

New York State Department of Health  
Center for Health Care Quality and Surveillance  
Division of Adult Care Facility/Assisted Living Surveillance

**ASSISTED LIVING PROGRAM 4500 CONVERSION INITIATIVE FOR  
TRANSITIONAL ADULT HOMES**

**APPLICATION FORM INSTRUCTIONS**

**IMPORTANT:** Please read these instructions carefully before completing the *ALP 4500 Conversion Initiative for Transitional Adult Homes* Application form. If the proposal includes more than one applicant/facility, a separate application form must be completed for each.

The Department will accept written questions received via the Department's e-mail until August 14, 2013. All questions should be submitted via e-mail with the subject line ALP 4500 Conversion Initiative, to [ALP4500@health.state.ny.us](mailto:ALP4500@health.state.ny.us). Responses to questions will be posted to the Department's website by August 28, 2013.

The applicant must complete all sections of this application. The original application with three complete hard copies and an additional copy on a flash drive must be received by 4:00 p.m. on September 30, 2013. Materials should be addressed to:

Valerie A. Deetz, Director  
Division of Adult Care Facility/Assisted Living Surveillance  
New York State Department of Health  
875 Central Avenue  
Albany, NY 12206  
**Attention: ALP 4500 Conversion Initiative**

There are eight (8) Sections to this Proposal, as follows:

1. Eligible Applicant
2. ALP 4500 Conversion Initiative Proposal Summary
3. Program Information
4. Legal Requirements
5. Financial Information
6. Architectural Component
7. Licensed Home Care Services Agency
8. Certification

Detailed information for each section is provided below.

## **1. ELIGIBLE APPLICANT**

To be selected as a potential ALP 4500 Conversion Initiative recipient, a facility must be a Transitional Adult Home. Refer to Attachment 6.

Applicants who operate an ALP must be a not-for-profit corporation, a non-publicly traded business corporation or limited liability company, or an individual or group of individuals acting as partners.

The applicant must either already hold the required operating certificates, or have an appropriate application in process, or request such licensing, if selected, as part of the application for approval as an adult home with an assisted living program.

The legal entity applying for the AH Assisted Living Program approval to provide the residential program services must be identical to the legal entity applying for assisted living program approval to provide the home care services. For example, if a license to operate an adult home is issued to a partnership that wants to operate an assisted living program, only that identical partnership may be issued or hold an operating certificate to operate the licensed home care services agency, or certified home health agency component of the ALP.

## **2. ALP 4500 CONVERSION INITIATIVE PROPOSAL SUMMARY**

Provide a concise summary of your ALP 4500 Conversion Initiative Proposal (maximum 5 pages). This proposal summary may be written in bullet format. The purpose of this ALP 4500 Conversion Initiative Proposal Summary is to give the Department a clear, conceptual understanding of the proposal and justification to support the award of ALP beds.

In addition, applications must address the following:

- Development of independent living skills (*i.e.*, no lines for medication, meals or activities);
- Resident choice in choosing from whom to receive services and supports;
- Individuals will share units only by choice;
- That privacy in the sleeping unit will be provided unless a roommate is chosen;
- Individual and shared (double occupancy) dwelling units must contain separate living, dining and sleeping areas which provide adequate space and comfortable, home-like surroundings;
- The unit must contain a full bathroom (including a toilet, washstand and shower or tub);
- That adequate closet space for storing personal effects must be provided;
- That units must have lockable doors with appropriate staff having keys;
- Individuals have the freedom and support to control their own schedules and activities and have access to food at any time;
- Kitchen (to include area for food storage, refrigeration and meal preparation);
- That individuals have the right to decorate and furnish their unit; and
- That individuals are able to have visitors of their choosing at any time.

**Note: The Department will make selections based ONLY on information provided. There will be no follow-up (i.e., no telephone calls, e-mails, or any other correspondence) with the applicant by the Department during the ALP 4500 Conversion Initiative Proposal review process.**

### **3. PROGRAM INFORMATION**

The following information must be provided for the ALP 4500 Conversion Initiative (maximum 5 pages for this section):

- A narrative description of the applicant;
- A narrative that describes the proposed ALP including target population, commitment to the admission and retention of individuals eligible for or in receipt of Supplemental Security Income, Social Security Disability Insurance, Safety Net or Medical Assistance and the entities relationship to other providers and services;
- A description of the proposed site and proposed location of the ALP beds; and
- A list of applicant’s board members (not-for-profit corporations), members (for limited liability companies), or shareholders (for business corporations). Provide the name and title (or function), address, home phone number and business phone number of each individual applicant, partner, board member, LLC member or business corporation shareholder.
- ACF Residential Services – Bed Complement
  - Indicate the current licensed bed capacity on the first two rows, as applicable.
    - Line one (1): Indicate the number of currently licensed AH beds.
    - Line two (2): Indicate the number of currently licensed ALP beds.
    - Line three (3): Indicate proposed ALP beds.
    - Line four (4): Indicate the number of adult home beds that will be decertified, if applicable.
    - Line five (5): Indicate the total number of beds by category.
    - “Other” column: Indicate any independent housing or (non-medical) Senior Housing beds.

### **4. LEGAL/OWNERSHIP ATTACHMENTS**

- A. Attach a brief narrative description and organizational chart of the legal structure of the existing and/or proposed organization.
- B. Attach copy of proof of ownership or demonstration of site control of the real property (e.g., deed or lease).
- C. Attach a copy of the current operating certificate.

### **5. FINANCIAL INFORMATION**

The amount and source of funding for the proposed project must be provided. Capital construction for approved ALP projects shall be subject to prior review and approval and reimbursement will be limited to necessary, certified costs not to exceed 25% of the applicable Residential Health Care Facility (RHCF) bed caps for the region.

6. **ARCHITECTURAL COMPONENT(S)**

A. For conversion/renovation of an existing adult home building:

1. A narrative to describe proposed renovations as applicable to include:
  - a. Automatic sprinkler system
  - b. Smoke detectors/thermal detectors
  - c. Emergency battery- or generator-operated lighting
  - d. Fire alarm systems including audio visual alarms, pull stations, fire command stations, and fire alarm panels
  - e. Resident room/bathroom emergency call system
  - f. Exit lighting/directional lighting
  - g. Exits
  - h. Estimated cost of renovation

B. Applicants should comply with the following pertinent building codes:

1. For Adult Care Facilities located in New York City (NYC):
  - a. The 2008 NYC Building Code for an I-1 occupancy group for facilities with 17 or more residents or a R-2 occupancy group for facilities with no more than 16 residents.
2. For Adult Care Facilities located outside NYC:
  - a. 2010 New York State (NYS) Building Code applicable to an I-1 occupancy group for facilities with 17 or more residents or a R-4 occupancy group for facilities with from 5 to 16 residents.
3. For Adult Homes with an Assisted Living Program;
  - a. Title 18 NYCRR Part 487.11 and Part 494.7

7. **LICENSED HOME CARE SERVICES AGENCY (LHCSA)**

As required by SSL § 461-1, an ALP must possess either a valid license as a licensed home care services agency (LHCSA) or a valid certificate of approval as a certified home health agency (CHHA). Those applicants not currently licensed as one of these types of home care providers may obtain approval as a LHCSA by completing the LHCSA Addendum, which will be made available as part of the ALP certificate of need (CON) application. If the ALP applicant is a LHCSA, it may choose to include a proposed contractual agreement with an existing CHHA or long-term home health care program (LTHHCP) to provide home health services to participate in the ALP residents' assessment/reassessment process or it may elect to conduct resident assessment/reassessments directly.

Indicate whether the applicant will be applying for LHCSA or if currently operating a licensed home care services agency (LHCSA) in the proposed county.

8. **CERTIFICATION**

This section is to certify the information submitted on this ALP 4500 Conversion Initiative Form and on any attachment to this form is true, accurate and complete in all material respects, by signing on the signature line. The signature(s) must be notarized.