

**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 SNARLs 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: _____