State of Maryland

Department of Aging
Continuing Care

Continuing Care at Home (CCaH)

Application for Initial Certificate of Registration

Date Submitted:_____

Section 10-458 of the Human Services Article of the Annotated Code of Maryland ("HSA") and COMAR 32.02.02.09 disclose the full requirements for an application for an initial certificate of registration. This application represents part four of the continuing care at home provider certification process. If the provider has not completed the previous steps, please complete and submit them before proceeding. Please email the Department for a copy of verification forms in step 3.

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

2.	Name of Chief Executive Officer	
	Street Address (mailing):	
	City/State/Zip Code:	
	Telephone Number:	

3.

If seeking exemption under HSA § 10-458(d), skip to section 4 of this application.

The following original completed forms accompany this application to document that the Provider has executed at least the greater of:

(1) 10% of the number of subscribers needed for the provider to reach its break-even point; or

(2) 30 subscribers.

Has at least 10% of the total entrance fee been collected for each agreement counted toward the above?

☐ Yes ☐ No

Please provide the following documentation to confirm that the above requirement is met.

- Verification of Contract and Deposit – Affidavits completed by Subscribers
- Verification of Contracts for Certificate of Registration – Affidavit completed by the Provider
- Copies of all signature pages of the Continuing Care Agreement for which Verification of Contract and Deposit Affidavits are being submitted.

4.

The following exhibits are included with this application:

Exhibit A: If the provider is seeking exemption under HSA § 10-458(d), *i.e.*, from part three of this application:

- Verify that the provider meets any capital reserve requirements; and
- Until the provider has enrolled the minimum number of subscribers needed for its revenues to at least equal its expenses, provide evidence that the provider (i) holds in escrow the entirety of all entrance fees; or (ii) maintains a surety bond of at least $1,000,000 or an equivalent replacement security such as cash, irrevocable letters of credit, certificates of deposit, or Treasury bills.

Exhibit B: A copy of a written commitment for planned long-term financing.

Exhibit C: Arrangements have been made to obtain the personnel and services necessary to provide continuing care at home.

Exhibit D: The form and substance of any proposed advertisements, advertising campaigns, or other promotional materials for the program that are available at the time of filing and that have not been filed previously with the Department.

Exhibit E Verification that all licenses and certificates required as of the date of the application from the Maryland Department of Health and the Maryland Health Care Commission have been issued.

Exhibit F Verification that any other license or certificate required by other appropriate State units has been issued to the provider.

Email your application and questions to the Department's intake email address: ccrchousingservices.mdoa@maryland.gov

The undersigned attest that the information submitted herein is true and accurate.

Applicant Statement:

_____
(Signature)

_____
(Title)

_____
(Date)