Residential Health Care Institution Modification Application

Arizona Department of Health Services
Division of Public Health Licensing Services
Bureau of Residential Facilities Licensing

I. Health Care Institution Information

Name of Health Care Institution:	License #:	
Street Address (Physical Facility):		
City:	State:	Zip Code:
Mailing Address:		
City:	State:	Zip Code:
Phone Number:	Email Address:	
Name of Administrator:	Administrator Email Address:	

II. Proposed Modification Description

Licensee is requesting approval to (please select all applicable requests below):

- ☐ Add an authorized service
- ☐ Remove an authorized service
- ☐ Increase the licensed health care institution's licensed capacity/occupancy or respite capacity
- ☐ Decrease the licensed health care institution's licensed capacity/occupancy or respite capacity
- ☐ Change the physical plant, including facilities or equipment, that costs more than $300,000
- ☐ Change the building where the health care institution is located that affects compliance with a) applicable physical plant codes and standards incorporated by reference in A.A.C. R9-10-104.01, or b) physical plant requirements in the specific Article in A.A.C. Title 9, Chapter 10 applicable to the health care institution

Note: Licensed assisted living facilities and adult day health care facilities must also submit an application for approval of architectural plans and specifications for a modification of the health care institution (see https://www.azdhs.gov/licensing/index.php#architectural-plans).

III. Proposed Modification Narrative (Please detail the health care institution's proposed modification. If needed, please attach narrative in a separate document.)

Note: Please include services the licensee is requesting to be added or removed as an authorized service; the current/proposed licensed capacity/occupancy and/or respite capacity; the change being made in the physical plant; the change being made that affects compliance with applicable physical plant codes and standards incorporated by reference in A.A.C. R9-10-104.01).

IV. Authorized Service Modification (If applicable, please only fill out the section that corresponds to the licensed health care institution class or subclass in which you are requesting approval to modify.)

Assisted Living Homes, Assisted Living Centers, and Adult Foster Care Homes (See A.A.C. R9-10-802)		
Authorized Service	**Addition**	**Removal**
☐ Supervisory care services	☐	☐
☐ Personal care services	☐	☐
☐ Directed care services	☐	☐
☐ Adult day health care services	☐	☐
☐ Behavioral health services other than behavioral care	☐	☐
Behavioral Health Residential Facilities (See A.A.C. R9-10-702)		
Authorized Service	**Addition**	**Removal**
☐ Behavioral health services for individuals under 18 years of age	☐	☐
☐ Behavioral health services for individuals 18 years of age and older	☐	☐
☐ Respite services for individuals under 18 years of age who stay overnight	☐	☐
☐ Respite services for individuals 18 years of age and older who stay overnight	☐	☐
☐ Respite services for individuals under 18 years of age who do not stay overnight	☐	☐
☐ Respite services for individuals 18 years of age and older who do not stay overnight	☐	☐

☐ Behavioral health services for individuals 18 years of age or older whose behavioral health issue limits the individuals' ability to function independently	☐	☐
☐ Personal care services	☐	☐
☐ Outdoor behavioral health care program for individuals 12 to 17 years of age	☐	☐
☐ Outdoor behavioral health care program for individuals 18 to 24 years of age	☐	☐
Secure Behavioral Health Residential Facilities (See A.A.C. R9-10-702)		
Authorized Service	**Addition**	**Removal**
☐ Personal care services	☐	☐
☐ Behavioral health services to individuals 18 years of age or older whose behavioral health issue limits the individuals' ability to function independently	☐	☐
Adult Residential Care Institutions (See A.A.C. R9-10-702)		
Authorized Service	**Addition**	**Removal**
☐ Personal care services	☐	☐
☐ Behavioral health services to individuals 18 years of age or older whose behavioral health issue limits the individuals' ability to function independently	☐	☐

V. Capacity Modification (If applicable, please only fill out the section that corresponds to the licensed health care institution class or subclass in which you are requesting approval to modify.)

Assisted Living Homes, Assisted Living Centers, and Adult Foster Care Homes (See A.A.C. Title 9, Chapter 10, Article 8))			
Existing Licensed Capacity:	**Increase Capacity By (+):**	**Decrease Capacity By (-):**	**Requested Modified Capacity:**
Supervisory care residents:			
Personal care residents:			
Directed care residents:			
Adult day health care participants:			

Behavioral Health Residential Facilities (See A.A.C. Title 9, Chapter 10, Article 7)			
Residents:			
Respite participants:			
Secure Behavioral Health Residential Facilities (See A.A.C. Title 9, Chapter 10, Article 7)			
Residents:			
Adult Residential Care Institutions (See A.A.C. Title 9, Chapter 10, Article 7)			
Residents:			
Adult Day Health Care Facilities (See A.A.C. Title 9, Chapter 10, Article 11)			
Participants:			
Behavioral Health Respite Homes (See A.A.C. Title 9, Chapter 10, Article 16)			
Participants:			
Adult Behavioral Health Therapeutic Homes (See A.A.C. Title 9, Chapter 10, Article 18)			
Residents:			

VI. Supplemental Application Documentation (Please ensure the following documentation is submitted with this application.)

- Documentation that demonstrates that the requested modification complies with applicable requirements in this Chapter, including as applicable:
  - For a change in the licensed capacity, licensed occupancy, respite capacity, or a modification of the physical plant:
    - A floor plan showing, for each story of the facility affected by the modification, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device; or
    - For a health care institution or part of the health care institution that is required to comply with the physical plant codes and standards incorporated by reference in R9-10-104.01 or the building, documentation of the Department's approval of the health care institution's architectural plans and specifications in R9-10- 104(D); and
  - Any other documentation to support the requested modification; and
- If applicable, a copy of the written agreement the associated licensed provider has with the collaborating outpatient treatment center

VII. Signatures

Note: Per A.R.S. § 36-422(B), an application shall contain the written or electronic signature (as defined in A.R.S. § 44-7002) of:

1. ***If the applicant is an individual, the owner of the health care institution.***
2. ***If the applicant is a partnership, limited liability company or corporation, two (2) of the officers or the corporation or managing members of the partnership or limited liability company or the sole member of the limited liability company if it has only one (1) member.***
3. ***If the applicant is a governmental unit, the head of the governmental unit.***

By signing below, I agree or attest to the following:

- I have read and understand the Arizona Revised Statutes and Arizona Administrative Code regulations that govern the health care institution class or subclass for which licensing in requested and I agree to comply with those regulations.
- I attest that the information provided in the application is true, accurate and complete.
- I understand that per A.R.S. § 36-405(B)(5) and A.A.C. R9-10-106(G), all application and licensing fees are nonrefundable except as provided in A.R.S. § 41-1077.
- I understand that per A.A.C. R9-10-112(A), the Department may deny, revoke, or suspend a license to operate a health care institution if an applicant, a licensee, or a controlling person of the health care institution;
    - Provides false or misleading information to the Department;
    - Has had in any state or jurisdiction any of the following:
        - An application or license to operate a health care institution denied, suspended, or revoked, unless the denial was based on failure to complete the licensing process or to pay a required licensing fee within a required time-frame; or
        - A health care professional license or certificate denied, revoked, or suspended;
    - Does not comply with the applicable requirements in A.R.S. Title 36, Chapter 4 and A.A.C. Title 9, Chapter 10; or
    - Has operated a health care institution, within the preceding ten (10) years, in violation of A.R.S. Title 36, Chapter 4 or A.A.C. Title 9, Chapter 10, that posed a direct risk to the life, health, or safety of a patient.

Print Name	Print Title	Signature	Date
Print Name	Print Title	Signature	Date