



**Department  
of Health**

# **Special Needs Assisted Living Voucher Demonstration Program for Persons with Dementia**

**August 7, 2018**

# Background

- The 2018-2019 Final State budget authorized the Department of Health to establish a voucher demonstration program to financially assist individuals living with Alzheimer's Disease or dementia residing in Special Needs Assisted Living Residences (SNALR).
- The budget language allows the Department to issue up to 200 vouchers to eligible residents of SNALRs.
- Voucher payments will be issued to participating SNALRs and will be no more than 75% of the average regional monthly cost of a SNALR.

# Program Goals

- The primary goal of the demonstration program is to promote aging in place by:
  - Allowing individuals with Alzheimer's Disease or dementia living in SNALR facilities to remain in the most integrated, least restrictive setting.
  - Reducing unnecessary discharges to skilled nursing facilities before that level of care is required.
  - Delaying or eliminating enrollment into the Medicaid program.

# Program Requirements

- Residents must meet eligibility criteria, demonstrate financial need, and provide certification of a diagnosis of Alzheimer's Disease or dementia to qualify.
- The Department is authorized to issue up to 200 vouchers over a two-year period
  - A waiting list will be established once 200 vouchers have been issued
- Vouchers will be issued on a first-received first-approved basis
- Vouchers will be effective for one year, with an opportunity to renew in the second year (as long as the resident is not discharged)

# Program Eligibility

To participate in the demonstration, residents must:

- Certify that they have Alzheimer's Disease or dementia diagnosis.
- Have resided at the facility for at least 12 months.
- Confirm that their household income is equal to or less than the median income in the region in which they reside.  
*Note: For New York City, the income standard will be 150% of the median household income.*
- Confirm that their resources are less than or equal to 6 months of the average regional monthly cost of a SNALR for the region in which they reside.
- Confirm that they have not transferred resources or assets equaling more than three months of the average regional monthly cost of a SNALR in the region in which they reside within one year prior to the application date.



# Regional Median Monthly Income

Regions	Median Income
<b>Capital</b> – Albany, Columbia, Delaware, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie	\$4,624
<b>Central</b> – Broome, Cayuga, Cortland, Chenango, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Otsego, Tioga, Tompkins, St. Lawrence	\$4,260
<b>Finger Lakes</b> – Chemung, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Yates	\$4,254
<b>Hudson Valley</b> – Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester	\$6,274
<b>Long Island</b> – Nassau and Suffolk	\$8,008
<b>New York City</b> – Bronx, Kings, New York, Queens, Richmond	\$7,382
<b>Northeast</b> – Clinton, Essex, Franklin, Hamilton, Warren, Washington	\$4,374
<b>Western</b> – Allegany, Cattaraugus, Chautauqua, Erie Genesee, Niagara, Wyoming	\$4,051



# Voucher Payment Determination

- Voucher payments will be calculated based on the applicant's ability to contribute to their monthly service fee.

	Voucher Payment
If an applicant can contribute 0 – 25 percent of their monthly service fee	75 percent of the average regional monthly cost
If an applicant can contribute 26 – 50 percent of their monthly service fee	50 percent of the average regional monthly cost
If an applicant can contribute 51 percent or above of their monthly service fee	25 percent of the average regional monthly cost

- Facilities that participate in the demonstration will agree to accept payment and will not discharge a resident for non-payment during the demonstration program, as long as the resident continues to contribute to their monthly service fee based on a written agreement between the facility and the resident.

# Regional Costs of Care

- Regional costs were determined based on a Cost of Care Survey distributed to all licensed SNALR providers in the State.
- Calculated costs considered the cost of a private room, including any fees or tiers.
- An average of all tiers was used where multiple tiers were reported.
- Facility cost of care was weighted by its SNALR capacity, and assumed 100% occupancy.
- Weighted costs were combined and averaged by region to determine the average regional rate.

# Regional Costs of Care

Region	Average Monthly Service Cost	75% Voucher	50% Voucher	25% Voucher
<b>Capital</b> – Albany, Columbia, Delaware, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie	\$ 7,118	\$5,339	\$3,559	\$1,780
<b>Central</b> – Broome, Cayuga, Cortland, Chenango, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Otsego, Tioga, Tompkins, St. Lawrence	\$5,939	\$4,454	\$2,970	\$1,485
<b>Finger Lakes</b> – Chemung, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Yates	\$6,079	\$4,559	\$3,040	\$1,520
<b>Hudson Valley</b> – Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester	\$9,993	\$7,495	\$4,997	\$2,498
<b>Long Island</b> – Suffolk and Nassau	\$9,089	\$6,817	\$4,545	\$2,272
<b>New York City</b> – Bronx, Kings, New York, Queens, Richmond	\$10,602	\$7,952	\$5,301	\$2,651
<b>Northeast</b> – Clinton, Essex, Franklin, Hamilton, Warren, Washington	\$5,800	\$4,350	\$2,900	\$1,450
<b>Western</b> – Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Wyoming	\$6,401	\$4,801	\$3,201	\$1,600

# What is the Role of the Facility?

- This is a voluntary program, facilities must opt-in to participate.
  - The Department has posted an attestation form for facilities wanting to participate.
  - Facilities not wishing to participate do not need to take any action.
  - Facilities that opt-in will be required to participate for the full two years of the demonstration.
  - There will be a 10% cap of SNALRS beds per facility.



# Application Process

- Facilities must opt-in by completing the attestation form and submitting it to [ALTCteam@health.ny.gov](mailto:ALTCteam@health.ny.gov) by September 5.
- Facilities that opt-in will be required to participate for the full two years of the demonstration
- DOH will post the applicant application form. The completed application form can be emailed to the above email address or sent via mail to the address on the form.
- DOH will review each form and communicate with facilities regarding approved applicants and the dollar amount of the monthly voucher.
- DOH expects vouchers to be processed on at least a monthly basis.
- Voucher enrollment can be up to 10% of SNALRS beds per facility.



# Attestation Form

## Special Needs Assisted Living Voucher Demonstration Program for Persons with Dementia Facility Attestation

Adults with Alzheimer's disease and/or dementia who can no longer afford to pay privately for a Special Needs Assisted Living Residence (SNALR) generally have no other option than to enroll in the Medicaid Program. This enrollment often results in a transition from private pay residence in an assisted living facility to a skilled nursing facility. In order to explore options to prevent such transitions and to keep residents in the least restrictive setting possible, the State of New York has enacted the Special Needs Assisted Living Voucher Demonstration Program for Persons with Dementia and invites the State's SNALRs to partner with the State in this initiative.

The 2018 final State Budget Agreement authorized the Department of Health to establish a voucher demonstration program to subsidize the cost of assisted living for individuals with Alzheimer's disease and/or dementia. This demonstration program has budget authority for two (2) years.

In this demonstration program, the Department may subsidize up to 75% of the average private pay rate in the region for the monthly cost of a SNALR for an approved applicant living with a diagnosis of Alzheimer's disease and/or dementia who is, to the best knowledge available, unable to privately pay and would otherwise be discharged to a skilled nursing facility. This program authorizes 200 vouchers to be issued through an application process to those applicants who demonstrate financial need and meet the necessary level of care and retention standards for a SNALR. Each approved voucher shall be authorized for twelve (12) months, with the ability of renewal.

Facilities licensed as a Special Needs Assisted Living Residence have the option of participating in the Special Needs Assisted Living Voucher Demonstration Program for Persons with Dementia. The Department will set a cap on the number of voucher residents each facility will be required to accommodate. The cap will be set once the Department knows the total number of facilities that have agreed to participate in the program.

Now, therefore, I, \_\_\_\_\_, acting as administrator of the SNALR identified here below, hereby represent and warrant, on behalf of the facility under my administration, that I have the authority to bind the facility; that the facility will actively participate in the Special Needs Assisted Living Voucher Demonstration Program for Persons with Dementia. Residents participating in the program will be expected to continue to contribute to their monthly payment to the facility, which will be articulated in a written supplemental agreement between the resident and the facility. The facility shall notify the Department of Health if and when a voucher recipient exceeds the retention standards for a SNALR or leaves the residence for any reason. I further represent and warrant that the facility will indemnify and hold the New York State Department of Health harmless from and against any and all claims, causes of action, damages, liabilities, expenses, and obligations that may arise in connection with the facility's participation in this Program.

Name of Facility: \_\_\_\_\_

Operating Certificate #: \_\_\_\_\_

County in which Facility operates: \_\_\_\_\_

→ SFS Vendor Identification #: \_\_\_\_\_

Name of Administrator: \_\_\_\_\_

Signed:

Date:

Facilities must include the correct 10-digit SFS Vendor Identification number on the Attestation form in order to participate in the program.



**Department of Health**

# Payment Process



- All voucher transactions will be made through Statewide Financial System (SFS).
- The Department expects that facilities will receive voucher payments on a timely basis, at least monthly.

# Next Steps

- Completed facility attestations must be completed, scanned and returned to the Department at [ALTCteam@health.ny.gov](mailto:ALTCteam@health.ny.gov) no later than September 5.
- The Department will post the list of participating facilities and resident application form.
- The Department will continue to work with all interested stakeholders on this demonstration project.

# Questions