



New York State Private Pay Model Intent to Implement

AAAs opting into the private pay model under Section 203(12) of the Elder Law, either directly or indirectly (through a contractor) must submit to NYSOFA the following information:

Name of AAA:	
AAA will implement: <input type="checkbox"/> Directly <input type="checkbox"/> Indirectly by Contractor <input type="checkbox"/> Both	
Name of Contractor/s (if applicable): _____ _____	
Proposed Implementation date:	
A designation of the service(s) proposed to be offered or discontinued under the private pay model (check all that apply):	
Add	Discontinue
<input type="checkbox"/>	<input type="checkbox"/> Case management
<input type="checkbox"/>	<input type="checkbox"/> COMPASS assessment
<input type="checkbox"/>	<input type="checkbox"/> Personal Care Level I
<input type="checkbox"/>	<input type="checkbox"/> Personal Care Level II
<input type="checkbox"/>	<input type="checkbox"/> Consumer Directed Personal Care Level I and II
<input type="checkbox"/>	<input type="checkbox"/> Home delivered meals
<input type="checkbox"/>	<input type="checkbox"/> Social Adult Day Services (SADS)
<input type="checkbox"/>	<input type="checkbox"/> Transportation
<input type="checkbox"/>	<input type="checkbox"/> Caregiver supports and respite
<input type="checkbox"/>	<input type="checkbox"/> Personal Emergency Response Systems (PERS)
<input type="checkbox"/>	<input type="checkbox"/> Financial management/bill paying
<input type="checkbox"/>	<input type="checkbox"/> Ancillary services (includes a variety of goods/items and services designed to maintain/promote independence, support a safe and adequate living environment and address everyday tasks)
<input type="checkbox"/>	<input type="checkbox"/> Other/emerging services approved by NYSOFA (please describe): _____ _____

I Certify that _____ AAA will use and require its contractors, if applicable, to use the private pay funds received under the private pay model in accordance with the requirements found in Elder Law section 203 (12) and any NYSOFA Issuances, including Program Instructions.

Name	Signature
Title	Date