	78%	74%	72%	83%
Income <\$25,000	75%	78%	74%	72%	83%

NHCC SURVEY

	Unlicensed	Enriched Housing	Adult Home	EH/ALP	AH ALP	All Facilities
Unlicensed	22%	42%	55%	67%	76%	53%
Enriched Housing	18%	24%	31%	32%	59%	31%
Adult Home	11%	11%	15%	38%	40%	16%
EH/ALP	11%	9%	25%	22%	22%	12%
AH ALP	3%	2%	3%	11%	11%	4%
All Facilities	3%	2%	3%	3%	11%	4%
Average ADL	0.88	1.30	1.90	2.40	2.80	1.80

NCCG Facility Survey

	Unlicensed	Enriched Housing	Adult Home	EH/ALP	AH ALP	All Facilities
Unlicensed	22%	42%	55%	67%	76%	53%
Enriched Housing	18%	24%	31%	32%	59%	31%
Adult Home	11%	11%	15%	38%	40%	16%
EH/ALP	11%	9%	25%	22%	22%	12%
AH ALP	3%	2%	3%	11%	11%	4%
All Facilities	3%	2%	3%	3%	11%	4%
Average ADL	0.88	1.30	1.90	2.40	2.80	1.80

New York State

	Unlicensed	Enriched Housing	Adult Home	EH/ALP	AH ALP	All Facilities
Unlicensed	17%	16%	5%	17%	17%	17%
Enriched Housing	16%	31%	17%	17%	17%	17%
Adult Home	5%	10%	7%	12%	12%	12%
EH/ALP	5%	10%	7%	12%	12%	12%
AH ALP	5%	10%	7%	12%	12%	12%
All Facilities	5%	10%	7%	12%	12%	12%
Average ADL	0.53	1.32	1.44	1.62	1.62	1.32

NYS DOH STUDY ***

	Unlicensed	Enriched Housing	Adult Home	EH/ALP	AH ALP	All Facilities
Unlicensed	17%	16%	5%	17%	17%	17%
Enriched Housing	16%	31%	17%	17%	17%	17%
Adult Home	5%	10%	7%	12%	12%	12%
EH/ALP	5%	10%	7%	12%	12%	12%
AH ALP	5%	10%	7%	12%	12%	12%
All Facilities	5%	10%	7%	12%	12%	12%
Average ADL	0.53	1.32	1.44	1.62	1.62	1.32

US Surveys

	Unlicensed	Enriched Housing	Adult Home	EH/ALP	AH ALP	All Facilities
Unlicensed	61%	35%	25%	16%	6%	9%
Enriched Housing	53%	46%	23%	31%	9%	45%
Adult Home	96%	87%	53%	24%	45%	45%
EH/ALP	96%	87%	53%	24%	45%	45%
AH ALP	96%	87%	53%	24%	45%	45%
All Facilities	96%	87%	53%	24%	45%	45%
Average ADL	1.44	1.62	1.62	1.62	1.62	1.62

*National Investment Conference. National Survey of Assisted Living Residents: Who is the Customer, 1998 and the National Center for Health Statistics' 1995 national survey of nursing homes and the 1996 national survey of home health agencies (See: Advance Data Number 280 (January 23, 1997), Number 289 (July 2, 1997, Number 297 (April 16, 1998) and Number 303 (December 22, 1999).
 **NA (Not applicable).
 ***New York State Department of Health. Assisted Living in New York: Preparing for the Future. Office of Continuing Care, Bureau of Program Coordination and Development: Delmar, NY, May, 1999.

APPENDIX II.
SURVEY METHODOLOGY¹

Eligibility

Interviews were conducted with a total of 470 administrators and coordinators of assisted living facilities in the State of New York. From a list of 610 administrators and coordinators from the Department of Health (this includes all the licensed facilities as well as the list of unlicensed the Department used for its own study) a total of 557 were found to be eligible for the study.

Eligibility was defined by the screening question which asked respondents if their facility provides or arranges for assisted living services such as personal care services or helps with activities of daily living, such as bathing, dressing, and toileting. Respondents who answered "no" to the question were terminated from the survey and considered ineligible. In addition, facilities were classified as ineligible and terminated from the study if the respondent was not on the job long enough to knowledgably complete the survey or had already completed the survey. In addition, for purposes of calculating the response rate, facilities that were unable to be contacted after numerous attempts were assumed to be eligible.

Of the 53 ineligible facilities, 27 were adult homes (11 answered "no" to the screening question; 5 were out of business, 5 were wrong numbers or disconnected, 4 said they had already completed the interview and 2 gave other reasons such as "only on job for a few days"), 24 were unlicensed facilities (17 answered "no" to the screening question; 4 were duplicated phone numbers, 1 was out of business, and 2 were wrong numbers or had no listing), 1 was an enriched housing facility (facility went out of business), and one was an AH/ALP facility (facility went out of business). The following table outlines the number of eligible facility contacts, completed interviews, refusals, non-eligible contacts (and the reason for their non-eligibility) and the number of facilities unable to be contacted.

¹ Additional supporting documentation such as the questionnaires used for the telephone survey, the request for proposal (RFP) used to choose the telephone interview company and the list of the full population of facilities is available for a fee covering copying and mailing. Contact: Cynthia Rudder, Ph.D., Nursing Home Community Coalition, 11 John Street, Suite 601, NY, NY 10038.

Administrators and coordinators were sent an introductory letter before interviews were initiated which familiarized them with the purpose of the study and alerted them that they would be contacted soon to complete an interview. A research company (Professional Research Consultants - PRC - in Omaha, Nebraska) experienced in telephone interviews was hired to conduct the interviews.

PRC staff was trained by project staff to make sure that they understood the questionnaire and the uniqueness of New York State issues and regulations. PRC staff of professional interviewers contacted the administrators and directors to conduct the telephone surveys. When the respondent was not available to complete the interview at the time of the call, an appointment was scheduled to complete the interview at the convenience of the

Survey Procedures

* PRC continued to call these facilities in an attempt to make appointments for the telephone interviews until the interview phase of the project came to an end. The average number of calls made was 35.

DISTRIBUTION OF FACILITY CONTACTS									
Total Eligible					Ineligible Contacts				
Eligible	Complete	Refused	Could not reach*	Answered "no" to the screening question	Already Completed	Out of Business	Wrong #/Reasons	Other	Reasons
Licensed					Unlicensed				
487	423	28	36	11	4	7	5	2	4
By Status					By Type				
Adult					Home				
405	349	25	31	11	4	5	5	2	2
AH/ALP					EHP				
28	25	1	2	0	0	1	0	0	0
EHP/ALP					EHP				
8	8	0	0	0	0	0	0	0	0
Unlicensed					Other NY				
70	47	6	17	17	0	1	2	0	0
By Geographv					Metro Sub.				
96	75	8	13	16	1	3	2	0	0
NYC					Upstate Urb				
129	98	12	19	6	1	2	1	0	0
Totals					Totals				
557	470	34	53	28	4	8	7	6	6

The next table compares the actual interviews and eligible phone numbers by type of facility in the various geographic locations and shows the response rate for each.

Response Rates

The interviews were completed between June 24, 1999 and September 9, 1999. The survey consisted of 163 questions.

adminstrator or director. The interviewing staff continued to attempt to reschedule the interviews until the study was closed because of timeframe considerations. This persistence increased the participation rate of the study.

COMPARISON OF ELIGIBLE RESPONDENTS AND COMPLETED INTERVIEWS: RESPONSE RATES
(By Geographical Location)

TOTAL SAMPLE	NYC			METRO SUB			UPSTATE URB			OTHER			TOTAL SAMPLE	
	ELI COM GIB PLE R* R	ELI COM BLE R	ELI COM R	ELI COM PLET R	ELI COM BLE R	ELI COM R	ELI COM PLET R	ELI COM BLE R	ELI COM R	ELI COM PLET R	ELI COM R	ELI COM R		
48	38	79	105	82	78	22	21	95	230	208	90	405	349	86
AH														
6	6	10	3	2	67	3	3	100	16	14	88	28	25	89
AH/ALP														
10	9	90	3	3	100	9	7	77	24	22	92	46	41	89
EH														
0	0	NA	0	0	NA	5	5	100	3	3	10	8	8	100
EH/ALP														
32	22	69	18	11	61	3	3	100	17	11	65	70	47	67
UNLCE NSED														
96	75	78	129	98	76	42	39	93	290	258	89	557	470	84
TOTAL SAMPLE														

*RR=Response rate as a percent.