

**Application Checklist**

#### Assisted Living Facilities

The Agency for Health Care Administration (AHCA) has implemented the **ONLINE LICENSING SYSTEM** whichallows the electronic submission of renewal and change during licensure period applications and fees, along with the ability to upload supporting documentation.

To renew online please go to:<http://ahca.myflorida.com/onlinelicensure>

**This application checklist is for informational purposes only – to be used as a guide for applicants when completing the licensing application process. All forms listed below may be obtained from the website:** [**http://ahca.myflorida.com/HQALicensureForms**](http://ahca.myflorida.com/HQALicensureForms)**. Send completed applications to: Agency for Health Care Administration, Assisted Living Unit, 2727 Mahan Dr, MS 30, Tallahassee, FL 32308-5407.**

**Application types and definitions:**

**Initial (I)** – application for an initial license/registration/certification

**Renewal (R)** – biennial renewal of existing license/registration/certification

**Change of Ownership (CHOW)** – licensee sells/transfers ownership to a different individual/entity or change of 51% or more of the ownership (controlling interest of licensee)

**Change During Licensure Period (C)** – request to amend /change provider information

**Fee Required:**

* Name Change
* Address Change
* Bed Capacity change
* Services/Qualifications

**No Fee Required:**

* Transfer or assignment of less than 51% ownership, shares, membership, or controlling interest of the licensee
* Management Company Change
* Management Company Controlling Interest Change
* Personnel Change
* Property Owner

**Biennial Licensure Fee and Other Amounts Due Upon Submission of Application:**

* The biennial licensure fee is $387.73 plus $64.96 per private pay bed fee (not to exceed $14,253.64)
* The extended congregate care fee is $546.07 plus $10.15 per bed fee times total bed capacity
* The limited nursing service fee is $322.77 plus $10.15 per bed fee times total bed capacity
* The biennial assessment fee is $2 per bed (annual fee of $1 per bed x 2 years) not to exceed $300 per facility (annual cap of $150 x 2 years)
* Each change during licensure period that requires issuance of a new certificate is assessed a $25.00 fee
* Late fee/fine may be assed for application not timely submitted pursuant to Section 408.806(2), Florida Statute (F.S.) and Rule Chapter 59A-35.040 (F.A.C.)
* Other amounts due (fines, assessment, fees, etc.) will be detailed in the application

In order to provide the Agency with a complete application and expedite the licensure process, it may be helpful to gather the following information:

**SECTIONS OF THE APPLICATION:**

**Provider Information (Application Types: All)**

Fictitious name (if applicable), street address, mailing address, telephone number, fax number, email address, website address, and if applicable, Medicare provider number, Florida Medicaid provider number and National Provider Identifier (NPI)

**Licensee (Owner) Information (Application Types: All)**

Organization type, complete legal name, mailing address, EIN/SSN, email address, telephone number, and fax number. Legal name and address submitted with application must be the same that is registered with Department of State, Division of Corporations

**Contact Person** **(Application Types: All)**

Name, email address, and telephone number

**Property Owner** **(Application Types: All)**

Name, email address, and telephone number

**Licensee Controlling Interests, Board Members, and Officers** **(Application Types: All)**

Name, EIN/SSN, date of birth, personal mailing address, email address, telephone number, % ownership interest and effective date for each controlling interest, board member and officer

**Management Company, (if applicable)** **(Application Types: All)**

Name, EIN, street address, mailing address, telephone number, fax number; email address, name: email address and phone number of contact person

**Management Company Controlling Interests, Board Members, and Officer (Application Types: All)**

Name, EIN/SSN, date of birth, personal mailing address, email address, telephone number, % ownership interest and effective date for each controlling interest, board member and officer

**Personnel (Application Types: All)**

Administrator: Name, SSN, date of birth, personal/primary address, email address, telephone number, Core Training ID and Effective Date, and effective and end dates of employment

Financial Officer: name, SSN, date of birth, personal/primary address, email address, telephone number, Florida healthcare license number (if applicable) and effective and end dates of employment

Safety Liaison: name, SSN, date of birth, personal/primary address, email address, telephone number, effective and end dates of employment

**Disclosures (Application Types: All)**

Legal information (if any) for licensee, licensee controlling interests, management company, and management company controlling interests related to any convictions of criminal offenses and any exclusions, suspensions or terminations from the Medicare or Medicaid programs or CLIA, if applicable

**Provider Fines and Financial Information (Application Types: All)**

Assessing entities, related case numbers, dates of assessment, final orders, next payment due dates of any monies owed to the Agency (AHCA)

**Bed Counts (Application Types: All)**

Bed type information

**Consumer Information (Application Types: All)**

Information on general bed, payment, religious affiliation, languages spoken by staff, special programs, special services and nurse available that will be provided to consumers

**Services (Application Types: All)**

Adult Day Care Services information

**Qualifications (Application Types: All)**

Information on Limited Nursing Services, Limited Mental Health and Extended Congregate Care specialty licenses

**CHANGE DURING LICENSURE APPLICATION TYPES:**

**Request to Change the Address or Name of Provider**

Sections 1, 2, and 11 of the Health Care Licensing Application, AHCA Form 3110-1008

$25.00 Duplicate License Fee

**Request to Change Personnel**

Sections 1A, 1C, 5A and 10 of the Health Care Licensing Application, AHCA Form 3110-1008

Section 1A, 4, and 5 of the Health Care Licensing Application Addendum, AHCA, Form 3110-1024

No fee required

**Request to Change Safety Liaison**

Sections 1A, 1C, 6B and 11 of the Health Care Licensing Application, AHCA Form 3110-1008

No fee required

**Request to Change to Management Company**

Sections 1A, 1C, 4, 5, 7, 8, and 11 of the Health Care Licensing Application, AHCA Form 3110-1008

No fee required

**Request to Change to Management Company Controlling Interest**

Sections 1A, 1C, 4, 5, 7, 8, and 11 of the Health Care Licensing Application, AHCA Form 3110-1008

Section 1,3 and 5 of the Health Care Licensing Application Addendum, AHCA, Form 3110-1024

No fee required

**Request to Transfer or assignment of less than 51% or more ownership, shares, membership, or controlling interest of the licensee**

Sections 1, 2, 3, 7, 8, and 11 of the Health Care Licensing Application, AHCA Form 3110-1008

Section 1, 2, and 5 of the Health Care Licensing Application Addendum, AHCA, Form 3110-1024

No fee required

**Request to Change Specialty License**

Sections 1A, 1C, 2 and 11 of the Health Care Licensing Application, AHCA Form 3110-1008

$25.00 Duplicate License Fee

**Request for Bed Capacity Change (Increase/Decrease)**

Sections 1A, 1C, 2 and 11 of the Health Care Licensing Application, AHCA Form 3110-1008

$25.00 Duplicate License Fee

**Request to Change Property Owner**

Sections 1A, 1B, 1C and 11 of the Health Care Licensing Application, AHCA Form 3110-1008

No fee required

**Supporting Documents (Application Types: All, unless otherwise specified)**

Current general liability insurance coverage - (Application Types: All)

Fire safety inspection report - (Application Types: All)

Septic system or water supply evaluation report - (Application Types: I, C and CHOW)

Department of Health food hygiene inspection - (Application Types: All – for providers with 11 beds or more only)

Department of Health residential group care inspection report - (Application Types: All)

Documentation from local government proving compliance with local zoning requirements - (Application Types: I, C and CHOW)

Surety or continuation bond - (Application Types: All – for applicants that check YES on section 6E on the assisted living application only)

Emergency Environmental Control Plan Approval Letter and Consumer Friendly Summary (Application Types: I and CHOW)

Financial Ability to Operate – AHCA Form 3100-0009 – (Application Types: I and CHOW)

Copy of Administrator’s high school diploma or GED certificate – (Application Types: I, CHOW or new administrators)

Property Occupancy documentation, examples: facility ownership/lease documentation (if applicable)

Certificate of Authority if part of a continuing care retirement community (CCRC). (Application Types: I, and CHOW)

Health Care Licensing Application Addendum, AHCA Form 3110-1024

Required disclosures related to action(s) taken by Medicare, Medicaid or CLIA, if applicable

Approved repayment plan, if applicable

Copy of Comprehensive Emergency Management Plan (CEMP) Approval Letter or Documentation of the CEMP submission for

review within the last 365 days (Application Types: R)

Copy of Visitation Policy and Procedure (Application Types: Initial, Renewal and CHOW)

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| *The Agency for Health Care Administration scans all documents for electronic storage.  In an effort to facilitate this process, we ask that you please remember to:*   * Please place checks or money orders on top of the application * Include license number or case number on your check * Do not submit carbon copies of documents * Do not fold any of the documents being submitted * No staples, paperclips, binder clips, folders, or notebooks * Please ***do not bind any*** of the documents submitted to the Agency. |