

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL
DIVISION OF CERTIFICATE OF NEED

**APPLICATION FOR CERTIFICATE OF COMPLIANCE
FOR A
CONTINUING CARE RETIREMENT COMMUNITY (CCRC)**

Name of CCRC: _____

Address: _____

(City) (State) (Zip) (County)

Owner of CCRC: _____

Address: _____

(City) (State) (Zip)

Contact Person: _____

(Title)

Address: _____

(City) (State) (Zip)

Telephone Number and Email Address: _____

On behalf of the owner of the above-named CCRC, the undersigned certifies as follows:

1. The above-named CCRC shall have the following number of units:

	<u>Current number of units/beds</u>	<u>Number of units/beds to be added or converted</u>	<u>Final number of units/beds</u>
a. Independent living units	_____	_____	_____
b. Assisted living units	_____	_____	_____
c. Personal care beds	_____	_____	_____
TOTAL	_____	_____	_____
d. Nursing home beds*	_____	_____	_____

***There shall be no more than one nursing home bed for every four of the total final number of independent living units, assisted living units, and personal care beds.**

2. All residents shall have a written agreement with the CCRC;
3. A continuum of residential living options and support services shall be offered to all residents age 60 and older and may offer these services and options to persons below age 60 as needed;
4. None of the health facilities or health services established by the continuing care retirement community shall apply for or become certified for participation in the Medicaid program, and that this restriction shall be disclosed in writing to each of its residents;
5. A claim for Medicaid reimbursement shall not be submitted for any person for any health service established by the continuing care retirement community, and that this restriction shall be disclosed in writing to each of its residents;
6. All residents in nursing home beds shall be assessed using the Health Care Financing Administration approved long-term care resident assessment instrument. The assessment shall be transferred to the state data bank if the nursing home bed is certified for Medicare participation;
7. Admissions to continuing care retirement community nursing home beds shall be exclusively limited to on-campus residents;
8. A resident shall not be admitted to a continuing care retirement community nursing home bed prior to ninety (90) days of residency in the continuing care retirement community unless the resident experiences a significant change in health status documented by a physician;
9. A resident shall not be involuntarily transferred or discharged without thirty (30) days prior written notice to the resident or the resident's guardian;

10. Assistance shall be provided to each resident upon move-out notice to find appropriate living arrangements;
11. Information on alternative living arrangements provided by the Department for Aging and Independent Living shall be provided at the time a move-out notice is given to a resident;
12. Written agreements executed by the resident and the continuing care retirement community shall contain provisions for assisting any resident who has received a move-out notice to find appropriate living arrangements;
13. The payor source for each of its nursing home beds shall be provided to the Office of Inspector General, Division of Certificate of Need, upon request;
14. The number of each type of bed or living unit within the continuing care retirement community shall be provided to the Office of Inspector General, Division of Certificate of Need, upon request.

CERTIFIED this _____ day of _____, 20____:

Name (printed) _____
(Title)

Signature _____ Date _____

COMPLETE AND RETURN TO:

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL
DIVISION OF CERTIFICATE OF NEED
275 EAST MAIN STREET 5EA
FRANKFORT, KY 40621
Phone: (502) 564-9592
Email: CON@ky.gov
Fax: (502) 564-6546