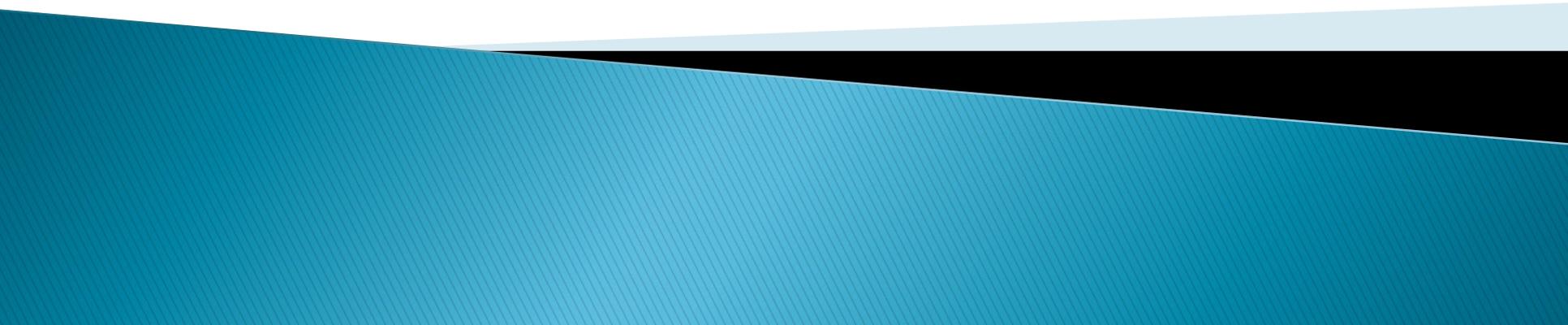


Assisted Living Licensing Statutes & Regulations Part III

Applying for an Assisted Living Home License



Presenters

- ▶ Julia Greenfield
 - ▶ Community Care Licensing Specialist I
 - ▶ Education in Biological Sciences
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-
- ▶ Nate Allen
 - ▶ Community Care Licensing Specialist I
 - ▶ Education in Biology, Psychology, and Communication
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Basic steps to a provisional license

- ▶ Obtain and Complete New Home Application.
 - ▶ Submit completed New Home Application.
 - ▶ Pay licensing fee to the Department.
 - ▶ Complete Application process with assigned Licensing Specialist.
 - ▶ Complete onsite health and safety inspection of premise with assigned licensing specialist.
- 

Basic steps to a provisional license

- ▶ Applications are available at:
 - Office located at:
 - 4501 Business Park Blvd. Building L
Anchorage, AK 99503
 - Website:
 - <http://dhss.alaska.gov/dhcs/Pages/cl/ALH%27s/Becoming-Licensed.aspx>
 - Email:
 - ALH.NewHome@Alaska.gov
- ▶ Applications can be submitted to our front desk in person, mailed, faxed (907-269-3622), or email (ALH.NewHome@Alaska.gov)
- ▶ Applications are required to be notarized.
 - Note: A notary may not be available at our office.

Basic steps to a provisional license

- ▶ Application is forwarded and reviewed by a Licensing Supervisor.
 - ▶ Licensing Supervisor will then assign the application to a Licensing Specialist.
 - ▶ Application assignment is determined by region and caseload.
 - ▶ Assigned Licensing Specialist will then review application to ensure all policies and procedures have been submitted and meet the minimum regulatory requirements.
- 

Basic steps to a provisional license

- ▶ Once the application has been reviewed, Licensing Specialist will schedule an in person meeting or telephonic conference to review the application.
 - ▶ Licensing Specialist will issue a letter outlining items out of compliance or missing to complete the application.
- 

Basic steps to a provisional license

- ▶ Applicants will be given two weeks to complete items identified in the letter.
- ▶ Once submitted, Licensing Specialist may grant an additional two weeks for any additional items that may still be missing after review.

Basic steps to a provisional license

- ▶ Failure to make needed corrections and submit missing documents will result in an incomplete application.
 - ▶ Incomplete applications will be returned to applicant with a notice of denial for being incomplete.
 - ▶ The notice of denial will indicate if you can reapply in the future.
- 

Basic steps to a provisional license

- ▶ Once the application is complete the Licensing Specialist will schedule an onsite inspection of the location to check for any health and safety concerns.
 - ▶ Any violations of regulations found at the inspection will be cited in a Notice of Violation Report of Inspection by Licensing Specialist and need to be corrected.
- 

Basic steps to a provisional license

- ▶ Once all violations are corrected, the Licensing Specialist will review the application with Licensing Supervisor and if all statutes and regulations have been met, the Department may issue applicant a provisional license.

1. Name

**State of Alaska
Department of Health and Social Services
Division of Health Care Services
Residential Licensing**



Application for License to Operate an Assisted Living Home

Please read this application carefully and answer ALL applicable questions. Incomplete applications will be returned to the applicant for completion. If you have questions regarding any information requested on this application, please contact: (907) 269-3640 to speak with a licensing specialist.

1. Proposed Name of Assisted Living Home: **YOUR HOME NAME ALH**

- ▶ What is the name of your Proposed Assisted Living Home?
- ▶ Review excel list on website.

2. Applicant

2. Applicant: The applicant is the individual or legal entity responsible for operation of the proposed assisted living home and will be the owner on the license.

Name of Applicant: _____

Name of Person
Completing App. _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____ Fax Number: _____

- This may be a person, a partnership, or a business.

3. Applicant is an association, corporation, or other entity

3. Is the applicant an association, corporation, or other entity? Yes: No:

If Yes, please complete the Association, Corporation, or other entity Worksheet attached to this application.

- If the Applicant is an Association, Corporation, or other entity you will need to complete the Association, Corporation, or Entity worksheet.
- You will need to identify all the members and their roles.
- Submit appropriate supporting documentation.

**State of Alaska
Department of Health and Social Services
Division of Health Care Services
Residential Licensing**



Application for License to Operate an Assisted Living Home

Association, Corporation, or other Entity Worksheet

Please provide the following information for each member of its board or governing body and the executive director of the board or governing body. Please attach additional sheets as necessary.

Name: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____ Fax Number: _____

4. Government entity

4. Is the applicant a Government Agency? Yes: No:

If Yes, please complete the Government Agency Worksheet attached to this application.

State of Alaska
Department of Health and Social Services
Division of Health Care Services
Residential Licensing



Application for License to Operate an Assisted Living Home

Government Agency Worksheet

Please respond to this question ONLY if the applicant is a government entity. Please list the Chief Executive Officer of the applicable governmental unit or subunit.

Name: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____ Fax Number: _____

5. Ownership Interest

5. Ownership Interest: Please attach a copy of your business license, any corporation documents, and complete the Ownership Interest Worksheet.

**State of Alaska
Department of Health and Social Services
Division of Health Care Services
Residential Licensing**



Application for License to Operate an Assisted Living Home
Item #5 Ownership Interest

Ownership Interest Worksheet

Please provide a copy of your business license and corporation documents. Please provide the following information for all individuals with ownership interest of the Assisted Living License.

Name: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____ Fax Number: _____

6. Owner of Premises

6. Does the Applicant own the property of the proposed location? Yes: No:

If **No**, Please identify the owner of the premises in which the proposed assisted living home will be located.

Name: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____ Fax Number: _____

- ▶ Must submit Permission to Operate at proposed Location.

7. Physical Address of Proposed ALH

7. Physical Address of the Proposed Assisted Living Home: *A physical location MUST be identified PRIOR to submission of an application. Changes in the proposed physical location during the licensing process may require a new application and associated fees. Applications that do not specify a physical location will be returned as incomplete.*

Street: _____

City: _____ State: AK Zip Code: _____

- ▶ Must have a Location of Operation prior to Submission.
- ▶ Changes in Proposed location during licensure process may require new application and fees.

8. Mailing Address

8. Mailing Address of the Assisted Living Home:

Street: _____

City: _____ State: AK Zip Code: _____

- This should be current, as we will be issuing all correspondence to this address.

9. Phone Numbers

9. Telephone numbers: *Please provide us with at least two telephone numbers. The website phone number will be posted on the website listing of licensed facilities. If you do not enter a website phone number here, no phone number will be listed on the website unless a request is submitted in writing. The facility phone number is the number that will be used by residents if they need to make a call and by staff if they need to contact emergency services. These may be the same telephone number:*

Website Phone Number: _____

Facility Phone Number: _____

Administrator Phone Number: _____

- The website phone number will be posted in the excel spreadsheet available to the public.
- If you wish not to have your number posted please submit along with your application a written request to withhold the phone number.
- The facility phone number is the phone used by the residents, this should not be someone's personal phone.

10. Number of individuals the Home intends to serve

10. Total number of individuals the home intends to serve:

The total number of individuals the home intends to serve may be less than or equal to the maximum occupancy allowed by the fire department but may not be more than the maximum occupancy allowed by the fire department.

Number of Residents: _____

- ▶ Depending on the number of residents served, you may be required to submit additional experience, policies, and permits.

11. Type of License

11. Type of License the individual wants to operate:

Adults age 18 years of age or older who have a mental health or developmental disability (DD/MH).

Or,

Adults age_18 years of age or older who have physical disability, are elderly, or suffering from dementia, but who are not chronically mentally ill (SS).

▶ Select one.

12. Other Licenses

12. Does the Applicant currently hold, or ever previously held, any other licenses or certifications issued by the Department?

Yes: **No:** (Example: Child Care License, Foster Care License, Medicaid certification, or etc.)

If **Yes**, please list below with their expiration dates:

- Include any licenses issued by the Department of Health and Social Services.

13. Administrator, 14. Designee, & 15. Resident Manager

13. Administrator: Please identify the individual who will be serving as the Administrator of the proposed Assisted Living Home and complete an Administrator Designation Form and attach it to the application:

Name: _____

14. Designee: Please identify the individual who will be serving as the Designee of the proposed Assisted Living Home and complete a Designee Designation Form and attach it to the application:

(A designee is required, this individual serves as the Administrator if they are unavailable)

Name: _____

15. Resident Manager Please: Identify the individual who will be serving as the Resident Manager of the proposed Assisted Living Home and complete a Resident Manager Designation Form and attach it to the application: *(A resident manager is required if the administrator does not manage the daily operations of the assisted living home)*

Name: _____

- Please note you may not need a Resident Manager.

Administrator Qualifications

| Serving 1-10 residents | Serving 11 or more |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Baccalaureate or higher degree in gerontology, health administration, or another health-related field that meets the Departments satisfaction. <u>OR</u> | Completion of an approved management or administrator training courses (none available) and two years of experience relevant to the population. <u>OR</u> |
| Completion of Certified Nurse Aide approved by Board of Nursing and one year of relevant experience. <u>OR</u> | Completion of Certified Nurse Aide approved by Board of Nursing and two year of relevant experience. <u>OR</u> |
| Completion of an approved management or administrator training courses (Alaska Core Competencies) and have at least one year of documented experience, relevant to the population of residents to be served, as a care provider. If you find one submit to the Department for approval. <u>OR</u> | Five years of documented experience relevant to the population being served, as an administrator or staff supervisor of a home serving 10 or less. <u>OR</u> |
| Two years of documented experience relevant to the population. <u>OR</u> | Licensed LPN or RN with documented experience relevant to the population |
| Sufficient documented experience in an out-of-home care facility w/ training, education and experience to be able to fulfill the duties of an Administrator. | |

13. Administrator & Designation Questionnaire

- Submit a completed Administrator Designation Questionnaire with Application.
- Please provide the following:
 1. Name of ALH;
 2. Role
 3. Name;
 4. DOB;
 5. DL #;
 6. Physical Address;
 7. Mailing Address;
 8. Email Address;
 9. Primary Phone Number; and
 10. Alternative Phone Number.

State of Alaska
Department of Health and Social Services
Division of Health Care Services
Residential Licensing



Administrator/ Designee/ Resident Manager Designation Questionnaire

1. Name of the Assisted Living Home to which the Individual will be associated: _____

2. This person is proposed to be: Administrator Designee Resident Manager

3. Name of the Individual: _____

4. Applicants Date of Birth (MM/DD/YYYY): _____

5. Driver's License Number, if any: _____

6. Physical Address: Street: _____
City: _____ State: _____ Zip Code: _____

7. Mailing Address: Street: _____
City: _____ State: _____ Zip Code: _____

8. Email Address: _____

9. Primary Phone Number for Applicant: _____

10. Alternative Phone Number for Applicant: _____

13. Administrator & Designation Questionnaire

11. Documentation of experience Serving 1-10

- Select the box you believe qualifies you to be Administrator.
- Provide supporting documentation for the box you have selected.
- Examples:
 - Copy of Degree;
 - Certificate of Completing All units of Core Competencies;
 - CNA License;
 - Work Evaluation;
 - Letters from HR; and
 - Other Documents.

11. Applicant must submit detailed documentation evidencing they meet at least one of the following criteria, please include documentation highlighting experience and any other relevant documentation (*select all that apply*):

For Individuals serving in a Home of 1-10 Residents:

- Documentation of a baccalaureate or higher degree in gerontology, health administration, or another health-related field, demonstrating to the Department's satisfaction that such degree work is an equivalent to the required experience; **OR**
- Documentation of completion of an The Alaska Core Competencies or an approved management or administrator training course by the Department and at least one year of documented experience relevant to the population of residents to be served as a care provider, if the administrator will be providing direct care in the home, **OR**
- Documented completion of a certified nurse aide training program approved by the Board of Nursing under 12 AAC 44.830, or that is equivalent in content to the requirements of 12 AAC 44.835(c), and have at least one year of documented experience relevant to the population of residents to be served, as a care provider, **OR**
- At least two years of documented experience, relevant to the population of residents to be served, as a care provider, with documented skills or training relevant to the population of residents to be served, **OR**
- Sufficient documented experience in an out-of-home care facility, and sufficient training, education, or other similar experiences to fulfill the duties of an administrator of the type and size of home where the individual is to be employed and to meet the needs of the population of residents to be served.

13. Administrator & Designation Questionnaire

For Individuals serving in a Home of 11 or more Residents:

- The individual must complete an approved management or administrator training course and have at least two years of documented experience, relevant to the population of residents to be served, as a care provider, if the administrator will be providing direct care in the home; **OR**
- The individual must complete a certified nurse aide training program that the Board of Nursing has approved under 12 AAC 44.830, or that is equivalent in content to the requirements of 12 AAC 44.835(c) and have at least two years of documented experience, relevant to the population of residents to be served as a care provider; **OR**
- The individual must have at least five years of documented experience, relevant to the population of residents to be served, as an administrator or staff supervisor of a home serving 10 or fewer residents; **OR**
- The individual must submit proof that the individual is a licensed or practical nurse or a registered nurse with documented experience relevant to the population of residents to be served.

11. Documentation of experience Serving 11 or more:

- Select the box you believe qualifies you to be Administrator.
- Provide supporting documentation for the box you have selected.

13. Administrator & Designation Questionnaire

12. Please Attach the Following Documentation:

- Copy of government issued ID.
- Evidence the Applicant is free of active pulmonary tuberculosis (TB).
- Current CPR and first aid.
- Three (3) Character References, unrelated to the applicant (ensure the individuals name, address, and phone number is listed, Applicant can use the attached reference form or submit alternative documentation).
- Two (2) Employer References, (ensure the individuals name, address, and phone number is listed, Applicant can use the attached reference form or submit alternative documentation).

12. Additional Documentation

- Please ensure the ID is clear and readable.
- CPR and First Aid must be from an approved provider.
- You may use the sample reference attached to the application form to obtain your references.
- Do not forget to sign and print your name on questionnaire.

14. Designee & Designation Questionnaire

- All Home's are required to have a Designee to act on behalf of the Administrator in their absence.
- Submit a completed Designee Designation Questionnaire with New Home Application.
- Complete all fields in the application.
- If the Designee intends on acting as the Administrator for more than 90 consecutive days, the Designee must meet the same qualification as Administrator, otherwise there are no specific qualifications.

State of Alaska
Department of Health and Social Services
Division of Health Care Services
Residential Licensing



Administrator/ Designee/ Resident Manager Designation Questionnaire

1. Name of the Assisted Living Home to which the Individual will be associated: _____

2. This person is proposed to be: Administrator Designee Resident Manager

3. Name of the Individual: _____

4. Applicant's Date of Birth (MM/DD/YYYY): _____

5. Driver's License Number, if any: _____

6. Physical Address: Street: _____
City: _____ State: _____ Zip Code: _____

7. Mailing Address: Street: _____
City: _____ State: _____ Zip Code: _____

8. Email Address: _____

9. Primary Phone Number for Applicant: _____

10. Alternative Phone Number for Applicant (if applicable): _____

11. Applicant must submit detailed documentation evidencing they meet at least one of the following criteria, please include documentation highlighting experience and any other relevant documentation (select all that apply):

For Individuals serving in a Home of 1-10 Residents:

- Documentation of a baccalaureate or higher degree in gerontology, health administration, or another health-related field, demonstrating to the Department's satisfaction that such degree work is an equivalent to the required experience. **OR**
- Documentation of completion of an The Alaska Core Competencies or an approved management or administrator training course by the Department and at least one year of documented experience relevant to the population of residents to be served as a care provider, if the administrator will be providing direct care in the home, **OR**
- Documented completion of a certified nurse aide training program approved by the Board of Nursing under 12 AAC 44.830, or that is equivalent in content to the requirements of 12 AAC 44.835(c), and have at least one year of documented experience relevant to the population of residents to be served, as a care provider, **OR**
- At least two years of documented experience, relevant to the population of residents to be served, as a care provider, with documented skills or training relevant to the population of residents to be served, **OR**
- Sufficient documented experience in an out-of-home care facility, and sufficient training, education, or other similar experiences to fulfill the duties of an administrator of the type and size of home where the individual is to be employed and to meet the needs of the population of residents to be served.

Administrator/Designee/Resident Manager Qualification Questionnaire
Created: 12/30/2019

Page 1 of 2

14. Designee & Designation Questionnaire

- Please ensure the ID is clear and readable.
- CPR and First Aid must be from an approved provider.
- You may use the sample reference attached to the application form to obtain your references.
- Do not forget to sign and print name on questionnaire.

For Individuals serving in a Home of 11 or more Residents:

The individual must complete an approved management or administrator training course and have at least two years of documented experience, relevant to the population of residents to be served, as a care provider, if the administrator will be providing direct care in the home; **OR**

The individual must complete a certified nurse aide training program that the Board of Nursing has approved under 12 AAC 44.830, or that is equivalent in content to the requirements of 12 AAC 44.835(c) and have at least two years of documented experience, relevant to the population of residents to be served as a care provider; **OR**

The individual must have at least five years of documented experience, relevant to the population of residents to be served, as an administrator or staff supervisor of a home serving 10 or fewer residents; **OR**

The individual must submit proof that the individual is a licensed or practical nurse or a registered nurse with documented experience relevant to the population of residents to be served.

12. Please Attach the Following Documentation:

Copy of government issued ID.

Evidence the Applicant is free of active pulmonary tuberculosis (TB).

Current CPR and first aid.

Three (3) Character References, unrelated to the applicant (ensure the individuals name, address, and phone number is listed. Applicant can use the attached reference form or submit alternative documentation).

Two (2) Employer References, (ensure the individuals name, address, and phone number is listed, Applicant can use the attached reference form or submit alternative documentation).

I attest that I am a citizen or national of the United States, an alien lawfully admitted for permanent residence, or an alien authorized by the Immigration and Naturalization Service to work in the United States. By my signature below, I certify the information contained in this application and applicable attachments is true, accurate, and complete

Signature of Applicant _____ Date _____

Printed Name of Applicant _____

For Residential Licensing Only:

Approved by: _____ Approved Date: _____

Administrator/Designee/Resident Manager Qualification Questionnaire
Created: 12/30/2019

Page 2 of 2

15. Resident Manager & Designation Questionnaire

- If the Administrator does not oversee the day-to-day operations of the Assisted Living Home, then they will need to appoint a Resident Manager who does.
- The Resident Manager must have the same qualifications as the Administrator.
- Submit a completed questionnaire, with all fields completed and documents.
- Don't forget to sign.

State of Alaska
 Department of Health and Social Services
 Division of Health Care Services
 Residential Licensing



Administrator/ Designee/ Resident Manager Designation Questionnaire

1. Name of the Assisted Living Home to which the Individual will be associated:

2. This person is proposed to be: Administrator Designee Resident Manager

3. Name of the Individual: _____

4. Applicants Date of Birth (MM/DD/YYYY): _____

5. Driver's License Number, if any: _____

6. Physical Address: Street: _____
 City: _____ State: _____ Zip Code: _____

7. Mailing Address: Street: _____
 City: _____ State: _____ Zip Code: _____

8. Email Address: _____

9. Primary Phone Number for Applicant: _____

10. Alternative Phone Number for Applicant (if applicable): _____

11. Applicant must submit detailed documentation evidencing they meet at least one of the following criteria, please include documentation highlighting experience and any other relevant documentation (select all that apply):

For Individuals serving in a Home of 1-10 Residents:

Documentation of a baccalaureate or higher degree in gerontology, health administration, or another health-related field, demonstrating to the Department's satisfaction that such degree work is an equivalent to the required experience. **OR**

Documentation of completion of an The Alaska Core Competencies or an approved management or administrator training course by the Department and at least one year of documented experience relevant to the population of residents to be served as a care provider, if the administrator will be providing direct care in the home. **OR**

Documented completion of a certified nurse aide training program approved by the Board of Nursing under 12 AAC 44.830, or that is equivalent in content to the requirements of 12 AAC 44.835(c), and have at least one year of documented experience relevant to the population of residents to be served, as a care provider. **OR**

At least two years of documented experience, relevant to the population of residents to be served, as a care provider, with documented skills or training relevant to the population of residents to be served. **OR**

Sufficient documented experience in an out-of-home care facility, and sufficient training, education, or other similar experiences to fulfill the duties of an administrator of the type and size of home where the individual is to be employed and to meet the needs of the population of residents to be served.

Administrator/Designee/Resident Manager Qualification Questionnaire
 Created: 12/30/2019 Page 1 of 2

Approved by: _____ Approved Date: _____

Administrator/Designee/Resident Manager Qualification Questionnaire
 Created: 12/30/2019 Page 2 of 2

16. Variance

16. Is the Home seeking a variance? Yes: No:

If **Yes**, please attach a completed general variance application to this application.
(*Variance applications can be obtained by contacting our office at 907-269-3640.*)

- If you wish to seek a variance please contact our office (907-269-3640) to obtain the general variance application and to review supporting documentation needed.

17. Household Member

17. Will there be any other individuals residing at the Assisted Living Home, other than the Administrator and residents? Yes: No:

If Yes, please complete the Household Member Worksheet attached to this application.

17. Household Member

State of Alaska
Department of Health and Social Services
Division of Health Care Services
Residential Licensing



Application for License to Operate an Assisted Living Home

Household Member Worksheet

If you indicated other individuals will be residing at the Assisted Living Home, Please provide their name, date of birth, and relationship, of any individuals, of any age, that will be residing in the Assisted Living Home. This does not include the Administrator or residents. Please included required documentation. Add additional pages if needed. *(Please note: all household member over the age of 16 years old will be required to complete a background check and be associated with the facility; follow the instructions at the end of New Home Assisted Living Home Application).*

Name: _____ Date of Birth (DD/MM/YYYY): _____

Relationship: _____

- Copy of government issued photo identification (if applicable)
- Documentation of Clearance from Active Tuberculosis (TB)

- Provide: Legal Name, DOB, & Relationship.
- Submit copy of Drivers License or ID.
- Submit documentation members are free from active pulmonary tuberculosis.
- If household members are over the age 16 they will need a background check.

18. Checklist

18. The following, as applicable, are required to be attached to your application.

- 1. Completed Application for License to Operate an Assisted Living Home.
 - Must be notarized
 - Must include fee
 - Complete (if applicable) Association, Corporation, or other entity Worksheet
 - Complete (if applicable) Government Agency Worksheet
 - Complete Ownership Interest Worksheet.

- 2. Administrator Designation Form completed by the individual being appointed Administrator. This must include:
 - Completed Administrator Designation Form
 - Documentation the individual meets the requirements in 7 AAC 75.230
 - Copy of government issued photo identification
 - Documentation of Clearance from Active Tuberculosis (TB)
 - 3 Character and 2 Employer References (See attached form)
 - Copies of Current CPR & first aid

- 3. Designee Designation Form completed by the individual being appointed Designee
 - Completed Designee Designation Form
 - Copy of government issued photo identification
 - Documentation of Clearance from Active Tuberculosis (TB)
 - 3 Character and 2 Employer References (See attached form)
 - Copies of Current CPR & first aid

- 4. Resident Manager Designation Form completed by the individual being appointed Resident Manager.
(If Applicable)
 - Completed Resident Manager Designation Form
 - Documentation the individual meets the requirements in 7 AAC 75.230
 - Copy of government issued photo identification
 - Documentation of Clearance from Active Tuberculosis (TB)
 - 3 Character and 2 Employer References (See attached form)
 - Copies of Current CPR & first aid

- 5. Completed Projected Budget Guidelines and 3 Month Budget. This must be a 6 month budget if you currently own and operate another licensed assisted living home or you are applying for an assisted living home with eleven (11) or more residents. This must include:
 - Copies of current billing statements from utilities to verify the amounts reported in the 3 month budget.
 - Documentation of current bank statements that verify there is the three month financial reserve as required by 7 AAC 75.085.



18. Checklist- 5. Budget

- Included in the application is the Projected Budget Guidelines and 3 Month Budget.
- This must be a 6 month budget if you currently own and operate another licensed assisted living home or you are applying for an assisted living home with eleven (11) or more residents.
- This must include:
 - Copies of current billing statements from utilities to verify the amounts reported in the 3 month budget.
 - Documentation of current bank statements that verify there is the three month financial reserve as required by 7 AAC 75.085.
- Please note, the three month reserve must cover 3 months of operations without considering income.
- This amount will vary depending on size and location; there is no minimum amount requirements.

18. Checklist

- 6. Universal Precautions Policy - Create and Submit the Home's Universal Precautions (see enclosed guide lines and 7 AAC 10.1045 for information on what is required to be included).
- 7. Staff Plan and Staff Responsibilities – Complete the attached sample Staff Plan and Create and Submit Staff Responsibilities (Job Descriptions) (see enclosed sample form and 7 AAC 75.080 (b) (11) for information on what is required to be included).
- 8. Personnel Practices – Create policies you will require your staff to comply with. This is similar to an employee handbook. (See 7 AAC 75.210 (a) (3) for information on what is required).
- 9. Disaster Preparedness Plan – Create and Submit the Home's Disaster Preparedness Plan (see 7 AAC 10.1010 (e)-(l) for information on what is required to be included). See also the enclosed sample emergency evacuation drill form.
- 10. Emergency Evacuation Plan/Floor Plan – Create a clear diagram of each level of the home that identifies all the walls, doorways, and windows and include a key that identifies all of the following items:
 - Location of smoke detectors
 - Location of Carbon Monoxide (CO) detectors
 - Location of fire extinguisher
 - Location of Disaster Kit
 - Location of First Aid Kit
 - Location of the meeting place outside the home
 - Arrows showing evacuation routes used in an emergency.
- 11. Documentation is required to verify with the owner of the property is aware and give permission for use of the property as an assisted living home. Please attach documentation.
- 12. Restraint Policy and Restraint Assessment– Create and Submit the Home's Restraint Policy and Procedure (see 7 AAC 75.295 for information on what is required to be included, see enclosed sample Restraint Assessment for item required).
- 13. List of Services Offered – Create and Submit the Home's List of Services Offered (see enclosed sample form and 7 AAC 75.080 (b) (8) for information on what is required to be included).
- 14. Prohibition of Abuse, Neglect, or Exploitation Policy – Create and Submit the Homes Policy and Procedure (see 7 AAC 75.220 for information on what is required to be included).
- 15. Employee Orientation - Create and Submit a form on how the Home will document Employees Orientation (see enclosed sample form and see 7 AAC 75.210 (a) (3) and 7 AAC 75. 240 (b) for information on what is required to be included).
- 16. Notice of Resident Rights– Create and Submit the documentation the Home will use (see enclosed sample form and AS 47.33.300 for information on what is required to be included).
- 17. Notice of Protection from Retaliation– Create and Submit the documentation the Home will use (see enclosed sample form see AS 47.33.350 for information on what is required to be included).
- 18. Grievance Procedure – Create and Submit the documentation the Home will use (see enclosed sample form and AS 47.33.340 for information on what is required to be included).
- 19. House Rules – Create and Submit the documentation the Home will use (see enclosed sample form and AS 47.33.060 for information on suggested items to include).
- 20. Residential Service Contract – Create and Submit the documentation the Home will use (see enclosed sample form and AS 47.33.210 for information on what is required to be included).
- 21. Assisted Living Plan & Physician Statement – Create and Submit the documentation the Home will use (see enclosed sample forms and AS 47.33.220 and AS 47.33.230 for information on what is required to be included).

18. Checklist



- 22. Controlled Substance Policy – Create and Submit the Home’s policy and procedure for controlled substances, include the form the Home will use to document controlled substance managed by the Home. (See enclosed sample form and 7 AAC 10.1070 (c) (3) for information on what is required to be included).
- 23. Acceptance and Management of Residents’ Money - **Will the Home accept and manage Resident’s money? Yes:** **or No:** **If Yes,** the Home must create a written policy for the management of money and create a written authorization to be signed the resident or the resident’s representative or representative payee. (See AS 47.33.040. (b) and 7 AAC 75.310. (a)- (j).for information required to be included in the policy and written authorization)
- 24. Plant Notification – **only required if the home has poisonous plants and the Department has approved them to remain in the home.** If the home has poisonous plants, you must create a form to notify residents and/or their representatives of the poisonous plants in the home and safety plan for those with impaired cognition (see 7 AAC 10.1095 for information on what is required to be included).
- 25. Animal Notification – **only required for homes with animals present.** If the home has animals, you must create a form to notify residents and/or their representatives that animals are in the home. (See 7 AAC 10.1090 for information on what is required to be included).
- 26. Firearm Notification – **firearms are not allowed in homes with 6 or more residents.** If the home has firearms, or you will allow firearms, you must create a form to notify residents and /or representatives that firearms are in the home. (See 7 AAC 10.1080 for information on what is required to be included).
- 27. Communal Use Nonprescription Drug Policy – **only required for a home with 3 or more residents** and homes providing communal use of commonly used nonprescription medication. Create and Submit the Home’s policy (See 7 AAC 10.1070 (g) (4) for information on what is required to be included).
- 28. Change of Use Permit – **only required for homes in the Municipality of Anchorage with 3 or more residents or for buildings that have multiple assisted living homes operating in them.** (See the enclosed flyer on Change of Use Permit requirement).
- 29. Fire Inspection Report – **only required for homes with 6 or more residents, or 3 or more resident in the Fairbanks Municipality.** Contact your local fire authority to find out what they require.
- 30. Incontinence Care Procedures – **only required for 6 or more resident** Create and Submit the Home’s policy and procedure for incontinence care (see 7 AAC 10.1055 for information on what is required to be included).
- 31. Business Plan – **only required if applying for a home with 11 or more residents or to operate multiple homes** (see 7 AAC 75.080 (b) (13) for information on what is required to be included).
- 32. Kitchen/Food Service Inspection – **only required for homes with 13 or more residents.** In the Municipality of Anchorage, contact Food Safety and Sanitation at 343-4200. Outside the Municipality of Anchorage, contact the DEC Food Safety and Sanitation Program at (907) 269-7501.
- 33. Water source - **Does your facility utilize Public Water:** **or Well Water:** **?**
If the facility utilizes Well Water, the Department of Environmental Conservation (DEC) Drinking Water Program may monitor your water system, if individuals occupying the building during a week are more than 25 (including residents and weekly staff). Please contact your local DEC Water Program to register your Well Water.
- 34. Wastewater - **only required if your facility will utilize Well Water:** Applicants with wastewater systems (septic) are required to contact DEC Wastewater Program to verify that wastewater systems meet the distance of separation required from their water system. Submit documentation you’re in compliance. For further information contact Division of Water (907) 465-5180 or your local DEC office.



18. Checklist – 28. Change of Use

- If you live in the Municipality Anchorage and are serving 3 or more or are proposing opening a location in a building with multiple locations you will need to contact 907-343-8301 or Don Crafts 907-343-8451 regarding what requirements you must meet.
- 1.New facility, 3 to 5 residents, mental health license or physically disabled/elderly care license -permit or change of use permit required, NFPA 13D fire sprinkler system required, fire alarm system is not required.
- 2.New facility, 6 to 16 residents, mental health license - permit or change of use permit required, Group R-4 occupancy classification required, accessibility required, NFPA 13D fire sprinkler system required, fire alarm system required.
- 3.New facility, 6 or more residents, physically disabled/elderly care license - permit or change of use permit required, Group 1-2 institutional occupancy classification required, accessibility required, NFPA 13 fire sprinkler system required, fire alarm system required.
- <http://www.muni.org/Departments/OCPD/development-services/codes-handouts/Handouts/handouta06.pdf>
- Please note change of use may be required by other areas of the state, please contact your local fire marshal or Building Safety Department.

18. Checklist – 33. Water Source & 34. Wastewater

- If the Home will serve more than 25 people including staff and residents please contact your local DEC Water Program to register your well.
 - If you do utilize well water: you will be required to submit documentation to DEC Wastewater Program that the separation distance between your well and septic system is in compliance with regulation.
- 

18. Checklist – 35. Background Checks

35. Background Checks – When we receive your application, we will contact the Background Check Program (BCP) and request an account be set up. The BCP will notify you via e-mail what your account is, your password, and how to enter individual's information to request a background check.

Do not submit anything for the background check until you have received this e-mail and have begun entering individuals. The e-mail will include a phone number and e-mail address if you have any further questions. You will need to get a background checks for all employees and every household member residing in the home who is at least 16 years of age.

- You will be the contacted by the BCP after you have submitted your application and been notified by New Home Application Supervisor your application has been assigned to a specialist.
- Do not start an applicant initiated background as this may delay the licensing process.
- Wait until you have received access to your Home's account through the Services for Businesses section of your my.alaska.gov account to start application for background check.

19. Fees

19. Application fees: Please include check or money order with this application.

Licensure for one or two residents:

1 or 2 x \$25.00= \$25.00

Licensure for three (3) or more residents:

_____ x \$25.00= _____

(For example, to apply for licensure to service five (5) residents, the fee is calculated as follows: \$25.00 for each resident for a total of \$125.00).

Total fee enclosed: _____

- Sorry- Fees are not refundable.
- Keep a copy of your receipt.

Sign and Notarize

This is to certify that this applicant agrees:

To comply with applicable licensing statutes and regulations, including but not limited to AS 47.05, AS 47.32, AS 47.33, 7 AAC 10 and 7 AAC 75. To keep records necessary to demonstrate compliance with the statutes and regulations governing licensure of assisted living homes and to make such records available to the Department of Health and Social Services, or its authorized representatives, upon request. To permit representatives of the Department of Health and Social Services access to inspect the assisted living home, review records, including files of individuals who received services from the assisted living home; interview staff; and interview individuals receiving services from the assisted living home. I attest that I am a citizen or national of the United States, an alien lawfully admitted for permanent residence, or an alien authorized by the Immigration and Naturalization Service to work in the United States. By my signature below, I certify that the information contained in this application and applicable attachments is true, accurate, and complete.

Signature of Applicant

Date

Printed Name of Applicant

Submit Completed Application to:

Notarized by: _____

Signature of Notary for State of Alaska

State of Alaska
DHSS/Division of Health Care Services
Residential Licensing
4501 Business Park Blvd, Bldg L
Anchorage, AK 99503

Printed Name of Notary

My Commission Expires

Questions?

- ▶ If you have any additional questions regarding the licensing process please contact:
 - Karina Thompson CCLS II 907-334-2493
 - Nate Allen CCLS I 907-334-2494
 - Julia Greenfield CCLS I 907-269-3642
 - Main Line: 907-269-3640