

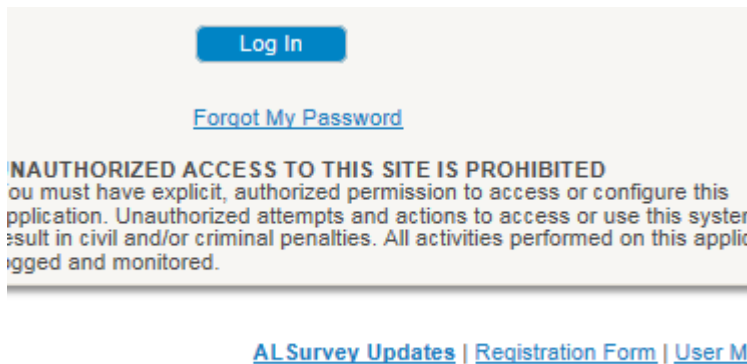
# 2023 NEW JERSEY ASSISTED LIVING RESIDENT PROFILE SURVEY (ALRPS)

## Webinar Questions

### Documents Reviewed

#### *1. Are we able to print a copy of the power point presentation?*

Yes, a link to download is available on the ALRPS website. The download link is “AL Survey Updates”.



### ALRPS System

#### *1. How can I get my user name if I don't have it from last year?*

Email [alsurvey@njha.com](mailto:alsurvey@njha.com) to request your username and password.

#### *2. Is there a save button so that we can go back to the survey over several days?*

Yes, while entering each resident, you will see a “Complete Status” section. You may mark the resident as “in process” to save your work and return to his/her record at a later time.

Do not forget to mark each resident record as complete before submitting your survey.

Resident lives with spouse in the facility:  Yes  No

---

**Resident Contractual Information**

Resident had a health service plan as of 12/31/2016:  Yes  No

Resident had a managed risk agreement as of 12/31/2016:  Yes  No

---

**Complete Status**

In Process  Complete

**3. After you hit back to list, does it still bring you back to the top of the list or can it bring you back to the section where you left?**

Back to list brings you back to the screen with all your residents listed.

Resident lives with spouse in the facility:  Yes  No

---

**Resident Contractual Information**


Resident had a health service plan as of 12/31/2016:  Yes  No

Resident had a managed risk agreement as of 12/31/2016:  Yes  No

---

**Complete Status**

In Process  Complete






**The New Jersey Department of Health  
Division of Health Facilities Evaluation and Licensing  
Assisted Living Residence and Comprehensive Personal Care Home**

**2016 Resident Profile Survey  
Resident Information**

Facility Name:

Total residents listed: 1 Filter by status:  In-process  Completed  Both

Edit	Resident ID	Gender	Medicaid Status	DOB	Admission Date	Admission Source	Respite Status	Discharged	Complete Status	Delete
	31517test	Female		04/20/1935	01/13/2002	Residential Health Care Facility		In-House		

Please note: If you submit your survey before April 30 and log back into ALRPS, users in your facility will only be able to view the Resident Profiles and Facility Profile.

After submitting your survey by April 30 and you log in after April 30, users will only be able to view the Facility Profile.

***4. To be clear, this survey is only for 2023 census data?***

Yes, any resident who lived at your facility in 2023, January 1, 2023 – December 31, 2023 should be included in your survey.

**Provider Numbers**

***1. If you have 2 different facilities under one roof, do you fill out a separate survey for each Provider #?***

Yes, if you have a separate provider number or separate license number for two facilities that happen to be in the same physical space you need to submit surveys for residents under that provider number or license number.

An ALRPS must be completed for each ALR, ALP, CPCH, except CPCH's that are only inpatient hospices.

**Import Button for Residents from 2018 ALRPS**

***1. Are you able to edit the information on those residents that you have imported?***

Yes, if your facility submitted data for the 2022 ALRPS, you may update the information for each resident who was in your facility between January 1, 2023 – December 31, 2023. Please note the ADL section will not carry over from the prior year. The ADL status must be completed to reflect their 2023 ADL function as of 12/31/23.

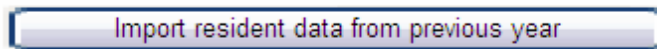
***2. If the person who enter the information in 2022 is no longer is with us, how can I get the import from 2022.***

The import button is not related to the user but it is related to the facility. As long as someone from your facility submitted information from 2022, then any user you have assigned to your facility this year will see the import button.

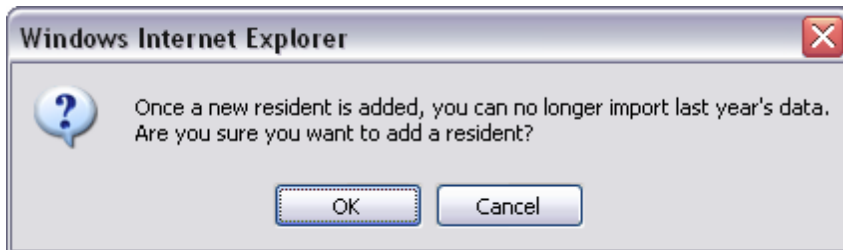
When you begin your survey, you will have the ONE-TIME opportunity to import 2022 data.

The first time a user logs into the ALRPS System, the Resident Profile screen will either be blank or have an import button available. If a survey was submitted via the website the previous year, then the previous year's resident data can be imported for this year's survey.

**No resident data has been entered yet. Please click "Add New Resident" button to add data.  
Or click the "Import" button below to import the resident data from last year.**



The import option is **ONLY** available until new residents are added (a warning is shown if you click **Add New Resident**):



Please note, there is only **ONE** opportunity to import residents from the previous year. **Once a new resident is added, you can no longer import last year's data.**

***3. Do those residents pulled over from the previous year have to be reviewed individually and listed as a discharge if no longer in the facility?***

Yes, what is pulled over from the Import button is just your demographic data.

The remaining sections, ADL/Medication/Cognitive Impairment, Resident Contractual Information, Complete Status, have to be completed for 2023 data.

If a resident was discharged in 2023, this will need to be noted as well as completing the ADL section.

**2016 Resident Profile Survey  
Resident Information**

---

**Demographic**

Resident Identifier:

Gender:  Male  Female

Date of Birth:  (mm/dd/yyyy)

Admission Source:

Respite Status:  Respite  Non-Respite

Medicaid Status:  Yes  No

Date of Admission:  (mm/dd/yyyy)

Discharged:  Discharged  In-House

---

**ADL/Medication/Cognitive Impairment**

Please enter one of the following codes to identify each resident's need for assistance:

- 0 - Independent - Resident needs no assistance in performing the activity
- 1 - Limited - Resident needs some assistance in performing the activity
- 2 - Total - Resident is totally dependent upon others for the activity

Dressing:  0  1  2

Toilet Use:  0  1  2

Locomotion:  0  1  2

Eating:  0  1  2

Cognitive Skills:  0  1  2

Bathing:  0  1  2

Transfer:  0  1  2

Bed Mobility:  0  1  2

Med. Admin. Status:  0  1  2

Resident lives with spouse in the facility:  Yes  No

---

**Resident Contractual Information**

Resident had a health service plan as of 12/31/2016:  Yes  No

Resident had a managed risk agreement as of 12/31/2016:  Yes  No

---

**Complete Status**

In Process  Complete

**5. If you import data from a 2022 resident, I assume you can make changes for 2023--such as if their care needs change?**

Yes, the ADL/Medication/Cognitive Impairment and Resident Contractual Information will need to be updated for 2023 (as of 12/31/23).

## **Respite vs. Non Respite, Permanent Residents**

**1. What if a respite resident exceeds his/her stay at the facility?**

In general, respite residents are those who stay 30 days or less. There is the occasional situation where a respite stay will exceed 30 days. In the ALRPS system, you will be asked to confirm a stay of more than 30 days. This will be an outlier and effect the overall respite length-of-stay calculation for the ALRPS data year.

***2. If a respite resident converts to a permanent resident, should they be entered twice?***

They should be entered when they are a respite resident and discharged from respite, then readmitted as an in-house resident.

***3. In a CCRC we often have residents come into our AL for short visits due to medical complications from a fall, CHF flare, etc. Their visits are not specifically to relieve a personal health care provider. They just need a short term stay in AL to regain strength, etc. Does this count as respite?***

These stays should be counted as in-house residents who would then show up as being admitted and discharged in a very short time.

***4. A resident moved in December 2022, went to the hospital January 2023, went to the rehab for 2 months and came back to JHAL. Do I have to enter him as a move-in, discharge for 2 months and re-enter?***

Yes, if you terminated the resident agreement. "If the resident agreement is terminated, non-respite residents should be listed as discharged. If they are subsequently readmitted, they should be listed separately each time. If the resident agreement is maintained while the resident is away from the facility, the resident should be counted as an in-house non-respite resident."

## **Resident Profile's Resident Contractual Information**

***1. What is managed risk agreement?***

A managed risk agreement is used when an assisted living resident is engaging in some form of behavior or making decisions that, after considerable conversation,

there is a disagreement between the resident and facility about the level of risk the resident may be taking. Facilities may negotiate a managed risk agreement with the resident that documents that the resident understands the risk they are taking and are accepting the risk. The facility also understands that the resident is accepting this risk.

Example: 99 year old diabetic who wants to continue to eat ice cream. The agreement is to document what the resident is agreeing to and what they are understanding.

If more information is needed, please consult the Office of Certificate of Need and Healthcare Facility Licensure at the Department of Health

### **Resident Profile's Demographic Section**

***1. If a resident was assigned an identifier # from 2022, do they still have to have the same #? or can you assign everyone in 2023 a new#?***

When you import 2022 data into the 2023 survey, residents will have the same identifier number as in 2022. If you try to add a resident with the same number as in 2022, the survey system will give you a pop-up notifying you the number was already used and to please use another number. The survey will not allow you to use a duplicate number.

A resident's ID can be modified, including resident records brought over from 2022. Please be sure the ID is unique for that resident.

***2. Resident information discharged or in-house. What if they are in rehab recovering and going to return.***

If the resident is currently in a rehab facility and planning to return to AL, and you haven't terminated the resident agreement, then the resident should be counted as in-house.

**3. If a resident expires or discharges from the building, the contract reads that they will continue to be billed for 3 months or until the apartment is vacated again. What date should I use? The date they physically leave the building?**

In this situation, please use the date the resident physically left the building, not the date the contract terminates. The resident is not physically there and they are not returning.

### **Special Resident Services**

**1. There are hospices that come to our facility ( for our hospice residents ) do we count them as in our services**

Yes, count them as a special service you offer, but do NOT count the hospice staff in your FTEs.

**Special Resident Services**

Does your facility provide Alzheimer's services?  Yes  No

Please indicate:  Separate Alzheimer's unit  
 Integrated unit  
 All residents (entire facility)

Are there any other special services provided?  Yes  No

Please indicate:  Respite  
 Hospice  
 Behavior management  
 Other (indicate below)

**2. Under services provided, if you contract out hospice, do you still count it as services you provide?**

Yes, count them as a special service you offer, but do NOT count the hospice staff in your FTEs.

**3. How about if you have memory care in your assisted living community?**



If you have a memory care unit in your AL community and you're under 1 license, you report all the residents in the entire facility.

If the memory care unit is a separately licensed AL community, then you report the memory care unit residents under that specific license number.

***4. There is a psychiatrist who does in-house evaluation and treatment, do we count them as behavior management***

Not necessarily unless they are in a specific unit or area of the community.

**ADLs**

***1. If the 2022 resident was discharged in 2023 are we required to fill out the ADLs as of discharge?***

Yes, when you change that resident status to discharge you still have to fill in their ADL status at the time of discharge to the best of your ability.

**FTEs**

***1. For FTEs, is this only our Clinical staff or does it include ALL staff such as reception, administration, etc.***

FTEs include ALL assisted living staff hours.

***2. When you said all staff, you even mean housekeeping and dietary?***

Yes, ALL staff including housekeeping and dietary. In the FTE calculation, please include everybody who works in the community regularly and is NOT a clinical contractor. The purpose of the overall FTE category is to determine the full-time equivalents of people working in your community or organization. They all serve the AL residents in one way or another (i.e. cook, receptionist, marketing). They all contribute to meeting the needs of the residents.

***3. Do the FTEs apply ONLY to staff members assigned to the AL department (and not assigned to Independent Living or Skilled Nursing departments in the same facility)? Or is it ALL staff throughout the facility?***

It is only staff assigned to the AL facility.

***4. FTE is that just full time or part time too? Do we include dietary, housekeeping, and other departments that work in skilled or independent?***

If a staff member worked in Assisted Living, only hours worked in AL should be counted. Do not count hours outside of Assisted Living.

You must separate out the hours worked in Assisted Living.

ALRPS does not count people toward FTE, but hours. The methodology used is hours worked being converted into FTE.

Whether a person is part-time or full-time, what should be counted is hours worked.

***5. How about those residents with daily private aides for 8 hrs, are they counted for FTE ( private aides for specific residents)***

No, a daily private aide who is employed by the resident or their family is not an employee of the AL community. They are not to be counted.

***6. Do you need to include the hours worked for hospice companies and private duty aides that work from outside companies ?***

No, do not count hospice staff, home health staff, or any other clinical staff coming into the facility who is not paid for by the AL community.

***7. Also our therapy is a separate entity? Do we include them as employees? Do we count them as a service we offer?***

If you have a separate therapy company, that has its own employees and you are contracting with yourself to provide therapy services to AL residents, those are employees of your therapy company. They also work for other organizations and should not be counted as AL community employees. You can count the therapy service as a service you offer.

***8. What if there are two facilities in one location, example AI and LTC. The staff work in both facilities how do you calculate FTE?***

You must separate out the hours worked in Assisted Living.

***9. We are using an agency to do private aide duty for some residents in regular basis, do we count the private aide to compute FTE?***

No.

***10. For the FTEs, should we include hours from student interns, such as social work students? or only for paid staff?***

Only for paid staff.

## **Discharges**

***1. A resident was admitted to the facility on 1/3/23 went to the hospital on 1/5/23, went to the rehab from 1/7 through 2/7 and return back to the Assisted living on 2/8/23 - how do we enter the data for this resident? Admitted-discharged - re-admitted?***

It depends on the type of resident.

Respite residents who are discharged and readmitted should be counted as a separate admission each time they are admitted.

If the resident agreement is terminated, non-respite residents should be listed as discharged. If they are subsequently readmitted, they should be listed separately

each time. If the resident agreement is maintained while the resident is away from the facility, the resident should be counted as an in-house non-respite resident.

## **Admission Source**

### *1. Can you please explain Admission source again please?*

Admission source is where they came from. Did they come from home? Did they come from a hospital? Did they come from another AL community? There are several choices.