



## ASSISTED LIVING CENTER OR CONTINUUM OF CARE FACILITY LICENSE APPLICATION

### **REQUIREMENT FOR LICENSE** [O.S. 63-1-890.5]

*No person shall establish, operate or maintain a continuum of care facility or assisted living center, or use in its name, logo, contracts, or literature the phrase "continuum of care facility" or "assisted living," or imply that it is a continuum of care facility or assisted living center, or hold itself out to be a continuum of care facility or assisted living center, unless that person first obtains a license as required by the Continuum of Care and Assisted Living Act.*

**FEE** (63 O.S. Â§ 1-1905) A. An application for a license, or renewal thereof, to operate a facility shall be accompanied by a fee of Ten Dollars (\$10.00) for each bed per year included in the maximum bed capacity at such facility. **Effective November 1, 2021, assisted living and continuum of care facility licenses will be renewed every three years.** Total Fee = (number of beds) x (\$10.00) x (3 years). Your fee should accompany this form. Make checks payable to the Oklahoma State Department of Health.

### **DEADLINES FOR FILING APPLICATION FOR LICENSE** [OAC 310:663-21-1, 21-2, and 27-1 and 2]

#### **General Requirements:**

- The effective date of filing shall be the date the application and fee are received by the Department.
- The person or entity responsible for providing or arranging all required services and care should be the applicant for the license.
- Any substantial change in the information originally reported in the license application shall be submitted to the Department for review.

**Establishment:** Application for establishment shall be filed at or before the time the application for initial license is filed.

**Initial license or change of ownership or operation:** Application for initial license must be filed at least thirty (30) days before beginning operation.

**Application changes to include amendment of license:** Any substantial change in the information originally reported for the license application shall be submitted to the Department for review.

### **This application is submitted for the following review (check one):**

Establishment

Initial license

Amendment to current license or information reported (For a Continuum of Care facility, attach an ODH Form 958, *Notice of Change* for amendment to nursing home beds.)

**Facility License Number:** \_\_\_\_\_

1. Name of Licensee: \_\_\_\_\_

2. Name of Facility: \_\_\_\_\_

**NOTE:** Medicare nursing facilities must submit a CMS-855A to the fiscal intermediary for initial certification, change of ownership and information changes (i.e., name or address change). The "Legal Name" on your 855A and the operating entity name on your license must match exactly. The "dba" (doing business as) name on your CMS-855A and the facility name on your license must match exactly. Failure to complete the CMS-855A process may affect Medicare payments.

3. Location of Center: \_\_\_\_\_  
Street City State Zip

County Telephone Number

4. Name of Administrator: \_\_\_\_\_ License Number: \_\_\_\_\_

5. Provide the name, address, telephone number, fax number, and e-mail address of the facility's contact person. (This is the individual with whom the Department should communicate.)

Name Telephone Number

E-Mail Address Fax Number

Mailing Address City State Zip

6. Type of Facility (check one type): Assisted Living \_\_\_\_\_ Continuum of Care \_\_\_\_\_

7. Type and Number of beds/services provided: Number of Nursing Facility beds \_\_\_\_\_

Number of Assisted Living beds \_\_\_\_\_ Number of Adult Day Care participants \_\_\_\_\_

Number of Assisted Living/Advantage Waiver Certification beds \_\_\_\_\_

8. Does the facility provide Alzheimer's disease special care as defined in 63-1-879.2b(1)? \_\_\_Yes \_\_\_ No

If "yes," indicate number of beds \_\_\_\_\_, participants \_\_\_\_\_, and facility type \_\_\_\_\_ (nursing facility/assisted living center/adult day care center).

**NOTE:** Facilities that have a specialized unit or program for Alzheimer's or related disorders must complete the *Alzheimer's Disease or Related Disorders Special Care Disclosure Statement* (ODH Form 613) annually and submit at the same time as license renewal application or prior to offering said services.

9. If this facility has never been licensed, attach a statement from the unit of local government having jurisdiction over the facility's location confirming the location of the facility is not in violation of applicable zoning ordinances.

10. If this is a continuum of care facility, provide name, address and tax identification number of a person or entity who has the legal duties of filing employment tax returns and paying employment taxes, with respect to staff required to meet the needs of facility residents. "Staff" includes but is not limited to administrators, nurses, nurse aides, certified medication aides, dieticians, nutritionists, food service staff, qualified mental retardation professionals, and activities, social services, maintenance and housekeeping personnel.

Name of Person or Entity Tax ID #

Street or Mailing Address City State Zip

Is the person or entity listed in Item 10 a different person or entity than the applicant and licensee?

\_\_\_Yes \_\_\_ No

If "yes", describe in an attachment the relationship between the applicant/licensee and the tax-responsible person or entity and include contracts or organizational documents demonstrating that relationship.

11. If for an amendment to a current license, or information reported:

- a. Have there been any changes occur which affect the information submitted in Part II of the previous application for license? \_\_\_ Yes \_\_\_ No
- b. Has there been any substantial change in the information originally reported in the license application? \_\_\_ Yes \_\_\_ No

If you answered "yes" to question "a" or "b" above, provide the portion or material which has been changed and indicate the change(s) if the material was previously submitted.

**NOTICE OF CHANGE** [OAC 310:675-3-8(a)]

**After submittal of this application, the applicant has an ongoing responsibility to notify the State Health Department when changes to nursing home beds occur.** If changes occur after issuance of a license and before a renewal application is due, so that previously submitted information in a facility's license application is no longer correct, an ODH Form 958, *Notice of Change* must be submitted. This includes changes to: facility name, administrator, mailing address, fax number, tax identification number, or other disclosure information of person(s) or entity who has the legal duty of filing employment tax returns and paying employment taxes for facility staff, employment tax filing and payment compliance status.

- c. Disclose the number of residents who reside in the assisted living center which are not capable of responding to emergency situations without physical assistance from staff or are not capable of self preservation. \_\_\_ Residents

I certify the information provided in this application and attachments are true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Typed or Printed Name of Person Signing for Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Corporation, Partnership or Association

\_\_\_\_\_  
Official Title or Position

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Name(s) of person(s) making statement.

\_\_\_\_\_  
Signature of Notary Public

Seal or Stamp

My Commission Expires: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

My Commission Number is: \_\_\_\_\_

# INSTRUCTIONS

for the

## Assisted Living Center or Continuum of Care Facility License Application

This form is composed of five parts:

- Part I for Establishment
- Part II for Initial License
- Part III for Surety Bonds and Deposits
- Part IV for Amendment to Current License or Information Reported

A continuum of care facility is subject to Title 63 of the Oklahoma Statutes, Section 1-850 et seq. Long-Term Care Certificate of Need Act. Applicants should obtain Certificate of Need Standards and Rules from Health Resources Development Staff at the Oklahoma State Department of Health. Complete and include *Certificate of Need Application for Facility Acquisition* (ODH Form 618) if the facility does not already have licensed nursing facility beds.

**Most responses are to be provided in the form of individual attachments. Start by providing a list of your attachments. Label the attachments so they correspond with each item in the instructions.**

Make checks payable to the Oklahoma State Department of Health. Submit fee, ODH Form 624, and applicable attachments to:

Health Resources Development Service  
Oklahoma State Department of Health  
P.O. Box 268823  
Oklahoma City, OK 73126-8823

### **The Continuum of Care and Assisted Living Act provides fees as follows:**

- 1) Each application to establish a continuum of care facility or assisted living center shall be accompanied by a non-refundable application fee calculated by the following formula: Total Fee = (\$10.00) x (Each bed included in the maximum bed capacity at such facility or center) x (3 years). The maximum application fee for each facility or center shall be One Thousand Dollars (\$1000). The application fee for establishment of a facility or center shall be in addition to the license fee required under the Act and OAC 310:663-21-4(b).
- 2) Each application for an initial license to operate a continuum of care facility or an assisted living center shall be accompanied by a license fee calculated by the following formula: Total Fee = (\$10.00) x (Each bed included in the maximum bed capacity at such facility or center) x (3 years). An additional fee of Seventy-five Dollars (\$75) shall accompany a facility that includes an adult day care service.
- 3) The application and license fee shall be paid by check to the Oklahoma State Department of Health.
- 4) The fee for a license amendment to reflect a change in bed capacity shall be prorated based on the number of days remaining until the current license expires, and in the case of a change in bed capacity, the number of beds being added.

**PART I  
ESTABLISHMENT**

1. Complete and attach *Disclosure Statement* (ODH Form 953-B), *Detail Attachment to the Disclosure Statement* (ODH Form 953-C) and *Affirmation Attachment to the Disclosure Statement* (ODH Form 953-D).
2. Complete and attach Schedule B *Long Term Care Facilities Projected Budget of Revenues and Expenses*.
3. Attach Admission Criteria describing the population admitted or to be admitted based on services provided to meet the following needs:
  - a. assistance with personal care,
  - b. nursing supervision,
  - c. intermittent or unscheduled nursing care,
  - d. medication administration,
  - e. assistance with cognitive orientation and care or service for Alzheimer's disease or related dementia, and
  - f. assistance with transfer or ambulation.

**Note: This information should be included in the Resident Services Contract.**

4. Attach Description of Services to be provided or arranged to meet resident needs in the following areas:
  - a. assistance with personal care,
  - b. housekeeping,
  - c. laundry,
  - d. nursing supervision,
  - e. intermittent or unscheduled nursing care,
  - f. medication administration,
  - g. assistance with cognitive orientation,
  - h. specialized service or unit for residents with Alzheimer's disease and related dementia, physical disabilities and other special needs that the facility intends to market,
  - i. assistance with transfer or ambulation,
  - j. planned programs for socialization, activities and exercise, and
  - k. provisions for evacuation of the building structure and staff to meet the needs of the residents in emergency situations.

**Note: This information must include as much detail as possible to fully understand the scope of services that are provided or arranged. This information should be included in the Resident's Service Contract.**

5. Complete and attach *Staffing Projection and Professional Certification for a Nursing or Long-Term Care Facility* (ODH Form 953-E). **Complete the portion of the form that describes the types and hours of staff. The nurse, pharmacist and doctor may be provided at the time of initial licensure.**
6. Attach a copy of any marketing materials for the center and/or facility.
7. For an existing building attach scaled, dimensioned, architectural floor plans, life safety plans, and building code analysis. For new construction attach scaled, dimensioned, architectural floor plans and specifications.
8. If the application is for a continuum of care facility that will include an existing nursing home, attach a copy of the nursing facility's license. Also provide a copy of the Certificate of Need Order and Certificate approving the nursing home portion if not previously licensed. If the continuum of care facility will include an existing adult day care center, attach a copy of the adult day care center's license.

**PART II  
INITIAL LICENSE**

1. Provide statement of assets, liabilities, and net worth for the most recent fiscal or calendar year. Provide audited statements, if available.
2. Attach a copy of the Resident Service Contract. The contract must include items 3 and 4 of Part 1 Establishment.
3. Attach a description of the procedure for receiving and resolving resident grievances and disputes.
4. Attach the Residents Needs Chart describing residents and special needs. **Complete each item. If service or staff is not applicable mark '0'. Indicate projections, if applicable.**
5. Attach a copy of the State Fire Marshal's Inspection Form 7A or an inspection report of an authorized representative of the State Fire Marshal. **The form must show the maximum occupancy load and reflect all deficiencies have been corrected and/or approved for occupancy.**
6. Complete and attach *Staffing Projection and Professional Certification for a Nursing or Long-Term Care Facility* (ODH Form 953-E) if not previously provided in entirety. **Provide the shift times in the left column to correspond to your center. For a continuum of care center, the ODH Form 953-E is required for each service.**
7. Provide a copy of the dietician or qualified nutritionist license or certificate.
8. Attach copies of contracts with outside providers for services that will not be delivered directly by the center's staff.
9. Provide Items 1 and 2 of Part I Establishment for initial license application for any change in ownership. Additionally, if changes have occurred since establishment approval, then file those changes to the items.
10. Provide a listing of applicant's background in operations of continuum of care facilities and assisted living centers to include facility name, address, and dates of operation.
11. Attach a copy of the Administrator's current license or certificate. If this is a Residential Care Administrator Certificate then also attach a copy of the continuing education hours required for renewal of the residential administrator's certification program.

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**PART III  
SURETY BONDS AND DEPOSITS**

The following applies to any facility with contractual obligations to provide an **unlimited term of services based on a fixed prepaid fee**. The applicant must demonstrate the facility has cash or cash equivalents sufficient to meet its obligations. Provide the following as attachments to this application:

1. Describe Financial Guarantees with Affiliates in an attachment.
2. In an attachment labeled Provisions for the Event of Insolvency, describe provisions for the following:
  - a. Payment for services for the duration of the contract period for which payment has been made.
  - b. Unaffiliated providers for services rendered.
3. In an attachment labeled Service Contractors list all health services that will be provided by outside contractors and attach copies of all service agreements.
4. In an attachment labeled Financial Projections provide updates of financial projections that explain variance between operating results and previously forecast amounts.

**PART IV**  
**AMENDMENT TO CURRENT LICENSE OR INFORMATION REPORTED**

1. The fee for a license amendment to reflect a change in bed capacity shall be prorated based on the number of days remaining in the license year and the number of beds to be added. You may contact a Health Facility Systems staff member at (405) 426-8175 to assist with calculation of the fee.
2. For amendment to the license for a change in bed capacity, submit the following:
  - Part I Items 5 and 7
  - Part II Item 5
3. Any substantial change on the information originally reported in the license application shall be submitted to the Department for review. Complete the Assisted Living Center or Continuum of Care Facility License Application (ODH Form 624).

**NOTICE OF CHANGE** [OAC 310:675-3-8(a)]

**After submittal of this application, the applicant has an ongoing responsibility to notify the State Health Department when changes to nursing home beds occur.** If changes occur after issuance of a license and before a renewal application is due, so that previously submitted information in a facility's license application is no longer correct, an ODH Form 958, *Notice of Change* must be submitted. This includes changes to: facility name, administrator, mailing address, fax number, tax identification number, or other disclosure information of person(s) or entity who has the legal duty of filing employment tax returns and paying employment taxes for facility staff, employment tax filing and payment compliance status.