

Residential Health Care Institution Licensing Process -The Basics-

Presented by
The Bureau of Residential Facilities Licensing

Updated 3/25/22



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

Arizona Department of Health Services

Don Herrington, Interim Director

Division of Public Health Licensing

Tom Salow, Interim Assistant Director

Bureau of Residential Facilities Licensing

Harmony Duport, Bureau Chief



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OF HEALTH SERVICES

Health and Wellness for all Arizonans

Office Location and Contact Information

- Address: 150 N. 18th Ave., Suite 420, Phoenix, AZ 85007
- Phone: 602-364-2639
- Fax: 602-324-5872
- Website: www.azdhs.gov/residentialfacilities
- Email: Residential.Licensing@azdhs.gov



Bureau of Residential Facilities Licensing (BRFL)

Mission Statement:

“To protect the health and safety of Arizonans by providing information, establishing standards, and licensing and regulating health and child care services.”



Bureau of Residential Facilities Licensing (BRFL)

BRFL licenses and regulates:

- Residential Health Care Institutions:
 - Adult Behavioral Health Therapeutic Homes
 - Adult Day Health Care Facilities
 - Adult Foster Care Homes
 - Adult Residential Care Institutions
 - Assisted Living Centers and Homes
 - Behavioral Health Residential Facilities
 - Secure Behavioral Health Residential Facilities
 - Behavioral Health Respite Homes



Purpose of this Training

- Review various types of residential health care institutions (“HCI” or “facility”) to assist potential providers in determining what kind of facility they want to own and operate
- Review application requirements
- Provide overview of the initial inspection and licensing process
- Assist in navigating the Bureau’s website and provide additional resources



Applicable Rules and Statutes

- Licensing of Residential Facilities is governed by the Arizona Revised Statutes (“A.R.S.”), primarily:

[Title 36: Public Health and Safety,](#)

[Chapter 4: Health Care Institutions](#)

- Reference to a statute generally uses this format:

A.R.S. § 36-401(A)(1)

Statutes are law, and authorize the Department to adopt regulations or rules which govern HCIs.



Applicable Rules and Statutes

- Rules are contained in the Arizona Administrative Code (“A.A.C.”), primarily:

[Title 9: Health Services,](#)

[Chapter 10: Department of Health Services Health Care Institution Licensing](#)

- Reference to a rule generally uses this format:

R9-10-803(A)(3)(a)

Rules are broken down into **Articles** specific to each type of HCI.



Rules Governing Residential HCIs

- **Article 1:** General
- **Article 7:** Behavioral Health Residential Facilities
(Including Secure Behavioral Health Residential Facilities and Adult Residential Care Institutions)
- **Article 8:** Assisted Living Facilities
(Including Homes, Centers and Adult Foster Care Homes)
- **Article 11:** Adult Day Health Care Facilities
- **Article 16:** Behavioral Health Respite Homes
- **Article 18:** Adult Behavioral Health Therapeutic Homes



BRFL Website

- Download and print the official regulations specific to the applicable HCI class or subclass:
 - Arizona Revised Statutes:
<https://www.azleg.gov/arsDetail/?title=36>
 - Arizona Administrative Code:
https://apps.azsos.gov/public_services/Title_09/9-10.pdf



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Rules & Regulations

- Arizona Administrative Code, Title 9, Chapter 10 - Health Care Institutions Licensing
 - Article 1 General
 - Article 7 Behavioral Health Residential Facilities
 - Article 8 Assisted Living Facilities
 - Article 11 Adult Day Health Care Facilities
 - Article 16 Behavioral Health Respite Homes
 - Article 18 Adult Behavioral Health Therapeutic Homes
- Arizona Revised Statutes, Title 36, Chapter 4 - Public Health and Safety
 - Smoke-Free AZ Rules
 - ADHS Substantive Policy Statements
 - ADHS Guidance Documents





Definitions



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Definition of...

Health Care Institution (A.R.S. § 36-401(A)(22))

- "Health care institution" means every place, institution, building or agency, whether organized for profit or not, that provides facilities with medical services, nursing services, behavioral health services, health screening services, other health-related services, supervisory care services, personal care services or directed care services and includes home health agencies as defined in section 36-151, outdoor behavioral health care programs and hospice service agencies



Definition of...

Assisted Living Facility (A.R.S. § 36-401(A)(9))

- "Assisted living facility" means a residential care institution, including an adult foster care home, that provides or contracts to provide supervisory care services, personal care services or directed care services on a continuous basis



Assisted Living Facilities

- **Assisted Living Home: 10 residents or fewer**
 - Usually in a home in a residential neighborhood
- **Assisted Living Center: 11 residents or more**
 - Usually in a commercial building(s) or large residential campus



Definition of...

Adult Foster Care Home (A.R.S. § 36-401(A)(6))

- “Adult foster care home” means a residential setting that provides room and board and adult foster care services for at least one and no more than four adults who are participating in the Arizona long-term care system...and in which the sponsor or the manager resides with the residents and integrates the residents who are receiving adult foster care into that person’s family

(Adult foster care services includes supervision, assistance with eating, bathing, toileting, dressing, self-medication and other routines of daily living or services (see A.R.S. § 36-401(A)(7))



Residents in Assisted Living Facilities/Adult Foster Care may have:

- Mild limitations: General supervision only, no hands-on care
- Physical limitations: Hands-on care
- Physical and/or cognitive deficits requiring assistance with self-administration of medications or medication administration
- Severe cognitive deficits such as Alzheimer's disease



Levels of Care – Assisted Living

- **Supervisory care services:** general supervision, including daily awareness of resident functioning and continuing needs, the ability to intervene in a crisis and assistance in the self-administration of prescribed medications
- **Personal care services:** assistance with activities of daily living that can be performed by persons without professional skills or professional training and includes the coordination or provision of intermittent nursing services and the administration of medications and treatments by a nurse who is licensed pursuant to title 32, chapter 15 or as otherwise provided by law
- **Directed care services:** programs and services, including supervisory and personal care services, that are provided to persons who are incapable of recognizing danger, summoning assistance, expressing need or making basic care decisions



Definition of...

Adult Day Health Care Facility (A.R.S. § 36-401(A)(4))

- “Adult day health care facility” means a facility that provides adult day health services during a portion of a continuous twenty-four hour period for compensation on a regular basis for five or more adults not related to the proprietor

(Adult day health services means a program that provides supervision, activities, personal care, meals and health monitoring in a group setting (see A.R.S. § 36-401(A)(5))



Definition of...

Behavioral Health Residential Facility (R9-10-101(36))

- “Behavioral health residential facility” means a health care institution that provides treatment to an individual experiencing a behavioral health issue that:
 - Limits the individual’s ability to be independent,
 - or
 - Causes the individual to require treatment to maintain or enhance independence



Behavioral Health Residential Facilities

- Provide services to people whose **primary** need for services is related to:
 - A Mental Disorder (i.e. schizophrenia, bipolar disorder, depression, personality disorders, etc.)
 - Substance Abuse
 - Significant psychological or behavioral response to an identifiable stressor

(According to R9-10-808(F), a “Mental Disorder” **DOES NOT** include Alzheimer’s disease, other dementia or Traumatic Brain Injury (“TBI”))



Definition of...

Behavioral Health Respite Home (R9-10-101(37))

- “Behavioral health respite home” means a residence where respite care services, which may include assistance in the self-administration of medication, are provided to an individual based on the individual’s behavioral health issue and need for behavioral health services.

(A documented agreement with a collaborating health care institution that establishes the responsibilities of the behavioral health respite home is required)



Definition of...

Adult Behavioral Health Therapeutic Home (R9-10-101(13))

- “Adult behavioral health therapeutic home” means a residence that provides room and board, assists in acquiring daily living skills, coordinates transportation to scheduled appointments, monitors behaviors, assists in the self-administration of medication, and provides feedback to a case manager related to behavior for an individual 18 years of age or older based on the individual’s behavioral health issue and need for behavioral health services and may provide behavioral health services under the clinical oversight of a behavioral health professional.

(A documented agreement with a collaborating health care institution that establishes the responsibilities of the adult behavioral health therapeutic home is required)



Definition of...

Secure Behavioral Health Residential Facility (A.R.S. 36-425.06)

- Secure behavioral health residential facilities “provide secure twenty-four-hour on-site supportive treatment and supervision by staff with behavioral health training for persons who have been determined to be seriously mentally ill, who are chronically resistant to treatment for a mental disorder and who are placed in the facility pursuant to a court order issued pursuant to section 36-550.09. A secure behavioral health residential facility may provide services only to persons placed in the facility pursuant to a court order issued pursuant to section 36-550.09 and may not provide services to any other persons on that facility's premises. A secure behavioral health residential facility may not have more than sixteen beds.”
- “Secure” means premises that limit a patient’s egress in the least restrictive manner consistent with the patient’s court-ordered treatment plan



Definition of...

Adult Residential Care Institution (A.A.C. R9-10-101(14))

- “Adult Residential Care Institution” means a subclass of behavioral health residential facility that only admits residents 18 years of age and older and provides recidivism reduction services

(Only residents who have been referred to receive recidivism reduction services may receive services from recidivism reduction staff; residents may only be referred if they are 1 or more of the following: 1) charged with or convicted of 1 or more criminal offenses, 2) referred by a court, prosecutor or probation officer, 3) approved for placement by a health care professional who is licensed pursuant to title 32 and whose scope of practice includes recidivism reduction services)



Location, Location, Location...

- Facilities need to work with the local jurisdiction to obtain approval **before** applying for a license
 - Local jurisdiction = City/town/county building codes and permits agency

(Additionally, Assisted Living Centers (11 or more residents) and Adult Day Health Care Facilities are required to go through the Department's Architectural Review process before applying for a license)



The Application Process



ARIZONA DEPARTMENT
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License Application

- A person applying for an initial health care institution license must submit a complete application packet to the Department that meets **all** requirements in A.A.C. R9-10-105
- Complete applications and all supplemental documents and forms should be **emailed** to Residential.Licensing@azdhs.gov
 - Note: Application fee must be **mailed separately** to the Department
 - **Only** business checks, cashier's checks, or money orders will be accepted
 - Personal checks, cash, and credit/debit cards **will not** be accepted
 - A.R.S. § 36-405(B)(5) requires the Department to collect a \$50 **nonrefundable** application fee from all health care institutions. The Department will consider any application received without the application fee to be incomplete. Checks shall be made payable to the "Arizona Department of Health Services" and mailed to 150 N. 18th Ave., Ste. 420, Phoenix, AZ, 85007.



Application Forms

- Download and print the application and all required supplemental forms from our website:

<http://azdhs.gov/licensing/residential-facilities/index.php#providers-application-forms>



Complete Applications & Licensing

- An inspection of the facility **will not** be conducted until the application is administratively complete
 - **Do not** leave anything blank. Use “N/A” if something does not apply to your facility
 - Submit **all** required documents and forms
- A license **will not** be issued until the facility is in substantial compliance with the regulations that govern the health care institution and all licensing fees have been paid



Change of Ownership (“CHOW”)

- If you are purchasing or leasing a facility that is already licensed as a residential health care institution, this is referred to as a “CHOW”
- The current licensee must notify the Department in writing at least 30 days prior to the planned change of ownership and ensure services are not interrupted (A.R.S. § 36-422(D))
 - Failure to notify the Department at least 30 days prior may result in enforcement action
- The new owner must submit an initial application and must **not** begin operating until the Department issues a license to the new owner
 - Operating a health care institution without a license may result in enforcement action





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Application Fees

A.R.S. § 36-405(B)(5) requires the Department to collect nonrefundable application fees from all health care institutions. All health care institution license applications must include a \$50 nonrefundable application fee. The Department will consider any application received without the application fee to be incomplete. (NOTE: This does not apply to Child Care Licensing.) Checks shall be made payable to the Arizona Department of Health Services.

NOTE: All license applications require an [Arizona Statement of Citizenship and Alien Status](#).

Not required for corporations or LLCs

- Residential Facilities Licensing: License Application
 - Assisted Living Initial Survey Tool Checklist
 - Behavioral Health Residential Initial Survey Tool Checklist
 - Remittance Form (NOTE: This form is required with the license application.)
 - HCI Services Provided (NOTE: Use this form to submit a request to add services.)
 - Supplemental Application Form for Behavioral Health Respite and Adult Therapeutic Homes
- Health Care Institution Approval for Architectural Plans and Specification Form

Additional Resources

- Provider FAQs
- Behavioral Health Provider Certification and Transmittal Request
- Behavioral Health Provider Certification and Transmittal Request (fillable PDF form)
- Licensing Fee Payment Reminder

Only required for AL Centers and Adult Day Health Care Facilities



Completing the Application

azdhs.gov/licensing/residential-facilities/index.php#providers-application-forms



Search az.gov



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INITIAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH LICENSING SERVICES – RESIDENTIAL LICENSING

In accordance with A.R.S. §41-1030

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

I. HEALTH CARE INSTITUTION INFORMATION

Name of Health Care Institution: Name of Facility (owner)	Tax ID No.
Street Address: Actual physical address of the facility	
City:	State: Zip Code:
Mailing Address: Address that you want the mail to be delivered to	
City:	State: Zip Code:
Phone No. Facility's number	Fax No. E-mail: Email required
Select one class or subclass (Listed in A.A.C. R9-10-102):	
<input type="checkbox"/> Adult behavioral health therapeutic home <input type="checkbox"/> Adult day health care facility <input type="checkbox"/> Adult foster care home <input type="checkbox"/> Assisted living center <input type="checkbox"/> Assisted living home <input type="checkbox"/> Behavioral health residential facility <input type="checkbox"/> Behavioral health residential facility - adult residential care institution <input type="checkbox"/> Behavioral health respite home	
If a facility that is not required to comply with A.A.C. R9-1-412, indicate licensed capacity: _____	
If no licensed capacity, indicate 0	
Except for a behavioral health facility, is the health care institution located within ¼ mile of agricultural land? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, the name and address of each owner or lessee of agricultural land regulated under A.R.S. § 3-365. Name of owner or lessee of agricultural land: _____	
Street Address: _____	
City:	State: Zip Code:
Name of owner or lessee of agricultural land: _____	
Street Address: _____	
City:	State: Zip Code:
SUBMIT, for each owner or lessee identified, a copy of the written agreement between the applicant and the owner or lessee of the agricultural land as prescribed in A.R.S. § 36-421(D).	

Only select one

Note: The application is in currently in the process of being updated. Once updated, these print screens may not match the application exactly; however, the same information applies.





INITIAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES

PUBLIC HEALTH LICENSING SERVICES - RESIDENTIAL LICENSING

Is the health care institution located in a leased facility? YES NO
 If yes, provide a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility.

Is the health care institution ready for a licensing inspection by the Department? YES NO
 If no, indicate the date the health care institution will be ready for a licensing inspection: _____

Health care institution's days and hours of operation:
 Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Is health care institution accredited? YES NO
 Name of accrediting organization (must be from a nationally recognized organization):

SUBMIT, if applicable, a copy of the full accreditation report and cover letter.

Is health care institution requesting certification under Title XIX of the Social Security Act? YES NO

DO NOT check "yes" if you haven't read all applicable regulations that govern your facility and have not ensured that you are in substantial compliance with the regulations. It is ok to check "no" and include a future date

II. OWNER INFORMATION

The owner is a (select one):

Sole proprietorship Corporation Partnership

Limited liability partnership Limited liability company Governmental agency

Owner's Name: Sole proprietor, LLC, corporation, as above the licensee

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone No. _____ Fax No. _____ E-mail: Required _____

Can be alternate contact number (not at facility)



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If the owner is a partnership or a limited liability partnership, list the name of each partner;

If the owner is a limited liability company, list the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;

If the owner is a corporation, list the name and title of each corporate officer; or

If the owner is a governmental agency, list the name and title of the individual in charge of the governmental agency or the name of an individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency:

Name: Title:

Name: Title:

Name: Title:

SUBMIT, if applicable, a copy of the owner's articles of incorporation, partnership or joint venture documents, or limited liability documents.

Has the owner or any person with 10% or more business interest in the health care institution had a license to operate a health care institution denied, revoked, or suspended? YES NO

If yes, indicate:

The reason for denial, revocation, or suspension:

Attach additional pages if needed

The date of the denial, revocation, or suspension:

The name and address of the licensing agency that denied, revoked, or suspended the license :



INITIAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH LICENSING SERVICES – RESIDENTIAL LICENSING

Has the owner or any person with 10% or more business interest in the health care institution had a health care professional license or certificate denied, revoked, or suspended? YES NO

If yes, indicate

The reason for denial, revocation, or suspension: **Attach additional pages if needed**

The date of the denial, revocation, or suspension: _____

The name and address of the licensing agency that denied, revoked, or suspended the license or certification:

What is the health care institution's proposed scope of services?

Such as: level of care, behavioral care, medication administration, counseling, etc...

Does the applicant agree to allow the Department to submit supplemental requests for information under A.A.C. R9- 10- 108(C)(2) ? YES NO **Marking yes allows us to ask for additional information**

III. SUPPLEMENTAL APPLICATION FOR ASSISTED LIVING CENTERS AND ASSISTED LIVING HOMES

Services provided (select all those that apply):

- Supervisory care services Behavioral health services other than behavioral care
 Personal care services Directed care services Adult day health care services

IV. SUPPLEMENTAL APPLICATION FOR BEHAVIORAL HEALTH RESIDENTIAL FACILITIES

- Services provided (select all those that apply):
- | | |
|--|--|
| <input type="checkbox"/> Residential services to individuals under 18 years of age | <input type="checkbox"/> Behavioral health services to individuals under 18 years of age |
| <input type="checkbox"/> Residential services to individuals 18 years of age and older whose behavioral health issue limits the individual's ability to function independently | <input type="checkbox"/> Behavioral health services to individuals 18 years of age and older |
| <input type="checkbox"/> Outdoor behavioral health care program | <input type="checkbox"/> Personal care services |
| | <input type="checkbox"/> Respite services |
| | <input type="checkbox"/> Recidivism reduction services |

For a behavioral health residential facility, the licensed capacity for:

Individuals under 18 years of age: _____
Individuals 18 years of age and older: _____

For an outdoor behavioral health care program, the licensed capacity for:

Individuals between the age of 12 and 17 years of age: _____
Individuals between the age of 18 and 24 years of age: _____

For an outdoor behavioral health care program, SUBMIT a copy of the outdoor behavioral health care program's accreditation report.

If providing respite services, the requested number of individuals who do not stay overnight in the behavioral health residential facility: _____

Complete section III or section IV, not both



INITIAL LICENSE APPLICATION FOR A HEALTH CARE INSTITUTION

ARIZONA DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH LICENSING SERVICES – RESIDENTIAL LICENSING

V. FEES **Only submit \$50.00 with the initial application (see below)**

SUBMIT applicable fees required by R9-10-106. All fees are non-refundable except as provided in A.R.S. § 41-1077.

VI. STATUTORY AGENT OR INDIVIDUAL WHO ACCEPTS SERVICE OF PROCESS AND SUBPOENAS

Name: _____ Title: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone No. _____

VII. GOVERNING AUTHORITY **Who has the ultimate responsibility and authority for the conduct of the facility? May or may not be the licensee.**

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____

VIII. CHIEF ADMINISTRATIVE OFFICER **Who implements the governing authority's direction in the facility? May or may not be the administrator or certified manager.**

Name: _____ Title: _____
Highest Educational Degree: _____
Work experience related to the health care institution class or subclass related to licensing requested:

IX. SIGNATURES

A.R.S. §36-422(B) states an initial licensing application filed shall contain the written or electronic signature of:

1. If the applicant is an individual, the owner of the health care institution.
2. If the applicant is a partnership or corporation, two of the partnership's or corporation's officers.
3. If the applicant is a governmental agency, the head of the governmental agency.

Signature Title

Signature Title



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X. ADDITIONAL DOCUMENTATION

Is the health care institution required to comply with physical plant codes and standards incorporated by reference in A.A.C. R9-1-412?

YES NO **This only applies to Assisted Living Centers and Adult Day Health Care Facilities.**

If yes, provide documentation of the health care institution's architectural plans and specifications approval in R9-10-104. If no, provide one of the following:

- Documentation from the local jurisdiction of compliance with local building codes and zoning ordinances; or
- If documentation from the local jurisdiction is not available, documentation of the unavailability of the local jurisdiction compliance and documentation of a general contractor's inspection of the facility that states the facility is safe for occupancy as the applicable health care institution class or subclass; and
- The licensed capacity requested by the applicant for the health care institution: [REDACTED]
- If applicable, the licensed occupancy requested by applicant: [REDACTED]
- A site plan showing each facility, the property lines of the health care institution, each street and walkway adjacent to the health care institution, parking for the health care institution, fencing and each gate on the health care institution premises, and if applicable, each swimming pool on the health care institution premises; and
- A floor plan showing, for each story of a facility, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device.



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- Documentation from the local jurisdiction of compliance with local building codes and zoning ordinances; or
- If documentation from the local jurisdiction is not available, documentation of the unavailability of the local jurisdiction compliance and documentation of a general contractor's inspection of the facility that states the facility is safe for occupancy as the applicable health care institution class or subclass **and**
- The licensed capacity requested by the applicant for the health care institution: # of beds/participants requested for the license
- If applicable, the licensed occupancy requested by applicant: Does not apply to residential facilities
- A site plan showing each facility, the property lines of the health care institution, each street and walkway adjacent to the health care institution, parking for the health care institution, fencing and each gate on the health care institution premises, and if applicable, each swimming pool on the health care institution premises; and
- A floor plan showing, for each story of a facility, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device.



X. ADDITIONAL DOCUMENTATION

Is the health care institution required to comply with physical plant codes and standards incorporated by reference in A.A.C. R9-1-412?

YES NO

If yes, provide documentation of the health care institution's architectural plans and specifications approval in R9-10-104. If no, provide one of the following:

- Documentation from the local jurisdiction of compliance with local building codes and zoning ordinances; or
- If documentation from the local jurisdiction is not available, documentation of the unavailability of the local jurisdiction compliance and documentation of a general contractor's inspection of the facility that states the facility is safe for occupancy. **A drawing of the entire facility and grounds**
- The licensed capacity requested by the applicant for the health care institution: [REDACTED]
- If applicable, the license. **A drawing of the inside of the facility (for each floor, if applicable)**
- A site plan showing each facility, the property lines of the health care institution, each street and walkway adjacent to the health care institution, parking for the health care institution, fencing and each gate on the health care institution premises, and if applicable, each swimming pool on the health care institution premises; and
- A floor plan showing, for each story of a facility, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device.



Application & Licensing Fees

Application Fees

A.R.S. § 36-405(B)(5) requires the Department to collect nonrefundable application fees from all health care institutions. All health care institution license applications must include a \$50 nonrefundable application fee. The Department will consider any application received without the application fee to be incomplete. (NOTE: This does not apply to Child Care Licensing.) Checks shall be made payable to the Arizona Department of Health Services.

NOTE: All license applications require an [Arizona Statement of Citizenship and Alien Status](#).

- Residential Facilities Licensing: License Application
 - [Assisted Living Initial Survey Tool Checklist](#)
 - [Behavioral Health Residential Initial Survey Tool Checklist](#)
 - [Remittance Form](#) (NOTE: This form is required with the license application.)
 - [HCI Services Provided](#) (NOTE: Use this form to submit a request to add services.)
 - [Supplemental Application Form for Behavioral Health Respite and Adult Therapeutic Homes](#)
- [Health Care Institution Approval for Architectural Plans and Specification Form](#)

Additional Resources

- [Provider FAQs](#)
- [Behavioral Health Provider Certification and Transmittal Request](#)
- [Behavioral Health Provider Certification and Transmittal Request \(fillable PDF form\)](#)
- [Licensing Fee Payment Reminder](#)



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

PUBLIC HEALTH LICENSING SERVICES
 Residential Facilities Licensing
 150 N. 18th Avenue
 Phoenix, AZ 85007

APPLICATION AND LICENSE FEE REMITTANCE FORM

PLEASE RETURN THIS FORM WITH PAYMENT TO ABOVE ADDRESS

FACILITY ID #: (Office use ONLY)		LICENSE #: (Renewals ONLY)	
FACILITY NAME:			
STREET ADDRESS:			
CITY:		STATE:	ZIP:

ADULT DAY HEALTH CARE FACILITY, ASSISTED LIVING HOME, OR ASSISTED LIVING CENTER

FEES			AMOUNT DUE
Application Fee (due when application is submitted)			\$50
<i>Only submit \$50.00 with the initial application →</i>			
Licensed Capacity (due after initial inspection)			
Licensed Capacity:	License Fee:	# of Beds x \$70 each:	Total License Fee - Number of Beds Fee:
No licensed capacity	\$280		\$280
1 to 59 beds	\$280	x \$70 =	\$
60 to 99 beds	\$560	x \$70 =	\$
100 to 149 beds	\$840	x \$70 =	\$
150 or more beds	\$1400	x \$70 =	\$
TOTAL AMOUNT DUE			\$

BEHAVIORAL HEALTH RESIDENTIAL FACILITY, ADULT BEHAVIORAL HEALTH THERAPEUTIC HOME, ADULT BEHAVIORAL HEALTH RESPITE HOME, OR CHILDREN'S BEHAVIORAL HEALTH RESPITE HOME

FEES			AMOUNT DUE
Application Fee (due when application is submitted)			\$50
Licensed Capacity (due after initial inspection)			
Licensed Capacity:	License Fee:	# of Beds x \$94 each:	Total License Fee - Number of Beds Fee:
No licensed capacity	\$375		\$375
1 to 59 beds	\$375	x \$94 =	\$
60 to 99 beds	\$750	x \$94 =	\$
100 to 149 beds	\$1125	x \$94 =	\$
150 or more beds	\$1875	x \$94 =	\$
TOTAL AMOUNT DUE			\$

Payment should be cashiers' check, money order or business check made payable to: AZ DEPT OF HEALTH SERVICES
 Cash and personal checks are not accepted.

ALL FEES ARE NON-REFUNDABLE

subject to A.R.S. 36-405(B)(6), 36-882(F) and 36-897.01(c), except as provided in A.R.S. 36-1037. NOTE: Fees do not apply to a health care institution operated by a State agency pursuant to federal law such as the Veterans' Home, Arizona State Hospital or adult foster care settings. Authority: A.R.S. 36-405



ARIZONA DEPARTMENT
 OF HEALTH SERVICES

Health and Wellness for all Arizonans

Submitting Your Application

- Once the application is submitted, you will receive a letter telling you that your application is either administratively complete or incomplete
 - A complete application will be forwarded to a supervisor (Health Care Compliance Manager) to be assigned to a Health Care Compliance Surveyor who will contact you to schedule the onsite inspection to determine if your facility is in substantial compliance with the licensing regulations
 - An incomplete application will prompt our administrative staff to contact you (in writing) requesting the information needed to complete your application



Timeframes

- The Department has 120 days (total) to issue the license. This is broken down by:
 - Administrative review = 30 days
 - Substantive review = 90 days
- The Applicant has 180 days (total) to be in substantial compliance with all licensing regulations or the facility's application may be considered withdrawn or denied. This is broken down by:
 - Administrative completeness = 60 days
 - Substantive completeness = 120 days



But, the Department has a goal to get you licensed
a lot sooner than that!

ARE YOU READY??



ARIZONA DEPARTMENT
OF HEALTH SERVICES

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The Initial On-site Inspection



ARIZONA DEPARTMENT
OF HEALTH SERVICES

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Inspection Readiness

- After your application is administratively complete, a Surveyor will contact you to review an initial checklist and schedule the inspection
- Inspections typically take ~3-4 hours depending on:
 - Size of the facility
 - Compliance with regulations and organization of documents
- You must be in substantial compliance with **all** regulations that govern your facility



“Ready” Means....

- You have reviewed, have a strong understanding of, and have ensured compliance with all regulations governing your health care institution
 - Required **policies and procedures** are developed, documented, and in compliance with the rules
 - Key **personnel** have been hired and personnel records are complete
 - Any necessary **contracts** are fully executed
 - **Physical plant** and **environmental standards** are met
 - The facility is ready to accept residents



Policies & Procedures (“P&Ps”)

P&Ps go hand-in-hand to clarify
what your organization wants to do
and
how to do it!



Policies & Procedures

Policy = Clear simple statement of intent of what your organization wants to do, a set of principles to guide decisions and achieve outcomes

Procedure = The steps to put the policy in to action, who will do what, what steps they need to take, what forms or documents to use



ADHS does not approve P&Ps!!



P&Ps will vary between facilities because they should reflect the individual values, approaches and commitments of an organization



ARIZONA DEPARTMENT
OF HEALTH SERVICES

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Key Personnel and Personnel Records

- For Assisted Living Facilities...
 - *Certified Assisted Living Facility Manager*
 - *Manager's Designee*
 - *Trained Caregiver*
 - *Assistant Caregiver*
- For Behavioral Health Residential Facilities/Secure Behavioral Health Residential Facilities...
 - *Behavioral Health Professional*
 - *Administrator*
 - *Registered Nurse (RN)*
 - *Registered Dietitian (RD)*
 - *Behavioral Health Technician/Behavioral Health Paraprofessional*



Key Personnel

- An **Assisted Living Facility** must have a **Certified Assisted Living Manager** who is responsible for the assisted living services provided
 - *Must be Certified by the Arizona Board of Nursing Care Institution Administrators and Assisted Living Facility Managers Board (“NCIA Board”)*
 - <https://www.aznciaboard.us/>



Key Personnel

- A **Behavioral Health Residential Facility** must have a **Behavioral Health Professional (“BHP”)** who must be available to oversee the behavioral health services provided and an **Administrator** must be responsible for the services provided

BHP = Psychiatrist, psychologist, physician, registered nurse practitioner licensed as an adult psychiatric nurse or an individual licensed under A.R.S. Title 32 Chapter 33, whose scope of practice allows the individual to independently engage in the practice of behavioral health (see full definition in A.A.C. R9-10-101(35))

Administrator = Defined by facility policies and procedures



Key Personnel and Personnel Records

- For Adult Residential Care Institutions...
 - *Behavioral Health Professional*
 - *Administrator*
 - *Registered Nurse (RN)*
 - *Registered Dietitian (RD)*
 - *Recidivism Reduction Staff*
- For Adult Foster Care Homes...
 - *Sponsor*
 - *Sponsor Designee*
- For Adult Day Health Care Facilities...
 - *Administrator*
 - *Registered Nurse*
 - *Nurse*



Key Personnel and Personnel Records

- For Behavioral Health Respite Homes
 - *Provider*
 - *Contract with outpatient treatment center*
- For Adult Behavioral Health Therapeutic Homes...
 - *Provider*
 - *Back up Provider*
 - *Contract with outpatient treatment center*



Physical Plant and Environmental Standards

- For Assisted Living Facilities and Adult Foster Care Homes...
 - *One bedroom set up per requirements*
 - *Common areas furnished and ready for residents*
- For Behavioral Health Residential Facilities...
 - *All bedrooms set up per requirements*
 - *Common areas furnished and ready for residents*
 - *Privacy room*



Initial Compliance Inspection

- Conducted onsite at facility
- Notice of Inspection Rights (“Entrance Letter”)
 - Will be reviewed first
 - Please read carefully
 - Ask the Health Care Compliance Surveyor if you have any questions or concerns
 - Sign for acknowledgement of receipt





Notice of Inspection Rights

Facility/Agency Name:				
Address:			City:	Zip:
Facility ID #:	License #:	Medicare #:	Date of Inspection:	
Survey Event ID:				
Inspector/Team Coordinator:				
Accompanied By:				

BUREAU OF RESIDENTIAL FACILITIES LICENSING

This inspection is conducted under the authority of:

- Arizona Revised Statutes (A.R.S.) Title 36, Chapters 1 and 4, and Arizona Administrative Code (A.A.C.) Title 9, Chapter 10. Some of the activities during the inspection may include, but are not limited to: a facility premise inspection, review and/or copying and photographing of records, including personnel and resident records, interviews with residents/patients/clients, family and staff, and review of services offered.
- The purpose of this inspection is to:
 - Determine compliance with health care institution requirements pursuant to the above A.R.S. and A.A.C.
 - Conduct a complaint investigation
- No fees are charged for this inspection.
- An authorized representative of this facility may accompany the inspector(s) during the inspection conducted on these premises, except during any confidential interview.
- You have the right to receive copies of any original documents taken by the inspector(s) during the inspection in those cases where the agency has authority to take original documents.
- You and your staff have the opportunity to provide any information that would clarify an issue. Additionally, interviews with staff, family or residents/patients/clients may be conducted privately. Each person interviewed will be informed that statements made by the person may be included in the inspection report and each person whose conversations are recorded will be informed that the conversation is being tape or video recorded.
- Upon completion of the inspection the inspector(s) will conduct an exit interview and informally disclose their findings. A Statement of Deficiencies (SOD) formally notifying you of the findings will be provided within 30 working days. You will be afforded an opportunity to submit a Plan of Correction (POC) unless the Department is considering enforcement against the license.
- You have an opportunity to dispute any findings of non-compliance through an Informal Dispute Resolution (IDR). Details of the IDR process will be provided when the SOD is mailed to you.
- If you have questions regarding this inspection, you may contact: Harmony Duport, Bureau Chief, at 150 N. 18th Ave., Suite 420, Phoenix, Arizona 85007-3242, Phone: (602) 364-2639, FAX: (602) 324-5872, E-Mail: Harmony.Duport@azdhs.gov. If you have an issue that you cannot resolve with the Bureau or the Division, you may contact the Office of Ombudsman-Citizens' Aide, 3737 N. 7th St., Suite 209, Phoenix, AZ 85014 (602) 277-7292.
- Your administrative hearing rights are found at A.R.S. § 41-1092 et seq., and rights relating to appeal of a final agency decision can be found in A.R.S. § 12-901 et seq.

Upon entry to the premises for this inspection, the inspector(s) presented photo identification indicating that they are Arizona Department of Health Services (ADHS) employees and reviewed with me the above Notice of Inspection Rights. I have read the disclosures and am notified of my inspection and due process rights as listed. I understand that while I have the right to decline to sign this form, the ADHS representative(s) may proceed with the inspection.

Administrator/Director/Agency Representative Signature	Date:
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- Administrator/Director/Agency Representative refused to sign this form.
- Administrator/Director/Agency Representative or authorized on-site representative is not present.

Inspector/Team Coordinator Signature:	Date:
---------------------------------------	-------

Copy left with Administrator/Director/Agency Representative



ARIZONA DEPARTMENT OF HEALTH SERVICES

Health and Wellness for all Arizonans

Initial Compliance Inspection

- Review of P&Ps and other required facility documents
- Review of personnel records
- Facility/environmental tour and bedroom measurements
- Interviews (if needed)

You must be READY to take residents



Initial Compliance Inspection

- Accompany the Health Care Compliance Surveyor and ask questions
- Take notes during the survey
- Exit interview to discuss findings
 - Areas of non-compliance will be reviewed and a request for information (RFI) letter and RFI checklist will be emailed to you, including a deadline for you demonstrate your facility is in substantial compliance with the regulations



Initial Compliance Inspection

There are two possible outcomes...

1. The facility is in compliance and the Health Care Compliance Surveyor completes the inspection, recommends a license, and a license is issued following Health Care Compliance Manager approval and payment of all licensing fees
2. The applicant is missing items and the Health Care Compliance Surveyor gives a deadline to the applicant to submit the missing information (RFI Letter/RFI Checklist). Once the additional information is received/verified (may include a follow-up on-site inspection), a license is recommended and issued following Health Care Compliance Manager approval and payment of all licensing fees
 - NOTE: If your facility is not in substantial compliance by the due date, your application will be denied



Licensure

- If your Health Care Compliance Surveyor confirms your facility has no deficiencies:
 - A “No-Deficiency” Statement of Deficiencies (SOD) is written
 - A license created and issued when all licensing fees have been paid (via mail prior to license being mailed or at the time of license pick up)
 - 2-5 business days following the SOD
 - Department staff will contact you when license is ready to be mailed or picked up (your choice)



Paying Licensing Fees

- The fee remittance form is available on our website
 - Calculate remaining licensing fees owed
 - Submit fees to the Department in the form of a cashier's check, money order, or business check
 - Personal checks, cash, and credit/debit cards **will not** be accepted

All fees must be paid before the license will be issued




Residential Facilities Licensing

ADHS Home / Public Health Licensing Services / Residential Facilities Licensing - Home

Home

- Enforcement Action Search
- Online Complaint Form
- Online Provider Services
- Consumers >
- Providers >**
- Contact Us

Signup for email updates 

Home

-  Notice: COVID-19 Vaccines
- Licensing Fee Payment Reminder
- Notice: Electronic Correspondence
- COVID-19 Guidance for Visitation at Congregate Settings
- COVID-19 Guidance for Visitor Screening
 - Screening Form for Visitation at Congregate Settings
- State Rule Waiver Requests
- ADHS COVID-19 Website
- COVID-19 Executive Orders
- Covid-19 Guidance for Residential Facilities
- Recommendations for Residential Healthcare Facility Diagnostic Testing



AZ Care Check

A searchable database of deficiencies and enforcement actions in licensed facilities.



Online Complaint Form

An online form to submit a complaint about a suspected violation by a residential facility.



Online Provider Services

Online licensing and enforcement fee payment portal for licensed facilities and providers.



License Application Forms

Applications and other forms for providers.



Residential Facilities Licensing

ADHS Home / Public Health Licensing Services / Residential Facilities Licensing - Providers - Application Forms

Home

Enforcement Action Search

Online Complaint Form

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Home

Application Forms

Architectural Reviews & Safety Code Inspections

Emergency Preparedness Resources

Provider FAQs

Provider Resources

Training

Contact Us

Signup for email updates



Providers - Application Forms

Application Fees

A.R.S. § 36-405(B)(5) requires the Department to collect nonrefundable application fees from all health care institutions. All health care institution license applications must include a \$50 nonrefundable application fee. The Department will consider any application received without the application fee to be incomplete. (NOTE: This does not apply to Child Care Licensing.) Checks shall be made payable to the Arizona Department of Health Services.

NOTE: All license applications require an Arizona Statement of Citizenship and Alien Status.

- Residential Facilities Licensing: License Application
 - Assisted Living Initial Survey Tool Checklist
 - Behavioral Health Residential Initial Survey Tool Checklist
 - Remittance Form (NOTE: This form is required with the license application.)
 - Hot Services Provided (NOTE: Use this form to submit a request to add services.)
 - Supplemental Application Form for Behavioral Health Respite and Adult Therapeutic Homes
- Health Care Institution Approval for Architectural Plans and Specification Form

Additional Resources

- Provider FAQs
- Behavioral Health Provider Certification and Transmittal Request
- Behavioral Health Provider Certification and Transmittal Request (fillable PDF form)
- Licensing Fee Payment Reminder



**PUBLIC HEALTH LICENSING SERVICES
Residential Facilities Licensing
150 N. 18th Avenue
Phoenix, AZ 85007**

APPLICATION AND LICENSE FEE REMITTANCE FORM			
PLEASE RETURN THIS FORM WITH PAYMENT TO ABOVE ADDRESS			
FACILITY ID #: (Office use ONLY)		LICENSE #: (Renewals ONLY)	
FACILITY NAME:			
STREET ADDRESS:			
CITY:		STATE:	ZIP:
ADULT DAY HEALTH CARE FACILITY, ASSISTED LIVING HOME, OR ASSISTED LIVING CENTER			
FEES		AMOUNT DUE	
Application Fee (due when application is submitted)		\$50	
Licensed Capacity (due after initial inspection)			
Licensed Capacity:	License Fee:	# of Beds x \$70 each:	Total License Fee + Number of Beds Fee:
No licensed capacity	\$280	N/A	\$280
1 to 59 beds	\$280	x \$70 =	\$
60 to 99 beds	\$560	x \$70 =	\$
100 to 149 beds	\$840	x \$70 =	\$
150 or more beds	\$1400	x \$70 =	\$
TOTAL AMOUNT DUE			\$
BEHAVIORAL HEALTH RESIDENTIAL FACILITY, ADULT BEHAVIORAL HEALTH THERAPEUTIC HOME, ADULT BEHAVIORAL HEALTH RESPITE HOME, OR CHILDREN'S BEHAVIORAL HEALTH RESPITE HOME			
FEES		AMOUNT DUE	
Application Fee (due when application is submitted)		\$50	
Licensed Capacity (due after initial inspection)			
Licensed Capacity:	License Fee:	# of Beds x \$94 each:	Total License Fee + Number of Beds Fee:
No licensed capacity	\$375	N/A	\$375
1 to 59 beds	\$375	x \$94 =	\$
60 to 99 beds	\$750	x \$94 =	\$
100 to 149 beds	\$1125	x \$94 =	\$
150 or more beds	\$1875	x \$94 =	\$
TOTAL AMOUNT DUE			\$
Payment should be cashiers' check, money order or business check made payable to: AZ DEPT OF HEALTH SERVICES Cash and personal checks are not accepted.			

ALL FEES ARE NON-REFUNDABLE pursuant to A.R.S. 36-405(B)(6), 36-882(f) and 36-897.01(c), except as provided in A.R.S. 41-1077. **NOTE:** Fees do not apply to a health care institution operated by a State agency pursuant to federal law such as the Veterans' Home, Arizona State Hospital or adult foster care settings. Authority: A.R.S. 36-405



**ARIZONA DEPARTMENT
OF HEALTH SERVICES**

Health and Wellness for all Arizonans

Begin Operating

Once you receive your license and post it on the wall, you can begin operating and accepting residents!



FYI...



The Department does not assist facilities in finding residents, nor do they refer residents to your facility.



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

Interpretation of “Health Care Institution”

- If a facility has had no residents (has not provided health-related services) for more than 12 months prior to the date the Department’s Health Care Compliance Surveyor arrives to conduct a compliance inspection, the Department will take enforcement action which may include revocation of the license



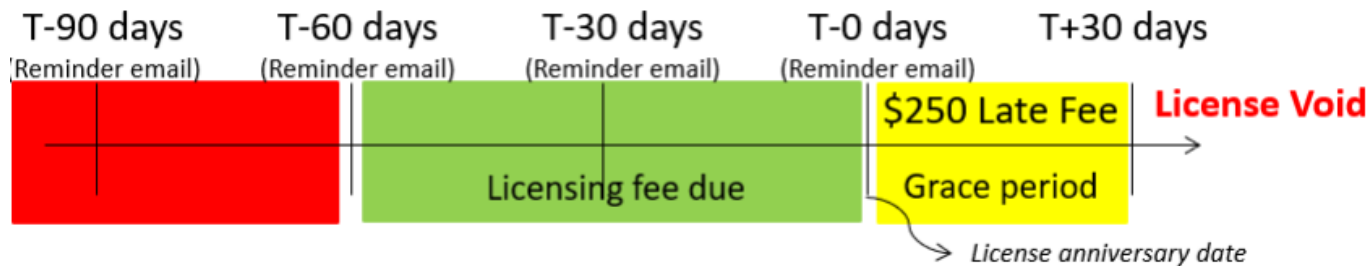
Annual Licensing Fees

- An Annual licensing fee is due each year on the anniversary date of the license
- You have a 30-day grace period after the anniversary date to pay the licensing fees
- Annual licensing fees paid during the 30-day grace period after the anniversary date of the license will also include a \$250 late fee
- Annual licensing fees that are not submitted within the 30-day grace period will result in the license becoming automatically VOID
- Annual licensing fees must be paid through the Department's online portal
 - You must register for an account as soon as you are licensed
 - <https://licensing.azdhs.gov/LicensingOnline/>
- It is **your responsibility** to know your anniversary date and to pay your annual licensing fees on time each year



REMINDER

Per R9-10-107(C), a licensee **shall submit the applicable annual licensing fees** in R9-10-106 to the Department, no earlier than 60 calendar days before the anniversary date of the facility's health care institution license. Per R9-10-106(F), failure to submit the applicable annual licensing fees by the anniversary date of the license **will result in a \$250 late fee**. Per R9-10-105(D), failure to submit the annual licensing fees and late fee within 30 calendar days after the anniversary date of the license **will result in the license being considered VOID**. A health care institution that provides unlicensed care **will be subject to enforcement action** by the Department.



License Modifications

- To request a change to your license:
 - Submit a written request via email to Residential.Licensing@azdhs.gov identifying the type of change you are requesting, which may include:
 - Bed increase/decrease
 - Change in level of care or population
 - Adding a service such as:
 - Personal Care Services for Behavioral Health Residential Facilities
 - Behavioral Health Services for Assisted Living Facilities

Do NOT implement the change until an amended license is issued!!



Resources



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

Resources

- Bureau of Residential Facilities Licensing Websites:

- <http://azdhs.gov/licensing/residential-facilities/index.php>
 - Frequently asked questions
 - Links to rules and statutes
 - License application and forms
 - How to prepare a Plan of Correction (“POC”)
- www.azcarecheck.com
 - Includes facility information, including survey history and enforcement actions for the past three years
 - Does not include closed facilities



Resources

- For Information on Certified AL Managers and Caregiver Training Programs...
 - Arizona Board of Examiners of Nursing Care Institution Administrators and Assisted Living Facility Managers:
 - Phone: (602) 364-2273
 - Website: www.aznciboard.us



Resources

- For Adult Foster Care Home support...
 - Foundation for Senior Living:
 - Phone: (602) 285-1800
 - Website: www.fsl.org



Resources

- For information on contracts...
 - Arizona Health Care Cost Containment System (AHCCCS):
 - Phone: (602) 417-4000 or 1-800-654-8713
 - Website: www.azahcccs.gov

AHCCCS monitors the contracts for the Regional Behavioral Health Authorities (RBHAs)



Resources

- For Assisted Living resident advocacy...
 - Arizona Department of Economic Security (“ADES”) Long-Term Care Ombudsman:
 - Phone: (602) 542-6454
 - Website: www.azdes.gov

A representative from the Ombudsman programs visits residents in Assisted Living facilities periodically to ensure resident’s desires and needs are met



Resources

- For general resource information...
 - Community Information and Referral Services
 - Phone: 2-1-1 or (602) 263-8845 x100
 - Website: www.211arizona.org



Resources

- For Foster Parenting or DDD Group Homes...
 - Arizona Department of Child Safety (DCS Foster Care):
 - Phone: 1-877-KIDS-NEEDU (1-877-543-7633)
 - Website: www.dcs.az.gov
 - ADES Department of Developmental Disabilities (DDD):
 - Phone: (602) 542-0419 or (866)-229-5553
 - Website: www.des.az.gov

(DD group homes and child foster care homes are not licensed by BRFL)





Residential Facilities Licensing

ADHS Home / Public Health Licensing Services / Residential Facilities Licensing - Providers - Training

- Home
- Enforcement Action Search
- Online Complaint Form
- Online Provider Services
- Consumers >
- Providers** v
 - Home
 - Application Forms
 - Architectural Reviews & Safety Code Inspections
 - Emergency Preparedness Resources
 - Provider FAQs
 - Provider Resources
 - Training**
 - Contact Us
- Signup for email updates

Providers - Training Schedule

There will be a series of 3 trainings:

1. Basics of Residential Licensing – This training will be for anyone who may be considering opening up a facility and not sure what they want to do. This is intended for people who are not yet licensed, as it will cover the application process, fees, application timeframes, and preparing for an initial inspection.
2. Maintaining Compliance – This training will be a high-level overview of the rules, discussions about the top 10 deficiencies, review of the survey process, what is contained in Service Plans/Treatment Plans, completing POCs, and trends in Enforcement. This training is intended for any of our currently licensed providers.
3. Sustainable Plans of Correction – This workshop is designed to provide an overview of what is required in a Plan of Correction (POC) for the Department, the importance of a sustainable POC, and participants will get to practice writing a POC with the Department.

Due to the recently completed perpetual licensing rulemaking, all training classes are on hold until the training curricula are revised to reflect the current rules and statutes. While the above PowerPoint presentations will remain available for self-study, please keep in mind that references to rules and statutes may no longer be accurate. It is your responsibility to be familiar with the current rules and statutes. If you have any questions regarding these changes, please see the [summary of changes](#) and the [Notice of Final Rulemaking](#).

You may also contact our office and speak to the Surveyor of the Day at 602-364-2639 or email us at Residential.Licensing@azdhs.gov.

We apologize for any inconvenience.





Questions

If you have any licensing/application process questions for our administrative support staff team or any questions about the survey process or regulations for our Surveyor of the Day, please call us at 602-364-2639

OR

Via email at Residential.Licensing@azdhs.gov



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

Contact Information

- Address: 150 N. 18th Ave., Suite 420, Phoenix, AZ 85007
- Phone: 602-364-2639
- Fax: 602-324-5872
- Website: www.azdhs.gov/residentialfacilities
- Email: Residential.Licensing@azdhs.gov





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