

ALP 4500 Conversion Initiative Qs & As Transitional Adult Homes

Miscellaneous

1. **Question:** Is a contract with DOH required at this time? Or only at the CON process?
1. **Answer:** **A contract is not required. A Certificate of Need (CON) application is required at the appropriate time.**

2. **Question:** Is there any limitation on visiting hours or would the current Directive regarding residents having visitors during reasonable hours remain in effect?
2. **Answer:** **The regulations governing visiting hours and access to adult care facilities have not changed and are addressed in 18 NYCRR § 485.14.**

3. **Question:** Structurally it is not feasible to convert my existing AH beds to ALP beds as detailed in the solicitation. Can I still take advantage of the capital component?
3. **Answer:** **No.**

4. **Question:** If I do not make the changes described in the solicitation and do not wish to apply for capital, can I still request ALP beds through this solicitation?
4. **Answer:** **Yes.**

Transitional Adult Home (TAH) Status

5. **Question:** Please let me know if my facility is still considered a Transitional Adult Home. 97% of the beds are licensed as ALP beds. Are ALPs excluded from a Transitional Adult Home's mental health census?
5. **Answer:** **No. Individuals occupying ALP beds are not excluded from an adult home's mental health census. "Mental health census" means the number of residents in a facility who are persons with serious mental illness as defined in 18 NYCRR § 487.2(c). A resident with serious mental illness is included in the facility's mental health census regardless of which type of bed the resident occupies.**

6. **Question:** I am reading the information on the ALP 4500 Conversion Program. My facility is comprised of 97% ALP beds. However, we are still listed as a Transitional Adult Home on the attachments. Must our facility complete the ALP 4500 Conversion Initiative for Transitional Adult Homes Application?

6. **Answer:** No Transitional Adult Home is required to apply for ALP beds under the ALP 4500 initiative. Facilities that were determined to be Transitional Adult Homes on September 12, 2012 may apply for ALP beds, but are not required to do so. See also answer to Question # 5.
7. **Question:** The application instructions state that 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." Does this mean that an entity other than those listed in Attachment 6 may apply if they are in the process of or plan to acquire and/or partner with one of the facilities listed in Attachment 6?
7. **Answer:** No. Only an established operator of a Transitional Adult Home whose facility name is listed in Attachment 6 of the solicitation may apply for ALP beds under this solicitation. See answer to Question # 9.
8. **Question:** Will the 23 [Transitional Adult Homes] NYC Impacted Adult Homes listed in the proposed settlement agreement between the State of New York and the USDOJ be given priority for the allocation of this current ALP solicitation?
8. **Answer:** No. There is no priority for specific Transitional Adult Homes given in this non-comparative solicitation. All Transitional Adult Homes may apply, and all applicants for the 4500 ALP beds in this solicitation will be evaluated based on their ability to address each of the necessary components described in the application process.

Certification

9. **Question:** Is an applicant that proposes to lease or purchase a Transitional Adult Home from an existing licensed entity an acceptable Eligible Applicant?
9. **Answer:** No. Only established operators of facilities that were determined to be Transitional Adult Homes on September 12, 2012 are eligible to apply for beds under the ALP 4500 Conversion Initiative. See answer to Question # 7.
10. **Question:** Does the reconfiguration of a building to adapt to the new ALP beds design directive, which inevitably would require a facility to realign resident rooms and thus lose licensed beds, reduce the official bed capacity of the license? If so, can a facility request to retain its official bed count even though it will be utilizing fewer beds in practice? This would be important if the facility decides that it no longer wishes to be ALP and would like to revert its beds to their original status.

10. Answer: A reduction in bed capacity would require a formal decertification of beds. A facility cannot request to retain the previous bed count. Any later request to increase bed configuration would require a CON application, which is consistent with the existing processes.

11. Question: Is there an upper limit on the number of ALP beds that each facility will be allowed to have? If so, will the ACF/ALP have to decertify beds in order to not exceed the upper limit as part of this initiative?

11. Answer: No facility will be permitted to have more than 200 ALP beds. An Transitional Adult Home may not exceed its certified bed capacity of 200 total beds, whether it is 200 AH beds, 200 ALP beds, or any other combination of AH and ALP beds totaling 200 total beds, unless it was certified for a capacity of over 200 prior to September 1, 1984.

12. Question: If a Transitional Adult Home meets State and municipal buildings codes for the Enriched Housing, may it apply to convert to an Enriched Housing/ALP license?

12. Answer: Yes. There is nothing barring a Transitional Adult Home (TAH) from converting to an Enriched Housing Program (EHP) model. By definition, an EHP is not considered a TAH. If a facility chooses to convert to an EHP, it must comply with all regulatory and building code requirements governing an EHP.

Effect on Mental Health Census

13. Question: Does the State intend to carve out ALP beds from the mental health census?

13. Answer: No, the State does not intend to exclude residents of ALP beds from the mental health census of Transitional Adult Homes. See answer to Question # 5.

14. Question: What if a mental health diagnosis is not the primary reason for current adult home residency, or if it is not a primary diagnosis?

14. Answer: Residents with a diagnosis of serious mental illness occupying ALP beds are counted towards the facility's mental health census even if their mental health diagnosis is not their primary diagnosis, or is not the primary reason for their residency in an adult home. See answer to Questions # 5 and # 13.

Timeframe

15. Question: Because of the extensive renovations required for most transitional ALP facilities, should the estimated timeframes for bringing the new ALP beds "on-line" include the time to complete construction after all required local permits have been obtained before construction begins, or just the estimated time of the construction itself?

15. Answer: **The estimated timeframes for making beds operational is all that is required.**

Building Codes

16. Question: Do the new resident room/apartment configurations required for adult homes under this initiative meet the State and local building codes for adult homes; *i.e.*, kitchen facilities in resident rooms or with resident access?

16. Answer: **The Department has no authority to change existing building codes. All new construction must meet existing State and local building codes. Applicable equivalencies may be requested as deemed appropriate.**

17. Question: Will the Department be publishing guidance to the providers about assisting residents in meeting the necessary building codes in the furnishing of their unit?

17. Answer: **No, the Department will not be providing additional guidance on complying with existing building codes in the furnishing of units. The provider is expected to follow the codes when considering furnishings to promote a homelike atmosphere.**

18. Question: Can the Department please provide more information on the required building codes?

18. Answer: **No additional information is needed. As required with any new construction or renovation project, the building must comply with the NYC Building Codes or the NYS Building Codes, as described in Section 6B of Attachment 5 of the solicitation. See also answer to Question 16.**

19. Question: The extensive degree of renovations that may be required may, in some instances, exceed the 50% threshold for determining whether the project is considered to be new construction [18NYCRR 487.11(d)]. In such instances, what Building Codes will operators/applicants be required to meet?

19. Answer: The Department has no authority to waive local building codes. Each component of the final CON submission will be reviewed individually for compliance which will involve an on-site inspection. Where applicable, all waiver and equivalency requests submitted in conjunction with the final CON application will be reviewed on a case-by-case basis.

ALP Requirements

20. Question: Some of the ALP requirements listed in the solicitation are not currently in statute or regulation and are inconsistent with current law. They mirror language from CMS' proposed definition of home and community based settings. Are the new requirements for the ALP intended to supersede all current regulations? Under what authority?

20. Answer: The specifications of the ALP 4500 initiative are intended to apply to all Transitional Adult Homes that take advantage of the initiative. Applicants must address all provisions set forth in the solicitation.

21. Question: Please clarify how, and if, the new ALP requirements identified in this SOI affect current ALP operators and providers currently holding approved ALP beds in construction or approval phases?

21. Answer: The specifications of the ALP 4500 initiative apply to any ALP beds awarded in connection with this initiative.

22. Question: Are the ALP regulations going to be updated any time soon to match the current statute? The current regulations do not reflect statutory changes approved by Chapter 56 of the Laws of 2013 such as changes in need for CHHA contracts, etc. Does the Department agree that the statute supersedes the current regulations? (There have been DALs published but the current regulations do not necessarily reflect those changes).

22. Answer: This question goes beyond the purview of the ALP 4500 initiative.

23. Question: Is the State creating a new category of assisted living program beds with new regulations?

23. Answer: The Department expects that those Transitional Adult Homes receiving capital reimbursements and converting to 100% ALP beds will have physical and programmatic characteristics that may not be present in traditional Adult Homes.

Single Room Occupancy

24. Question: What is meant by “Individuals will share units only by choice?”

24. Answer: **The rooms are intended for single occupancy unless a resident wants to share a room with another resident.**

25. Question: Does it mean that all ALP units must be single occupancy unless the individual chooses to have a roommate (and assuming the room is big enough for two persons)?

25. Answer: **Yes. In Transitional Adult Homes receiving capital reimbursements, for any rooms renovated as a result of this solicitation, single occupancy is required.**

26. Question: If a person wanted to move into an ALP, but the only rooms available are currently occupied by one person, can the person make the choice to move into a double occupancy room rather than not moving in at all?

26. Answer: **Both residents (the resident living in the room and the potential roommate) would have to agree to share a room.**

Room Configuration

27. Question: The ALP application notes that individual and shared (double occupancy) dwelling units must contain separate living, "dining" and sleeping areas which provide adequate space and comfortable, home-like surroundings. Can the Department please expand on what this means and the requirements being sought? Will specific standards need to be met, and if so, how will the applicants know what those standards are?

27. Answer: **The regulations address environmental standards for each licensure type. Please refer to the square footage requirements for the licensure type of each applicant facility. See also answers to Questions # 29 - 32.**

28. Question: If the adult home currently has a bathroom in every room, does the bathroom need to meet the new building standards?

28. Answer: **Renovations must meet State and local building codes. The bathroom should be handicap accessible, so that a wheelchair bound resident can perform a 360° turn in the bathroom. If the facility is not slated for renovations, then the bathroom does not have to meet the new building standards, but the**

facility is also not eligible for the ALP reimbursement with capital construction costs.

29. Question: What is meant by separate living, dining and sleeping areas? Are separate rooms required or are separate areas within a room acceptable? For example, does a resident room have to have spaces specifically constructed and demarcated by walls and dividers for dining and lounge spaces or can it be an open floor plan?

29. Answer: **Separate areas within a room are acceptable for the living room and dining room, but the sleeping area should have walls and dividers for additional privacy.**

30. Question: How much space per resident is needed for living and dining space? Can one area serve both spaces?

30. Answer: **Space requirements are directly related to licensure type and should be consistent with regulations governing each licensure type.**

31. Question: Can the Department provide additional guidance with regard to what is “adequate space” under the newly configured resident room?

31. Answer: **The regulations address environmental standards for each licensure type. Please refer to the square footage requirements for specific licensure types.**

32. Question: Does privacy in a sleeping unit mean that sleeping quarters must be private and separate under all circumstances unless the resident chooses to have a roommate? Does this guidance mean that all ALP residents will be entitled to private sleeping quarters?

32. Answer: **Please refer to responses provided for Questions # 24, # 25, and #29.**

33. Question: Can one unit be comprised of two private suites (and private sleeping quarters), each equipped with dining and lounge spaces but sharing a full bathroom between the two residents?

33. Answer: **No. For Transitional Adult Homes converting to 100% ALP beds and receiving a capital contribution, a full bathroom in each unit is required.**

34. Question: Will each facility have to meet the physical space requirements outlined in the SOI for the new ALP beds being added, or each ALP bed in the facility?

34. Answer: The physical space requirements apply only to new ALP beds available with this solicitation.

35. Question: To clarify, each resident must be offered the choice for a private sleeping area, but bathrooms may be shared, correct?

35. Answer: Please refer to responses provided for Question # 24, #25 and #33.

36. Question: May the closet be a free-standing wardrobe, or is a closet with a doorway required?

36. Answer: The existing regulations address bedroom dimensions, exclusive of foyer, wardrobe, closets, lockers and toilet rooms. This solicitation requires that “adequate closet space for storing personal effects be provided.” Therefore, the requirements would be satisfied if a waiver or equivalency was requested and approved.

Meal Preparation Area

37. Question: Please clarify the following: “Kitchen (to include areas for food storage, refrigeration, and meal preparation).” Is the Department interested in allowing flexibility in providing shared access to food storage, refrigeration and meal preparation to ALP participants? Please also provide guidance on how to deal with restricted diets, etc.

37. Answer: Yes. 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. Additionally, there must be adequate space for congregate meals and activities.

38. Question: What constitutes a “meal preparation area?” Are cook tops, ovens, and sinks required? May the kitchen area be located outside of the living quarters? May the kitchen area be shared among residents, and, if so, how many residents may share a common meal preparation area?

38. Answer: Please refer to response provided for Question # 37.

39. Question: Please clarify the kitchen requirement: Must each living unit have its own kitchen or are other arrangements acceptable, such as having a kitchen on each floor?

39. Answer: Please refer to response for Question # 37.

40. Question: Must the kitchen have a stove 1) if required within the resident living quarters; and/or 2) if it's allowed to be provided in common space, *e.g.*, one kitchen on each floor?

40. Answer: Please refer to response for Question # 37.

41. Question: Are compact kitchen units permissible?

41. Answer: The Department is unfamiliar with the term “compact kitchen” and is unable to respond to this question.

42. Question: What does access to food at any time mean?

42. Answer: The regulations require the operator to provide daily three meals and an evening snack which are balanced, nutritious and adequate in amount and content to meet the daily dietary needs of residents. Access to a local market or a vending machine does not fulfill an operator's responsibility to provide meals and a snack. As stated in response to Question #37, the Department expects that access to food storage, refrigeration and meal preparation be provided to ALP participants. Residents may also have access to food stored in their own refrigerators and food pantries in their rooms. Upon request by the operator, the Department may waive non-statutory requirements to allow cooking appliances in residents' rooms.

43. Question: Should the response be that the capability of residents to cook must be available within their rooms or in a common area, will changes be made to the ACF regulation to accommodate resident cooking in their rooms or in the centrally accessible area?

43. Answer: 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; and prohibited within the bedroom in an Enriched Housing Program. However, 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. 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. Waiver requests are submitted to the regional offices in accordance with 18 NYCRR § 494.3(g)(1).

Independent Living Skills

44. Question: Please clarify the “development of independent living skills (*i.e.*, no lines for medication, meals or activities.)” Is the Department interested in applicants describing 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?

44. Answer: **Yes, the Department is interested and encourages applicants to include proposals for such alternate means in their application.**

Financing

45. Question: Will DOH give providers letters for the banks/mortgage lenders to explain and assure them that the change in bed capacity is legitimate?

45. Answer: **Once the program, legal, architectural, character and competency and fiscal portions of the CON application have been satisfied, the Department can provide a letter of assurance to the banks/mortgage lenders if requested, in writing.**

46. Question: Is the State considering any form of assistance to providers in securing loans to renovate the facilities?

46. Answer: **No, the State is not considering any form of assistance to providers in securing loans for renovations.**

47. Question: May the rooms in facilities that convert to 100% ALP and undertake renovations, house individuals with alternate payer sources, such as private insurance or veterans' benefits?

47. Answer: **There is no restriction to occupancy based on payor source, although the occupant must meet ALP eligibility criteria.**

Scoring/Evaluation

48. Question: In previous SOIs, the Department has provided information how the responses were to be scored. No such guidance is included in the current SOI. Can the

Department provide additional guidance so that applicants may address this in their application?

48. Answer: As stated in the cover letter to potential applicants, the application process is non-comparative. The criteria considered for acceptable applications were described in the letter attached with the solicitation.

49. Question: The note in bold type on page 1 of the Assisted Living Program 4500 Conversion Initiative for Transitional Adult Homes states that applicants will be selected "... primarily on information provided in the ALP Conversion Initiative proposal." This appears to be inconsistent with the note in bold type at the top of page 3 of the Application Form Instructions. Please identify what other information or factors, if any, will be used?

49. Answer: Decisions to move forward to the CON application process will be made based on the applicant's ability to complete and address all required components of the application submitted in response to this solicitation of interest. Applicants moving forward to the CON application process will be required to meet all necessary provisions associated with Part I and Part II approvals.

50. Question: Paragraph (j) of Subdivision 3 of Section 461-I of SSL permits the Commissioner to waive the "review on a comparative basis" requirement for these applications. How will the review be conducted and applicants selected?

50. Answer: Each application will be reviewed and judged on the merits of the application itself. All specifications are stated in the Dear Applicant Letter and are summarized below:

- Licensure as a LHCSA or a certificate of approval as a CHHA;
- 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;
- 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;
- 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);**
- **Individuals have the right to decorate and furnish their unit; and**
- **Individuals are able to have visitors of their choosing at any time.**

Applicants should clearly demonstrate:

- **A commitment to the admission and retention of individuals eligible for or in receipt of Supplemental Security Income, Safety Net Assistance, or Medical Assistance;**
- **That they are in good standing with the Department (e.g., good compliance history); and**
- **Be able to demonstrate the ability to commence service provision quickly.**

Capital Reimbursement

51. Question: How does the Department plan to reimburse for the capital reimbursement? Will it be through the ALP rate, and if so, how will the Department distinguish between the service rate and the capital component? What will the Department require in terms of facility-reporting related to capital and what is the expected time frame for payout to facilities for the approved capital costs?

51. Answer: In accordance with the legislation, the reimbursement will be via the MA reimbursement rates (capital component). Per 10 NYCRR Section 86-7.1 (Definitions) “Services shall mean all services for which full payment to an assisted living program is included in the rate of payment which shall consist of the following: nursing services, personal care services, home health aide services, physical therapy, occupational therapy, speech therapy, medical supplies and equipment not requiring prior approval, personal emergency response services and adult day health care in a program approved by the commissioner and which the assisted living program shall provide directly, or arrange for the provision of, through contract(s) with a social services district, a long term home health care program or a certified home health agency, or other qualified providers.”

52. Question: The solicitation states the capital reimbursement is up to 25 percent of the applicable Residential Health Care Facility bed caps for the region. How is the percentage determined and who is responsible for that determination?

52. Answer: The calculation of the ALP reimbursement rate is unchanged. The methodology is found in 10 NYCRR Section 86-7.2 (Computation of the rate of payment) “(a) For each region, a rate of payment shall be established for each of the sixteen patient classification groups. The rate of payment shall be established for the calendar year 1992. For each subsequent calendar year, the 1992 rate of payment shall be increased by a roll factor as determined

pursuant to Section 86-7.3.” The formula is calculated by the Division of ACF/Assisted Living Surveillance, Bureau of Licensure and Certification and the Bureau of Long Term Care Reimbursement.

53. Question: Does the Department intend to adjust the ALP reimbursement rate to reflect the new requirements listed in the solicitation which will increase the operating costs of the ALP? The current rate is based on the functional and clinical needs of the participant. The new requirements related to dietary, additional services such as independent living skills, schedules and activities and access are not reflected in the base rates.

53. Answer: No, the Department has no current plans to adjust the ALP reimbursement rate. See answer to Question # 52.

54. Question: The solicitation explains that the capital reimbursement is for renovation only- not new construction. Please confirm that a facility that decreases their overall capacity due to renovations is not considered new construction but renovation.

54. Answer: Please refer to Title 10 Part 86-7, which defines “new construction.” A “renovation” is defined as making something as good as new. Renovations that decrease the number of licensed beds are not considered new construction provided the renovations are made to an existing structure and there is no expansion or addition of a wing or floor.

55. Question: Would an extension on a building be considered a renovation or new construction for purposes of approved capital reimbursement?

55. Answer: An extension would be considered new construction if it increases the facility’s footprint. Renovations are limited to alterations of existing structures. See answer to Question # 54.

56. Question: How will Transitional Adult Home ALP providers be reimbursed for capital improvements? Will reimbursement be provided in the prospective ALP rates, or will some or all of the reimbursement be provided in advance so that Transitional Adult Home ALP applicants may use the funds to make the required structural changes and renovations?

56. Answer: Reimbursement will be made in the prospective ALP rate.

57. Question: If some or all of the capital reimbursement component will be included in the ALP rates, will the reimbursement be spread out amongst all ALP beds, or just the new ones provided through this SOI?

57. Answer: **The reimbursement will be made to the facility as an entity and will be associated with the costs of renovations, not with reference to specific beds.**

58. Question: Under what circumstances, if any, will capital reimbursement be made for an applicant's existing ALP capacity? For instance, if an SOI applicant wants to make the renovations referenced in the SOI to their existing ALP beds, will capital reimbursement be made available to them for that purpose?

58. Answer: **If a Transitional Adult Home converts to 100% ALP beds and receives capital reimbursement is for renovation costs, the reimbursement is made to the facility as an entity. The reimbursement is associated with the costs of reimbursement, and not with particular beds. A Transitional Adult Home may choose to make renovations to its entire facility and ALP program, including existing ALP beds. If so, it will receive reimbursement for the costs of renovations up to the authorized amount.**

59. Question: Will the capital component be offered for each ALP bed in the facility, or only for new ALP beds being awarded through this SOI?

59. Answer: **See answer to Questions # 57 and # 58 above.**

60. Question: For the purposes of determining eligibility for capital reimbursement, is adding a floor to an existing building considered renovation or new construction?

60. Answer: **Adding a floor is considered new construction as it increases the footprint of the facility. See answers to Questions # 54 and # 55.**

61. Question: If some or all of the capital reimbursement will be provided within the ALP's billing rates, what happens when ALP residents transition into MLTC Plans? Must an MLTC honor the existing capital rate, or is that component subject to negotiation between the MLTC and the ALP?

61. Answer: **This question is outside the purview of the current solicitation.**

62. Question: If a facility has current ALP beds and the operator is moving towards a 100 percent ALP conversion, can these beds be counted towards the renovation and be included in the capital reimbursement?

62. Answer: Renovations performed during the scope of this solicitation, and in conformity with its requirements, will be included in the capital reimbursement component. To be eligible for this component, a Transitional Adult Home must convert to 100% ALP beds. See answers to Questions # 57 and # 58.

63. Question: Is the Department considering any type of reimbursement (*e.g.*, increased SSI rate for current residents) for lost capacity due to the ALP conversion?

63. Answer: The Department is not considering any changes to the existing reimbursement system governing adult care facilities.

64. Question: What status do current ALP beds located within the Transitional Adult Homes have?

64. Answer: The question is unclear. Insufficient information is provided for DOH to answer this question.

65. Question: Can an ACF that has an existing ALP program convert its remaining ACF beds to ALP under this initiative and essentially operate two programs; the original ALP without any changes (*i.e.*, double occupancy, etc.) and a new ALP program which meets the new programmatic requirements, *i.e.*, individual units with separate living, sleeping and dining areas, single occupancy rooms unless 2 residents choose to share, no lines for medications, etc.? Additionally, under this arrangement will the provider be eligible for reimbursement of construction costs related to the new ALP beds?

65. Answer: To take advantage of the capital reimbursement initiative, a facility must convert to 100% ALP, and all ALP beds must comply with the requirements set forth in the solicitation.

Future Solicitations/OFDs

66. Question: If the Department proceeds with an SOI or OFD for remaining ALP beds approved in Chapter 56 of the Laws of 2012, will that SOI or OFD include these new program requirements?

66. Answer: This question is outside the purview of the current solicitation.

67. Question: What is DOH's intention of the ALP rate in the future, under managed care? Will there be protection of the then current Medicaid ALP rate under a managed care environment?

67. Answer: This question is outside the purview of the current solicitation.

68. Question: Will the department approve an application that wants to convert more than 200 ACF beds within one facility to ALP beds if that facility can meet all the requirements listed in the application?

68. Answer: No. See answer to Question # 11.