

FOR OFFICE USE ONLY
Date Rec'd.: _____
Project # : _____
Case Manager: _____

**Application for:
Licensure as an Assisted Living Residence (ALR)
Certification as Enhanced ALR (EALR)
Certification as Special Needs ALR (SNALR)**

SECTION A

1. Applicant (check one):
- is a licensed adult home or enriched housing program.
Number of licensed non-ALP adult home or enriched housing program beds: _____
 - has a pending application for licensure as an adult home or enriched housing program. If pending application, please provide:
Facility name on the application: _____
Application number assigned by the Department: _____
Number of non-ALP adult home or enriched housing program beds requested : _____
 - is not a licensed adult home or enriched housing program and does not have a pending application.

2. Applicant is applying for (check all that apply):
- ALR licensure only: complete Sections A – D, G and I as directed.
Number of ALR beds requested (must equal number of non-ALP ACF beds): _____.
 - ALR licensure and EALR certification: complete Sections A – G and I as directed.
Number of EALR beds requested: _____.
 - ALR licensure and SNALR certification: complete Sections A – G and I as directed.
Number of SNALR beds requested: _____.

Section H (Financial Information) must be submitted only by ALR applicants who are licensed adult care facilities.

3. Not applying for ALR licensure and/or EALR and/or SNALR certification at this time. Complete only the rest of this Section (Operator Information, Facility Information and Contact Information) and mail to the Department of Health at the address provided in Section I.

OPERATOR INFORMATION		FACILITY INFORMATION	
Operating Certificate Number (if applicable)	Federal Employer Identification Number _ _ - _ _ _ _ _ _ _ _ _ _	Facility Name	
Name of Operator		Facility Address – Street and Number	
Street and Number		City	County Zip
City	State	Zip	Facility Type (check one): <input type="checkbox"/> Adult Home <input type="checkbox"/> Enriched Housing Program
CONTACT INFORMATION			
Name of Contact Person		Title of Contact Person	
Contact Person's Company		Phone Number	
Street and Number		Fax Number	
City	State	Zip	E-mail Address

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SECTION B

Status of AH or EHP Operating Certificate (check all that apply):

- a. Applicant does not have an adult home or enriched housing program operating certificate.
- b. Applicant's operating certificate is current and operator is in good standing. Operators in good standing are those to whom the criteria listed in c - g below do not apply.
- c. Applicant has received any official written notice from the Department of a proposed revocation, suspension, denial or limitation on its operating certificate in the past 3 years*.
- d. Applicant has been assessed a civil penalty after a hearing conducted pursuant to SSL 460-d 7(b)(1) for a violation that was not timely rectified, in the past 3 years*.
- e. Applicant has received any official written notice from the Department of a proposed assessment of a civil penalty for a violation described in SSL 460-d 7(b)(2), in the past year*.
- f. Applicant has been issued an order pursuant to SSL 460-d 2 (Department of Health order approved by a court), SSL 460-d 5 (equitable relief ordered by a court) or SSL 460-d 8 (Commissioner order), in the past three years*.
- g. Applicant has been placed on, and if placed on, removed from the Department of Health's "Do Not Refer List" pursuant to SSL 460-d 15, in the past three years*.

If boxes c, d, e, f and/or g are checked, applicant must complete and submit with this application Schedule 2A – Personal Qualifying Information, which can be downloaded from the Department's website (www.health.state.ny.us).

*Day one of the timeframes specified in criteria c – g is the date of the Attestation in Section I.

To Be Completed By All Licensed Adult Homes and Enriched Housing Programs

- Are you a licensed ALP? No Yes
- Do you have a retention standards waiver? No Yes (attach copy)
- Do you have a dementia unit that has been approved by the Department? No Yes
- Are you an approved limited LHCSA? No Yes
- Do you have a contract with a CHHA or LHCSA? No Yes (attach copy)

To Be Completed By All Applicants for EALR and/or SNALR Certification

- Do you intend to employ nurses to provide nursing services to residents? Yes No

To Be Completed By All Applicants for ALR Licensure and EALR/SNALR Certification
Biennial Fee Calculation

<p>ALR Licensure Fee Calculation: (fee may not exceed \$5,000)</p> <p>a. # of ALR residents on (date): _____ whose income exceeded 400% FPL: _____</p> <p>b. Base ALR fee: \$500.00</p> <p>c. Total ALR licensure fee = [(a X \$50) + b] or \$5,000, whichever is less.</p> <p>(___ X \$50) + \$500 = \$ _____. If this amount exceeds \$5,000, the ALR license fee is \$5,000.</p>	<p>EALR and/or SNALR Certification Fee:</p> <p>a. EALR only fee = \$2,000</p> <p>b. SNALR only fee = \$2,000</p> <p>c. EALR and SNALR fee = \$3,000</p> <p>d. Total certification fee = \$ _____</p>
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Total fee (add ALR licensure fee and EALR/SNALR certification fee): \$ _____. Attach a check made out to the New York State Department of Health for the amount of the total fee.

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SECTION C

LEGAL DOCUMENTATION

All applicants that are corporations or limited liability companies must submit a copy of the appropriate organizational document, i.e., certificate of incorporation or articles of organization. A statement of the specific purposes for which licensure/certification is being sought must also be submitted. The language below would be acceptable. Currently licensed operators of an Adult Home or Enriched Housing Program must submit a copy of the current certificate of incorporation or articles of organization (which should already contain the appropriate Adult Home or Enriched Housing Program purposes language listed below) as well as a proposed executed certificate of amendment of such document which contains the Assisted Living Residence purposes language listed below.

Note: Applicants should choose either the adult home or the enriched housing purpose and the appropriate assisted living clause(s).

Adult Home purposes:

"The purposes for which the _____ is formed are: to establish, maintain and operate an adult home as defined in Section 2 (25) of the Social Services Law; provided, however, that the _____ shall not establish or operate such adult home without the prior written approval of the New York State Department of Health.

or

Enriched Housing Program purposes:

"The purposes for which the _____ is formed are: to establish, maintain and operate an enriched housing program as defined in Section 2 (28) of the Social Services Law; provided, however, that the _____ shall not establish or operate such enriched housing program without the prior written approval of the New York State Department of Health.

and

Assisted Living Residence purposes:

"The purposes for which the _____ is formed are: to establish, maintain and operate an assisted living residence as defined in Section 4651 (1) of the Public Health Law; provided, however, that the _____ shall not establish or operate such assisted living residence without the prior written approval of the New York State Department of Health.

If in addition the applicant seeks certification to provide an Enhanced Assisted Living Residence or a Special Needs Assisted Living Residence, the following additional purposes should be stated:

Enhanced Assisted Living Residence purposes:

"The purposes for which the _____ is formed are: to establish, maintain and operate an assisted living residence with an enhanced assisted living certificate, as those terms are defined in Section 4651 of the Public Health Law; provided, however, that the _____ shall not establish or operate such assisted living residence with an enhanced assisted living certificate without the prior written approval of the New York State Department of Health.

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Special Needs Assisted Living Residence Purposes:

"The purposes for which the _____ is formed are: to establish, maintain and operate an assisted living residence with a special needs assisted living certificate, as those terms are defined in Sections 4651 and 4655 of the Public Health Law; provided, however, that the _____ shall not establish or operate such assisted living residence with a special needs assisted living certificate without the prior written approval of the New York State Department of Health.

Each ALR applicant must also submit with this application such other legal documentation as: management agreements; certificates of doing business as (DBAs) or business certificates; and deed, lease or other site control documents that could differ from the documentation submitted as part of its pending ACF application, if applicable. Licensed ACFs should only submit such changes if they are proposing revisions to previously approved documents.

SECTION D

ARCHITECTURAL FEASIBILITY

INSTRUCTIONS FOR COMPLETING SECTION D

Applicants for SNALR certification for a dementia unit that has already been approved by the Department of Health are required to complete only items 4 - 7 in this Section. Applicants who are applying for only ALR licensure and who do not propose any modifications or renovations to physical plant or new construction, are required to complete only items 1 and 4a – 4e in this Section. All other applicants for ALR licensure and/or EALR and/or SNALR certification must complete the entire Section.

If applying for both EALR and SNALR certification, complete a separate Section D for each certification and label each page with the certification (EALR or SNALR), section and item(s) to which it applies. An example of a page label is: SNALR Section D Item 1: Type of Project.

1. Type of project (check all appropriate boxes):
 - a. No modifications to existing or proposed physical plant.
 - b. New Construction
 - c. Building Addition
 - d. Renovation

2. Attach a description of current structure or proposed structure and specify materials for each of the following:
 - a. Exterior walls;
 - b. Floor support members;
 - c. Flooring;
 - d. Interior partitions;
 - e. Interior finishes;
 - f. Floors;
 - g. Walls;
 - h. Ceilings; and
 - i. Roof support members.

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3. Attach preliminary sketches (two sets) showing:
 - a. Plot or location plan;
 - b. Floor plan showing room usage;
 - c. One building elevation;
 - d. Typical building or wall elevation; and
 - e. Mechanical, electrical and sprinkler systems, explanation or description.
4. Describe compliance with the Department's building requirements for EALRs and SNALRs, with special reference to the following:
 - a. Supervised smoke-detection system;
 - b. Fire protection system directly connected to the local fire department or to a 24-hour attended central station;
 - c. Handrails on both sides of all resident-use corridors and stairways;
 - d. Centralized emergency call system in all bedrooms and toilet and bathing areas;
 - e. Automatic sprinkler system; and
 - f. Smoke barriers in buildings with a capacity of more than 16 residents.
5. Attach a brief narrative description of any other modifications that have been or will be made to protect the health, safety and welfare of residents of the EALR.
6. Attach cost estimates for modifications described in items 3 - 5 above and timeframes for completion.
7. For a SNALR unit, describe or discuss the following:
 - a. If the dementia unit is operated as part of a residence, does it provide self-contained leisure and dining room space? If it doesn't, please explain how use of shared common areas is appropriate to the needs of all residents.
 - b. If provided, describe outdoor space and walkways for residents of the dementia unit, and fencing or barriers to prevent injury and elopement.
 - c. Describe how windows are equipped to: (1) limit opening to not more than four inches; (2) comport with emergency egress requirements; and (3) prevent elopement and accidental falls.
 - d. If the facility is of Type 5 construction, are areas designated for the care of persons with dementia or memory impairment restricted to the grade level and one level above grade level if the building structure exceeds one story in height?
 - e. Describe the delayed egress system on all exit doors to the outside, or roof areas, as well as leading to other areas of the facility, unless prior approval of an alternative method for the prevention of resident elopement from the unit has been obtained from the Department. This description must address each requirement for delayed egress systems listed in the Dementia Guidelines for ALRs.
 - f. Operators of dementia units must have and maintain control over the building in which the unit is located. Operators that do not have such control must have a written agreement with the

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appropriate parties to ensure that regulatory requirements can and will be met. State whether you have such control over the building. If you do not have control, submit a copy of the written agreement that ensures that regulatory requirements can and will be met.

SECTION E

PLAN FOR ADMINISTRATION
[PHL §4653, §4655(1)c, §4055(5) and §4656 and 18 NYCRR §485.6(f)(1)(i)]

INSTRUCTIONS FOR COMPLETING SECTION E

Applicants for ALR licensure only are not required to complete this Section. Applicants for SNALR certification who do not have an approved dementia unit, and applicants for EARL certification, must complete the entire Section. Applicants for SNALR certification for a dementia unit that has already been approved by the Department of Health are required to complete only item 5 in this Section.

In responding to Section E questions, provide only the incremental information on new services, e.g., nursing care, and staffing requirements relevant to EALR and/or SNALR certification. The applicant need not resubmit any information that has already been filed with the Department in connection with the existing ACF license or ACF application.

If applying for both EALR and SNALR certification, complete a separate Section E for each certification and label each page with the certification (EALR or SNALR), section and item to which it applies. An example of a page label is: EALR Section E Item 1: Personnel Policies and Procedures.

1. Copies of Personnel Policies and Procedures

Submit a copy of your personnel policies and procedures for new staff positions. Include the following: rules for attendance and leave, rules of conduct, facility policy regarding meals, proper attire, personal hygiene, grievance procedures, hiring and termination policies.

2. Job Descriptions

Submit job descriptions for all new staff positions (18 NYCRR §487.9, §487 and §488.9).

3. Administrator, Case Manager and New Staff Qualifications

Submit qualifications of the administrator and case manager. Submit qualifications for all new staff listed in item 2.

4. Description of Staff Orientation and In-Service Training

Submit a copy of your proposed staff orientation and in-service training plan for each new employee category (18 NYCRR §487.9(a) (3), (4) and (5) and §488.9 (a) (2)).

5. Staffing Schedule

Submit final staffing schedule to be implemented upon approval of application (18 NYCRR §487.9 and/or §488.9).

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SECTION F

SERVICES PROGRAM

(PHL §4653, §4655(1)c and §4055(5), §4656 and 18 NYCRR §487.7 and §488.7)

INSTRUCTIONS FOR COMPLETING SECTION F

Applicants for ALR licensure only, and applicants with an approved dementia unit, are not required to complete this Section. All other applicants for SNALR and applicants for EALR certification must complete this Section.

In responding to Section F questions, provide only the incremental information on new services, e.g., nursing care, and requirements relevant to EALR and/or SNALR certification. The applicant need not resubmit any information that has already been filed with the Department in connection with the existing ACF license or ACF application.

If applying for both EALR and SNALR certification, complete a separate Section F for each certification and label each page with the certification (EALR or SNALR), section and item to which it applies. An example of a page label is: EALR Section F Item 1: Resident Services.

1. Resident Services

Describe philosophy, goals, and scope of your program. List cultural, spiritual, diversional, physical, political, social and intellectual activities to be provided by facility and community.

2. Activity Schedule

Submit a proposed schedule of activities for one month using a calendar format as might be posted in the facility.

3. Social Contact

Describe how the facility will encourage contact between residents, relatives and friends.

4. Optional Resident Services

Describe the services to be routinely provided to residents. Some examples are counseling, education or vocational training, training for self-care and provisions for a temporary illness and transportation.

5. Disaster and Emergency Plan

Submit a copy of your disaster and emergency plan (18 NYCRR §487.12 and/or §488.12).

6. Medication Management

Submit a plan for medication management in compliance with 18 NYCRR §487.7(f) or §488.7(d).

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7. Record Keeping

Submit a plan for maintaining records and reports (18 NYCRR §487.10 and/or §488.10).

8. Supporting Documents

Submit copies of all supporting documents.

SECTION G

**CONSUMER INFORMATION, RESIDENCY AGREEMENT,
EVALUATION PROCESS, INDIVIDUALIZED SERVICE PLAN (ISP)
AND RESIDENTS' RIGHTS**
[PHL §4653, §4657, §4658, §4659 and §4660]

All applicants for ALR licensure must complete this Section.

1. Submit a copy of the statement provided to any individual (or his/her representative) who expresses interest in admission to your facility. Statement must include the following information:

- facility's licensure and if it has an enhanced assisted living certificate and/or special needs enhanced assisted living certificate and the availability (i.e., number) of enhanced assisted living and/or special needs beds;
- facility's discharge policy and criteria;
- any ownership interest in excess of ten percent on the part of the operator, whether legal or beneficial, in any entity which provides care, material, equipment or other services to residents;
- any ownership interest in excess of ten percent on the part of any entity which provides care, material, equipment or other services to residents, whether legal or beneficial, in the operator;
- a statement regarding the ability of residents to receive services from service providers with whom the operator does not have an arrangement;
- a statement that residents shall have the right to choose their health care providers, notwithstanding any other agreement to the contrary;
- a statement regarding the availability of public funds for payment for residential, supportive or home health services including, but not limited to availability of coverage of home health services under Title 18 of the Federal Social Security Act (Medicare);
- the Department of Health's toll free telephone number for reporting of complaints regarding home care services and the services provided by the assisted living operator; and
- a statement regarding the availability of long term care ombudsman services and the telephone number of the local and state long term care ombudsman.

2. Assisted Living Residency Agreement

Submit a copy of your proposed assisted living residency agreement. NOTE: A model assisted living residency agreement will be made available in the near future. At that time, you will be required to submit for approval a copy of the agreement you propose to use. Any differences between your proposed agreement and the model developed by the Department for ALRs must be identified and explained.

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3. Admission and Discharge Policies

Describe your proposed admission and discharge policies and specific admission and discharge criteria for the EALR and SNALR, separately, as appropriate to your application, with respect to age, disability, health characteristics and care needs, income, ethnicity, religion, organizational membership, sex, persons with psychiatric diagnoses, veterans and any other criteria that will be used to determine whether the individual will be admitted and/or retained.

4. Pre-Admission Evaluation and Evaluation Update Process

Describe your pre-admission evaluation and evaluation update process, e.g., who will complete the evaluation; what will be done with the information collected (e.g., eligibility decisions); what referrals will be made; timeframes for completing the pre-admission evaluation and periodic re-evaluations, timeframes for referrals; documentation and record keeping, etc.? NOTE: A model pre-admission evaluation will be made available in the near future. At that time, you will be required to submit for approval a copy of the pre-admission evaluation tool you propose to use. Any differences between your proposed tool and the model tool developed by the Department for ALRs must be identified and explained.

5. Individualized Service Plan (ISP)

Submit a copy of a generic or model Individualized Service Plan (ISP). Describe your process for developing and updating the ISP.

6. House Rules

Submit description of house rules for residents and a list of residents' rights. NOTE: A model residents' rights document will be made available in the near future. At that time, you will be required to submit for approval a copy of the residents' rights document you propose to use. Any differences between your proposed document and the model developed by the Department for ALRs must be identified and explained.

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SECTION H FINANCIAL INFORMATION

This Section must be completed only by ALR applicants who are licensed adult care facilities.

1. Current annualized operating budget without ALR licensure. 12 month period begins: _____.

	DOLLAR AMOUNT	DEPARTMENT USE	NAME OF ATTACHMENT FILE
ANTICIPATED REVENUE			
Room, Board and Routine Care			
Other Resident Revenue (Attach Schedule)			
Other Revenue (Attach Schedule)			
TOTAL ANTICIPATED REVENUE			
ANTICIPATED EXPENSES			
Salaries and Wages			
Payroll Taxes			
Other Fringe Benefits			
Dietary Consultant			
Raw Food Costs- Resident Meals			
Raw Food Costs- Employee Meals			
Food Supplies			
Rental of Facility			
Rental of Equipment			
Real Estate Taxes			
Water and Sewer			
Heat, Light, Power			
Repairs and Maintenance			
Housekeeping Supplies			
Laundry and Linen			
Social and Recreation			
Security			
Insurance			
Interest Expense (Attach Schedule)			
Telephone			
Legal and Accounting			
Advertising			
Other Administrative and General Expenses (Attach Schedule)			
Depreciation and Amortization			
Other Expenses (Attach Schedule)			
Purchase of Service Contracts (Attach Schedule)			
TOTAL ANTICIPATED EXPENSES			
DEFICIT/SURPLUS (Total anticipated revenue minus total anticipated expenses)			
ANTICIPATED RESIDENT CARE DAYS			

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2. Projected budget for first 12 months of operation as an ALR. 12 month period begins: _____.

	DOLLAR AMOUNT	DEPARTMENT USE	NAME OF ATTACHMENT FILE
ANTICIPATED REVENUE			
Room, Board and Routine Care			
Other Resident Revenue (Attach Schedule)			
Other Revenue (Attach Schedule)			
TOTAL ANTICIPATED REVENUE			
ANTICIPATED EXPENSES			
Salaries and Wages			
Payroll Taxes			
Other Fringe Benefits			
Dietary Consultant			
Raw Food Costs- Resident Meals			
Raw Food Costs- Employee Meals			
Food Supplies			
Rental of Facility			
Rental of Equipment			
Real Estate Taxes			
Water and Sewer			
Heat, Light, Power			
Repairs and Maintenance			
Housekeeping Supplies			
Laundry and Linen			
Social and Recreation			
Security			
Insurance			
Interest Expense (Attach Schedule)			
Telephone			
Legal and Accounting			
Advertising			
Other Administrative and General Expenses (Attach Schedule)			
Depreciation and Amortization			
Other Expenses (Attach Schedule)			
Purchase of Service Contracts (Attach Schedule)			
TOTAL ANTICIPATED EXPENSES			
DEFICIT/SURPLUS (Total anticipated revenue minus total anticipated expenses)			
ANTICIPATED RESIDENT CARE DAYS			

3. If you currently have a deficit or anticipate incurring a deficit in the first 12 months of licensure as an ALR, provide a description of the sources of revenue that will be used to cover the deficit(s).

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SECTION I

ATTESTATION

ACKNOWLEDGEMENT AND ATTESTATION	
I hereby certify, under penalty of perjury, that I am duly authorized to subscribe and submit this application on behalf of the applicant. I further certify that the information contained in this application and its accompanying attachments is accurate, true and complete in all material respects. I acknowledge and agree that this application will be processed in accordance with the provisions of the Public Health Law, the Social Services Law and the Finance Law and implementing regulations, as the case may be.	
SIGNATURE	DATE
PRINT OR TYPE NAME	TITLE

Submit to:

Bureau of Licensure and Certification
Division of Home and Community Based Care
New York State Department of Health
875 Central Avenue
Albany, New York 12206-1331