

**Application Checklist**

**Transitional Living Facility**

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 submit 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, Long-Term Care Services Unit, 2727 Mahan Dr., MS 33, 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

**No Fee Required:**

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

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

* The biennial licensure fee is $4,588.00 plus $90.00 per bed fee
* Each Change During Licensure Period that requires issuance of a new license 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 Chanter 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, 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, telephone number

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

[ ]  Name, address, and telephone number

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

[ ]  Name, EIN/SSN, mailing 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, mailing 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, fax number, Florida healthcare license number (if applicable), effective and end dates of employment

[ ]  Financial Officer: name, SSN, date of birth, personal/primary address, email address, telephone number, fax number, Florida healthcare license number (if applicable), 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: Initials, Renewals, CHOWS, and Bed Change)**

[ ]  Number of beds

**CHANGE DURING LICENSURE APPLICATION TYPES:**

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

[ ]  Sections 1A, 1C, 2, and 10 of the Health Care Licensing Application, AHCA Form 3110-9001

[ ]  $25.00 Duplicate License Fee

**Request to Change Administrator, Financial Officer or Safety Liaison**

[ ]  Sections 1A, 1C, 2, 5, and 10 of the Health Care Licensing Application, AHCA Form 3110-9001

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

[ ]  No fee required

**Request to Change the Bed Capacity**

[ ]  Sections 1A, 2, and 10 of the Health Care Licensing Application, AHCA Form 3110-9001

[ ]  $25.00 Duplicate License Fee

**Request to Change to Management Company**

[ ]  Sections 1A, 1C, 2, 4, and 11 of the Health Care Licensing Application, AHCA Form 3110-9001

[ ]  No fee required

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

[ ]  Sections 1A, 1C, 2, 5, and 11 of the Health Care Licensing Application, AHCA Form 3110-9001

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

[ ]  No fee required

**Request to Change to Property Owner**

[ ]  Sections 1A, 1B,1C, 2, and 11 of the Health Care Licensing Application, AHCA Form 3110-9001

[ ]  No fee required

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

[ ]  Sections 1A, 1C, 2, 3, 7, 8, and 11 of the Health Care Licensing Application, AHCA Form 3110-9001

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

[ ]  No fee required

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

[ ]  General and Professional Liability Insurance - (Application Types: All)

[ ]  Fire Safety Inspection Report - (Application Types: All)

[ ]  Department of Health Food Permit - (Application Types: All – for providers with 11 beds or more only)

[ ]  Documentation of continual accreditation, following one year of licensure, by an accrediting organization that specializes in evaluating rehabilitation facilities (Application Types: Renewal, CHOW and Change During Licensure Period)

[ ]  Documentation from the appropriate local government officeshowing that the applicant has met local zoning requirements (Application Types: I, CHOW and Change During Licensure Period - Increases)

[ ]  Documentation proving compliance with the Community Residential Homes site selection requirements specified pursuant to Chapter 419, Florida Statutes - (Application Types: I, C and CHOW – for providers that are community residential homes only)

[ ]  Property Occupancy documentation, examples: facility ownership/lease documentation (if applicable). (Application Types: All)

[ ]  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)

[ ]  Documentation of change of ownership transaction stating effective date and executed by all parties (Application Types: CHOW)

[ ]  A signed agreement to pay any outstanding payments owed to the Agency. The agreement must include who will pay and when payment will be made. (Application Type: CHOW)

[ ]  Surety Bond (Application Types: All, if section 6D is applicable)

[ ]  Health Care Licensing Application Addendum, AHCA Form 3110-1024 (Application Types: All)

[ ]  Required disclosures related to action(s) taken by Medicare, Medicaid or CLIA, if applicable (Application Types: All)

[ ]  Approved repayment plan if applicable (Application Types: All)

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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.
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