2016-2017 SLP Dementia Care Setting Application

Frequently Asked Questions & Answers

GENERAL APPLICATION

Can the management company of a currently operating SLP submit an application as a “currently-certified” provider?

Answer: Yes.

Does “currently-certified SLP providers” mean the corporate provider or the specific SLP site/location?

Answer: “Currently-certified SLP providers” applies to the current ownership or management. The application does not have to be for the site of the certified SLP building.

Do existing SLP operators have an advantage over new applicants not currently owning/operating a SLP building? Does getting to submit applications earlier create an advantage for existing SLP providers other than they have longer to submit documentation?

Answer: Currently-certified SLP providers were invited to submit applications earlier because it was anticipated some would choose to add-on to an existing building or convert a floor or wing. In most instances, an application for this type of proposal could be compiled and submitted more quickly than that of a brand new location. Additionally, some components of the Department’s review of currently-certified SLP providers are shorter, specifically criminal background checks and financial reviews.

Is there a limit to how many sites an applicant (same ownership) can submit?

Answer: No.

Can currently-certified providers submit applications September 1—December 30, 2016 for existing buildings and those under construction?

Answer: Yes.

Can a licensed assisted living provider apply for the SLP dementia care setting?

Answer: Yes. If approved, the entire building would have to convert to SLP.

Can applicants submit attachments to the application after March 31, 2017 for a justified reason?

Answer: Yes, with approval by the Department.

When does HFS plan to announce awardees under this expansion?

Answer: A specific date cannot be provided, however, the Department is making review of dementia care setting applications a priority.
Can an owner or operator be awarded more than one site under this expansion?

Answer: Yes.

Are there a target number of approvals and/or apartments that HFS is projecting?

Answer: No.

**LOCATION**

What is HFS’ definition of “expansion” for the existing 5 dementia pilot sites? Can the expansion be down the street or several miles away?

Answer: Expansion of dementia care settings for those certified for the pilot program could be additional apartments for the current dementia unit, an additional dementia unit at the current location or a dementia unit at a new location in the same county.

Are certain geographic areas being targeted?

Answer: No.

Can a dementia care setting be located within a NF as long as they are separated?

Answer: No.

Would HFS entertain/approve applications for increasing units of existing SLP’s attached to, or adjacent to, a Nursing Home?

Answer: The Department would consider this, as along as the plans were compliant with the new HCBS rules. CMS has the final decision after the Department’s Heightened Scrutiny review.

If yes, do you believe CMS would allow such settings?

Answer: Yes, as long as they can be verified as a community setting. CMS has the final decision after the Department’s Heightened Scrutiny review.

**PHYSICAL STRUCTURE**

Have the building requirement rules changed?

Answer: No.

Can a unit have more than 20 apartments?

Answer: No, but multiple dementia units are allowed.

Could dementia and conventional residents be on the same floor of the building if separated physically (door/wall)?

Answer: Yes.
If apartments are specifically designed for double occupancy, can SLP providers have two unrelated residents in such apartments?

Answer: Yes, as long as federal community setting rules regarding shared living arrangement are met.

Will there be exceptions to dementia care units above the 2nd story?

Answer: No.

RESIDENT CHARGES

Are charges for Medicaid residents sharing an apartment the same for the dementia care setting?

Answer: Yes.

What is the resident's financial portion in a dementia care setting?

Answer: Resident charges in a dementia care setting are the same as in a conventional SLP. Room and board charges are the same and residents are allowed to keep a $90 personal allowance.

Can residents in a dementia care setting receive SNAP benefits?

Answer: Yes.

MISCELLANEOUS

What are HFS’ thoughts regarding CMS review or response to this expansion under the waiver renewal and state transition plan?

Answer: The Department does not anticipate any problems.

Is the minimum number of individuals who are Medicaid 25%, or some other percentage?

Answer: If a higher rate is charged to private pay residents, twenty-five percent (25%) of apartments must be reserved for Medicaid residents.

Does HFS consider the existing Medicaid rates for Dementia Care adequate? Will there be opportunities for increases in the model going forward.

Answer: There are no immediate plans to review SLP rates at this time.

Can residents without dementia be allowed to reside in the dementia unit (not a relative/friend/caregiver of resident with dementia)?

Answer: No. Residents must meet the admission criteria for the dementia care setting and be assessed to require a safety intervention of alarmed, delayed exit doors. The rule does allow for a family member/caregiver to reside with the dementia resident in the dementia care setting, however, that
individual would need to meet the admission requirements for a conventional SLP setting, such as age. The apartment must also meet rule requirements for double occupancy.