

CCRC Continuing Care at Home Application

Continuing Care Retirement Community Identification

Community Name:

Community Address/Street & Number	Name/Title of Contact Person
City State Zip	Address/Street & Number
Name of Sponsor	City State Zip
Address/Street & Number	Telephone Number
City State Zip	

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Board Resolution and Authorizing Signature

Board Resolution for Corporation Applicants demonstrating authorization for the CCRC to apply to amend Certificate of Authority to include Continuing Care at Home

Attached

Not Required

Authorizing Signature

The undersigned hereby certifies, under penalty of perjury:

I am duly authorized to subscribe and submit this application and that the information contained herein and attached hereto is accurate, true and complete in all material respects. I further acknowledge that the application will be processed pursuant to the provisions of Articles 46 of the Public Health Law and the pertinent regulations adopted thereto including, but not limited to Parts, 900, 901, 902 and 903 of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York. Failure to submit materials or complete sections of the application may be cause for delay and possible denial/disapproval of an application.

Date

Signature

Print/Type Name and Title

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CCRC Certificate of Authority specifics

A.) Identify the approved capacity for your CCRC as per your Certificate of Authority

INDEPENDENT LIVING UNITS	TOTAL # OF UNITS:			
	TYPE OF UNIT	NUMBER OF UNITS		
SKILLED NURSING FACILITY	TOTAL # OF BEDS	# OF BEDS FOR CCRC	ON-SITE	AFFILIATION
ADULT CARE FACILITY	TYPE OF UNIT		# OF UNITS onsite	# OF UNITS affiliated
Specify if Enriched Housing or Adult Home				
ASSISTED LIVING RESIDENCE	TYPE OF UNIT		# OF UNITS onsite	# OF UNITS affiliated
Specify if Assisted Living, Enhanced Assisted Living or Special Needs Assisted Living				

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B.) List available services:

See Appendix A for definition of services

Services	Arranged for Under Care Coordination	Included in Monthly Fee*	Fee for Service	Provided Directly	Provided Contractually
Care Coordination	N/A				
Home Health Care					
• Nursing Care					
• Home Health Aide/Personal Care Aide Services					
• Physical Therapy					
• Occupational Therapy					
• Speech Therapy					
Personal Care Services					
Hospice/Palliative Care					
Physician Services					
Prescription Drug Services					
Outpatient Rehabilitation Services					
• Physical Therapy					
• Occupational Therapy					
• Speech Therapy					
• Audiology					
Activity Programs					
Transportation Services					
Shopping Services					
Meal Services					
Companion or Homemaker Services					
Maintenance					
Home Safety Inspection					
Emergency Response System					
Adult Care/Assisted Living Services					
Skilled Nursing Services					
Adult Day Care Program					

Add additional services if not listed. Attach sheet if necessary.

* Indicate if the service, if covered, is counted towards a monthly and/or lifetime cap

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Will the CCRC Continuing Care at Home product be operated under a management agreement?

YES
 NO

If "yes", complete the following:

Name of Manager/Managing Entity		
Address/Street & Number		
City	State	Zip

C.) Continuing Care at Home Contract Specifics

The total maximum contracts requested to offer:

CONTRACT DETAILS

CONTRACT TYPE	ENTRANCE FEE	MONTHLY FEE	CAP/LIMITATION

COUNTIES OF PRIMARY RESIDENCE FOR CONTRACT HOLDERS:

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D.) Required supporting documents. Please label as attachments to the application with the letter as indicated below:

Attachment A: Program Narrative

Provide a brief but complete narrative describing the Continuing Care at Home program that will be offered. This should include the timeline for implementation, distribution of contract types to be offered, target consumer, and efforts to be made to market the product in the target geographic area. Describe the covered services and service limitations for each contract type to be offered.

Attachment B: Care Coordination

Provide a narrative describing the role of the care coordinator, qualifications of the care coordinator, and the expected FTE care coordinators per Continuing Care at Home contract holder. The narrative should include the minimum required contacts between the care coordinator and the Continuing Care at Home contract holder and methods for communication. Discuss how the care plan will be developed, monitored, and reassessed if the contract holder's health status changes (i.e. hospitalizations, ER visits, injury, health diagnosis).

Attachment C: Proof of Ability to Enter into Contracts

If services are to be provided under a contract, attach letters of support demonstrating the contractor's willingness to enter into a contract to provide services.

Attachment D: Proof of Service Capacity

Demonstrate the CCRC's capacity to provide all services under the CCRC Continuing Care at Home contract for the total maximum number of contracts being requested. This must include the capacity of the CCRC to provide assisted living/adult care and skilled nursing placement to Continuing Care at Home contract holders, should it be needed. A projection of the service utilization of contract holders should be provided.

Attachment E: Business Plan

A business plan must be submitted that includes:

- (A) A description of the services to be provided, the market to be served, and fees to be charged under the contract.
- (B) A copy of the proposed Continuing Care at Home contracts, revised initial disclosure statements, and standard information sheets to be used. Contracts must conform to the requirements as stated in Public Health Law Article 46, section 4608.
- (C) An actuarial study prepared by an independent actuary in accordance with standards adopted by the Academy of Actuaries demonstrating the impact of the Continuing Care at Home contracts on the overall operations of the CCRC. The materials submitted must demonstrate that the additional Continuing Care at Home contracts will not jeopardize the financial solvency of the CCRC.

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Attachment F: Feasibility Study

Submit a market feasibility study demonstrating sufficient consumer interest to support the total maximum number of contracts being requested. The study must also assess the impact of the Continuing Care at Home contracts on CCRC community resources with proof that the provision of services to CCRC contract holders on campus will not be adversely impacted.

Attachment G: Notice to Existing CCRC Contract Holders

Submit a copy of the notice sent to CCRC contract holders describing the intent of the CCRC to enter into Continuing Care at Home contracts and the anticipated impact the new contracts will have on community resources. Proof of distribution of the notice to all existing CCRC residents must be provided.

Attachment H: Proof of Licensure

Submit documentation of the appropriate licenses, certifications or approvals to provide the services included in the Continuing Care at Home contract. This includes the skilled nursing and assisted living/adult care operating certificates.

Attachment I: Quality Assurance Program

Submit the quality assurance mechanisms, grievance procedures, mechanisms to protect the rights of enrollees, and system for monitoring services provided to enrollees to ensure continuity, quality and appropriateness of care administered under the care plan.

Attachment J: Claims Management

Describe the system that will be used to process and pay Continuing Care at Home contract service claims. Explain how explanation of benefits will be distributed to contract holders. Demonstrate that the claims processing system used will be HIPAA compliant.

Note: Under Public Health Law Article 46, section 4605-a (3), the Department of Health and Department of Financial Services reserve the right to require additional materials to be submitted for review based on the specifics of the application. Such materials will be considered addendums to the initial application and failure to submit requested materials may be cause for delay and possible denial/disapproval of an application.

Equity model Public Health Law Article 46 CCRC's may be required to submit additional materials to facilitate review by the New York State Attorney General's Office.