

New York State Department of Health  
Center for Health Care Provider Services and Oversight  
Division of Adult Care Facilities/Assisted Living Surveillance

Opportunity for Development

**Assisted Living Program 3400 Initiative**

<b>Release Date</b>	March 23, 2015
<b>Deadline to Submit Questions</b>	April 13, 2015, no later than 3 PM
<b>Response to Questions Posted</b>	May 1, 2015 (on or about)
<b>Applications Due</b>	May 22, 2015, no later than 3 PM

Department of Health Contact Name and Address:

Jacquelyn Paratore  
Division of Adult Care Facilities/Assisted Living Surveillance  
Center for Health Care Provider Services and Oversight  
New York State Department of Health  
875 Central Avenue  
Albany, New York 12206-1331  
[ALPapplication@health.ny.gov](mailto:ALPapplication@health.ny.gov)

This OFD, questions and answers and any updates or modifications may be accessed at <http://www.health.ny.gov/funding>.

**Late Applications Will Not Be Accepted**

## Table of Contents

I.	Introduction .....	1
A.	Legislation Authorizing Assisted Living Program Beds.....	1
II.	Federal Rule: Home and Community Based Settings.....	2
III.	Who May Apply .....	3
A.	Requirements to Obtain or Possess Dual Licenses .....	3
B.	Legal Entity Requirements .....	4
C.	ALP Bed Capacity.....	4
IV.	Administrative Requirements .....	4
A.	Issuing Agency .....	4
B.	Question and Answer Phase .....	4
V.	Department of Health’s Reserved Rights .....	5
VI.	Intent of the Opportunity for Development (OFD).....	6
VII.	Application Instructions .....	6
A.	Application Requirements .....	6
B.	Application Submission: Section 1.....	6
C.	Application Submission: Section 2.....	7
D.	Application Submission: Section 3.....	7
E.	Application Submission: Letters of Support Indicating Need for an ALP .....	7
F.	Application Submission: Organizational Chart .....	7
VIII.	Review and Award Process .....	8
A.	Scoring of the Application.....	8
B.	Previous ALP Awardees.....	8
C.	Successful Applications.....	9
D.	Freedom of Information Law .....	9
IX.	Attachments.....	10
	Attachment 1 – Chapter 60 of the Laws of 2014 .....	11
	Attachment 2 – Pertinent Regulations and Law .....	12
	Attachment 3 – Application Checklist.....	13
	Attachment 4 – Opportunity for Development Application Sections 1, 2 and 3 .....	1
	Section 1 - General Information .....	1
	Section 2 - Financial Information .....	5
	Section 3 – Architectural Information .....	6

## **I. Introduction**

The New York State Department of Health (DOH), Center for Health Care Provider Services and Oversight, Division of Adult Care Facilities/Assisted Living Surveillance announces the Assisted Living Program 3400 Initiative. This initiative is made available under Section 461-1 of the Social Services Law (SSL), authorizing the addition of 6,000 Assisted Living Program (ALP) beds pursuant to a seven-year plan ending January 1, 2017.

The ALP provides supportive housing and home care services to individuals who are medically eligible for placement in a nursing facility, but whose needs can be met in a less restrictive and lower cost residential setting. Eligible ALP residents must **not** require continual nursing care, be chronically bedfast, or be impaired to the degree that they endanger the safety of other ALP residents.

The ALP provides personal care, room, board, housekeeping, supervision, home health aides, personal emergency response services, nursing, physical therapy, occupational therapy, speech therapy, medical supplies and equipment, adult day health care, a range of home health services, and the case management services of a registered professional nurse. ALP operators are required to provide sufficient staff to perform case management functions for assisted living residents and to ensure their health, safety and well-being.

### **A. Legislation Authorizing Assisted Living Program Beds**

Pursuant to Chapter 58 of the Laws of 2009, SSL Section 461-1 authorized the Commissioner of Health to add up to 6,000 ALP beds to the existing number of ALP beds in New York State. The addition of these beds is required to occur over a seven year period ending prior to January 1, 2017. To date, ALP beds were awarded as follows:

- Year 1 and Year 2 (SFY 2009-10 and 2010-11): The law linked the award of new ALP beds to the decertification of Residential Health Care Facility (RHCF) beds. The establishment of ALPs was also awarded through HEAL (Health Care Efficiency and Affordability Law) grants, nursing home rightsizing and other State or provider planning initiatives. As a result of the first two years of the plan to expand ALP beds in New York State, two separate announcements for Solicitations of Interest (SOI) resulted in the approval of 1,282 new ALP beds and the planned decertification of 844 RHCF beds.
- Year 3 and Year 4 (SFY 2011-12 and 12-13): Amendments to the initial statutory authority removed the requirement that new ALP beds be linked to decertified RHCF beds. An Opportunity for Development was issued. Nineteen (19) applicants were awarded the opportunity to proceed with the development of 1,320 ALP beds.

The Department is now issuing this Assisted Living Program 3400 Initiative, requesting applications to award up to 3,400 ALP beds. This Opportunity for Development (OFD) will allow entities new to the delivery of adult home services, current adult homes new to the delivery of ALP services, and current providers of ALP services to apply for ALP beds across New York State for the remainder of the original 6,000 beds.

## II. Federal Rule: Home and Community Based Settings

On January 16, 2014, the Centers for Medicare and Medicaid Services (CMS) published the final rule related to Home and Community Based Settings (HCBS) for Medicaid-funded long term care and support in non-institutional residential settings. The intent of the final rule is to maximize the opportunity for individuals to have access to the benefits of community living and the opportunity to receive services in the most integrated setting.

Over the next few years, the Department will continue to work on the implementation of an acceptable statewide transition plan that establishes allowable standards across all HCBS settings, which will include all Assisted Living Programs.

It is the State's expectation that all settings in which individuals receiving Medicaid-funded home and community based services live must have the following characteristics and qualities:

- Ensure an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint;
- Optimize individual initiative, autonomy, and independence in making life choices;
- Facilitate individual choice regarding services and supports, and who provides them; and,
- Must be integrated in and support access to the greater community.

An ALP that is on the grounds of a private or public institution or located adjacent to public institutions is presumed institutional by the federal government. In this instance, the Department must submit evidence, including stakeholder/public input, to prove to the Secretary of Health and Human Services' satisfaction that the setting has all the qualities and characteristics of a home and community based setting in order to bill Medicaid for services provided to individuals living in such settings.

In addition, the final rule further requires HCBS settings to:

- Provide opportunities for residents to seek employment and work in competitive integrated settings, engage in community life, and control personal resources;
- Ensure the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS;
- Create person-centered service plans documenting options based on the individual's needs, and preferences;
- Ensure that each individual has privacy in their sleeping or living unit;
- Have units with lockable entrance doors, with the individual and appropriate staff having keys to doors as needed;
- Support residents sharing units with the right to have choice of roommates;
- Allow residents the freedom to furnish and decorate their sleeping or living units;
- Promote a resident's right to have freedom and support to control their schedules and activities and have *access* to food at any time;
- Allow residents to have visitors at any time; and,
- Support a setting that is physically accessible to the individual.

Please note that when considering modifications of the requirements outlined above, the provider will be responsible to demonstrate that such modifications are supported by specific resident assessed need and justified and documented in the person-centered service plan. These modifications shall be reviewed by the provider regularly to ensure that they are still appropriate and necessary. If other less restrictive modifications can address the individual's need they should be substituted and documented in the service plan.

In addition, the ALP must have a residency/admissions agreement which details the due process available to a resident upon receiving a termination notice from the operator. Protections from eviction for reasons other than changes in condition that render the ALP an unsuitable or unsafe placement should be comparable to those afforded to residents under the landlord/tenant law in the jurisdiction in which the ALP is located.

### **III. Who May Apply**

All applicants must be eligible to conduct business in NYS. Applicants can be new to the delivery of adult home services, current adult home providers new to the delivery of ALP services, and current providers of ALP services.

#### **A. Requirements to Obtain or Possess Dual Licenses**

ALPs are required to hold dual licenses/certifications as a:

- Certified Adult Home (AH) **or** Enriched Housing Program (EHP);  
**AND a**
- Licensed Home Care Services Agency (LHCSA), or
- Certified Home Health Agency (CHHA), or
- Long Term Home Health Care Program (LTHHCP).

An applicant who does not possess a LHCSA, CHHA, or LTHHCP license and is awarded ALP beds will be instructed to submit two applications simultaneously to the Department, one for the ALP beds and one for a LHCSA.

Awardees may be one entity with dual licenses/certifications, or two or more entities *with identical ownership* that, in combination, are approved to operate both the ALP and the LHCSA, CHHA, or the LTHHCP.

If the ALP is licensed as a LHCSA, it must contract with a CHHA for the provision of skilled services (nursing, therapies) to ALP residents.

In summary, an eligible applicant will either hold the required certificates as an AH or EHP and LHCSA, CHHA or LTHHCP, have an appropriate application in process with the Department, or submit an application for the required licensure/certification as part of the application process to implement the awarded ALP beds. Awardees must hold the required LHCSA, CHHA, or LTHHCP license prior to the Department's final approval of an ALP application.

## **B. Legal Entity Requirements**

ALP beds will only be awarded to those applicants that operate as a not-for-profit corporation, a non-publically traded business corporation or limited liability company, a public agency, or an individual or group of individuals acting as partners.

The legal entity applying for ALP approval to provide the residential program services **must be identical** to the legal entity applying for ALP approval to provide the home care services. For example, if a license to operate an AH or EHP is issued to a partnership that wants to operate an ALP, only that identical partnership may be issued or hold the license to operate the LHCSA, CHHA, or LTHHCP component of the ALP.

## **C. ALP Bed Capacity**

No applicant will be permitted to have more than 200 total licensed ALP beds.

## **IV. Administrative Requirements**

### **A. Issuing Agency**

This OFD is issued by the New York State Department of Health Division of Adult Care Facilities/Assisted Living Surveillance.

### **B. Question and Answer Phase**

All questions relating to the submission of your application must be submitted *by the date listed on this OFD* to: [ALPapplication@health.ny.gov](mailto:ALPapplication@health.ny.gov)

To the degree possible, each inquiry should cite the OFD Section and paragraph to which it refers. Questions will be accepted via e-mail until the date listed on this OFD.

Applicants should note that all clarifications and exceptions are to be raised prior to the submission of an application.

This OFD has been posted on the Department's public website at:

<http://www.health.ny.gov/funding/>. **Questions received by the date listed on this OFD and the Department's answers, as well as any updates and/or modifications to the OFD, will be posted on this website.**

## **V. Department of Health's Reserved Rights**

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this OFD.
2. Withdraw the OFD at any time, at the Department's sole discretion.
3. Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the OFD.
4. Seek clarifications of applications received by the deadline.
5. Use application information obtained through the State's investigation of an applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the OFD.
6. Prior to application opening, amend the OFD specifications to correct errors or oversights, or to supply additional information, as it becomes available.
7. Prior to application opening, direct applicants to submit proposal modifications addressing subsequent OFD amendments.
8. Change any of the scheduled dates.
9. Waive any requirements that are not material.
10. Utilize any and all ideas submitted with the applications received.
11. Waive or modify minor irregularities in applications received after prior notification to the applicant.
12. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's application and/or to determine an offerer's compliance with the requirements of the OFD.
13. Negotiate with successful applicants within the scope of the OFD in the best interests of the State.
14. Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
15. Award beds based on geographic or regional considerations to serve the best interests of the State.

## VI. Intent of the Opportunity for Development (OFD)

The Department seeks applicants who wish to establish an ALP, or increase the bed capacity of an existing ALP. Applicants will be required to submit the application portion of this OFD as described in Section VII “Completing the Application”.

This application must be received by the Department no later than *the date listed on this OFD*. Please mail 1 original, 4 hard copies, and 1 electronic copy of your application on a USB flash drive, to:

Jacquelyn Paratore  
Division of Adult Care Facilities/Assisted Living Surveillance  
Center for Health Care Provider Services and Oversight  
New York State Department of Health  
875 Central Avenue  
Albany, New York 12206-1331

Late applications will not be accepted. **Applications will not be accepted via fax or e-mail.** There will be no exceptions to these provisions.

## VII. Application Instructions

### A. Application Requirements

The Department will consider the application submitted by the due date of this OFD to be definitive and complete. The Department will not agree to nor accept any substantive modifications to an application submitted under this OFD.

Applicants must complete the application portion of the OFD in its entirety. This includes the completion of Sections 1, 2 and 3 as well as the submission of letters of support and need, and an organizational chart. **Sections 1, 2 and 3 can be found in the Attachments to this OFD.**

The complete **ACF Common Application** is not to be submitted at this time and only the information requested in this Section will be evaluated for an award.

All attachments should be submitted in **Times New Roman** font, **12** point size, and **1 inch** margins.

### B. Application Submission: Section 1

- **General Information**
- **Project Description:**

A summary of your proposed ALP must be attached. This project description is not to exceed **8** pages in length and must include:

  - Information detailed within the Project Description of the application; and

- A detailed description of the proposed ALP. This response should address the Desired Components of an ALP, and how the ALP is committed to principles of the HCBS rule as detailed in Section II. The DOH seeks specificity in the design of the ALP, not just an affirmation that the desired components or the HCBS rule will be included in your ALP.

### **C. Application Submission: Section 2**

- ***Financial Information***

The applicant must demonstrate the financial feasibility of the proposed ALP. Applications where the financial plan does not appear credible, or is contingent upon factors outside the control of the applicant, may be deemed less likely to operationalize an award of beds by the Department.

### **D. Application Submission: Section 3**

- ***Architectural Information***

The applicant must include how the applicant will obtain within 24 months of the award all necessary approvals, permits, easements, endorsements or support which are necessary to operationalize the awarding of ALP beds.

### **E. Application Submission: Letters of Support Indicating Need for an ALP**

Pursuant to Title 18 NYCRR 485.6(c)(1)(v), applicants must submit letters of support and need for an ALP from:

- the **local county office on aging** in the geographic region of the facility; and,
- the **local social services district** (for facilities outside of New York City's 5 boroughs).

It is recommended that applicants submit 3 additional letters of support and need for an ALP from:

- **health care facilities** in the geographic region of the facility; and
- other **entities or leaders** in the geographic region of the facility the applicant deems knowledgeable of and appropriate for the application.

### **F. Application Submission: Organizational Chart**

Applicants must submit an organizational chart showing the applicant's legal structure. Please submit as an attachment.

## VIII. Review and Award Process

The Department will review all submissions and determine which applicants have submitted a strong application. Awardees will be instructed to submit a full **ACF Common Application** for the number of ALP beds awarded through this OFD.

### A. Scoring of the Application

A panel convened by the Division of Adult Care Facilities/Assisted Living Surveillance will conduct a review of applications from eligible applicants. The reviewers will consider the following factors:

- The geographic location of the proposed ALP beds.
- The applicant commits to admitting/retaining Supplemental Security Income, Safety Net, or Medicaid eligible individuals.
- The ALP beds will be operational within 24 months.
- The proposed ALP services are thoroughly described and will be adequately staffed.
- The applicant explains how the proposed ALP services relate to other long term care programs in the region.
- The applicant addresses how the ALP will achieve DOH desired components of an ALP, including demonstrating an understanding and commitment to the provisions set forth in the HCBS final rule and has incorporated those provisions into their submission.
- The application contains letters of support and need from health care facilities in the region, the local area office for aging, the social services district (only for ALPs located outside the 5 boroughs of New York City), and other entities and leaders the applicant deems knowledgeable of and appropriate for the application.
- The applicant has control of the facility site.
- If currently licensed as an Adult Home or Enriched Housing Program, applicant is in good standing with the Department (e.g., good compliance history).

Each applicant will be notified, in writing, of the Department's decision.

### B. Previous ALP Awardees

At the time of the Department's final determination on ALP beds to be awarded, no award will be made to any applicant who, under any other Department ALP initiative issued prior to 2013, has either a pending application for ALP beds, or has been licensed by the Department for ALP beds but has not succeeded in making those beds operational.

However, where the applicant believes the submission or completion of the previous ALP application was outside the applicant's control, a justification may be submitted as part of this OFD explaining why the application should not be viewed unfavorably. This justification must:

- Demonstrate that the applicant has been reasonably responsive to all Department requests for additional information;
- Explain the reasons why the application remains pending; and,

- Identify those delays during the application process where the delay was caused by factors or entities outside the control of the applicant.

The justification must be submitted as an attachment to the OFD application and must not exceed 2 pages in length. The DOH reserves the right to agree or disagree with your justification.

### **C. Successful Applications**

Awardees should note that a complete **ACF Common Application** and **LHCSA Application**, where the awardee does not possess a LHCSA, CHHA, or LTHHCP license, must be submitted to the Department **within 120 days of notification of award**.

Those applicants that are awarded beds for a newly established ALP, note that ALP statute requires that a contract be executed between the ALP and the local social services district (LDSS) in which the ALP is located. For an ALP located within New York City, the ALP contract is between the NYC ALP and NYS Department of Health. The contract establishes the role of the ALP as a Medicaid provider of Title XIX home care services and governs the Medicaid reimbursement.

### **D. Freedom of Information Law**

All applications may be disclosed or used by DOH to the extent permitted by law. DOH may disclose an application to any person for the purpose of assisting in evaluating the application or for any other lawful purpose. All applications will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of the application that an applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the application.** If DOH agrees with the proprietary claim, the designated portion of the application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

## **IX. Attachments**

Attachment 1 – Chapter 60 of the Laws of 2014

Attachment 2 – Pertinent Regulations and Law

Attachment 3 – Applicant Checklist\*

Attachment 4 – Opportunity for Development Application Sections 1, 2 and 3\*

\* These attachments are available for download in MS Word format. Please see the Assisted Living Program announcement on the DOH Website Grants/Funding Opportunities page.

## **Attachment 1 – Chapter 60 of the Laws of 2014**

§67. Paragraph (i) of subdivision 3 of Section 461-1 of the social services law, as amended by Section 4 of part D of chapter 56 of the laws of 2012, is amended to read as follows:

(i) (a) The commissioner of health is authorized to add up to six thousand assisted living program beds to the gross number of assisted living program beds having been determined to be available as of April first, two thousand nine. Nothing herein shall be interpreted as prohibiting any eligible applicant from submitting an application for any assisted living program bed so added. The commissioner of health shall not be required to review on a comparative basis applications submitted for assisted living program beds made available under this paragraph. The commissioner of health shall only authorize the addition of six thousand beds pursuant to a seven year plan ending prior to January first, two thousand seventeen.

## **Attachment 2 – Pertinent Regulations and Law**

Interested parties are encouraged to review the law, rules and regulations that govern the Assisted Living Program. The regulations are available on the Department's web site at the following web site link: <http://www.health.ny.gov/regulations/>

The relevant regulatory Sections include:

- Title 18 Part 485 - General Provisions
- Title 18 Part 486 - Inspection and Enforcement
- Title 18 Part 487 - Standards for Adult Homes
- Title 18 Part 488 - Standards for Enriched Housing
- Title 18 Part 494 - Assisted Living Program
- Title 10 Part 86-7 – Assisted Living Program (Reimbursement Standards)
- Title 10 Part 765 and 766 – Home Care Licensure Standards
- Title 10 Part 713-2 - Standards of Construction for New Nursing Homes
- Public Health Law – [http://www.health.state.ny.us/regulations/public\\_health\\_law/](http://www.health.state.ny.us/regulations/public_health_law/)
- Social Services Law §461-*l*

### Attachment 3 – Application Checklist

Please submit **one (1)** original, **four (4)** hard copies of your application and **(1)** digital copy on a USB flash-drive.

**Your submission should include this checklist and the items listed below:**

- Section 1 – General Information
- Section 2 – Financial Information
- Section 3 – Architectural Information
- Letters of Support (please check each letter submitted)
  - health care facilities** in the geographic region of the facility
    - ✓ Number of letters from health care facilities: \_\_\_\_\_
  - the **local county office on aging** in the geographic region of the facility
  - the **local social services district**
  - other **entities or leaders** in the geographic region of the facility the applicant deems knowledgeable of and appropriate for the application.
    - ✓ Number of letters from entities or leaders: \_\_\_\_\_
- Organizational Chart

**Attachment 4 – Opportunity for Development Application Sections 1, 2 and 3**

**Section 1 - General Information**

<b>Project Site</b>	PROJECT SITE	TYPE OF FACILITY	PROJECT SITE NAME		
	STREET AND NUMBER				
	CITY		COUNTY	ZIP	

<b>Operator Information</b>	OPERATING CERTIFICATE NUMBER	TYPE OF FACILITY	LEGAL ENTITY THAT WILL OPERATE THE FACILITY (proposed operator)		
	STREET AND NUMBER				
	CITY		COUNTY	ZIP	

<b>Application Contact Person</b>	NAME		
	STREET AND NUMBER		
	CITY	STATE	ZIP
	TELEPHONE	FAX	E-MAIL ADDRESS

<b>Program Configuration</b>	TYPE	<input type="checkbox"/> AH	<input type="checkbox"/> EHP	<input type="checkbox"/> ALP	<input type="checkbox"/> ALR	<input type="checkbox"/> EALR	<input type="checkbox"/> SNALR
	CURRENT # OF BEDS						
	PROPOSED # OF BEDS						

## **Project Description**

Provide an attachment to this application that includes a project description not exceed **5** pages in length. The project description must include how the proposed ALP will address each of the following:

- 1) The specific licensure and/or certification sought.
- 2) The number of beds proposed to be licensed or transferred.
- 3) Facility information, including:
  - a. The name of the facility;
  - b. The current use of the facility, if any (e.g. vacant, independent senior housing, apartment building);
  - c. Whether the facility is located on the same campus as other service or housing providers (e.g.: Nursing Home, Hospital or Independent Senior Living). List other facilities/providers on campus (if applicable);
  - d. The address and county of the facility.
- 4) Building Information, including:
  - a. Is the building new construction or renovation, and if so, include:
    - i. The name of the developer/contractor, and describe their experience (if applicable);
    - ii. Whether they have previous experience construction Adult Care Facilities;
    - iii. Project cost; and
    - iv. Projected completion date.
  - b. Whether the building is owned by the operator or leased.
- 5) Residents and Services
  - a. For applications establishing a new facility or increasing the licensed capacity of an existing program by more than nine beds, describe how the proposed facility/program will meet a public need in the geographic area to be served. Include an accurate description of services/programs currently available, any service gap analysis studies and/or pertinent market studies for the area.
  - b. For all applicants, provide a resident profile: Describe the specific population to be served, including the expected source of resident referrals. Include a demographic profile of the target population and a description of any special populations you intend to serve.
  - c. Will the program accept residents who are receiving Supplemental Security Income? If yes, estimate the percentage of total beds that will be available at the SSI rate.
  - d. Describe the services to be provided above and beyond that which is required by regulations, if any (e.g. transportation) and the proposed methods of service delivery.
- 6) Any other information that will help the Department understand the project.

- 7) A detailed description of the proposed ALP. This response should address the following desired components of an ALP, and how the ALP is committed to principles of the HCBS Rule as detailed in Section II. The DOH seeks specificity in the design of the ALP, not just an affirmation that the following components or the HCBS rule will be included in your ALP.

### **Desired Components of an ALP**

Applicants must include justification as to how ALP beds would address the need for long term care services in the region in which the facility is or would be located. Such justification shall include but would not be limited to the following factors:

- Patient acuity;
- Quality of care performance;
- Access to nursing home beds for persons in need of long term care as well as existing ALP bed availability and occupancy;
- Consumer satisfaction with quality of care of existing alternatives;
- Documented consumer demand for ALP level of care, particularly how medically needy beneficiaries of Medicaid will be part of the proposed ALP.

Applicants will address each of the following expectations of an ALP. If the applicant can describe alternative arrangements which meet the intent of these expectations, please describe the alternative and how it will meet the intent of the expectation:

- Development of independent living skills (i.e., no lines for medication, meals or activities). Applicants may describe alternative means for medicine administration, meal planning and access to activities that allow the participant to have greater choice of setting in which to receive medications, time and type of meals and activities.
- Resident choice in choosing from whom to receive services and supports;
- Individuals will share units only by choice—both potential roommates must agree to share the room with the other roommate.
- 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).
- Adequate closet space for storing personal effects must be provided.
- Units must have lockable doors with appropriate staff having keys.
- Residents must have some immobile device in which to lock personal items.
- Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.
- Kitchen is to include area for food storage, refrigeration and meal preparation.
- Residents must be provided full access to such features as a kitchen and cooking facilities and small dining areas, as appropriate.

- Resident cooking may be accommodated in several ways, including use of a supervised common kitchen or through renovating existing adult home space to provide for the cooking apparatus in a non-resident sleeping area, such as a galley style kitchen separated from the bedroom.
- Adequate space for congregate meals and activities, as well as additional space for smaller group meals and activities.
- Residents may have access to food stored in their own refrigerators and food pantries in their rooms and/or congregate areas. However, cooking appliances are prohibited within resident rooms in a dwelling or Adult Home.
- Suitable equipment for storing, preparing and serving foods in each resident room is required in Enriched Housing Programs. However, cooking appliances are prohibited within resident rooms in an Enriched Housing Program.
- Individuals have the right to decorate and furnish their unit.
- Individuals are able to have visitors of their choosing at any time. Please refer to Title 18 NYCRR 485.14, at [http://www.health.ny.gov/regulations/nycrr/title\\_18](http://www.health.ny.gov/regulations/nycrr/title_18) .

**Section 2 - Financial Information**

1. Will the facility be leased?  Yes  No
2. Does the application involve purchase of an existing certified adult care facility?
- Yes  No

If "Yes":

- a. State the total purchase price \$\_\_\_\_\_;
- b. State the amount of the down payment and describe its source below  
\$\_\_\_\_\_;
- c. Briefly describe and enclose any necessary documentation to show any other purchase and/or financing arrangements not covered in a, b, and c of this part.

3. Does the application involve new construction or rehabilitation of an existing structure?
- Yes  No

▪ Estimate of total project cost. \$\_\_\_\_\_

4. For applicants who are applying as a business corporation or who wish to establish a not-for-profit adult care facility, do your two most recent Form 990s or your annual financial report for the last fiscal year show revenues in excess of expenses?

Yes  No

**Section 3 – Architectural Information**

1. Does the project require construction or renovation?  Yes  No

If Yes: a. Estimated start date of construction: \_\_\_\_\_

b. Estimated duration of construction: \_\_\_\_\_

2. Describe how the applicant will obtain within 24 months of the award all necessary approvals, permits, easements, endorsements or support which are necessary to operationalize the awarding of ALP beds.

3. Provide a brief narrative description of the proposed site and building in the space below, attach additional pages if necessary. The narrative should include:

- a. Location;
- b. Room configuration (e.g. private, shared, two bedroom, studio, private or shared bathrooms);
- c. Facility description (e.g. number of floors or description of wings, location of common areas, administration offices, residential units, and other amenities) and type of construction (e.g. brick, wood-frame, steel frame); and
- d. Describe unique features or finishes.