

Application for Feasibility Study Submission

Date Submitted: _____

Regulation .05 – Feasibility Study Submission

1.	Name of Facility:	
	County:	
	Street Address (mailing):	
	City/State/Zip Code:	
	Telephone Number:	Email Address:

2.	Chief Executive Officer of the Facility:	
	Street Address (mailing):	
	City/State/Zip Code:	
	Telephone Number:	Email Address:

3.	Proposed Location of Facility (if different than listed in 1.):	
	County:	
	Street Address (mailing):	
	City/State/Zip Code:	

4.	Specific requirements for information to be included in the exhibits are fully stated in COMAR Title 32.02.01.05, Subsections A, B and C. The following should be marked as indicated and attached to this application:
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Exhibit A Purpose of the continuing care retirement community project;

Exhibit B Summary of proposed continuing care retirement community;

- Exhibit C Summary of the organizational structure of the proposed provider and development team;
- Exhibit D Summary of description of the location of the proposed continuing care retirement community;
- Exhibit E Full description of the site of the proposed continuing care retirement community;
- Exhibit F Summary of any independent living component of the facility;
- Exhibit G Summary of the common and service areas of the facility;
- Exhibit H Summary of any plans for assisted living or comprehensive care units;
- Exhibit I Summary of the services that will be included in the monthly service fee;
- Exhibit J Summary of the ancillary services that will not be included in the monthly service fee;
- Exhibit K Statement describing any plans the provider has to require a subscriber to have long-term care insurance or supplement health insurance coverage;
- Exhibit L Statement describing any plans the provider has to become Medicare or Medicaid certified;
- Exhibit M Statement describing any plans the provider has to offer priority access to health-related services at an offsite location;
- Exhibit N Statement describing any plans to delay the refund of any entrance fees until the resale of a subscriber's unit;
- Exhibit O A study that demonstrates a market exists for the proposed project;
- Exhibit P A study demonstrating the financial feasibility of the proposed project;
- Exhibit Q Except as provided in §B of this regulation, an actuarial study, prepared or reviewed by a qualified actuary;
- Exhibit R Copy of the proposed deposit agreement between the provider and prospective subscribers governing the disposition of the escrowed funds and the interest earned on them.
Note: See COMAR 32.02.01.01 for a complete definition of Deposit Agreement. Including priority, reservation, waiting list and agreements of similar form and use, regardless of title.
- 1) A deposit agreement is planned for the use prior to issuance of the Preliminary Certificate of Registration Yes No
 - 2) Use of the deposit agreement is expected to begin on the following date:

- Exhibit S Copy of the proposed escrow agreement between the provider and the depository;
- Exhibit T Proposed payment arrangements under the agreement for both the shelter and health-related benefits;

- Exhibit U Copy of a certificate of need, or a letter or exemption from the certificate of need requirement, issued by the Maryland Health Care Commission (MHCC) for any proposed comprehensive care beds;
- Exhibit V Form and substance of any advertising campaign or proposed advertisement for the proposed project that is available at the time of filing; and
- Exhibit W Any further information that the Department requires.

5.	<u>Filing Fee</u> of \$14,000 for 1 to 99 units; \$20,000 for 100-199 units; \$30,000 for 200–499 units; \$40,000 for 500-999 units; and \$50,000 for 1,000 or more units.
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The undersigned attest that the information submitted herein is true to the best of his or her knowledge and that estimates provided are based on commonly acceptable statistical, accounting and other technical standards.

Notary Statement:

(Signature)

(Title)