

**ALP 6000 – OPPORTUNITY FOR DEVELOPMENT
FORM INSTRUCTIONS**

IMPORTANT: Please read these instructions carefully before completing the *Opportunity for Development* (OFD) form. If the proposal includes more than one applicant/facility, a copy of this form must be completed for each. One applicant/facility must be designated as the Lead Applicant.

There are eight (8) Sections to this Proposal, as follows:

1. Eligible Applicant
2. OFD Proposal Summary
3. Program Information
4. Legal Requirements
5. Financial Information
6. Architectural Component (Informational only)
7. Licensed Home Care Services Agency
8. Certification

Detailed information for each Section is provided below.

1. ELIGIBLE APPLICANT

To be selected as a potential Assisted Living Program (ALP), per Social Services law, §461-l, an applicant must be an “Eligible Applicant”, meaning either:

- A. One entity; OR
- B. Two or more entities with identical ownership that, in combination, are approved to operate:
 1. a licensed Adult Home (AH) OR Enriched Housing Program (EHP)
AND
 2. a Licensed Home Care Services Agency (LHCSA) OR a Certified Home Health Agency (CHHA).

Applicants who operate an Assisted Living Program must be a not-for-profit corporation, a non-publicly traded business corporation or limited liability company, or an individual or group of individuals acting as partners.

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 Care Facility (ACF) with an Assisted Living Program.

The legal entity applying for the ACF/Assisted Living Program approval to provide the residential program services must be identical to the legal entity applying for Assisted Living Program approval to provide the home care services. For example, if a license to operate an Adult Home or Enriched Housing Program is issued to a partnership that wants to operate an Assisted Living Program, only that identical partnership may be issued or hold the operating certificate to operate the Licensed Home Care Services Agency, or Certified Home Health Agency component of the Assisted Living Program.

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2. **OFD PROPOSAL SUMMARY**

In the space below or as attachment (2 pages maximum), provide a concise summary of your OFD Proposal. This OFD Proposal Summary may be written in a bullet format. The purpose of this OFD Proposal Summary is to give the Department a clear conceptual understanding of the proposal and justification to support the award of ALP beds. Additional details or information should be included in the appropriate schedules.

Note: The Department will make selections based only on information provided. There will be no follow-up (i.e., no telephone calls, emails or any other correspondence) with the applicant by the Department during the OFD Proposal review process. However, the applicant should monitor the Department's web site for the related OFD Frequently Asked Questions (FAQ).

3. **PROGRAM INFORMATION**

The following information must be provided for the OFD (limit of five (5) pages for this section):

- A narrative description of the applicant;
- A narrative that describes the proposed ACF/ALP, including target population, commitment to the admission and retention of individuals eligible for or in receipt of Supplemental Security Income, Safety Net or Medical Assistance and the entity's relationship to other providers and services, such as referrals (See 18 NYCRR 485.6(n)(5)(iv)(a)-(f) and (6));
- A description of the proposed site and proposed location of ACF/ALP beds; and
- A list of applicants/board members (not-for-profit corporations), members (for limited liability companies), or shareholders (for business corporations). Please note: this list is not required for public enriched housing program applicants. Provide the name and title (or function), address, home phone number and business phone number of each individual applicant, partner, board member, LLC member or business corporation shareholder.

Assisted Living Program Sponsor(s)

[See Social Services Law § 461-b(1)(a) and 461-l(1)(a)]

NOTE: Each applicant listed above should individually complete this checklist.

- A. _____ Sole Proprietor
- B. _____ Partnership (general partnership comprised only of natural persons; limited partnerships are not permitted)
- C. _____ Not-for-Profit Corporation (NFP)
- D. _____ Business Corporation (not publicly traded, no shares owned by another corporation)
- E. _____ Limited Liability Company (if members are corporations, partnerships or LLCs, the shareholders, partners or members of same must be natural persons)

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ACF Residential Services - Bed Complement:

Indicate the current licensed bed capacity on the first three rows, as applicable.

- Line one (1.) indicate the number of currently licensed ACF beds, by type.
- Line two (2.): indicate the number of currently licensed ALP beds.
- Line three (3.) Indicate proposed changes in licensed ACF beds.
- Line four (4.) Indicate proposed ACF beds, by type.
- and five (5.): Indicate proposed ALP beds.
- Line six (6.): Indicate the number of Residential Health Care Facility beds that will be decertified, if applicable.
- The **bolded** box (in the last column): This box should reflect the total proposed ACF capacity.
- “Other” column: Indicate any Independent Housing or (non-medical) Senior Housing beds.

4. **LEGAL / OWNERSHIP ATTACHMENTS**

- A. Attach a brief narrative description and organizational chart of the legal structure of the existing and/or proposed organization.
- B. If the applicant is a licensed Adult Care Facility (AH or EHP) or Nursing Home, a copy of the current operating certificate must be submitted.

5. **FINANCIAL INFORMATION**

The amount and source of funding for the proposed project must be provided.

6. **ARCHITECTURAL COMPONENT(S)**

The architectural component of the proposal will be addressed, if selected to proceed, in the ACF/ALP Certificate of Need (CON) application.

Applicants should consider the following:

1. ADULT HOME (AH)

a. For Adult Care Facilities located in New York City (NYC):

- 1) The 2008 NYC Building Code for an I-1 occupancy group for facilities with 17 or more residents or a R-2 occupancy group for facilities with no more than 16 residents.

b. For Adult Care Facilities located outside NYC:

- 1) 2007 New York State (NYS) Building Code applicable to an I-1 occupancy group for facilities with 17 or more residents or a R-4 occupancy group for facilities with from 5 to 16 residents

c. For Adult Home based Adult Care Facilities with an Assisted Living Program:

- 1) Title 18 NYCRR Part 487.11 and Part 494.7

d. For Mixed Occupancy buildings that have a Skilled Nursing Home Component:

- 1) Review and approval of any changes to the building that may affect the Skilled Nursing Facility will require review by the NYS Department of Health Bureau of Architectural and Engineering Facilities Planning in Troy, New York. Nursing Homes are subject to:
 - i. Title 10 NYCRR Part 713-2
 - ii. The Life Safety Code NFPA 101
 - iii. The 2007 NYS Building Code for an I-2 occupancy group

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- iv. Or the 2008 NYC Building Code for an I-2 occupancy group
- 2) The Adult Care Facility component must comply with 1.a, 1.b, and/or 1.c above.

2. ENRICHED HOUSING PROGRAM (EHP)

- a. For Adult Care Facilities located in NYC:
 - 1) The 2008 NYC Building Code for an I-1 occupancy group for facilities with 17 or more residents or a R-2 occupancy group for facilities with no more than 16 residents.
- b. For Adult Care Facilities located outside NYC:
 - 1) 2007 NYS Building Code applicable to an I-1 occupancy group for facilities with 17 or more residents or a R-4 occupancy group for facilities with from 5 to 16 residents
- c. For Enriched Housing program based Adult Care Facilities with an Assisted Living Program:
 - 1) Title 18 NYCRR Part 488.11 and Part 494.7
- d. For Mixed Occupancy buildings that have a Skilled Nursing Home Component:
 - 1) Review and approval of any changes to the building that may affect the Skilled Nursing Facility will require review by NYS Department of Health Bureau of Architectural and Engineering Facilities Planning in Troy, New York. Nursing Homes are subject to:
 - i. Title 10 NYCRR Part 713-2
 - ii. The Life Safety Code NFPA 101
 - iii. The 2007 NYS Building Code for an I-2 occupancy group
 - iv. Or the 2008 NYC Building Code for an I-2 occupancy group
 - 2) The Adult Care Facility component must comply with 2.a, 2.b, and/or 2.c above.

7. LICENSED HOME CARE SERVICES AGENCY (LHCSA)

Indicate whether the applicant will be applying for a LHCSA or if currently operating a Licensed Home Care Services Agency (LHCSA) in the proposed county.

8. CERTIFICATION

This section is to certify the information submitted on this Opportunity For Development form and on any attachment to this form is true, accurate and complete in all material respects, by signing on the signature line. The signature(s) must be notarized.

NOTE: If your application involves co-applicants or more than one legal entity with identical ownership that would, in combination, hold all requisite approvals, each separate entity must be listed as a co-applicant. Each co-applicant must submit a separate certification.