

***Continuing Care at Home (CCaH)
Application for Feasibility Study Submission***

Date Submitted: _____

[Section 10-455 of the Human Services Article of the Annotated Code of Maryland](#) and [COMAR 32.02.02.05](#) cover the requirements for the feasibility study submission. This application represents part two of the application process. If the provider has not completed part one, *i.e.*, the statement of intent, please do so first.

1.	Name of Provider:	
	Geographic Area(s) of Service:	
	Street Address (mailing):	
	City/State/Zip Code:	
	Telephone Number:	
	Email Address:	

2.	Chief Executive Officer or Finance/Accounting Office Contact:	
	Street Address (mailing):	
	City/State/Zip Code:	
	Telephone Number:	
	Email Address:	

3.	Parent Company Address (if applicable):	
	County:	
	Street Address (mailing):	
	City/State/Zip Code:	

4.	Specific requirements for information to be included in the exhibits are fully stated in Section 10-455(c)(2) of the Human Services Article of the Annotated Code of Maryland and COMAR 32.02.02.05 , Subsections A and B. The following should be marked as indicated and attached to this application:
-----------	--

Exhibit A	Purpose of the proposed continuing care at home project and need for the proposed services.
Exhibit B	Documentation of the financial resources of the provider.
Exhibit C	Summary of proposed continuing care at home project.
Exhibit D	Summary of the organizational structure of the proposed provider and development team.
Exhibit E	Summary of plans to provide assisted living and comprehensive care units.
Exhibit F	Summary of the services that will be included in the periodic service fee.
Exhibit G	Summary of the ancillary services that will not be included in the periodic service fee.
Exhibit H	Statement describing any plans the provider has to require a subscriber to have long-term care insurance or supplemental health insurance coverage.
Exhibit I	Statement describing any plans the provider has to become Medicare or Medicaid certified.
Exhibit J	Statement describing any plans the provider has to offer priority access to assisted living or comprehensive care facilities.
Exhibit K	Study that demonstrates a market exists for the proposed project.
Exhibit L	Plan demonstrating the financial feasibility of the proposed project.
Exhibit M	Actuarial study, prepared or reviewed by a qualified actuary.
Exhibit N	Copy of the proposed deposit agreement between the provider and prospective subscribers governing the disposition of the escrowed funds and the interest earned on them.
	<p>Note: See COMAR 32.02.02.01 for a complete definition of Deposit Agreement. Include priority, reservation, waiting list and agreements of similar form and use, regardless of title.</p> <p>1) A deposit agreement is planned for the use prior to issuance of the Preliminary Certificate of Registration <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2) Use of the deposit agreement is expected to begin on the following date:</p> <p>_____</p>
Exhibit O	A copy of the proposed escrow agreement between the provider and the depository.
Exhibit P	Proposed payment arrangements under the agreement for: (a) The assistance with the maintenance of the subscriber's dwelling; and (b) The health-related benefits.
Exhibit Q	A copy of a certificate of need issued by Maryland Health Care Commission for any proposed comprehensive care beds the provider plans to operate for its subscribers.
Exhibit R	The form and substance of any proposed advertisements, advertising campaigns, or other promotional materials for the proposed project that is available at the time of filing.

5. Filing Fee of \$20,000 shall accompany the feasibility study. Payment may be accepted in the form of paper check or payment by phone (ACH payment).

1) For mail payment or check, please address mail to:

**Maryland Department of Aging, Continuing Care
36 South Charles Street, 12th Floor
Baltimore, MD 21201**

***Please attach a scanned copy of your payment to this application.**

2) For phone payment, please email ccrchousingservices.mdoa@maryland.gov indicating your wish to complete payment by phone and ACH payment. Instructions will be provided in response to applicant emails.

Please email your application or any questions to the Department's intake email address:
ccrchousingservices.mdoa@maryland.gov

The undersigned attest that the information submitted herein is true to the best of his or her knowledge and that estimates provided are based on commonly acceptable statistical, accounting and other technical standards.

Applicant Statement:

(Signature)

(Title)