

## STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Facility Licensing & Investigation Section

TO: Sandra Anderson

Sandra.Anderson@umassmemorial.org

FROM: Timothy Allen

**Processing Technician** 

Facility Licensing & Investigations Section

DATE: April 3, 2024

**RE:** Initial Application for Residential Care Home

Enclosed please find the application materials and instructions for an initial Residential Care Home (RCH) facility license. Please return the completed forms to this office within thirty days. If the forms cannot be submitted during this time frame, please send a written notice stating the reason for delay.

Please be advised that in accordance with Connecticut General Statutes 19a-491, The Commissioner may require as a condition of licensure that an applicant sign a consent order providing reasonable assurances of compliance with the Public Health Code.

You will need to notify the Department of Social Services (DSS) of your intention of establishing a Residential Care Home and obtain a Certificate of Need. The Department of Social Services is located at 55 Farmington Ave, Hartford, CT 06106. The contact email for DSS is: con-ratesetting.dss@ct.gov

You will also need to procure the services of a DPH approved consultant (see attached list) to review the proposed property and provide a plan of correction for the renovations that would be needed to meet current Connecticut regulations for a Residential Care Home. Once the renovation plans are established, they will need to be submitted to Tony Bruno, supervisor of the Building Fire and Safety Inspection Unit (BFSI), for approval. His email is <a href="mailto:Anthony.M.Bruno@ct.gov">Anthony.M.Bruno@ct.gov</a>.

The completed application materials must be received with the corresponding application fee payment. Per the Connecticut General Statutes – Section 19a-491, there is an application fee of \$565.00 plus \$4.50 per bed. Please submit a check made out to Treasurer, State of Connecticut.



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The following are the standard application requirements for the initial licensure of an RCH facility:

- Application (attached)
- Affidavits (attached)
- Additional Information Form (attached)
- Certificate of Need from Department of Social Services (con-ratesetting.dss@ct.gov)
- Certificate of Worker's Compensation and General Liability Insurance
- Organizational Chart showing ownership structure of the licensee (attached example)
- Ownership Form(s) (attached)
- List of Employees and titles
- 3 letters of recommendation
- Real Property Owner information
- Lease (if applicable)

Once the application is complete and we can establish a pending application in our system, I will provide instructions on how to contact the department's ABCMS program so that you may set up the facility's ABCMS account. All employees, vendors, contractors or anyone with direct resident access would need to complete a background check through the State's ABCMS system.

After the application and all building renovations have been completed, Supervising Nurse Consultant Karen Gworek will complete an on-site inspection in conjunction with the BFSI unit for final approval. If the facility passes inspection, then we can proceed with the issuance of the facility license.

If there are any questions, please contact me at 860-509-7400 or <u>Timothy.Allen@ct.gov</u>.

Sincerely,
Timothy Allen
Processing Technician
Facility Licensing and Investigations Section

Enclosures: (Apps)



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