

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

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

ALP 4500 QUESTIONS AND ANSWERS CLARIFICATION

- 1. Question:** According to Attachment 7 which lists the RHCF Bed Caps by region, the Downstate NYC outer boroughs, Long Island and Westchester region, are considered a Cap Index of 1.0. This translates, as per the cap escalation table, to \$352,000 as per the 2010 CAP which was increased by 6% from 2009. 2010 is the last year with a calculated CAP in Attachment 7. It is impossible to project the Caps beyond 2010, as the Caps for previous years (2006 – 2010) were increased at varying percentages (between 8-10%).

Based on the following two scenarios, please help us clarify how to interpret the reimbursement method for renovations based on the caps.

The bullet under the table indicates that “Cost figures (CAPS) are Total Project Cost per bed.” As per attachment #5, entitled “Application Form Instructions,” Item 5 - Financial Information (found on page 3) indicates that certified costs cannot exceed 25% of the applicable RHCF bed caps for the region. Assuming that the CAP is \$352,000, does this mean that the per bed cost for renovations cannot exceed \$88,000 (25% of \$352,000)? Does it mean that if we were seeking to renovate 78 beds, then the maximum reimbursable cost for the entire project would be \$6,864,000 (\$88,000 x 78)?

OR

Is the cap for the renovation project \$88,000 in its entirety and the cost per bed renovation allowed \$1,128 (\$88,000/78)?

- 1. Answer:** The per bed cost for renovations cannot exceed \$88,000 or 25% of \$352,000. If seeking to renovate 78 beds, the maximum would be \$6,864,000 (\$88,000 x 78).
- 2. Question:** The Qs & As that are posted online make a reference to a limit of 200 ALP beds per facility. (See Q & A No. 11). That same Q & A suggests, however, that the ALP bed limit may not apply to facilities that were certified for a capacity of over 200 prior to September 1, 1984 (presumably pursuant to 18 NYCRR 487.3(f)(2)). I’m therefore assuming that if a 250-bed adult home applies to convert its entire facility into a 250 bed ALP, it would be permissible. Please confirm.

- 2. Answer:** No facility will be allowed to have more than 200 beds of any type or combination of types unless it was certified for a capacity of over 200 beds prior to September 1, 1984. However, no facility will be approved for more than 200 ALP beds (total) as part of this solicitation. A facility's certified bed capacity may not exceed 200 ALP beds regardless of when they were awarded. See SSL 461-B (3)(C)(7).
- 3. Question:** The Q & As speak to the prospect of ALP units being single occupancy, but Q & A No. 25 indicates that an applicant for ALP beds need not convert its double occupancy units into single occupancy units if it does not seek capital reimbursement. Said another way, it appears that a 75 room and 150 bed adult home may apply for 150 ALP beds under the SOI so long as the adult home applicant isn't seeking capital reimbursement. Please confirm.
- 3. Answer:** Yes. That is correct. Single occupancy is required only for transitional adult homes seeking capital reimbursement for ALP beds as part of the ALP 4500 Conversion Initiative.
- 4. Question:** The SOI suggests that applications should speak to whether ALP residents will have access to kitchen facilities. The SOI also speaks to rooms having space for dining. Does that mean that the Department is seeking to have applicants install kitchens in each room? If so, would that be inconsistent with 18 NYCRR 487.11(f)(18)(vii), which prohibits adult homes from installing cooking appliances in resident rooms? In light of what appears to be the Department's policy recited in the SOI and the regulations, how would the Department treat the installation of refrigerators, counter space and microwaves (rather than conventional ovens) in each room? Would that type of renovation be consistent with, or contrary to, the Department's policies?
- 4. Answer:** The Department expects that access to food storage, refrigeration and meal preparation be provided to ALP participants. Residents may have access to food stored in their own refrigerators and food pantries in their rooms and/or congregate areas. There is no regulatory amendment currently pending to allow cooking appliances within residents' bedrooms. Cooking appliances are prohibited within resident rooms in an 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 the bedroom in an Enriched Housing Program. Applicants may submit a waiver request for a microwave in an Adult Home room. Applicants from an Enriched Housing Program may submit a waiver equivalency to request the replacement of stoves/ovens with microwaves. Waiver requests are submitted to the regional offices in accordance with 18 NYCRR § 494.3(g)(1).

There were several inquiries regarding food storage and meal preparation in the set of Questions and Answers pertaining to the ALP 4500 Conversion Initiative posted on the Health Commerce System (HCS) on March 12, 2014. Please refer to Qs and As #37, #40, #42 and #43 of Attachment 8 – ALP 4500 Qs and As posted on the 2013 and 2014 ACF Dear Administrator Letter site on the HCS or Attachment 8 of the Solicitation of Interest posted on the NYSDOH website at www.health.ny.gov/funding/soi/alp_4500_solicitation/index.htm.

5. Question: Alternatively, would the Department prefer applicants to install open kitchenettes throughout the building (*e.g.*, in common space on each floor)?

5. Answer: The Department will allow flexibility in providing shared access to food storage, refrigeration and meal preparation to ALP participants. However, residents must be provided full access to such features as a kitchen and cooking facilities and small dining areas. 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.

Additionally, there must be adequate space for congregate meals and activities.

This question was answered in the set of Questions and Answers pertaining to the ALP 4500 Conversion Initiative posted on the HCS on March 12, 2014. Please refer to Qs and As #37, #40, #42 and #43 of Attachment 8 – ALP 4500 Qs and As posted on the 2013 and 2014 ACF Dear Administrator Letter site on the Health Commerce System or Attachment 8 of the Solicitation of Interest posted on the NYSDOH website at www.health.ny.gov/funding/soi/alp_4500_solicitation/index.htm.

6. Question: Our question relates to those TAH's that have a capacity greater than 200 beds and that wish to access capital funding: The Q & As state that "No TAH may exceed 200 ALP" and "a TAH must convert to 100% ALP to access capital."

Does this mean that a TAH that wants to access capital that is greater than 200 beds, even one that was certified prior to September 1984, would have to decertify down to 200 (in order to get the ALP), or can the remaining capacity continue as adult home beds?

6. Answer: A facility with a certified bed capacity > 200 beds will have to decertify beds (reducing total beds to 200) and convert to 100% ALP beds in order to be eligible for capital reimbursement funds.