

*Continuing Care at Home (CCaH)  
Application for Renewal Certificate of Registration*

Fiscal Year End Date: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

[Section 10-459 of the Human Services Article of the Annotated Code of Maryland](#) (“HSA”) and [COMAR 32.02.02.11](#) fully states requirements for information to be submitted when applying for a Renewal Certificate of Registration. This application may only be filed if the provider has obtained a preliminary and initial certificate of registration.

<b>1.</b>	Name of Provider:	
	Chief Executive Officer:	
	Street Address (mailing):	
	City/State/Zip Code:	
	Telephone Number:	
	Email Address:	

<b>2.</b>	Name of any affiliate, parent or subsidiary person (as defined in COMAR 32.02.02.01B(26)) or business entity	
	Street Address (mailing):	
	City/State/Zip Code:	
	Telephone Number:	

<b>3.</b>	<p>NUMBER OF ENROLLED SUBSCRIBERS</p> <p><i>Please indicate the number of enrolled subscribers as of the fiscal year end date: _____</i></p> <p><i>Please indicate the number of enrolled subscribers as of the filing date: _____</i></p> <p><b>A check in the amount of \$ _____ covering _____ enrolled subscribers as of the provider’s fiscal year end, is attached. The renewal fee is the greater of <u>\$5,000</u> or <u>\$18.00</u> per subscriber enrolled at the end of the provider's previous fiscal year.</b></p>
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<b>4.</b>	<p><b>A Copy of each of the following must be enclosed with this renewal application:</b></p> <p>(1) The most recent license issued by the Maryland Department of Health (DHMH), if applicable.  <b>Enclosed</b> _____</p> <p>(2) The most recent Certificate of Need, if any, required to be issued by the Maryland Health Care Commission, if applicable.  <b>Enclosed</b> _____</p>
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<b>5.</b>	<p>Section D of COMAR 32.02.02.11 states that every 3 years a provider shall submit an actuarial study.</p>
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Attach Exhibits A through E ONLY if there have been changes in the information since the last application was filed or the required information has not been filed previously with the Department.

Change	No Change	EXHIBITS
_____	_____	<p><b>Exhibit A</b></p> <ul style="list-style-type: none"> <li>• Information on the organizational structure and management of the Provider, including any relevant names, addresses, and telephone numbers not specified below, as described in COMAR 32.02.02.06C.</li> <li>• The names, address, and telephone numbers of stockholders holding at least a 10% interest in the stock corporation, if the Provider is a stock corporation.</li> <li>• The names, addresses, and telephone numbers of the members of the nonstock corporation, if the Provider is a nonstock corporation.</li> </ul>
_____	_____	<p><b>Exhibit B</b></p> <ul style="list-style-type: none"> <li>• The names, addresses, occupations, and telephone numbers of the members of the governing body, if the Provider is a corporation.</li> <li>• The name, address, and telephone number of the chief executive officer of the provider, and each affiliate, parent, or subsidiary person or business entity.</li> </ul>
_____	_____	<p><b>Exhibit C</b></p> <ul style="list-style-type: none"> <li>• The information required in COMAR 32.02.02.06D :                      If it is anticipated that a business entity will provide to the provider goods, premises, or services with a value of \$10,000 or more within any fiscal year, and if a person identified in COMAR 32.02.02.06C(6) (see below) has a financial interest of 10% or more in the business entity, include:                     <ul style="list-style-type: none"> <li>(a) The name and address of the business entities;</li> <li>(b) A description of the goods, premises, or services; and</li> </ul> </li> </ul>

(c) The anticipated yearly costs the provider will incur for the goods, premises, or services.

This application does not require the disclosure of salary, age, or benefit information of employees of the provider.

COMAR 32.02.02.06C(6) refers to (a) the provider's officers, directors, trustees, managing or general partners, and non-stock corporation members, and (b) an individual having a 10% or greater equity or beneficial interest in the provider.

**Exhibit D**

- \_\_\_\_\_
- A copy of all current documentation concerning the legal organization of the provider, including the corporate charter, bylaws, partnership agreement, articles of association, membership agreement, trust agreement, or similar instruments or agreements as stated in COMAR 32.02.02.06E.

**Exhibit E**

- \_\_\_\_\_
- A statement of any current or prior affiliation with a religious, charitable, or other nonprofit organization, and the extent, if any, to which the affiliate organization will be responsible for the financial and contractual obligations of the Provider.

THE FOLLOWING EXHIBITS MUST BE FILED ANNUALLY WITH THE RENEWAL APPLICATION:

**Exhibit F**

As indicated in the spaces provided below, the following financial information has been checked for completeness prior to submission:

\_\_\_\_\_ (signature)                      (\_\_\_\_\_) \_\_\_\_\_ Telephone Number

- (1) **Certified Financial Statement:** An **ORIGINAL certified financial statement** for the preceding fiscal year prepared in accordance with generally accepted accounting principles, which include the principles expressed in the American Institute of Certified Public Accounts' "Audit and Accounting Guide for Health Care Organizations. "Certified Financial Statement" means a financial statement, prepared in accordance with generally accepted accounting principles by an independent certified public accountant, that includes an audit opinion, balance sheet, income statement, statement of cash flows, and the related notes to the financial statement. COMAR 32.02.02.01B(8).

All exhibits or attachments to the certified financial statements, including:

- (a) A balance sheet,
- (b) An income statement,
- (c) A statement of cash flows,
- (d) The related notes to the financial statements, and
- (e) The opinion of an independent certified public accountant.

**Enclosed** \_\_\_\_\_

- (2) **An Operating Budget** for the **CURRENT** operating fiscal year (the year you are operating in when filing this application) and a **projected operating budget** for the next **SUCCEEDING** fiscal year. Budgets must be prepared in accordance with generally accepted accounting principles and should be presented in a manner that is consistent with the income statement shown in the Provider’s Certified Financial Statement. Cash operating budgets are not appropriate.

**Current Year** \_\_\_\_\_

**Next Year** \_\_\_\_\_

- (3) **A Cash Flow Projection** for the **CURRENT** fiscal year and the **NEXT TWO (2)** fiscal years that has been prepared in accordance with generally accepted accounting principles. **The cash flow projections must be presented in a manner that is consistent with the cash flow statement presented in the Provider’s Certified Financial Statement.**

**Current Year** \_\_\_\_\_

**Next Two Year** \_\_\_\_\_

- (4) **Operating Reserves** – A statement that indicates compliance with the operating reserve requirements of COMAR 32.02.02.14.

**Enclosed** \_\_\_\_\_

- (5) A projection of the life expectancy and the number of subscribers who will require care in an assisted living or nursing home facility.

**Enclosed** \_\_\_\_\_

- (6) The computation of the contract reserve in accordance with COMAR 32.02.02.14D.

**Enclosed** \_\_\_\_\_

- (7) An actuarial opinion that meets the requirements of COMAR 32.02.02.14F and G.

**Enclosed** \_\_\_\_\_

\*Please provide supporting documentation that includes, but is not limited to, the spreadsheets or models that were used to generate the reserve values. Spreadsheets or models should include all formulas (which may be embedded in the cells) or reserve values. If such information is not available, then please provide a reasonable explanation as to why the information is unavailable. Note that the spreadsheet documentation is insufficient if spreadsheet cells only contain numeric values and no formulas.

**Exhibit G** A description of the arrangements that have been made to obtain the personnel and services necessary to continue providing continuing care at home.

**Enclosed** \_\_\_\_\_

**Exhibit H** A copy of any new continuing care at home agreement proposed for implementation in the succeeding year, and a demonstration of how the proposed agreement differs from current agreements in use.

**Enclosed** \_\_\_\_\_

**Exhibit I** The most recent table of fee structure, including escalator or other automatic adjustment provisions for entrance fees and monthly fees.

**Enclosed** \_\_\_\_\_

**Exhibit J** The form and substance of any advertising campaign or proposed advertisement and other promotional materials not previously filed with the Department.

**Enclosed** \_\_\_\_\_

Please provide the provider's webpage address: \_\_\_\_\_

**Exhibit K** The Disclosure Statement prepared in accordance with COMAR 32.02.02.15. Please identify any changes from the previously submitted Disclosure State by **redlining or otherwise marking to show any additions, deletions or changes.**

**Enclosed** \_\_\_\_\_

**Exhibit L** A statement that provides the date(s) of the meeting(s) held the previous year to comply with COMAR 32.02.02.13.

**Enclosed** \_\_\_\_\_

**Other Exhibits** Additional pertinent information may be labeled as Addendum 1,2...and included with this application behind the exhibits listed above.

**COMAR 32.02.02.11E indicates that if the application with accompanying information is not received by the Department within 120 days after the end of the provider's fiscal year, the Department shall charge a late fee equal to the greater of \$1,000 or \$10 per subscriber. The late fee shall be in addition to the renewal fee per subscriber, unless a written request for an extension is submitted to and approved by the Department within the 120-day period.**

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

Applicant Attestation:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)