

ANDREW M. CUOMO Governor HOWARD A. ZUCKER, M.D., J.D.
Commissioner

**LISA J. PINO, M.A., J.D.**Executive Deputy Commissioner

April 22, 2021

DAL : Dear Administrator Letter #20-08
Subject: Expanding Access to ALP Services

Dear Adult Care Facility Operator:

The 2018-19 Enacted Budget included an authorization to expand New York State's assisted living program (ALP). Accordingly, existing ALP providers may apply for the additional ALP beds pursuant to criteria outlined in Subdivision 3 of section 461-I(k)(i)(ii) of the New York State Social Services Law. Specifically, existing ALP providers licensed on or before April 1, 2020 may apply to the New York State Department of Health ("Department") for **up to nine** (9) additional ALP beds.

For purposes of this solicitation, eligible applicants include existing ALP providers who:

- Do not require major renovation or construction;
- Dedicate such new beds to serve only residents receiving Medicaid;
- Are in good standing with the Department; and
- Are in compliance with all appropriate state and local requirements as determined by the Department.

Please understand that any required renovations must be completed prior to the Department's approval, and no applicant will be permitted to increase its certified maximum operating capacity.

Eligible applicants interested in increasing their ALP capacity must complete the following schedules of the Adult Care Facility Common Application:

- Schedule 1 General Information, Parts A, B, C, and E;
- Schedule 4A Financial Information Required for All Applicants;
- Schedule 4D ALP Projected 12-month Operating Budget;
- Schedule 5A General Architectural Requirements;
- Schedule 6 Program Information (Regional Office);
- Schedule 7E Decertification of Bed Capacity (if applicable); and
- Schedule 7F ALP Capacity Increase.

Completed applications must be uploaded to the New York State Electronic Certificate of Need (NYSE-CON) system within sixty (60) days of the date of this letter. Eligible applicants will select the NYSE-CON submission type "Existing ALP Increase ALP Beds (After Receipt of DOH Award)." Once uploaded, the applicant must mail the original Acknowledgement and Attestation found in Schedule 1A of the <u>ACF Common Application</u> and the original Certification of Application found in Schedule 7F to:

## New York State Department of Health Division of Adult Care Facility/Assisted Living Surveillance 875 Central Avenue Albany, New York 12206-1331 Attention: ALP Expansion Project Manager

Additional information regarding use of the NYSE-CON system can be found in Dear Administrator Letter (DAL) #19-16. The required schedules, instructions, and other relevant application information, including the adult care facility NYSE-CON companion guide, are available online at https://www.health.ny.gov/facilities/adult\_care/application/.

All completed applications received from eligible applications will be processed by the Department within ninety (90) days of receipt.

As always, the Department appreciates your ongoing support of the assisted living program and looks forward to expanding access to these services for residents of New York State adult care facilities. If you have any questions regarding this correspondence, please email <a href="mailto:alpinitiative@health.ny.gov">alpinitiative@health.ny.gov</a>.

Sincerely,

Glidi Hairs

Heidi L. Hayes, Acting Director Division of Adult Care Facility and Assisted Living Surveillance

cc: J. Treacy

M. Hennessey

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