NOTICE

THIS APPLICATION WAS REVISED IN DECEMBER 2019 – PLEASE READ CAREFULLY -

Initial License Application To Operate a Specialty Care Assisted Living Facility: (SCALF)

Regulations regarding the application for licensure of Specialty Care Assisted Living Facilities can be found by clicking the Facilities Rules tab or link in the black banner on the applications page.

The following must be submitted:

1. A completed application with all necessary attachments (and additional pages) as requested within the application.

2. An application fee of $240 plus $18 for each bed. Application fees are not refundable.

3. A copy of the administrator's current license.

4. A copy of the MD License.

5. A copy of the MD agreement.

6. Articles of Incorporation, Articles of Organization, LLC Agreement, Partnership Agreement, or Statement of Sole Proprietorship, under which the facility will operate. Corporations, Limited Partnerships and Limited Liability Companies must provide approved documentation from the Office of the Secretary of State to conduct business in the State of Alabama.

7. A copy of the Certificate of Existence (for domestic entities) or the certificate of registration (for foreign entities issued by the Alabama Secretary of State), as proof of its authority to transact business in the state of Alabama.

8. Certificate of Need, obtainable from the State Health Planning and Development Agency.

9. A facility diagram illustrating planned licensed beds and room numbers. The diagram depicted on standard 8 1/2 X 11 letter sized paper is preferable.

10. A copy of the Certificate of Completion. The proposed physical site (existing or new construction) must comply with certain building code and fire code requirements and be approved by the Technical Services Unit of this agency. Additional information can be obtained in the facilities rules section of this website or from the Technical Services Unit at **(334) 206-5177.**

11. A copy of all facility policies and procedures which are required by the rules of the State Board of Health must be submitted for review by the Assisted Living Facility unit prior to final review of the application and initial inspection.

12. A description of the secure perimeter for the facility.

Separate license certificates are required for a building that will house both specialty care assisted living beds and regular assisted living beds. Therefore, if you are not currently licensed to operate a facility of either type, and you want to have both specialty care beds and regular assisted living beds in the same facility, you will need to complete both a "Specialty Care Assisted Living Facility" application and an "Assisted Living Facility" application.

- If you are currently licensed to operate a regular assisted living facility and you intend to convert a portion of the facility to specialty care assisted living, you will need to complete a "Specialty Care Assisted Living" application and an "Application for Change in License" to decrease the regular assisted living beds by the proposed number of specialty care assisted living beds created.

- If you are currently licensed to operate a regular assisted living facility and you intend to convert the entire facility (all beds) to specialty care assisted living, only complete the "Specialty Care Assisted Living Facility" application, selecting "all" on page 6, item 13 b of the application.

Upon successful review of the application and building approval from Technical Services, a copy of the application will be forwarded to the Assisted Living Facility unit. A staff member from the unit will conduct an on-site pre-licensure survey to determine if the facility meets all requirements for the operation of a SCALF. At the time of such pre-survey, the facility must be fully capable of admitting new residents and providing appropriate specialty level care. Staff must be fully trained, have medical clearance, and be on a work schedule consistent with SCALF staffing requirements and available for resident care (although it is not necessary for all staff to be in the building at the time of the initial survey). A license may be granted upon approval of the application, building approval from Technical Services, and a successful on-site survey.

NOTE Due to workload volume, application review takes a minimum of thirty days. Applications must be submitted well in advance of anticipated start of operations. If an additional pre-licensure survey is required, the completion of the application process may be significantly delayed. Failure to successfully meet all of the essential elements for the pre-licensure survey may result in denial of the application. Applications must be submitted with all required documents and certificates as noted in the instructions before the review can begin. The earliest date a license can be granted is the first day the complete application and any surveys have been approved by the Department.

Please note: it is a violation of state law to provide any assisted living facility services before you are granted a license from this agency. If you have any questions regarding your application, please call (334) 206-5175.

ADDITIONAL INFORMATION
SPECIALTY CARE ASSISTED LIVING FACILITY

Item 1 Applicant. The applicant is the individual, partnership, LLC, corporation or other entity which will be the governing authority of the facility and to whom the license will be granted **(not the facility name or the individual completing the application, unless the applicant is an individual)**. The name entered in this section must be exactly as printed on the legal document establishing the entity. A copy of the legal document must accompany this application. Entities established in a state other than Alabama, must register to conduct business in Alabama with the Secretary of State's Office. A copy of the registration must also accompany this application. If the facility is leased, the lessee should be indicated as the applicant. The lessee may be an individual, partnership, corporation, or other entity. **NOTE - The applicant must be the operator of the facility, the entity that hires or fires the administrator, determines patient care issues, makes payment for facility obligations, etc.**

Item 5 Facility Administrator. A copy of the administrator's current license must be attached.

Item 6 Specialty Care Bed Capacity. Total number of specialty care beds that the facility will operate. This number cannot exceed the number of beds listed on the Certificate of Need.

Item 7 Facility Name. The information provided on this line will be entered in the Provider Services Directory and the facility will be referred to by this name exactly as entered on this application. This name must be the same as on advertisements, facility letterhead, signs in front of the facility and other sources of public information. This name must be unique; that is, it may not be the same as the name of any other licensed facility in Alabama, nor may it be so similar to the name of any other licensed facility that, in the judgment of ADPH staff, there could be any confusion to the public. Governing authorities operating more than one facility may give the facilities they operate similar, but not identical names. The name may be abbreviated if the abbreviation is also used on advertisements, facility letterhead, signs in front of the facility and other information sources.

Item 9 Facility Mailing Address. The facility mailing address, street address or post office

box must be within the same postal service area as the facility's physical location.

Items 13 and 14 Type of Application. A facility intends to operate both assisted living facility beds and specialty care assisted living facility beds in the same location, must complete and application for both facility types as each facility type will be licensed separately. **A facility that intends to convert a portion of an assisted living facility to a specialty care assisted living must also submit an "Application for Change in License" to decrease the licensed assisted living facility beds as each facility type will be licensed separately.**

Application Fee The application fee for a specialty care assisted living facility is $240 plus $18 per bed. Two separate licenses are required for facilities that will have both assisted living residents and specialty care assisted living residents. Application fees are non-refundable.

Attachments Each attachment must be referenced as a specific applicable item. For example, attachments to item 15 d should be so referenced in the document and labeled.

Printing of License Certificates
License certificates are now available on-line. When a license is granted or renewed the license certificate can be printed on-line at **https://dph1.adph.state.al.us/FacilityCertificatePrint**. A facility ID and pin number will be provided and must be used to print license certificates.

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(Revised 12/19)

STATE OF ALABAMA
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF PROVIDER SERVICES
P.O. BOX 303017 (MAILING ADDRESS)
MONTGOMERY, ALABAMA 36130-3017
THE RSA TOWER, SUITE 700, 201 MONROE STREET, MONTGOMERY, AL 36104
(PHYSICAL LOCATION)

INITIAL LICENSE APPLICATION TO OPERATE A SPECIALTY CARE ASSISTED LIVING FACILITY

APPLICATION FEE APPLICATION FEES ARE NOT REFUNDABLE. The application fee is $240 plus $18 per bed MAKE CHECK OR MONEY ORDER PAYABLE TO: Alabama Department of Public Health	FOR DEPARTMENTAL USE ONLY Application Fee $_____ Deposit # _____ Facility ID _____

1. _____
Applicant
(see instructions on page 3)

2. _____
Applicant Address

3. _____
City State Zip Code

4. _____
Applicant Telephone Number

5. _____
Facility Administrator

_____
Facility Administrator Email Address

6. _____
Specialty Care Bed Capacity
(see instructions on page 3)

7. _____
Name of the Facility
(see instructions on page 3)

8. _____
Facility Physical Address

9. _____
Facility Mailing Address
(see instructions on page 3)

10. _____
City Zip Code County

11. _____
Facility Telephone Number

12. Provide the name, phone number, and email address of a knowledgeable person who can supply details about this application (complete all information).

Name _____

Phone _____

Email _____

13. This application is to apply for (check one):
    a. Initial license for a new facility ☐
    b. Converting a portion / all of a currently licensed facility ☐
    (Circle one)

14. If this facility is licensed to operate specialty care assisted living beds, will this same facility also be licensed to operate regular assisted living beds? Yes ☐ No ☐.

    If yes, please enter the regular assisted living bed capacity after the conversion _____.

15. Applicant Information

    a. Applicant is a (check one):

Individual	☐	Nonprofit Corporation	☐	City	☐
Partnership	☐	Hospital Authority	☐	County	☐
Corporation	☐	State	☐	Joint City County	☐
Limited Liability Company	☐	Other: _____ Specify			☐

    b. List all the applicant's board members and officers (attach additional paper if necessary).

_____ _____

_____ _____

    c. List the name(s) of any person or business entity that has 5% or more ownership interest in the applicant (attach additional paper if necessary). Also, attach a diagram depicting the organizational structure.

_____ _____

_____ _____

d. Does this applicant or any of its owners listed in item “c” operate any other health care facility in Alabama or in any other state? YES ☐ NO ☐ If yes, attach a list including the type(s) of facility(s), name(s), address(s), and owner(s).

e. Have any of the facilities listed in item “d” had any adverse licensure action taken against them or been subject to exclusion from the Medicare or Medicaid Reimbursement Programs? YES ☐ NO ☐ If yes, attach an explanation.

f. Have the applicant, officers or principals ever been convicted of a crime? YES ☐ NO ☐ If yes, attach an explanation.

g. Have the applicant, officers or principals ever been found guilty of abusing another individual? YES ☐ NO ☐ If yes, attach an explanation.

h. Have the applicant, officers or principals ever had adverse action taken against a professional license, for example, nursing home administrator license, attorney license, nurse license, physician license? YES ☐ NO ☐ If yes, attach an explanation.

i. Has the applicant, officers or principals ever had a license application denied by this or any other state? YES ☐ NO ☐ If yes, attach an explanation.

16. Has the facility **administrator** listed in item “5" of this application:

a. ever been convicted of a crime? YES ☐ NO ☐

b. ever been found guilty of abusing another individual? YES ☐ NO ☐

c**.** ever had adverse action taken against a professional license, for example, nursing home administrator license, attorney license, nurse license, physician license? YES ☐ NO ☐

d. ever been excluded from participation in Medicare or Medicaid Reimbursement Program? YES ☐ NO ☐

If a, b, c, or d are yes, attach an explanation for each affirmative answer.

17. List the name and address of at least one physician who has agreed to respond to patients emergencies when the patients’ personal physician cannot be reached. A copy of the agreement must be attached to this application.

Name	Address
_____	_____
_____	_____

18. Administrator Signature:

I declare, under penalty of perjury that I have not operated or allowed to be operated this facility, or any other facility, without a license. I agree to operate this facility according to the Rules of the Alabama State Board of Health.

_____ _____

Printed Name Signature

_____

Date

NOTARIZED:

Sworn to and subscribed before me this _____

day of _____ 20_____.

_____

(Notary Public)

19. Attestation of Responsible Person:

I declare, under penalty of perjury, that I have personal knowledge about the statements made in this application and certify that all statements are true and correct. To the best of my knowledge, neither the applicant nor any of the principals, including myself, the owners, and the administrator, have operated or allowed to be operated this facility, or any other facility, without a license. I certify that I am authorized to make this representation on behalf of the applicant.

Signature _____ Printed Name _____

Title/Position _____ Date:_____

NOTARIZED:

Sworn to and subscribed before me this _____

day of _____ 20_____.

_____

(Notary Public)

MANDATORY ACKNOWLEDGMENT NOTICE

Pursuant to *Alabama Code* section 30-3-194, every applicant seeking from a state agency a license, certificate, permit, or authorization to engage in a profession, occupation, or commercial activity, must provide the social security number of the person signing the application, whether as an individual or on behalf of an entity or corporation. Failure to provide this social security number will result in the denial of the application.

Print or Type Name of Person Signing Application: _____

Social Security Number of Person Signing Application: _____

Print or Type the Facility Name: _____

THIS PAGE **IS NOT** PUBLIC RECORD